

## Audit Guidance for completion of Stage 1, Stage 2 and Stage 3

### Overview

From August 2020, and in accordance with the updated Quality Assurance Framework, monthly audits are undertaken using the Stage 1 Audit tool. Moderators will use the Stage 2 Audit tool.

From November 2020 this audit tool should be completed on Mosaic.

Social worker case files will be allocated to group managers once a month to ensure that the service has a strong overview of the quality of practice within our teams. Moderators will be Service Level and above.

- Where possible, the child's case file is within managers' geographical area but in another team and not within their line management responsibility
- Case not audited within the last quarter
- Case sits within Assessment and Intervention, Children's Disability Team, FSP North and South, Early Help, Looked After Children and Leaving Care Team
- Case is either open or has recently closed.
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Auditing managers will receive an email advising the case selected for audit. Upon receipt, auditing managers should:

- Check on the allocation list /MOSAIC to confirm the allocated case worker
- Check that the record is not restricted – if necessary, submit a request to gain access
- Contact the social worker to arrange a suitable time and place to undertake the audit alongside them.

### Audit Ethos

The following principles underpin our audit work as part of our organisational commitment to a restorative approach to quality assurance. In creating a learning environment and practice dialogue, we believe that it is vital that we engage with each other and that staff and managers are involved in the process as much as possible to enhance the outcomes for children. Feedback should be face to face. We will be careful about the language we use and want to work together to encourage improvement in our service delivery.

Social workers and their line manager receive a copy of the individual case audit as an attachment to the allocations, which is uploaded to the child's file following stage 1 and stage 2.

Workers and managers are notified of strengths and alerted to any required action or immediate escalation.

**The form**

The audit form is now on Mosaic.

It is important that workers and their managers enter the date of the audit (for reporting purposes) and be aware that the audit will be available under any file access request.

The Good Practice audit is designed to increase the number of audits undertaken and therefore enable an increased evidence-base of strengths and areas for improvement in case work. The audit tool does not require managers to read in depth and should enable audits to be more succinct and easier to undertake.

The audit should focus, as much as possible, on work undertaken in the last 6 months. By undertaking the audit with the allocated worker, a more accurate understanding of the case issues and case work can be quickly gained. Positive feedback and any areas that need attention can be immediately relayed and agreed with the allocated worker. Central to effective work is 'reflection', and a view on the quality of reflective practice is included in this tool. The audit is designed to be undertaken within 1 hour (roughly 10 minutes per section). You may of course spend more or less time on different sections depending upon the case complexity and allow a further time for reflection on how to enhance the outcome for the child (what actions would make the most difference for the child).

**Audit for Good Practice: Stage 1 – to be completed within the first 3 weeks of each calendar month.**

Complete the electronic form (Mosaic).

**Assessment**

Identify the most recent Assessment and read through this and/or ask the allocated worker to summarize the findings and identify the evidence. With the allocated worker agree whether each area is met and assign an overall grade for the assessment.

**Note:** The most recent assessment does not necessarily need to be the Child and Family Assessment or Early Help Assessment. Assessment is an ongoing, dynamic process – use that which is most recently relevant.

**Assessment Grading Guide/ Notes**

- A '**Good**' assessment will investigate and consider: Each child's developmental needs; parents'/carers' capacity to respond to those needs; the impact and influence of wider family, community and environmental factors
- It will also have clear evidence that it is Child Centered and family focused and have evidence that the Child has been seen and their voice is present\*; the assessment will understand issues from the child's perspective and their daily lived experience and will assess (as a minimum the child's Educational, Health and Social needs; it will also consider everyone in the child's network, including fathers (e.g. Genogram / Ecogram) and will capture their views; and it will be shared with the family
- Assessments that '**Require Improvement**' will be lacking in one or more of these areas: Voice of the child; use of evidence Based tools and measures. (e.g. Strengths & Difficulties Questionnaire, tools for DA and Neglect Tool); provision of a reasoned analysis of information to arrive at a working hypothesis of what is happening for this child in this situation; use of assessment to inform an-outcomes-based plan.

- Assessments that are **'Inadequate'** will be lacking in one or more of these areas: progress for safety for the child is not sufficiently evidenced in the child's record. The child's experience is not clearly evidenced and understood.
- There is a comments box at the end of the section to explain any answers.

**\* Limiting Judgements (must haves): Cases should only be graded as Good if Limiting Judgements are met \***

- **Child Seen:** The audit will ask whether a child was seen during the assessment. If managers answer "Yes"
- Please can you add in the comment box more detail around this. For example, whether the child was seen alone – this specifically means that the child is seen without the significant carer present, rather than with no one else present (e.g. it would count as 'alone' to see a child in the presence of their sibling). In some instances, it may not be appropriate to see the child 'alone' – e.g. if the child is under 5 or has a profound disability. If this is the case, use 'NA' rather than 'No'
- The Child's Voice and their lived experience should be appropriately captured and inform assessment/ plan/ decision making. For non-verbal, pre-verbal children or very young children, appropriate alternatives and/ or tools should be used (e.g. observation of parent-child interactions).

### Planning

#### Planning Grading Guidance/ Notes

- A **'Good'** Plan will: Be informed by and address needs identified in the latest assessment; maintain a focus upon outcomes for children (Educational, Health and Social outcomes); be SMART (Specific, Measurable, Achievable, Realistic and Timely)
- An 'Good Plan will also: Be child centred in its wording and presentation; be clearly understood and developed 'with' the family; have evidence that it is achieving change
- A plan that **'Requires Improvement'** will be lacking in one or more of the aspects of a 'Good' Plan
- A Plan that is **'Inadequate'** will: Not address identified need; set unrealistic expectations on families and/or professionals
- Some questions have an 'NA' option. This should only be used when neither 'Yes' nor 'No' is appropriate.
- There is, again, a comments box to provide clarification/ rationale for specific answers.

### Intervention

Information on 'Intervention' will be gained from looking at the last 'visit' case note; Looking at uploaded documents/ tools and discussion with the allocated worker.

#### Intervention Grading Guidance/ Notes

- Some questions have an 'NA' option. This should only be used when neither 'Yes' nor 'No' is appropriate.
- There is, again, a comments box to provide clarification/ rationale for specific answers.
- As with Assessments, there are Limiting Judgements (must haves) relating to Child's Voice, Child Seen and Child Seen Alone. Please refer to Assessment section – particularly in relation to what constitutes 'alone' and when to use 'NA' rather than 'No'.

- Use of evidence-based tools during intervention may be recorded within the case note or may be stored as a separate form – e.g. Childcare Development Checklist.

### Review

Please look at the latest review and agree the answers with the allocated worker based upon the evidence on file and their view of the review's effectiveness.

### Review Grading Guidance/ Notes

- Some questions have an 'NA' option. This should only be used when neither 'Yes' nor 'No' is appropriate.
- There is, again, a comments box to provide clarification/ rationale for specific answers.

### Reflection and Supervision

Having space and time for professional reflection is central to good casework and supporting staff. The reflective process is understood from a systemic stance in this audit looking for evidence of:

- A 'hypothesis' / understanding / description of what is happening in this child's world.
- Considering if there are any alternative explanations / approaches
- Working with this child/ family based upon the reflection above.

### Comments and Actions

The 'Comments and Actions' section provides a text box for the auditor to record any significant issues / strengths to enable the social worker to enhance the outcomes for the child with their practice intervention. Please always take the time to say what the social worker has done well.

There is a table provided to record any actions required, that have arisen from this audit. Progress on these actions is the responsibility of the Practice Manager for the allocated social worker. Please ensure that the actions are SMART can be achieved within a short timescale and what you consider the impact will be for the child as a result of the achieved outcome.

### Stage 2 Reflective discussion by Moderator – Have we made a difference for the child/ young person?

This part of the process should take one hour maximum.

This part involves a reflective conversation between the moderator, the group manager, practice manager and the social worker to discuss the case audit and reflect on the practice to enhance outcomes.

This supports a strong culture of learning and focus also on the strengths identified within the audit process. It provides the opportunity to engage workers with their manager, a group manager and moderator, enabling them to understand the importance of the process and how it can help improve practice and children's or young people outcomes. The moderator may suggest further actions to improve the outcome for the child or young person.

Stage 2 is a participative learning process giving an opportunity for each professional involved to reflect and receive feedback.

Moderators will complete the moderation by the third week of each calendar month, sending a copy of their moderation via Mosaic to the QA in box.

The moderator will alert the practice manager and group manager that they have completed the moderation on Mosaic, this will be via a case audit alert.

For inadequate audits, where safeguarding concerns have been identified timescales are 5 working days maximum.

It is expected that most other actions are completed within a 4 week period and will be signed off by the line manager of the social worker, also ensuring the progress is tracked for the child/ young person to avoid any drift and delay as part of the child's journey.

An inadequate audit will trigger the [escalation process](#).

Supervision discussions following the audit should reflect that an audit has taken place and that any actions identified have been completed.

**Stage 3 Quality Assurance Evaluation of outcomes and impact**

The QA Team are responsible for compiling an analysis of the themes from the practice (Stage 1 and 2). Feedback will be sought from children, young people and their parents on the cases as part of dip sampling.

Themes will be identified to demonstrate impact and outcomes (Stage 3) and this will be reported to the Policy and Practice Steering Group to action for practice development and be included in the QA quarterly report.

Stage 3 identifies the themes, the strengths and barriers to effective interventions, may address the relationship with partner agencies and evaluate how practice is driving impact and outcomes for children and young people to effect change.

<b>Review / Contacts / References</b>	
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