

Sefton Children's Services

Case file auditing - Good practice guide for auditors

1. Introduction

Children and young people have a right to good quality services. In Children's Services, we continue to develop our understanding of what good looks like in a bid to drive consistency across the service. In October 2022, we updated the Quality Assurance (QA) and Impact Framework and audit tool following feedback and findings from previous audits. We refreshed our audit tool to support more child centred analysis and ensure a greater focus on the impact of interventions and outcomes for the child/young person. We also incorporated feedback from the child/family/IRO/CP Chair into the form for completeness and created additional audit domains to help auditors focus on key areas of practice.

Audit judgements remained as 'Outstanding', 'Good', 'Requires Improvement to be Good' and 'Inadequate.' Applying these judgements will enable us to more clearly identify good practice as well as identify records and intervention that is inadequate and circumstances that require immediate attention.

The updated QA and Impact Framework was launched in October 2022 with 4 information sessions made available to educate and support for Team Managers and 2 for practitioners. The QA and Impact framework is displayed on floors 3 and 4 and has been highlighted regularly in the Sefton Scoop to raise awareness in respect of the process and highlight good practice. An interactive training session is planned for January 2023 which will support managers who are part of Sefton audit. The session will enable managers to learn from each other through reflective discussion before agreeing audit scores and overall judgements.

2. Why is Quality Assurance Important?

Effective quality assurance has become an increasingly important measure of a Local Authorities ability to evidence that they provide good services to children and families. We know that good and outstanding local authorities have robust Quality Assurance Frameworks which are both supportive and challenging and that these Local Authorities know themselves well. Our aim in Sefton is to gain a good understanding of the quality of practice across the child's journey, identifying areas for strength and also areas for development. It is also important for children and young people who have encountered social care, to see evidence that everything possible was done to help, protect and support them and their families. Attention will always be given to high quality case recording.

The role of audit is crucial in gaining an understanding of the quality and consistency of practice. Sefton Quality Assurance and Impact Framework sets out the schedule of planned audit activity which aims to support our Improvement journey.

The Ofsted Inspecting Local Authority Children's Services framework (ILACS) places emphasis on the quality of good front line social work. Evidence is gathered from looking at the experiences of children and young people, having guided conversations with practitioners and reviewing children's records. During an inspection, inspectors will be evaluating practice and looking for evidence of improved outcomes for children. This can be replicated through internal audit by ensuring that children's records show that practitioners know children and young people well and that supporting has been purposeful and had a positive impact. Audit activity also help leaders and managers to understand practice on the front line to inform strategic decision making and improvement.

3. The Audit process- general principles and tips

3.1 General tips for effective auditing

- **Schedule dedicated time** away from your desk to complete your audit, auditing is integral to effective management and not an additional task. If you have been allocated an audit set time aside to read the child's records and set up appointments with the allocated practitioner and any other relevant people early on.
- **Ideally** meet the allocated practitioner in the first half of the month as your allocated time to complete the audit goes by very quickly. You will need to speak with them before contacting the family and child which is an important part of the audit.
- Consider supporting another manager in your service – if you have both been allocated an audit – afford each other the space and time to dedicate some time to the audit by covering each others work.
- In the first audit domain – Early Help, Protection & Stability – please include a few lines of which tell the reader about the child; their history and current circumstances.
- Refer to the 'What good looks like' guidance referenced in each section of the audit tool when considering your judgement and evaluation.
- Be specific, be clear, be fair, **not brutal** (refrain from emotive language to express your opinion).
- Make judgements based on facts and information recorded on the child's record - it's not about blame, it's about accountability.
- Don't mitigate the findings based on work pressures/ individual staff issues- the purpose of the audit is to assess if the child is safe and their needs are being met.
- Work together with the practitioner and ask what they think the judgements should be. Draw out good practice also.
- Any actions/recommendations made following the audit should be SMART and recorded on both the audit tool and a case note on the child's record. Ensure timescales are clear.
- Be specific in your recommended actions- avoid statements like 'update case summary.' More detail is required i.e. The case summary needs to be updated to include details of who to contact in an emergency (contingency plan), who has parental responsibility and contacts for all professionals who are part of the core group.

- If you identify an immediate safeguarding concern or there is no supervision in a 6 month period, follow the Immediate response process and complete an 'Immediate Response Audit Review Form.'

3.2 Completing the audit tool:

Auditors are required to assess and evaluate the quality of practice (in the last 6 months) and evaluate the child/young person's experience across 7 practice domains:

1. Help, Protection and Stability
2. Recording and Communication
3. Assessment
4. Relationship Based Practice and Direct Work
5. Multi-Agency Planning, Analysis, Review and Decision Making
6. The role of Supervision and Management Oversight
7. Impact and Overall Outcomes

The auditor then scores each section as 'Outstanding, 'Good', 'Requires Improvement to be Good' or 'Inadequate'. Please score every section.

When analysing the quality of the child's record, the auditor should always answer the 'So What' question to articulate the impact upon the child's outcomes rather than focus on process.

For example:

Statement from auditor: *'There is evidence of supervision and management oversight'*.

In this example, the auditor has given no indication of the quality of the management oversight and supervision and how this has positively impacted on the progress of the child's plan. The auditor should consider and reference how supervision and management oversight is impacting upon the outcomes of the child and if the manager is challenging any drift and delay; testing out hypothesis.

3.3 Involving the practitioner in the audit

A key element of the audit process is to involve the main practitioner in the audit allowing at least **1 hour** discussion with the practitioner. As well as providing feedback and learning to the practitioner, it also provides a more holistic view of the case and allows the practitioner to share their thoughts in respect of intervention and consider audit grading. Previous audits have found that looking at records alone does not always adequately reflect work undertaken and progress for the child/young person. By speaking with the allocated practitioner, the auditor can check whether all key documents have been uploaded to the child's record.

Where the practitioner is involved, there is usually healthy conversation that enables learning and understanding about what steps can be taken to improve practice and outcomes for the child. Asking what they would/could have done differently can be a useful query. Auditing records alongside the practitioner helps them to understand how the auditor forms a view of their practice

based on the recorded information and is also good experience to help them prepare for future Ofsted Inspections.

3.3 Involving the Family/Carers/Child/Young Person in the audit

A key element of the audit process is to consult with the family and child if appropriate. The feedback is critical to improving services and hearing from them whether intervention has made a positive difference. All efforts should be made to speak with both parents/carers if applicable and a view formed as to whether the child would wish to engage. The questions outlined in the audit tool offer a guide feel but free to re-word as appropriate. If you are unable to contact a parent/carer or speak to the child, outline why in the sections provided.

4. Examples of good quality analysis in previous audits

Overall, good quality auditors provide a concise summary of evidence which provides clear rationale for the judgement given. The audit is analytical and the impact upon the child / young person is clear throughout.

Audits that are too heavily focused on compliance and process do not give us the same sense of the child's experience. Sometimes, conflicting evidence is provided for judgements given or there may not be enough evidence to justify the judgement. Overly optimistic grading can sometimes follow conversation with a practitioner if they are able to mitigate concerns. The impact of the help provided on the child's outcomes may not be fully considered or assessed.

It is essential that the audit is free of jargon and grammatical errors as this is how we would want to see all children's records.

For guidance purposes when recording your evidence, the following examples demonstrate how the auditor has kept the outcomes for the child central to their analysis. These examples do not just explain what is recorded or has happened; they also analyse what this means for the child. Please note the below examples are extracts from past audits; they do not summarise the entirety of the analysis for the audit domain.

Early Help, Protection and Stability

'At this time, it would appear that the immediacy of significant harm has been reduced as a result of the family moving out of the north Sefton area. This looks to be a holding position and I have a degree of hesitation regarding the chances of success of the current plan. I feel that the majority of the family's difficulties are not down to location and are a result of parental decision making and so the passage of time will be important.

Having read the child's record, there has been a lack of urgency since the initial contact in February. I am concerned by the parents own histories and the lack of contingency planning for the children in light of the clear evidence that XXXX has been placed at risk as a result of parents lifestyle choices for

the majority of her childhood.' XXXX has achieved some stability at home and at school but it will remain important to monitor and support the family whilst identifying with them who is in their support network should circumstances change. As things stand; there is no clear contingency plan outlined for XXXX which may threaten her stability.

Recording and Communication

The case summary has recently been updated and it is positive that there is a clear pen picture of XXXX and a clear contingency plan set out. However, the detail in respect of the history of involvement is limited and doesn't outline reasons for previous extensive involvement. The SW in our discussion was happy to amend the case summary to reflect this. The chronology has not been updated since 2015 and if reading, it would not give XXXX an understanding of significant events that have happened in his life, and why Children's Services was involved. The genogram also has not been updated since 2015 and does not include significant family members who are known to offer valuable support; such as grandparents or XXXX sister. This could impact on effective contingency planning in an emergency and also key workers having an understanding of the child's wider support network and who is important to the child.

The recording of CIN visits are not in line with practice standards, are quite brief and do not link to the plan. Records of visits do not have any analysis recorded which makes it difficult to get a view of the purpose of the visit and whether outcomes were achieved or the plan is progressing. This could impact on the relationship and trust the child and family has with the key worker and result in drift of the child's plan. The overall recording on the file is limited and does not capture XXXX daily lived experience. Should XXXX access his records as they stand, there would be significant gaps in events that have impacted on his life since 2015. His voice should be highlighted in blue font moving forward as per Practice Standards and any direct work undertaken should be uploaded separately to documents; not simply referenced in the case note.

Assessments

The last assessment was completed in October 2022 and was completed in the required timescales. Arguably, the assessment should have been completed earlier when the Placement Order was revoked, and a permanence plan was put in place that XXXX would remain in the care of his foster carers. This was a significant event in XXXX life which should have been informed by an up to date assessment.

In terms of quality, the assessment includes information that has been gained from other agencies and the views of parents and foster carers are clear. There is some evidence of direct work with XXXX to support him to understand his family, however, this needs to be developed further over time at a pace that XXXX is comfortable with. XXXX foster carers have been involved in some of the direct work and have been kept informed after sessions which is positive as this ensures supportive scaffolding for XXXX in between direct work sessions.

The assessment does give a clear account of the history and the reasons as to why XXXX was on a child protection plan. However, the assessment does not refer to the fact that XXXX mother is a care experienced adult and the impact this may have had on her ability to care for XXXX is not taken into account. Sensitive recording is very important for children and young people who may access records later in life.

The assessment sets out the permanence plan as it is now, however, it does not really forecast XXXX future needs; particularly in relation to transition into adulthood and what work around independence skills could support him.

In grading this audit domain, there are many positive elements to this assessment. To achieve a good grade there would need to be fuller consideration of mother's history and life journey work.

Relationship based practice and direct work

There have been two SWs involved in the last 6 months and XXXX has also had support from a CAS worker. Specific direct work has been undertaken and there is evidence of direct work tools being used to good effect and recording to reflect this. Visits have taken place regularly save for a period earlier in the year there was a gap of 6 weeks.

The core groups have been recorded and include attendance from education and health which has provided for good information sharing. There has been good partnership working evidenced with school in particular and XXXX himself has opted to undertake any direct work sessions in school rather than at home. There is evidence that XXXX is developing a trusting relationship with his current SW, recently making contact via text message following a domestic abuse incident. The recent direct work (use of Hall of Fame tool) has enabled XXXX to describe people who are important to him, questions used as part of this direct work were well considered and allow for a richer discussion around his friendship network too. The direct work is of a good standard and is uploaded to the child's record. Other tools could be used with XXXX in the future to gain a better understanding of his lived experience in the care of his mother e.g. A Day in the Life, Trophies and Medals tool.

A referral was made for a family group meeting, the allocated worker has attempted to make contact with Mum prior to him becoming cared for, however was not successful. This meeting would still be useful even though XXXX is now living with his grandmother as it could clarify the support networks available to her and XXXX as part of the Regulation 24 assessment and what is available from the wider family should XXXX return home. XXXX mother remains an important part of his life and should be involved in decision making as she holds PR.

Note to auditor: please reference if you see any direct work tools used during this section and comment on the quality of relationship rapport building.

Multi-Agency Planning, Analysis, Review and Decision Making

Example 1

'Within the care planning meeting on <date> professionals appeared committed to ensuring XXXX safety and well-being. During the meeting, school staff and the social worker appropriately challenged the residential manager in respect of the conduct of the staff following a recent incident. This was accepted by the manager, who agreed to take action following the feedback. This signifies that there is appropriate co-ordination and information sharing on the whole and escalation of concerns when people are not satisfied with care offered.

However, this challenge is not captured on the case file, which is a shame on a number of levels. If XXXX was to consider his records in future he would not get a true reflection of the support he received or a sense of people advocating on his behalf.

There was a lack of representation from CAMHS and School Health at the recent meeting. This has implications upon multi-agency information sharing and the progress of XXXX plan/support he receives. This demonstrates the importance of regular planning meetings and the positive impact this can have on driving plans forward for the child.

Example 2

'There is evidence in the child's records of regular Cared for Reviews occurring. There is also evidence that YP attends their reviews. The IRO acknowledges the parents not being present and is able to provide some information of the parent's views following consulting with them prior to the review taking place. The minutes of the review captures the young person's voice and ensures that their views are incorporated in future planning. The review minutes are child friendly and as such easy to understand.

There is evidence of mid point review scrutiny from IRO on 26.06.22, 22.07.22 – outcome of these can see positive changes for YP which may have otherwise not been picked up.

I would question why the IRO has not requested the assessment to be updated as per practice standards, this is especially important as the Care Plan its self-ask the following question - Has an Assessment been completed on the child/young person to inform the plan?

and if not - If no or not within the last six months, when will this be completed/repeated.

The role of Supervision and Management Oversight

Supervision has taken place at intervals over the last 6 months - on 26.7.22, 5.9.22, 20.12.22 however, this is not in line with Practice Standards (each child's record should be considered within supervision on a monthly basis.)

It is not obvious from reading the supervision notes available that the practitioner and manager have reflected together on what may be missing from the child's plan or the sequence of work to be undertaken to ensure timely and effective assessment and planning leading to improved outcomes for the child. Had the child's record been reviewed on a monthly basis, delay in respect of hair strand testing may have been picked up as this was an action from January 22. Some actions appear to copy over to the next supervision with no update. The most recent case note in January states that mum is engaging with Alcohol services; my reading is that mum has now withdrawn from services indicating she will manage this herself? This requires clarification. If XXXX was to read his case file later in life; he would know that there was management oversight and support available to his social worker; that case decisions were not being made in isolation however this could be improved upon.

IRO has understood assessments are underway; the importance of timings in respect of any life story work with the boys when their plan is not agreed. He is clear moving forward that they need to know more about their current situation and so I would expect oversight in respect of this over coming months. The social worker is also alert to this issue.

Overall Outcomes

XXXX has been afforded stability and safe care whilst living with his Grandparents. Mum is involved in his life each day, attending at his home to support him and spend time with him. IRO/SW do not raise any concerns in respect of this frequency and Grandmother reports a positive relationship with mum which she feels benefits XXXX too. This year, the focus has been on assessing mum and her partner in the hope that XXXX and his brother could return to her care. This plan has been halted but is still wished for by XXXX and his Grandparents who are committed to the boys but want to see their daughter settled and able to meet her children's needs.

Speaking with IRO and SW reassured me that they have XXXX's best interests at heart. Both understand the historical context and will be keen to ensure that any rehabilitation plan in the future is well considered. Lessons have been learnt in respect of early and ongoing alcohol testing and consideration is to be given to undertaking some unannounced visits to mum's home and ensuring a contingency plan is in place.

XXXX is receiving additional support in school to help him reach his full potential and attends a wide variety of clubs which keep him physically active and engaged with his peers and community. His health needs are complex but are being well met. Some direct work has been completed but life journey work will be required to help XXXX make sense of the current situation and why decisions have been made to stall return to mum. This should be further explored at XXXX's next cared for review and in an ongoing way at future care planning meetings. Permanence has not been achieved for XXXX despite efforts this year. If further testing raises concern, decisions will need to be made in terms of how long rehabilitation remains on the agenda as this will impact XXXX's stability. Direct work should take place with the boys; with support from their grandparents (carers) who SW has become increasingly more confident about in terms of their acceptance of Finding of Fact and capacity to protect.

5. The Moderation Process

To ensure quality of audits and consistency of audit judgements, a new moderation process was established in Q4 2022-23. 30% of audits are moderated each month consisting of any audits judged as 'good' and a selection of audits judged as 'Requires Improvement to be Good' and 'Inadequate.' Moderations are completed by members of the Quality Assurance and Practice Improvement team as well as the Service Manager for Safeguarding.

The Moderators will record agreement or disagreement with the audit judgements given. The moderator will ascertain and document if actions arising from the original audit have been addressed and record any additional actions that have been identified at the moderation.

Please ensure that social workers, IROs are aware that a proportion of audits are moderated and as such any grade you suggest could potentially be altered if moderated.

If you require any additional support regarding quality assurance audits, please contact Kayleigh Hogg, Wendy Simon or Hannah Connor.

For information on the audit process, please see below attachments.



Children's Services
Audit Process (3).pdf



Immediate
Response Process (1