**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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