

# Sefton Children's Services

## Quality Assurance & Impact Framework





# INTRODUCTION

This document sets out our approach to quality assurance, practice improvement and performance management in Sefton over the next 12 months. The full document will be reviewed in October 2023, however the frequency of auditing and practice improvement activity will be reviewed in Spring 2023.

The Framework will support the priorities of the Sefton Children's Services Improvement Plan but more importantly will provide a basis for measuring and supporting our journey to 'good' and improving outcomes for children, young people and families.

The priority of this document is to address the requirements of the Social Care element of Children's Services; however, it is recognised that this scope will need to widen and consider elements such as Youth Justice Service (YJS), Education and Early Help as vital components of Children's Services. The Framework considers the developments across Children's Services, the pace of change and the current operational pressures.

It will be seen that the current (as of June 2022) format for audits is a transition arrangement whilst we stabilise the workforce to a position where all relevant people can engage in the Quality Assurance function.

It is also important to note that significant developments are underway in respect of performance management capacity, and as this function develops so will our ability to use performance management information to best support practice and children, young people and families.





# PURPOSE

Children, young people and families deserve good quality support, intervention, help and relevant services. We will use Sefton's Quality Assurance and Impact Framework as a mechanism to achieve this. Regular audit activity aims to support individual practitioners in their statutory roles and improve the experiences and outcomes of children and young people in Sefton. Auditing and other quality assurance activity will support our continuous improvement by highlighting service priorities. Through audit, we will identify good practice which will feed in to the Sefton Children's Services Improvement Plan.

It is important that Children's Services are publicly accountable for quality, performance and impact; this framework supports this level of visibility as well as providing mechanisms for measuring and supporting how services are working together to improve outcomes for children young people and families. There is a clear and identified need to strengthen the culture of performance management and our response to quality assurance within Sefton. This Framework will support this alongside regular practice and performance meetings and ongoing improvements in our data and performance management infrastructure.

Underpinning all aspects of this Framework is the establishment of a culture which supports learning, reflection, practice development and a shared understanding of what good outcomes for children and young people look like. The nature and challenges of the role mean that at times appropriate challenge will need to be raised. This must always be done in a way which focuses on the child/young person and enables learning to occur. This Framework also promotes sharing and learning from examples of good practice, a vital component of practice development and important for ongoing good morale and recognition.

Our approach to performance management and quality assurance will be underpinned by strategies and policies which combine to support the design and delivery of effective services. These include the updated Sefton Practice Standards for all managers and practitioners as well as relevant policies and procedure such as the updated Supervision Policy and Scheme of Delegation.

Our approach will also include external monitoring including the Ofsted Improvement Plan.

To be effective, our Quality Assurance Framework will include:

- Cycles for reporting and analysis of performance data
- A single approach to data quality beginning with practitioner and feeding up to assurance reporting for senior managers and members
- A mechanism for children, young people and families to have a view on service delivery and the decisions that affect them
- Regular audit cycles
- Clear monitoring and Quality Assurance arrangements that aim to build a shared understanding across all services in respect of what 'good' looks like
- A growing familiarity with data and KPIs with the aim of supporting practice improvement
- An immediate response to identified concerns regarding a child/young person's welfare

# PERFORMANCE MANAGEMENT

Performance management is a shared task, it is about improving outcomes for children, young people and their families. It involves acting in response to the analysis and interpretation of performance data; this can be at any level ranging from individual practitioner to the entire directorate.

Performance Management needs to be an intrinsic element of everyone's practice. It is recognised that managers have additional responsibilities in terms of observing, monitoring and responding to what data tells us. Effective changes in the services we provide our children, young people and families need to be evidence based, and effective analysis of available data is a key to this.

Each month at the Senior Management Team (SMT) Performance meeting each Service Manager will present an overview of service performance made up of an analysis of key performance data including supervision.

This will accompany a narrative of the service throughout the month encompassing achievements, challenges and any actions in place to mitigate risk. The service report will be informed by corresponding information having been provided from each team within the service.

Team Managers will use a combination of performance information and staff supervision to complete their team report which will feed into Service Managers updates.

There will be recommendations and actions to follow up through audit activity, managers will need to have an overview of their service area and be prepared to update a completion of audit actions.

Sefton's performance management arrangements will enable managers to:

- Make effective use of performance data to help maintain, develop and improve services
- Understand direction of travel and any fluctuations in performance
- Support effective resource allocation
- Hold services and individuals to account for their contribution to improving outcomes
- Support the identification of good practice examples as well as individuals, teams or services which are high performing



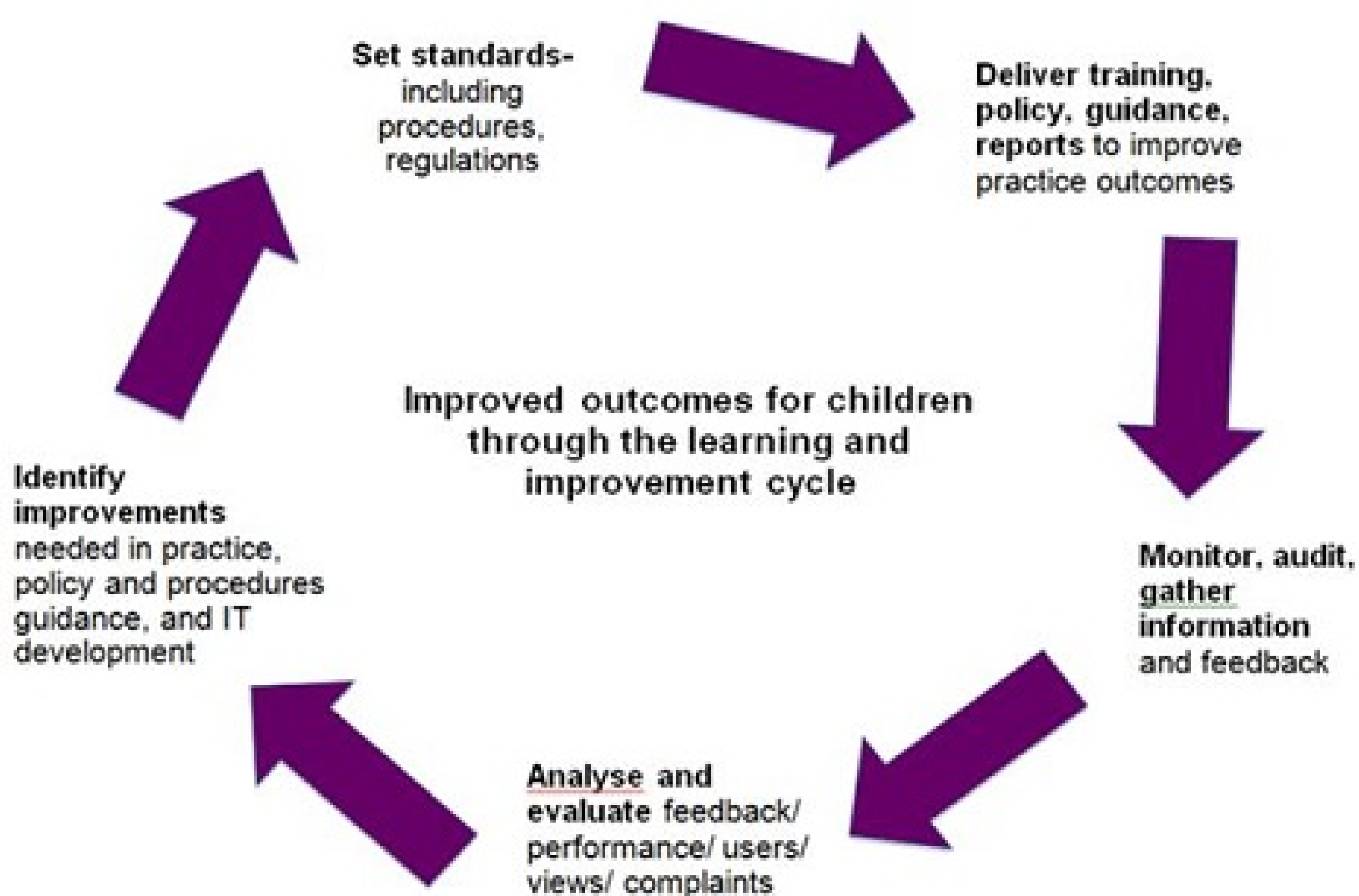
# QUALITY ASSURANCE

The Quality Assurance and Impact Framework for Children's Services in Sefton covers all activity undertaken to ensure that our work with children, young people and families is carried out to the highest quality.

While it must always provide an accurate and clear line of sight on practice quality; a key component of this approach is the establishment of a culture where all practitioners, whatever their role, are comfortable having conversations in respect of their own practice as well as being able to constructively challenge and support the work of others.

It is important that quality assurance is viewed as an integral part of performance management. Where challenge and scrutiny are applied, this should always aim to improve the outcomes of children, young people and families and develop the practice of Social Workers, IRO's, Personal Advisors, etc. Any learning conversations that take place between practitioners and auditors/managers should take place in a strengths based way, preserving and developing professional relationships.

## The improvement cycle (Assess/Re-assess)



# MONTHLY AUDIT CYCLE

All Quality Assurance activity will be co-ordinated by the Practice Improvement Team, overseen by the Service Manager for Quality Assurance and Practice Improvement/ Principal Social Worker. As of June 2022, a monthly cycle of thematic audits has begun which aims to provide a comprehensive view of practice across all areas of the service. It may be appropriate to increase audit activity at different points to address specific concerns, evaluate the impact of learning or to support preparation for external review.

Audits include a learning conversation between the auditor/manager and the allocated key worker; this along with a review of the child/young person's record will determine the grade assigned. Grades will be aligned to Ofsted descriptors.

Conversations with IRO/CP Chair or Team Managers will be required in some circumstances. Where appropriate, children, young people and families or carers will be contacted and their views sought in respect of their experience of social care support and intervention. These views are vital in enabling us to shape services and practice to best meet the needs of Sefton families.

Unless there are clear reasons to go back further, audits will consider the last 6 months of practice on identified case files within Liquid Logic. The themes for audits will be selected according to a combination of factors and while it is envisaged that most of the activity will be planned in advance, audits will also need to be undertaken on areas in response to issues or concerns which arise at short notice.

It is essential that quality assurance supports continuous improvement and the development of a learning culture. As the model embeds, it is expected that all levels of management will engage in audits, supporting their development as well as exposing them to areas of practice outside of their immediate area of responsibility. Completion of a case audit alongside one of the Practice Improvement Team will be introduced as a standard part of the induction of new managers and can be a task identified in the Personal Development Review (PDR) of existing managers.

Whilst the model embeds, all audit activity will be undertaken by the Practice Improvement Team. As confidence with the new approach grows, along with increased stability among operational practice, responsibility for completing audits will move to all managers from Assistant Director to Team Manager level including IRO/FIRO/CP Chairs/Panel Advisors. Assistant Team Managers and Practice Assessor Leads will receive additional support before undertaking the auditing task.

Factors influencing areas selected for audit include:

- Emerging trends or changes within the wider social care field
- Review of local performance data
- 'Close the loop' activity to assure ourselves that learning has embedded
- Complaints or compliments
- Local case reviews, rapid reviews, LCSPRs and any themes identified through the audit activity undertaken by the Safeguarding Partnership
- Preparation for external scrutiny
- Chosen theme for Practice Week



# MONTHLY AUDIT CYCLE

Regular audit activity will support shared learning across the organisation and provide a viable number of audits each month. Efforts will be made to avoid allocated key workers being audited in consecutive months.

At this point, the Practice Improvement Team will support the audit task through moderation, analysis of themes and learning, post audit briefings and dissemination of learning through a variety of means. We will look to begin a cross-service approach in December 2022 where managers will be asked to begin auditing. IROs /FIRO and CP Chairs will be expected to support the audit programme, further promoting the footprint of the Safeguarding Unit to support practice.

Children's records to be audited will be selected at random. The Quality Assurance Manager will collate an audit list during the last week of each month and distribute this to SW, TM, SM, IRO and CP Chair who will be given at least 1 weeks notice that the case file of a child/young person they are involved with/have oversight of, will be audited. On occasion, Service Managers will be asked to provide case numbers to showcase good practice.

Actions from audit will be added to the case file note and an alert will be sent to the relevant Team Manager tray for oversight and completion of recommended audit actions. Actions identified on individual records will be noted on the child's record, highlighted to the manager as well as the Social Worker. Tracking will be the responsibility of the Team Manager. The IRO, FIRO, CP Chair will be copied into the file note for information and oversight. Practitioners who have had a case audited can expect a reflective discussion in respect of the child/young person in their next supervision.

Close the loop activity will ensure that any identified tasks are completed within an agreed timescale. Themes, wider actions and learning will be presented via analytical report to the monthly SMT Performance meeting. Actions will be agreed and assigned individual ownership and timeframe for completion.

A monthly Quality Assurance and Impact report will be produced as well as a practitioner/manager briefing, and a summary of recent audit activity will be included in each Sefton Scoop newsletter.

Areas of focus may differ depending of the age of the child, young person or families individual circumstances; however the key audit areas below will be a consistent theme of each audit. These will link to the refreshed Practice Standards and Ofsted definitions of what 'good' looks like.





# KEY AUDIT AREAS (see Appendix 3)

## 1. HELP, PROTECTION AND STABILITY

- Does the file contain an up to date and child/young person-specific plan linked to assessed need?
- Are there clear actions, appropriate, achievable, owned and timebound?
- Does the plan evidence contribution from the child, young person and family as well as key professionals?
- Is there an identified contingency?

## 2. RECORDING & COMMUNICATION

- Good standard of inputting onto the file
- Presence/quality of documents such as case summary, genogram and chronology- are these informative, up to date, do they bring the child/young person alive?
- Use of appropriate language
- Would the recording on the file give a clear picture of the child/young persons circumstances?
- Would key decisions be clear to a professional other than the allocated key worker?
- Would the case file tell the story to a child/young person or family member returning later in life?
- Is information clear with no jargon or acronyms?

## 3. ASSESSMENT

- Is an assessment present?
- Has it been completed in timescales?
- Has it been updated when circumstances have changed?
- Is there evidence of child/young person/family involvement in the completion of the assessment?
- Is it individualised to the needs of the specific child/young person?
- Does it contain sufficient analysis as opposed to a description of events and circumstances?
- Is history appropriately considered as opposed to a view of current circumstances only?
- Is there evidence that the assessment has been shared/agreed with the child, young person and family?
- Are risks appropriately considered? Testing of hypothesis?
- Is management oversight recorded within the assessment?
- Reference to research and good practice?



## 4. RELATIONSHIP BASED PRACTICE AND DIRECT WORK

- Evidence of age appropriate, purposeful direct work uploaded to the case file
- Voice of the child/young person prominent in recordings and visits and observation of relationships
- Consistent relationship with identified professionals
- Evidence of adequate preparation around case handover or preparation for the child/young person to meet new professionals?
- Evidence that the child, young person and family understands the reason for involvement and is supported to be engaged in a process of change?

## 5. MULTI AGENCY PLANNING, ANALYSIS, REVIEW AND DECISION MAKING

- Are the correct partners involved and taking ownership of key tasks?
- Does the file evidence ongoing dialogue regarding the child, young person and families needs? Taking into account any new developments, ways of working, possibilities for change?
- Where necessary, is there evidence of effective professional challenge and escalation?

## 6. ROLE OF SUPERVISION AND MANAGEMENT OVERSIGHT

- Evidence of appropriate supervision at the correct frequency
- Evidence of supervision supporting/informing key decisions
- Evidence of reflective discussion and review of the child/ young person's plan
- Clear oversight by IRO/FIRO/CP Chair at key points in the child/young person's journey not solely confined to statutory meetings
- Evidence of senior management oversight where necessary and consideration of drift and delay on outcomes for children and young people. Clear SMART direction given when required.
- Evidence of decisions/actions being tracked from month to month

## IMPACT AND OVERALL OUTCOMES

- The above elements (except for the 'practitioner conversation' and 'family feedback' section) will be graded separately aligned to Ofsted descriptors.
- A combination of all the information gathered during the case audit will be aggregated to arrive at a grade. The focus for all elements will be impact for the child/young person, with the auditor frequently returning to the fundamental question of the difference intervention has made.
- While audits will address issues of compliance, the focus will always be on the impact of an intervention (or its absence) on the child, relationship building, progression of plans and the quality of the work undertaken.



# KEY CONVERSATIONS

## CONVERSATION WITH ALLOCATED KEY WORKER

- All audits will feature a face-to-face conversation between the auditor and the allocated key worker, this will be pre booked to fit in with the practitioners work commitments - time will vary, but it will be important to set aside at least an hour.
- The learning conversation will cover all aspects and will support the review of the file which is the other component of the audit.
- The overall grade given will be derived from the learning conversation, the file review and feedback received.
- The learning conversation will support areas for development as well as enable examples of good practice to be recognised and shared.

## CONVERSATION WITH IRO/FIRO/CP CHAIR

- Where relevant, a conversation should be had between the IRO/FIRO/CP Chair to gain an understanding of their involvement, oversight and views
- The auditor will seek to establish any key learning
- This conversation will contribute to the overall audit grade and highlight areas for development and improvement to achieve best outcomes.

## FAMILY/PARENTAL/CHILD/YOUNG PERSON FEEDBACK

- For each audit, contact will be made with the family/carer and if appropriate the child/young person concerned
- It is recognised that in some situations, people may not wish to engage with the auditor. If so, this will be recorded within the audit tool. Not all families will be willing/able to engage with the conversation and opportunities for them to communicate via other means are being developed.
- The conversation will seek to establish the families understanding/views of the service they have received and these views; both positive and negative will be collated and used to support a view of practice as well as any areas for support or development.
- Feedback is critical for service development, any known barriers should be overcome in an effort to engage people who receive our support, e.g. use of Language Line.



## MODERATION

In order to support accuracy and consistency of practice, a third of each month's audits will be moderated. The moderation panel will initially consist of the Assistant Director, Quality Assurance and Safeguarding, the Principal Social Worker, Quality Assurance Manager as well as the Service Manager for the Safeguarding and Review Unit. Input from the wider management team will be requested on occasion when it is felt that particular knowledge would assist the moderation process.

This process will support a shared understanding of what good looks like and provide assurance in terms of our own view of our work. Feedback and results of the moderation process will form part of the analysis presented in the monthly QA report for the senior management team.

Any case audited where there is disagreement in respect of the outcome will also be presented for moderation. Any case audited where it is felt there is an immediate safeguarding issue will be highlighted verbally to the relevant Team Manager/Service Manager and an Immediate Concern Audit Review form will be completed and sent to the the LCS tray of the relevant Team Manager and Service Manager with a clear summary of concerns and suggested actions. This process may result in a wider view of the allocated key workers caseload, management practice or IRO/FIRO/CP oversight.

Actions will be clearly timebound and require the sign off from the relevant Assistant Director. Any case where there is an immediate safeguarding concern will be signposted to the relevant Team Manager and discussed at the next scheduled supervision. This discussion will be clearly recorded, see attached Appendix 1 and 2.

## CLOSING THE LOOP ACTIVITY

Actions generated through individual audits will be clearly recorded on the audit form which is loaded onto the child/young person's file. Actions will have clear timescales and will require signing off by the allocated Team Manager. The Action Review form is located in Liquid Logic.

The Practice Improvement Team will maintain a central tracker of all cases audited and any outstanding actions. It will be the responsibility of the allocated key worker and Team Manager to ensure audit actions are completed within a maximum of 40 days. Monthly performance meetings will track progress. Actions assigned to audits will address all identified safeguarding issues as well as focus on those areas that have been identified as key practice priorities - for example management oversight, assessment and planning.

As well as actions on individual cases, audit activity may generate wider learning or development needs through activities such as provision of learning or training or amendments to a process. In order to track the positive impact of any changes, areas audited will be revisited by the Practice improvement Team on a rolling programme.

A period of 6 months will allow time for any learning and changes in practice to embed and be evidenced. This assurance cycle involving all managers will begin in January 2023. A reflective audit learning session will be planned each month to consider audit outcomes from earlier months. Any allocated key workers, Team Managers, Service Managers involved in the audit will be asked to attend to allow us to consider together; summary of audit outcomes, good practice observed, gain insight from those who have been audited and co-produce practice improvement activity.



## **OBSERVATIONS OF PRACTICE**

In order to gain a complete picture of practice, it is important to observe staff in their everyday work. This activity supplements the other elements of quality assurance. It provides reassurance that children, young people and families/carers are receiving the best possible service as well as enable support to be given to practitioners who are undertaking a challenging and complex role.

Our Newly Qualified Social Workers will have their practice observed by their Team Manager or nominated Practice Assessor lead in line with National and Local ASYE policy.

Experienced Social Workers and other childcare practitioners across the service will have their practice observed at least twice a year in line with the 2022 Supervision Policy. At least one of these should be of direct work with a child/young person or family member. A peer observation/reflection is also now required for SWE registration.

All first line Team Managers will have their practice observed twice per year. At least one of these observations should be an observation of supervision. In addition to observation of practice at agreed intervals, observation may be recommended as an action from an audit or agreed as an action in supervision or as part of a PDR.

Observations of practice will be provided to the Practice Improvement Team twice per year in January and July. A summary report will be provided to SMT via performance meetings. This information will provide evidence to inform training and development as well as allow for the sharing and celebration of good practice

## **COMPLAINTS AND COMPLIMENTS**

Findings from complaints and compliments are compiled into an annual report and collated alongside other quality assurance activities to shape service delivery.

## **FEEDBACK**

Feedback will be gathered through the annual survey from our teams and managers and from the conversations that accompany each audit. This feedback is important for everyone to understand and will allow us to make any necessary changes. The new co-located arrangements for Children's Services as well as the 'open door' management policy are designed to support a culture where employees are able and feel encouraged to provide feedback about their experiences.

## **PRACTICE WEEK**

Practice Week is undertaken annually during the month of October. During this week senior leaders including the Director of Children's Services and Children's Cabinet portfolio holder will have the opportunity to attend training events alongside practitioners, undertake direct observations of practice and teamwork.

Senior leaders will be engaged in audit activity throughout the year once we embed the Quality Assurance Framework. All auditors will be invited to celebrate examples of good practice which we will showcase in our newsletter, the Sefton Scoop.



## **SAFEGUARDING UNIT**

The role of the Safeguarding Unit (SGU) is closely linked to quality assurance. IROs/FIRO and CP Chairs routinely provide effective challenge as well as support to operational staff with the aim of improving outcomes and supporting practice. This can be via the route of formal practice alerts, but often more effectively through collaborative and clear discussion.

Each month, the Safeguarding Unit will produce a performance report detailing both its activity in respect of our Cared For Children and those subject to Child Protection planning. In addition to this information, the report will also detail any practice alerts raised during the month and any themes identified. The report will provide details of any complaints or compliments received by the unit. It will also include information on multi-agency contribution to the meetings and planning involving our Cared For Children and those subject to Child Protection planning.

Reports will be presented each month to the SMT performance meeting by the Safeguarding and Review Service Manager. It will also be distributed to all Children's Services management team and LSCP Board Manager. Information and analysis within this report will feed into the work of the Partnership and the Corporate Parenting Board.

In addition to this activity all IRO/FIRO/CP Chairs and managers within the Safeguarding and Review Unit will be expected to complete audits when this moves to service-wide completion. The SGU Service Manager will sit on the audit moderation panel. The quality assurance function of the SGU is further supported by its co-location with operational teams and the establishment of a 'team link' role which will see each IRO and CP Chair act as a liaison to an individual team or service area.

## **LOCAL CHILDREN'S SAFEGUARDING PARTNERSHIP**

Improving outcomes for our children is a shared task and involves the work and co-operation of a variety of agencies, all of whom have statutory safeguarding responsibilities. This Framework supports the gathering of specific information as to the effectiveness of these relationships, with 'multi-agency working' being a specific area of focus. In order that the findings of these audits support the work of the partnership, the Principal Social Worker will sit on the Performance and Quality Assurance subgroup of the Partnership.

Multi agency audits undertaken through the partnership will also feed into service delivery and performance monitoring as will the learning from any ongoing LSCPRs. In addition to the role of the partnership, the Senior Leadership Team may commission or be engaged in external scrutiny. This may take the form of an Local Government Association Diagnostic, or Peer Review undertaken through the regional sector led improvement programme.

Linking the work of Children's Services to the wider council will also be supported by engaging Senior Officers and elected members in audit activity.



# USING WHAT WE LEARN TO IMPROVE PRACTICE

For any quality assurance to be effective, there needs to be clear ways in which the information obtained is used for improving services and outcomes for children, young people and families in Sefton.

Audit activity will generate actions in respect of individual children and young people which will be collated and tracked. It will be the responsibility of the allocated key worker, Team Manager and relevant Service Manager to ensure audit actions are completed and the Quality Assurance Manager is updated.

Broader themes will also be identified, and we will take a blended approach to ensuring these are used to drive improvement.

Performance management and quality assurance findings will be presented each month to the SMT performance meeting - this meeting will provide the forum for agreeing actions and assigning ownership and timescales to them.

Following each month's audit, a briefing will be delivered to all those involved in the previous months audits to allow feedback on the audit process to be obtained and a summary of findings, key themes and learning to be discussed.

Information from quality assurance will also feed into our People Strategy, Children's Services Training and Development Plan and any agreed amendments to policy and procedure. It will also provide evidence to inform the quarterly review of individual Service Plans.

'Close the loop' activity will enable the effectiveness of this framework to be monitored and amended where necessary.

This Framework will be formally reviewed on an annual basis and any changes will be agreed through the governance of the Senior Leadership Team. Fostering Services will be involved in the audit cycle in early 2023.

Date: October 2022