**Quality Assurance & RAG form for Looked After Reviews**

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| **Initial Review** |  | **3/6 monthly review** |

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| **Date of Review**  |  |
| **Name of IRO**  |  |
| **Name of Social Worker**  |  |
| **Allocated team**  |  |

**Details of Subject Children:**

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| --- | --- | --- |
| **Name** | **Date of Birth** | **Gender** |
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| **Did the allocated Social Worker attend and on time?** | **Yes** |  | **No** |  |

**Chair’s Monitoring Information**

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| **How many days in advance of the review was the review documentation completed**  |
| **0** |  | **1** |  | **2** |  | **3+** |  |

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| **Was the report child specific?** | **Yes** |  | **No** |  |

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| **Comments:**  |

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| **Does the report give an overview of the child’s current and up to date situation?** | **Yes** |  | **No** |  |

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| **Comments:**  |

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| **Did parents/significant others attend the review meeting and contribute?****If not, how are they participated in the review process** | **Mother** **Yes/No** |  | **Father** **Yes/No** |  |

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| **Did all the required agencies contribute appropriately to the review? Yes/No**  |
| **School****Heath****Youth Offending Service****Mental Health Services****Substance misuse Services****Pact****Other agency**  |  |  |  |

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| **Would the child/young person benefit from an advocate being involved?** **Yes/No** |  |  |  |
| **Would the child/young person benefit from an Independent Visitor being involved?** **Yes/No** |  |  |  |

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| **How were the views of the child represented or sought by the chair and does this evidence the child/ young person understand why they are Looked After ?** |
| **Child/young person Present** |  | **Written views of young person via other processes** |  | **Child consultation form completed** |  |
| **Advocacy****Comments re participation**  |  | **No evidence of views** |  | **Too young – under four**  |  |

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| **Have the professionals involved with the child met between reviews?** |

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| **Have all agencies been acting on their responsibilities in the Care Plan, if not which agencies?****Name/ Job role/ Organisation**  |

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| **Does the child/young person have a current and up to date Care Plan?** |

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| **Is there a permanence plan in place for the child?** |

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| **Have all the statutory visits been undertaken within timescale and include the child/young person being seen alone?** |

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| **Is the child/young person’s legal status appropriate**  |

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| **Is there evidence of drift/delay that is compromising the child’s needs?** | **Yes** |  | **No** |  |

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| --- | --- | --- | --- | --- |
| **Is there evidence that the child’s holistic needs are being considered and promoted?** | **Yes** |  | **No** |  |

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| **Does the case require escalating to a Service Manager?****Is there a plan of permanency in place at the 2nd review, if not why?** | **Yes** |  | **No** |  |
| **Has the IRO been informed of significant events in between reviews i.e. missing episodes, change of placement, child being excluded from school?**  |  |  |  |  |

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| **RAG rating decision *(consideration to be given to the following factors)*****Is there clear evidence of drift and delay that is impacting on outcomes for the child/young person linked to case law, case planning and permanency?** **Has there been full consultation and participation with the child, parents and other key people in achieving identified outcomes for the child?****Is the care plan for the child realistic and achievable?** |  | **Decision**  |  | **Rationale linked to outcomes**  |  |

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| **Green** |  | **Amber** |  | **Red** |

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