**Hull CYPFS revised Safeguarding Case File Audit Procedure**

**March 2022**

**Allocation of audits**

1. The Performance and Quality Service is responsible for allocating audits. The Performance and Quality Service will distribute a list of children whose case files will be audited by first working day of the calendar month.
2. Every auditor will be allocated a maximum of ten audits to complete each year. This means that for each auditor there are two months when they will not be allocated an audit. This is to ensure that auditors get a break from auditing and enables them to plan for holidays etc. Auditors will need to let their Head of Service and the Performance and Quality Service know that they need an audit break before the end of the previous month to avoid the need for an audit to be reallocated to a different auditor.
3. A maximum of 20% of auditors will be allowed to take a break from auditing each month. This is to maintain the validity of the monthly audit sample size. The Performance and Quality Service will monitor requests for audit breaks and inform Heads of Service when the 20% limit is reached.
4. Where an auditor is going to be unable to complete an audit that has been allocated then, in exceptional circumstances, they can seek agreement for an exemption. Exemptions for Children’s Social Care staff can only be agreed by the Assistant Director. Exemptions for Performance and Quality Service auditors can only be agreed by the Strategic Lead for Improvement, Performance and Quality.
5. Exemptions should be sought as soon as possible after the audit has been allocated to allow time for the audit to be reallocated to a different auditor.

**The audit process**

1. The auditor must complete the case file audit and improvement plan by the final calendar day of the month.
2. Where judgments are being made about the quality of work that has been undertaken it is right that practitioners and managers have the opportunity to contribute to these judgments and also to appropriately challenge these judgments before an audit is finalised. When an audit has been finalised it will stay on a child or foster carer’s file for a long time and it is important that the record be an accurate one.
3. It is therefore a requirement that audits are completed with input from the allocated Social Worker or Personal Adviser unless this is impossible due to absence from work.
4. Auditors are also expected to seek input from Team Managers or IROs (where applicable) where this is necessary to gain a full picture of practice in the case.
5. On notification of the audit from the Performance and Quality Service, auditors must contact the allocated worker, Team Manager and IRO (where applicable) to arrange consultation/
6. If an auditor does not make contact with them then these practitioners are encouraged to contact the auditor themselves.
7. Where a case-holding worker, Team Manager or IRO does not respond to requests for a meeting with the auditor then after two attempts the auditor is expected to escalate this to the Group Manager to resolve the issue.
8. During the audit process, the auditor should complete the audit with the allocated worker (live auditing) as well as seeking information from the Team Manager and the IRO. This allows the auditor and practitioners to have a conversation about the case and allows the auditor to ask clarifying questions. The information from these discussions should be reflected within the audit by the auditor. Wherever possible, the views of the family should be sought, either by a brief questionnaire or by a telephone discussion.
9. The case audit process should not delay immediate action being taken to safeguard a child. If any immediate concerns are identified in respect of the child’s safety during the audit process, the auditor must notify the Team Manager immediately so that corrective action can be taken. The Team Manager must immediately address the agreed corrective actions with the practitioner and record this on the child’s file on Liquidlogic under Management Oversight.
10. The audit will cover the last 6 months of children’s social care involvement. However, in some cases auditors may feel that it is necessary for them to read earlier records to have sufficient understanding of the child’s history.
11. Each domain of the audit tool should be completed where applicable. The auditor should provide clear evidence to support the judgement as to whether the Knowledge and Skills Statement is met / partially met / not met in each of the nine domains and the overall judgement. The auditor is also responsible for highlighting areas of good practice and organisational learning.

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| **Judgement** | **Outcomes for Children** |
| Outstanding | The requirements for ‘good’ are fully met, plus outcomes for the child demonstrate that they have received effective multi-agency services that contribute to significantly improved outcomes. The voice of children, young people and their family is clear in the recording and they have taken an active role in formulating their plans. Their progress exceeds expectations and is sustained over time. The work is exemplary and offers best practice examples to other workers. |
| Good | Outcomes for the child demonstrate that effective multi-agency services of help, protection and care for the child or young person and those who are looked after or care leavers have their welfare safeguarded and protected in a timely manner. The child and family voice is clear in the recording. There is good evidence of reflective supervision and management oversight. |
| Requires Improvement with elements of good practice | The welfare of the child is safeguarded and promoted. Minimum requirements are in place. However, case management is not yet fully delivering good outcomes for the child/young person and family.  However, within the case there are specific elements of good practice that need to be highlighted and where if the deficits were fewer or less severe the case would have been graded as good. Examples might include:   * When the child’s voice or lived experience has been captured and understood via good direct work or good relationship building. * A case in which there have been previous delays or practice concerns and where this has now improved but where the improvement is recent and needs to be maintained for longer   Auditors need to be specific about which elements of practice in the case are good in order that the allocated worker is able to understand what is working well but what needs to improve. |
| Requires Improvement | The welfare of the child is safeguarded and promoted. Minimum requirements are in place, however case management is not yet delivering good protection, help and care for the child/young person and families. Some limited drift and delay may be present. The presence of the child and family voice is limited. Compliance with statutory and organisational requirements is limited. |
| Inadequate | Outcomes for the child demonstrate that in the services provided to them their welfare has not been safeguarded or promoted. This may be indicative of widespread and serious failures that create or leave children being harmed or at risk of harm or result in children looked after or care leavers not having their welfare safeguarded or promoted. The voice of children, young people and families is not apparent. There are *multiple examples* of failure to comply with statutory and organisational requirements. |

1. Following the completion of the domains and giving the overall judgement, the auditor is responsible for completing the recommendations for improvement actions at the end of the audit as well as areas of strength. Actions need to be SMART to enable the Team Manager and practitioner to be clear about what actions need to be taken, by whom and by when to quickly improve practice standards and outcomes for the child.
2. Once the audit has been completed, the auditor should give the allocated worker, manager and IRO an opportunity to consider the outcomes and challenge any aspects of the audit if they wish to do so.
3. Once this process is complete the auditor will need to finalise their sections of the audit, which will then automatically be sent back to the Performance, Quality and Improvement Team via Liquid Logic.
4. On receipt of the completed audit, the Performance and Quality Service is responsible for checking the audit to ensure that the audit has been appropriately completed. Any audits that need to be amended will be returned to the auditor who then completes and sends back to Performance and Quality Service within 3 working days.

**Challenging an audit**

1. Where a practitioner or manager feels that an audit does not accurately reflect the quality of work that has been undertaken this should be discussed directly with the auditor initially. This should be done before the audit is finalised.
2. Where a consensus cannot be reached after this process, this should be communicated to the Performance and Quality Service who will arrange for the audit to be moderated by a senior manager in a service not connected with the audited case, who will make a final judgment and decision.

**Responding to the audit**

1. The audit will then be assigned to the Team Manager for their oversight. This allows the Team Manager to confirm that all recommendations made in the audit have been addressed. This should be returned to the Performance and Quality Service as soon as the final action has been completed. Until then the document will remain in “drafts” which enables progress to be monitored by the Performance and Quality Service.
2. The findings of any audited case should be the subject of a specific, recorded discussion at the next supervision session.
3. Where the overall grading is inadequate the following process should be implemented:

* As soon as possible after the grading has been confirmed, the Group Manager, Team Manager and Social Worker or Personal Adviser will meet to reflect on the audit outcome and plan what needs to happen for the case to no longer be inadequate.
* All cases assessed as inadequate will be subject to a re-audit within a maximum of two months and this allows time for the recommendations made by the auditor to be addressed.
* A review meeting should be held after 4 weeks to enable progress to be checked. Further meetings may be necessary in some cases.
* If the case is re-audited and again receives an inadequate grading then the Head of Service will meet with the Group Manager, Team Manager and Social Worker or Personal Adviser to review the case, identify barriers and agree solutions and plans.

1. This process will continue until the case is no longer deemed to be inadequate.
2. The Performance and Quality Service will monitor and report on any outstanding audits that have not yet received final confirmation by the Team Manager that actions have been completed.

**Audit non-completion**

1. The Performance and Quality Service monitor this and provide regular updates to the Senior Leadership Team.
2. When an auditor is going to be unable to complete an audit they must follow the process of seeking an exemption.
3. If an exemption has not been agreed by the Assistant Director or the Strategic Lead for Improvement, Performance and Quality then this will be deemed a non-completion. Audits will only be cancelled in exceptional circumstances and auditors who do not complete an audit need to be aware that the audit will still need to be completed even if this is beyond the expected deadline.
4. It is therefore in auditor’s interests to either notify the Performance and Quality Service that they wish to be excluded from auditing for the next month (paragraph 2) or seek an exemption at the earliest opportunity.

Version Final 11/3/22

Date of Review 11/3/23