



Case File Audit Tool Social Work Services

1. Audit details

Auditor Name	
Date audit completed	

2. Service details

Allocated Worker	
Team Manager	
Service/Team	
CP Chair/IRO (where applicable)	

3. Child or young person's information

ID Number	
Child / Young Persons' Full Name	
Gender	
Age	
DOB	
Ethnicity	
Primary Language	

Child in Need <input type="checkbox"/>	Pathway Plan <input type="checkbox"/>
Child Protection <input type="checkbox"/>	No current Plan <input type="checkbox"/>
Child in Care <input type="checkbox"/>	Closed <input type="checkbox"/>
(To select a plan, click on the box)	

Disability

Does the child or young person have a disability?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date identified	Nature of Disability	Impact/severity		

Other Household Members

Relationship	Name	Age	Gender	Ethnicity	Language

Non-Household Significant Family Members & People

Relationship	Name	Age	Gender	Ethnicity	Language

4. Case overview

Brief overview of the case to include short history, reason for current involvement and key issues.	
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5. Audit

5.1 There is timely identification, response and reduction of risk and need

Key standards	Y/N
The contact and referral was managed in a timely way: the right service was offered at the right time (consider the impact of repeat referrals on the child).	
Consent for referral (or dispensation) is recorded. Where consent has been gained, multi-agency information has been used to inform next steps.	
The screening of the referral appropriately identifies risk, considers the history of child or young person and their family and provides a child-focused rationale to support next steps.	
The strengths (as well as the risks) within the child or young person's family and network have been identified.	
The rationale for recommendations and decisions balances strengths and risks and references the threshold document (Continuum of Need).	
There has been timely transfer of the referral to the relevant team for assessment and there is an assessment plan on file.	
Following transfer there is evidence that the child or young person and their family have been informed about what is going to happen next and have been contacted within the 5-day timescale.	
Strategy meetings and S47 are conducted when thresholds are met, and within timescales.	
There is a realistic and effective safety plan in place to address any safeguarding concerns identified. The safety plan identifies roles and actions for everyone in the household (adults and children and young people, victims and perpetrators), as well as social care and partner agencies. If external family members are involved in the safety plan, their capacity to protect is properly assessed.	
The appropriate tools are used to assess risk. Risk assessments are completed without delay, particularly when subjects have been asked to leave the household.	
Periods where the child or young person has gone missing either from Education or Care are clearly recorded and there is a plan of action.	
There is evidence of management oversight with consideration given to escalation when limited progress has been made to manage risk and meet identified needs.	
Outstanding <input type="checkbox"/>	Good <input type="checkbox"/>
Requires Improvement <input type="checkbox"/>	Inadequate <input type="checkbox"/>
Comment on the quality of the work: Have all the risks been identified for this child or young person? Does the plan effectively manage the risk? Include brief examples to support your judgment.	

5.2 Assessments are timely, comprehensive, analytical and of good quality

Key standards	Y/N
The child or young person has an up to date assessment that accurately reflects their unique lived experience. They have been interviewed/observed throughout the assessment process and there is a perspective of their worries, wishes and lived experience over time.	
Diversity factors which increase the child's vulnerability are fully explored.	
The assessment analyses risks, needs, and protective factors, with the difference between historical concerns (static risk factors) and current concerns (dynamic risk factors) set out clearly.	
There is an analysis of parental ability to meet the child or young person's individual needs both now and in the future. The capacity of parents/ carers to change and sustain changes is assessed and support networks are fully explored.	

Statements by family members are backed up by independent evidence, such as triangulating information with partner agencies, discussions with children and young people, or social worker observation. The assessment demonstrates professional curiosity.			
The perspective of ALL the family/household members is evident in the assessment, not just that of the primary carer.			
All key professional partners are identified and their views recorded.			
The assessment has been completed within an appropriate timeframe, given the risks and needs of the child or young person. For assessments that have taken more than 10 days, there is management rationale for the extension and an assessment plan recorded on the file.			
Assessment tools, professional knowledge and research are used to understand the child or young person's situation and evidence harm and need.			
Outstanding <input type="checkbox"/>	Good <input type="checkbox"/>	Requires Improvement <input type="checkbox"/>	Inadequate <input type="checkbox"/>
Comment on the quality of the work: Does the assessment fully analyse the concerns identified in the referral and on the case file? Are the recommendations appropriate? Include brief examples to support your judgment.			

5.3 Plans and reviews drive progress towards positive outcomes.

Key standards			Y/N
It is clear from the plan what needs to change, by who, by when and what are the consequences if the plan does not progress. (Plans are SMART).			
Over time, plans evolve and are regularly updated following review. They successfully reduce levels of risk and need and they are sensitive to the child or young person's timescales.			
Reviews evaluate progress against outcomes and actions from the plan, identifying who was responsible and what progress has been made. There is evidence of robust scrutiny and challenge.			
Reviews are timely, and minutes and updated plans are distributed to the family and partner agencies within 10 working days of the meeting taking place.			
Steps are taken to ensure children, young people and their families are able to effectively participate in reviews and planning meetings (including parents who do not live in the child or young person's household).			
Where concerns are escalating or the plan is not progressing, decisive action is taken.			
Outstanding <input type="checkbox"/>	Good <input type="checkbox"/>	Requires Improvement <input type="checkbox"/>	Inadequate <input type="checkbox"/>
Comment on the quality of the work: Is it the right plan? Are you able to see progress for the child or young person? Include brief examples to support your judgment.			

5.4 Children and young people's voices and lived experience are at the centre of everything we do.

Key standards				Y/N
The child or young person's lived experience is explicitly stated in case notes, assessments and reports.				
The quality of the child or young person's relationships with parents/carers, family members and friends is understood. Their need for effective and stable caring relationships informs planning for permanence.				
Where the child or young person lives apart from significant family members/carers and friends, steps are taken to ensure family time is maintained, where this is in their best interests.				
The child or young person has positive relationships with their key workers in Children's Social Care and partner agencies.				
The child or young person is visited regularly (according to need/risk and in line with the practice standards); seen alone or observed in detail. There is evidence of meaningful engagement.				
Special provision is in place to support the child or young person if they have communication difficulties or require interpreters in order that they can speak to their keyworker directly.				
Direct work takes place in a confidential setting (outside the home if appropriate) and the work informs assessments, plans and reviews. Relevant direct work tools and resources, appropriate to age and understanding, are used and saved on the file.				
The child or young person's opinion and preferences are evident in assessments and plans, and when we are unable to support their preferences, there is rationale and evidence that this has been explained to them.				
Feedback on progress and outcomes is regularly sought from the child or young person.				
The child or young person is aware of their rights and has been advised of advocacy and complaints processes.				
Outstanding <input type="checkbox"/>	Good <input type="checkbox"/>	Requires Improvement <input type="checkbox"/>	Inadequate <input type="checkbox"/>	
Comment on the quality of the work: Based on the case file records, do you feel you know about this child or young person and what it feels like for them to live in this family? Are they being listened to? Include brief examples to support your judgment.				

5.5 Families are appropriately engaged in the work

Key standards				Y/N
Parents/carers understand what the concerns are, and their contribution to assessments and plans is documented.				
The view and roles of non-resident parents, siblings, other adult household members, extended family and significant others are clear. The child or young person's wider family and community network has been fully explored and opportunities for support maximised.				
There is evidence that the key worker has developed a relationship with parents/carers. Where the relationship is challenging there is evidence of discussions to address this.				
Written consent to share information with partner professionals is recorded on file.				
Any work completed with parents/carers by Children's Social Care or professional partners is reviewed to assess effectiveness.				
Outstanding <input type="checkbox"/>	Good <input type="checkbox"/>	Requires Improvement <input type="checkbox"/>	Inadequate <input type="checkbox"/>	

Comment on the quality of the work: Are the family successfully engaged? Is there evidence of change? Include brief examples to support your judgment.

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5.6 Partner professionals around the family work collaboratively to improve children and young people’s lives

Key standards	Y/N		
The right agencies are working with the family: the child or young person is successfully accessing universal and specialist services to ensure their needs are met.			
PEPS and EHCPs are reviewed within timescales.			
Key professionals are active partners in the plan: attending conferences and meetings; compiling reports; completing tasks allocated to them; and this is improving the experience and sustaining progress for the child or young person.			
There is evidence throughout the case file of effective collaboration, information sharing and appropriate challenge between agencies.			
Concerns by partner agencies have been addressed and feedback provided.			
Outstanding <input type="checkbox"/>	Good <input type="checkbox"/>	Requires Improvement <input type="checkbox"/>	Inadequate <input type="checkbox"/>
Comment on the quality of the partnership work. Include brief examples to support your judgment.			

5.7 Management oversight ensures decision making is effective, proportionate and timely, and standards of work are good.

Key standards	Y/N
Supervisions are held within policy timescales. Actions are SMART and tracked.	
Supervisions include reflection, analysis and case discussion. The voice and lived experience of the child or young person is evident in the discussion.	
Management scrutiny and challenge is effective in ensuring tasks are completed to the required standard.	
There is consultation with line managers at appropriate points and senior manager footprint, Legal Gateway decision making etc., is evident on file.	
Case decisions include clear rationale recorded on the file.	
Care planning is evident to support permanency.	
Supervision and management oversight is effective in preventing drift.	
Actions in response to challenge from Safeguarding & Review, Court Work Team and from audit are completed and recorded on the file. There is evidence of escalation where required.	

There is clear rationale recorded for case closure. Managers have ensured all tasks have been completed and files are up to date.			
Outstanding <input type="checkbox"/>	Good <input type="checkbox"/>	Requires Improvement <input type="checkbox"/>	Inadequate <input type="checkbox"/>
Comment on the quality of supervision and management oversight: is there evidence of management grip? Include brief examples to support your judgment.			

5.8 Case records are correct and up to date

Key standards	Y/N		
All the child or young person's basic personal and legal details including ethnicity, language, religion, nationality and disability are completed on the case record.			
The case file reflects the current household and important family members/significant others, especially people with PR, and contact details, risks, etc., are up to date.			
Case records are timely, succinct, grammatically correct, checked for spelling, jargon free and any abbreviations are explained. They are completed in accordance with the guidance and record all activity.			
The case notes link to and clearly advance the plan of work with the child or young person and their family			
The genogram is comprehensive (at least 3 generations) and up to date.			
The case summary is personalised, up to date and is completed in the correct format allowing the child or young person's current situation to be understood quickly.			
The chronology is up to date and enables the reader to understand how the child or young person's journey impacts on them			
Outstanding <input type="checkbox"/>	Good <input type="checkbox"/>	Requires Improvement <input type="checkbox"/>	Inadequate <input type="checkbox"/>
Comment on the quality of the case recording: is relevant information easy to find? Does the case record allow an understanding of the child or young person's journey? Include brief examples to support your judgment.			

5.9 Impact: how have we made a difference to the child or young person's life?

Key standards	Y/N
The child or young person is safer and receiving better care as a result of Children's Social Care intervention.	
Whether at home or in an alternative placement, the child or young person is appropriately placed according to their assessed needs.	
Progress has been made towards the child or young person's permanence plan and this is being achieved without delay.	

The child or young person's long term outcomes have improved. They have the potential to be more resilient, socially included, less vulnerable and more likely to achieve in education.			
Life work is taking place to enable the child or young person to understand their journey.			
Outstanding <input type="checkbox"/>	Good <input type="checkbox"/>	Requires Improvement <input type="checkbox"/>	Inadequate <input type="checkbox"/>
Give brief examples of the improvements in the child's life that have been made as a result of Children's Social Care intervention.			

6. Overall Judgement

Overall Grade

Please consider the grades you have given each section to inform your decision.

Outstanding <input type="checkbox"/>	Good <input type="checkbox"/>	Requires Improvement <input type="checkbox"/>	Inadequate <input type="checkbox"/>
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Reasons for grading

Summary	
Give details of good practice that the worker has demonstrated	
Give details of any identified learning	
List any immediate actions required in order to ensure that the child or young person is safeguarded.	
Key worker's reflections on the case file and the audit outcome.	

7. SMART Recommendations -Specific, Measurable, Achievable, Relevant, Timely

What Outcome to be achieved for the child or young person	How SMART actions require to achieve the outcome	Who Who is to carry out the action?	When Deadline for completion
1.			
2.			
3.			
4.			
5.			
6.			

Any identified organisational and system learning points

What	How	Who	When

8. Sharing the audit

Date audit sent to Team Manager	
Date sent to Service Manager	
Date audit sent to Child Protection Co-ordinator/Independent Reviewing Officer (where allocated)	

Other parties:

Name	Role	When