**Practice Case File Audit Tool**

**Operational Practitioner Assessment**

This audit is to be completed by Heads of School/Managers/Designated Safeguard Leads/Childminders for every child who is subject to one of the following plans: *Early Help, Child in Need, Child Protection or Child Looked After*. Once complete evaluate your practice and undertake any actions identified.

There is no requirement for you to return this practice audit to the Local Authority. This tool is to assist you with your auditing and assurance purposes. Please refer to the escalation policy if appropriate.

|  |  |
| --- | --- |
| School/Setting |  |
| Date |  |
| Name of person completing the audit |  |
| Role of person completing the audit |  |
| Name of Headteacher/Manager/DSL |  |

**Child’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Child **initials** followed by the child's age: | | | |
| Name of Social Worker/Lead Professional: | | | |
| Is the child or young person subject to any of the following (***tick as appropriate***) | | | |
| Early Help Intervention (if yes indicate whether level 2 or 3 below)  *(please complete page 2)* |  | Child in Need Plan  *(Please complete page 3)* |  |
| Level 2 Early Help |  |  |  |
| Level 3 Targeted Early Help |  |  |  |
| Child Protection Plan  *(please complete page 4)* |  | Child Looked After (CLA) Plan  *(Please complete page 5)* |  |
| Has the Local Authority Designated Officer (LADO) been involved: YES/NO | | | |
| Does the child have Special Educational Needs: YES/NO | | | |

**The child in school or setting**

|  |  |
| --- | --- |
| Are there any noticeable patterns of absence? | Yes/No |
| Has an Education Welfare Officer been involved? | Yes/No |

**Your involvement in the process**

**EARLY HELP OFFER/ INTERVENTION**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Did you seek parental consent before opening an Early Help episode? |  |  |
| If you did not open the Early Help episode yourself, did you check consent had been recorded?’ |  |  |
| Have you ever had concerns about this child? |  |  |
| Have you been formally recording your concerns? |  |  |
| If so, do you record this information EHM? |  |  |
| Are you keeping a child chronology? |  |  |
| Have you completed a Webstar or Whole Family Assessment (WFA)? |  |  |
| Have you been asked by another agency to complete a Webstar or Whole Family Assessment (WFA)? |  |  |
| If you answered yes to the previous question, what is the name of the agency? | | |
| If there is a Webstar/Whole Family Assessment (WFA) in place and you did not complete it, who did? | | |
| If there is a whole family plan in place and is it beginning to meet the needs of the child? |  |  |
| Do you have a positive relationship with the parents? |  |  |
| Have you captured the voice of the child? |  |  |
| Are the family positively engaging with the plan? |  |  |
| Are regular Family Meetings taking place? |  |  |
| In your opinion has this process reduced the level of need for the child? |  |  |
| **Do you believe your agency has made a difference/protected the child: YES/NO?**  **Overall Comments:** | | |

**Your involvement in the process**

**CHILD IN NEED (section 17)**

|  |  |  |
| --- | --- | --- |
| Are you aware of the offer from Virtual School re Children with a Social Worker? [Promoting the education of children with a social worker | Shropshire Council](https://www.shropshire.gov.uk/looked-after-children/shropshire-virtual-school/promoting-the-education-of-children-with-a-social-worker/)” | **YES** | **NO** |
| Have you ever had concerns about this child? |  |  |
| Have you been formally recording your concerns? |  |  |
| Are you keeping a child chronology? |  |  |
| Has this case been a result of escalation from Early Help Intervention? |  |  |
| Has this case been the direct result of a referral you made to Compass? |  |  |
| Has this case been a result of step down from a child protection plan? |  |  |
| Do you have a good working partnership with the Social Worker? |  |  |
| If you have answered No to the previous question, please explain your reason: | | |
| Has there been a child protection case conference?  If yes did you attend? |  |  |
|  |  |
| Do you have a copy of the Children in Need Plan?  If No, have you requested a copy from Social Care? |  |  |
| Do you have a positive relationship with the parents? |  |  |
| Do you attend Children in need meetings? |  |  |
| If you do not attend children in need meetings, please specify why not? | | |
| Are the parents positively engaging? |  |  |
| Is the child positively engaging with the plan |  |  |
| In your opinion has this process reduced the level of need for the child? |  |  |
| Were there discussions and clear actions around Education in the CIN Plan? (Was due weight given to education as a protective factor). |  |  |
| **Do you believe your agency has made a difference/protected the child: YES/NO?**  **Overall Comments:** | | |

**Your involvement in the process**

**CHILD PROTECTION (section 47)**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Are you aware of the offer from Virtual School re Children with a Social Worker?  [Promoting the education of children with a social worker | Shropshire Council](https://www.shropshire.gov.uk/looked-after-children/shropshire-virtual-school/promoting-the-education-of-children-with-a-social-worker/)” |  |  |
| Have you been keeping records of concerns/Child chronology? |  |  |
| Was this case previously Early Help or Child in Need? |  |  |
| Did you make the Initial Referral to Compass? |  |  |
| Did you submit a MARF? (Multi-agency referral form) |  |  |
| Were you invited to attend a strategy meeting? If so did you attend or contribute to this meeting? |  |  |
| If yes, please rate on a scale 1-5 how useful you found it:  *(5 being very useful)* | **1 2 3 4 5** | |
| Have you been involved in the Social Work assessment? |  |  |
| Were you invited to attend the initial child protection case conference |  |  |
| If you were invited but did not attend, please specify below why not: | | |
| Have you received a copy of the Child Protection Plan?  If No, have you requested a copy from Social Care? |  |  |
| Were there discussions and clear actions around Education in the CP Plan? (Was due weight given to education as a protective factor). |  |  |
| Do you attend core group meetings? |  |  |
| If you do not attend core group meeting, please specify below why not: | | |
| Has there been a review Child Protection Conference? |  |  |
| If Yes, did you attend the conference? |  |  |
| If No, please specify below why not: | | |
| In your opinion has this process reduced the risk of significant harm? |  |  |
| If you have answered no to the previous question, please explain your reason: | | |

**Your involvement in the process**

**CHILD LOOKED AFTER (CLA)**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Have you been keeping a Child chronology? |  |  |
| Is the child from:  Shropshire  Another Local Authority (OLA)? |  |  |
|  |  |
| Do you have a good working partnership with Shropshire Virtual School team? |  |  |
| Please add any relevant comments | | |
| Do you have a good working partnership with the allocated Social Worker in Shropshire? |  |  |
| Please add any relevant comments | | |
| If the child is from out of County do you have a good working partnership with the appropriate Local Authority Virtual School for Looked After Children? |  |  |
| Please explain your reason: | | |
|  | **YES** | **NO** |
| Do all the children have a PEP within statutory timescale and has this been Quality Assured as ‘Good or better’ by the Virtual School? |  |  |
| Do you have full contact details of the placing authority, the Virtual school, social worker and the independent reviewing officer |  |  |
| Is the legal status understood and the delegated authority clear on all documents relating to the child? |  |  |
| Do you have a good working relationship with the Carers? |  |  |
| Have you been invited to attend regular review meetings? |  |  |
| Do you attend regular review meetings? |  |  |
| If you have answered no to the previous question, please explain your reason:  **Please give example of good practice** | | |
|  | **YES** | **NO** |
| Do you have any Previously Looked after Children in your school? (Adopted/ Special Guardian Ship (SGO)/ Child Arrangement Order) |  |  |
| If yes are you using the Education Plan for PLAC to support? |  |  |
| Do you believe your agency has made a difference/protected the child: **YES/NO?**  Overall Comments: | | |

**In your opinion is this process:**

|  |  |
| --- | --- |
| Ensuring the child’s voice is evident throughout? | Yes/No |
| A timely, outcome focused approach? e.g. (evidence of assessment, care planning, monitoring and review) | Yes/No |
| Displaying engagement with the child, family and professional network? | Yes/No |
| Demonstrating good recording practice? (sufficiently detailed, succinct, focused, timely) | Yes/No |
| Demonstrating compliance with relevant policy & procedures & statutory requirements? | Yes/No |
| Demonstrating a good use of information gathering and information sharing protocols and procedures? | Yes/No |
| Appropriately transparent, collaborative practice? | Yes/No |
| Achieving positive outcomes for the child and their family? | Yes/No |

|  |  |
| --- | --- |
| Do you review your safeguarding policies annually | Yes/No |
| Have you recently accessed the Shropshire Safeguarding Community Partnership website? | Yes/No |
| Have you found this audit process useful? | Yes/No |
| Do you feel you have been offered sufficient training in safeguarding to deal with these procedures confidently? If no, please comment below: | Yes/No |
| Do you provide any internal/external educational programmes for your children/pupils to raise awareness of how to keep themselves safe?  If yes, please specify: | Yes/No |
| Have you ever had to escalate an issue using resolution escalation policy Children’s social care or the Shropshire Safeguarding Community Partnership and if so was this satisfactorily resolved? | Yes/No |
| **Comments:** | |

***School/Setting to complete this section with any identified actions from the audit.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Identified** | **Desired Outcome** | **By whom** | **By When** |
|  |  |  |  |