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| **Quality Assurance What does a**  **‘good’ CAF look like?**  **A Guide** |
| May 2023 |

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# What Good looks like-

As a local authority and our partnerships, we want the best outcomes for children, and we continually strive for excellence. Our minimum expectation is that practice will be good, and we have decided that this will be our standard benchmark. The following statements and examples of good practice is for all Lead Professionals and those involved in the Team around the Family to use as a guide to influence the quality of the CAF/Family Plan. Auditors can use this as the benchmark, to provide consistency in auditing work and for Managers, CAF Link Workers who undertake quality assurance activity.

# Principles and Purpose of QA activity

Quality assurance serves two basic functions:

1. It identifies both good and not-so-good practice through a systematic approach to sampling records.
2. Quality Control measures allow for scrutiny of the quality of work being collated centrally by the LA, CAF hosts.

To achieve this, a series of audits will be undertaken, through quality assurance work undertaken by the CAF Link Workers and Managers and quarterly themed multi-agency auditing.

The quality assurance activity underpins a collaborative, strength-based approach, with an emphasis on learning and recognising what has worked well and what we may need to improve. Feedback and appreciation of practitioners’ work is an integral part of this approach.

The audit findings will be shared at all levels so that Lead Professionals and their organisation have a good understanding of their own strengths and learning.

# The central auditing process

CAF audits will be carried out by managers from across internal and external services as a core part of their commitment to the Early Help offer within Blackburn with Darwen:

Which audits are we completing?

* + **Routine Audits**
  + **Mini Audits**

**Routine audits-** cases are identified by the Service Lead using the monthly CAF data and collaborative audit activity with partners involved with the child and the named Lead Professional will take place. The audit will be completed on an audit template and saved on the child’s file with actions followed up with the Lead Professional and their line manager. Completed audits will be returned to the CAF business support officer who will track the completion of identified actions and learning.

Good practice and areas for learning will be shared at the lead professional network meetings. Service Lead will have oversight of actions following routine audit activity and provide feedback to the Practice Operational Group meeting. The Service Lead will provide quarterly reviews to measure impact on practice and improved outcomes for the child.

**Mini audits -** Mini audits are used to focus on a specific area of practice, such as the voice of the child. They are developed and agreed through the practice forum and are utilised within teams to support practice progress. Each practitioner should have a mini audit of an area of their practice to inform professional development i.e. supervisions and personal development plans.

We continue to develop these audits to be responsive to evidencing impact of practice upon focused areas. These are owned at a service lead level and fed into the Practice Forum Meeting. Anyone can complete a mini audit, and the service lead is responsible for reviewing the quality and outcome of these, and analysing the journey travelled.

All completed audits will be returned to the CAF business support as they are completed, so that any actions can be undertaken, this will involve contacting the LP and their manager to give feedback on strengths and recognising what has worked well and areas of learning to improve the quality of the CAF and Family plan.

**Moderation -** Services lead and managers will complete quarterly case moderation auditing. This will be completed on a template which will include statements that agree key finding and ensure there is evidence that recommendations have been implemented, that learning has been shared, that key practice has improved and that there has been improved outcomes for the child.

A quality assurance quarterly report will also be produced to bring all the learning together in one document and to form part of the priority setting around QA activity for the following quarter and shared at lead professional network meeting.

# ROUTINE AUDIT TOOLKIT (CAF)

**Case File Grading**

## Outstanding

An outstanding outcome reflects that all aspects of both the impact and compliance being good. The impact is known when practice evidences the child’s lived experience this is analysed and directly informs the assessment, plan and intervention, and review. Cases graded as outstanding evidence good impact in ALL areas and compliance.

## Good (refer to detailed ‘What does good look like?’ guide for more information)

## Work graded as good will have evidence of good practice and impact as evidenced through all areas of the CAF and Family Plan, direct work with children, and relevant child impact analysis, professional decision-making recorded.

## Requires Improvement

The case file is not yet at a Good standard and does not provide sufficient assurance that effective early intervention, preventative services are being co- ordinated, and the voice of the child is not clearly evident or taken into account throughout the assessment and family plan meetings.

## Notes for Auditor

All comments boxes must be completed – there must be sufficient information to evidence the grades and inform improved practice or comment on good practice. If there are immediate, concerns the Lead Professional and their manager must be notified as well as Tracy Lysons –Early Help and Support Service Lead**. The child must always be at the centre of the audit. What is the child’s journey? Does the child have a voice?**

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| **Q** | **Audit Tool Question** | **Guidance Notes** |
| **1.Consent** | | |
| **a.** | Have the relevant consents been obtained? | Meaningful consent is crucial in helping families feel empowered to make informed decisions and have autonomy, understanding the consequences of the decisions made. This is crucial in ensuring that services are working with families and not doing things to them. It supports them to know that they can and should be in the driving seat of the support available to them.  It should be informed consent – if you are planning to or need to share their information with more than one organisation, you should be specific about this. Tell them what information you are going to share, who with and why you think it is the right thing to do. |
| **2.** Is the CAF a Step-down from Children’s - Yes/No  Social Care? | | |
| **a.** | Evidence of what is not working well | The case transfer record details will be found **Full Map/Active Episode/Activities** section and a record of  **referral to EHM** will be recorded and the following needs to be recorded:   * Evidence of strengths and what is not working well |
| **b.** | Reason for CAF is clear | * Reason for CAF is clear |
| **c.** | each unborn/child/young person needs are captured | * each unborn/child’s/young person needs are captured |
| **d.** | voice of the unborn/child/ young person recorded | * voice of the unborn/child/young person recorded |
| **e.** | SMART outline plan | * SMART outline plan |
| 3. Child And Family Assessment | | |
| **a.** | Reason for the CAF assessment evident | It is clearly outlined the main presenting concerns and what is not working well for the unborn/child/young person, parent and family and any previous involvements or work that has been undertaken to address this.  If it is decided that a child needs an Education Health and Care Plan, CAF is well placed to gather and co-ordinate information and demonstrate the support and work that has been undertaken to support the child prior to an EHCP request being made. |
| **b.** | Evidence of multi-agency involvement | Key partners and their involvement/contribution to the CAF assessment is clear |
| **c.** | Quality and robustness of information gathering | Relevant people have been spoken to, such as friends, family and professionals; making it clear who has been spoken to and what information has been shared, the assessment includes the assessors own observations. |

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| **d.** | Quality of assessment in respect of what is working well within the family | **Strengths -What is working well**  The assessment should be reflective of the unborn/child/young person family’s strengths and outline any needs already being met.  Use of GCP2 tool – strength-based tool that helps to measure the quality of care a child is receiving and supports them to identify neglect |
| **e.** | Quality of assessment in respect of need-what is working well and what is not working well. | The assessment should be reflective of the unborn/child/young person/family’s needs –There is rigorous interrogation of assessment information, explicit statements of what is going well for the unborn/child/young person and what the family need support with.  **SEND** - Child and Family assessment should have additional information along the lines of: the assessment should reflect a child’s SEND in relation to the graduated response i.e. show level of need and specific SEND areas for development. |
| **f.** | Quality of assessment in respect of risk evidenced and impact on the unborn/child/young person, any Underlying Risk Factors and High Risk Indicators been highlighted and used in analysis?  Has ACE/RPC routine enquiry been completed?  Where neglect is a feature, has the GCP2 been considered? | There is evidence of curiosity. If applicable records of past involvement have been scrutinised and taken into account. Actions identified are detailed in the SMART plan, with realistic timescales. The plan is shared with parents with an understanding of the changes needed to be made.  The assessment must include level of attachment; ACES for parents; emotional availability of parents; level of shared understanding of what is not working well/acknowledgement/cooperation; child centred at all times.  Use of GCP2 tool – strength-based tool that helps to measure the quality of care a child is receiving and supports them to identify neglect |

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| **g.** | Consideration of all unborn/children/young people in the family and their individual needs | Each unborn/child/young person should be registered and have their own CAF ID and be reflected in the CAF assessment detailing their individual needs  Consideration to the Impact of age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation is evident (issues of difference).  The impact of a parent with a disability has been considered and the parentsability to respond appropriately to the unborn/child/young person's needs? |
| **h.** | The unborn/child/young person’s thoughts and feelings are evident and have been taken into account. | Each unborn/child/young person’s thoughts and feelings should be clearly evidenced throughout the assessment.  Has consideration been given to a pre verbal child/young person, child/young person with a disability/SEND and has the use of tools,  observations captured the child’s voice. The voice of the unborn/child/young person should be integral to the assessment. |

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| **i.** | Involvement of parents/carers and other significant family members in the assessment process (including absent parents and fathers | It is clear that the parents or carers have been included in the assessment process, including absent parents (such as fathers, for example). Relevant people have been spoken to, such as friends, family; it is clear who has been spoken to and what information has been shared. Where potential barriers to parental involvement could be found professionals must evidence that they have supported the family to contribute i.e. language barrier/translator. |
| **j.** | Quality of narrative and analysis | **Narrative:**  There is a clear narrative, which shows a full picture of the unborn/child/young person within the context of their family. The whole family is considered where appropriate but the narrative remains child focused. The quality of the narrative can be seen in the level of detail and accuracy of the information recorded.  **Analysis:**  There is rigorous interrogation of assessment information, explicit statements of what is not working well for the unborn/child/young person and what the family need support with. There is identification of relevant environmental issues and any positives/strengths are analysed and outlined. In the case of sibling groups, there is analysis of each individual child’s needs and conflicting needs being identified. |
| **k.** | Is CAF the right level of threshold? | Use the levels of need model in conjunction with the assessment to assess thresholds in line with the Working Well with Children and Families guidance.  [WWWCF\_1\_2.pdf (proceduresonline.com)](https://panlancashirescb.proceduresonline.com/pdfs/WWWCF_1_2.pdf) |

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| **l.** | Is there a clear SMART family plan identified as a result of the assessment | The plan must be thoroughly detailed; Specific, Measurable, Achievable, Realistic and Timely  **See below example of a SMART plan:** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Things that need to be done** | **By Who** | **By When** | **How will we know when this is done?** | **RAG rating** | | Key worker to refer Dad onto the  HENRY programme | Key worker (name) | Referral to be made by  October 1st. | Dad will be providing child with healthy,  nutritious meals on a daily basis | RED/AMBER/GREEN | |  |  |  |  |  | | Dad to attend all sessions of the  HENRY programme | Dad | Programme  commences 02/09/2021 – |  |  | |  |  |  |  |  | | | |
| **m.** | Please provide a short overview in relation to this section of the audit | This will outline your overall judgement as to whether the CAF was completed successfully.  The summary you provide is used when creating a narrative to data that has been collected from the audit. |
| **4.Team Around the Family** | | |
| **a.** | Have there been regular family plan meetings in the current period this CAF has been open? | ‘Regular’ family plan meetings are deemed as every 4-6 weeks, 12 weeks being acceptable where SEND is the focus of the plan. If there is drift within the case and despite numerous attempts to ‘chase up’ the family plans (case notes) they still remain outstanding, then this would need recording in the remedial action section. |
| **b.** | Is there evidence of continued multi- agency partnerships in the CAF process? | Refer to **key agencies** on the CAF assessment formfor attendance and contribution to family plan meetings.  Consider if partners involved have provided an update report contributing to the family plan. |

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| **c.** | Is there a SMART plan in place which demonstrates progress made since the last family plan meeting? | Current would be dated within 6-8 weeks of the last recorded family plan meeting. In the SMART plan there is a section called ‘brief summary of progress made since last meeting’ that will enable you to clearly see whether actions are being completed. The family plans (in addition to ‘progress made’ Early Help have created a rolling family plan in which no previous actions are removed, and all actions are RAG rated to help show progress made:   |  |  | | --- | --- | | **Red** | Action not started/No progress made | | **Amber** | Some progress made/work still to do/On track to complete | | **Green** | Completed - no further action required. | |
| **d.** | Where no progress is demonstrated, is there sufficient evidence of challenge and additional actions put in place | Where no progress is demonstrated there should be evidence of challenge and additional actions in “Summary of Meeting” and in the “Brief summary ofprogressmade since last meeting “on the family plan. |
| **e.** | The extent to which the voice of the unborn/child/young person is clearly reflected, evidenced and taken into account in the family plan | If the child/young person is of appropriate age/ability to attend their family plan meeting then provision should be made to ensure they attend and that their thoughts and wishes are considered and evidenced within the plan.  In addition, any direct work, thoughts and feelings that has been undertaken this then should be captured and that the child’s voice is informing the plan. |
| **f.** | The extent to which the voice of the parents is clearly reflected, evidenced and taken into account in the family plan | Note involvement of parents/carers and relevant parties in the CAF process (including absent parents and fathers). Look at whether all the/relevant family members attended the family plan meeting (family plan meetings should be cancelled if the parent(s) cannot attend, the meeting should be re-arranged.  Parent’s voice should be recorded in the summary of the meeting and within the plan. Their wishes and feelings should be captured and evidence of this informing the plan. |
| **g.** | The impact of age, disability, ethnicity, faith/belief and other protected characteristics is evident and actively considered. | Impact of age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation is evident (issues of difference). |

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| **h.** | Is the CAF assessment current? | Either the CAF assessment has been updated within 12 months or there is a detailed record in the summary as to why this is not required. |
| **i.** | Please provide a short summary in relation to the family plan to act as a narrative alongside the grading you have offered | This will outline your overall judgement as to whether the CAF was completed successfully.  The summary you provide is used when creating a narrative to data that has been collected from the audit. |
| **5. Monitoring and Management oversight** | | |
| **a** | The extent to which interventions have improved outcomes | The views of the unborn/child/young person and their family are clearly reflected in the record and they have been given the opportunity to participate in the development of support strategies. A CAF/family plan exists and is relevant, current and purposeful, outcome focused and containing explicit desired outcomes (SMART) and evidences how they will be achieved, which has been shared with the child and family. Where applicable actions have been RAG rated and gives a clear picture of the journey travelled by this family. Every area of support required is identified in the assessment/analysis is reflected in the plan, or where this is not the case there is a satisfactory explanation provided. Issues of difference identified have been addressed. |
| **b.** | Evidence of ongoing, meaningful contact with unborn/child/young person | There is evidence of ongoing and meaningful contact with the child throughout the CAF process**:** The unborn/child/young person is seen regularly, spoken to wishes and feelings work evident |