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| A logo of a company  Description automatically generated |
| **Knowsley Metropolitan Borough Council****Department of Children and Family ServicesHuyton Municipal BuildingArchway RoadHuytonKnowsley, Merseyside L36 9UX**Tel: 0151 443 3232Fax: 0151 443 4782**http://www.knowsley.gov.uk/** |
| **CHILDREN’S SOCIAL CARE AUDIT** |  |  |

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| --- |
| **Case Summary** |

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| --- | --- |
| Date Case Audit Started |  |

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| --- | --- |
| Audit Type |  |

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| --- |
| Audit Theme |
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| Additional theme Guidance for Auditors |
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|  |  |
| --- | --- |
| Case ID |  |

|  |  |
| --- | --- |
| Age |  |

|  |  |
| --- | --- |
| Gender: |  |

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| --- |
|  |

|  |  |
| --- | --- |
| Ethnicity |  |

|  |  |
| --- | --- |
| Allocated Case Worker |  |

|  |  |
| --- | --- |
| Allocated Case Worker Department |  |

|  |  |
| --- | --- |
| Allocated Case Worker's Manager Name |  |

|  |  |
| --- | --- |
| Independent Reviewing Officer |  |

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| --- |
| Is this a CWD Team Case |

|  |  |
| --- | --- |
| Current Case Status |  |

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| --- |
| Case Summary |
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| --- | --- | --- |
| Auditor |

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| Moderator |

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| **1. Case description and child's history general recording** |

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| Does the case file evidence how issues of equality and diversity have been considered? |  |

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| Auditors Comments and Reflection Notes |
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| **2 Assessment and Analysis of risk/need to the child** |

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| Auditors Comments and Reflection Notes |
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| --- | --- |
| **Child & Family Assessment Scaling** – Practitioner: |  |

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| --- | --- |
| **Child & Family Assessment Scaling** – Auditor: |  |

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| Scaling Reasons & Discussions: |
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| **3. Child / Young Persons Plan** |

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| Auditors Comments and Reflection Notes |
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| **Plan Scaling** – Practitioner: |  |

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| **Plan Scaling** – Auditor: |  |

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| Scaling Reasons & Discussions: |
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| **4. Review** |

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| Auditors Comments and Reflection Notes |
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| **Review Scaling** – Practitioner: |  |

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| **Review  Scaling** – Auditor: |  |

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| Scaling Reasons & Discussions: |
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| **5. Child’s Daily Lived Experience** |

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| Auditors Comments and Reflection Notes |
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| **Daily Lived Experience Scaling** – Practitioner: |  |

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| **Daily Lived Experience Scaling** – Auditor: |  |

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| Scaling Reasons & Discussions: |
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| **6. Engagement with family** |

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| Auditors Comments and Reflection Notes |
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| **7. Multi-agency working – wider systems** |

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| Auditors Comments and Reflection Notes |
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| **8. Supervision / Management overview** |

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| Auditors Comments and Reflection Notes |
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| **9. Overall Learning & Reflection from Audit discussion with Practitioner** |

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| Auditors Comments and Reflection Notes |
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| **10. Family/Child Feedback** |

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| Does the social worker do what they say they will do, what is working well with the social worker and in your family? Do they feel involved in making plans to keep the child/ren safe? How happy are they with the support received and has this made a difference to the child’s life? |
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| **Family Feedback Scaling** – Auditor: |  |

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| Scaling Reasons & Discussions: |
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| **11 Summary of Audit** |

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| **General Comments & Overview** |

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| Overall Judgement |  |

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| **Overall Impact and Outcomes for the Child** - What has been the impact of social care/multi agency intervention upon the child's lived experience and outcomes? |
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| Overall impact |  |

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| **Good Practice** - Please state the overall strengths in practice that you have identified from the audit process. |
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| Was Good Practice identified in the Case Audit |  |

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| **Areas for Development** |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Action | By When | By Whom | Date Completed | Details of work undertaken to complete actions | Managers Comments and Sign off |
|  |  |  |   |   |   |
|  |  |  |   |   |   |
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| **Service Wide Areas for Development** |
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| Action |

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| --- | --- |
| Date Audit Completed |  |

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| --- | --- |
| Has this Audit been selected for Moderation |  |

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| --- |
| **Moderation of Audit** |

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| --- |
| Moderators’ comments: |
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| --- | --- |
| Overall do you agree with the Auditors View |  |

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| --- | --- |
| Date Moderation Completed |  |

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| **Follow Up Actions and Audit Sign off** |

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| **Areas for Development** |
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| --- | --- | --- | --- | --- | --- |
| Action | By When | By Whom | Date Completed | Details of work undertaken to complete actions | Managers Comments and Sign off |
|  |  |  |   |   |   |
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| **Managers Review** |

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| Date Audit Form Completed |   |

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| --- | --- |
| Number Of Corrective Action |  |

|  |  |
| --- | --- |
| Does the number you have added match the number of Actions in the **Corrective Action's Table** |  |

|  |  |
| --- | --- |
| Number Of Actions Completed in Time scale |   |

|  |  |
| --- | --- |
| Number Of Actions out of time scale |  |

|  |
| --- |
| Managers Comments |
|  |