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**West Berkshire Children & Family Services Audit Framework**

**Effective date: 14th March 2024**

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**Team: QAAS**

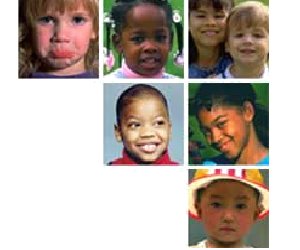
**Audit Framework**

**Version 3.0**

**WEST BERKSHIRE CHILDREN AND FAMILY SERVICE**



**AUDIT FRAMEWORK**

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**West Berkshire Children & Family Service Audit Framework**

Case file audits foster improved consistency in practice and drive up the quality of the services provided to vulnerable children, young people and their families in West Berkshire. Consistent scrutiny of practice and clear practice standards make explicit the services’ expectations of each practitioner and enables the manager to provide evidenced feedback about good or acceptable practice, or to address any unacceptable performance where it may be identified.

The aim of the Audit Framework is:

* To examine records within Care Director and to arrive at a conclusion about the quality of practice.
* To ensure that case file records are quality assured in a manner which is consistent and in which data can be collated and used to address practice and recording activity and identify areas of good practice to share across the Authority.
* To ensure that case file records are maintained in accordance with West Berkshire practice guidance <https://www.proceduresonline.com/westberks/cs/g_recording_guide.html?zoom_highlight=case+file+recording+practice+guidance>
* To quality assure assessments ensuring that they are of a good quality, with a clear analysis of the child’s needs, which has been produced within the agreed timescales.
* To ensure good quality planning for children is occurring and improve outcomes.
* To quality assure the level and quality of management support and scrutiny being provided.
* To ensure that National Minimum Standards, legislative requirements and departmental guidance and policies are maintained.
* To ensure that case file records demonstrate:
* Clear evidence of the voice of the child,
* How children and their families are being supported in order to strengthen families (Family Safeguarding Model)
* Purposeful work that is having a positive impact and achieving best outcomes for children and in relation to our children in care that their placements are of a good quality and are meeting their identified needs.
* Effective use of restorative practice & Strengthening Families.
* The priorities set out within the within the CYP Plan, which are key to children and young people’s wellbeing are being achieved.

**Case File Auditing:**

The quality assurance tools used should include sporadic case file checks conducted by Social Workers together with their line manager. This ensures that case files are well presented and maintained to the required standards should they be required for auditing by the management team, IROs, the Director of Children Services, or Ofsted during inspections.

Team Managers remain central to ensuring that all work is undertaken to a good standard and will quality assure case file records by completing file case transfer checklists:

* Upon receiving the case file of a child to be transferred to the team.
* Before transferring files to other teams.

Regular bi-monthly auditing of case file records is undertaken by those with line management responsibility for service delivery up to and including the Strategic Director of the Children & Families Service. Tips for auditors are set out within Appendix 2 of this document. All case file audits are undertaken by a manager outside their service area.

Audit information is centrally collated by the Performance, Research & Information Officer to highlight the quality of professional practice and compliance with procedures and national minimum standards. This information provides objective and independent quality assurance to the agency’s work.

The full case file audit tool remains the key audit tool for all ongoing work. This produces profiles based on professional judgements of the standard of practice across all the key dimensions of work undertaken with children, young people and their families. It demonstrates the extent and shape of good practice across the service and identifies those practice areas, localities and staff who may need support to bring their practice up to the standards set out within West Berkshire’s Practice Standards.

The audits scrutinise the previous 6 months of each case file record.

Newly appointed staff (performing an auditing role) will be linked to more experienced managers by the Principal Performance, Research and Information Officer to audit as a pair when completing the tool to assist in their development.

The induction process for all new managers includes a session to go through the Quality Assurance and Auditing Frameworks to ensure they are clear on their role and responsibility within the process and where they can seek support when they need it.

There will be an annual full case file audit completed by all managers within Children Services on the same case as a test of threshold and consistency across the Service.

**Sample of Case files to be audited and recording of audits:**

The Principal Performance, Research and Information Officer produces bi-monthly samples of cases to audit making sure they have not been audited within the previous year. Auditors receive bi-monthly emails with their sample contained in an attachment.

The audit consists of a random sample cross-section of cases which have not been audited during the previous twelve months. The full spectrum of cases is audited.

The Family Placement Team (FPT) have their own separate audit template and should conduct 1 case file audit of active Foster Carers bi-monthly.

In addition to the monthly foster carer case file audits, the Family Placement Team have agreed an arrangement with Adopt Thames Valley whereby they moderate 1 of their West Berkshire adopters’ case file audits every 4 months.

The Family Placement Team also audit 1 child’s adoption file every 6 months.

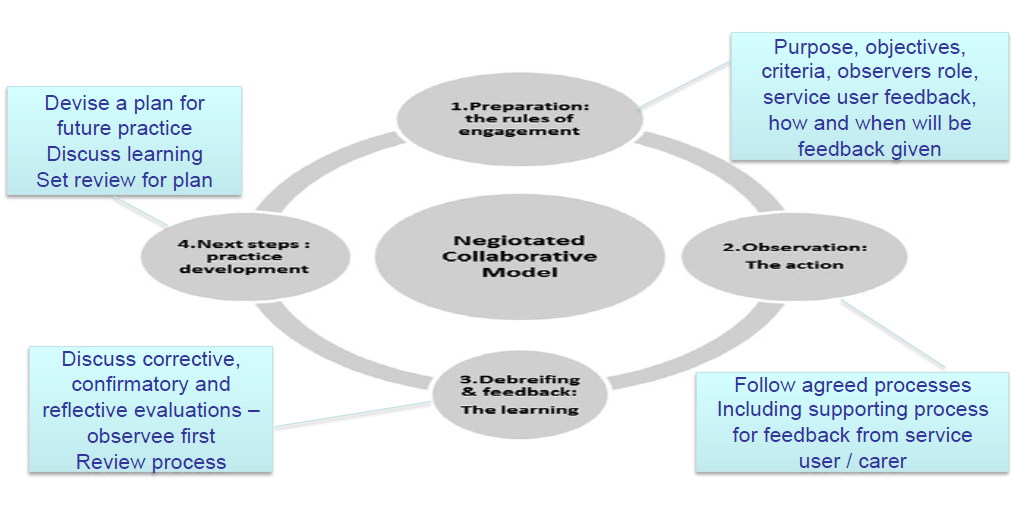
All completed audits are attached onto the Child’s Case File in Care Director with an accompanying audit module case note with the actions and grading.

**Practice Observations:**

All managers up to and including the Service Managers are expected to complete one self selected staff observation bi-monthly and to send a copy of this to the Principal Performance, Information and Research Officer, who collates them to feed into whole service learning and development.

Observation of practitioners in their everyday role and in meetings is an important element of quality assuring front line social work and identifying and celebrating good practice. It may also provide an opportunity to speak directly with service users to obtain their views of their experiences of the services being received.

Direct observation is most effective in terms of assessment and learning when it is experienced as developmental and constructive and includes meaningful and critical reflective dialogue. Direct observations can improve outcomes.



Davys, A and Beddoe, L (2015)Practice: Social Work in Action 27,3 177-196

**Practice Days:**

Every Manager is expected to complete 3 practice days a year, the dates will be set by the Principal Social Worker and the focus of these days will be agreed between the managers and their line managers through the supervision and appraisal process. It is the responsibility of the SW and their line manager to liaise with the relevant Service to set and organise these days.

They should include a range of observations of practice and 1-1 case discussions and be recorded on the template within appendix 5 of this document. All completed documents should be written up within 20 working days of the event and sent to the Principal Social Worker (PSW). The PSW will share a short report of all learning and impact from the practice days within the Performance Board Meeting every 3 months. If a manager identifies any practice issues during their practice days they must notify the relevant manager/service manager who will take steps to address these.

The Principal Social Worker is responsible for tracking practice day compliance and ensuring that all managers in post achieve them.

**Corrective actions.**

* Auditors record any necessary corrective actions for cases they have audited, with SMART parameters, within the Care Director audit module and cascade these electronically on Care Director to the case holder and their Team Manager. This information is then drawn to the Team Manager’s attention via the audit actions dashboard on Care Director.
* Where the auditor is of the view that there are, or appear to be, widespread failures, or serious failures that leave a child harmed, or at risk of harm, this should be escalated to the relevant Senior Manager without delay to ensure immediate remedial action can be taken.
* On receiving the above notification, the Manager will set aside time to discuss the required corrective actions with the allocated Social Worker within 3 working days.
* The Manager will also ensure that any corrective actions identified through the audits are undertaken in a timely manner and record the date that the corrective actions were completed on Care Director within the audit template which details the actions.
* Corrective actions must be completed within a maximum of ten days of their notification.
* Each service manager is accountable for monitoring and ensuring that all managers within their service areas are complying with the expectations within the annual audit programme. They also hold responsibility for taking action to address this with staff where this is not the case.
* The same process applies to any recommended remedial action which may arise from the practice days.

**\*Audit templates are attached as Appendix Four.**

**The role of the Performance Board Meeting (PBM) within auditing:**

A key role within the PBM will be to discuss planned audit activity to identify roles and to share learning from audit activity. The learning from the full case file audits completed over the previous bi-monthly period is collated and analysed by the Service Manager for the Quality Assurance & Safeguarding Service who provides a report detailing whole service learning from the audit and any whole service trends. This information is used to put plans in place to remedy any service, or practice issues, which may have arisen. Any remedial action required will be planned and agreed within the meeting. This information may also provide a source for identifying themed audit activity.

Alongside this it is the role of the C&FS Service Managers to share learning and outcomes from all the QA activity undertaken in relation to their own services and to confirm that all identified actions from the full case file learning audits has been completed for that period.

In addition to this the Principal Performance, Research and Information Officer shares the Data Zone (the West Berkshire Monthly Performance Activity Report), the tool is another tool which will be used to promote discussion and identify our key lines of enquiry over the year. The parameters of any themed audit activity, the lead auditor and members of the audit group will also be agreed, along with the timeframe for completion.

Any service completing themed/targeted audit activity outside of this process should in the first instance, unless the urgency of need prevents this, bring the proposed scope to the Performance Board Meeting for whole service discussion. This will provide an opportunity for others to join the auditing and for others to request additional audit questions. A date for completion of the audit will be tracked within the Performance Board Meeting and following the audit activity the lead auditor will produce a short presentation and share the learning from their audit within the PBM, which all managers will then be expected to take and disseminate to their respective teams. Where there has been themed/targeted audit activity outside of this process it is expected that the learning is still shared within the PBM as detailed above.

**The role of the Children & Families Leadership Team (CFLT):**

The CFLT scrutinises QA activity, a role previously undertaken by the QA Board. CFLT has strategic oversight of the QA and Audit Frameworks, ensuring that they are effective in improving outcomes for children; improving practice and being effectively used to inform whole service improvement. The CFLT consists of the following West Berkshire Personnel:

* The Strategic Director for Children and Family Services
* The Principal Performance, Research and Information Officer (PPRI Officer) when relevant for them to attend.
* The Service Manager for Quality Assurance & Safeguarding
* The Principal Social Worker
* The Service Manager for CAAS/MASH/ERH
* The Service Manager for the Family Safeguarding Service & Matrix Manager for the Disabled Children Service
* The Service Manager for the Children in Care Service
* The Service Manager for the Youth Justice Service

The CFLT meet every month and provide robust oversight of the QA Framework as a whole. One of the key aims of the meeting is to review the effectiveness of the QA and Audit Frameworks and agree an action plan to address any concerns arising

* All the Service Managers within CFLT are expected to present their own short summary within the Performance Board relating to all the quality assurance activity undertaken within their Service, any learning and actions taken from these as a result and the impact of these both on an individual and service level.
* The Principal Performance, Research and Information Officer will provide a bi-monthly audit compliance report, which if the CFLT and Performance Board Meetings are functioning effectively should show an improving picture.
* All managers are expected to provide feedback of their experience of the quality assurance framework and in particular the auditing process at every Performance Board Meeting. This will be considered by the Service Manager for the Quality Assurance & Safeguarding Service and any necessary amendments ratified by CFLT before being more widely disseminated.

**Appendix 1:** **Quick Guide - West Berkshire Annual Audit Programme:**

|  |  |  |
| --- | --- | --- |
| **Managers** | **Audit Activity Type** | **Benefits of this model** |
| **Strategic Director and all SMs, TMs and ATMs (excluding the PSW, workforce development officer, QAAS SM and Team Manager and ATMs from the Family Placement team):** | Bi-Monthly Full Case File learning audit: | Shared learning.  Aligns with practice week model which was well received by all.  Audits done with and not to.  Involves service users and can be used to inform whole service improvement activity and potentially to identify service users willing to take part in surveys/forums |
| **All the front line social work TMs and ATMs:** | Have 5 working days to raise dissent over recommended actions from the audits.  Following this they have responsibility to oversee completion of identified actions from the full case file audits within 10 working days.  Hold regular Case file checks within Supervision.  Dip audit activity within own service area.  Complete at least one staff observation within their own service every two months.  Share learning from audit activity across the wider authority within their Team Meetings. | Quality assurance of practice within own team.  Feeds into whole service improvement. |
| **Service Managers:** | Report audit activity, outcomes and impact into the Performance Board Meeting every month.  Track completion of audit actions within their own service area and ensure they are completed in a timely way.  Contribute to the strategic oversight of the QA activity within the monthly CFLT Meetings.  Share any planned audit activity within the Performance Board Meeting to provide opportunity for others to comment and contribute. | Closing the loop.  Establishes impact of the audits.  Feeds into wider learning and service development. |
| **All C&FS Managers:** | Every Manager is expected to complete 3 practice days a year.  Dates and focus of the days for learning to be identified via supervision and appraisal and compliance of this to be tracked by the relevant Service Manager and reported to the PSW who will report findings into the Performance Board Meetings. | We know this works well and was well received.  Learning event and an opportunity to better understand other aspects of the child’s journey.  Networking and relationship building.  Restorative model.  Cross fertilisation of ideas and good practice. |
| **QAAS Chairs:** | CP and CIC Chair’s Reports (audits) | Independent quality and compliance audits. |
| **QAAS Chairs:** | Themed/targeted audit activity as required. | Links from learning from case file audits.  Issues identified within meetings: themes/patterns.  Requested by others within the service and outside of the service |
| **All Managers:** | Themed audits identified within the Performance Board Meeting. | Targeted  Identified through looking at patterns and trends/data anomalies |
| **Entire Management Team for Children Services.** | One full case file audit a year of the same case and group discussion in CSMT. | Test of application of threshold across the Service.  Outcome to be shared and discussed within PMB – QAAS service to be included within this activity. |
| **Principal SW, Workforce Development Officer and QAAS SM** | 1 x Moderation audit a month. Selection of cases is not entirely random, this is to ensure that over the course of the year every manager undertaking a full file audit has a case file audit moderated. | Test of Assurance. |
| **Family Placement Service Manager, Team Manager and ATMs** | Complete one foster carer file audit each every 2 months.  Complete 1 moderation audit of ATV adoption case file audits as a service every 4 months.  Complete an audit of 1 child’s adoption case file in as a service every 6 months. | QA activity.  Test of Assurance. |
| **Foster Carer Reviewing Officer** | Undertakes one moderation audit of fostering file audits per month | Test of Assurance. |

**Appendix 2:** **Monthly Learning Audit Process**

1. Each member of the Children and Families Service Management Team is required to complete a full case file learning audit. In the case of the Family Placement Team audits will be completed on foster carer case files.
2. Cases will be allocated from a stratified sample, but managers should ensure that any case allocated is one in which they have not been responsible for decision making. If this is the case the auditor should ask for an alternative case to be allocated.
3. The Learning Audit Tool and Guidance provides guidance for the completion of the audit. When completed, the auditor should enter an Audit Case Note within the Audit Module in the Child’s file in Care Director, stating that an audit has been undertaken and the actions that are required to be completed as a result of the audit. The audit document itself should be uploaded to the child’s file in attachments within the referral the audit relates to.
4. Auditors should notify the social worker and supervisor for the case that they have been allocated their case for audit. They should book in an appointment to meet with the SW and the child and family to help support the audit. Auditors should also audit the case file. This is an important part of the audit process and must not be overlooked.
5. Upon completion of the audit, it should be e-mailed to the SW, team manager and supervisor for the case, advising on areas of strength, areas for development and highlighting any action that needs to take place. The SW and their manager have 5 working days to raise any issues they have about the audit and to resolve these with the auditor.
6. Following this case Supervisors must ensure Social Workers complete remedial actions on cases within 10 working days (The 10 days start to count from the point that the actions are accepted).
7. In the event that an auditor has concerns about the safety of a child or the support that they are receiving, the auditor should send the completed audit to the Team Manager and the relevant Service Manager who should ensure that the Social Worker and Case Supervisor hold supervision within 3 working days and agree a plan to complete the remedial actions on the case in preparation of a re-audit of the case 5 working days later by the Team/Service Manager as appropriate.
8. The Team Manager is responsible for monitoring the completion of the actions identified in each case file audit within their team, the Service Manager is responsible for ensuring this is happening consistently and will report on compliance within each Children & Families Leadership Team Meeting.
9. Where identified remedial action involves the whole of C&FS the relevant manager will share this within the next CFLT Meeting where an action plan will be agreed to address the identified need.
10. The Service Manager will provide information on the previous months’ audit activity in their own service, learning and impact to share in the CFLT Meeting. This will include any remedial action taken as a result of learning from all QA activity within their service area.
11. All information is ratified via CFLT and then disseminated to the Performance Board Meeting. Reports are reviewed at CFLT and any additional identified actions to address the areas for development will be agreed and a SMART plan put in place, which will be disseminated and tracked via the Performance Board Meeting.
12. The Principal Social Worker will ensure that any practice issues are incorporated into practice standards and training where required.
13. Each month a moderation audit of a case file audit will be completed by the Principal Social Worker, the Workforce Development Officer and the Service Manager for the Quality Assurance & Safeguarding Service. The Foster Carer Reviewing Officer will also complete a moderation audit of a foster carer case file audit each month.

**Appendix 3: Tips for Auditors:**

* Audits should not usually take longer than 3 to 4 hours and this includes an audit of the case file on CD, a short case discussion with the family/child and a brief meeting with the Social Worker and their manager where possible.
* Use this Tips for Auditors Guide to support your professional knowledge and judgements;
* Don't be afraid to make judgements but support this with a short statement evidencing why the decision has been made and what could achieve ‘Meets Good’ where applicable;
* Complete all boxes (unless not applicable). Comments should be brief and factual – they need to be understood by the Social Worker and manager to improve practice at the front-line but will also be used to draw out themes to inform learning across the organisation. Comment on good practice as well as areas for improvement;
* Audit the file and meet with the Social Worker and manager. The purpose of the meeting with the Social Worker and manager is twofold. Firstly, it is an opportunity for them to input into the audit and fill gaps. Secondly, it can be used to support learning through reflection and discussing good practice linked to individual cases. It should be constructive and include feedback on areas of good practice as well as areas where there is a need for improvement;
* Read relevant key documents over the previous 6 months, starting with the chronology and case summary which should give an overview of the case. Other key documents may also include (according to the status of the case and length of time it has been open) the Contact/Referral, S47 Enquiries, Strategy Discussions, Single Assessment, Plans, Reviews and Case Records. Look at other documents, as appropriate, to gain essential information or gather evidence;
* The Auditor should be able to see the 'journey and voice of the child' through reading key documents;
* Ensure that you know the child's details, who has parental responsibility, legal status, where the child lives and relationships;
* Audit within the last six months. Go back further if this is required in terms of safeguarding or drift and delay, but the focus of the audit is to advise on current practice and whether children are safe;
* If you cannot find information easily, then do not continue to look. Information should be easy to find. Where information cannot be found, make a note to ask the SW and if not found following this put a plan in place with the SW to rectify this and reflect this in the grading;
* Ensure practice has been compliant with legislation, statutory guidance and local procedures;
* If there are immediate safeguarding concerns contact the relevant manager;
* Use the child's individual identifier on all forms, not names;
* Ensure that there is a clear 'picture' of the child and that their views, wishes and feelings are evident throughout the whole file and there is evidence of these being taken into account;
* The child must be at the centre of the audit;
* Where the Auditor has talked to the family/child, ensure that they understand the purpose of the discussion, keep it brief, clear and focused on learning. Where it has not been possible or appropriate to speak to the family/child the auditor must record the reason why this has been the case.

**Appendix 4: Grade Descriptors:**

**Grade Descriptors:**

**Outstanding:**

* Direct work with the children, young people and their family is of the highest quality and is delivering measurably improved outcomes. It may exceed expectations.
* Inspirational, confident, ambitious and influential practice in evident.
* Management oversight is robust and clear throughout. They innovate and promote creative ideas to sustain the highest-quality services.
* Professional relationships are strong and roles and responsibilities are clear and embedded and result in confident, regular evaluation and improvement in the quality of help, care and protection that is provided.
* The plan around the child is proactive and accurate in identifying and responding to their changing needs.
* There is evidence of timely reviews which demonstrate change achieved and the effectiveness of the planning around the child. Impact on the child is clear.
* Children, young people and families clearly benefit from improvements that are made and the impact of their feedback is well evidenced.
* Effective and continuous communication shows a strengthening working relationship with the child and family, which has been sustained over time.
* Professional challenge is respectful and impactful and practice is of a high-quality, which protects and promotes their welfare.
* Risk is well understood, managed and regularly reviewed. Children and young people experience timely and effective multi-agency help and protection through risk-based assessment, authoritative practice, planning and review that secures change.

**Good:**

* The child/young person is 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.
* If a child in care, returning home, moving to or living in a permanent placement outside of their immediate birth family, they have their welfare safeguarded and promoted. They have been helped to live in a permanent home or family 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.
* If either leaving care or have left care they are receiving 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.
* There is evidence of regular and effective supervision and management oversight and this has improved outcomes.
* There is evidence of effective partnership working within planning, which delivers timely help, protection and has improves educational attainment, narrowing the gap. Role as a corporate parent for children in care and those leaving or who have left care is strong and effective.
* Support is needs led.
* 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.

**Requires Improvement:**

Not all practice is good, but there are no widespread or serious failures that create or leave children being harmed or at risk of harm. All statutory case file requirements are met. However, the case file is not yet at a Good standard and does not provide sufficient assurance that we are delivering good protection, help and care for children, young people and families.

**Inadequate/Indications of the need to immediately escalate to relevant line Manager:**

The file does not demonstrate a suitable level of assurance. There are, or appear to be, widespread failures or serious failures that leave children harmed or at risk of harm. Response to referrals is not timely or effective, Section 47 investigations insufficiently planned, poor quality assessments, insufficient involvement of family and children and poor managerial oversight. Case file is not able to evidence compliance with statutory requirements.

**Appendix 5: Staff/Meeting Audit Template**

|  |  |
| --- | --- |
|  |  |

**Practice or Meeting Observation Record:**

***Please ensure your record is analytical and evidence based rather than descriptive.***

|  |  |
| --- | --- |
| **Observer Name:** |  |
| **Event/Meeting Type:** |  |
| **Date:** |  |
| **Child ID No. & Initials** |  |
| **Worker being observed:** |  |
| **Team:** |  |

|  |  |
| --- | --- |
| * Overview of the activity observed: | |
|  | |
| * Feedback | |
|  | |
| **Grade:**  *Outstanding/Good/Requires Improvement/Inadequate* | **Please set out the rationale for your decision (if RI or inadequate please also include what steps you took to address this):** |
| **What would improve this grade?** |  |

**Appendix 6: Full Case File Audit Template:**

**West Berkshire Children & Family Service Social Care**

**Learning Audit Template**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The criteria in this template helps capture the experiences of children and young people at each key stage of the child’s journey. Thus for some children all sections will be relevant and for others only some sections.

Audits should be completed using the guidance within which accompanies this template.

**Overview:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of the Audit** | |  | | | |
| **Name of Auditor and Position** | |  | | | |
| **Name of Social Worker** | |  | | | |
| **Name of Team** | |  | | | |
| **Name of Line Manager** | |  | | | |
| **Child’s Name** | |  | | | |
| **Child’s ID.** | |  | | | |
| **Child’s DOB** | |  | | **Child’s Gender:** |  |
| **Status of Case/Child’s Legal Status** | |  | | | |
| **Family Composition** | |  | | | |
| **Overview of the Child and Brief History**  *Include:*   * *Relevant history leading to social care or Early Help involvement, (with reference to siblings and significant others where appropriate).* * *Identity /culture / ethnicity.* * *The child’s current circumstances.* * *The current plan.* | |  | | | |
|  |  | | **Auditor’s evaluation of the quality of the child/young person’s experience** | | |
| **1.** | **Is the child safe? Has risk been identified and have services provided made a positive difference?**  *Consider:*   * The identification, assessment and management of risk and, crucially, whether the child is safer as a result of the LA’s actions. * Relevant risks including children who experience and/or are at risk of: exploitation, neglect, emotional abuse, sexual abuse, physical abuse , domestic abuse, parental ill health or substance misuse. * Are there effective and realistic safety goals and safety plans in place? * Were the correct processes applied and did they result in the child being protected? * Is there evidence that plans and work are keeping the child safe and reducing risk? | | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **2.** | **Is work child-centred?**  *Consider:*   * Is the child’s lived experience at the centre of work? * What are the child’s views? Have they been acted upon? Does the child feel safe? * Do ethnic, cultural and diversity factors inform interventions? * Is there evidence of effective purposeful direct work leading to sustained change for this child and their family? * Has the child been seen and seen alone? * Is there evidence that the child’s views have informed plans? * Are they and their family appropriately involved in meetings (such as children in need meetings, core groups, child protection conferences, reviews)? * ***What evidence is there of positive outcomes for the child/YP?*** * ***Has restorative practice been used?*** * ***Has it made a difference to the child/YP?*** * ***In the last 12 months what has changed & has it improved the child/YP’s outcomes?*** | | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **3.** | **Are management oversight and decision making effective?**  *Consider:*   * Is there evidence of timely management action resulting in improved outcomes for this child? * Is management decision making evident on all relevant documents? * Is supervision regular, of good quality and reflective? Is it making a positive difference for this child? * Have appropriate managers been involved? * Is there evidence of appropriate IRO/CP Chair oversight/challenge? | | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **4.** | **Are assessments timely, comprehensive and analytical, and do they lead to appropriately focused help and effective interventions?**  *Consider:*   * All assessments completed in the last year – including specialist assessments. * Do assessments incorporate historical factors (including parents’ history), and are they informed by a current chronology? * Are the child and significant adults in their life involved in the assessment (including fathers)? * Is there consideration of identity, ethnicity and culture? * Does analysis clearly identify the main risks and protective factors and outline what needs to change to make things better? * IIs the assessment relevant to the child’s current circumstances? * Does the assessment lead to focused, purposeful and relevant intervention? | | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **5.** | **Is coordination between agencies effective?**  *Consider:*   * Is consent for information-sharing well considered? * Do the right agencies attend and appropriately contribute to decision making in meetings such as Team Around the Family (TAF) meetings, strategy discussions, CP conferences, Core groups and child in care reviews? * Is joint work purposeful? Does it result in positive change and outcomes for the child? | | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **6.** | **Are plans and planning timely and effective? Is there evidence that they are making things better within a time frame that is right for the child?**  *Consider:*   * All relevant plans e.g. safety plans, child protection plans, care plans, pathway plans, PEPs, health care plans. * Are the child, all relevant family members and key agencies involved in shaping and delivering plans? * Are plans specific, measurable, attainable, relevant and timely (SMART)? * Do plans demonstrate improved outcomes for the child? * Are actions well-coordinated between different plans in place at the same time (for example, child protection plans and EHCP, PEP or MARAC)? | | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **7.** | **Do children benefit from regular and timely reviews?**  *Consider:*   * Are they, their family and carers helped to participate in their reviews and do their views influence decisions made? * Does the review process ensure plans are purposeful, appropriate? * Do reviews identify and challenge drift or delay? * For CIC are they being effectively supported to share their views to inform their review? * For CIC is there evidence of the child being encouraged to chair their own review? | | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **8.** | **Is permanence planning timely and well matched to need?**  *Consider:*   * Does the child know where s/he will be living? * Is the care plan clear, easily understood and up to date? Does it effectively set out what help and services will be provided to a child in care and their family? Is it having a positive impact on the child’s circumstances? * Are plans for permanence, including adoption, timely and in the best interests of the child? Are they achieved without delay? * If the child is disabled – are they effectively supported in their transition to adult services? * If the child is a care leaver - are they effectively prepared for independence and supported through their transition to adulthood? Is this supported by a clear pathway plan? * If the child is a care leaver is there evidence they have been made aware of the post 18 pathway plan review offer? | | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **9.** | **Are children looked after and care leavers living in good-quality placements or accommodation that meets their needs?**  *Consider:*   * Are children appropriately placed according to their assessed needs, including when placed with parents or family/friends? * Is this a stable placement? * How effective is matching? * Does the child have appropriate family time with family and friends? * How effective is placement support (including adoption support)? * Are care leavers living in appropriate, safe, permanent and affordable accommodation? | | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |

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| **Record of discussion with child:** | |  | |
| **If child was not spoken to please state why:** | |  | |
| **Record of discussion with family:** | |  | |
| **If family were not spoken to please state why:** | |  | |
| **Record of audit discussion with SW** | |  | |
| **If SW was not spoken to please state why:** | |  | |
| **Auditors’ Grade: Outstanding/Good/Requires Improvement/Inadequate** | |  | |
| **Rationale:** | |  | |
| **Is this an example of good practice overall?** | |  | |
| **Yes/No?**  (Please delete those that do not apply)  **What particularly stands out? Please explain:** | |
| **Has this case been escalated?** | |  | |
| **Yes/Not applicable?**  (Please delete those that do not apply)  **Please explain:** | |
| **Where relevant has the Family Safeguarding Model been used effectively?** | |  | |
| **Yes/No/Partially/Not applicable?**  (Please delete those that do not apply)  **Please explain:** | |
| **Recommendations for further action:** | **Who By:** | | **By When:** |
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| **Social Worker’s Comments on the outcome of the Learning Audit:** | | | |
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| **SW Line Manager’s comments on the outcome of the Learning Audit:** | | | |
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| **If the line manager and social worker have not been sent the completed audit document for comment please state why:** | | | |
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| **MODERATION AUDIT:** | | |
| **Date of moderation audit:** |  | |
| **Name of moderator:** |  | |
| **Role of moderator:** |  | |
| **Do you Agree with the Auditor?** | **If not, why not?** | |
|  |  | |
| **Grade:** | **What would improve the overall Audit grading?** | |
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| **What actions need to be taken, if any, by SW, Team Manager, Service Manager, Head of Service (please state which) and within what timeframes?** | | |
| **Action:** | **Who By:** | **Timeframe:** |
|  |  |  |

**Appendix 7: Full Case File Learning Audit Guidance**

**Frequency**

Aim to audit the last 6 months of the case in detail. For some complex cases it may be appropriate to go back further to understand the child’s journey. In these cases it may be necessary to look at documents from the last 12 months and to reference historical involvement, particularly where there have been numerous referrals or there appears to be drift and delay.

**Key documents to be considered.**

Whilst documents will vary for different children, it is expected that auditors will look at the following documents when undertaking the case file audit:

* Chronology
* Any contacts or referrals in the last 6 mths
* The most recent child and family assessment and other assessments completed in the last 6 months
* The most recent plan (CP, CIN, care plan)
* Transfer summaries
* Management decision making records

Where relevant documents cannot be found, the auditors should not spend long looking for them; instead the auditor should raise this with the social worker and look at the case file together, if needed.

It is expected that auditors will speak to the child and their family to seek their views where it is appropriate to do so. There is a section at the end of the learning audit tool to add the record of this discussion.

**What to do if the social worker is not available in the timeframe of the audit.**

Every effort should be made to engage the social worker but if it is not possible to meet with the social worker, this should not delay the completion of the audit. The auditor should still complete the template and send it to the social worker and line manager for their comments. If these are not received by the final date of the audit period, the audit should still be submitted with an email explanation and note made on the audit. There are sections at the end of the learning audit tool for these discussions to be recorded.

**What to do if there are concerns for the safety of the child.**

If the auditor has concerns about the safety of the child, they should immediately escalate these concerns to the relevant manager. If the auditors believe the child is at immediate risk of harm, they should immediately escalate these concerns to the relevant Service Head.

**Auditor’s Evaluation**

Completion of all criteria in this section should be concise and evaluative. Auditors should not use these sections to describe work but should apply an **“A & E Approach”**:

* ‘A’ – Analytical statements based on the documents and evidence obtained; and
* ‘E’ – Evidence that supports the analysis.

***Example:*** *Following concerns about Annie going missing several times over night, there are now strong and meaningful safety goals and a safety plan in place to ensure that professionals, Annie, foster carers and her family are working together to ensure her safety. As a result Annie now demonstrates an understanding of dangers and risks. She reports being able to trust and confide in the adults around her and there have been no missing episodes for the last month. This work is clearly evidenced in appropriate strategy discussion minutes, review records, case notes and the social worker’s description of life for Annie now and previously.*

1. **There is clear evidence that the answer to the judgment question is ‘Yes’.**

***Example:*** *Evaluation Question 1: Are children safe? Has risk been identified and have services provided made a positive difference? If a child is not safe and services have not had a positive impact then the judgement cannot be anything other than Inadequate regardless of the quality of work undertaken.*

1. **There is evidence of purposeful and timely work resulting in a positive difference for the child.**

***Example:*** *Evaluation question 5: Is coordination between agencies effective? If there has been regular engagement of a wide range of professionals and regular core groups for a child on a child protection plan but actually the plan has not resulted in improvements for the last 6 months and unacceptable drift and delay is evident, then the work has not been purposeful.*

1. **There are up to date, accurate, clear records providing evidence on the case management system.**

***Example:*** *Evaluation question 3: Are management oversight and decision making effective?*  *If a social worker reports regular supervision, good management support and guidance that has resulted in a difference in a case but there are no records of supervision or management decisions on the child’s file, then the judgement cannot be above requires improvement.*

**Appendix 8: Guidance on Completing each section of the Learning Audit Template**

**Overview**

**This is a mandatory section.**

The date of the audit should be recorded. The names and positions of the key social care staff should be recorded in this section; the auditor, the team and line manager completing the comment section. This section does not need to include other professionals involved in the case.

Details of the child are also included in this section: the child’s name (including aliases where relevant), age, gender and legal status e.g. CIN, CP, CIC, care leaver and family composition. It should also include the child’s reference number.

This section should also include a brief overview of the child. This should be a maximum of 2 paragraphs in the auditor’s own words from their understanding of the case file and cover the following:

* Relevant history leading to social care involvement, including reference to siblings and significant others.
* Identity /culture / ethnicity.
* The child’s current circumstances.
* The current plan.

**The 9 Audit Areas:**

1. **Are children safe? Has risk been identified and have services provided made**

**a positive difference?**

**This section should be completed for all children where there are safety concerns.**

**This section may therefore be relevant for children looked after and care leavers.**

Areas that should be considered by the auditor include:

* The identification, assessment and management of risk and, crucially, whether the child is safer as a result of West Berkshire actions.
* Relevant risks include children who experience and/or are at risk of: exploitation, neglect, emotional abuse, sexual abuse, physical abuse and domestic abuse, the impact parental mental health and or substance misuse.
* Are there effective and realistic safety goals and safety plans in place?

1. **Is work child-centred?**

**This is a mandatory section.**

Areas that should be considered by the auditor include:

* Has the child’s lived experience been put at the centre?
* Do children feel safe?
* Do ethnic, cultural and diversity factors inform interventions?
* Is there evidence of effective purposeful direct work leading to sustained changes for this child and their family?
* Are children seen and seen alone? Is there evidence that the child’s views have informed plans? Are they and their family appropriately involved in meetings about them (such as children in need meetings, core groups, child protection conferences and statutory reviews)?
* Is advocacy required and has it been offered?

1. **Are management oversight and decision making effective?**

**This is a mandatory section.**

Areas that should be considered by the auditor include:

* Is there evidence of timely management action resulting in improved outcomes for this child?
* Is management decision making evident on all relevant documents?
* Is supervision regular, of good quality and reflective? Is it making a positive difference for this child?
* Is recording clear, comprehensive, reflective of the work undertaken and focused on the experience and progress of the child?
* Is ‘The Family Safeguarding Model’ evident in management oversight recording?

1. **Are assessments timely, comprehensive and analytical, and do they lead to appropriately focused help and effective interventions?**

**It is expected that this section will be relevant to most children including long term children looked after, who should always be re-assessed when their circumstance significantly change throughout their lives. A social worker report for a review does not constitute an assessment.**

Areas that should be considered by the auditor include:

* All assessments completed in the last year – including specialist assessments.
* Do assessments incorporate: historical factors; identity, ethnicity, culture and diversity; parental history and are assessments informed by a current case chronology?
* Are there any additional needs arising from disability?
* Are the child and significant adults in their life involved in the assessment (including fathers)?
* Does analysis clearly identify the main risks and protective factors and outline what needs to change to make things better? Does this use the ‘The Family Safeguarding Model’ to good effect where it is being used?
* Is the assessment relevant to the child’s current circumstances? Have the child’s circumstances significantly changed in the last year resulting in an update relevant assessment informing plans?

1. **Is coordination between agencies effective?**

**This is a mandatory section.**

Areas that should be considered by the auditor include:

* Is consent for information-sharing well considered?
* Are joint work and information-sharing improving outcomes for this child?
* Do the right agencies attend and appropriately contribute to decision making in meetings such as strategy discussions, CP conferences, Core groups Team around the Family (TAF) meetings and looked after children reviews?
* Is there evidence of purposeful work resulting in positive change and development for the child?

1. **Are plans and planning timely and effective? Is there evidence that they are making things better within a time frame that is right for the child?**

**This is a mandatory section.**

Areas that should be considered by the auditor include:

* Analysis of all relevant plans for the child e.g. child protection, care plans, pathway plans, PEP, Health Care Plans.
* Are the child, all relevant family members (including fathers) and key agencies involved in shaping and delivering plans?
* Are plans specific, measurable, attainable, relevant and timely (SMART)?
* Do plans demonstrate improved outcomes for the change?
* Are actions well-coordinated between different plans in place at the same time (for example, child protection plans and MARAC)?

1. **Do children benefit from regular and timely reviews?**

**This is a mandatory section.**

Areas that should be considered by the auditor include:

* Are children, their family and carers helped to participate in their reviews and do their views influence decisions made?
* Does the review process ensure plans are purposeful, appropriate and that any drift or delay is identified and challenged?
* For CIC, is the advocacy/IV service promoted and used effectively for the child to inform their review?

1. **Is permanence planning timely and well matched to need?**

**We should consider the question:’ do children know where they will be living’ for all children and so some detail in this section will be appropriate for all children.**

Areas that should be considered by the auditor include:

* Does the child know where they will be living?
* Is the care plan clear, easily understood and up to date? Does it effectively set out what help and services will be provided to a looked after child and their family? Is it having a positive impact on the child’s circumstances?
* Are plans for permanence, including adoption, timely and in the best interests of children and young people? Are they achieved without delay?
* Are disabled children effectively supported in their transition to adult services?
* Are care leavers effectively prepared for independence and supported through their transition to adulthood? Is this supported by a clear pathway plan owned by the young person?

1. **Are children looked after and care leavers living in good-quality placements or accommodation that meets their needs?**

**Only to be completed for children looked after and care leavers.**

Areas that should be considered by the auditor include:

* Are children appropriately placed according to their assessed needs, including when placed with parents or family/friends?
* How effective is matching, stability, contact and placement support (including adoption support)?
* Are care leavers living in appropriate, safe, permanent and affordable accommodation?

**Record of discussion with the child/family/allocated case holder (SW):**

These should reflect wherever possible each person’s own words. A prompt sheet is available for speaking to families to assist, but this should not be used as a script, rather as a tool to assist. Discussions should always be relevant to each specific child/family and the findings of the audit.

**Overall Judgement.**

As previously stated, in reaching an overall judgement, auditors should carefully consider all nine audit areas. It is not a case that if the majority of judgements are good or above then the overall judgement would be the same because some areas that do not meet good will have a greater impact, such as child safety.

Auditors must ensure that the overall judgment is one that is a ‘best fit’ and they must support their overall judgement with their rationale, providing a brief explanation setting out their evidence for the judgment.

**Good Practice.**

It is important that good practice is captured and recognised and so auditors are asked to identify cases that exemplify good practice and highlight this in their rationale for the overall judgement.

**Effective use of the Family Safeguarding Model.**

The Family Safeguarding Model is West Berkshire’s Children and Family Service practice model and this audit programme is also being used to capture data about how effectively the model is being applied. Auditors are therefore asked if it has been effectively used.

**Social Worker and Line Manager Comment.**

After the completion of the audit, auditors are required to send it to the social worker and supervisor / line manager to add their comments and reflections on the audit findings. This can sometimes be done in the meeting with the social worker, with their agreement.

**Actions.**

It is important that all audits identify any actions required or next steps. These actions can relate to any of the 9 judgement areas. Where the auditor has found one of the 9 judgment areas to be requires improvement or inadequate relevant action should always be identified.

Actions are initially identified by the auditor but can be added to by the line manager.

**Moderation Audits.**

Every month a small number of case file audits are also re-audited for moderation purposes. Auditors record their details and whether they agree with the original auditor. They also record a grade, improvements and any action required.

**Appendix 9: Care Leaver’s Full Case File Audit Template:**

**West Berkshire Children & Family Service Care Leaver**

**Learning Audit Template**

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The criteria in this template helps capture the experiences of care leaving young people at this key stage of their journey and wherever possible completed with the involvement of the young person themselves.

**Overview:**

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| **Date of the Audit** | |  | | |
| **Name of Auditor and Position** | |  | | |
| **Name of Social Worker/PA – please clarify which role)** | |  | | |
| **Name of Team** | | Care Leavers | | |
| **Name of Line Manager** | |  | | |
| **Young Person’s Name** | |  | | |
| **Young Person’s ID.** | |  | | |
| **Young Person’s DOB** | |  | **Young Person’s Gender:** |  |
| **Is all essential information in the file**  **(e.g. DOB/ethnicity/religion/address/key professionals etc..)** | | **Yes/No/Partially?**  (Please delete those that do not apply)  **Anything that needs to be updated/added:** | | |
| **Was this young person introduced to their PA from the age of 16yrs (statutory guidance).** | | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **What is your view on the quality of the relationship between the young person and their PA and others supporting them?** | |  | | |
| **Has this young person been provided with all necessary advice, guidance and support to enable them to keep in touch with people who are important to them?** | | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **Has the young person been given all the necessary skills they need to move on and to successfully live independently (how to shop/cook/manage money/budget etc…)**  **How are they managing?** | | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **Is there an up to date Pathway Plan?**  **Are the right supports being provided?**  **Is there evidence that this was completed with the young person?**  **Is it aspirational and do these aspirations align with the young person’s aspirations?**  **Are actions all SMART?** | | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **Is there evidence the Pathway Plan is being reviewed regularly?**  **Is the young person telling you that review meetings and any other meeting with them are being kept and relevant professionals are there and arriving on time?**  **Do they understand the plan?** | | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **Is the young person aware of all available support?**  **Are they aware of their rights and entitlements?**  **Do they know how to complain and how to access advocacy?** | | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **Will the support being provided via their PA and their Pathway Plan support them through to adulthood and beyond?**  **Is the frequency of contact and means of contact led by the young person?** | | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **If the young person is a UASC:**  **Has the PA been proactive in encouraging supportive relationships within the community and/or with groups that support their faith/culture?**  **Do the young person’s records and plans reflect their experience of living within a predominantely White British culture?**  **Has racism been discussed with the young person?** | | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
|  |  | **Auditor’s evaluation of the quality of the young person’s experience** | | |
| **Section 1: Safety** | **Is the young person safe?**  **Are they telling you that they feel safe?**  **Is this young person confident who to approach if they need help?**  **How are they being supported and protected?**  **Is there any identified risk (e.g. offending/substance misuse/CSE,CCE, radicalisation etc..) and if so is there an appropriate plan around this?**  **Is this all explicitly being considered within the Pathway Plan?** | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **Section 2: Person Centred Activity** | **Is there clear evidence that the young person is at the centre of all activity that affects them and is actively participating in decisions about themselves and their future?**  **Are they telling you that their wishes and feelings have been taken into account?**  **Do they fully understand all their options?** | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **Section 3: Accommodation** | **Are they living in a good-quality placement or accommodation that meets their needs?**  **Is the accommodation provided safe, secure, permanent and affordable?**  **Are they telling you they had a say in where they live and that they feel safe there?**  **Are they comfortable living alone/with whom they are living?**  **Do they feel comfortable and knowledgeable about the area they live in?** | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **Section 4: Education, Training, Employment** | **Are there effective arrangements in place to promote the young person’s achievement and success in education/employment/training?**  **Are they being adequately supported to achieve their goals?**   * *Please comment on the young person’s ambitions and aspirations and how they are being supported to fulfil these.* | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **Section 5. Health & Development** | **Are the young person’s physical health needs being met?**  **Are their emotional health needs being met?**  **Do they know where to get help with their emotional wellbeing if they needed it?**  **If this is already a need is there an appropriate plan around this?**  **How effectively is their sense of self/identity/aspirations and resilience being promoted?** | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **Section 6: Finance** | **Is the young person in receipt of all entitlements?**  **Have they accrued any debt?**  **How are they managing?** | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |
| **Section 7: Management Oversight** | **Is there evidence of regular, reflective supervision taking place as per procedures?**  **Is the level of management oversight appropriate?** | **Yes/No/Partially?**  (Please delete those that do not apply)  **Please explain:** | | |

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| --- | --- | --- | --- |
| **Additional information provided by the young person, which is not reflected within the audit:** | |  | |
| **If the young person was not spoken to please state why not:** | |  | |
| **Record of discussion with family (where relevant to do so):** | |  | |
| **If family were not spoken to please state why:** | |  | |
| **Record of audit discussion with the PA/SW** | |  | |
| **If the PA/SW was not spoken to please state why:** | |  | |
| **Auditors’ Grade:**  **Outstanding/Good/Requires Improvement/Inadequate** | |  | |
| **Rationale: Why have you given this grade?** | |  | |
| **Is this an example of good practice overall?** | |  | |
| **Yes/No?**  (Please delete those that do not apply)  **Please explain:** | |
| **If you have graded requires improvement/inadequate has this been escalated and if so how?** | |  | |
| **Yes/Not applicable?**  (Please delete those that do not apply)  **Please explain:** | |
| **Recommendations for further action:** | **Who By:** | | **By When:** |
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| **Personal Advisor/Social Worker’s Comments on the outcome of the Learning Audit:** | | | |
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| **Personal Advisor/SW Line Manager’s comments on the outcome of the Learning Audit:** | | | |
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| **If the line manager and PA/SW have not been sent the completed audit document for comment please state why:** | | | |
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| **MODERATION AUDIT:** | | |
| **Date of moderation audit:** |  | |
| **Name of moderator:** |  | |
| **Role of moderator:** |  | |
| **Do you Agree with the Auditor?** | **If not, why not?** | |
|  |  | |
| **Grade:** | **What would improve the overall Audit grading?** | |
|  |  | |
| **What actions need to be taken, if any, by SW, Team Manager, Service Manager, Head of Service (please state which) and within what timeframes?** | | |
| **Action:** | **Who By:** | **Timeframe:** |
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**Appendix 10: Foster Carer File Audit Template**

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| **Case Information / Front Sheet Information** | | | | | | | |
| Audit date: |  | Care Director ID | | |  | | |
| Name/s of audited foster carer |  | Auditor’s Name | | |  | | |
| Ethnicity  Disability  Email (carer 1):  Telephone number care (1):  Email(carer 2)  Telephone number (carer 2): |  |  | | |  | | |
| Supervising social worker: |  | Team manager: | | |  | | |
| Date of Last Case Recording (should not be less than 6 weeks) |  |  | | |  | | |
| **Judgement on case information** | | **Meets Good/Does Not Meet Good** | | | | | |
| **Initial enquiry foster care assessment and approval** | | | | | | | |
| Date of enquiry : | | | | |  | | |
| Date of initial visit : | | | | |  | | |
| Are the following forms signed and on file ?(this can be either consent form or ROI)  Consent to do checks & Consent to share information | | | | | Yes/no | | Comment: |
| What date was the application to foster accepted: | | | | |  | | |
| Has the skills to foster training been recorded and is there a report for this ?(this is not compulsory for family and friends carers ) | | | | | Yes/no | | Comment |
| Are the following checks completed and the evidence on file  References x 3 (including updated ones for long term matches)  Probation check ( not being requested if the DBS is a clear one)  Local Authority checks (own and others if applicable )  Ofsted (if the applicant is a registered child minder)  Education checks  CCJ check  Ex partner, if applicable  Are the minutes from the initial approval panel evidenced and on file? | | | | |  | |  |
| **Initial enquiry foster care assessment and approval continued:** | | | | | | | |
| Has safer caring been discussed with all household members? ( there must be a family safe care policy under ICS forms/uploaded word document)  NMS 20.9- appropriate training on safer caring is provided for all members of the fostering household, including young people of sufficient age and understanding. | | | Yes/no | | | | |
| What was the date of the fostering panel? | | | Date: | | | | |
| Time scale (24 weeks from the date application accepted to approval met?) | | | Yes/no | | | | |
| **Documents from approval process/ongoing checks which should be on all files for approved carers cont.** | | | | | | | |
| Foster care agreement (Is it up to date?) | | | Date : | | | | |
| ADM sheet approved | | | Date | | | | |
| Record of Foster Panel minutes / Recommendations | | | Date / comments | | | | |
| DBS checks for all household members over 18 years of age (these should be undertaken every two years and also include all young people within the household who are under staying put arrangement, any contraindication must be risk assessed and signed off by the head of the services fostering ) | | | Date/yes /no | | | | |
| Medicals for all foster carers in the household (these should be completed every three years unless specifically recommended for yearly medical) | | | Date : | | | | |
| Original form F for foster carer (and most recent one if different) with foster carer’s signature, Including any Placement Report if long term match agreed. | | | Yes/ No Date: | | | | |
| Pet assessment for any pets ( dog and other pets separate forms) currently in the household | | | Date:  Comments: | | | | |
| Is there an individual risk assessment / Safer Caring Agreement for every child placed – has this been completed at the time of matching and reviewed at least once a year or after a significant incident? | | | Yes /comments dare  Date: | | | | |
| **Judgement of initial enquiry ,foster carer assessment and approval** | | | **Meets Good/Does Not Meet Good** | | | | |
|  | | | | | | | |
| **Training and development NMS fostering Standards 20** | | | | | | | |
| Personal development plan (PDP) - Completed for the current 12 months for all carers in the household (this should include any core, cyclical and supplementary training that is due during this time period. Is there evidence this has been discussed in carers supervision? | | | | Date :  Comments: | | | |
| Has the carer/s attended all mandatory training? (Mandatory training is repeated every two years except medical which is every 3 years. There are 7 mandatory training courses– safer care – safeguarding- managing allegations-managing behaviour-prevent- first aid and record keeping) | | | | Yes/No  Comments; | | | |
| Has the carer/s attended at least 2 supplementary training in the past 12 months | | | | Yes/ No Comments; | | | |
| Has the relevant training TSD been completed by all carers within the appropriate time period (twelve months form the date of approval for foster carers and 18 months for kinship carers)?If not is it evidence that an extension has been agreed | | | | date / yes/comments | | | |
| Has a minimum of 1 unannounced visits by a qualified social worker / Family support worker taken place over the past 12months (this should not be done in a hurry just before the annual review please check the annual review date and unannounced visit date)? | | | | Yes/ date :  Comment: | | | |
| Are there any outstanding issues from the unannounced visits?  If so, is it clear how this will be addressed and the timescales | | | | Yes/ if no please comment: | | | |
| **Judgement on unannounced visits:** | | | | **Meets Good/Does Not Meet Good** | | | |
| **Household review Fostering regulations 28(1-5)**  **Fostering Eg. 28.3-the Fostering service provider must make such enquiries to obtain information as they consider necessary in order to review.** | | | | | | | |
| Has the household review taken place within the legal timescale  This should be completed by the 12months previous review. For first reviews should be undertaken in a timely way to allow time for reports to be completed for the fostering panel and ADM within the 12 months from initial approval | | | Date: Yes /No. Comments | | | | |
| If this is the first review it is evidenced that this has returned to the fostering panel and been signed off by the ADM with 12 months of being approved? Has the review returned to panel every three years? | | | Yes/comments | | | | |
| Is there evidence that the end of the placement forms have been sent to :  Social workers of the children who left the placement, children who left the placement and to the foster carers. | | | if no to any of the above please comment: | | | | |
| Is there any evidence that feedback forms for the household review has been sent to the following people: | | | | | | | |
| Foster carers | | | Yes | | | No | |
| Foster children current and also who left in the review period | | | Yes | | | No | |
| Social workers of the children currently in placement and also the children who left the placement since the previous review. | | | Yes | | | No | |
| Any other not looked after children that are living in the placement and household members. | | | Yes | | | No | |
| IRO of any children currently in placement or children left since previous review | | | Yes | | | No | |
| Any other relevant party including Health professionals of children under 5 currently in placement, backup carers or other foster carers to whom respite care provided | | | Yes | | | No | |
| Comment on feedback review ,any follow up (general comments re any of the above and quality of feedback received | | | Comments: | | | | |
| Supervising social worker report  Comment on the quality of the report and if it has covered key areas | | | Comments: | | |  | |
| Is there evidence that any outstanding issues regarding the household review has been addressed or a plan in place to address? | | | Comments: | | | | |
| Is there evidence on the file of the written notice to the carer of the outcome of the review? | | | Comments: | | | | |
| **Judgement of household reviews** | | | **Meets Good/Does Not Meet Good** | | | | |
| Incidents and complaints | | | | | | | |
| Has there been any incidents within the past 12 months | | | Date : Yes/No | | | | |
| If so have they been recorded? | | | Date Yes/No  if no please comment | | | | |
| If any incidents –has there been management oversight? | | | Yes /No  Comments | | | | |
| Have any complaints been made against the carer in the past 12 months? If so is the process of following up been recorded and any outcome? | | | Yes/No  Comments | | | | |
| Has the carer made any formal complaints in the past 12 months? If so has this been recorded appropriately including any outcomes?  Was the complaint dealt with in timescale (10 working days ) | | | Yes /No  Comments | | | | |
| Have there been any allegations against the carer? If so is there evidence that the carers were given information where they could get support and advice? | | | Yes/No  Comments | | | | |
| Has Ofsted been notified of any - schedule 7 events and notifications | | | Yes/No  Comments: | | | | |
| **Judgement of incidents and complaints** | | | **Meets Good/Does Not Meet Good** | | | | |
| **Children in placement** | | |  | | | | |
| Is there evidence of referral and risk assessment received by the carer and matching and risk assessment and safer care plan are completed for all children in the placement? Comment on the quality of the risk assessment. Check the child’s Referral request/placement plan/ care plan/ CLA review documents to check the quality of the risk assessment. Check whether these documents are shared with the foster carer. | | | Yes /No  If no please comment | | | | |
| If there are children in care sharing bedrooms, is the bedroom sharing risk assessment completed to include all relevant children. | | | Yes/No  If no please comment | | | | |
| Is there evidence on the carers file that a placement planning meeting has been held for all children who have been placed within appropriate time scales (3-5 working days). Has placement plan updated 6 monthly along with updating of the care plan/pathway plan and CLA reviews? | | | Yes /No  If no please comment | | | | |
| Is there evidence in the files of (foster carer’s ) whether foster carers have a copy of the relevant paperwork e.g. Referral request, placement plan , care plan, delegated authority, LAC medical, PEP minutes .if not are there evidence that this is being followed up | | | Yes/No  If no please comment | | | | |
| Is there evidence that the foster carer logs of children placed have been collected and given to the social worker  Receipts should be given to the on to child’s file. | | | Yes/No  If no please comment | | | | |
| **Judgement of children in placement** | | | **Meets Good/Does Not Meet Good** | | | | |
| Foster carers supervision and support  Standard 2.1and 21.. | | |  | | | | |
| Is there an evidence that there has been discussion regarding the children who have been placed ,this should include discussion on education ,health and identity, medication, disability, contact ,leisure , behaviour management ,promotion ,of resilience of any communication issues ( please read supervision home visit report) | | | Yes/No  If no please comment | | | | |
| Has the carer’s profile including photo been completed and updated (not required for family and friends carers). Are there two profiles child friendly as well as a professional one? | | | Yes/No  If no please comment | | | | |
| Is there evidence that the SSW has seen the foster carer logs | | | Yes/No  If no please comment | | | | |
| Is there evidence that training and development has been discussed in supervision | | | Yes/No  If no please comment | | | | |
| Is it recorded that the carer has seen supervision records and agreed with the contents. | | | Yes/No  If no please comment | | | | |
| Is there a disagreement, has this been clearly recorded with the carers views as well as the SSW? | | | Yes/No/NA | | | | |
| Is there evidence that all those in the fostering household have been seen over the past 12 months? | | | Yes /No  If no please comment | | | | |
| Are supervisions recorded in a timely way and up to date on the foster carer’s record? | | | Yes/No  If no please comment | | | | |
| Is there evidence, if appropriate that the second carer and the other household members have been seen a minimum of twice during the past 12 months | | | Yes/No  If no please comment | | | | |
| Has there been a minimum of 1 supervision a month if not what are the reasons and has this been agreed in management worker supervision | | | Yes/No  If no please comment | | | | |
| Has the carer requested any respite /break entitlement during this audit period? | | | Yes/No  If no please comment | | | | |
| What arrangements of leisure /activities made for any children /young people in placement? | | | Please comment | | | | |
| Has the SSW / FSW undertaken any direct work with foster children, if so comment on the quality of work. | | | Yes/No Comment: | | | | |
| Is there a foster carer chronology? | | | Yes/No  Comments: | | | | |
| **Judgement of foster carer supervision** | | | **Meets Good/Does Not Meet Good** | | | | |
| **Approval of exemptions**  **Schedule 7 children act 1989** | | |  | | | | |
| Does the current approval fit the children who are in placement? | | | Yes /No  If no please comment | | | | |
| Have any changes of approval been required over the past 12 months? If so did the change of type of approval have been through a review process. (all approval type changes should be through a review process and no child can be placed more than 6 working days outside carers terms of approval ) | | | Yes /no  Comments | | | | |
| Is there evidence that needs of all the children in the household were considered as part of the exemption process? (approval can be given by the carer’s residing la) | | | Yes  If no please comment | | | | |
| Is the change of approval /report on the foster carers file? (in the case of 6 day placement or exemptions over the limit) Has the exemption approved by the carers residing LA? | | | Yes  If no please comment | | | | |
| **Judgement and approval exemption** | | | **Meets Good/Does Not Meet Good** | | | | |
| **Management/supervision oversight** | | |  | | | | |
| Are management supervisions recorded on the carers file ?( this should be completed monthly) | | | Yes/No  If no please comment | | | | |
| Is there evidence of manager oversight ,including children placed ,areas of conflict ,outstanding issues (Eg. training checks ) | | | Yes/No  If no please comment | | | | |
| Is there evidence that management supervision is reflective; records are reviewed and followed up in subsequent supervisions? | | | Yes/No  If no please comment | | | | |
| **Judgement of management supervision** | | | **Meets Good/Does Not Meet Good** | | | | |
| Audit summary and monitoring sheet  Name of the auditor:  Date audit report emailed to the SSW/TM and uploaded on to CD :  Reviewed by the case worker………….. (add name/signature )  Date:  Reviewed by team manager ……………(add name/signature)  Date:  Agreed date to complete outstanding action’s:  **Agreed Actions:**  1.  2.  3.  Reviewed by the service manager ……………(add name/signature )  Date:  Comments: | | | | | | | |