A picture containing text, monitor, electronics, screen

Description automatically generated**UNDERSTANDING OUR PRACTICE**

**Team Managers’ Audit**

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| **GUIDANCE ON HOW TO APPROACH THIS AUDIT**   * Please only review the preceding 6 months. * It is the expectation for you to meet with the practitioner (and/ or manager where relevant and/ or considered necessary) to discuss your findings and facilitate a reflective discussion of the work undertaken. * When you meet with the practitioner it is the expectation that you will have reviewed the Mosaic file already and have a good idea of the reason for involvement and the work undertaken in the last 6 months. * **Escalations:** If you have any concerns about the safety of this child/ young person, please escalate it immediately with the Team Manager and Service Manager. Please note who it has been escalated to and the date of escalation as well as any immediate actions agreed. * **The Key Lines of Enquiries for this audit cycle have been set as following, please consider them when you audit:**   + NEED TO BE ADDED EVERY TIME   + NEED TO BE ADDED EVERY TIME |

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| **Auditor** |  | **Audit Date** | |  | | | | |
| **Moderator** | To be completed by moderator | **Moderation Date** | | To be completed by moderator | | | | |
| **Name / Mosaic Number** |  | **Team** | |  | | | | |
| **Social Worker/ Practitioner** |  | **Team Manager / Practice Manager** | |  | | | | |
| **Audited previously? When?** | YES  NO | **Child/ family known to** | **Youth Justice Service** | Yes/no | **Edge of Care** | Yes/no | **Exploitation Team** | Yes/no |
| **Ethnicity** |  |  | **Positive Change Service** | Yes/no | **Eva Armsby** | Yes/no |  |  |
| **Age at point of Audit** |  | **ESCALATION:**  (where necessary) | |  | | | | |
| **Date of collaborative discussion**  As part of the audit with the Social Worker/ practitioner and/or Team Manager |  |
| **Overview of work**  **Brief synopsis of the key issues/ concerns (one or two paragraphs)**  **What is the Social Worker/ Practitioner particularly proud of/ pleased about in their work with this child/ young person/ family?** |  | | | | | | | |
| 1. **OVERALL EVALUATION OF QUALITY, IMPACT AND OUTCOMES ACHIEVED BY THIS WORK FOR PRACTICE**   Grade and comment on the overall quality of work by the practitioner/ team manager **and** its impact on the child/ family.  Please summarize your reasons. | **Auditor**: Click to select rating:  Choose an item.  Auditor’s comments:  **Moderator**: Click to select rating:  Choose an item.  Moderator’s comments: | | | | | | | |

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| **CURIOSITY to understand the child’s and family’s experience EXPECTED OUTCOMES**   * We have a robust understanding of what life is like for the child living in their family and community. * We have identified positive aspects of family life and parenting strengths that can be used to support change. * We understand the needs of children and families, the risk areas, and factors that influence our safety planning. * Tools such as REPAIR (DVA) Tool Kit, Harm Outside the Home Tool Kit, Restorative supervision framework, are considered and used appropriately. * We understand the parents’ capacity to change, in the context of their own experiences, culture, values and motivation. * We make recommendations about the way forward, based on good quality analysis and decision making. |

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| **UNDERSTANDING OUR PRACTICE** | **AUDITOR’S FINDINGS: AREAS OF GOOD PRACTICE AND AREAS REQUIRING STRENGTHENING** | |
| 1. **Quality of risk/ threshold** | 1. Was/ were the risk(s) identified? | YES  NO  N/A  PARTIALLY |
| 1. Was the risk responded to in a timely and appropriate way? | YES  NO  N/A  PARTIALLY |
| 1. Have thresholds been appropriately applied? | YES  NO  N/A  PARTIALLY |
| 1. Was a strategy discussion undertaken in a timely manner, where required? | YES  NO  N/A  PARTIALLY |
| 1. Was the strategy discussion quorate? (CSC, police, and health at least) | YES  NO  N/A  PARTIALLY |
| 1. Was a safety plan completed to mitigate the risk(s)? | YES  NO  N/A  PARTIALLY |
| 1. Where Harm Outside the Home (HoH) has been identified as a concern, the safety plan is sufficiently dynamic to mitigate/ manage this harm? | YES  NO  N/A  PARTIALLY |
| How effectively have risk issues been identified and responded to?  Please elaborate on your answers above.  What are the practice strengths in identifying the risk?  What would you recommend to strengthen practice? |  | |
| **Gradings**  **Auditor**: Click to select rating:  Choose an item.  **Moderator**: Click to select rating:  Choose an item. | **Moderator’s comments**: | |

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| 1. **Quality of Assessments:** | 1. Was the assessment completed within timescales (45 days)? | YES  NO  N/A |
| 1. Does the child/ young person have an updated assessment (every six months; CLA every 12 months)? | YES  NO  N/A |
| 1. Is there evidence of the of use of DVA tools, where required? | YES  NO  N/A |
| 1. Is there evidence of the Neglect tool, where required? | YES  NO  N/A |
| 1. Is there evidence of the Harm outside the Home Tools, where required? | YES  NO  N/A  PARTIALLY |
| 1. Does the assessment offer a clear analysis and professional judgement? | YES  NO  N/A  PARTIALLY |
| 1. Was the assessment shared with children and carers appropriately? | YES  NO  N/A  PARTIALLY |
| 1. Does the assessment contain the voice & lived experience of the child/YP? | YES  NO  N/A  PARTIALLY |
| 1. Does the assessment result in an effective recommendation/ plan? | YES  NO  N/A  PARTIALLY |
| 1. Where HoH has been identified as a concern, has an exploitation and violence risk and harm assessment been completed? | YES  NO  N/A |
| What is the impact of the assessment on the child/ young person and their family?  What are the strengths of the assessment?  What would you recommend to strengthen practice? |  | |
| **Gradings**  **Auditor**: Click to select rating:  Choose an item.  **Moderator**: Click to select rating:  Choose an item. | **Moderator’s comments**: | |

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| **4. The quality of the child’s record.** | 1. Are records up to date and easy to follow? | YES  NO  N/A  PARTIALLY |
| 1. Do the records offer a running narrative of the support and intervention? | YES  NO  N/A  PARTIALLY |
| 1. Do the records capture the child’s/ young person’s lived experience? | YES  NO  N/A  PARTIALLY |
| What is the impact of the current quality of records on the child/ family and other professionals?  What are the strengths of practice in recording?  What would you recommend to strengthen practice? |  | |
| **Gradings**  **Auditor**: Click to select rating:  Choose an item.  **Moderator**: Click to select rating:  Choose an item. | **Moderator’s comments**: | |

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| **CO-PRODUCTION – enabling and engaging children and families to find their own solutions EXPECTED OUTCOMES**   * Plans are jointly developed; children and families know what is expected and what the next steps will be. * Impact and outcomes are measurable. * Plans are jointly reviewed and evaluated in a timely manner to avoid drift and delay. * Strengths and success of families are celebrated. |

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| **5. Quality of plans and reviews/**  **care and placement planning for children looked after and Pathway Plans for care leavers/ care experienced young adults.** | 1. Are plans developed with the child and family? | YES  NO  N/A  PARTIALLY |
| 1. Are all key professionals clear about their role, and/or contributing to the plan? | YES  NO  N/A  PARTIALLY |
| 1. Are plans SMART? | YES  NO  N/A  PARTIALLY |
| 1. Is the plan child centred and written in a way children/ young people or parents can understand? | YES  NO  N/A  PARTIALLY |
| 1. Is the plan being developed and updated at every Core Group/CIN/CLA review? | YES  NO  N/A  PARTIALLY |
| 1. Where there is any drift or delay in taking actions forward, is there an appropriate escalation? | YES  NO  N/A  PARTIALLY |
| 1. Is the length of time the child has been on this plan appropriate and is it being considered carefully? | YES  NO  N/A |
| 1. Where relevant, are permanency plans considered as soon as a child comes into care and achieved based on assessed needs without delay? | YES  NO  N/A  PARTIALLY |
| 1. Where HoH has been identified as a concern, the relevant assessment and safety planning is integrated into the overall plan and reviews? | YES  NO  N/A  PARTIALLY |
| What do you think of the quality of the plan? What difference is it making for the child/ young person and their family?  What are the strengths of practice in relation to the plan?  What would you recommend to strengthen practice? |  | | |
| **Gradings**  **Auditor**: Click to select rating:  Choose an item.  **Moderator**: Click to select rating:  Choose an item. | **Moderator’s comments**: | | |

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| **CONNECTION – building connections and relationships with children and families is key to creating change. EXPECTED OUTCOMES**   * Families can seek and access support promptly. * Children’s/ young people’s voices are central and evident in all interventions. * Families are included and empowered in the process of seeking to achieve sustainable change from the start. |

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| 1. **Quality of intervention and direct work with the child, and family.** | 1. Are visits timely? | YES  NO  N/A  PARTIALLY |
| 1. Is the voice of the child/ young person evident? | YES  NO  N/A  PARTIALLY |
| 1. Is there evidence of effective and purposeful direct work? | YES  NO  N/A  PARTIALLY |
| 1. Are parents, wider family and community appropriately involved? | YES  NO  N/A  PARTIALLY |
| 1. Has the father/ male figure been considered and/ or involved? | YES  NO  N/A  PARTIALLY |
| 1. Where relevant, has life story work been completed so that the child understands their history and the reasons why they are looked after? | YES  NO  N/A |
| What is the impact of the quality of the Social Worker’s/ Practitioner’s ‘connection’ or relationship with the family?  What are the strengths of practice on intervention with CYP/families?  What would you recommend to strengthen practice? |  | |
| **Gradings**  **Auditor**: Click to select rating:  Choose an item.  **Moderator**: Click to select rating:  Choose an item. | **Moderator’s comments**: | |

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| **COLLABORATION – working with children and families to achieve positive change, resolve conflict and repair harm. EXPECTED OUTCOMES**   * The child/ young person has had chances to express concerns, understand challenges, and has hope that the future will improve. * Parents have had the chance to understand the impact of their behaviour on the child, including their physical and emotional well-being. * Intervention leads to improved relationships and meaningful and sustainable change. * Families feel they have been worked with and not ‘done to’. * Professionals work in collaboration with the family and each other to support the agreed plan and work towards the desired outcomes for the child and family. |

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| 1. **Multi-agency working** | 1. Is there evidence of partnership working amongst the multi-agency networks? | YES  NO  N/A  PARTIALLY |
| 1. Does the child/ young person/ family understand the role and involvement of the different professionals? | YES  NO  N/A  PARTIALLY |
| 1. Are professionals in the multi-agency network clear about their respective roles? | YES  NO  N/A  PARTIALLY |
| What is the impact of the multi-agency work to repair the harm/trauma the child has suffered and to offer the agreed support?  What are the strengths of practice on multi agency work?  What would you recommend to strengthen practice? |  | |
| **Gradings**  **Auditor**: Click to select rating:  Choose an item.  **Moderator**: Click to select rating:  Choose an item. | **Moderator’s comments**: | |

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| **8. Supervision/ management oversight** | 1. Is there evidence of timely management oversight? | YES  NO  N/A  PARTIALLY |
| 1. Is there evidence of clearly recorded rationale for decision making? | YES  NO  N/A  PARTIALLY |
| 1. Is there evidence of supervision at least every month? | YES  NO  N/A  PARTIALLY |
| 1. Is there evidence of regular good quality reflective supervision?   (at least once every two months) | YES  NO  N/A  PARTIALLY |
| 1. Are actions from previous supervision followed up? | YES  NO  N/A  PARTIALLY |
| 1. Is Senior Management oversight on records where needed? | YES  NO  N/A  PARTIALLY |
| How well is supervision driving the work?  How reflective and curious is supervision about the child and how does it contribute to effective social work intervention and better outcomes?  What are the strengths of practice on supervision?  What would you recommend to strengthen practice? |  | |
| **Gradings**  **Auditor**: Click to select rating:  Choose an item.  **Moderator**: Click to select rating:  Choose an item. | **Moderator’s comments**: | |

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| **COMMUNITY – culturally competent practice that enables children to thrive in caring communities EXPECTED OUTCOMES**   * All significant adults in a child’s/ young person’s life are identified and enabled to find solutions. * Children/ young people remain in or return to family homes where it is safe to do so. * Families stay involved in a child’s life wherever they live. |

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| **9. Building on and strengthening community** | 1. Has Family Group Conference been considered? | YES  NO  N/A |
| 1. Have Lifelong Links been considered? | YES  NO  N/A |
| 1. Is there evidence of culturally informed practice - assessment, identity, and life story work, etc.? | YES  NO  N/A  PARTIALLY |
| 1. Is reunification with birth family considered, where appropriate? | YES  NO  N/A |
| 1. Is there an independent advocate for the child and/or parent if needed? | YES  NO  N/A |
| 1. Is there evidence of collaborative working with the wider family and friends’ network to support the child? | YES  NO  N/A  PARTIALLY |
| 1. Is the Edge of Care Team completing prevention work with the family? | YES  NO  N/A |
| What is the quality of work around exploring the child’s/ young person’s wider family and support network? What impact did it have on the child/ young person?  What are the strengths of practice in strengthening community?  What would you recommend to strengthen practice? |  | |
| **Gradings**  **Auditor**: Click to select rating:  Choose an item.  **Moderator**: Click to select rating:  Choose an item. | **Moderator’s comments**: | |

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| **BESPOKE QUESTIONS** |

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| **CHECKING BACK - promoting accountability, quality assurance and a culture of learning.** |

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| **9. Family Feedback**  Please give reason if not able to complete | 1. How was your relationship with your practitioner? | *Please give a grading between 1 and 5:*  *1 being not good and 5 being excellent* |
| 1. What did you find most helpful or less helpful? |  |
| 1. Were you supported to have your say/ did you feel you could have your say? | YES  NO  N/A |
| 1. What was your experience of the language used by the Social Worker/ practitioner in conversations and in reports? (Was it easy to understand? Was it sensitively and respectfully communicated?) |  |
| 1. What difference did the support make? (Give example) |  |
| 1. Is there anything you would have liked done differently? |  |
| 1. In the last three months, have you and your family experienced difficulties due to the cost-of-living crisis? Tell us how, i.e., difficulties to pay the bills, to buy food, etc. | YES  NO  N/A |
| 1. If so, are you aware of the support available to you within your community? | YES  NO  N/A |
| 1. Any other comments |  |
| **10. Practitioner Feedback**  Please give reason if not able to complete | 1. Can you give an example of how you used the Better Together Framework with this family? |  |
| 1. What did you find supported/ helped your work with this child/ family? |  |
| 1. What challenges might have hindered your progress working with this family? |  |
| 1. After the audit discussion: Is there anything you would have differently with the family? |  |
| 1. After the audit discussion: What changes, if any, will you make to your practice in future work? |  |
| 1. Any other comments |  |

**ACTIONS**

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| **What is needed to work towards improved and better outcomes for the child/ young person?** | **By whom?** | **When?** | **To be updated by supervisor** |
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**\*\*\*ONLY ACTIONS ADDED TO THE CHILD’S FILE, and to be followed up in supervision \*\***

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| **Actions for practitioner learning, team learning or Service learning. \*\* NOT TO GO ON THE FILE\*\*** |
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**APPENDIX – GUIDANCE NOTES FOR AUDITORS AND MODERATORS: What does GOOD look like?**

**Overall Grading Criteria (HIGH LEVEL)**

**OUTSTANDING**

It meets good consistently in all points AND that it has something outstanding in the work e.g., exceptionally effective direct work that achieves extraordinary results. E.g., a particularly through and sophisticated assessment of complex issues that helps give clarity and direction to the work.

**GOOD:**

* The child and family are receiving good support
* Thresholds are applied appropriately; step up/down, escalation and closure.
* Relationship based direct work is evident and purposeful.
* The work is of a consistent high standard and is making a difference to children, young people and families.
* Risk is managed well.
* Management oversight is effective and driving the work.
* There is no drift or delay; any deficits in the work are minor and do not have an impact on children or outcomes.
* Assessments are comprehensive, analytical and make appropriate recommendations that inform well the targeted help in plans.
* Agencies are used well to inform plans and support families.

**REQUIRES IMPROVEMENT:**

Falls below good but does not leave children at risk of significant harm.

**INADEQUATE**

Children are left at risk of significant harm.

**EXPECTED PRACTICE QUALITY TO MEET THE GRADING OF “GOOD”**

**CURIOSITY**

**1. Risk:**

* Risk (including extra familial) has been properly recognised, and strategy meetings and safety planning has been used effectively to address it.
* If the child/ young person became looked after in the last six months, this was the **right decision;** the decision to enter care was **timely**.
* The involvement has been stepped up or down at the right time.
* If in pre-proceedings or PLO, this process has been used effectively to facilitate better outcomes, or it has led to timely escalation.
* For children/ young people who are missing education or are missing from home, there is a clear action plan to address the concerns.

**2. Assessment**

* The assessment shows good curiosity about the risk and need.
* The assessment has been updated in the face of dynamic changes to risk and need.
* The assessment shows the lived experience and voice of the child.
* History is properly considered, and research is used to inform risk.
* Male carers and fathers are included in the assessment.
* The assessment considers cultural and other diverse beliefs about the concerns.
* The assessment provides a good, succinct analysis of risk and need and sets out what needs to change to make things better for the child/ young person.
* The assessment is written in understandable and respectful language and has been shared with the child/ young person and carers/parents, where appropriate.
* All relevant partner agencies have been included in the assessment.
* The assessment has resulted in a direct offer for help, and this addresses the concerns of the child/ young person.
* Appropriate specialist tools have been used to assess need and risk. (e.g., Neglect tool kit, extra familial harm toolkit, DASH risk assessment, etc.)
* Assessments for court include the wishes and feelings of children and their parents, and assessments of family members are completed promptly and of a good standard.

**3. Recording**

* Visits, meetings, decisions, and plans are well recorded.
* The file gives a good understanding of the child and their story. It enhances the child’s understanding of their own history and experiences.
* Records and management footprint show the rationale for decisions.
* The chronology is up to date, succinct and shows the child’s story.

**CO-PRODUCTION**

**4. Quality of Plans and Reviews:**

* SMART plans are developed with children and parents and written in plain language, so that the child and parents understand what is required of them. The plan sets out the help the child and family will receive.
* The progress of the plan is regularly reviewed with the family and the agencies. The successes and strengths of the family are celebrated.
* Effective and timely planning, support and decision-making takes place during pre-proceedings work.
* CLA reviews, CP Conferences and CIN reviews carefully review plans with the people who know the child, address any deficits, and bring appropriate challenge.
* If change is not occurring for the child/ young person at the right timescale, appropriate action is taken to prevent drift and delay, including the use of contingency plans and escalation.

**5. Care and placement planning for children looked after**

* If the child/ young person cannot return home, suitable and timely plans for permanence takes place so that children/ young people can live away from the family home.
* Care plans for looked after children comprehensively address their needs and experiences, including the need for timely permanence.
* Plans for their future are appropriate and ambitious.
* PEPs (personal education plans) and health plans are used to identify good support and drive better outcomes for children.
* Children and young people are safe and settled where they live. They move only in line with care plans, when they are at risk of harm or are being harmed. They do not live anywhere that fails to meet their needs.
* Children/ young people are able to live with their brothers and sisters when this is in their best interests, including when they are adopted.
* Children/ young people have appropriate, carefully assessed, and supported contact with family, friends and other people who are important to them.
* Children and care leavers who live away from their ‘home’ local authority have access to education and health services that meet their needs as soon as they move outside of their ‘home’ area.
* Placing local authorities notify the ‘receiving’ local authority that a child is moving to their area promptly and ensure that services are in place to meet the child’s needs before the child moves.
* There is a sufficiently wide range and choice of placements available to meet the needs of children in care.
* Agencies and professionals work together effectively to reduce any unnecessary delay in receiving support and achieving permanence for children.
* Adoption is considered carefully and promptly for all children who are unable to return home or to their birth families and who need a permanent alternative home. This includes good use of concurrent and parallel planning, the Adoption Register and Fostering for Adoption.
* Fostering and Adoption Panels, and the respective decision-makers, ensure that children are effectively matched with families.
* Children who are adopted, their adoptive families, their birth relatives and adopted adults are informed, and are aware of, their entitlement to receive an assessment of their adoption support needs. When support is needed, it is provided quickly, effectively and leads to improved circumstances for the children, young people, families, and carers involved.
* Pathway plans are holistic and support young care leavers for independence and support them to find appropriate housing, education, employment training, social activities, and health care. (See bespoke guidance for evaluating Pathway plans)

**COLLABORATION and CONNECTION**

**6. Direct work and Intervention**

* Children/ young people benefit from stable, meaningful relationships with social workers/ practitioners.
* Children/ young people are seen alone, in line with the timescales in their plan.
* The child has had chances to express concerns, understand challenges, and has hope that the future will improve.
* Direct work is purposeful.
* There is evidence that tools are used appropriately and make a difference to intervention and direct work. (e.g., Harm outside the home, affective statements, safety planning template, restorative circles, etc.)
* Parents have had the chance to understand the impact of their behaviour on the child, and their physical and emotional wellbeing.
* Intervention leads to improved relationships and meaningful and sustainable outcomes and change.
* Children are effectively prepared for, and carefully matched with, a permanent placement. Their wishes and feelings influence the decisions about where they live. Children are helped to develop secure, primary attachments with the adults caring for them.
* Children/ young people are helped to understand their life histories, experiences, and identities through life story work.
* If the child returns home, there is purposeful work carried out with the family, so it is safe for the child to return. This prevents further unnecessary episodes of care.
* Children and young people have been offered an advocate and children in care have access to complaints and know their entitlements (see additional guidance). When they make complaints, this results in change.

**7. Management and Quality Assurance**

* Systematic and high-quality management oversight of frontline practice drives child-centred plans and actions within the timescales appropriate for the child/ young person.
* Actions are clearly recorded, and progress is reviewed.
* Issues of concern are escalated appropriately.

**COMMUNITY**

**8. Building on and strengthen community**

* Practice is culturally aware and sensitive and ensures respect and good understanding of the family.
* Practice identifies all relevant people in the family and builds on strengths in the family and community so that children can remain in their family when it is safe for them to do so.
* Use of appropriate tools informs the work.
* Identity, culture, and connection to community is promoted in placements and contact.
* Extra familial risks (where relevant) have been explored and mapped. This is used effectively to inform planning.

**CHECKING BACK**

**ACTIONS**

* Where an audit has been graded as RI or Inadequate the actions will need to bring this work to a good or better grading.
* Actions need to be SMART.
* Actions need to be focused on achieving good outcomes for this child/ family.
* Responsibilities for the actions need to be clear. For example, specific actions relating to the work for the practitioner/ supervisor, actions for the practitioners’ development and/or thematic actions for the service.
* Actions should be discussed with the practitioner, and agreed between the auditor and practitioner, whilst listening to the voice of the practitioner.