**Torbay full audit tool**

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| **Auditor name** |  | **Audit date** |  |
| **Child’s ID number** |  | **Team**  |  |
| **Audited previously?**  | YES | NO | **If Yes, when?** |   |
| **Age band** | **0** | **1 -5** | **6-10** | **11-15** | **16-21** |
|  |  |  |  |  |
| **Strand**  | Help and protection /Children looked after and permanenceChildren with disabilityAdoption / Care LeaversLeadership, management and governanceLocal safeguarding children board |
| **Which worker did you speak to as part of the Audit? (include date seen)** |  |

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| **Field** | **Quality of child’s experience****(Exceeds good/meets good/ does not meet good)** | **Text****(please keep this evaluative and succinct)** |
| **1. Risk is identified, responded to and reduced in a timely way.** Where relevant, include evaluation of identification and response to children who experience and/or are at risk of:* neglect
* emotional abuse
* sexual abuse
* physical abuse
* domestic abuse
* gang affiliation
* sexual exploitation
* criminal exploitation

**Consider if the COVID pandemic has contributed to an escalation of risk and / or has any bearing on the current concerns and the impact of this on the child.**  |

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| **Exceeds good**  |  |
| **Meets good**  |  |
| **Does not meet good** |  |
| **Not applicable.** |  |

 | **Evidence:** **Impact:**   |
| **2. Children, young people and families are appropriately involved** Is there evidence of impact of the involvement of children and their families in assessment, planning and intervention? Are the views of significant males effectively gathered?Are children seen, and seen alone, and do they benefit from stable and effective relationships? Do children and parents/carers have an equal voice? Does it evidence individual work undertaken, including appropriate direct work? Is this linked to the plan and the reduction of risk? What is the impact of this for children and their families?**Consider how / if the COVID pandemic impacted on the way that the children and families are communicated with / involved and the impact of this. Did this impact on the frequency of visits**? |

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| **Exceeds good**  |  |
| **Meets good**  |  |
| **Does not meet good** |  |
| **Not applicable.** |  |

 | **Evidence:** **Impact:**   |
| **3. Decision making is effective and timely.** Is there evidence of effective and timely management oversight and direction for children, and clearly recorded rationale for decisions being made?Is the recording about the child and family clear, comprehensive and reflective of work undertaken and focused on the experience and progress of children and young people? |

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| **Exceeds good**  |  |
| **Meets good**  |  |
| **Does not meet good** |  |
| **Not applicable.** |  |

 | **Evidence:** **Impact:**   |
| **4. Assessments are timely, comprehensive, and analytical and of high quality** - **and lead to appropriately focused help.** Do they incorporate historical factors, informed by up to date child’s chronology? Do they identify risk, needs and protective factors, including parental capacity?**Has the COVID pandemic hindered or prevented the family receiving the right help from the right people at the right time, what is the impact of this. Does the child have an updated COVID risk assessment in place.** |

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| **Exceeds good**  |  |
| **Meets good**  |  |
| **Does not meet good** |  |
| **Not applicable.** |  |

 | **Evidence:** **Impact:**   |
| **5. Coordination between agencies is effective.** Is joint working, information sharing improving and sustaining the experience and progress of children and young people.**Has coordination been effective during COVID, have the right agencies still been available for meetings and offering support to families**   |

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| **Exceeds good**  |  |
| **Meets good**  |  |
| **Does not meet good** |   |
| **Not applicable.** |  |

 | **Evidence:** **Impact:**   |
| **6. Consideration of the child’s identity (how they see themselves) which includes exploration of the impact of diversity** for example, age, disability, ethnicity, faith or belief, gender, identity, language, race and sexual orientation. |

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| **Exceeds good**  |  |
| **Meets good**  |  |
| **Does not meet good** |  |
| **Not applicable.** |  |

 | **Evidence:** **Impact:**   |
| **7. Quality of plans.** Are they: up to date and updated, timely, comprehensive, specific with measurable outcomes and dynamic?Are they implemented? Consider length of plan or any themes? Do they show quality of management oversight? Are they influenced by views of children and parents/carers and diversity issues?**Do plans demonstrate any adjustments that are needed due to COVID. Has the effectiveness of planning for this child has been impacted by the Covid pandemic** |

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| **Exceeds good**  |  |
| **Meets good**  |  |
| **Does not meet good** |  |
| **Not applicable.** |  |

 | **Evidence:** **Impact:**   |
| **8. Permanency is achieved without delay and reflects assessed needs.** Are plans for permanency, including living at or returning to live at home with parents, long term foster care, adoption, in the best interests of children and young people, and achieved without delay? Evaluate the quality of preparation for where the child is living.**Has there been any impact on achieving permanency due to COVID**  |

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| **Exceeds good**  |  |
| **Meets good**  |  |
| **Does not meet good** |  |
| **Not applicable.** |  |

 | **Evidence:** **Impact:**   |
| **9. Children and young people participate in and benefit from effective regular reviews** Are reviews scrutinised and challenged robustly to ensure that they support children in making good progress. What is the influence and impact of Independent Reviewing Officer/Child Protection?**How are reviews held? Is there any impact due to COVID ? how are IRO / conference chairs communicating with children**  |

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| **Exceeds good**  |  |
| **Meets good**  |  |
| **Does not meet good** |  |
| **Not applicable.** |  |

 | **Evidence:** **Impact:**   |
| **10. Quality of living arrangements**(**at home or looked after**) – Are children appropriately placed according to their assessed needs? Evaluate the effectiveness of the following: matching, stability and maintenance of contact with family/friends support for placements (including adoption support)**Has the COVID pandemic impacted on the quality of living arrangements i.e parents employment / food poverty**  |

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| **Exceeds good**  |  |
| **Meets good**  |  |
| **Does not meet good** |  |
| **Not applicable.** |  |

 | **Evidence:** **Impact:**  |
| **11. Are young people prepared for independence and are they living in high quality accommodation that meets their needs.** Is it safe, permanent and affordable (children at home or looked after)? **Has the child’s journey to independence been affected by COVID**  |

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| **Exceeds good**  |  |
| **Meets good**  |  |
| **Does not meet good** |  |
| **Not applicable.** |  |

 | **Evidence:** **Impact:**   |
| **12. How has the help provided improved outcomes?** Are children supported to achieve their full potential? Evaluate impact (including education, physical health, and their emotional well-being). Do children have developed networks within their community and are they safe? |

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| **Exceeds good**  |  |
| **Meets good**  |  |
| **Does not meet good** |  |
| **Not applicable.** |  |

 | **Evidence:** **Impact:**   |
| **13. Agreed actions to achieve good outcomes for child****(SMART actions) and service level / strategic learning and actions** |

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| **Agreed Action (child)** | **Person** | **Completion date** |
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| **Service / Strategic Action/s** |
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**Date Report shared with Team Manager****………………………………………** |