**Audit Information for Auditors, allocated workers and managers**

**Version Control**

|  |  |  |
| --- | --- | --- |
| **Date** | **Version** | **Changes** |
| 23/11/20 | V 1 | Faye McNiven |
| 01/03/21 | V 2 | Faye McNiven |
|  |  |  |
|  |  |  |
|  |  |  |

**Contents**

Torbay full audit process 3

Torbay full audit process flow chart 5

Torbay Full Audit Template - Hints and tips for completion 6

Hints and tips for moderators 8

Appendix 1 - Torbay audit template 10

Appendix 2 - Ofsted Statements of Good 14

**Torbay full audit process**

**Introduction**

Auditing is an important part of the quality assurance process. It examines the impact of interventions on outcomes for children and supports the improvement of practice by identifying service level learning. In Torbay there are two main types of audit activity: full audits of individual children and themed dip samples of up to 20 or more children. This information is about the process for full audits.

**The audit process – information for auditors, managers and allocated workers**

1. At the beginning of the each month the lead auditor creates a random sample of 20 children who are open to children’s services, who have not been audited within the past 6 months. Some of these children may have already been closed but they will still be audited. The audit details are sent to the auditors and must be completed within 2 weeks. Auditors are always asked to audit a child from another area of service to their own. All Team Managers, Service Managers and Team Managers are required to take part in Audit Programme.
2. If one of your children is chosen, you will be contacted by the auditor who will arrange to meet with you as part of the audit process. If the child has been closed or transferred to another team the auditor will use their discretion as to which worker they wish to meet with. This may mean meeting with someone who knows the child really well such as the previous allocated worker or the IRO. Meetings with workers take approximately one hour but this may vary according to the complexity of the child’s plan.
3. Before meeting with the allocated worker, auditors familiarise themselves with the child’s plan by looking at the child’s electronic record. The audits focus on the previous 6 months of involvement and the audit may be looking at the child’s outcomes across several different teams or services. **The audit is about the child’s outcomes and impact of interventions during a specific period as opposed to being about the individual worker’s practice.** **However relevant Practice Standards, procedures and guidance from the Children’s Procedures Manual are also considered as part of the audit.**
4. To prepare yourself for the audit It is really important that you familiarise yourself with the Audit Tool (Appendix 1), Hints and Tips leaflet (page 6) and the Ofsted statements of good (Appendix 2) so that you know what the audit will be looking at. This information can also be found in the resources section of the children’s procedures manual under All Children / Audit tools and guidance: [https://torbaychildcare.proceduresonline.com/local\_resources.html#](https://torbaychildcare.proceduresonline.com/local_resources.html)
5. The Audit Tool is used to audit children and young people who are open to all teams across children’s services. For each audit question, auditors are asked to select a judgement, provide evidence for the judgement and comment on the impact of interventions on the child or young person. The judgements are: does not meet good, meets good or exceeds good. Q 12 on the audit tool is the **overall audit rating.**
6. To ensure consistency all audits are moderated by an experienced auditor to check the quality and to ensure that children are safe. Hints and tips for moderators can be found on page 8.
7. If any **actions** are required as a result of the audit you will be notified when the actions have been added to the audit case note on the child’s record. The audit actions can be found towards the end of the audit. For each audit action, the person’s line manager is responsible for ensuring that that all actions are completed within the timescales agreed. **Please let your manager know when the actions have been completed so that they can add “sign off dates” to the action plan. You will receive a weekly email from PARIS until all actions have been completed and signed off.**

How to sign off audit actions (for managers):

|  |  |  |  |
| --- | --- | --- | --- |
| **Agreed Action** | **Person** | **Completion date** | **Manager’s sign off date** |
| Eg. Complete updated assessment of child’s needs to inform CIN plan | Name of person responsible. | This is the date when the action should be completed by. | To sign off an action the manager adds a date here, accepts changes and saves the audit case note |

If you have any queries about audit actions or timescales (completion date) please discuss with the auditor in the first instance. If the child’s situation has changed and the action is no longer required, managers should add a short update to the action and sign it off. **If you are an allocated worker and your manager is unavailable to sign off the actions please email** [**faye.mcniven@torbay.gov.uk**](mailto:faye.mcniven@torbay.gov.uk)

1. The findings of audits are collated by the Lead Auditor and are included in a quarterly report, which is discussed at the senior leadership team meeting and the Children’s Improvement Board. Learning is also integrated into the learning and development programme within the Academy, discussed at performance meetings and shared with the teams across Children’s Services via a Team learning Summary.

If you have any queries about the audit programme please contact Faye McNiven, Lead Auditor: [faye.mcniven@torbay.gov.uk](mailto:faye.mcniven@torbay.gov.uk)

Please also refer to the Audit Process flow chart on page 5.

**Torbay full audit process - flow chart**

1. **Allocation of Audits**

* At the beginning of each month the **Lead Auditor** creates a random sample of 20 children and sends details to Heads of Service and auditors together with a link to the latest copies of **audit tool** **/ guidance. Heads of Service are responsible for ensuring that the audits for their area of service are completed.**

1. **Completion of audits (within 2 weeks of receiving audit)**

* **Auditor** checks child’s record, meets with **allocated worker**, completes audit on Word template.
* **Auditor** emails Word copy of audit to Lead Auditor, allocated worker and team manager.

1. **QA Cycle / Learning**

* Audits are moderated to check the quality and returned to the auditor who makes any final changes. Audits are then returned to the Lead Auditor.
* The final copy of the audit is uploaded to the child’s record using an audit case note and a live action plan is created if needed. Notifications are sent to the allocated worker and team manager.
* Team Managers / Heads of Service ensure that **audit actions** are completed within the agreed time-scales and for each completed action and add a manager sign off date to the action plan on the audit case note.
* Audit data and learning are discussed and shared at Performance Management meetings, Academy team meetings, Senior Leadership Team Meetings and the Children’s Improvement Board.

**Torbay Full Audit Template - Hints and tips for completion.**

1. As we think about completing this exercise, we should remind ourselves of its philosophical basis. **It is an exercise in doing audits with social workers and team managers as opposed to doing it to them;** a charge often levelled against any audit process. We **do not want this to be a deficit model**. Instead we want it to be **a model based upon focused and sometimes challenging conversations with those front line professionals** so that we can come to **a (hopefully) shared view** about what can be done **to secure at least a good experience for the child/young person who is receiving services.** Our focus will not be on what has not been done (though we will identify and understand the relevance of these features), it will be **on what now needs to happen**.

2. Some argue that this model is too soft on poor compliance with statutory or policy and procedural requirements. It is absolutely not. It recognizes that these requirements are normally important to get right but it also recognizes that **an auditor’s task is to identify the impact of those shortcomings on the child and young person’s experience**. Sometimes there will not be any adverse impact or you will find that **the perceived shortcoming occurred as a result of a conscious and thought through decision** by the front line practitioners and managers. For example, a short delay in completing an assessment which tips the process beyond the laid down timescales might be justifiable if the workers can specifically identify why the over-run was necessary and show how any risk to the child was minimised, mitigated or managed.

3. So what are things we can do to make this audit process effective?

1. Look back only 6 months unless there is a pressing need to look back further in order to understand the current position
2. Focus on looking sparingly at documents. For a starting point these should include:

* the most recent referral,
* assessment,
* plan,
* review,
* visits
* management recordings
* court documents
* And the chronology.

These will give you what you need to follow through on. If you can’t find the information, stop looking and be confident that if the social worker or team manager can’t locate it, you can conclude that either it does not exist or it is not written up and you will have to make a judgement call about what that means to the judgement you are to make

1. When you fill in the audit document be clear that the first thing you will fill in will be the judgement box. You will then turn to the narrative box where you are asked to write succinctly and evaluative. You will find both of these requirements easier to fulfil if you construct your thinking under the two headings evidence that supports the judgement and its impact on the child and young person.
2. You should re-read what you write and take note that if shortcomings are numerous and/or significant you will need to work hard to be confident that a good judgement is justified.
3. Equally if you can’t identify the impact of work you will find a ‘good’ judgement illusive. However, a cautionary note. If you don’t find impact evidence at first then go back over the material. Because social care professionals tend not to write impact material explicitly, it is sometimes ‘hidden below’ the actual words on the page.

4. Finally have confidence in your professional skills. What we are asking here is for you to exercise your judgement over and beyond assessing whether work is simply compliant. Enjoy the challenge and be confident that what you will find on an individual case will help children have a better experience and the aggregated findings from all audits will help the service improve and give senior managers evidence about the capacity and capability of the service.

**Hints and tips for moderators**

**The following is offered as ‘must do’ considerations for all moderation exercises so that as far as possible consistency in the process can be achieved. The following should not be seen as an exhaustive list and moderators can use their professional judgement to extend the scope of the moderation process.**

**The ‘hints and tips’ are set out in the order of the audit template.**

1. **Judgements**. These should be based upon the range of experiences of the child over a minimum 6-month period. Moderators will encounter examples of unsatisfactory work that has been superseded by ***recent*** much improved and better focused activity. It is unlikely in this circumstance that recent improvement will show demonstrable evidence of positive and sustained impact and therefore the judgement may still be ‘1’ or does not yet meet good. In these circumstances, it is important that the moderator ensures that the auditor has ***positively connoted*** the improvement.
2. **Evidence. This section should contain three key elements:**

* **Findings of fact related to the judgement field,** e.g. “There have been two recent assessments, and both were completed within timescales set out in the initial plan”
* **An auditor overview demonstrating professional analysis,** e.g. “Both assessments were shared with mother which is positive. However, the benefit is diminished as the mother played little part in the assessment and subsequent CiN planning process”
* **Auditor judgement.** Although each field has an overall judgement, in the evidence narrative the moderator should expect to see a range of sub-judgements which demonstrate how the auditor came to their substantive judgement for the field under consideration e.g. “Although the assessments contain some good detail…………they do not provide an analysis of the relevance of this information to Jo’s development, safety or to the parents’ ability to provide safe care”.

If **any of these elements are missing** from the judgement narrative, the moderator should draw attention to the omission and, if possible from the narrative that is available, suggest a ‘line to take’ or a form of words to be considered.

1. **Impact statements** should

* **bring the child to life**
* **convey what the evidence and the associated judgement means for the child and**
* **demonstrate an understanding of consequences** e.g “For Jo the impact of mother’s lack of involvement in the assessment process is that she is likely to have limited ‘buy *in’* to the planned work***(this is what it means for the child*)** which increases the risk of the plan failing and the likelihood for Jo to experience further harm*”.* ***(this is the consequence)***

It is critical that the auditor captures and reports on each of these dimensions of impact. If any are missing, the moderator should comment on the omission.

1. **Congruency between the totality of audit findings and the actions that are required.**

* **For audits to have maximum impact, the actions should address explicitly what is required to ensure that the child’s experiences of services are improved to good or better.** They should be ‘big ticket’ items and social workers and team managers should be able to ‘lift them’ virtually unamended into the relevant case plan.
* **Except in highly unusual circumstances there should be no more than 5 recommendations for action.** Details of individual compliance actions can be ‘rolled up’ into a single action in the knowledge that they would have already been discussed and agreed with the social worker and team manager.
* **Actions should be SMART and therefore deliverable and measurable**

1. **Timescales & expectations on recipients**

* **Auditors should be shaping and agreeing actions with the worker and manager in the conversations that take place within the audit process.** The TM and worker need to be aware that these actions should be being worked on as agreed but that they may need to be revised pending the moderator’s feedback.
* **Moderators have no more than the first 10 working days of each month to complete the moderation and return to the auditor.** The moderator needs to make the auditor aware that it is they who are responsible for reviewing the moderator’s comments, editing the audit accordingly, sharing it with the respective team manager and worker, and returning to the Quality Assurance inbox for uploading so that actions can be tracked.
* **TM’s need to be reminded that on receipt of the moderated audit they are to make a note on Frameworki directing practice as required.** They then need to be reminded to revisit these directions in supervision and on FWi to ensure that they are closed off.

1. **Moderator’s authority**

* **The moderator is acting as the final gatekeeper within the audit exercise on behalf of the children and young people that are subject to audit. They are doing this for Children’s Services under mandate from the Director of Children’s Services.** The moderator is responsible to ensure high quality audits are accurately evaluating the quality of services and promoting the safety and positive outcomes of children and young people. They are also supporting the improvement journey of auditors, and ensuring the recipients of audits are supported and challenged to deliver service excellence.

**Stephen Hart**

**Stable House Consulting**

**May 2018**

**Appendix 1**

**Torbay full audit tool**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Auditor name** |  | | | | **Audit date** | | |  | |
| **Child’s ID number** |  | | **Team** | | |  | | | |
| **Audited previously?** | YES | NO | | **If Yes, when?** | | |  | | |
| **Age band** | **0** | | **1 -5** | **6-10** | | | **11-15** | | **16-21** |
|  | |  |  | | |  | |  |
| **Strand** | Help and protection /  Children looked after and permanence  Children with disability  Adoption / Care Leavers  Leadership, management and governance  Local safeguarding children board | | | | | | | | |
| **Which worker did you speak to as part of the Audit? (include date seen)** |  | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Field** | **Quality of child’s experience**  **(Exceeds good/meets good/ does not meet good)** | **Text**  **(please keep this evaluative and succinct)** |
| **1. 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:   * neglect * emotional abuse * sexual abuse * physical abuse * domestic abuse * gang affiliation * sexual exploitation * criminal exploitation   **Consider if the COVID pandemic has contributed to an escalation of risk and / or has any bearing on the current concerns and the impact of this on the child.** | |  |  | | --- | --- | | **Exceeds good** |  | | **Meets good** |  | | **Does not meet good** |  | | **Not applicable.** |  | | **Evidence:**  **Impact:** |
| **2. Children, young people and families are appropriately involved**  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?  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?  **Consider how / if the COVID pandemic impacted on the way that the children and families are communicated with / involved and the impact of this. Did this impact on the frequency of visits**? | |  |  | | --- | --- | | **Exceeds good** |  | | **Meets good** |  | | **Does not meet good** |  | | **Not applicable.** |  | | **Evidence:**  **Impact:** |
| **3. Decision making is effective and timely.**  Is there evidence of effective and timely management oversight and direction for children, and clearly recorded rationale for decisions being made?  Is the recording about the child and family clear, comprehensive and reflective of work undertaken and focused on the experience and progress of children and young people? | |  |  | | --- | --- | | **Exceeds good** |  | | **Meets good** |  | | **Does not meet good** |  | | **Not applicable.** |  | | **Evidence:**  **Impact:** |
| **4. 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 child’s chronology? Do they identify risk, needs and protective factors, including parental capacity?  **Has the COVID pandemic hindered or prevented the family receiving the right help from the right people at the right time, what is the impact of this. Does the child have an updated COVID risk assessment in place.** | |  |  | | --- | --- | | **Exceeds good** |  | | **Meets good** |  | | **Does not meet good** |  | | **Not applicable.** |  | | **Evidence:**  **Impact:** |
| **5. Coordination between agencies is effective.** Is joint working, information sharing improving and sustaining the experience and progress of children and young people.  **Has coordination been effective during COVID, have the right agencies still been available for meetings and offering support to families** | |  |  | | --- | --- | | **Exceeds good** |  | | **Meets good** |  | | **Does not meet good** |  | | **Not applicable.** |  | | **Evidence:**  **Impact:** |
| **6. Consideration of the child’s identity (how they see themselves) which includes exploration of the impact of diversity** for example, age, disability, ethnicity, faith or belief, gender, identity, language, race and sexual orientation. | |  |  | | --- | --- | | **Exceeds good** |  | | **Meets good** |  | | **Does not meet good** |  | | **Not applicable.** |  | | **Evidence:**  **Impact:** |
| **7. 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?  **Do plans demonstrate any adjustments that are needed due to COVID. Has the effectiveness of planning for this child has been impacted by the Covid pandemic** | |  |  | | --- | --- | | **Exceeds good** |  | | **Meets good** |  | | **Does not meet good** |  | | **Not applicable.** |  | | **Evidence:**  **Impact:** |
| **8. Permanency is achieved without delay and reflects assessed needs.** Are plans for permanency, including living at or returning to live at home with parents, long term foster care, adoption, in the best interests of children and young people, and achieved without delay? Evaluate the quality of preparation for where the child is living.  **Has there been any impact on achieving permanency due to COVID** | |  |  | | --- | --- | | **Exceeds good** |  | | **Meets good** |  | | **Does not meet good** |  | | **Not applicable.** |  | | **Evidence:**  **Impact:** |
| **9. 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?  **How are reviews held? Is there any impact due to COVID ? how are IRO / conference chairs communicating with children** | |  |  | | --- | --- | | **Exceeds good** |  | | **Meets good** |  | | **Does not meet good** |  | | **Not applicable.** |  | | **Evidence:**  **Impact:** |
| **10. Quality of living arrangements**  (**at home or looked after**) – Are children appropriately placed according to their assessed needs?  Evaluate the effectiveness of the following: matching, stability and maintenance of contact with family/friends support for placements (including adoption support)  **Has the COVID pandemic impacted on the quality of living arrangements i.e parents employment / food poverty** | |  |  | | --- | --- | | **Exceeds good** |  | | **Meets good** |  | | **Does not meet good** |  | | **Not applicable.** |  | | **Evidence:**  **Impact:** |
| **11. 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)?  **Has the child’s journey to independence been affected by COVID** | |  |  | | --- | --- | | **Exceeds good** |  | | **Meets good** |  | | **Does not meet good** |  | | **Not applicable.** |  | | **Evidence:**  **Impact:** |
| **12. 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? | |  |  | | --- | --- | | **Exceeds good** |  | | **Meets good** |  | | **Does not meet good** |  | | **Not applicable.** |  | | **Evidence:**  **Impact:** |
| **13. Agreed actions to achieve good outcomes for child**  **(SMART actions) and service level / strategic learning and actions** | |  |  |  | | --- | --- | --- | | **Agreed Action (child)** | **Person** | **Completion date** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  | | --- | | **Service / Strategic Action/s** | |  |   **Date Report shared with Team Manager**  **………………………………………** | |

**Appendix 2**

**Statements of Good**

1. **Children in need of help and protection:**

Children and young people are listened to, practice is focused on their needs and experiences and influenced by their wishes and feelings or, where they cannot represent their view themselves, those advocated on their behalf. They are consistently seen and seen alone by social workers where statutory guidance requires that this should happen and it is professionally judged to be in the best interests of the child. Children, young people and families benefit from stable and meaningful relationships with social workers. They are engaged in all actions and decisions and understand the intentions of the help they receive. Where families refuse to engage there are continued attempts to help them to do so. However, where there are concerns about the safety and protection of children and parents do not engage, there is a full risk assessment and urgent involvement of a senior manager in all decisions about next steps. Children, young people and families are offered help when needs and/or concerns are first identified and, as a consequence of the early help offered, children’s circumstances improve and, in some cases, the need for targeted services is lessened or avoided. The interface between early help and statutory child protection work is clearly and effectively differentiated.

 Information-sharing between agencies and professionals is timely, specific and effective and takes full account of the requirements set out in legislation and guidance about the need to obtain parental consent for enquiries to be made, except where in seeking that consent a child is likely to suffer significant harm or further harm.

 Children and young people in need of help and protection are identified by professionals, including those in adult services, and appropriate referrals are made to children’s social care. Social work expertise and advice is available to support other professionals in determining the best steps to take next. There is a timely and effective response to referrals,19 including out of normal office hours.

 Thresholds20 for intervention accord with the requirements of legislation, are appropriate, understood by partners, consistently applied, well embedded, reviewed and updated regularly. Drift and delay are avoided.

 Children and young people receive help that is proportionate to risk; children and families are not routinely subjected to formal child protection investigations if these are not necessary.

 Child protection enquiries are thorough and timely, informed by a decision made in a strategy meeting, except in emergencies where there must be evidence of immediate risk of harm to a child, and always led by a suitably qualified and experienced registered social worker. Findings in relation to significant harm are clear and result in urgent action to protect children and young people.

 Decision-making is undertaken by suitably qualified and experienced social workers and managers, with decisions, all actions and engagement with the family and other professionals clearly recorded.

 For children who need help and protection, assessments (including common or early help assessments) are timely, proportionate to risk, and informed by research and by the historical context and significant events for each case. They result in direct work with families, develop in response to that direct work, and they address all domains of the local framework for assessment. Senior managers have responsibility for authorising the recommended next steps.

 Assessments (including children in need assessments) result in a direct offer of help to address any identified needs. Assessments and plans are dynamic and change in the light of emerging issues and risks. Authoritative action is taken where change is not secured and the risk to children intensifies or remains.

 Children in need have a plan setting out the help that is offered. Children and young people who need protection are subject to a child protection plan that clearly identifies the work that will be offered to help the family and the necessary changes to be achieved within appropriate timescales for the child or young person. Social workers engage with the family who understand the help they will receive, what has to change and the options for the future.

 Plans and decisions are reviewed and alternative authoritative action is taken where the circumstances for children do not change and the risk of harm or actual harm remains or intensifies.

 Children and young people are protected thorough effective multi-agency arrangements. Case conferences, strategy meetings, core groups and multiagency risk assessment conferences (MARAC)22 are attended by key participants and are effective forums for timely information-sharing, planning and risk-based decision-making.

 Children and young people who live in households where at least one parent or carer misuses substances or suffers from mental ill-health, or where there is domestic violence, are helped and protected. Incidents are monitored and multi-agency responses are effective and coordinated between agencies, including management through MARAC.

 Children and young people who are missing from home, care or full-time school education and those at risk of sexual exploitation and trafficking receive well-coordinated responses that reduce the harm or risk of harm to them. Risks are well understood and minimised. Local authorities, schools and local police are aware of, and implement in full, the requirements of the statutory guidance for children and young people who are missing. Comprehensive records are held and shared between agencies to help and protect children and young people. Together they take steps to ensure that all children, including those who are excluded from school, are safe and that for those who are missing or often missing there is a clear plan of urgent action in place to protect them and to reduce the risk of harm or further harm.

 Children and young people who are privately fostered are identified by the local authority, in conjunction with partners. Once they are identified, the local authority discharges in full its statutory responsibility to ensure that they are safe and that their health and well-being are properly promoted.

 Allegations of abuse, mistreatment or poor practice by professionals and carers are taken seriously. Steps are taken to protect children and young people and the management of allegations is robust and effective.

 Practice is informed by feedback from children and their families about the effectiveness of the help, care or support they receive from the time it is first needed until it ends.

 Children, young people and families have timely access to, and use the services of, an advocate where appropriate.

 Help and protection for children and young people is sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation. Where protection and support is provided by a third party provider to which statutory functions have been delegated, children and young people receive the same high quality services that they could expect from the social work service provided directly by a local authority.

1. **Looked after Children**

Decisions to look after children and young people are timely and made only when it is in their best interests. Those decisions are based on clear, effective, comprehensive and risk-based assessments involving other professionals working with the family where appropriate.

 There is evidence of the effective use of the Public Law Outline, including letters before proceedings, family group conferences and parallel planning. Care is used only if this is in the child’s best interests. Children and young people are safely and successfully returned home; where this is not possible for them, permanent plans are made for them to live away from the family home. Families are made aware of, and encouraged to access, legal advice and advocacy.

 Where the plan for a child or young person is to return home, there is evidence of purposeful work to help the family to change so it is safe for the child to return. Further episodes of being looked after are avoided unless they are provided as a part of a plan of support.

 Applications and assessments for care or other orders are accepted by the courts, minimise the appointment of experts and avoid unnecessary delay. The wishes and feelings of children and young people, and those of their parents, are clearly set out and contemporary. Viability assessments of members of the family are carried out promptly to a good standard and sequential assessments are avoided.

 Children and young people are seen by their social worker alone and understand what is happening to them. Professionals and carers, who know them well, develop positive relationships with them and are committed to protecting them and promoting their welfare. Children and young people are helped to understand their rights and the responsibilities that accompany those rights and legal entitlements. They understand how to complain and have access to an advocate and independent visitor. Complaints are treated seriously and result in a clear response, urgent action and improved services where that is required. Senior managers regularly review and act upon complaints from looked after children.

 Children and young people are protected or helped to keep themselves safe from bullying, homophobic behaviour and other forms of discrimination.

 Any risks associated with children and young people offending, misusing drugs or alcohol, going missing or being sexually exploited are known by the local authority and by adults who care for them. There are plans and help in place that are reducing the risk of harm or actual harm and these are kept under regular review by senior managers.

 Children and young people are in good health or are being helped to improve their health and their health needs are identified. Child and adolescent mental health provision, therapeutic help and services for learning or physically disabled children and young people are available when needed and for as long as they are required.

 Children and young people attend school or other educational provision and they learn. Accurate and timely assessments of their needs, as well as specialist support where it is needed, help them to make good progress in their learning and development wherever they live. They receive the same support from their carers as they would from a good parent. The attainment

gap between them and their peers is narrowing. The local authority maintains accurate and up-to-date information about how looked after children are progressing at school and takes urgent and individual action when they are not achieving well. All looked after children and young people attend a good school.

 Children and young people who do not attend school have access to 25 hours per week of good-quality registered alternative provision. They are encouraged and supported to attend the provision and there is regular review of their progress. Urgent action to protect children is taken where they are missing from school or their attendance noticeably reduces.

 The local authority holds clear records in respect of the numbers of children receiving alternative education and for those missing from education.

 Social workers, residential staff and carers support children and young people to enjoy what they do and to access a range of social, educational and recreational opportunities. Those adults have delegated authority to make decisions about children’s access to recreation and leisure activities.

 Children and young people live in safe, stable and appropriate homes or families with their brothers and sisters when this is in their best interests. They move only in accordance with care plans, when they are at risk of harm or are being harmed. They do not live in homes that fail to meet their needs and they do not move frequently.

 Care plans comprehensively address the needs and experiences of children and young people. They are regularly and independently reviewed, involving as appropriate the child or young person’s parents, kinship carers (connected persons), foster carers, residential staff and other adults who know them. This helps ensure that the placement and plans for their future continue to be appropriate as well as ambitious.

 Children and young people have appropriate, carefully assessed and supported contact with family and friends and other people who are important to them

 Children and young people who live away from their ‘home’ authority have immediate access to education and health services that meet their needs as soon as they begin to live outside of their ‘home’ area. Placing authorities adhere to the requirements of the placement regulations including notifying the ‘receiving’ authority that a child is moving to the area and assessing the adequacy of resources to meet the child’s need before the placement is made

 The placement of children and young people into homes and families that meet their needs is effective because there is a comprehensive range and choice available.

 Family-finding strategies are informed by the assessed needs of children and young people. There is decisive action to find families and the avoidance of drift and delay is a priority. Respite care is only used when this is in the best interests of children and young people.

 The recruitment, assessment, training, support, supervision, review and retention of foster carers including kinship carers (connected persons) and, as appropriate, special guardians, ensures that families approved are safe and sufficient in number to care for children and young people with a wide range of needs. This enables children to be placed with their brothers and sisters and have contact with their birth family and friends when this is in their best interests.

 Children and young people whose care and support is provided by a third party provider to which statutory functions have been delegated will receive the same high quality services that they could expect from the social work service provided directly by a local authority.

 Early planning and case management results in appropriate permanent placements, including Special Guardianship or Child Arrangements Orders, that meet the needs of children and young people without delay or unnecessary moves.

 Well-trained and supported social workers engage effectively with the Children and Family Court Advisory Support Service (Cafcass), courts and other partners, including health professionals, to reduce any unnecessary delay in proceedings or in achieving permanence and to support arrangements once they are made.

 Children and young people are effectively prepared for, and carefully matched with, a permanent placement. Their wishes and feelings are understood and influence the decisions about where they live.

 Children and young people are helped to develop secure primary attachments with the adults caring for them. Social workers help them to understand their lives and their identities through life history work that is effective and provided when they need it. Therapeutic materials are made available to the child and their family when and wherever the child is placed.

 Plans to make permanent arrangements for children and young people are effectively and regularly reviewed by independent reviewing officers (IROs). IROs bring rigour and challenge to the care planning and monitor the performance of the local authority as a corporate parent, escalating issues as appropriate. They enable timely plans to be agreed to meet the needs of children and to ensure that their best interests remain paramount. IROs engage with children’s guardians and there is evidence that this is focused on what children need and how the plans for them can be properly progressed.

 Case records reflect the work that is undertaken with children and clearly relate to the plans for their futures. The style and clarity of records enhances the understanding that children and young people have about their histories and experiences.

 Children and young people are represented by a Children in Care Council or similar body which is regularly consulted on how to improve the support they receive.

 Children and young people receive care that is sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation.

1. **Care Leavers**

The experiences and progress of care leavers is likely to be judged to be good if:

 Care leavers are safe and feel safe, particularly where they are living, and are helped to understand how their life choices will affect their safety and well-being. Any risks associated with offending, drug or alcohol misuse, going missing or with sexual exploitation are known by adults who have a responsibility for them and effective plans are in place to reduce the risk of or actual harm to them. Care leavers are supported to take responsibility for their behaviour.

 Pathway planning is effective and plans (including transition planning for looked after children with learning difficulties and/or disabilities) address all young people’s needs and are updated as circumstances change.

 The health needs of care leavers are clearly assessed, prioritised and met. Child and adolescent mental health services, adult mental health provision, therapeutic help and services for learning or physically disabled young people and adults are available when they are needed.

 Care leavers have access to and understand their full health history and are provided with all key documents they need to begin their lives as young adults, for example national insurance numbers, birth certificates and passports.

 Care leavers develop the skills and confidence they need to maximise their chances of successful maturity to adulthood, including parenthood. This includes learning to budget, to live independently and to manage safe relationships and behaviour. Care leavers form and maintain relationships with carers and staff from the local authority and develop supportive relationships within the community, including where appropriate contact with family and friends. They are confident that the local authority or a provider of social work services to which statutory functions have been delegated will act as a reasonable parent in supporting their transition into adulthood and providing practical, emotional and financial support until they are at least 21 and, where necessary, until they are 25. This will include the availability of a trusted and known adult (for example, the allocated personal adviser or their social worker) to support them.

 Care leavers succeed in their transition to greater independence and adulthood at a time that is right for them. Young people aged 16 and 17 are encouraged to remain looked after until their 18th birthday where this is in their best interest. They can remain in placements beyond their 18th birthday or, where more appropriate, live in permanent and affordable accommodation that meets their needs and those of their children, where relevant.

 Care leavers have access to appropriate education and employment opportunities, including work experience and apprenticeships. They are encouraged and supported to continue their education and training, including those aged 21 to 24 years. Care leavers are progressing well and achieving their full potential through life choices, either in their attainment in further and higher education or in their chosen career/occupation.

 Care leavers are positive about themselves. Their achievements are celebrated and the local authority shows they are positive and proud of their care leavers.

 Care leavers are helped to find housing solutions that best meet their needs. Risks of tenancy breakdown are identified and alternative plans are in place.

 Accommodation for care leavers is appropriate for each young person to safely develop their independence skills. Houses of multiple occupancy are only used when it is a young person’s preferred option and it can demonstrably be shown to be in their best interests.

 Care leavers are provided with information (including through the care leaver’s pledge) about their legal entitlements such as access to their records, assistance to find employment (including work experience), training, financial support and how to complain where necessary supported by an advocate.

1. **Leadership, Management and Governance**

Leadership, management and governance are likely to be judged good if:

 Local authority senior managers, leaders and elected members discharge their individual and collective statutory responsibilities. There are clear lines of accountability and governance with a clear distinction between political, strategic and operational roles. Leaders, including elected members and managers, have a comprehensive and current knowledge of what is happening at the ‘front line’ and how well children and young people are helped, cared for and protected.

 The local authority has detailed and relevant knowledge of its local communities, including looked after children and care leavers. Commissioned and in-house services respond to and meet the needs of local children, young people and families in need of help, care and protection. The local authority works effectively with their safeguarding partners and other strategic bodies, such as the Health and Well-being Board and Clinical Commissioning Groups, to promote and secure a sufficient range of good quality provision to meet local need. This should include services, placements and adoptive families for children and young people for whom the authority has a statutory responsibility and where necessary for vulnerable adults who are also parents.

 The joint strategic needs assessment and the sufficiency statements are aligned and set out clear local priorities and the range of available services that respond to and meet the needs of local children, young people and families in need of help, care and protection.

 The local authority is an active, strong and committed corporate parent that knows the children and young people it looks after well. It is an effective and successful champion of their progress (particularly in education and learning) and an ambitious corporate parent, ensuring that each child has every opportunity to succeed. It actively challenges and engages partners where appropriate to support children and young people, such as engaging the local authority strategic housing function.

 The local authority, through performance management and monitoring, has an accurate and systematically updated understanding of its effectiveness. It demonstrates a track record of dealing rigorously and effectively with areas for development. Leaders, including elected members and managers, have a comprehensive and current knowledge of what is happening at the ‘front line’ and a track record of responding appropriately and quickly to service deficiencies or new demands.

 Management oversight of practice, including practice scrutiny by senior managers, is established, systematic and demonstrably used to improve the quality of decisions and the provision of help to children and young people.

 The local authority knows itself well, is a learning organisation and can demonstrate evidence of practice that is informed, modified and sustainably improved by feedback, research and intelligence about the quality of services and the experiences of children, young people and families who use them. This may, for example, include feedback from the children in care council, change that arises from complaints that children and families make about their experiences or from successful or disrupted placements or adoption breakdown.

 Effective relationships with Cafcass, the health community, the family courts and the local Family Justice Board ensure that avoidable delay in care proceedings is reduced and children, young people and their families benefit from efficient and effective progress through legal proceedings.

 The local authority social care workforce is sufficient, stable, suitably qualified and competent to deliver high-quality services to children and their families. Managers and practitioners are experienced, effectively trained and supervised and the quality of their practice improves the lives of vulnerable children, young people and families. There is effective organisational support for the professional development of social workers with reference to the employer standards,33 and leaders provide the right environment for good social work to take place.

 Where a local authority delegates any of its statutory functions to a third party provider, commissioning and contract compliance ensures those children and young people receiving this service progress at least as well as those served by a good local authority.