



# Quality Assurance

## What does a 'good' CAF look like?

### A Guide

July 2021

## 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 is for all Lead Professionals and those involved in the Team around the Family (TAF) to use as a guide to influence the quality of the CAF/TAF. Auditors can use this as the benchmark, to provide consistency in auditing work and for Managers, CAF Link Workers who undertake quality assurance activity.

## 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 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?

- Tier 1
- Tier 2

**Tier 1** audits are completed on e-CAF system internally by the central team and CAF Link Workers. In Early Help, this is known as the Quality Control process. This will include the initial CAF assessment and TAF plan and closure that will go through this process.

If the initial CAF assessment does not meet the expected standards, advice and guidance will be given to, the Lead Professional and training if required. The subsequent CAF will then be audited.

The **full tier 2 audits** will be completed at a rate of approximately 10/12 open CAF cases quarterly. Over 12 months. Auditors will be buddied up across agencies and allocated 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 the work and impact of the interventions.

The QA team will provide audit toolkits. All completed toolkits will 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 give feedback on strengths and recognising what has work well and areas of learning to improve the quality of the CAF and TAF plan.

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).

The CAF reports will be escalated to the Early Help and Support Service Manager and Head of Service then progressed via the same route as the social care report. The reports will be shared at the Lead Professional network meetings; other CAF lead agencies in attendance would be encouraged to report the findings through their reporting structures.

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 (Early Help and Support Service Manager) for review and action. If appropriate, a conversation should take place with CADS in the first 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 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, 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 –Early Help and Support Service 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
<b>1.Consent</b>		
a.	Have the relevant consents been obtained?	<p>You will find this in the <b>Full Map</b> then click on obtain <b>Consent</b>, which will then take you to the <b>Consent Record</b>, click on <b>Consent section</b>, where you will then find the information- which should state both Written consent agreed and Who has agreed to the CAF.</p> <p>For cases that have stepped down you will find this information in the <b>Full Map/Active Episode/Activities</b> 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”.</p>
<b>2.</b> Is the CAF a Step-down from Children’s -This will be in the <b>Full Map/Active Episode/Activities</b> section and a record of <b>referral to EHM</b> will be Social Care recorded		
a.	Evidence of unmet needs	<p>The case transfer record details will be found <b>Full Map/Active Episode/Activities</b> section and a record of <b>referral to EHM</b> will be recorded and the following needs to be recorded:</p> <ul style="list-style-type: none"> <li>• Evidence of unmet needs,</li> </ul>
b.	a clear overview of case	<ul style="list-style-type: none"> <li>• a clear overview of case,</li> </ul>
c.	each child’s needs are captured	<ul style="list-style-type: none"> <li>• each child’s needs are captured</li> </ul>
d.	voice of the child recorded	<ul style="list-style-type: none"> <li>• voice of the child recorded</li> </ul>
e.	SMART outline plan	<ul style="list-style-type: none"> <li>• SMART outline plan</li> </ul>
<b>3. Child And Family Assessment</b>		
a.	Reason for the CAF assessment evident	<p>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.</p> <p>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.</p> <p>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.</p>
b.	Evidence of multi-agency involvement	Check key agencies and their involvement/contribution to the CAF assessment
c.	Quality and robustness of information gathering	<p>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.</p> <p>If applicable records of past involvement have been scrutinised and taken into account.</p> <p>Previous CAF assessments and/or GCP2 tool (where neglect is a feature) 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).</p>

d.	Quality of assessment in respect of what is working well within the family	<p><b>Strengths -What is working well</b></p> <p>The assessment should be reflective of the child/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/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><b>SEND</b> - 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> <p>The assessment must include level of attachment; ACES for parents; emotional availability of parents; level of shared understanding of the unmet needs/acknowledgement/cooperation; child centred at all times</p>
f.	<p>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.</p> <p>Has ACE/RPC routine enquiry been completed?</p> <p>Where neglect is a feature, has the GCP2 been considered?</p> <p>.</p>	<p><b>Underlying Risk Factors (URF)</b></p> <p><b>Those elements that are often present in risk situations but which do not, of themselves, constitute a risk:</b></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, Victimization 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><b>High Risk Indicators (HRI)</b></p> <p><b>Those elements which, by their presence, do constitute a risk:</b></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>
<b>g.</b>	<p>Consideration of all children in the family and their individual needs</p>	<p>Each child should be registered and have their own CAF ID and be reflected in the CAF assessment detailing their individual needs</p> <p>Consideration to the Impact of age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation is evident (issues of difference).</p> <p>The impact of a parent with a disability has been considered and the parents <b>ability to respond appropriately to the child/young person's needs?</b></p>
<b>h.</b>	<p>The child’s thoughts and feelings are evident and have been taken into account.</p>	<p>Each child and young person’s thoughts and feelings should be clearly evidenced throughout the assessment.</p> <p>Has consideration been given to a pre verbal child, child with a disability/SEND and has the use of tools, observations captured the child’s voice. The voice of the child should be integral to the assessment.</p>

i.	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). 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.
j.	Quality of narrative and analysis	<p><b>Narrative:</b> 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><b>Analysis:</b> There is rigorous interrogation of assessment information, explicit statements of the child's unmet needs 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.</p>
k.	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.

l.	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 <b>See below example of a SMART plan:</b>															
<table border="1"> <thead> <tr> <th data-bbox="192 304 398 392">Issue</th> <th data-bbox="398 304 779 392">Action</th> <th data-bbox="779 304 1003 392">By Whom</th> <th data-bbox="1003 304 1267 392">By When</th> <th data-bbox="1267 304 1794 392">Desired outcome</th> <th data-bbox="1794 304 2033 392">How will we know if the plan has worked?</th> </tr> </thead> <tbody> <tr> <td data-bbox="192 392 398 639">Poor diet</td> <td data-bbox="398 392 779 639">Key worker to refer Dad onto the HENRY programme  Dad to attend all sessions of the HENRY programme</td> <td data-bbox="779 392 1003 639">Key worker (name)  Dad</td> <td data-bbox="1003 392 1267 639">Referral to be made by October 1<sup>st</sup>.  Programme commences 02/09/2021 –</td> <td data-bbox="1267 392 1794 639">Dad to develop his knowledge and understanding around exercise and nutrition to enable him to provide healthy diet for his daughter</td> <td data-bbox="1794 392 2033 639">Dad will be providing child with healthy, nutritious meals on a daily basis and there will be no concerns of</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 <sup>st</sup> .  Programme commences 02/09/2021 –	Dad to develop his knowledge and understanding around exercise and nutrition to enable him to provide healthy diet for his daughter	Dad will be providing child with healthy, nutritious meals on a daily basis and there will be no concerns of
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	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.														
<b>4.Team Around the Family</b>																	
	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 <b>Key Agencies</b> 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' that 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="759 365 1924 576"> <tr> <td data-bbox="759 365 940 435">Red</td> <td data-bbox="940 365 1924 435">Action not started/No progress made</td> </tr> <tr> <td data-bbox="759 435 940 505">Amber</td> <td data-bbox="940 435 1924 505">Some progress made/work still to do/On track to complete</td> </tr> <tr> <td data-bbox="759 505 940 576">Green</td> <td data-bbox="940 505 1924 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 " <b>Summary of Meeting</b> " and in the " <b>Brief summary of progress made since last TAF meeting</b> " 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, thoughts 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.
<b>5. Monitoring and Management oversight</b>		
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