Multi Agency Child Protection Team Quality Assurance and Outcome Framework

Enfield Children's Services



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1. Purpose and Scope

This framework sets out how local safeguarding partners will assure themselves that Multi-Agency Child Protection Teams (MACPT) are meeting statutory expectations, supporting the local authority to discharge its child protection duties and improving outcomes for children and young people.

The purpose of this quality assurance framework is to provide a clear, shared approach for assessing whether the local MACPT arrangements are lawful, effective, child-centred and outcome focused.

The framework applies to all safeguarding partners and relevant agencies involved in child protection decision making, including local authority children's social care, police, health, education and other agencies that contribute to the identification, assessment and protection of children at risk of significant harm.

The framework applies across the child protection pathway wherever MACPT has a decision-making, advisory, oversight or assurance role. This includes consultations, threshold decisions, strategy discussions, Section 47 enquiries, child protection conferences, child protection plans, escalation and step down. It covers both harm within the family and harm outside the family.

The framework brings together performance information, quality assurance activity, professional standards, stakeholder feedback and evidence of outcomes. This will help partners understand the quality and impact of practice, identify strengths and areas for improvement, and take shared responsibility for learning and improvement.

2. Legal and Statutory Context

Safeguarding partners have a statutory responsibility to make arrangements to work together to safeguard and promote the welfare of children in their local area. This includes the local authority, integrated care board, police and education. MACPT arrangements will provide direct support to the local authority and partners in carrying out their duties under section 47 of the Children Act 1989, where there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.

The framework is designed to assure compliance with statutory guidance, including expectations for effective multi-agency working, information sharing, robust child protection decision-making, independent scrutiny, local reporting and continuous learning.

It is underpinned by key legislation, statutory guidance and national reform expectations, including the Children Act 1989 and 2004, the Children's Wellbeing and Schools Act 2026, Working Together to Safeguard Children 2026, the Children's Social Cpare National Framework, and information sharing and data protection requirements. These provide the basis for lawful, proportionate and child-centred safeguarding practice, clear threshold decisions, strong multi-agency working, partner accountability and continuous improvement.

The links below provide direct access to the key legislation and statutory guidance that underpin MACPT practice and support the quality assurance expectations set out in this framework.

Children Act 1989

Children Act 2004

Children's Wellbeing and Schools Act 2026

Working Together to Safeguard Children 2026

Children's Social Care National Framework

3. Framework Aims

- Keep the child's lived experience, safety and outcomes at the centre of quality assurance.
- Provide assurance about the quality, timeliness and consistency of child protection practice.
- Strengthen multi-agency working, accountability and professional challenge.
- Use audit, performance information and feedback to identify strengths and areas for improvement.
- Ensure learning informs single agency and multi-agency quality assurance, supervision, workforce development, professional standards, practice guidance and service improvement.
- Evidence the impact of MACPT on children's safety and outcomes.
- Enable safeguarding partners collectively to scrutinise the effectiveness and impact of MACPT.
- Connect learning from MACPT with single agency and multi-agency quality assurance and improvement arrangements.

4. Guiding Principles

Quality assurance activity will be:

- Child-centred, with the child's lived experience, safety and outcomes at the centre.
- Multi-agency, collaborative and open to constructive challenge.
- Evidence based, outcome focused, proportionate and timely.
- Equitable, inclusive, rights based and anti-discriminatory.
- Strengths based, relationship focused and informed by family networks.
- Reflective of Family Safeguarding, Motivational Interviewing and contextual safeguarding principles.
- Professionally curious, learning focused and committed to continuous improvement.



5. Governance and Accountability

The local multi agency safeguarding partnership will provide strategic oversight of this framework trough the Multi Agency Partnership Executive group. Each safeguarding partner will nominate a senior responsible officer for MACPT quality assurance. The MACPT Lead, Head of Safeguarding and Quality Assurance will be responsible for day-to-day implementation, ensuring that assurance findings are reviewed, risks are escalated and improvement actions are completed. Independent scrutiny should test the effectiveness of arrangements and provide challenge to partners on compliance, practice quality and outcomes.

6. Expected Practice Standards

These standards describe the expected quality of practice across MACPT activity and will be used to guide audits, dip samples, observations, feedback and reporting.

MACPT practice should evidence that:

- Children's safety lived experience and outcomes are central to all decision making.
- The reason for MACPT involvement is clear, timely and appropriate.
- Threshold decisions are well evidenced, clearly recorded and consistent with local guidance.
- Strategy discussions include the right agencies, and relevant information is shared in a timely way.
- Section 47 enquiries are purposeful, proportionate and focused on the risk of significant harm.
- Decisions are based on clear analysis of risk, harm, strengths, protective factors and family networks.
- Child Protection Medicals will be carried proportion to risk and in a timely way.
- The child's wishes, feelings, identity, daily experience and communication needs are considered.
- Parents and carers are given clear information about concerns, decisions and next steps, unless this would increase risk.
- Advocacy is offered and recorded where appropriate.
- Family networks and Family Decision Making are considered at the earliest safe point.
- Complex and organised abuse, including abuse involving multiple children, adults, locations or agencies, is recognised at the earliest point. Strategy discussions include the right senior and specialist partners, risks are mapped clearly, information sharing is timely, and there is clear oversight of investigation, disruption, safeguarding and support for children.
- Professional curiosity is evident, including exploration of disguised compliance, cumulative harm and changing risk.
- Professional challenge is welcomed, recorded and resolved in a timely and respectful way.
- The Lead Child Protection Practitioner role is clear and adds value through advice, scrutiny, challenge and analysis.
- Statutory decisions are made by the appropriate local authority decision maker and are supported by clear management oversight.



- Multi-agency actions are specific, allocated to named people or agencies, time-bound and reviewed.
- Plans are focused on reducing risk, improving safety and achieving clear outcomes for the child.
- Practice is respectful, strengths based, inclusive and avoids blaming or stigmatising language.
- Identity, culture, disability, communication needs, trauma and possible bias are considered in assessment and decision making.
- Supervision and management oversight provide clear direction, reflection and challenge.
- Records are timely, clear, accurate and show the rationale for decisions.
- Learning from audits, feedback, reviews and performance data is acted on and shared across agencies.
- Partner agencies can evidence that learning is reflected in their own supervision, training, standards and improvement activity.
- MACPT involvement makes a positive difference by strengthening decision making, reducing drift and improving outcomes for children and families.



7. Defining Success

The Multi Agency Child Protection Team will be considered successful where there is clear evidence that children are safer, risks are identified and responded to more effectively, and agencies are working together to make timely, informed decisions.

Success will be demonstrated through:

- Effective multi agency participation, with the right professionals involved in decision making at the right time.
- High-quality strategy discussions and child protection enquiries that are timely, proportionate and focused on improving outcomes for children.
- Increased confidence in multi-agency decision making, supported by consultation, professional challenge and shared accountability.
- Children and families experiencing meaningful participation in decision making, including access to advocacy and Family Decision Making where appropriate.
- Evidence that learning from quality assurance activity leads to improvements in practice, systems and partnership working.
- Positive feedback from children, families and professionals regarding the effectiveness of MACPT involvement.
- A reduction in unnecessary progression through statutory child protection processes where risks can be safely addressed at an earlier stage.
- Improved outcomes for children, including greater stability, reduced repeat referrals to MACPT, and evidence that children are safer as a result of multi-agency intervention.

8. Quality Assurance Activities

The MACPT Quality Assurance and Outcome Framework brings together a range of indicators, audit findings, feedback and outcome measures. These will help partners understand whether MACPT is supporting timely, consistent and high-quality child protection practice, and whether this is making a positive difference for children and families.



What the partnership will do

Activity	Purpose	Indicative frequency
Multi agency audits	Review the quality and effectiveness of practice across agencies, including information sharing, analysis, decision making, professional challenge, application of professional standards, accountability for agreed actions and the difference made to children and families.	Quarterly
Thematic audits	Examine priority areas and emerging themes.	As required, based on emerging themes
Case file audits and dip sampling	Test agreed practice standards, including consent and information sharing decisions, proportionality, children's wishes and lived experience, family strengths and networks, quality of analysis, respectful language, engagement and evidence of change.	Monthly during early implementation, then quarterly
Child Protection Plan progression and impact tracking	Monitor progress, drift, delay, risk reduction and outcomes.	Monthly
Observation of practice	Assess the quality of strategy discussions, child protection meetings and supervision, including multi agency contribution, professional challenge, decision making and family participation where appropriate. Learning from observations will inform supervision, professional development and service improvement activity.	Monthly during early implementation, then quarterly
Learning reviews	Identify learning from practice and significant events, and capture and embed key learning.	As required, with themes reviewed quarterly
Performance monitoring and analysis	Identify trends, risks and areas requiring improvement.	Weekly during early implementation, then monthly
Escalation and professional challenge reviews	Review how disagreements and concerns are raised and resolved.	Monthly, with immediate review where risk or unsafe practice is identified
Child, family and advocacy feedback	Understand lived experience and impact, including whether children and families understood the concerns, felt listened to and involved, experienced coordinated support and felt that help made a difference.	Quarterly, with feedback gathered as close to involvement as possible

Practitioner and partner feedback	Strengthen multi agency working and understand confidence in the Family Safeguarding model, Motivational Interviewing, learning and development, workforce wellbeing and perceived effectiveness.	Quarterly during implementation, then six-monthly or annually
Supervision and reflective practice reviews	Assure the quality and effectiveness of case supervision, clinical group supervision, reflective practice and line management supervision within partner agencies.	Quarterly
Training and workforce development evaluation	Assess impact of learning and development activity.	After each session, with quarterly thematic review
Independent scrutiny	Provide external challenge and assurance.	Six-monthly and annually
Action tracking and re-audit	Test whether improvements have been achieved and sustained.	Monthly action tracking, with re-audit within 3 to 6 months depending on risk
Single agency assurance and feedback	Partner agencies provide assurance about the quality of their agency contribution to MACPT, including professional standards, statutory and safeguarding responsibilities, line management supervision, completion of actions, workforce development and responses to learning.	Quarterly

9. Continuous Quality Improvement

MACPT will use a continuous quality improvement approach to ensure that learning leads to improved practice and better outcomes for children.

- Undertaking quality assurance activity
- Analysing findings
- Identifying strengths and areas for improvement
- Implementing improvement actions
- Sharing learning
- Reviewing impact and outcomes

Quality assurance activity will focus not only on compliance and process, but on the difference made to children's lived experiences and outcomes.

10. Assurance Questions

All quality assurance activity should consider:

- Is practice safe?
- Is practice effective?
- What is the experience of children and families?
- Do children, families and partners feel that MACPT involvement has made a positive difference?
- Is there appropriate oversight and accountability?
- Is practice equitable and anti-discriminatory?
- Is the service sustainable and effective?
- Is the workforce supported, skilled and well supervised?
- Are strategic objectives being achieved?
- Is MACPT achieving what it was designed to do?
- What is happening differently because of MACPT?
- Is child protection decision making becoming more consistent, informed and effective?
- Are children safer and are families receiving the right support?
- Is the partnership providing effective scrutiny, challenge and assurance?
- Are practitioners meeting the professional standards and safeguarding responsibilities of their respective organisations?
- Is learning being acted upon within MACPT, individual agencies and the wider partnership?
- Can we evidence that learning has improved practice and outcomes?

11. Quality Assurance Indicators, Outcome Measures and Reporting

The MACPT key performance indicators and outcome measures are set out in Appendix 1. They will be used alongside audit findings, practice observations, feedback and learning reviews to give partners a rounded view of whether MACPT is working as intended and making a positive difference for children and families.

The indicators are not intended to be viewed in isolation. They should be considered together to help partners understand demand, timeliness, threshold application, quality of practice, family participation, multi-agency contribution, equity, workforce capacity, learning and outcomes. This will help the partnership move beyond counting activity and focus on what the information says about the quality and impact of practice.

Quarterly reporting should draw out key messages from the data, including what is improving, where there is drift or variation, and whether action is needed by MACPT, single agencies or the wider partnership.

Where indicators show concern, reports should include brief analysis, the likely reason for the issue, the action being taken and how impact will be checked.

Appendix 1 should therefore be used as the core KPI and outcome measure set for the framework. The measures can be refined over time as MACPT embeds, data quality improves and the partnership has a clearer understanding of which indicators best demonstrate impact.

MACPT decision-making timescales

MACPT activity should be completed in line with the timescales set out in the MACPT Operating Protocol. This includes referral responses, consultation responses, strategy discussion arrangements, decision making, recording and sharing outcomes. Quality assurance activity should test whether these timescales are being met and whether timely decisions are leading to safe, effective and well-coordinated safeguarding action for children.

The table below summarises the key MACPT timescales that should be monitored through performance reporting, audit and management oversight.

MACPT activity	Expected timescale
New contacts reviewed by MASH	Pathway decision within 24 hours
Urgent MACPT referral	Lead Child Protection Practitioner assigned within 4 hours where an urgent response is required
Open Family Help request for a strategy meeting/discussion	Reviewed by the duty Lead Child Protection Practitioner, with feedback within 1 working day unless a more urgent response is required
Strategy meeting/discussion where the risk of significant harm is immediate	Should take place immediately once the risk of significant harm has been identified, to determine what action is needed to protect the child
Strategy meeting/discussion where the risk of significant harm is not immediate	Should normally be held within 24 hours of the risk of significant harm being identified
Strategy meeting/discussion for complex circumstances, missing children, extra-familial risk, organised abuse or allegations against staff	May be delayed for over 24 hours to support attendance from relevant agencies, but should still take place within 72 hours of the risk of significant harm being identified
Safety of the child while waiting for a strategy meeting/discussion	The child's safety must be considered during any period between the risk of significant harm being identified and the strategy meeting/discussion taking place
Initial Child Protection Conference following Section 47 enquiry	Should be held within 15 working days of the strategy meeting/discussion that decided to initiate the enquiry
Further strategy meeting/discussion required	A clear timescale should be set and kept under regular review, with the safety of the child considered at all times
No further Section 47 enquiry following strategy discussion	Consideration should be given to continuing the multi-agency assessment to understand the child's needs for early help or family support as a child in need

Temporary implementation assurance during embedding

During the initial implementation period, some temporary measures will be used to check whether the MACPT model is being set up and used as agreed. This may include whether access routes are clear, core agency representation is in place, duty arrangements are understood, recording is consistent and data can be captured reliably. These measures will be reviewed once MACPT is embedded and either removed, reduced or absorbed into routine KPI reporting.

12. Reporting and Review

Quarterly quality assurance activity will be reported into the Performance Improvement Partnership Subgroup. This will support regular scrutiny of MACPT effectiveness, progress against improvement actions, partner accountability and evidence of impact for children and families.

A six-monthly summary report will be shared with the Partnership Executive to provide strategic oversight of key themes, progress, risks and areas requiring partnership action. More urgent reporting or escalation should be immediate where audit findings identify significant concerns, repeated practice issues, safeguarding risks, partner accountability concerns or areas where senior leadership intervention is required.

During the initial set-up period, the framework will be tested more frequently to check that quality assurance activities are working as intended. This will include regular dip sampling, early review of themes, testing of data quality and feedback from practitioners and partners. The frequency of testing will be reduced once the framework is embedded and there is confidence that reporting, scrutiny and improvement arrangements are effective.

Reports should include performance data, audit findings, feedback from children and families, learning from reviews, risks, impact of improvement activity and recommendations. An annual MACPT effectiveness report should be included within wider safeguarding partnership reporting arrangements and inform the partnership's priorities for the following year.



13. Learning

Learning from quality assurance activity will be captured through a partnership learning log and converted into clear improvement actions. Each action will have an identified lead, timescale, expected impact and review date. The safeguarding partnership will monitor whether learning has been embedded into practice through repeat audit, performance data, practitioner feedback and evidence of improved outcomes for children and young people.

Learning identified through MACPT quality assurance activity will inform improvement at three connected levels:

- MACPT improvement, including practice development, supervision, training, procedures and operational changes.
- Single agency improvement, including agency quality assurance, line management supervision, professional standards, workforce development and internal improvement plans.
- Partnership improvement, including multi-agency learning, joint practice development, partnership procedures, strategic priorities and system change.

Agencies and the partnership should be able to demonstrate how learning has been shared, what action has been taken and whether this has resulted in improved practice and outcomes for children and families

14. Roles and Responsibilities

Role	Quality Assurance Responsibility
Safeguarding Partnership	Provide collective scrutiny and oversight of MACPT effectiveness, consider multi-agency themes and risks, oversee partnership improvement actions and seek assurance that learning is being embedded across agencies.
Senior Leaders	Governance, scrutiny and oversight of improvement activity.
Independent Scrutiny	Provide independent challenge, assurance and scrutiny of quality assurance findings, learning and improvement activity.
Head of Service	Strategic oversight of the QA framework and improvement activity.
Service Managers	Lead quality assurance activity and monitor action plans.
Centre of Excellence	Provide oversight of performance improvement activity, support the analysis of quality assurance findings and help ensure learning is translated into service improvement.
Team Managers	Case audits, supervision and practice observations.
Lead Child Protection Practitioners	Independent challenge, scrutiny and feedback.
Practitioners	Participate in audits, reflection and learning.
Multi-agency Partners	Contribute to multi-agency quality assurance, scrutiny and learning; provide relevant single agency assurance; ensure learning is reflected in line management supervision, professional standards and agency improvement arrangements; complete agreed actions; and provide evidence of impact.

Appendix 1: MACPT Quality Assurance and Outcome Measures

Demand and activity		
Indicator	**Data source**	**What it aims to show**
Number of MACPT consultations received Number and percentage resulting in MACPT involvement Number and percentage remaining consultation only Number and percentage progressing to strategy discussion Number and percentage resulting in alternative support or intervention without progression to strategy discussion Themes identified through consultations Number of strategy discussion requests and discussions held Number of Section 47 enquiries Number progressing to initial child protection conference Number of child protection plans	MACPT Business Support Tracker Consultation form or tracker Consultation records Strategy discussion data Case management system	Shows demand, use and impact of consultation, child protection activity, whether children receive the right level of support at the right time, and whether consultation is supporting earlier decision making and reducing unnecessary strategy discussions where safe to do so.



Timeliness		
Indicator	**Data source**	**What it aims to show**
Percentage of strategy discussions completed within timescale Percentage of Section 47 enquiries completed within timescale Percentage of initial child protection conferences held within timescale Percentage of multi-agency actions completed within timescale Average consultation response time	Case management system Action tracker Business Support Tracker	Shows whether safeguarding responses are timely, responsive and progressed without avoidable delay.



Thresholds and decision making		
Indicator	**Data source**	**What it aims to show**
Percentage of strategy discussions progressing to Section 47 Percentage of Section 47 enquiries progressing to initial child protection conference Percentage of relevant cases with clear LCPP involvement recorded Percentage of audited cases showing LCPP analysis influenced the decision or next steps Percentage of statutory child protection decisions with clear rationale, threshold analysis and management oversight recorded Number of threshold disagreements Number of professional challenges or escalations raised Themes arising from professional challenge and escalation activity Percentage of professional challenges or escalations resolved at first stage Evidence that learning from escalations informs service improvement Number of cases where decision making was delayed or unclear due to role confusion	Case management system Escalation records	Shows consistency of threshold application, the impact of LCPP expertise, clarity of statutory child protection decision making, whether professional challenge is resolved safely and whether learning from escalation activity informs service improvement.

Quality of practice		
Indicator	**Data source**	**What it aims to show**
Percentage of audited cases graded Good or better Percentage evidencing effective multi-agency analysis Percentage evidencing meaningful professional challenge Percentage evidencing clear management oversight Percentage evidencing the child's lived experience Percentage evidencing proportional and rights-based decision making	Multi-agency audit Case audit	Shows the quality of shared professional thinking, leadership oversight, child-centred practice and fairness of intervention.

Family participation and advocacy		
Indicator	**Data source**	**What it aims to show**
Percentage of parents offered advocacy at the point of Section 47 Percentage of parents accepting advocacy support Number and percentage of families offered Family Decision Making before MACPT involvement Number and percentage of families participating in Family Decision Making Percentage of cases where Family Decision Making was considered but not progressed and rationale recorded Percentage of plans evidencing family network involvement	Advocacy tracker Case management system Audit	Shows whether parents, children and family networks are involved early, whether advocacy is offered and whether family-led planning is informing decisions.

Multi-agency participation		
Indicator	**Data source**	**What it aims to show**
Attendance rates by agency at strategy discussions, including whether all key agencies were represented. Percentage of strategy discussions where the right professionals attended in line with the child's circumstances and presenting risks Evidence that information was shared at the correct point and that agency contributions effectively informed decision making. Percentage of information requests returned within timescales Percentage of multi-agency actions completed Evidence of constructive professional challenge and shared accountability in decision making	Strategy discussion records Agency data returns Action tracker Audit	Shows whether the right professionals and key agencies are involved, whether information is shared at the correct point, and whether agency contributions strengthen safe, timely and well-informed decision making.

Equity and inclusion		
Indicator	**Data source**	**What it aims to show**
Demographic profile of MACPT involvement Analysis of disproportionality Percentage of advocacy and Family Decision Making offered to all families Percentage of cases evidencing consideration of accessibility needs	Case management system Performance data Advocacy tracker Audit	Shows accessibility and reach, potential inequality or bias, equity of access and inclusive practice.

Outcomes for children and families		
Indicator	**Data source**	**What it aims to show**
Repeat child protection plans Re-referral to MACPT Reduced escalation through effective consultation and partnership working Child protection plan duration Evidence of reduced risk Positive child and family feedback	Case management system Audit and review Surveys and feedback	Shows whether change is sustained, risk has reduced, drift is avoided and children and families experience support positively.

Workforce, learning and improvement		
Indicator	**Data source**	**What it aims to show**
Vacancy rates Agency staff usage Supervision compliance Practitioner confidence in MACPT decision making Practitioner confidence in applying thresholds Percentage of quality assurance actions completed within timescale Re-audit evidence of improvement	Workforce data Supervision records Practitioner survey Improvement plan tracker Audit programme	Shows workforce capacity, stability, professional support, confidence in decision making and whether learning is embedded and sustained.

Appendix 2: MACPT Audit Template

The MACPT audit template can be used for case file audits, multi-agency audits, dip samples, thematic audits and learning reviews. It should test both compliance and the quality and impact of decision making, including whether MACPT involvement has improved safety, strengthened multi-agency working and made a positive difference to the child and family.

Audit field			
Child identifier		Date of birth / age	
Allocated MACPT Lead: LCPP Health Police Education Other			
Audit date		Auditor name and role	
Type of audit		Audit period covered	
Date of MACPT involvement			

Audit domain	**Findings**	**Rating**
Reason for MACPT involvement	**Prompts:** Was the reason for MACPT involvement clear, timely and appropriate? Were the presenting risks clearly recorded?	
Threshold and decision making	**Prompts:** Was the threshold decision clear, well evidenced, consistent with local guidance and supported by clear analysis of risk, harm and protective factors?	
LCPP role and statutory decision making	**Prompts:** Was LCPP involvement clear and timely where required? Did the LCPP provide expert analysis, advice or challenge that strengthened the decision? Was the statutory decision made by the appropriate local authority decision maker, with clear rationale, threshold analysis and management oversight recorded?	

Audit domain	Findings	Rating
Multi-agency information sharing	**Prompts:** Were the right agencies involved at the right time? Was relevant information shared and used to inform the risk analysis and decision? Where there are concerns about complex or organised abuse, did the response include timely senior oversight, the right specialist agencies, clear information sharing, risk mapping, disruption activity and coordinated safeguarding planning?	
Partner contribution and accountability	Were agency views recorded? Were actions clearly allocated with owners and timescales? Were actions completed or followed up?	
Child's lived experience	Is the child's lived experience understood? Were the child's wishes, feelings, daily experience, identity and needs considered?	
Family involvement, information and advocacy	Were parents or carers informed in a clear and accessible way? Were their views considered? Was advocacy offered and recorded?	
Family networks and Family Decision Making	Was the family network considered? Was Family Decision Making considered, offered or completed where appropriate?	
Quality of plans and actions	Were actions clear, specific, linked to risk, allocated to the right person or agency and reviewed to prevent drift?	
Professional challenge and escalation	Was there evidence of professional curiosity, constructive challenge and timely resolution of professional disagreement?	
Equity, inclusion and language	Were identity, culture, communication needs, accessibility and potential bias considered? Was language respectful and non-stigmatising?	
Impact and outcomes	Did MACPT involvement support safer decision making, reduce drift, improve multi-agency working and make a positive difference to the child and family?	

Rating	Meaning
1. Inadequate	Significant concerns. Practice is unsafe, unclear or ineffective.
2. Requires improvement	Some strengths, but important gaps or inconsistency.
3. Good	Practice is safe, clear, timely and effective.
4. Strong	Practice is high quality, child centred and shows clear impact.
N/A	Not applicable to this case or audit question.

Auditor Summary and Analysis Box
Strengths in practice? **Concerns or gaps?** **Impact for the child?** **Effective multi-agency working?** **Partner accountability?** **Learning for MACPT?** **Learning for single agencies?** **Learning for the partnership?**

Audit Judgement and Immediate Action
Is immediate remedial action required? Yes / No **What is the overall audit judgement? Inadequate / Requires improvement / Good / Strong**

Action required	Owner	Agency	Timescale	Intended Outcome



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People Department
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