

KCC SAFEGUARDING REVIEW 2009

FILE AUDIT TOOL FOR EXTENDED AUDIT OF CHILD PROTECTION FILES: Appendix 2a

Name of Child:	Date of Audit:
Date of Birth:	Name of Social Worker:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Unborn <input type="checkbox"/>	Name of Line Manager:
District: Team:	Name of Auditor:
Case Type Subject to C.P. Plan for: Neglect <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/>	

Quality Standards	Comments
1. Referral	
Date of referral/contact,,,,,,,,,,,,,,,,,,,,,,,,,,,,, Referring agency,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Context of referral/contact

Quality Standards	Comments		
<p>Previous referrals / contacts?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, give details in chronological order together with nature of referral and outcome</p>	Date	Nature	Outcome
<p>Subsequent contacts?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, give details in chronological order together with nature of referral and outcome</p>	Date	Nature	Outcome
<p>Is there evidence of start again syndrome? i.e. working with no reference to history</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>			

Quality Standards	Comments
2. Agency checks	Comments
<p>Indicate which agencies were contacted for information</p> <p>Police <input type="checkbox"/> School <input type="checkbox"/></p> <p>Health Visitor <input type="checkbox"/> GP <input type="checkbox"/></p> <p>Midwife <input type="checkbox"/> Probation <input type="checkbox"/></p> <p>Other local authority <input type="checkbox"/></p> <p>Add details of any other agencies contacted :</p>	<p>Were any relevant agencies omitted from the checking/information-gathering process?</p> <p>Were any problems apparent in eliciting information from other agencies?</p> <p>Was information from other agencies clearly recorded?</p>

Quality Standards	Comments																						
3. 1st Strategy	Comments																						
<p>Was there an 1st S.D. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Was it held within timescales (24 hrs) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Was it a meeting <input type="checkbox"/> Phone ISD <input type="checkbox"/></p> <p>Combination <input type="checkbox"/></p>																							
<p>Which agencies were party to the strategy discussion and decisions</p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Contributed/ Consulted</th> <th style="text-align: center;">Agreed decision</th> </tr> </thead> <tbody> <tr> <td>Health</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Education</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Police</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>CSS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Referrer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Contributed/ Consulted	Agreed decision	Health	<input type="checkbox"/>	<input type="checkbox"/>	Education	<input type="checkbox"/>	<input type="checkbox"/>	Police	<input type="checkbox"/>	<input type="checkbox"/>	CSS	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Referrer	<input type="checkbox"/>	<input type="checkbox"/>	<p>Designation</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Was this appropriate. Is there anyone else who should have been included?</p>
	Contributed/ Consulted	Agreed decision																					
Health	<input type="checkbox"/>	<input type="checkbox"/>																					
Education	<input type="checkbox"/>	<input type="checkbox"/>																					
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Quality Standards	Comments
<p>What was the decision of the 1st Strategy Discussion?</p> <p> <input type="checkbox"/> S47 joint Police CSS investigation <input type="checkbox"/> Single agency Enquiry <input type="checkbox"/> Joint CSS/other agency <input type="checkbox"/> Referral to other agency <input type="checkbox"/> CIN <input type="checkbox"/> NFA </p>	<p>Please comment on outcome and appropriateness of this decision</p>
<p>Was there an immediate CP Plan agreed? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>If so, did the Plan include?</p> <p> <input type="checkbox"/> Achieving Best Evidence interview <input type="checkbox"/> Medical <input type="checkbox"/> Who will talk to the child <input type="checkbox"/> Immediate protection </p>	<p>Comment on the suitability of the plan with reasons</p>
<p>Were further SD's held between the 1st and outcome SD? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, how many? <input type="text"/></p> <p>Were they within timescales (15 days)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/></p>	

Quality Standards	Comments																						
4. Outcome S47 Enquiries																							
<p>Was an outcome SD held following S47 Enquiries? Yes <input type="checkbox"/> No <input type="checkbox"/> Not evident <input type="checkbox"/></p> <p>Was it a meeting <input type="checkbox"/> Telephone <input type="checkbox"/> Combination <input type="checkbox"/></p> <p>Was it held within timescales? Yes <input type="checkbox"/> No <input type="checkbox"/></p>																							
<p>Which agencies were consulted / attended?</p> <table border="0"> <thead> <tr> <th></th> <th>Contributed/ Consulted</th> <th>Agreed decision</th> </tr> </thead> <tbody> <tr> <td>Health</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Education</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Police</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CSS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Referrer</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Contributed/ Consulted	Agreed decision	Health	<input type="checkbox"/>	<input type="checkbox"/>	Education	<input type="checkbox"/>	<input type="checkbox"/>	Police	<input type="checkbox"/>	<input type="checkbox"/>	CSS	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Referrer	<input type="checkbox"/>	<input type="checkbox"/>	<p>Designation</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Was this appropriate?</p>
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Quality Standards	Comments
<p>Was child seen alone? Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>spoken to? Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>If child not seen alone and spoken to, is reason recorded and agreed by manager or supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>What was the outcome?</p> <ul style="list-style-type: none"> <input type="checkbox"/> CP Conference <input type="checkbox"/> NFA <input type="checkbox"/> CHIN <input type="checkbox"/> Immediate protection <input type="checkbox"/> Referral to other agency 	
<p>Were the risks identified appropriately? Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/></p>	<p>Please give reasons if no or partly</p>

Quality Standards	Comments																									
<p>Did the plan respond to the risks / needs?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/></p>	<p>Please give reasons if no or partly</p>																									
<p>5. Core Assessment</p>																										
<p>Was there a core assessment?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																										
<p>Was it in timescales (35 days)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																										
<p>Was it multi-agency?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>.....Not evident <input type="checkbox"/></p>																										
<p>Did it include parental history?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/></p>																										
<p>Did it address the concerns identified in the referral in relation to:</p> <table border="0" data-bbox="226 1197 799 1420"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Partly</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td>Physical</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sexual</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Neglect</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Emotional Abuse</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Partly	N/A	Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Quality Standards	Comments		
6. CP / CHIN Planning			
<p>Have any further concerns regarding abuse or neglect been identified since this referral?</p> <p>Physical <input type="checkbox"/> Sexual <input type="checkbox"/></p> <p>Emotional Abuse <input type="checkbox"/> Neglect <input type="checkbox"/></p> <p>If so, how have they been responded to? (Please give details in chronological order together with nature of referral and outcome.)</p>	Date	Issue	Response
<p>Have all identified assessments been completed? Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/></p>			
<p>Have core assessments been updated as necessary? (6 monthly)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>			
<p>Has focus continued on the identified risks? Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/></p>			

Quality Standards	Comments
<p>Was a need for specialist assessments identified? Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Was there a need for specialist assessments which were not identified Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Were any of the following present?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Drug Misuse <input type="checkbox"/> Alcohol Misuse <input type="checkbox"/> Learning Difficulty <input type="checkbox"/> Mental Health <input type="checkbox"/> Parental Non Compliance <input type="checkbox"/> Criminal prosecution of alleged abuser <input type="checkbox"/> Post natal depression <input type="checkbox"/> Violence or aggressive attitude to social worker or other professional <input type="checkbox"/> "Covert non-compliance" or <i>apparent</i> and misleading co-operation <input type="checkbox"/> Homelessness <input type="checkbox"/> Long-term chronic neglect <input type="checkbox"/> Frequent changes of address 	

Quality Standards	Comments																								
7. Recording																									
<p>Was current referral</p> <p>Pre ICS <input type="checkbox"/> post ICS <input type="checkbox"/> (April 08)?</p> <p>Did the record include?</p> <p>paper records<input type="checkbox"/> electronic records<input type="checkbox"/></p>																									
<p>Were the following key documents obtained from:</p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">ICS</th> <th style="text-align: center;">File</th> </tr> </thead> <tbody> <tr> <td>Referral</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>1st strategy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Immediate CP Plan</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Initial Assessment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Core Assessment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Report to CP Conference</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Outline CP plan</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		ICS	File	Referral	<input type="checkbox"/>	<input type="checkbox"/>	1 st strategy	<input type="checkbox"/>	<input type="checkbox"/>	Immediate CP Plan	<input type="checkbox"/>	<input type="checkbox"/>	Initial Assessment	<input type="checkbox"/>	<input type="checkbox"/>	Core Assessment	<input type="checkbox"/>	<input type="checkbox"/>	Report to CP Conference	<input type="checkbox"/>	<input type="checkbox"/>	Outline CP plan	<input type="checkbox"/>	<input type="checkbox"/>	
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<p>Did records show evidence of appropriate supervision in this case?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/></p>																									

Are records up to date?

ICS: Yes No

File: Yes No

8. General comments and any Immediate Actions Required

Please comment on the following if relevant to the case:

Multi-agency working: Any problems or deficits apparent?

Have there been frequent changes in allocated social worker? (Please note if these are due to change of team responsible for case (e.g. transfer from DIAT to Long-term team or due to staff turnover.)

Particular problems associated with ICS

Is a chronology available on file?

Have threshold criteria been applied appropriately?

Overall, has there been appropriate compliance with child protection procedures?

Are there any apparent problems with legal processes?

Is the child seen and spoken to at least once every two weeks?

Please add any other relevant comments about safeguarding relevant to this case