

into the wider organisation through Quality Assurance processes where applicable.

The questions included within this audit tool are based on the West Yorkshire Consortium Safeguarding Children Board Policies and Procedures found at www.leedslscb.org.uk as all partner organisations have signed up to their contents and principles.

The Lead Auditors are responsible for collating copies of all of the Joint Case File Information and forwarding to the Performance Management Sub Group of the Leeds Safeguarding Children Board.

‘The quality of a professional’s record keeping is a reflection of the standard of their professional practice.’

Section 2: Front Page Information

These questions are relevant to both electronic and paper records. Mechanisms must be in place for electronic signatures to be added and electronic records must be tamper proof.

Please tick one box for every question.

Q.		Yes	No	N/A
1.	Is the service users name correct (on all documentation)? <i>The auditor should make a judgement based on all of the information within the records which contains details of the service user.</i>			
2.	Is the date of birth correct? <i>The auditor should make a judgement based on all of the information within the records which contains details of the service user.</i>			
3.	Is the address complete/ current? <i>The auditor should make a judgement based on all of the information within the records which contains details of the service user.</i>			
4.	Are the details of carers/ next of kin complete/ current? <i>Details should contain next of kin name, relationship to the service user and contact details</i>			
5.	Is the service users’ ethnicity recorded? <i>This information should be available in all records</i>			
6.	Is the service user’s school recorded? <i>Where applicable</i>			
7.	Is the service users GP recorded? <i>Where applicable</i>			
8.	Are the key workers details recorded? <i>Clear information should be recorded about who the lead worker is within the agency records reviewed</i>			
9.	Are the recordings legible?			

	Written information should be clear and easy to read			
10.	Are the recordings signed? All entries must be signed and the signatures should be legible so that practitioners can be identified and corrective actions undertaken if necessary			
11.	Are the recordings dated? All records must be dated			
12.	Are the recordings timed? All written entries should state the time of entry. Entries may also require a time for example a time of a home visit or appointment			
13.	Is the child/ families preferred language recorded and arrangements made for an interpreter when required?			

Section 3: The referral stage (complete where appropriate)

14.	Is the concern clearly documented? Consider this question in relation to the agency records being reviewed. Where the records are viewed on behalf of the referring organisation it should be clear what has led to the referral. Where the records are reviewed on behalf of the organisation receiving the referral the records should indicate a clear picture gained from the referrer through discussion			
15.	Is it clear what led to the need to refer? (See Q 13.)			
16.	Is it clear what the needs of the child/ family are considered to be? (See Q 13.)			
17.	Is there appropriate information on the members of the household (carers/ siblings etc)? Information should be shared between referring and receiving agencies to enable a comprehensive review of the child's needs			
18.	Is there evidence that past history was considered/ shared with other services? Where agencies hold information considered relevant to the case the auditors should judge if this was shared appropriately			
19.	Was the referral discussed with the parent/carer? If the records show that the professional recorded that there was considered to be an increased risk to the child or professional as a reason for not informing parents/ carers of a referral record Q18 as YES. Section 17 Child in Need referrals require parental consent Section 47 Child Protection referrals parents should be made aware of referral unless evidence of above.			
20.	Was the referral followed up in writing?			

	All referrals into C&YPSC should be followed up in writing within 48hours. Copies of this should be available in all records			
21.	Was the referral acknowledged? There should be a recorded discussion with the referrer/ referee			
22.	Is there evidence of a clear decision to go to an initial assessment? Records should show how and why decisions have been made at each stage of the child protection process			
23.	Is there evidence of appropriate feedback to referrer if No Further Action (NFA) planned? This should be in the form of a letter which clearly outlines the decision process			
24.	Does the record indicate a clear understanding of section 47 and/ or section 17? Some agencies records may not identify S47 and S17 – and may highlight Child Protection concerns or Child in Need issues. The language used should give clarity for the auditor around which process the case is being considered.			

Section 4: Initial Assessment

25.	Is there evidence that the child was seen and spoken to? Children should always been seen and where appropriate their views sought			
26.	Is there evidence that parents/ carers were spoken to? Views of parents/ carers should be recorded			
27.	Is there evidence that appropriate information was sought/ shared? Records should tell a story about the information exchanged between professionals			
28.	Is there evidence that previous information influenced the decision making process? Decisions and judgements should utilise historical information held by individual agencies. A conclusion maybe reached that information is no longer relevant but the records should indicate that this is the case			
29.	Is there evidence of a clear decision making process to go to a Core Assessment ? The records should clearly indicate how and why the decision has been made			
30.	Does the record indicate a clear understanding of section 47 and/ or section 17? Some agencies records may not identify S47 and S17 – and may highlight Child Protection concerns or Child in Need issues. The language used should give clarity for			

	the auditor around which process the case is being considered.			
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Section 5: Core Assessment

31.	Is there evidence that the child was seen and spoken to? Children should always been seen and where appropriate their views sought			
32.	Is there evidence that parents/ carers were spoken to? Views of parents/ carers should be recorded			
33.	Is there evidence that appropriate information was sought/ shared? Records should tell a story about the information exchanged between professionals			
34.	Is there evidence that previous information influenced the decision making process? Decisions and judgements should utilise historical information held by individual agencies. A conclusion maybe reached that information is no longer relevant but the records should indicate that this is the case			
35.	Is there evidence of a clear final decision? The records should clearly indicate how and why the decision has been made			
36.	Is there evidence that Team Manager has endorsed the decision? The records indicate where necessary that the decision has been discussed with and has been supported by the Team Manager.			
37.	Does the record indicate a clear understanding of section 47 and/ or section 17? Some agencies records may not identify S47 and S17 – and may highlight Child Protection concerns or Child in Need issues. The language used should give clarity for the auditor around which process the case is being considered.			
38.	Is there a comprehensive Core Assessment available in the records which are consistent with the information held within the records? The Core Assessment should reflect the information held within the records for e.g. if the records are clearly indicating a dysfunctional family this needs to be reflected in the assessment.			
39.	Is there evidence of supervision being undertaken on case? Supervision should be recorded in the case records			
40.	Has a check been carried out with the Child Protection Team (Merrion House) to identify if the child and/ or family are known to C&YPSC?			

	This was previously known as a register check and services should be encouraged to check with the child protection team if they have any concerns – this will help them with their decision around whether or not to refer to C&YPSC			
41.	Is there evidence within the records that adequate attempts have been made to share information across agencies? Auditors should consider whether or not key agencies have been included in the assessment and planning with the child/ family			
42.	Chronologies are correctly maintained? Entries into the records should be recorded in chronological order			
43.	Is there evidence that strategy discussions/ meetings have taken place in line with the LSCB procedures? Records should indicate this if appropriate			

Section 6: Multi-agency working

44.	Where a joint police/ C&YPSC investigation is required into possible injury or significant harm a manager from each agency has been involved? A manager from C&YPSC and the police should be involved in any of the above referrals including attendance at strategy meetings			
45.	Is there evidence of supervision being undertaken on case? Professionals should receive planned supervision from appropriately qualified staff in line with agency and professional guidance			
46.	Has a check been carried out with the Child Protection Team Merrion House to identify if the child and/ or family are known to C&YPSC? Where there are child welfare concerns a check with the Child Protection Team to identify if the child, children or adults within the home environment.			
47.	Is there evidence within the records that adequate attempts have been made to share information across agencies? The records should show that information is shared with key agencies and staff to ensure that children are safeguarded.			
48.	Chronologies are correctly maintained? Where chronologies are indicated in records they should properly maintained and updated			
49.	Is there evidence that strategy discussions/ meetings have taken place in line with the LSCB procedures? Strategy discussions should include discussion with key			

	individuals and evidence of decision making recorded in the service users' records. Actions should be followed up with evidence of completion and minutes available of same			
50.	Is there evidence of a robust up to date child protection plan in place? Where a child is subject to a child protection plan is there information held within the records which clearly indicates that professionals fully understand their role in working with the child and family.			

Section 7: Child Protection Process

51.	Is there evidence of a robust up to date child protection plan in place? Child protection plans should be on an up to date template, with identified timescales and actions which fit the requirements of the case.			
52.	Is there evidence that Core Groups have taken place? Core groups should take place every 6 weeks and there should be notes/ minutes available following each meeting.			
53.	Is there evidence that the child protection plan is being monitored and timescales are being met? Records should indicate that actions are being discussed and considered.			
54.	Where there is evidence of the child protection plan not being met has consideration been given to seek legal advice? Do the records indicate any concerning areas for e.g. the family failing to engage/ the plan not being moved forward which would suggest that a legal view would be required			
55.	Is there evidence of an allocated/ Named worker? All case files should clearly indicate who the lead worker is in the case.			

Section 8: Looked after Children

Planning: To include LAC Plan, Transitions Plan and Pathway Plan (where relevant).

56.	Was the Core Assessment for the child up dated prior to the 3 month LAC Review?			
57.	Does the Care Plan specifically address the issues/ needs/ risks identified in the Care Plan?			
58.	Does the Care Plan address issues of culture and ethnicity?			
59.	Does the Care Plan address any issues of equality?			

60.	Is there evidence within the Care Plan of input from other agencies?			
61.	Does the plan contain information on how a permanent placement will be achieved / or how the child will be returned home?			
62.	Does the plan contain the views of the child (where appropriate)?			
63.	Does the plan contain the views of the parents?			
64.	Does the plan clearly outline the services to be involved with the child (including clear timescales and frequency of involvement)?			
65.	Does the plan reflect how the family will be involved with the child?			
66.	Do the records reflect that appropriate individuals (carers, professionals, family, including the child when age appropriate) have received a copy of the Care Plan?			
67.	Is there an allocated qualified Social Worker?			
68.	Is there any evidence of frequent changes of Social Worker which could impact on the child being unable to build a trusting and supporting relationship?			
69.	Are all records up to date with essential information?			
70.	Has the child been visited at appropriate intervals and given the opportunity to speak to the Social Worker in private?			
71.	Is there evidence of the Social Worker communicating with the carer?			
72.	Is there evidence that any new information is investigated and that Care Plan is considered in the light of this?			
73.	Is there evidence that information between professionals is shared appropriately?			
74.	Is there evidence that appropriate support and services have been received in a timely manner?			
75.	Has the foster placement (including Family Network Placement) been approved by the panel in line with procedures?			
76.	Is there evidence that the placement is meeting the child's needs?			
77.	Is there evidence of the child's views about the placement recorded?			
78.	Where there is evidence of an unstable placement has the right support/ corrective action been (or being) taken?			
79.	Where the child is approaching independence is there evidence that the placement can support them in this?			
80.	Is there evidence of the required Health Needs Assessment?			
81.	Where there are unmet health needs is there evidence			

	that these are being met appropriately?			
82.	Is there evidence of a completed Strengths and Difficulties Questionnaire			
83.	Is there evidence that the carer is aware of the child's unmet health needs?			
84.	Is there evidence that the child and their carers have been given advice and support to promote a healthy lifestyle (and where necessary to address any substance misuse/ sexual health issues)?			
85.	Is there evidence that the child has been allocated an educational facility?			
86.	Is there evidence that the child is being supported to attend/ access education?			
87.	Is there any evidence that the child has been excluded from education recently?			
88.	Is there an up to date PEP in place to which the child and carers have contributed?			
89.	Is there evidence of good communication between professionals and carers involved with the child?			
90.	Is there evidence of any regular engagement with leisure activities?			
91.	Is there evidence that contact takes place as per the Care Plan?			
92.	Is there evidence that Contact arrangements taking into account the child's wishes (if these cannot be met the records should indicate this)?			
93.	Is there evidence of the child being supported and encouraged to explore their personal history and develop a positive sense of identity?			
94.	There is evidence of an Independent Visitor (where appropriate)			
95.	The chronology is complete and up to date?			
96.	Is there evidence of formal supervision being undertaken in this case?			
97.	Is there evidence that the Core Assessment has been updated annually or more frequently when there has been a significant change?			
98.	Is there any evidence of unaddressed 'drift' in the Care Plan?			
99.	Is there evidence that the Care Plan is updated appropriately?			
100.	Is the evidence that the revised Care Plan has been shared with the child, carer and professionals within 3 weeks of the change/ update?			
101.	Is there evidence that the child's views and wishes have contributed to the care review process?			
102.	Is there evidence that reviews contain up to date information from involved professionals?			
103.	Is there evidence that decisions made at the care review			

	are reflected in the care plan?			
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Section 10: Agency Specific Questions

Agencies should use this section to add questions that are specific to their service if required. It is recommended that agencies aim to agree and maintain these questions so that they can monitor trends and improvements in record keeping

Section 11: General Comments:

Add any comments which you think necessary in order to increase learning lessons.

Section 10:

Please make a judgement based on your audit findings and your overall view of the records (Please indicate 1, 2 or 3). During the audit process you will have formed an impression of the standard of the records, please indicate below.

1. Records are poor
2. Records are satisfactory
3. Records are good

Next Stage: Ensure a Corrective Action Sheet (CAS) is completed.
 A Corrective Action Sheet (CAS) is the means by which we will evidence