



Quality Assurance

What does a 'good' CAF look like?

A Guide

November 2018

What does 'good' look like?

As a local authority and its partners 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 need to be shared with all staff. Lead Professionals and others involved in the Team Around the Family (TAF) should use this to influence the quality of their work, whilst those auditing cases can use this as the benchmark for cases, to provide consistency in our auditing. This can also support manager's decision making when quality assuring their employees work, in supervisions or as a process before paperwork is sent into CAFadmin.

What is Quality Assurance (QA) and why do we do it?

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 us, the CAF hosts.

To achieve this, we will undertake a series of audits – these can range from basic counting of ticks in the right places, signatures in the right place (referred to as quantitative audits) through to detailed analysis of e-CAF records, and judgements on overall quality and content (qualitative audits). Some of these will be single agency audits, and others will be multi-agency audits.

The primary use of the intelligence gathered from auditing is to find out how practice can be improved. What is good about the work that has been undertaken? Where are practitioners doing things well and where this can be extended into other areas? Where there are concerns around quality of work, what do practitioners/agencies need to do to put this right? It isn't just about the individual case record – in fact, what is the bigger picture? Do agencies need to consider other, bigger changes that are currently standing in the way of good practice?

The information should be shared at all levels and the audit feedback mechanisms have been structured around this approach. It should be ensured that 'staff' (*at all levels*) have a good understanding of their own and their agencies strengths and weaknesses. Each agency/organisation should have a process in place to ensure this is underway.

The central auditing process

CAF audits will be carried out by various 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?

- Tier 1
- Tier 2

Tier 1 audits are completed on e-CAF system internally by the central team and Early Help Service Managers. In Early Help this is called the Quality Control process. Every CAF assessment, TAF and closure goes through this process.

The **full tier 2 audits** will be completed at a rate of approximately 6/8 open CAF cases per month. Over 12 months, we are aiming to have audited 20% of open CAF cases. Each month, each auditor will be allocated 1 - 2 cases to audit. He or she should not audit a case they have been directly involved with – if this happens, they should ask for a different case.

Auditing of case files is a key priority and is **non-negotiable**. This is a fundamental part of the CAF quality assurance framework, to spend the time looking at case records objectively and reflecting on the overall quality of work.

Audit toolkits will be provided by the QA team. All completed toolkits should be returned to the QA team as they are completed, so that remedial actions can be undertaken, this will involve contacting the LP and their manager to challenge and offer feedback on their case. The LP is asked to reply with comments and actions. The content of the completed toolkit is recorded and fed into a quarterly overview and a year-to-date cumulative summary of audit findings (by theme). On the standing monthly Children's Social Care reports, there will be a tab dedicated to QA which will provide quantitative data around the level of audits completed on CAF records.

The CAF reports will be escalated to the Service Leader for Early Help then progressed via the same route as the social care report. The reports will be shared at the CAF Champions Group; other CAF lead agencies in attendance would be encouraged to report the findings through their reporting structures.

For any other, additional auditing that takes place – such as **multi-agency thematic audits** - the lead auditor will collate the audit findings into a report which will be fed back to the Early Help Service Lead in the 1st instance. A number of recommendations will be set by the Service Lead and these will be disseminated to lead professionals and through the CAF Champions Group. Thematic audits are undertaken to assess quality of work in specific areas, which may be identified as a result of the tier 2 auditing or through other learning, including serious case reviews, complaints and general service user

feedback. Once reports have been to CMT, the information within will be used to produce reports for SLT – the individual audit reports do not generally need to go to SLT although they will often act as background papers.

A quality assurance annual report will also be produced each year, to bring all the learning together in one document and to form part of the priority setting around QA activity for the forthcoming year.

During the audit, if you identify any unsafe practice (either current or in the past) then it needs to be escalated immediately to Tracy Lysons (Family Support Manager) for review and action. If appropriate a conversation should take place with MASH in the 1st instance.

TIER 2 (Full) CASE FILE AUDIT TOOLKIT (CAF)

Case File Grading

Outstanding

In addition to meeting the requirements of a 'good' judgement, there is evidence that professional practice exceeds the standard of good and results in sustained improvement to the lives of children, young people and families. Research-informed practice, some of which will be innovative, continues to develop from a strong and confident base, making an exceptional difference to the lives and experiences of children and young people.

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

Help is provided early in the emergence of a problem and is well coordinated and recorded through multi-agency arrangements. There are clear links between the assessment, analysis and the plan. Unmet Needs and Risk is well understood, managed and regularly reviewed. Children and young people experience timely and effective early intervention and preventative services and the voice of the child is clearly evident and has been taken into account. The impact of age, disability, ethnicity, faith/belief and other protected characteristics are evident and actively considered.

Requires Improvement

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

Inadequate

The record does not demonstrate a suitable level of assurance. There are insufficiently planned, poor quality assessments, insufficient involvement of family and children.

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 -Family Support Manager. **The child must always be at the centre of the audit. What is the child's journey? Does the child have a voice?**

Q	Audit Tool Question	Guidance Notes
1.Consent		
a.	Have the relevant consents been obtained?	You will find this in the Full Map then click on obtain Consent , which will then take you to the Consent Record , click on Consent section , where you will then find the information- which should state both Written consent agreed and Who has agreed to the CAF. For cases that have stepped down you will find this information in the Full Map/Active Episode/Activities section and a record stating “referral to e-CAF”, click on this and then you need to click onto referral to EHM and you will find “Transfer to CAF details”.
2. Is the CAF a Step-down from Children’s Social Care		
-This will be in the Full Map/Active Episode/Activities section and a record of referral to EHM will be recorded		
a.	Evidence of unmet needs	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: <ul style="list-style-type: none"> • Evidence of unmet needs,
b.	a clear overview of case	<ul style="list-style-type: none"> • a clear overview of case,
c.	each child’s needs are captured	<ul style="list-style-type: none"> • each child’s needs are captured
d.	voice of the child recorded	<ul style="list-style-type: none"> • voice of the child recorded
e.	SMART outline plan	<ul style="list-style-type: none"> • SMART outline plan
3. Child And Family Assessment		
a.	Reason for the CAF assessment evident	It is clearly outlined the main presenting concerns and unmet needs for the child, parent and family and any previous involvements or work that has been undertaken to address this. Provider identifies a child has low level/emerging needs aged 3+ years assessed against the Early Years Foundation Stage (EYFS) at a development level of 16 to 26 months in one or more of the prime area of learning accessing free early education
b.	Evidence of multi-agency involvement	Check key agencies and their involvement/contribution to the CAF assessment
c.	Quality and robustness of information gathering – clinical and actuarial	Clinical methods: 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. Actuarial methods: records of past involvement have been scrutinised and taken into account, if applicable. Previous CAF assessments and/or GCP2 tool for measuring the quality of care delivered to an individual child over a short window of time, and scales it between 1(best) and 5 (worst).

d.	Quality of assessment in respect of strengths within family	<p>Strengths</p> <p>The assessment should be reflective of the child's/family's strengths and outline any needs already being met.</p> <p>Use of GCP2 tool –provides a picture of the quality of care from grade 1(best) and 5 (worst) in all areas of the child's development.</p>
e.	Quality of assessment in respect of need-both already being met and unmet	<p>The assessment should be reflective of the child's/family's needs –outlining any needs already being met and unmet.</p> <p>Use of GCP2 tool –provides a picture of the quality of care from grade 1(best) and 5 (worst) in all areas of the child's development.</p> <p>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.</p>
f.	Quality of assessment in respect of risk evidenced and impact on the child/ren (have Underlying Risk Factors and High Risk Indicators been highlighted and used in analysis, have the ACE questions been asked.	<p>Underlying Risk Factors (URF)</p> <p>Those elements that are often present in risk situations but which do not, of themselves, constitute a risk:</p> <p>Poverty, Poor housing, Lack of support network/isolation, Experiences of poor parenting, Low educational attainment, Physical/learning disability (adult/child), Mental health difficulties (adult/child), Drug and alcohol use/misuse, Victimisation from abuse/neglect, Discorded/discordant relationships, Previous history of offending, Rejecting/antagonistic to professional support, Behavioural/emotional difficulties in parent, Behavioural/emotional difficulties in child, Young, inexperienced parent, Physical ill health (adult/child) and Unresolved loss of grief.</p> <p>Use of GCP2 tool –provides a picture of the quality of care from grade 1(best) and 5 (worst) in all areas of the child's development.</p> <p>High Risk Indicators (HRI)</p> <p>Those elements which, by their presence, do constitute a risk:</p> <p>Previous involvement in child physical and sexual abuse and or neglect, History of being significantly harmed through neglect as a child, Seriousness of abuse (and impact on the child, Age of the child (particularly if less than three years old), Incidence of abuse (how much abuse over how long a period of time, Record of previous violent offending (against both children and adults), Older child removed or relinquished, Unexplained bruising (particularly in pre mobile children), Uncontrolled mental health difficulties (including periods of hospitalisation), Personality disorders, Chaotic drug/alcohol misuse, Denial /failure to accept responsibility for abuse or neglect, Unwillingness / inability to put the child's needs first and take protective action, Cognitive distortions about the use of violence and appropriate sexual behaviour, Inability to keep</p>

		<p>self-safe and Unrealistic, age inappropriate expectations of the child.</p> <p>Use of GCP2 tool –provides a picture of the quality of care from grade 1(best) and 5 (worst) in all areas of the child’s development.</p>
g.	Consideration of all children in the family and their individual needs	Each child should be registered and have their own CAF ID and be reflected in the CAF assessment detailing their individual needs
h.	The impact of the child’s and parent/carer age, disability, ethnicity, faith/belief and other protected characteristics is evident and actively considered	<p>Impact of age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation is evident (issues of difference).</p> <p>Please see below examples of active consideration:</p>
<p>(1) The child and family’s faith is explored, understood and evidence in the assessment</p> <p>(2) The impact of a parent with a disability is explored in parent/sibling relationships.</p>		
i.	The voice of the child is clearly	Each child and young person’s voice should be clearly evidenced throughout the assessment and also in the

	evidenced and has been taken into account	<p>comments and consent section for the voice of the child. If a child is pre birth or of an age or ability where they do not have a physical voice, observations should be made of the child both in their environment and through interaction with others including parents/carers</p> <p>If a child is of appropriate age/ability to contribute to their CAF assessment then provision should be made to ensure their thoughts and wishes are considered and evidenced. If the child is unable to contribute (due to age or circumstance) we would need to see evidence of the reason why and a clear picture of the child from their perspective within the context of their family and environment.</p>
j.	Involvement of parents/carers and relevant parties 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) with clear attempts to trace and make contact. The 'voice' of the parents/carers and relevant parties should be heard throughout the assessment and plan, this will create a sense of ownership for the families. 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.
k.	Quality of narrative and analysis	<p>Narrative:</p> <p>There is a clear narrative which shows a full picture of the child (ren) 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.</p> <p>Analysis:</p> <p>There is rigorous interrogation of assessment information, explicit statements of the child's unmet needs and parenting deficits. 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.</p>
l.	Is CAF the right threshold for the case (i.e. level 2 of the Continuum of Need and Response?	Use the CoNR model in conjunction with the assessment to assess thresholds.

m.	Is there a clear SMART 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:															
<table border="1"> <thead> <tr> <th data-bbox="190 304 398 392">Issue</th> <th data-bbox="398 304 777 392">Action</th> <th data-bbox="777 304 1003 392">By Whom</th> <th data-bbox="1003 304 1265 392">By When</th> <th data-bbox="1265 304 1794 392">Desired outcome</th> <th data-bbox="1794 304 2038 392">How will we know if the plan has worked?</th> </tr> </thead> <tbody> <tr> <td data-bbox="190 392 398 643">Poor diet</td> <td data-bbox="398 392 777 643">Key worker to refer Dad onto the HENRY programme Dad to attend all sessions of the HENRY programme</td> <td data-bbox="777 392 1003 643">Key worker (name) Dad</td> <td data-bbox="1003 392 1265 643">Referral to be made by October 1st. Programme commences 02/11/19 – 21/12/19.</td> <td data-bbox="1265 392 1794 643">Dad to develop his knowledge and understanding around exercise and nutrition to enable him to provide a healthy start for his daughter</td> <td data-bbox="1794 392 2038 643">Dad will be providing child with healthy, nutritious meals on a daily basis and there will be no concerns of child's poor diet.</td> </tr> </tbody> </table>						Issue	Action	By Whom	By When	Desired outcome	How will we know if the plan has worked?	Poor diet	Key worker to refer Dad onto the HENRY programme Dad to attend all sessions of the HENRY programme	Key worker (name) Dad	Referral to be made by October 1 st . Programme commences 02/11/19 – 21/12/19.	Dad to develop his knowledge and understanding around exercise and nutrition to enable him to provide a healthy start for his daughter	Dad will be providing child with healthy, nutritious meals on a daily basis and there will be no concerns of child's poor diet.
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n.	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 TAF meetings in the current period this case has been open?	'Regular' TAF meetings are deemed as every 4-6 weeks, 8 weeks being acceptable. If there is drift within the case and despite numerous attempts to 'chase up' the TAF 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 input and involvement in the TAF process and contribution to the TAF plan	Refer to Key Agencies for attendance and contribution to TAF meetings. Consider if agencies involved have provided an update report contributing to the TAF plan.															

c.	Is there a SMART plan in place which demonstrates progress made since the last TAF	<p>Current would be dated within 8 weeks of the last recorded TAF meeting. In the SMART plan there is a section called 'progress made since last TAF plan' which will enable you to clearly see whether actions are being completed. The TAF plans (in addition to 'progress made' Early Help have created a rolling TAF plan in which no previous actions are removed, and all actions are RAG rated to help show progress made:</p> <table border="1" data-bbox="757 363 1921 576"> <tr> <td data-bbox="757 363 938 432">Red</td> <td data-bbox="938 363 1921 432">Action not started/No progress made</td> </tr> <tr> <td data-bbox="757 432 938 501">Amber</td> <td data-bbox="938 432 1921 501">Some progress made/work still to do/On track to complete</td> </tr> <tr> <td data-bbox="757 501 938 576">Green</td> <td data-bbox="938 501 1921 576">Completed - no further action required.</td> </tr> </table>	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.
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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 of progress made since last TAF meeting "on the action plan.						
e.	The extent to which the voice of the child is clearly reflected, evidenced and taken into account in the TAF plan	<p>If the child/young person is of appropriate age/ability to attend their TAF meeting then provision should be made to ensure they attend and that their thoughts and wishes are considered and evidenced within the plan.</p> <p>In addition any direct work, wishes and feelings that has been undertaken this then should be captured and that the child's voice is informing the plan.</p>						
f.	The extent to which the voice of the parents is clearly reflected, evidenced and taken into account in the TAF plan	<p>Note involvement of parents/carers and relevant parties in the TAF process (including absent parents and fathers). Look at whether all the/relevant family members attended the TAF meeting (TAF meetings should be cancelled if the parent(s) cannot attend, the meeting should be re-arranged.</p> <p>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.</p>						
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).						

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 TAF 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 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/TAF 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 issue 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 child	There is evidence of ongoing and meaningful contact with the child throughout the CAF and TAF process: The child is seen regularly, spoken to wishes and feelings work evident