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### Northamptonshire Children’s Trust (NCT) AUDIT TOOL – SOCIAL CARE GRADING GUIDANCE

The following guidance has been created to offer Auditors support to grade case file audits completed within Children’s Social Care. The document is not a definitive list, but is a guidance tool and Auditors must use their professional judgement when grading a case.

The overall grades are based on the Ofsted grades, but each section is scaled with the following Signs of Safety grade where 0 is the practice in the case is inadequate and 10 is the practice in thecase is outstanding: -

Scale 9 or above – should be graded as Ofsted Outstanding

Scale 6-8 – should be graded as Ofsted Good

Scale 3-5 - should be graded as Ofsted Requires Improvement

Scale 0-2 should be graded as Ofsted Inadequate.

This grading tool should offer guidance of how to award the final grade which is based on the Ofsted grading’s. The definitions are below;

1. “In an **outstanding** local authority:

* Direct work with children, young people and families is of the highest quality and is delivering measurably improved outcomes. For some children and families, their progress exceeds expectations.
* Inspirational, confident, ambitious and influential leadership changes the lives of local children, young people and families, including children who are looked after and those who have left or who are leaving care. Leaders are visible and effective. They innovate and promote creative ideas to sustain the highest-quality services, including early help services, for all children and young people.
* Professional relationships between the local authority and partner organisations and commissioned service providers are mature and well developed. Accountabilities are embedded and result in confident, regular evaluation and improvement in the quality of help, care and protection that is provided.
* The local authority is proactive and accurate in identifying and responding to the changing needs of its local communities and the performance of its services and staff. Change and improvement are consistently and effectively implemented and reviewed for their impact. Children, young people and families clearly benefit from improvements that are made and the impact of their feedback is well evidenced.
* Effective and continuous learning improves professional practice. This is sustained over time. Professional challenge and leadership ambition inspire high-quality work with families that helps, protects and promotes the welfare of all children and young people, particularly those who are most vulnerable.
* The views and experiences of children, young people and their families are at the centre of service design and influence development and strategic thinking.

1. In a **good** local authority:

* Children and young people are protected, the risks to them are identified and managed through timely decisions and the help provided reduces the risk of, or actual, harm to them.
* Children and young people looked after, those returning home and those moving to or living in permanent placements outside of their immediate birth family have their welfare safeguarded and promoted. Children and young people are helped to live in permanent homes or families without unnecessary delay. The development of safe, stable and secure relationships with adults is central to planning for their futures and this supports the development of secure attachments that persist over time and wherever they are living.
* Young people leaving care or who have left care receive help and support tailored to their individual needs and comparable with that which their peers would receive from a reasonable parent. They are provided with opportunities, support and help to enable them to move successfully to adulthood.
* Leadership, management and governance arrangements deliver strong, strategic local leadership that measurably improves outcomes for vulnerable children. The local authority works with partners to plan and deliver early help, to protect children and young people, to improve educational attainment and narrow the gap for the most disadvantaged and it acts as a strong and effective corporate parent for children looked after and those leaving or who have left care.
* There is a clear and up-to-date strategy for commissioning and developing services and there are sufficient resources to meet the needs of children and young people in the local authority area.Leaders, both professional and political, drive continuous improvement so that the local authority is consistently effective as both the lead agency for the protection and care of children and as a corporate parent.

1. In a local authority that **requires improvement**:

* There are no widespread or serious failures that create or leave children being harmed or at risk of harm. The welfare of looked after children is safeguarded and promoted. However, the authority is not yet delivering good protection, help and care for children, young people and families.

1. In a local authority that is **inadequate**:

* There are widespread or serious failures that create or leave children being harmed or at risk of harm and/or the welfare of looked after children is not safeguarded and promoted.
* A judgement of inadequate is likely to be made if **any of the following are judged inadequate**:
* the experiences and progress of children who need help and protection
* the experiences and progress of children looked after and achieving permanence

leadership, management and governance”. (Ofsted Framework and evaluation schedule).

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| **As a minimum Auditors are expected to:**   * **Set aside time to read the child/young person’s file and complete each section of the audit.** * The Auditor should focus on the last six months of intervention; whilst it may be pertinent to read further back, any grading and judgements should be based on the last six months. * **Record with care.** * The Auditor should use the child/young person’s name rather than initials as this can lead to confusion and take care when spelling names. * The Auditor should avoid acronyms. * The Auditor should spell check and proof read the audit before submission. * The Auditor should avoid negative statements like ‘statutory visits are poor’ but try to make suggestions for improvement, i.e. ‘statutory visits could be strengthened by…’ This may be challenging if the case is inadequate. * **Have a reflective discussion with the child/young person’s social worker and line manager.** * Ideally this should take place face to face, but if this is not possible can be completed over the telephone or via Skype conference call. * This should be undertaken prior to ‘finishing and saving’ the audit but if this is not possible the Auditor should explain within the audit why and clarify when this will take place. * The discussion should be a strengths based discussion where feedback is given to the worker about positive aspects of their practice as well as areas for development. * The line manager should be part of this discussion as they will then be able to support the social worker with any follow up actions. If there are issues in relation to the line manager’s practice, for example supervision notes, the feedback to the line manager should take place without the social worker. * **Have discussions with the IRO/Conference Chair where applicable** * This should either be because there are concerns about the case or there is feedback that could be offered to the IRO/Conference Chair. |

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| * 1. Summary |
| * The auditor should complete a short summary of why we are involved in the case before going on to discuss the risks. This should include the age of the child, family composition and any significant others. |
| * 2. Risk management (including decision making and assessment) |
| **Areas to be considered when completing this section**   * Consider how risk has been responded to within the last six months. * This will involve considering strategy meetings, s47 enquiries, missing episodes, risk assessments, including single assessments and plans * If there are strategy meetings, are they quorate (Police, Social Care & Health)? * Is there evidence of agency collaboration within s47 enquiries and assessments? * You should consider whether decision-making has been timely and effective, from initial decisions through to the current day. * You should look for management oversight within assessments, plans, case notes; this should be directive and identify any shortcomings that need to be addressed. * You should look in the case observations for supervision. This should be recorded under the heading ‘case – supervision’. * You should consider if the frequency meets with the NCT policy and then look to see whether actions are SMART and then reviewed within the next supervision. * You should look at recording and see if it is easy to follow the case through and look for issues around quality of recording. * There should be an up-to-date assessment. If the child is in care and open to LAC, there should be an assessment within the social workers review report. If the young person is open to Leaving Care there should be a Needs Assessment completed within the Pathway Plan. If the child is open to Safeguarding & Care Planning, there should be a part 1 single assessment and a part 2 either completed or being completed. For other circumstances where assessment should be reviewed - see link below to procedure. * An up-to-date assessment can be used to answer a lot of questions within the audit, so this is a good place to start. * You should consider the timeliness and quality of the assessment and comment on this - for example, if you have graded this section as good, explain why the assessment is good. * There should be an up-to-date genogram and chronology. If the chronology is slightly out of date and the rest of the section meets good, this should not be downgraded; however, if it is absent or significantly out-of-date then this would lead to a grading of does not meet good. * If the child is looked after there should be birth certificates and evidence of a passport. |
| **Scale 9 or above**   * Decision-making is timely and effective at every stage of the case and the rational for decisions are clearly recorded. * S47 intervention where applicable will be proportionate and all actions required will have safeguarded the child and any other children involved. * Intervention will be multi-agency and focussed on the best outcomes for children/young people * There will be clear and robust management oversight, which is directive and reflective * Risk assessments will be reviewed in appropriate intervals * There will be evidence that partners and the social worker have gone above and beyond to safeguard the child/young person * Management oversight is of excellent quality, where any shortcomings are addressed by the manager within assessments and plans. * Supervision is in line with NCT policy, it is reflective and offers robust guidance and support for the social worker. * There is clear evidence that actions are reviewed at subsequent supervision sessions and acted upon. * Recording is of excellent quality and the case is easy to follow. All documents are uploaded and available. * All assessments are timely, relevant and evidence all aspects of the case. * Concerns raised are fully addressed and analysed within any assessment. * There is excellent analysis of the parental history and the impact of this on their parenting ability. * There is excellent evidence of appropriate tools being used, not only to gather the child’s voice, but to analyse risks and need. * Assessments have been updated following significant incidents of changes to the Care Plan. * There are SMART plans within the assessment * Chronology is up-to-date and contains relevant information * Genogram contains information about all relevant family members * Other assessments completed are timely and are reviewed appropriately * If LAC birth certificates and a photocopy of the passport are withing Carestore. |
| **Scale 6-8**   * Decision making will be timely * S47 intervention where applicable will be proportionate and all actions required will have safeguarded the child and any other children involved. * All assessments identified will be completed with good quality analysis and a SMART plan * Intervention will be multi-agency and focussed on the best outcomes for children/young people * There will be good management oversight * Decision-making is timely and rational for decisions are recorded. * Management oversight is of good quality and shortcomings are addressed within plans and assessments. * Supervision is in line with NCT policy, it is reflective and offers guidance and support for the social worker. * There is evidence that actions are reviewed at subsequent supervision sessions and acted upon. * Recording is of good quality and the case is easy to follow. Documents are uploaded and available. * Concerns raised are addressed and analysed within the assessment. * There is good analysis of the parental history and the impact of this on their parenting ability. * There is evidence of appropriate tools being used, not only to gather the child’s voice, but to analyse risks and need. * Assessments have been updated following significant incidents of changes to the Care Plan. * There are SMART plans within the assessment * Chronology is (for the most part) up-to-date and contains relevant information * Genogram contains information about all relevant family members * Other assessments completed are timely and are reviewed appropriately * If LAC birth certificates and a photocopy of the passport are withing Carestore. |
| **Scale 3-5**   * Decision making is not timely and there are delays * S47 intervention is either not proportionate or not taken when threshold is met. * Assessments are adequate or poor quality and do not have a SMART plan * Intervention, whilst multi-agency, is not focussed on best outcomes for children/young people * Management oversight is either limited or non-existent; for example assessments have been authorised without comment or without shortcoming being addressed. * Risk assessments have either not been completed or not been reviewed * Decision-making is not timely and therefore there are unnecessary delays * Decision-making is not effective and plans are not SMART * Supervision is not in line with NCT policy. * Actions are not reviewed within subsequent supervision sessions and lead to delay. * Recording is not of good quality and it may be difficult to follow through the decision making. * The concerns raised are not fully addressed within the assessment. * Parental history is not covered within the assessment, key adults are not spoken to or assessed * Analysis is not robust and there is not a SMART plan * Assessments are not completed where there is a significant event or change of Care Plan * Chronology is significantly out-of-date or absent * Genogram is absent * If LAC birth certificates and evidence of passport are not stored within Carestore.   ***Inadequate (Scale 0-2)***  *If this section does not scale higher than 2 and there are significant concerns about the child/young person being at risk of immediate harm the overall grading of the case file should be inadequate. A lack of any supervision would not necessarily make the overall grading inadequate as there may be evidence of tenacious social work despite it, but the case would need to be graded as requires improvement.*  *A lack of / or poor quality assessment may contribute to the overall grading of inadequate.* |
| * 3. Child, their family and identity |
| **Areas to be considered when completing this section**   * Look for parental involvement within all assessments and plans. This should include non-resident parents as well any other carer for the child/young person. * If non-resident parents or resident parents have not engaged, or could not be located this will be evidenced within assessments and plans. * Children/young people should be engaged in an active way by the social worker. You should look for evidence of direct work and tools being used. If the child is younger than 4 or non-verbal you should look for evidence of other methods of engagement. * The child’s voice should be clear within recording, in statutory visits there should be evidence of how the child presents not only verbally but non-verbally. There should also be evidence that the child has been seen alone, at home, placement and in school or another setting. If the child is having short breaks the child should have been seen both at home and at placement. * You should look for the frequency of statutory visits and comment on whether these are within timescales * You should consider the frequency of engagement and look within CP minutes, LAC reviews and CIN meetings, assessments and plans to see if there is evidence of the child’s voice. * Has an advocate been needed to address the child/young person’s concerns or complaints? * You should consider whether the parents views/needs outweigh those of the child - for example, consider disguised compliance. * You should check ‘my client – person details’ screen on Carefirst that ethnicity, language and religion are recorded and then check this against the ‘identity’ section within the most recent assessment. * Consider how identity and diversity has been addressed within the assessment; you should consider all aspects of diversity that may be having an impact on the child/young person, e.g. ethnicity, religion, disability, sexuality, poverty, separation from parents/siblings, adoption (this is not an exhaustive list) * Consider how identity and diversity has been addressed within plans. |
| **Scale 9 or above**   * Both parents, including non-resident parents will have been actively involved in planning and assessment * Other appropriate family members will also have been actively involved in planning and assessment * There will be excellent evidence of the child’s voice, appropriate communication methods have been used with verbal and non-verbal children. * Children and young people will have their views shared within any meeting held and recorded to an excellent standard * There is clear evidence that the child is at the forefront of assessments and planning and that, whilst parents views have been sought, the child’s needs override any parental wishes. * There will be evidence that the social worker has gone above and beyond to seek and evidence the child’s voice. * My client – person details screen is accurately recorded * There is excellent evidence of the child/young person’s emerging identity being identified and addressed with plans and assessments. * Specific areas of need arising from diversity are recognised and addressed. * If the child is in care, there is evidence that they are in a placement that meets all of their individual needs. * The social worker has gone above and beyond to ensure that the child/young person’s individual needs are met. |
| **Scale 6-8**   * Both parents, including non-resident parents, will have been involved in planning and assessment * Other appropriate family members will also have been involved in planning and assessment * There will be good evidence of the child’s voice; appropriate communication methods have been used with verbal and non-verbal children. * Children and young people will have their views shared within any meeting held and recorded to a good standard * The child is at the forefront of assessments and planning, parental views do not override the child’s needs * My client – person details screen is accurately recorded. * There is good evidence of the child/young person’s emerging identity being identified and addressed with plans and assessments. * Specific areas of need arising from diversity are recognised and addressed. * If the child is in care, there is evidence that they are in a placement that meets all of their individual needs. |
| **Scale 3-5**   * Parents are not actively involved in planning and assessments, either through disguised compliance of lack of engagement by the social worker. * Non-resident parents have not been engaged and there is no evidence why this has not been pursued. * The child’s voice is not adequately sought and whilst there may be some evidence of this it could be strengthened. * Children and young people’s views will not be shared within meetings * Children who are non-verbal are said to be too young or unable to give their views or voice. * The child is not at the forefront of assessments and planning and parent’s views override the child’s needs. * My client – person details screen is not accurately recorded * There is little or no evidence within assessments and plans to address and identify diversity. * If the child is in care, they are not placed within a placement that meets all of their individual needs.   ***Inadequate (Scale 0-2)***  *If there is limited evidence of the child being seen or no evidence of the child being seen during the last six months this would lead to an overall inadequate grading.* |
| * 4. Care Planning |
| **Areas to be considered when completing this section**   * If there is a recent assessment, there should be a plan at the end of the assessment that addresses the concerns raised * If the child is subject to a Child in Need Plan; this should be considered and reference should be made about whether the plan is SMART and that actions have been reviewed and acted upon between CIN meetings. Reference should be made to partners engagement with this plan. * If the child is subject to a Child Protection Plan – the initial plan as well as any subsequent plans and Core Group minutes should be considered. Reference should be made to whether the plan is SMART and that actions have been reviewed and acted upon between Core Groups and Child Protection Conferences. Reference should be made to partners engagement with this plan. * If the child is in care – the LAC care plan as well as LAC review minutes should be considered. Reference should be made to whether the plan is SMART and that actions have been reviewed and acted upon between LAC reviews. This will include any Court Care plans. Reference should be made to partners engagement with this plan. * If the child is in care and is over 16 - the Pathway Plan should be reviewed. Reference should be made to whether the plan is SMART and that actions have been reviewed and acted upon between LAC reviews. Reference should be made to partners engagement with this plan. * If the child has a Education and Health Care Plan this should also be considered alongside other plans and ensure that actions are not contradictary. * You should consider if there is management oversight of the plan. * You should consider if this is the appropriate plan for the child/young person or if the case needs to be escalated. * You should consider if the plan addressed all of the risks identified * Are the appropriate agencies involved with the child? If not, is there evidence they have been challenged? * If the child is in care, is there evidence of effective PEP’s and evidence of good health care? * Is there evidence that agencies are focussed on the best outcomes for children and that concerns are escalated appropriately? * Consider the impact and influence of the IRO/Conference Chair; have they escalated concerns, is there evidence of IRCO activity in observations between meetings? * Conference chairs complete ‘midway reviews’ is there evidence that issues have been raised and escalated from these? * Has the IRO seen the child prior to the LAC review? * Is the child invited to the CIN meeting/Core Group/CP Conference or LAC Review and if not appropriate are their views clearly shared? |
| **Scale 9 or above**   * There is an excellent plan for the child/young person which addresses of the risks and needs * The plan is SMART and actions have been completed in a timely manner * The child is at the centre of the plan, but there is also evidence that parents/carers and key adults/agencies have been involved in contributing to the plan * There is excellent management oversight within the plan * There is excellent evidence of partnership working * All partners take responsibility for their own actions and attend all meetings * All partners challenge where there are concerns that the child’s needs are not being met * For children in care there is evidence that all of their health and education needs are being met * The IRO/Conference Chair has a clear influence on the case and ensures that they independently advocate for the child * LAC reviews and Conference will be timely * Midway reviews have been completed and any issue successfully addressed * The IRO will have seen the child prior to the review in their home environment and be able to reflect their views within their decision-making |
| **Scale 6-8**   * There is an good plan for the child/young person which addresses of the risks and needs * The plan is SMART and actions have been completed in a timely manner * The child is at the centre of the plan but there is also evidence that parents/carers and key adults/agencies have been involved in contributing to the plan * There is good management oversight within the plan * Where there are concerns about a plan these have been escalated and addressed * There is good evidence of partnership working * Partners take responsibility for their own actions and attend all meetings * Partners challenge where there are concerns that the child’s needs are not being met * For children in care, there is evidence that their health and education needs are being met * Where partners have not taken responsibility for their actions, this is challenged and resolved * The IRO/Conference Chair has a clear influence on the case and ensures that they independently advocate for the child * LAC reviews and Conference will be timely but any reason for delay will be recorded * Midway reviews have been completed and any issue addressed * The IRO will have seen the child prior to the review in their home environment and be able to reflect their views within their decision making |
| **Scale 3-5**   * The plan is not SMART or timely * The case has drifted due to poor planning * The child/young person is not at the centre of the plan * Where concerns have been raised about plans they have not been addressed * There is limited or no management oversight of the plan * Partners do not routinely attend meetings * Partners do not take responsibility for their actions and this is not adequately challenged * Children in care do not have all their health and education needs met * Partners are parent focussed rather than child focussed. * There is little evidence on file of the impact of the IRO/Conference chair * Concerns will not have been raised or escalated and then not addressed * Midway reviews will not have been completed * The IRO will not have seen the child within their home environment * LAC reviews and CP Conferences will not be timely   ***Inadequate (Scale 0-2)***  *A poor plan would not necessarily mean that the case is inadequate, but would have to have the overall grading of requires improvement.* |
| * 5. Child/young persons living arrangements |
| **Areas to be considered when completing this section**   * This section should be completed wherever the child is living but some elements will not be applicable if the child is living at home or independent. It is an opportunity to comment on their home life and experiences * Consider if this is the appropriate place for the child to live long term. * Is there evidence that the social worker has seen them within their placement/home environment? * If the placement/home is unstable, what intervention has been considered to address this? * If the child is in care, what is the quality of their contact with their family/friends? * Consider if this is private fostering, connected persons or an unregulated placement. * Permanency does not just mean a child is living in foster care or adopted. Therefore consideration of permanency should be given if the child is living at home. * If the child is in care has there been a Permanency Planning Meeting (PPM)? * If a PPM has taken place are the recommendations robust and SMART? * If the child is in care has permanency ever been achieved? * If the child is older than 16 has Staying Put been considered (if they are in foster carer)? * If the child is in care, is there evidence of preparation for permanency including life story work? * Consider the self-care skills section of the assessment and see if there is evidence of preparation for independence by parents/carers, e.g. for a 10 year this may be being able to make a sandwich, a 15 year old being able to put washing on etc. * Consider the impact of this for children with disabilities and whether plans have been addressed for moving into independence. * For young people over 15¾ in care, is there a Pathway Plan that addresses this? * If there are concerns about CSE/gangs/substance misuse, are parents or carers able to keep them safe, whilst still preparing them for independence? |
| **Scale 9 or above**   * The child is placed either at home or in care in the most suitable placement for them. * The placement is stable and excellent support is provided to the child and the carers. * There is excellent evidence of social work visits to the child/young person where they live * There is excellent evidence that the contact arrangements (if appropriate) are meeting the child/young person’s needs * All options in regards to permanency for the child have been considered and a robust plan has been formulated setting out which is the appropriate permanent arrangement. * If the child has achieved permanency, there will be evidence of the preparation, support to placement and life story work. * PPM’s convened will show evidence of considering all options available and demonstrate clear consideration has been given to each option. * For over 16’s, Staying Put will have been considered and, if possible, secured * If a placement breaks down, a disruption meeting will have been held and the learning from this will have been considered within the next move. * There will be evidence of the Social Worker going above and beyond to ensure that the child/young person is prepared for permanency. * There will be excellent evidence of preparation for independence, particularly with older children * Children with disabilities and those approaching 16 will have clear plans in relation to independence. |
| **Scale 6-8**   * The child is placed either at home or in care in the most suitable placement for them. * The placement is stable and good support is provided to the child and the carers. * There is evidence of social work visits to the child/young person where they live. * There is evidence that the contact arrangements are meeting the child/young person’s needs. * Options in regards of permanency for the child have been considered and a good plan has been formulated setting out which is the appropriate permanent arrangement. * If the child has achieved permanency, there will be evidence of the preparation, support to placement and life story work. * PPM’s convened will show evidence of considering all options available and demonstrate clear consideration has been given to each option. * For over 16’s, Staying Put will have been considered and if possible secured. * If a placement breaks down, a disruption meeting will have been held. * There will be evidence of preparation for independence, particularly with older children. * Children with disabilities and those approaching 16 will have clear plans in relation to independence. |
| **Scale 3-5**   * The child/young person will not be placed in a suitable placement. * The placement will not be stable and there will not be good evidence of support provided. * Visits will not have been made to the child in placement, for example the child may only have been seen at school or, if in short break arrangement, at the family home. * Contact arrangements will not meet the needs of the child/young person. * Permanency will not have been achieved when it could have been. * Staying Put will not have been considered. * There will be placement breakdowns without disruption meetings being convened. * The child will be at home and the case will need to be escalated to care proceeding to protect the child. * PPM’s will not have considered all options and demonstrate little consideration of why one option is considered above others. * Life story work and preparation for permanency will not have been undertaken. * There will be little evidence of preparation for independence. * Children with disabilities and those approaching 16 will not have clear plans in relation to independence.   ***Inadequate (Scale 0-2)***  *If the child/young person is at immediate risk of harm within their home or placement this would lead to an overall grading of inadequate. If permanency had not been achieved it would not necessarily lead to an outcome of inadequate, but those children/young people who have had continual breakdowns and there is lack of forethought in planning would need to be considered.* |
| * 6. How has the help provided improved outcomes? |
| **Areas to be considered when completing this section**   * You should put yourself in the child/young person’s shoes and consider how it feels to be them. * You should consider whether the practitioner you are auditing (and managers) have improved the outcomes for this child/young person. * You should consider the last six months of intervention and the child/young person and assess whether Children’s Social Care has successfully helped improve outcomes * If the case has not been open long, you should grade this case on what you have seen so far in relation to the quality of plans and assessments * If you do not believe that the intervention has improved the outcomes for the child/young person then you must grade the overall case as requires improvement or inadequate |
| **Scale 9 or above**   * Every section of the audit will exceed good * The support and help provided will have significantly improved the outcomes for children |
| **Scale 6-8**   * The majority of sections of the audit will meet good * The support and help provided will have improved the outcomes for children |
| **Scale 3-5**   * The majority of sections of the audit will not meet good * The support and help provided will not have improved the outcomes for children * If you have graded this section as does not meet good, the overall grading can only be requires improvement or inadequate   ***Inadequate (Scale 0-2)***  *If there is no evidence that the help provided has improved the outcomes for the child/young person a grading of inadequate should be considered, this would be where there is an overall failing to undertake statutory duties to protect and/or care for a child/young person****.*** |

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| * **7.Themes from Learning** |
| **Areas to be considered when completing this section**   * For a themed audit, the specific identified questions should be copied and pasted into this section and answered following the audit of the entire case * There is a second text section within the form on Carefirst where other ‘themes’ can be identified - for example, lack of supervision. |

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| * **8.Restorative Actions (What do we need to do to improve)** |
| **Areas to be considered when completing this section**   * Actions should be specific and, if possible, name the owner * Timescales given should be achievable and have specific dates, not ‘two weeks’ |

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| * **9.Grading** |
| **Areas to be considered when completing this section**   * Grade the overall case * You will need to put the team manager’s ID in both boxes below the grade * If it is inadequate, then use the Service Manager’s ID and escalate to them |
| **Outstanding**  It is expected that if the overall grading awarded is outstanding that every section meets or exceeds good. |
| **Good**  It is expected that if the overall grading awarded is good then the majority of sections would meet good. The crucial sections are risk, children and young people’s involvement, assessments and plans. |
| **Requires Improvement**  It is expected that, if the overall grading awarded is requires improvement, then the majority of sections would not meet good. There could be several sections that do meet good, but some of the crucial sections (as outlined above) bring the overall grading down. |
| **Inadequate**  It is expected that, if the overall grading awarded is inadequate, the majority or every section would not meet good. Auditors should consider if the child is at risk of immediate harm, or if actions taken have failed to protect, or failed to provide statutory duties to care for the child / young person. |

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| * **10.Auditors observation**   **a) What’s working well?**  **b) What’s not working well?** |
| **Areas to be considered when completing this section**   * Summarise your audit findings and grading by answering sub questions A & B. * State whether you have spoken to the social worker / line manager directly about the audit * If you have been unable to speak to the social worker, explain why and evidence when you will speak to them * Be aware that this section pulls through into the observations screen |