

## Local Support Team Quality Assurance Tool

Single Agency Response

Multi-Agency Response

<b>Child/young person</b>	Click here to enter text.	<b>ID number</b>	Click here to enter text.
<b>DoB/EDD</b>	Click here to enter text.	<b>Gender</b>	Click here to enter text.
<b>Ethnicity</b>	Click here to enter text.	<b>Disability</b>	Choose an item.
<b>Case holder:</b>	Click here to enter text.	<b>Person checking file:</b>	Click here to enter text.
<b>Date of check:</b>	Click here to enter text.	<b>LST number:</b>	Click here to enter text.
<b>Type of audit</b>	Choose an item.		
<b>Agency starting EHA</b>	Click here to enter text.		

## Assessment

Initial concerns for the assessment are evident on the EHA form	Choose an item.
Evidence confirms that each section of the EHA has been considered	Choose an item.
The family's culture, religion and heritage are recognised and have been considered	Choose an item.
Additional needs arising from learning difficulties, disability, health impairment or mental illness, for the child, young person and/or family have been taken into consideration	Choose an item.
The assessment discussion has been clearly recorded	Choose an item.
It is clear which partner agencies are working with the family	Choose an item.
The child/young person has contributed to the assessment and the evidence is clear	Choose an item.
The parents/carers have contributed to the assessment and the evidence is clear	Choose an item.
Professionals involved with the child or family have contributed to the assessment	Choose an item.
The practitioner has reflected upon and considered all of the information available, including historical information, to support analysis of the root cause(s) of concerns	Choose an item.
Risk has been appropriately considered	Choose an item.
The assessment clearly recognises the identified strengths and resilience of the family and their wider community	Choose an item.
The assessment is reflective of the needs of all of the children in the family	Choose an item.

**Actions and comments:**

[Click here to enter text.](#)

**Plan**

Is there an action plan	Choose an item.
The action plan reflects the assessment	Choose an item.
The plan is SMART <sup>1</sup>	Choose an item.
The voice of the child is evident and influential	Choose an item.
The family are active partners in the plan	Choose an item.
The roles and responsibilities of all individuals or agencies in the plan are clearly identified	Choose an item.
The plan builds on the strengths and resilience of families and households, and the support available in their communities	Choose an item.
Outcomes are clearly identified	Choose an item.
The plan is reflective of the identified needs of all of the children in the family/household	Choose an item.
The plan has been reviewed appropriately	Choose an item.

**Actions and comments:**

[Click here to enter text.](#)

**Intervention**

Appropriate partner agencies are actively engaged in the Family Plan	Choose an item.
Interventions are evidence informed and outcome focused	Choose an item.
Direct face-to-face work is done with children and young people	Choose an item.
The case is managed in a timely manner and drift is avoided	Choose an item.
If the child/family is refusing to engage there is evidence of practitioners using different techniques to (re)-engage them	Choose an item.
Key management decisions are recorded where appropriate	Choose an item.

**Actions and comments:**

[Click here to enter text.](#)

**Outcomes**  
**Closed cases only**

All appropriate professionals are satisfied that positive outcomes have been achieved	Choose an item.
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<sup>1</sup> Specific, measureable, achievable, realist, time bound

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The child/young person feels that positive outcomes have been achieved  
Parents/carers are satisfied that positive outcomes have been achieved  
There is evidence that all TAF members agree that the needs of the family have been addressed

Choose an item.  
Choose an item.  
Choose an item.

The conclusion of LST involvement is carefully planned for the sustainability of positive change

Choose an item.

**Children of statutory school age only**

Choose an item.

There is evidence that the subject child's school agree that there is no further role for the Local Support Team

Name of the school

Click here to enter text.

**Actions and comments:**

Click here to enter text.

**Final audit grade**

1 outstanding       2 good       3 requires improvement       4 inadequate