**The Front Door audit tool**

**Outcome: investigation**

**Basic details:**

|  |  |
| --- | --- |
| Initials of subject child |  |
| Gender |  |
| Age |  |
| Carefirst number |  |
| Date of Audit |  |
| Author of Audit/Position |  |

**Setting the scene:**

|  |  |
| --- | --- |
| Date of referral |  |
| Date of completion |  |
| Timescale of 24 hours met Y/N  If no, what is the reason: |  |
| Brief summary of referred concerns |  |
| Referring agency |  |
| Re-referral | Yes/no  Date of previous referral - |
| SSW undertaking decision making |  |

**Decision Making (comment on the following areas):**

|  |  |
| --- | --- |
| risk assessment/protective factors (as recorded on the referral form): | Historical risk factors:  Presenting Risk Factors:  Protective factors:  ***Auditor’s analysis:*** |
| Application of history: |  |
| Application of thresholds (as recorded on the referral form): | ***Auditor’s analysis:*** |
| Rationale/SW analysis (as recorded on the referral form). | ***Auditor’s analysis:*** |
| Strategy record: |  |
| Date of referral  Date of Strategy meeting/discussion  Meeting/Discussion |  |
| Agency contributions |  |
| Outcome of strategy discussion/meeting |  |
| Rationale provided: |  |
| Feedback letter sent to referrer: |  |
| **Auditor’s outcome:** | |
| Right service, at the right time at the right level (is the suggested intervention proportionate to the risk): |  |
| Any immediate follow up action required? |  |

**So what?**

|  |  |
| --- | --- |
| What worked well? |  |
| What needs to work better: |  |
| Learning for the team: |  |
| When will feedback be completed? |  |