**Audit - File Audit - SOS**

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| **Form Details** |  |  |  | |
| **Form Start Date:** | 01/01/01 | **Worker Name:** | Mr Fred Flintstone | |
| **Person Details** | |  |  | |
| **Name:** Master H Potter | | **CareFirst ID:** | 0000001 | |
| **DoB / EDD:** 01/01/2009 | | **Gender:** | male | |
| **Address:**  4 Hogwarts, Northamptonshire, | | **Tel No:** | 01234 567891 | |
| **Details** | | | |  |
| **Date of audit** | | | | 20/01/2021 |
| **Audited previously** | | | | No |
| **Service Area** | | | |  |
| Children looked after and permanence | | | |  |
| **Systems used for audit** | | | |  |
| CareFirst and CareStore. Side-by-side audit with allocated SW. Consultation with IRO. | | | |  |
| **Child's Experience** | | | | |
| **Please start with a summary of why we are involved with the child, including their name, age, whether they are at home or in care and their legal status.** | | | | |
| H just turned 12 years old. He is of White British ethnicity and is a practicing Christian. H is subject to a S.31 Care Order, which was granted at the conclusion of proceedings in last year. H currently lives in a foster family and his Care Plan is to live in a long-term matched foster placement. H has siblings, twin brother’s B and Q, who are two years old – they live with their foster family and spend time with H once a month.  H see his mother Wilma once a month which he very much enjoys.  H has no contact currently with his father Barney – Barney is serving a custodial sentence and H does not want to visit him at the moment.  This review of Hs' recent records has looked, specifically, at the past 6 months of Hs’ life; this time period roughly coincides with the time his Social Worker (Fred) has been Hs’ allocated worker.  The audit was completed alongside Hs’ allocated Social Worker (Fred) and I was able to discuss Hs’ Care Plan with his IRO. | | | | |
| **Risk management:- What is working well?** | | | | |
| H is in a safe and stable foster placement, with carers who know him well. He has been in placement for more than 1 year.  H's parents did not contest the Care Order at final hearing, recognising that they could not meet his needs and there were no extended family members who could care for him.  H managed his transition to secondary special school well and is said to be doing well in small group settings. | | | | |

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| H's contact with his mother and siblings is managed well and he has made the decision not to see his father at this stage.  Fred, the Supervising Social Worker and the carers work well together to make sure H's placement gets the support it needs, including regular respite with a known, trusted carer. Fred has reported that H's carers are resilient and have committed to work with a planned move to the new placement identified.  H has been able to explore traumatic issues for himself through on-going therapy.  H's medication was changed (increased) as a result of concerns about managing his behaviour.  There is suitable supervision on H's file, with recent reflection & direction provided for his Social Worker (Jan 21 / Dec 20 / Oct 20 / Sept 20 / June 20). |
| **Risk Management: - What are we worried about?** |
| H is aware of the need for him to move placements and lots of work has been done to ensure this move is not a further trauma for him.  Foster carers state that they were surprised by the the complexity of need H presents with, however have been supported by Fred to ensure they are equipped to deal with the challenges they faced.  At a point when H was not going to school for education (Covid related), this placed additional pressures on his carers.  H is waiting on CAMHS assessment of ODD. This has been outstanding for some time now and needs to be challenged to move forward. |
| **Risk Management: - Quality of child's experience.** |
| 6 |
| **Risk Management:- What needs to happen?** |
| Life Story Work needs to be completed with H.  There is an out-of-date chronology on H's file. It's likely that a fuller chronology is in H's legal file, but this needs to be recorded into him CareStore record as a separate document and be available for anyone reviewing the file.  There is a genogram on H's file; however, this does not include the twins and needs to be updated. |
| **Child, their Family and Identity: - What is working well?** |

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| H's parents did not challenge his Care Order and recognised that they could not meet his needs. There were no family members who were assessed to be able to meet H's needs.  H has regular contact with his mother, but does not see his father. H's contact with his mother needs to be managed to make it a more dynamic experience (for H). H maintains contact with his siblings and a maternal aunt. |
| **Child, their Family and Identity: - What are we worried about?** |
| H started to do some Life Story Work, but Fred states this has not been completed. It is not clear from H's file that he has a full understanding of the reasons he is in care, or why his siblings are in a different placement. This will need to be addressed with H, but requires coordination with current therapy and the planned move to his new placement.  Fred reports that H very much enjoys living in a foster family and this has a positive impact on his self-confidence. H self-reports that he can become 'silly and over-excited' and Fred states H makes and maintains relationships well. Fred feels that H will transition smoothly to his new foster placement as a lot of work has been undertaken to explain the reasons for the move and to introduce H to his new carer gradually over time.  Whilst contact has been set up to meet H's needs, this has not been consistent and mother has sometimes cancelled (unwell) and she is also not particularly responsive to H during contact. |
| **Child, their Family and Identity: - Quality of child's experience.** |
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| **Child, their Family and Identity: - What needs to happen.** |
| Life Story Work needs to be concluded, coordinated with therapy and any proposed move for him.  Genogram needs to be updated. |
| **Care Planning;- What's working well?** |
| H has been in him placement for more than 1 year. H states that she is settled with his foster family. H's placement is supported by regular respite with a known and trusted carer.  H's Care Plan (long-term fostering) is appropriate for his needs.  H is well-placed at his special school and he has an up-to-date EHCP to support him.  H is engaging in therapeutic work and appears to be gaining benefit from this.  H's carers have given notice on the placement due to unforeseen personal circumstances and a new placement is identified and transition planning in=s well underway. H is now looking forward to the move and is confident he will settle quickly |

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| There is evidence of management oversight & supervision in H's case records. Fred states that he has felt supported by his supervisor and H's IRO in getting the right Care Plan in place for H. Fred believes that H came into foster care at the right time and all efforts were exhausted to try to find somewhere in his family to stay, but it was not possible to achieve this; as such, he believes it is right that H requires a matched long-term foster placement, and this needs to be the right placement for him, meeting all of him needs. |
| **Care Planning:- What are we worried about?** |
| H's carers do not feel they were adequately informed about the full range and complexity of him needs prior to him placement in the foster family.  Life Story Work started with H, but was then stopped. H does not have a full understanding of the reasons she is in c*a*re. |
| **Care Planning:- Quality of child's experience** |
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| **Care Planning:- What needs to happen?** |
| Transition to new placement needs to be managed well. The transition needs to be able to maintain his education and contact needs.  Life Story Work needs to re-start - coordinated with therapy / planned move. |
| **Living arrangement:- What's working well?** |
| H has lived in him current placement for over a year. He has expressed that he wishes to return to him mother's care, but is, in general, happy in foster care. It is said that he has a positive attachment with his carers & their children, however is looking forward to moving on. Fred reports that the foster placement has consistently met H's needs.  3x stability meetings have been held in the past to try to secure H's placement, however personal circumstances of the carers did not allow them to continue caring for H. H is supported to access therapy and his carers have attended appropriate training to help them understand H's needs. Respite care is in place to support H's placement; this is with carers who know him, so they are not strangers to him.  Fred reports that H's carers have been resilient and have accessed training to support the placement. Fred also reports that the carers' Supervising Social Worker has been pro-active and positive in respect of maintaining H's placement.  H is well-supported by professionals (school & health) who know him well. Fred believes that H has been well-served by being in foster care and him life chances have improved as a result of shared parental |

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| responsibility for him. She reports that H benefits from commissioned therapeutic provision and an updated EHCP.  Whilst H's carers have, on several occasions, given notice on his placement, they have not allowed H to move on in an unplanned manner, they participated in a good transition plan. |
| **Living arrangement:- What are we worried about?** |
| H's carers have given notice on him placement on several occasions and a new placement has been identified which H is happy to move to. H needs a stable, long-term matched foster family in order for him needs to be met and for him to be able to succeed to the best of him ability for the remainder of him childhood and to support a positive transition to adulthood. Fred has considered if the complexity of H's needs might require a residential placement; at this stage, I would hope that a more suitable family-based care environment would be found for him - this reflects his endorsed Care Plan.  H has a range of complex needs. His current carers do not believe they were fully sighted on the complex nature of H's presentation and behaviour prior to him placement with them. H has diagnoses of Autism, ODD and Epilepsy and there are also concerns he has ASD, although CAMHS are delayed in completing assessment work to confirm this.  From review of file records, it is not apparent how much H is fully prepared for his move to his new foster carer – Fred needs to update the record in this respect. Fred wants H to settle in his new placement prior to doing any more life story work with him.  Fred recognises that the move might present challenges for H he wasn’t expecting - he is concerned about the impact this may have on H's well-being so will be vigilant about this.  The lack of going to his school during recent lockdown appears to placed additional pressures on H's placement. |
| **Living arrangement:- Quality of child's experience** |
| 6 |
| **Living arrangement:- What needs to happen?** |
| H needs to transition from his current placement into his new placement and settle so that his new carers can get to know him and understand how best to meet all of his needs. Hs’ new placement needs to offer the stability he needs for the remainder of his childhood / transition to adulthood. It would be ideal if this move could be H's move to a permanent, matched foster care setting. |
| **Outcome improvements:- What's working well?** |
| H has stated that he wants to return to him mother's care, but also that she is happy in foster care.  H has been stable in placement for over a year. He has transitioned to an appropriate secondary special school and is doing well at the school. H is supported by an appropriate PEP. |
| H has therapy in place (on-going). H's medication is reviewed regularly, including through review health assessments.  H's parents and extended family agreed that they were not in a position to care for him and he has an appropriate Care Plan for long-term foster care.  H maintains contact with him mother and siblings and him aunt. He chooses not to see him father.  H is supported through regular respite with a known, trusted carer.  There are regular meetings in place to support H's care with his foster family. |
| **Outcome improvements:- What are we worried about?** |
| Whilst H has been in Sue's care for more than 1 year, notice has been given on the placement on several occasions and a new foster family has been found that H is looking forward to joining.  Carer did not feel they were appropriately informed about the extent of H's learning needs and the challenges caring for him means prior to him placement in the family.  H has stated that she wanted to return to him mother's care, but has also said he wants to remain in foster care; management of the transition will need to be carefully considered to make sure H feels supported by the plans.  H has several diagnoses in respect of his learning needs and requirement for therapy; however, there remains an outstanding assessment for ASD and the outcome of this assessment needs to be resolved to make sure any new placement referral is sourced on an informed basis, with any carers supported to have the greatest chance of placement success. |
| **Outcome improvements:- Quality of child's experience** |
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| **Outcome improvements:- What needs to happen?** |
| Completion of ASD assessment.  Managed transition to new placement  Life Story Work needs to be completed - planned in alongside any placement move / on-going therapy. |

**Outcome and Recommendations**

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| **Themes from Learning** |
| 1. If the YP is over 16, is there evidence of a Pathway Plan detailing how they will be prepared for adulthood?   Not applicable   1. Is there evidence of the child's voice in decision-making? 2. If so, please comment on how this has been promoted   Yes.  There is evidence of direct work with H, including use of Signs of Safety tools (Magic Wand / 3-Houses etc.) in CareStore.  There is evidence of direct quotes from H in Case Observations, which informs visits.  RAG-rating of H's case recognises the instability of the previous placement. H is engaging in commissioned therapy.  H will need to be supported in active management of any transition from him current carer's care.   1. If not, please comment on missed opportunities for this to have happened 2. Does the YP's most recent health assessment take specific account of their disability and offer guidance for carers / Social Worker in respect of any changes / recommendations for their care?   Yes.  Update due in January 2021, but cannot see this in H's records (CF or CS). An ASD assessment (CAMHS) remains outstanding & this has drifted for too long.  Recent SQD (17 - 'High')   1. Does the YP's most recent e-PEP take specific account of their disability and offer guidance for carers / Social Worker in respect of any changes / recommendations for their care?   Yes.  H has a current EHCP and is well-supported and placed in a local special school, working in small-group settings. |

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| 5. Is there evidence of appropriate IRO footprint in the child's file outside of the CiC Review process?  No.  All recent IRO contact is through the CiC review process. | | | | |
| **Continuation of themes from learning** | | | | |
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| **What needs to happen** | | | | |
|  | **Action** | **By Whom** | **By When** | **Managers Response** |
| **Action 1** | Update chronology and genogram | Social Worker | 01/01/01 |  |
| **Action 2** | Completion of ASD assessment | Social Worker / manager / IRO escalation | 01/01/01 |  |
| **Action 3** | Identification of new foster placement & managed transition | Social Worker / manager / IRO | 01/01/01 |  |
| **Action 4** | Schedule work-plan for completion of Life  Story Work | Social Worker | 01/01/01 |  |
| **Action 5** |  |  |  |  |
| **Action 6** |  |  |  |  |
| **Action 7** |  |  |  |  |
| **Action 8** |  |  |  |  |
| **Action 9** |  |  |  |  |
| **Action 10** |  |  |  |  |
| **Grade the overall experience of the child you are auditing** | | | | |
| 6 - 8 | | | | |
| **Auditors observation** | | | | |

H has been settled in his current placement and the move will need to be managed well to reduce the disruption for him. H's carers have committed to manage a positive transition for him.

H has an outstanding ASD assessment; it is critical this is undertaken as an urgent matter as the outcome to this will be informative for family-finding and also support required to make sure the next placement is the right one for H.

There is a lot of good work evident in H's file, including direct, Signs of Safety work completed with him; however, as Life Story Work, ASD assessment and impending placement move are still 'up in the air' I don't feel I can score this as more than 6 out of 10. IRO will follow up delayed ASD assessment through CAMHS.

**Significant in Chronology?** No

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| **Completion and Authorisation** |  |  |
| **Completed By:**  **Worker:** Mr Mickey Mouse  **Tel:** 01234 567981  **Address:** Disneyland, Paris | **Date:** | 01/01/01 |
| **Authorisation Comment:** |  |  |