**DARLINGTON EARLY HELP AUDIT AND LEARNING TOOL**

**Evaluating the quality and effectiveness of early help and the impact this has on children, young people and their families**

**Guidance Notes- attached**

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| **Case information** |
| Date of Audit: |  |
| Name/Role of Auditor 1:Name/Role of Auditor 2: |  |
| Name of Child (ren): |  |
| Child EHM Number: |  |
| Date of Birth: |  |
| Date current episode of involvement began: |  |
| Lead Professional name: |  |
| Lead Professional Agency: |  |
| Name of Team Manager: |  |

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| **Is the basic information accurate?** |
| Name of child |  | Dates of birth |  |
| Address details |  | Family Relationships |  |
| PR |  | Ethnicity |  |
| Disabilities |  | Name, Job role and agency names of professionals involved |  |
| Religion |  | Consent |  |

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| **Brief Summary of Case:** |  |

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| **Auditors Overall Grading** | **Brief Summary of reasons:** |
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| **RECOMMENDED ACTIONS**  | **Date discussed with case worker** | **Agreed by Moderator/****Auditor 2/ HOS** | **Date Completed**  |
| No | Action (SMART) | By Whom | By When  |  |  |  |
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1. **PRE EHA ACTIVITY- thresholds, consent and timeliness**

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| ***1.1 Contact to CAP -*** Prior to the EHA episode - see contact record*Did the referral from the practitioner contain relevant information?* In your opinion was the initial contact responded to appropriately if not why not?*Was appropriate consent obtained? If not what steps had been considered to gain consent, was a no consent meeting held and agreement on next steps reached with a Service Manager/Legal?* |
| Comments: |

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| **1.2 Threshold -** *Step down from CFRT and* Assessment and Safeguarding/LATC *to Early Help - threshold. Is there evidence of relevant documents to allow this process i.e., chronologies, danger statement, safety goals, care plans from CIN meeting, family consent, and lead professionals identified.**Is the Management decision clearly outlined in regards to decision making i.e. NFA, progress to EHA, Step down to EHA?* |
| Comments: |

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| **GRADING - PRE EHA ACTIVITY** |
| Inadequate |  | Requires Improvement |  | Good |  | Outstanding |  |

1. **EHA INITIATOR ASSESSMENT**

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| **2.1 Assessment*:*** *Quality of assessment and help – timely, comprehensive, analytical and of high quality. The assessment incorporates signs of safety: identifies what is working well, risk, needs, protective factors, family resilience and includes parental capacity? Children’s views and multi agencies views are included. Give evidence on which this judgement is based. Is there management sign off on the assessment?* |
| Comments: |

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| **GRADING - EHA INITIATOR ASSESSMENT**  |
| Inadequate |  | Requires Improvement |  | Good |  | Outstanding |  |

1. **PLANNING**

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| **3.1 PLANNING -** *Plan is SMART- has clear objectives which will have a measurable impact on improving child’s life; Plans are regularly reviewed and reflect current circumstances for family. Plans identify if any services are not available and the impact this will have on the family/child if not offered.* |
| Comments: |

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| **GRADING - PLANNING**  |
| Inadequate |  | Requires Improvement |  | Good |  | Outstanding |  |

1. **REVIEW EHA INITIATOR**

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| * 1. **REVIEW -** *Are reviews effective, regular, demonstrating robust scrutiny and challenge of plans? Do children and young people participate? Is the plan drifting? If so has any action been undertaken? Are review assessments initiated once the 6 month period has exceeded.*
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| Comments: |

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| **GRADING - REVIEW**  |
| Inadequate |  | Requires Improvement |  | Good |  | Outstanding |  |

1. **VOICE OF THE CHILD**

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| **5.1 CHILD’S VOICE -** *Is there a sense of the child’s world evidenced?**Examples of how children are prepared and that their views and input are incorporated within the assessments and plans.**Quality of direct work- to help and protect children and young people and how this links to the plan and reducing risk****?*** |
| Comments: |

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| **GRADING - VOICE OF THE CHILD**  |
| Inadequate |  | Requires Improvement |  | Good |  | Outstanding |  |

1. **MULTI AGENCY WORKING**

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| **6.1 MULTI AGENCY WORKING -** *Effectiveness of coordination between agencies and quality of joint working in improving and sustaining outcomes?**Evidence of professional challenge where appropriate* |
| Comments: |

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| **GRADING - MULTI-AGENCY WORKING**  |
| Inadequate |  | Requires Improvement |  | Good |  | Outstanding |  |

1. **IMPACT**

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| **7.1 IMPACT** - *Childs daily lived experience is improving? Help offered to parents is having a positive impact on outcomes for the child? How is this evident?* |
| Comments: |

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| **GRADING - IMPACT**  |
| Inadequate |  | Requires Improvement |  | Good |  | Outstanding |  |

1. **MANAGEMENT OVERSIGHT AND SUPERVISION**

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| **8.1 EHA TEAM MANAGER -** *Evidence of effective and timely management, reflective supervision on individual case, Has the impact of direct work been evaluated and supported through supervision? Supervision to also focus on cases that may need escalation or stepping up where there are safeguarding concerns.*  |
| Comments: |

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| **GRADING - MANAGEMENT OVERSIGHT AND SUPERVISION**  |
| Inadequate |  | Requires Improvement |  | Good |  | Outstanding |  |

**9. LEARNING AND OVERALL GRADING**

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| **9.1 Learning for professionals arising from audit and case discussion and overall grading-** *Please describe any learning for professionals arising from the case to be shared with the CAF social worker and team manager (which is ungraded) and the overall grading which needs to reflect the grading of the dimensions above:* |
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| **OVERALL GRADING**  |
| Inadequate |  | Requires Improvement |  | Good |  | Outstanding |  |

**Guidance Notes**

The following guidance should be used in relation to judgement of the quality of the work.

1. Line managers should not audit their own team member’s cases.
2. A case note should be completed to show: auditor name, date audited and audit grading.
3. A copy of the audit should be saved on care store.
4. The focus of the audit should be the quality of practice and whether the help provided has achieved improved outcomes for the child (the impact of help).
5. Improved outcomes should be measured by improvements in the child’s daily lived experience.
6. Work undertaken should include a means to measure improvements in the child’s daily lived experience e.g. via assessment, planning and review activity.
7. Hearing directly from the child is a robust way to establish if the plan is working.
8. The prompts should be answered with the best fit in terms of Yes/No but the comments section should be completed to illustrate the findings with information about the practice in the case.
9. The focus of the audit needs to be the quality of practice in the case, not the family narrative.
10. We are seeking to audit the impact of the Early Help team in supporting the lead professional AND the work of the lead professional.
11. Workers should be notified that their case is being audited.
12. Gradings need to be supported by evidence. For a dimension to be graded good the practice needs to be consistently good. See grading guidance below:

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| **Judgement of Quality of Work** | **Definition** |
| **1 = Outstanding** | There is strong evidence of good practice throughout, and there is clear evidence of outcomes and impact throughout |
| **2 = Good** | There is evidence of good practice in this case and evidence that the practice of the worker is deemed to be what would be expected  |
| **3 = Requires Improvement** | Practice standards have been followed but with gaps in assessment, planning and direct work with child/family  |
| **4 = Inadequate** | Practice standards have not been adhered to and there are gaps in relation to practice |

1. Once the audit has been completed, a discussion should take place with the worker from the Early Help team who has been most recently/most closely involved and/or the allocated lead professional.
2. The discussion with the worker is to generate engagement, reflection and learning as part of the audit process.
3. The discussion with workers should also include their line manager.
4. Where practice requires improvement or is inadequate please address the issues found in the action plan which will be where you explain how the quality of practice can be lifted to good. The action plan should focus not merely on compliance or record keeping issues but provide a framework to improve the thinking and understanding of the dynamics of the case and how practice can be improved to provide a direct impact on improved outcomes for the child.