Quality Assurance and Learning Framework

AMENDMENT

This chapter was extensively updated in April 2018 and should be read throughout.

1. Principles and Purpose

Bedford Borough Council is committed to providing high quality, dependable services for children, young people and their families. We will keep children at the heart of our services and ensure the best quality intervention for children and families by making Quality Assurance part of everyone's business. The key elements for our service are set out below:

- *Child Centred*: the focus of quality assurance will be on the experiences, progress and outcomes of the child or young person on their journey through our social work and safeguarding systems;

- *Restorative*: quality assurance will be restorative. Instead of a top down approach, quality assurance work will be based on working *with* staff and managers and building relationships. As a restorative process quality assurance will be characterised by both high support and high challenge;

- *Outcomes Based*: in line with the key behaviours for children's services, the proper focus of quality assurance will be on outcomes rather than processes;

- *Positive*: our approach to quality assurance will be positive - looking at informing and encouraging improvement and supporting the development of staff and services;

- *Reflective*: our quality assurance framework is designed to be about promoting reflective practice and shared learning.

2. Summary

The key elements of the Quality Assurance Framework within Children's Services are as follows:

- *Case File Audits.* All Managers will undertake audits to assess the quality of recording, practice and the outcomes and experiences of children and young people. This includes:

    o A random sample of roughly 10% of cases per year;

    o Compliance audits to support the quality of supervision;

    o A programme of thematic audit days on key issues of concern for the service.

- *Supervision Audit.* The quality of supervision is crucial to front line practice. Supervision will be assured by:

    o A regular monthly audit of supervision records;

    o At least an annual survey of staff.

- *Staff Observation.* All staff will be observed to assess the quality of their practice in working with children and families and/or partner agencies. Staff observation will include all staff but with additional focus on those with additional development needs such as newly qualified staff;

- *Meeting observation.* Key decision-making meetings will be observed through a programme led by senior leaders within the service to assure their effectiveness. Observations will consider key factors such as leadership by social work staff, multi-agency working, and the involvement of children and families.

In addition to these processes driven by service leaders, Children's Services work closely with a range of other colleagues and partners to support wider quality assurance and learning. Children's Services regularly reviews the findings of these processes and agrees shared improvement plans through the Senior Leadership Team and Departmental Management Team:

- *Conference and Review Service.* (Please see appendix D) The CRS leads key quality assurance processes including:

    o Independent Reviewing Officers reviews of Children Looked After;

    o CP Chairs reviews of children subject to a Child Protection Plan;

- *Local Safeguarding Children Board*: The LSCB undertakes a wide programme of quality assurance and audit each year and the Children's Social Work Service works closely with the LSCB to support this programme;

- *Fostering and Adoption quality assurance*. The Fostering and Adoption teams have their own additional quality assurance and audit processes focusing on the specialist roles and practice of workers in these areas;

- *Complaints and compliments*: complaints and compliments provide a key element of quality assurance and source of intelligence on strengths and areas for improvement;

- *Involving Children and Young People*: there are a range of regular groups and surveys that provide valuable insights into the views and experiences of children, young people and families. These include the established formal groups – such as Children in Care Council and Youth Council; regular focus groups and surveys.

- *Involving Families*: there are a range of groups and surveys that provide valuable insights into the views and experiences of families.

3. Case File Audits

Rationale

Case file audits provide an invaluable perspective on front line practice. Effective audits can provide insight not only into the quality of recording but also into the quality of work with the child, the quality of management and support for the worker and, importantly, the views, experiences and outcomes for the child. The framework below sets out how this will operate.

In broad terms the service intends to:

- Complete file audits on a random 10% sample of cases each year (c.140) to assess progress in improving practice and identify priorities for learning and improvement;

- Complete a programme of thematic audits on issues where there are key concerns for the service, to support plans and learning for improvement.

Roles and Responsibilities

Team Managers

- All Team Managers will undertake **one** case file audit per month;

- Team Managers may undertake up to **four** additional thematic audits each year on key areas of concern for the service.

- Team Managers will ensure at least 2 compliance audits for each member of staff they supervise are completed prior to supervision. Where remedial actions are required from these compliance audits, the

manager will add a management direction case note detailing the required actions and timescales and will then review completion of these actions within supervision.

- Team Managers will ensure there is a process within the team to oversee and track remedial actions.

Advanced Practitioners

- All Advanced Practitioners will undertake **one** case file audit per month;

- Advanced Practitioners may undertake up to **four** additional thematic audits each year on key areas of concern for the service.

- Advanced Practitioners will ensure at least 2 compliance audits for each member of staff they supervise are completed prior to supervision. Where remedial actions are required from these compliance audits, the manager will add a management direction case note detailing the required actions and timescales and will then review completion of these actions within supervision.

Senior Managers (Heads of Service, Chief Officer, Director)

- All Senior Managers will review the audits completed within the service and Quality Assure the audits, sharing feedback with the relevant Team Manager/ Advanced Practitioner.

- Where learning is identified for individuals or teams within the service, the Manager of the relevant service will discuss this within supervision with the relevant Team Manager and will agree a plan to address the learning.

- .Where required the Manager will commission the Safeguarding and Quality Assurance team to undertake an independent audit to test out the learning and improvement.

All Auditors will:

- Ensure that the audits are completed by the due date (these are automatically sent to the S&QA team via Survey Monkey)

- Ensure that Remedial Actions are notified to the Worker and Manager within 48 hours, and copied to IRO/CP Chair as required; (Auditors should send an email with all actions required to the Worker, Manager and where appropriate IRO/CP Chair and then copy this into Azeus)

- Ensure, where possible, that the audit is undertaken with the worker. Where this cannot be achieved, the auditor will offer a shared reflective discussion with the worker on the case audited.

Safeguarding and Quality Assurance Team will:

- Complete monthly overview reports on all quality assurance activity, reporting to DMT. These reports will be shared with other leadership groups where requested/ required.

- Produce regular briefings for the service in the learning and improvements demonstrated through quality assurance activity.

- Dip sample audits to ensure that the quality of audits is of a high standard and remedial actions are being followed through.

- Undertake independent audits where requested from the relevant service Manager.

- Lead on thematic audit days across the service.

Leadership Groups

- DMT and where relevant, SLT will all consider the findings of case file audits at least quarterly, highlighting key learning points and identifying actions for workforce development etc.

Forms and Guidance

Please see appendix A for case audit template.

Compliance audits should cover the following:

- Religion
- Ethnicity
- Up to date Chronology
- Assessment in time
- Up to date Plan
- Visit in time
- Supervision in time

4. Supervision Audit

Rationale

Effective frontline supervision is vital for effective front line social work practice. The workforce requires support both with their professional development as well as case specific management oversight and supervision.

Roles and Responsibilities

- Managers (Heads of Service) will undertake one audit of a Team Manager's professional supervision records each month and one audit of a Team Manager's case specific supervision each month.

- Team Managers will undertake one audit of their Advanced Practitioner's professional supervision records each month and one audit of their Advanced Practitioner's case specific supervision each month.

- Managers will review findings of the audits at their next supervision;

- Managers will agree actions required as an outcome of the supervision audits and record these within the supervision record of the supervisor who was audited;

- Managers will send a copy of the audit record to the S&QA Team upon completion of the review with the TM/AP;

- Manager (Head of Service) will prepare a quarterly summary of issues and learning from supervision audits;

- DMT will review Supervision Audit findings quarterly in order to support learning and development of the service;

Forms and Guidance

Please see [Appendix B: Supervision Audit in Local resources](#).

5. Staff Observation

Rationale

Observation of staff in their everyday work is an important element of quality assuring front line social work. Supervision and case file audits on their own are useful but cannot fully assess the way workers work, support families and build relationships with children, young people and families. Observation of practice provides a complementary alternative, offering an opportunity to gain a picture of the way that workers work with children and families, their behaviours, outlook and approach.

The approach to staff observation will be closely linked to PDR's. Issues to assess at observation will be informed by PDR priorities and, in turn, observation findings will be a key source of information for staff PDR's.

Roles and Responsibilities

Team Managers/Advanced Practitioners

- The Team Manager and Advanced Practitioner within the Academy will observe the practice of newly qualified workers in line with local and national AYSE policy, using agreed templates for this;

- All Team Managers (or APs where agreed locally) will observe the practice of workers at least once every year;

- All Team Managers will identify any workers within the team in need of support with improving performance. These workers will be observed at least every 6 months, and more frequently where required;

- All Team Managers/APs will share Observations with workers and undertake a shared reflective review following the observation or at the next supervision, whichever is most appropriate. A shared action plan will be agreed as necessary;

- All TMs/APs will share completed Observations with their line manager and the S&QA team;

- All TMs/APs will link observations with the PDR process and agree priorities for observation.

Managers (Heads of Service)

- All Managers will ensure that appropriate arrangements are in place within teams for staff observation;

- All Managers will report on the learning from staff observation at least annually.

Leadership Groups

- DMT and SLT will all consider the findings of staff observation at least once per year, highlighting key learning points and identifying actions for workforce development etc.

Forms and Guidance

Please see [Appendix C: Practice Observation (Children's Services)](#).

6. Observation of Meetings

Rationale

In addition to assuring the quality of front line practice, it is important to assess the quality of shared working and decision-making in key meetings because these groups and processes have a key role in the safeguarding system in Bedford Borough. Observation of meetings is an important way to judge how well these important decisions are being made and how different staff, teams and agencies are working with children and families.

Roles and Responsibilities

Managers (Heads of Service)

- Managers will observe a key meeting within their service at least twice per year;

- Managers will complete a record of the observation and discuss this with the chair of the meeting. A shared record of learning and actions will be agreed and recorded;

- Managers will send a copy of the observation record to the S&QA Team.

Chief Officer and Director

- Senior Leaders will observe key meetings once per year;

- Roles as above.

Areas and Judgements

The following meetings will be observed:

- Child Protection Conference – Initial/ Review;

- Strategy discussion/meeting;

- Core Group meeting;

- Looked After Child Review;

- ARP (Access to Resources Panel);

- Legal Planning Meeting.

- Child in Need Meeting

Each meeting will be assessed in the following areas:

- The focus on the child;

- Children, young people and their families feedback and whether they feel they have been effectively helped;

- Attendance and participation of children, young people, and advocates, including effectiveness of communication and involvement, evidence of understanding and impact;

- Attendance and participation of parents, carers and advocates, including effectiveness of communication and involvement, evidence of understanding and impact;

- Attendance and participation of professionals and partner agencies;

- Protective factors are acknowledged and built upon;

- Risk is identified, responded to and reduced;

- Quality of decision-making - effective and timely;

- Quality of evidence gathering and information sharing;

- Quality of assessment and help: comprehensive and up to date;

- Quality of planning and review. Reviews are timely, effective, appropriately challenging and lead to the delivery of a child-centred plan;

- Effectiveness of coordination between agencies and quality of joint working;

- Consideration and impact of age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation;

- Overall effectiveness.

Forms and Guidance

Please see Appendix C: Practice Observation (Children's Services).

7. Themed Audit Days

Rationale

In order to promote consistent decision making, consistent expectations of good and outstanding practice and support reflective practice, the service will hold half day themed audit days. These days will use performance

data, audited cases, feedback from professionals/ staff/ families and any other relevant information to explore as a service how we are performing in certain areas. These days will provide oversight, analysis and challenge of practice while jointly identifying any areas for learning and development.

Roles and Responsibilities

Director and Chief Officer

- The Director and Chief Officer will support the day by leading relevant discussions and promoting involvement, challenge and the development of common standards of excellence in practice.

- The Director and Chief Officer will support with the identification of relevant themes taken from local performance data, national trends, serious incident, and serious successes.

Managers (Heads of Service)

- Managers will support with the identification of relevant themes taken from local performance data, national trends, serious incident, and serious successes.

Safeguarding and Quality Assurance Team

- The S&QA team will lead the day, planning and where appropriate, completing the themed audits, ensuring relevant performance data and other relevant information is available and ensuring the day promotes positive learning.

- The S&QA team will lead any live auditing during the meetings and ensure this is done in a safe and supportive manner.

- The S&QA team will ensure that the outcome of each themed audit day leads to a targeted action plan to address areas for improvement and will support the task and finish group to achieve the actions set.

Leadership Groups

- DMT and SLT will ensure that any actions and plans as a result of the themed audit days are embedded within practice.

BEDFORD BOROUGH COUNCIL

Appendix A

SECTION 1 (CASE SUMMARY AND KEY INFORMATION)

<u>1a.</u>

CASE SUMMARY / PEN PICTURE

1b KEY INFORMATION

Audit Tracking Number:		
Azeus Number:		
Date of audit:		
Name of Auditor and Designation:		
Team Name:		
Team Manager:		
Social Worker:		
Category of case (CAF/ TAC; CiN; CP; LAC; CwD; Care Leaver)		
Age of child:		**Ethnicity:**

Gender:		**Disability:**	
Referral Date		**Previous Referrals and Contacts (dates):**	
Referral Source			
Reason for Referral			
Start/ end date(s) of CiN/ CP/ LAC periods			
Placement Type			
Is the child / young person living out of Borough and if so where?			
Please note gaps in essential information			

Was last visit in time?	y/n	**Is assessment in time?**	y/n	**Is Plan in time?**	y/n	**Is last supervision in time?**	y/n

SECTION 2 (review the past 6 months)

PLEASE NOTE – Where a case is found to 'INADEQUATE', the auditor must inform the Manager and Social Worker for immediate actions to take place to rectify any issues that are apparent.

AUDIT QUESTIONS

	Criteria	Auditor evaluation Please note – Comments should include evidence of what is good, requires improvement and also learning points that are evident in each section.	Grade
1.	**Effective early help support is provided** Has previous historical information been taken in to account? What is the quality of the referral? Has early intervention been appropriately undertaken?		
2.	**Risk is identified, responded to and reduced in a timely way.** Where relevant include evaluation of identification and response to children who experience and/or are at risk of: • sexual exploitation • neglect • emotional abuse • sexual abuse • physical abuse		

	• domestic abuse consider any strategy meetings, section 47 investigations and planning to assess and manage risk		
3.	**Children, young people and families are appropriately involved** Is there evidence of impact of the involvement of children and their families in assessment, planning and intervention? Are the views of significant males effectively gathered? Are the views of all significant adults effectively gathered (i.e. wider family, estranged parents)? Are children seen and seen alone and are the issues they raise understood and acted on? Do children benefit from stable and effective relationships? Do children and parents/carers have an equal voice? Does it evidence individual work undertaken, including appropriate direct work? Is this linked to the plan and the	.	

	reduction of risk? What is the impact of this for children and their families?		
4.	**Decision making is effective and timely.** Is there evidence of effective and timely management oversight and direction on cases, and clearly recorded rationale for decisions being made? Is supervision regular, of good quality and making a positive difference for this child? Is recording clear, comprehensive, reflective of work undertaken and focussed on the experience and progress of the child?	.	
5.	**Assessments are timely, comprehensive, analytical and of high quality. They lead to appropriately focused help.** Do they incorporate historical factors, informed by up to date case chronology? Do they identify risk, needs and protective factors, including parental	.	

	capacity to change?		
6.	**Coordination between agencies is effective** Is consent for information sharing well considered? Is joint working and information sharing improving the experience and sustaining the progress of children and young people? Do the right agencies attend decision making meetings such as strategy meeting, CP Conferences, LAC reviews, CIN reviews?		
7.	**Cultural competence is demonstrated- Consideration and impact of diversity** For example, age, disability, ethnicity, faith or belief, gender, identity, language, race and sexual orientation.		

8.	**Plans are of good quality and lead to improved outcomes for children and families.** Are they influenced by views of children and parents/carers and diversity issues? Are they: up to date and updated, timely, comprehensive, specific with measurable outcomes and dynamic? Are they implemented? Consider length of plan or any themes? Do they show quality of management oversight?	.	
9.	**Permanency is achieved without delay and reflects assessed needs.** Are care leavers effectively prepared for independence and supported through their transition to adulthood? Are plans for permanency, including adoption, in the best interests of children and young people and achieved without delay? Evaluate the quality of preparation for		

	placement		
10.	**Children and young people participate in and benefit from effective regular reviews** Are reviews scrutinised and challenged robustly to ensure that they support children in making good progress? What is the influence and impact of the Independent Reviewing Officer/Child Protection Chair? Are children and their families supported to participate in the review and do their views influence decisions made? Does the review process ensure that any drift or delay is identified and challenged?		

11.	**Placements are of good quality and children are living in accommodation that meets their needs** (at home or looked after or care leavers) – Are children appropriately placed according to their assessed needs? Evaluate the effectiveness of: matching, stability and maintenance of contact with family/friends support for placements (including adoption support)		
12.	**If the placement is out of borough, is there clear evidence of positive action to ensure that the welfare of the child is being promoted?** (E.g. clear expectations of the provider, social work engagement with the school, virtual head health providers, promotion of contact where appropriate, identification with Bedford, the IRO's engagement with the child/young person)		

13.	**The help provided has improved outcomes for this child/ family** Are children supported to achieve their full potential? Evaluate impact (including education, physical health, and their emotional well-being). Do children have developed networks within their community and are they safe?		
14.	**Has the child / young person had episodes when they were missing?** If so was appropriate action taken?		
15.	**Is the child / young person at risk or previously at risk of CSE?** If so was this identified early and was appropriate action taken?		
16.	**Is the child/ young person at risk of or involved in offending?** If so, was appropriate action taken and are all agencies working together to support this child/ young person Consider clear identification of risk of offending, risk of harm to self and others and evidence of joint working		

	and planning.		

SECTION 3- Feedback from child/ young person/ family- the auditor will speak directly with or meet with the family/ child/ young person to gain their feedback. If this is not appropriate, the reasons must be detailed below and consideration must be given to whether another manager should seek to gain this feedback.

1.	Can you please tell me about your experience of working with children's services/ your social worker? Did you understand why a social worker was visiting you?	
2.	Did you feel your social worker listened to you? Are you happy with the way your social worker communicated with you? what could we have done differently to improve this?	
3.	How were you involved in the assessment (and plan, if relevant) that was done with your family? what could we have done differently to improve this?	
4.	*If there were any meetings (i.e. CP Conference, CIN review, PLO*	

	meeting, LAC review) Did you feel prepared for and supported within these meetings? Did you feel able to have your say? Did you receive any paperwork in enough time to read and understand it? what could we have done differently to improve this?	
5.	Was support put in place for you and how did it make a difference for you and your family?	

Section 4- Social Worker comments on findings of the audit - <u>To be completed following a discussion between the Social Worker and the auditor:</u>

SECTION 5 Recommendations - <u>To be completed by the auditor</u>

Recommendations	Date for completion/review	Who is responsible for action

SECTION 5 - Summary

Summary of strengths of practice and areas for improvement

SECTION 6 – Overall Grade

Overall Grade	Tick Box
Outstanding: Extraordinary work is consistently of the highest standard.	
Good: Practice is good in all areas of the audit.	
Requires Improvement: Practice may be good in parts but it is not consistent in all areas of the audit – further work is required.	
Inadequate: Poor practice is indicated in all aspects of the audit.	
Rationale for Grade:	

Supervision Audit-

(Dependent on whether this is an audit of case supervision or professional supervision, please fill in the appropriate sections)

Auditor:		Date of audit:	
CASE FILE SUPERVISION			
Case File ID audited			
Name of Supervisor		Name of Supervisee	
PROFESSIONAL SUPERVISION			
Name of Supervisor:		Name of Supervisee:	

The following section should be filled in for audits of case file supervision. The audit should review case supervision/ management oversight over the past 6 months.

CASE FILE SUPERVISION			
	Yes	**No**	**Comments**
Is the decision-making in this case safe and defensible?			

	Yes	No	Comments
Do the records demonstrate clear decision making and management direction?			
Is there evidence of Management support, oversight and challenge?			
Is there evidence that supervision and management oversight is helping to drive the case forward and intervene where cases are stuck?			
Is there evidence of meaningful case discussion and reflection that contributes to planning for the child?			
Is there evidence of regular supervision? (How many in the last 6 months?)			
Is there evidence within supervision records that the manager is ensuring statutory requirements/ standards are being met and maintained? (note whether a compliance check was completed during or prior to supervision)			
Is there evidence High risk/complex cases being escalated to senior managers, inc Need to Knows.			
Is the child safe? (if not immediately raise with HOS)			
The following section should be filled in for audits of professional supervision. The audit should review personal supervision over the past 6 months.			
PROFESSIONAL SUPERVISION			
	Yes	**No**	**Comments**
Is there evidence of monthly personal supervision over the past 6 months?			
If performance issues are raised from case supervision, is there evidence that this is linked to learning and development discussions held in professional supervision?			
Are performance issues addressed and clearly defined with			

expectations given around improvement?			
Is good performance highlighted and encouraged?			

Appendix C

PRACTICE OBSERVATION (CHILDREN'S SERVICES)

MANAGER/WORKER:			
MANAGER/WORKER ROLE:			
OBSERVER:			
OBSERVER ROLE:			
ACTIVITY OBSERVED:		DATE OF OBSERVATION:	

Please give a brief description of activity and manager's/worker's role within the activity

Which aspects of the worker's presentation/involvement/contributions went well?

Explain your judgement

Which aspects of the worker's presentation/involvement/contributions need further development?

Explain your judgement

Specific comments:

Please tick the most appropriate box for each area of practice. You can add general comments below.

Area of practice	Skills not seen at all	Few skills seen, but could improve	A good level of skill seen	Skills demonstrated were outstanding
Communication with child/family/professionals				
Preparation and professionalism				
Ensuring the activity is child focussed				
Robust safeguarding and Risk Management				
Demonstration of leadership skills				
Quality of decision making				

Any other comments:

Manager's/ Worker's comments

Feedback from children/young people/ families and professionals:

Appendix D

Quality Assurance Framework for Conference and Review Service

The Conference & Review Service (Independent Chairs) have a central role in assuring the quality of Child Protection and Looked After Children planning and review. The chairs are pivotal in quality assuring practice and are the 'eyes and ears' of the organisation.

Independent Chairs are a pivotal part of the quality assurance process and driving forward improvements in practice. If they become aware of practice concerns that are placing a child at risk they are required to raise an Escalation and notify the relevant Team Manager immediately. The Team Manager will then investigate the issues raised and take appropriate action. If they become aware of a serious issue or one that involves a management decision the escalation will be sent to the Manager for the service area to action.

Team Manager:
The Team Manager for the Conference and Review Service will quality assure practice through:
1. Observation of at least 1 child protection conference and 1 looked after child review per month to ensure the chairing is robust, all safeguarding issues are addressed and the plans are progressing. These observations will also include an audit of the minutes and plans formulated as a result of the conference/ review.
2. Auditing of at least one set of minutes from a child protection conference and looked after child review per month, ensuring the quality of minutes, evidence of multi-agency input and decision making and child centred planning.
3. Auditing of at least one child protection plan and looked after child plan per month, ensuring the plans are robust, SMART and child centred.

Feedback will be given directly to the chair via supervision in order to develop practice within the service. Any feedback for wider teams will be fed back to the Manager of Safeguarding and Quality Assurance, to share with the relevant team/ service.

The Team Manager will share the learning and outcomes from the quality assurance activity within monthly reports to the S&QA Manager which will be incorporated into the monthly QA Overview Report and any other requested activity to present to DMT.

Independent Chairs:
Independent Chairs will quality assure practice through:
1. Completion of monitoring forms after each child protection conference and looked after child review. These forms highlight the preparation for conference/ review, quality of assessment and plan and any concerns. Team Managers can use these forms as part of supervision.
2. Completion of midway reviews which are held between the independent chair and social worker mid-way between conferences and reviews. These reviews are used to assess the progression of plans and ensure there is no drift or delay. Where concerns are raised, the

independent chair may escalate these concerns either formally or informally. (Please see case escalation process).

Where concerns are raised at any point of involvement, the independent chair will follow the case escalation process to ensure that issues are addressed and resolved at the earliest point possible, to prevent drift and delay for children, to promote more consistency across the service and to improve practice in Children's Social Care.

Reporting will be developed for monitoring forms, midway reviews and escalations in order to support service development and improved practice across Children's Services. Until reporting is available, the Conference and Review Team Manager will share themes and learning within the monthly report to the S&QA Manager.