



Westmorland and Furness
Safeguarding Children
Partnership

Children and Young People Early Help Audit Tool

Name of practitioner completing audit:		
Agency		
For schools, UPN ref		
For Health NHS ref		
Date completed:		
Moderator:		
EHA status	Open	Closed
For EHO use		
EHO name		
EHM Number		

Please consider the practice over the last 12-month period (Or the last 12 months before closure)

Child Centred Practice

The purpose of this section is to ensure the voice of the child or young person is central to the work and there is analysis and understanding of their lived experience.

Please consider how well does the case evidence that work is child-centred, and that intervention has had a positive impact on the lived experience of the child and young person? The child/YPs voice and lived experience is explored, understood and reflected throughout the support.

How could this be improved?

Areas of Strength	
Areas to Develop	
Other Comments	

Quality of the Early Help Assessment and Analysis

The purpose of this section is to review whether the assessment is informed by evidence and analysis and links directly to the Early Help Action Plan.

Are assessments timely and analytical, using the Signs of Wellbeing mapping domains, and do they lead to effective planning? Does the assessment recognise the strengths e.g., positive relationships, support within the family network? Are a range of sources used to inform the assessment, e.g., the child's voice, wishes and feelings and their lived experience? How well does the assessment set out the child's needs and risk factors?

How could this be improved?

Areas of Strength	
Areas to Develop	
Other Comments	

Team Around the Family Review Meetingss

The purpose of this section is to audit the Team Around the Family, (TAF), review meeting processes and whether reviews were timely.

Are review meetings held regularly, informed by the Child/Young Person and family and do they clearly evidence progress or increase the worry? Are the right agencies and members of the family network actively engaged in the TAF? Do the reviews consider any newly identified needs and strengths and use them to inform the next steps?

How could this be improved?

Areas of Strength	
Areas to Develop	
Other Comments	

Oversight and Supervision

The purpose of this section is to review management oversight and the quality of supervision.

Is the management oversight focussed on the impact on the child? Where there is particular risk associated with the child or family, is there evidence of management, discussion/consideration and actions? Is supervision, monthly, reflective and having the intended impact on ensuring good practice, challenging appropriately, minimising drift and delay?

How could this be improved?

Areas of Strength	
Areas to Develop	
Other Comments	

Child and Family Feedback

The purpose of this section is to gain feedback on the family’s perspective on the support they have received. Did the parent/carer/young person's understanding of the plan and identified actions in place meet their child/their family’s needs and did they feel this is the correct plan?

Areas of Strength	
Areas to Develop	
Other Comments	

Signs of Wellbeing Bottom Lines	Y	N	Comments
All assessments will include the seven stages of analysis (past worries, future worries, complicating factors, existing strengths, existing well-being, well-being goals and next steps). These will be clear, solution focused and realistic.			
There will be a Family Action Plan.			
Team Around the Family, (TAF), Support Network Meetings will be held with every family and we will use scaling questions to measure progress.			
Direct work will take place with the child/young person, in order to have their voice and understand their lived experience.			
Genogram			
Chronologies			
Family/Support Network			
Where a family is being considered for transfer to social care, ensure all relevant information is shared, which would include mapping, plans, genograms and chronologies			

Reflecting on the learning from this audit where 10 = there is clear evidence that highly effective practice is reflected in the outcomes for the CYP/family with risk identified and managed appropriately and 0 = there is no evidence that effective practice is reflected in the outcomes for the CYP/family and risk is not identified and managed appropriately, where would you scale today?

Grading Guide

Outstanding		Good			Requires Improvement			Inadequate	
10	9	8	7	6	5	4	3	2	1

Overall Judgement for The Early Help Intervention

Grading is based on the Ofsted Key Judgements – Outstanding, Good, Requires Improvement and Inadequate. The criteria for each Judgement are outlined below (Appendix).

Outstanding		Good			Requires Improvement			Inadequate	
Rationale: 									

Urgent action agreed: Yes No Other action agreed: Yes No

Please ensure only specific, time bound actions that are required because of the audit, are detailed below (any generic learning themes should be captured above in the reflection)

Action	By Whom	By When

Collaborative reflection/appreciative inquiry (where appropriate)

What was your best piece(s) of work on this case and what are you most proud of?

What is the key learning from this audit and how will you apply this learning to other cases? What and how would you wish to share with your wider team?

If the child/young person/family were sitting here now, what do you think they would say you did that made the most difference to them?

Appendix Grading Criteria

Grading	Criteria
Outstanding Scaling 9 and 10	• There are no deficiencies in standards of assessment, planning or practice, and there is evidence of highly effective practice reflected in outcomes for the CYP/ family with risk identified and managed appropriately. • The voice of the child and family is clear throughout the service's involvement. • It is straightforward to follow the journey of the child and practice has built upon the strengths of the family. • Evidence based intervention is clear throughout with the fidelity of programmes being maintained • The family is engaging and contributing, with evidence very of good progression. • There is evidence of effective partnership working. • Records are clear and concise with appropriate and timely recording. • There is evidence of quality supervision and/or management oversight.
Good Scaling 6 7 and 8	• There is evidence of comprehensive assessment and effective practice, support is provided early in the emergence of a problem and is well coordinated and recorded through single or multiagency arrangements. • Records of action and decisions are clear and up to date. • There is evidence of appropriate intervention and support provided to the family. • Children and young people are listened to and heard. Practitioners build effective relationships with them and their families in order to assess the likelihood of, and capacity for, change. • Risk is well understood, managed and regularly reviewed. • Children and young people experience timely and effective help through risk-based assessment, authoritative practice, planning and review and they are making good progress. • There is evident of robust management oversight and decision making.
Requires Improvement Scaling 3, 4 and 5	• Requirements are met but do not meet all good grades, but there are no widespread or serious failures that create or leave children at risk of poor outcomes. • Assessments should be timely with risk and protective factors identified and action taken to reduce risk CYP. • Risk and protective factors are identified. • Conclusions flow from analysis and findings in relation to strengths and needs. • Case file requirements are met. However, the case file is not yet at a Good standard and does not provide sufficient assurance that CYP/family is making good enough progress, help and care for children, young people and families. • There is evident of adequate management oversight and decision making.
Inadequate Scaling 1 and 2	• The EHA does not demonstrate a suitable level of assurance. • There are, or appear to be, widespread failures or serious failures that leave CYP at risk of harm and /or poor outcomes. • Response to referrals is not timely or effective, there is insufficiently planning, poor quality assessments, insufficient involvement of family and children and poor managerial oversight.