

**Leeds City Council Children's Services Social Care
Case File Audit Framework**

METHOD	→	IMPROVEMENT OUTCOME
CASE FILE CHECKS (Social Workers/Admin Support)	→	Well presented case files, maintained to the required standards
CASE FILE AUDITS	→	<ul style="list-style-type: none"> • Improved recording practice • Regulatory compliance • Corrective actions identified
SUPERVISION	→	<ul style="list-style-type: none"> • Management oversight of case files (including assessments) • Professional development and training needs identified • Corrective actions addressed

1. Introduction

This Case File Audit Framework relates specifically to practice and record keeping in relation to Children and Young People who have active involvement from Children and Young People's Social Care (CYPSC). It should be viewed as a subsection of the CYPSC Quality Assurance Framework (QAF).

On the 31.03.2011 there were 6254 open case episodes representing children allocated to Social Workers and Social Work Assistants across the local authority. This Case File Audit Framework aims to ensure that quality assuring a representative sample of such a high number of case file records is achieved in a systematic and measurable way.

Quality Assurance is an important role for every social care professional. Case file audits foster improved consistency in practice across the city and drive up the quality of the services provided to vulnerable children, young people and their families in Leeds.

It is recognised that the process of auditing can improve performance. "Where [case file] auditing takes place, the quality of case recording is pushed up" (*Recording With Care 1.23. 1999*). Consistent scrutiny of practice makes 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.

2. The aims of this case file audit framework are:

- To examine records in paper case files, and those records on ESCR, to arrive at a conclusion about the quality of practice.
- To ensure that case file records are quality assured in a manner in which data can be collated in order to address practice and recording activity.
- To ensure that case file records are maintained in accordance with Key Practice Standards (*Practice Standards Manual 2011, p. 9*).
- To quality assure assessments so that "All children and young people for whom the local authority has a responsibility will have a good quality social work assessment and analysis of their needs on their record that is produced within specified timescales." (*Practice Standards Manual p.30*).
- To ensure that National Minimum Standards, legislative requirements and departmental guidance and policies are maintained.
- To ensure that case file records demonstrate:
 - How children and their families are being supported in order for children to achieve the five outcomes.
 - The achieving of the eleven priorities within the CYP Plan that are key to children and young people's well being (see Figure 1 on next page).

Figure 1. The five Outcomes and Eleven priorities

5 Outcomes	11 Priorities
CYP Are safe from harm.	1. Help children to live in safe and supportive families. 2. Ensure that the most vulnerable are protected.
CYP Do well in learning and have the skills for life.	3. Improve behaviour, attendance and achievement. 4. Increase numbers in employment, education or training. 5. Support children to be ready for learning. 6. Improve support where there are additional health needs.
CYP Choose healthy lifestyles.	7. Encourage activity and healthy eating. 8. Promote sexual health.
CYP Have fun growing up.	9. Provide play, leisure, culture and sporting opportunities.
CYP Are active citizens who feel they have voice & influence.	10. Reduce crime and anti-social behaviour. 11. Increase participation, voice and influence.

3. The quality assurance tools to be used will include the following:

3.1 Case file checks.

3.1.1 Team Managers remain central to ensuring that all work is undertaken to a good standard and will quality assure case file records by conducting case file checks:

- At the point of receiving the case file of a child which is to be transferred to the team.
- Before transferring files to other teams.

3.1.2 Social workers together with their allocated administrative support workers will perform a quality assurance role by conducting monthly case file record checks. This will ensure that case files are well presented and maintained to the required standards should they be required for auditing by:

- Team Managers, Service Delivery Managers, Independent Reviewing Officers, Heads of Service, the Assistant Chief Officer and Chief Officer.
- OFSTED during unannounced inspections.

3.2 Case File Auditing

3.2.1 Regular monthly auditing of case file records will be undertaken by those with line management responsibility for service delivery. This includes the Chief Officer, Assistant Chief Officer, Heads of Service, Service Delivery Managers, Team Managers and Independent Reviewing Officers from the Safeguarding and Reviewing Team.

3.2.2 Audit information will be collated to highlight the quality of professional practice and compliance with procedures and national minimum standards. This information will provide objective and independent quality assurance to the agency's work.

3.2.3 The audit tool, developed during the Practice Improvement Programme (PIP) of 2010, in the Electronic Social Care Record (ESCR), will remain the key audit tool for all ongoing work. This was designed to produce profiles based on professional judgements on the standard of practice across five dimensions. 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 in the Practice Standards Manual.

3.2.4 The audits will scrutinise the previous 12 months of each case file record.

3.2.5 Newly appointed staff (performing an auditing role) will require training to use the PIP audit tool.

4 Sample of Case files to be audited.

4.1 The Performance and Quality Assurance Team will liaise with the ESCR team regarding the reports which will be required in order to produce the monthly samples of cases to audit.

4.2 The preparation of the sample will be conducted by the Performance and Quality Assurance Team. It is anticipated that the length of time required to prepare and distribute the sample will be approximately 3 working days per month.

- 4.3** Each month, the auditors will receive an email with the sample contained in an attachment.
- 4.4** The audit will be of cases which have not been audited during the previous twelve months.
- 4.5** The full spectrum of cases will be audited although if the need arises it will be possible for Heads of Service to specify a theme of particular interest so that the sample can be drawn up accordingly.

5 The Auditors' roles

5.1 The Chief Officer and Assistant Chief Officer:

- The Chief Officer and Assistant Chief Officer will each audit 1 case file per month.
- A random sample of files to be audited will be generated by the Performance and Quality Assurance Team and supplied to the Chief Officer and Assistant Chief Officer each month.

5.2 Heads of Service:

- HOS will audit 2 case file records each month.
- A random sample of files to be audited from a different area will be generated by the Performance and Quality Assurance Team and supplied to HOS each month.
- In addition to the above 2 case file audits HOS may elect to audit case file records from their own areas, in order to address practice issues which may arise.

5.3 Service Delivery Managers:

- SDMs will audit 4 case files each month. .
- A random sample of files to be audited from a different area will be generated by the Performance and Quality Assurance Team and supplied to SDMs each month. In addition to the above 4 case file audits SDMs may elect to audit case file records from their own area in order to address practice issues which may arise.

5.4 Team Managers:

- Team Managers will audit 4 case file records each month.
- A random sample of 4 case files to be audited from their own teams will be generated by the Performance and Quality Assurance Team and supplied to TMs each month.
- During the redesign period, Team Managers will audit case files leaving their teams and case files arriving into the team as their sample of case file audits. These will be recorded by the Performance and Quality Assurance team.

- In addition to auditing the above case file records; Team Managers may elect to audit their own team's case file records in order to address practice issues which may arise.

5.5 Independent Reviewing Officers/LADOs:

- During phase 1 of the CFAF, IROs/LADOs will audit one case file each per month. During phase 2 of the CFAF, IROs/LADOs will audit two case files each per month.
- A random sample of cases to audit will be generated by the Performance and Quality Assurance Team and supplied to the IROs each month.

5.6 The Performance and Quality Assurance Team:

- Will prepare samples of case file records to be audited each month.
- Will disseminate relevant information regarding each monthly sample to auditors.
- Will collate city wide information regarding the audit outcomes, with the aim of identifying any underlying trends.
- A report will be presented to the Children's Senior Leadership Team on a six monthly basis. The template for reporting on audit findings is set out in Appendix A. Where there are shortfalls in the service or where new developments are identified to meet unmet needs, these will be incorporated into an Action Plan suggesting further areas of work for SLT to consider (Appendix B).

6. Electronic audit records.

Auditors will electronically record each completed audit on ESCR in accordance with the practice improvement audit requirements.

7. Corrective actions.

7.1 All Auditors will complete any necessary Corrective Actions in respect of each case they have audited and cascade this electronically on ESCR to the relevant Team Manager. This information is then drawn to the attention of the allocated Social Worker's Team Manager via their ESCR Homepage.

7.2 On receiving the above notification, Team Managers will discuss the required corrective actions with the allocated Social Worker during a formal supervision session.

7.3 The Team Manager will ensure that all corrective actions are undertaken and will record the date that the corrective actions were performed.

7.4 Corrective actions must be completed within fourteen days of their receipt by the Team Manager.

8.0 The Programme Schedule

The Case File Audit Framework will be gradually introduced in two phases.

8.1 During Phase 1 the auditors will be:

- The Chief Officer.
- The Assistant Chief Officer.
- Heads of Service.
- Service Delivery Managers.
- Team Managers (Area Teams and Safeguarding and Reviewing Team).
- Independent Reviewing Officers (LAC and CP chairs, and LADOs).
- The Performance and Quality Assurance Team.

8.2 During Phase 2 the Fostering and Adoption Team will join the Case File Audit Framework programme.

9. The Fostering and Adoption Team

9.1 During Phase 2 of the Case File Audit Framework the Fostering and Adoption Team will start to audit the case file records of Foster Carers and Adopters. During Phase 2 it is proposed that:

- Team Managers from the Fostering and Adoption Team will audit 4 case file records per month (1 audit of a case file record from their own team + 3 audits of case file records from other teams).
- The Fostering and Adoption SDM will audit 4 case file records per month (2 x Foster Carers files + 2 x Adopters files).

9.2 Copies of each audit will be forwarded to the relevant Team Manager with corrective action sheets which will be discussed with individual Fostering/Adoption Workers during supervision.

9.3 The audit tools used for the Fostering and Adoption Team audits will differ from that used for area team case file audits. These tools are currently being revised so that they will eventually be scored as per the PIP audit with an overall judgement of practice. The current audit tools do not take into account the 'Training, Support and Development (TSD) Standards for Foster Care', 'The Fostering Services (England) Regulations 2011', or 'The Care Planning, Placement and Case Review Regulations (England) 2010'. These are to be incorporated into the revised audit tool. When this task has been completed, Phase 2 of the Case File Audit Framework will commence. In the interim period the current Fostering and Adoption Team audit tools will continue to be used.

9.4 Only the case file records of active Foster Carers will be audited.

9.5 There are currently 60 prospective/approved Adopters. A sample of Adopters' case file records will be audited during the following periods:

- Before going to Adoption Panel.
- At the point of Matching.
- Six months after the child has been placed.
- Every six months thereafter.

The Performance and Quality Assurance Team will prepare a monthly list of Adopters' files to be audited from the above cohort and will allocate a random sample to Team Managers and the SDM.

10. The Child Health and Disability (CHAD) Teams.

10.1 The CHAD SDM and TMs will audit 4 case files each month from within their service area.

10.2 A random sample of cases from other CHAD teams will be selected and audited by the CHAD Team Managers.

10.3 In addition, where concern arises regarding child protection issues in respect of cases held by CHAD Social Workers, these cases will also be cross team audited.

11. Administrative support staff:

- Will ensure the availability of case file records at local offices and their return to the allocated Social Worker after completion of each audit.
- Will identify work spaces and IT equipment for the use of auditors.

12. Number of case files to be audited per annum

12.1 Phase 1.

It is proposed that during phase 1 the number of case file records to be allocated for auditing per annum will be:

Job Description	Audits per annum	Audits completed per month
By 25 IROs (LAC)	300	25
By 11 IROs/LADO (Safeguarding/reviewing)	132	11
By 45 Team Managers	2160	180
By 12 SDM's	576	48
By 7 Heads of Service	168	14
Chief Officer and Assistant Chief Officer.	24	2
Total	3360	280

If this number of audits were to be completed Phase 1 would achieve:

- The auditing of 53.7% of the 6254 open case episodes (as of 31.03.2011).
- The auditing of 21.2% of the 15832 case episodes opened throughout 2010/2011.

NB. This number of audits is the ideal that CYPSC could aim to complete. It will however, be naturally reduced due to staff vacancies/ sickness/role change/annual leave and occasional negotiated reduction in auditing responsibilities due to the exigencies of the service.

12.2 Phase 2.

It is proposed that upon the commencement of Phase 2 the number of audits to be completed by the Fostering and Adoption Team per annum will be:

Audits by 2 Fostering Team Managers	96
Audits by 2 Adoption Team managers	96
Audits by SDM	48
Total	240

12.3 If the total number of allocated audits from Phases 1 and 2 are completed, this would achieve:

- A Grand Total of 4032 audits per annum.
- The auditing of 15.2% of the 790 registered L.C.C. Foster Carers' files.
- The auditing of every approved Adopter's case file (on average) twice per annum.

Appendix A

Audit Report Template.

1	Introduction or background
	Insert Text
2.	The Scope
	Insert Text
3.	Methodology
	Insert Text
4	The Cohort
	Insert Text
5	Findings
	Insert Text
6	Conclusions and or Recommendations
	Insert Text

Appendix B

Example of an Action Plan.

Title	Action to be taken	Action taken to date	Responsible Officer	Date completed	Action approved by