Children's Social Care
Quality Assurance Framework

You do what you love
we love what you do

Lambeth

November 2020

About this document

Title	**Lambeth Quality Assurance Framework**
Purpose	**To set out the framework for Quality Assurance within the Children's Services Directorate**
Updated by	**Naeema Sarkar**
Approved by	**CSC ADs**
Date	
Version number	**Final v1**
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Audit Scheduled	**N/A**

Version Control

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This document is only valid on the day it is printed

Date Issued:	Version	Summary of Changes	Created by
November 2020	1	Final version	N Sarkar

Intended Audience

This document has been issued to the following people for Review (R) Information (I) and Review and Sign off (S). The Transfer protocol is mandatory and must be shared with all managers, and social work staff and with those holding cases in Early Help.

Name	Position	S/R/I
Alex Kubeyije	Director of Children's Services	S
	Assistant Directors Children's Social Care	S
	Service Managers	I
	All social care staff	I

Contents

Introduction

This document sets out the range of activities that constitute the Quality Assurance Framework for Lambeth Children's Social Care. It is based on a similar approach taken by our Partners in Practice (LB Islington).

The purpose of the framework is to collate a wide variety of data to build a clear picture of the effectiveness of our social work practice with children, young people, and their families.
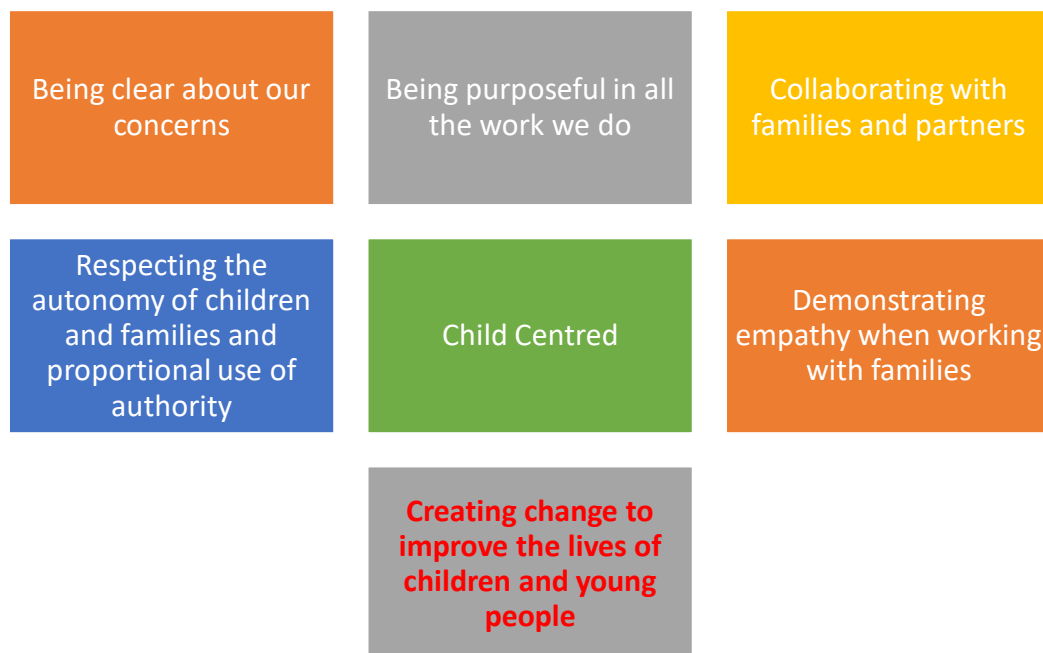
Children at the Heart of Practice articulates a clear vision of good social work practice. It is based on systemic ideas and relationship-based work.

We recognise that performance management reports (KPIs) and other checks within the system such as 10-day reviews of assessments are valuable instruments that help us to measure compliance with essential process tasks. The Quality Assurance Framework now needs to be refreshed so that it stretches beyond the scrutiny of data and key performance indicators, to the realms of knowing about the quality of practice and impact on outcomes for our children and families. As leaders who are confident about our practice model, we need a quality assurance system that looks at the extent to which we have operationalised Children at the Heart of Practice.

Risk management is an organisational priority but good performance against KPIs is not a reliable indicator of how risk is managed by the service. In order to create a synergy between quality assurance approach and our practice model we need to ensure that the language of risk, need and vulnerability always sits alongside the language of relationship building to reduce risk and meet needs in ways that have real meaning.

Key behaviours linked to effective practice

We must shift away from a culture of case audits that measure process tasks and agree on what we are looking for to in order to evaluate the quality of practice. In Lambeth, these are:-

Being clear about our concerns	Being purposeful in all the work we do	Collaborating with families and partners
Respecting the autonomy of children and families and proportional use of authority	Child Centred	Demonstrating empathy when working with families
	Creating change to improve the lives of children and young people	

These components, rooted in our ethics and social work values and practice model can be observed when we interact with families, partners and each other in the service. As a learning organisation the practice evaluation framework will look for these behaviours and provide feedback so that social workers and supervisors can be supported to develop their skills to enact these behaviours in their interactions with families. Senior Managers need to convey that these behaviours are prized and highly valued when evaluating practice.

We believe that good quality supervision supports social workers to analyse and reflect on their work and this is fundamental to good practice. Good supervision will include observation of practice against these behaviours.

Core Principles that underpin the quality assurance framework
'We are a learning organisation'.

Curiosity is privileged in our practice model Children at the Heart of Practice. We ask practitioners to keep an open mind and ask reflexive and circular questions before making a judgement. The Assurance Board and Improvement Board will apply the same curiosity to quality assurance approaches by asking:-

- Whether we looking at the right things.
- Whether we are looking in the right places.
- Whether we are drawing the right conclusions from the data.
- How do we know about the impact of our quality assurance activity and improvement plans on practice?

Good quality assurance checks if we are doing the right things to improve outcomes for children. It is a continuous process that should help us to identify 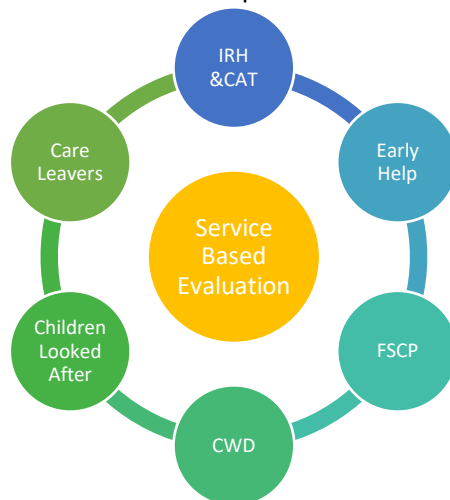emerging issues that need attention and check the impact of improvement plans. If plans are not working, we should be curious and explore the reasons why, learn from past efforts and make necessary adjustments. On occasions we will need to be brave and try a different approach all together and learn from inspirational practice of others.

Quality Assurance Activities

Service Based Case Evaluations

Every year each service is evaluated against 20 – 25 randomly selected cases of children and young people. The goal is to adopt an open minded and curious approach to see what we will find in terms of what we are doing well and things we need to do better. The case audits are undertaken by team managers not from the service and completed in conversation with social workers. The auditing team manager also has a conversation with the child if aged above 11 and the family to obtain feedback on social work practice and helpfulness of interventions. Themes from the 20 – 25 cases are collated in a report by a Practice Development Lead in QA. The report is shared with the operational Service Manager and relevant Assistant Director who are tasked with developing an improvement plan and disseminating key messages from the service evaluation to practitioners. The report is also shared with the Principal Social Worker to pick up issues that need to be addressed via training, workshops or on the job support.

An improvement action plan is presented to the Assurance Board by the relevant AD. It is the role of the Assurance Board to monitor the implementation of the improvement plan. The audit tool has been revised to reflect demonstration of behaviours that define good practice. Scores can be aggregated to provide a picture of the skills and quality of practice in the service. **See Appendix 2 for audit tool.**

Thematic Evaluations

The Assurance Board will identify a theme 3 times a year where there appear to be concerns about practice. The Board will task the Principle Social Worker to draw up the terms of reference for the audit to be signed off by the Assurance Board.

A Practice Development Lead identified by the Principal Social Worker will undertake the auditing activity and collate the findings and present a report to the Assurance Board who in turn will develop an improvement plan.

Bi-annual Practice Weeks, where senior leaders and key partners shadow and audit casework

The purpose of Practice Week is to:

- Enable senior managers and key partners observe frontline practice to understand the quality of practice the effectiveness of social work practice with children, young people, and their families.
- Hear from frontline practitioners about how well they are supported and what they would like more of as well as barriers or frustrations that impede their work.
- Identify issues that need to be addressed and develop a timescales action plan which will be monitored by the Assurance Board.
- Flag up issues for the LSCP to improve partnership working.

It is proposed that twice a year, half of the Senior Management Team which includes the following cohorts of officers will form a Practice Week Team.

Practice Week Team 1 (PWT)	Practice Week Team 2
Executive Director Children's Services	Director of Children Social Care
Assistant Director Quality Assurance	Assistant Director Quality Assurance
Principal Social Worker	Principal Social Worker
Assistant Director Safeguarding	Assistant Director Front Door
Service Manager CAT	Service Manager FSCP
Assistant Director Corporate Parenting	Service Manager CLA
Service Manager Leaving Care	Service Manager Fostering , Permanency ART
Service Manager FSCP	Service Manager CWD
Service Manager QA	Service Manager IRH
LSCP - Health Partners	LSCP - Health Partners
School Improvement	SEN
YOS	YOS
Police	Community Safety
Head teacher of Primary School	Head teacher of a Secondary School
Lead Member for Children and Families	Lead Member of Children and Families

It is expected that each member of the PWT will demonstrate commitment to observation of practice by clearing their diary for the whole week and arrange cover as they would if they were on annual leave abroad.

On the 1st Day of Practice Week, the PWT will be briefed by the Principal Social Worker and Practice Development lead and be allocated to a social work or leaving care team. The PWT will be given a timetable for case discussions, practice observations and write up time. They will meet their team manager and social workers in the afternoon of the 1st day and follow their timetable for the week.

On the 4th day the PWT will be given time to complete their write ups on their findings. On the 5th day the PWT will meet to discuss their observations and identify themes which include strengths and issues that need to be addressed.
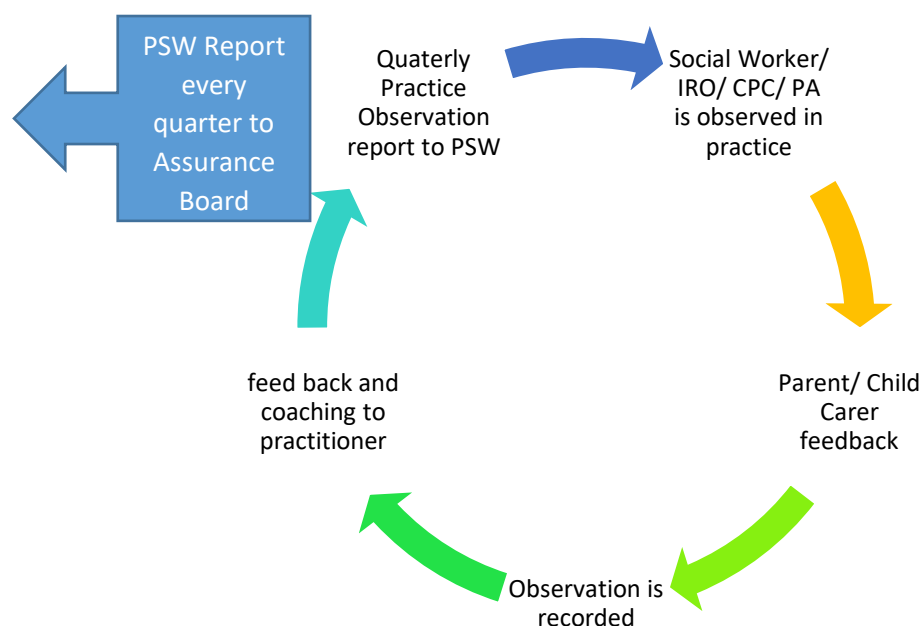
The following will be provided to each Practice Week Team member.

- Timetable for the week including slots for case audits and conversations with social worker, observations, feedback from families and discussion with TM.
- Descriptions of Skills we use to evaluate practice
- Case Audit Tool in Appendix 4 (One to be completed for each case)
- Practice Observation Template in Appendix 3 (To be completed in each observation)
- Feedback form in Appendix 5 (One to be completed for the week)

Quality Assurance expectations of team managers

In addition to responsibility for signing off assessments and plans, Team Managers are expected to spend one supervision out of four to observe direct practice of every member of their team. They also gather feedback from the parent and/or child after observing the practice session. The Team Manager records the observation on the template provided in Appendix 3.

In supervision managers then provide feedback using a coaching style to support the social worker in developing skill in each of the key practice behaviours / components. Observations of practice and supervision are tracked for the whole team by the Business Support Officer Manager in each service who remind managers that an observation is due. Team managers are responsible for compiling quarterly practice reports for their team for the attention of the Principal Social Worker who provides a highlights report to the Assurance Board every quarter to consider further supportive measures to enable good practice to thrive.

Reports from CP Chair TM to senior managers and Assurance Board

Every month- report of the CPC TM contains the following information:-

Numbers of children subject to a child protection plan and duration.

Timeliness of ICPC and RCPCs and reasons for cancelation or rescheduling.

Narrative on children subject to a plan for 15 months and 24 plus months so that each case is tracked.

Narrative for children subject to a plan for a second and subsequent time to check effectiveness of past interventions.

Practice Alerts raised in the month

Participation of young people in child protection conferences.

Provision of SW reports for conferences on time.

This report is sent to all service managers and ADs and the Director of CSC so that issues around drift in progression of child protection plans can be picked up. The purpose of the report is to support Service Managers to have oversight of this cohort of children .

Every quarter

Collation of data to show trends on provision of reports , timeliness of conferences ; participation of young people; themes and impact of

practice alerts.

Annual Report

Benchmarking with Outstanding or Good SNs

Trends

Reports from the IRO TM for senior Managers and Assurance Board

Every month

IRO caseload

Timeliness of notifications.

Reasons for late reviews

Quality of care and pathway plans

Provision of SW reports for reviews

Participation of children and young people

Messages from Practice Alerts

Circulation of RI or inadequate plans to be re- written

Every Quarter

Trends for the quarter on timeliness of notifications

quality of plans

Provision of SW reports

Themes from practice alerts

6 monthly report from Fostering IRO on complaince with national minimum standards for fostering service.

Annual IRO report (published)

Annual Trends Report

.

Reports on young people at risk of contextual harm to senior managers and Assurance Board

Weekly	monthly	Quartlerly	6 Monthly	Annual
• Missing list circulated to all TM, SM and ADs • covering children who are currently missing or unauthorised absence • also covers those who were missing or absent throughout the week but have since returned • Aim is to ensure RHIs are undertaken	• Joint Monthly report produced by the CSE co-ordinator the missing co-ordinator and the youth at risk analyst • provides overview of intelligence and significant events of contextual harm; this includes Child exploitation and serious youth violence, • The report also provides data on new referrals for CSE the numbers of high risk CSE cases, the 5 most frequent missing children from that month, and which children have been missing for more than 5 days that month. It also details all missing data including how many children were reported missing and how many missing episodes there were. The report provides RHI data. • The report also details 10 cases auditted by the missing and CSE Corordinator with case summaries and improvement actions. Report goes to all SMs and ADs.	• CSE co-ordinator completes quartley reports providing general overview and action plan for the quarter. • This report goes to the Assurance Board	• Missing co-ordinator provides 6 monthly overview report of missing children from home and care to senior managers, detailing the response to Missing children. • Missing co-ordinator provides 6 monthly overview report to corporate parenting board and Assurance Board regarding children missing from care, and the LA response.	• CSE co-ordinator provides an annual CSE report for senior manager and corporate parenting board about the LA response to children experiencing or at risk of CSE. Thsi report goes to the Assurance Board

Ofsted Readiness dip audits (see appendix for details for 20/21)

Learning from Feedback

Feedback from children, young people families and carers.

These are gathered as part of Service based & thematic evaluations, Practice Week and the quarterly report of the Principal Social Worker to the Assurance Board.

Feedback is also obtained from complaints and findings from complaints are shared with the Assurance Board and practitioners every quarter. The Complaints team also gathers feedback from complaints as part of a consultation exercise. Attempts are made to make telephone contact with all young people and adults who had made a complaint.

Individuals, including Young People are asked to complete the consultation questionnaire. Each complainant was asked the following questions:

- *What about the complaint process worked well/ what could have gone better?*

- *How easy was it to make a complaint?*

- *Did the complaint response address your complaint?*

- *Did you feel listened to?*

- *Do you understand the complaints process/what is happening next?*

- *Have things improved since your complaint?*

- *Is there anything else that you would like to add?*

Feedback from CICC and families and participation

Corporate Parenting Lead will monitor this area and provide feedback.

Feedback from Fostering Panel

An Annual report from the fostering panel is provided for the attention of the Assurance Board.

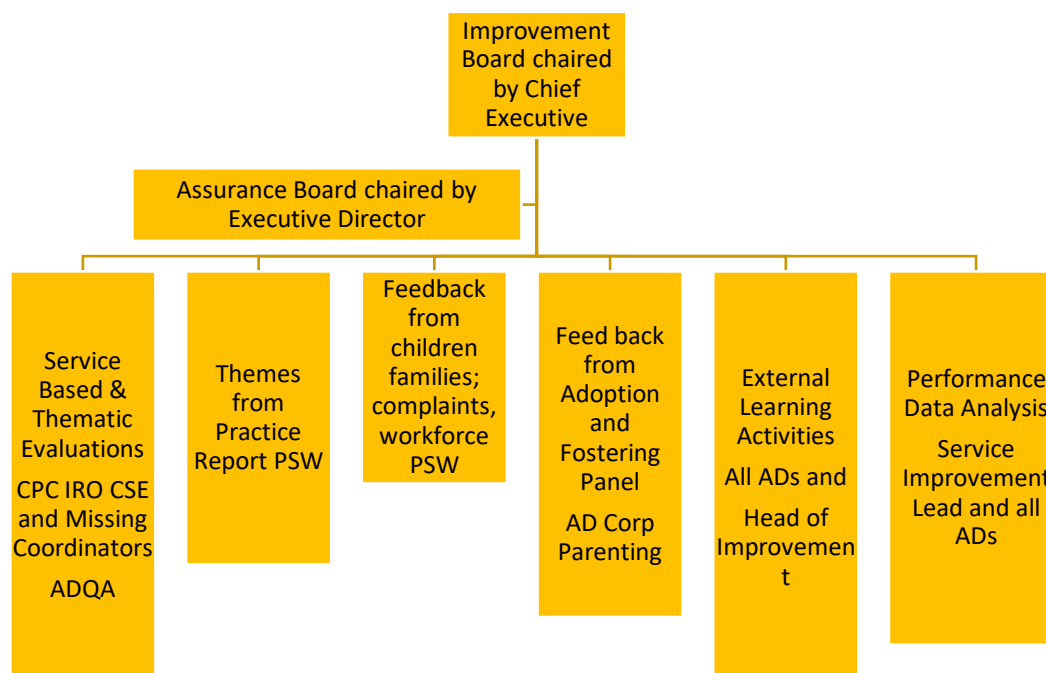## Feedback from workforce Social Work Health Check and staff surveys

An Annual Health Check is undertaken and findings are shared with the Assurance Board

External Learning Activities:
- Peer reviews
- Learning from national inspection findings of authorities rated good or outstanding
- Child Safeguarding Practice Review/ Learning Review conducted by Lambeth Safeguarding Children Partnership
- Domestic Homicide Reviews

Governance and Work Streams

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                    ┌──────────────────┐
                    │   Improvement    │
                    │  Board chaired   │
                    │    by Chief      │
                    │    Executive     │
                    └──────────────────┘
         ┌──────────────────────┐
         │ Assurance Board chaired by │
         │   Executive Director   │
         └──────────────────────┘
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Service Based & Thematic Evaluations CPC IRO CSE and Missing Coordinators ADQA	Themes from Practice Report PSW	Feedback from children families; complaints, workforce PSW	Feed back from Adoption and Fostering Panel AD Corp Parenting	External Learning Activities All ADs and Head of Improvement	Performance Data Analysis Service Improvement Lead and all ADs

The Assurance Board will track the delivery of improvement plans and report to the Improvement Board chaired by the Chief Executive.

The governance of the Quality Assurance Framework will be undertaken by the Assistant Director for Quality Assurance under the direction of the Executive Director for Children's Services and Director for Children's Social Care. The Service Manager for Quality Assurance will monitor and collate the reports from all QA activity for the Assurance Board. The Service Improvement Lead and all ADs will be responsible for analysing performance Data and provide a presentation on what we are doing well, what needs to improve and plans to deliver improvements to the Assurance Board.

Reporting and the feedback loop

Presentations of the ADs and highlights of all QA activity and improvement plans will be forwarded to the Improvement Board under the direction of the Executive Director for Children's Services. The Assurance Board will consider future QA activity that will measure the effectiveness of the actions taken in practice improvement plan and whether they improved practice standards and outcomes. A summary prepared by the Principle Social Worker will be cascaded to all practitioners and discussed at Social Work and Team Manager Forums. Learning from the findings will be presented at forums and inform training and development.

Strategy to launch refreshed QA framework

❖ Principal SW and QA AD to circulate to all managers and practitioners for discussion at SW forum and TM forum
❖ Workshop on TMs on Skill descriptors and observations and completing case audits
❖ Launch day
❖ Feedback from SWs and TMs 6 months after launch day at SW and TM forum

Appendix 1: Descriptions of Skills we will use to evaluate quality of practice

Practice Skills	1	2	3	4	5	Score
Relationship Building **Collaboration**: Working together as equal partners and setting shared goals. **Autonomy**: Supporting the person to understand their choices and take ownership of their decisions. **Empathy**: Trying to understand the experience of the family from their own perspective.	Telling the person what they need to do and they have no choice. Not trying to understand what life is like for the person. Explicitly identifies self as the expert. Uses a judgemental tone. Not giving the person an opportunity to respond. Ignoring responses. Relying solely on information seeking questions. Combative conversation style/sounds like an argument.	Tries to offer solutions/fix before understanding the situation (correct without connection). Implying negative consequences for inaction/wrong decision. Difficulty surrendering the expert role. Impatient with the child/person. Minimising person's experience.	Misunderstanding person's experience. Neutral about choices, not denying choice but not promoting it either. Misses chances to deepen person's contribution. Tries to understand person's perspective but not always successful. Not always checking assumptions about the person. No in depth exploration of views/experiences.	Positive reinforcement, meaningful affirmation. Actively encouraging person to share their experience and perspective. Positive about ability to change. Starts conversation with authentic curiosity. Attempts to reduce the power dynamic. Use of humour to develop the relationship (where appropriate). Shows genuine curiosity about views and experiences.	Communicates acceptance of the child/ person's feelings. Acknowledges that the person is separate from the behaviour they are displaying. Actively structures a session around person's input Expands person's view of options, feeling empowered to make choices. Communicates an understanding beyond what is said Sensitive to power dynamic, actively shares power Use of humour to develop the relationship (where appropriate)	

	1	2	3	4	5	Score
Use of Authority **Child Focus:** Ensuring that the child is 'present' in conversation and work is related to the impact on the child. **Purposefulness:** Developing a shared sense of purpose and balancing the needs of the person with the aims of the social worker. **Clarity of Concerns:** Being clear about the reasons for involvement and discussing risks/concerns.	Barely any mention of the child / no real input from the child if present. No clear agenda for the session Unclear what the visit was about. Meandering conversation / jumps from topic to topic. Inappropriate tone during the visit, mismatched to the circumstances. Failing to respond to disclosures made in the session. Over use of jargon and professional language.	Adult / service focused conversations where the child is not prioritised. No sense of the child's day to day life. Being inflexible / stuck on single issues. Lacking clarity and focus for most of the visit. Not naming risks and not helping person understand them. Language and tone inappropriate for the visit and the individual. Acknowledgement of concerns when they are raised by person not explored.	Generic conversation about the child – such as education, health. SW imposes own agenda superficially asking person to contribute. Focus is solely process (e.g. meetings, reports). Generic conversations about child and risk. i.e just naming the risk with no exploration. Superficially responds to concerns when raised. Missed opportunities for further elaboration about concerns. Understanding of risk / concerns taken at face value.	Focus often brought back to the child / impact on child. Sharing agenda and helping person to contribute. Being flexible to incorporate the person's agenda/maintaining clear structure throughout Worker actively involves everyone present. Getting person's perspective on risk and the child. These are explored and focused on. Childs needs are priority and responds to risks raised Honest and transparent around expectations and responsibilities. Appropriate use of tone and language.	The child's views and daily life are fully explored. There is a clear purpose to the session and this is understood by everyone. Everyone's priorities shape the agenda. Concerns / risks / needs discussed in developmentally appropriate way from different perspectives. Changes to risks / needs considered. There is a clear sense of what needs to happen and why. Fully bespoke and person-centred session, accounting for developmental needs of the person	

Is there a meaningful discussion about behaviour change with adults? Y/N
If Y, what is the behaviour change being discussed?
If N, do not score for evocation

	1	2	3	4	5	Score
Creating Change Helping the person imagine what it would be like if things were different, and that the ability and motivation to change lie within.	Tells person what to do rather than asks. Provides 'off the shelf' reasons for change. Ignores what person says about change. Tries to correct person's thoughts/views. Relies on education, direction, advice or confrontation. Uses lists of questions to get information, shutting down the conversation. Offers practical solutions when the person is not ready for a change.	Person not asked about their point of view. Does not respond to person's reasons for or against change. Relies on gathering information. Superficial interest in the person's views/reasons for changing. Bombards with options and solutions, not prioritising or tailoring.	Missed opportunities to discuss motivations for change. Lost opportunities to offer affirmations of achievements. Picking up on some change talk from the person, but not most. Limited curiosity about reasons behind the behaviour. Not clear what might need to happen to progress.	Curious about person's perspective. Changing thinking, not just behaviour Attempts to explore what is a trigger for behaviour. Supporting the person to set their own goals for change. Shows optimism and belief in person's ability to change.	Drawing on past successes / offering affirmations Exploring in depth triggers for behaviours Helps the person talk themselves into changing. Elicits and responds to the majority of change talk. Everyone is clear about the direction of change and what needs to happen to achieve it.	

Appendix 2 Case audit template for Team Managers when they audit cases for Service Based Audits

The case audit will be undertaken based on a discussion with social worker / practitioner **and** looking at the case file.

The columns on the left (in blue) are questions to form part of the discussion with the practitioner, the columns on the right (in orange) are auditing questions which should be done with access to Mosaic. Use the charts above to rate the quality of practice.

Mosaic ID	Child Name	Practitioner	Team	Category of Case (EH, CIN, CP & LAC) CIN	Auditor Name	Neglect

Area	Questions	Narrative	Rate 1-5	Audit	Yes/ No/Partially	Evidence/ examples
Narrative / history	Please tell me about the story of the family with a focus on the child's lived experience within their family			Is the chronology easy to locate, sensibly concise, and up to date?		
	What is your hypothesis for what is going well? What needs to improve (including risks) in this family?			Has the referrer been notified of the outcome of their referral within 72 hours?		

Assessment and analysis				Is there a clear description of the risk factors and how they impact on the children?		
				Is there a clear description of protective factors and the strengths of the family?		
	What is your understanding of how history, and particularly trauma, impact on the family's current functioning?			Is there evidence of the practitioner reflecting on past family behaviour and events in order to plan for the future?		
				Have there been more than three episodes of involvement?		
S47	How would you describe the risk the children are at?			Have risk assessments been updated in a robust manner?		

	Please can you tell me about how family history impacts on current family functioning?			Have decisions around s.47 (including timeliness between strategy discussions and initial child protection reviews) been timely and is analysis of risk and threshold clearly recorded on the child's case file?		
	Please talk me through your thoughts on how the risk impacts on all children in the household			Is there evidence of key partners in the strategy meeting? And if so are their views clearly recorded, or lack of participation challenged?		
	Please describe the strategy meeting/discussions in terms of how collaborative and multi agency they were					
Planning Intervention	Please talk me through the plan for this family			Does the practitioner have a clear plan of intervention in place for how risk will be		

				managed by practitioner and network?		
	How well do you think the current plan reflect the work you are doing and in addressing the needs of each child?			Is the plan clear in relation to: What the parents and family are expected to do?		
				What the practitioner will do? How the practitioner will use respectful authority to support behaviour change?		
				How partnership working with other agencies will ensure the child is kept safe?		
				If they are a child looked after how visible are foster carers views in care planning and meetings?		

	What is your view on whether the intervention is working i.e. is it achieving the identified outcomes for the child/family?			Does the plan identify outcomes or objectives that have been agreed with the family and key agencies?		
				Has the Plan been reviewed in a timely way with the right people present?		
Relationship	Please tell me how you would describe your relationship with the different members of the family			How many social workers / key workers has this child or family had in this episode?	Number	
				Is there evidence of a good rapport, trust and openness between worker and child / family?		
				When was the last time the child was seen? Please confirm if the child was seen alone.		

				Are visits taking place regularly?		
				Is there evidence of the Voice of the Child?		
Supervision and Support	How would you describe the support available to you in making sense of the emotional impact of the work?			Is there evidence of regular (at the required frequency) supervision on the case record?		
	How would you describe the quality of the case discussion and reflection during supervision?			Is there evidence of supervision being reflective and collaborative?		
	How are risks/concerns discussed in Supervision? Where and how are interventions around 'risk'			If they are a child looked after is there evidence of considering fostering in supervision		

	discussed between Supervisor and practitioner?					

Any further comment about the work undertaken, action to be taken or suggestion that this case should be used as a good practice example.

Outstanding	Good	RI	Inadequate

Agreed Actions – What actions are required to be 'Outstanding'

Actions	By When	By Whom

Feedback from Parent / Carer

1. Do you feel listened to?	☐ YES ☐ NO
2. Did your practitioner help you?	☐ YES ☐ NO
3. Has the support made a difference to you or your family?	☐ YES ☐ NO
4. Overall, do you feel the worker was respectful?	☐ YES ☐ NO

5. Things that went well?	
6. Things that could improve?	
Feedback was not provided due to:	☐ Attempt made but unable to reached

Feedback from the child (if over 12)

1. Do you feel listened to?	☐ YES ☐ NO
2. Did your practitioner help you?	☐ YES ☐ NO
3. Has the support made a difference to you or your family?	☐ YES ☐ NO
4. Overall, do you feel the worker was respectful?	☐ YES ☐ NO
5. Things that went well?	
6. Things that could improve?	
Feedback was not provided due to:	☐ Attempt made but unable to reached ☐ Child under age 12

Social Worker/Practitioner Reflection of Practice

1. Have you had Children at the Heart of Practice Training	☐ YES ☐ NO If yes, how has this training made a difference to your work in this case:
2. What did you find supported/ helped your work in this case?	
3. What might hinder your progress with working with this family?	

4. What do find hinders your progress in the service as a whole?	
5. Have you found this tool (audit) helpful? Do you have any suggestions to help us make improvements?	
Feedback was not provided due to:	☐ Practitioner did not wish to provide feedback ☐ The team manager did not wish to provide feedback in the practitioner's absences

Second line Quality Assurance of Audit by Senior Manager	
Name of Second Line Auditor-	**Date audit was checked-**
Please comment on the quality of the audit – was it detailed enough did it address the pertinent issues- did you get a sense of the case from the audit. **If the audit is not adequate you will need to return to the Team Manager who will need to make the changes you request (this will not extend the timescale for return to QA service)**	
Do you agree with the grading (if not please state your grading)	

Additional Actions recommended by Second Line

Actions	By When (Insert a date) **Avoid words like ASAP, soon, ongoing**	By Whom

Appendix 3: Practice Skills Observation Template to be used by Team Managers when they go out with social workers or personal advisors

This template is also to be used by Practice Week Team when they undertake observations

FEEDBACK SHEET – DIRECT OBSERVATION OF PRACTICE

Name of Child/Young Person	Mosaic ID	Practitioner Name	Team/Service	Category of need	Auditor

Date of observation:

What practice did you observe? **e.g. Visit/Supervision/Meeting/Other – please specify**	
Purpose of the Meeting or visit – e.g. to discuss the plan of intervention, talk about the reason of involvement, relationship building, raise a specific issue or concern etc	

1. Strengths

Child Focus	
Clarity about issues/ concerns	
Relational Capacity	
Purposefulness	
Creating Change	

2. Areas for improvement

Child Focus	
Clarity about issues/ concerns	
Relational Capacity	
Purposefulness	
Elicitation of Intrinsic Motivation	

3. Any other comments

Signature: **Name:**	**Date:**
Second Marker (if applicable)	
Signature: **Name:**	**Date:**

Appendix 4 Case audit template for use with social workers by Practice Week Team

The case audit will be undertaken on the basis of discussion with social worker / practitioner **and** looking at the case file. Start the hour with a verbal summary from the social worker, then probe with the questions below. Look at the case record alongside the social worker so that they can show you the relevant records.

Depending on the area of service being audited, some questions or sections may not be relevant and can be omitted.

LCS ID	Child Name	Referral Date:	Name of Social Worker	Team	Name of Auditor

Area	Questions	Answer (Tick)				Auditor comments
Narrative / history	1. Can the Social Worker explain why the case has been referred and what they are going to recommend happen with the referral?	Yes		Partially		
		No		N/A		
	2. Has the referrer been notified of the outcome of the referral within 72hrs?					
		Yes		Partially		

| Decision Making & Information Sharing | 3. Is there evidence of the threshold criteria being applied?

EG

1. Serious Domestic Violence. DVRIM: Level of risk serious Scale 3 and 4.

2. All referrals where there are a combination of Mental Health issue, drug/alcohol issue and domestic violence.

3. Child or Adult with significant mental illness (self-harming, psychosis, depression, etc.) subject to parental consent where appropriate.

4. Contacts that evidence a Young Person involved with gangs or being exploited by gangs.

5. Child Sexual Exploitation. (Category 1, 2 and 3).

6. Section 47 referrals.

7. Channel Referrals. | No | | N/A | | |

8. All other referrals deemed appropriate by CSCT Managers.					
4. For cases sent to Senior Social Workers are : Actions and timescales clearly set out?	Yes		Partially		
	No		N/A		
5. a. Is there evidence of the Senior Social Workers contacting all relevant agencies for information? b. Has information been shared by all agencies contacted? Please note any delays and why.	Yes		Partially		
	No		N/A		
6. Was there sufficient information from the referrer for Senior Social workers to make an informed decision?					
7. a. How was 'risk' identified in this case? b. What 'risk' indicators were recognized and how was this evidenced in any decisions made?	Yes		Partially		
	No		N/A		
8. Have there been more than three Contacts?	Yes		No		

	9. Based on the information gathered was an appropriate decision made?	Yes		Partially	
		No		N/A	
	10. Has the referral outcome got clear risk and needs analysis- after research by MASH SW/ DTM oversight?	Yes		Partially	
		No		N/A	
Supervision and Support	11. Does the Social Worker feel they are having quality discussions about how to work with this family?	Yes		Partially	
		No		N/A	
	12. Is supervision taking place at the required frequency?	Yes		Partially	
		No		N/A	
	13. Is there evidence of management oversight on contacts?	Yes		Partially	
		No		N/A	
	14. What support is the SW receiving to help manage with the pace of the work and the emotional impact of the work?				

15. Would they like any different type of support around the emotional impact of the work?						

Any further comment about the work undertaken, action to be taken or suggestion that this case should be used as a good practice example.

These sheets will be copied to the Team Manager.

Appendix 5 Practice Week Feedback Summary to the team manager and PWT

Please complete this overview of assessment of the team you were in for Practice Week. Utilise your audits, observations and feedback from families. It may be useful to complete this with the Team Manager especially the last question. **This form must be completed by 5 p.m. on the 4th day of Practice Week and shared with the Team Manager! Please use bullet points.**

Date of completion of the form : ……………………………	Team observed	Your name

Thank you for taking the time to enable me to observe the quality and impact of practice in your team. I hope you find the feedback helpful.

Prompts:

Knowledge of the child and family your team work with.

How risk / need is understood and how practitioners consider the trajectory of the future for the families they work with

How interventions are talked about and described and what difference are they or might they make.

Use of supervision to reflect and analyse and provide support

How support is provided to build relationships with children young people and families.

Key points from observations

What children families and young people said

Quality of written evidence

Systems issues that frustrate practice

What are the team's plans for the next 12 months to maintain or improve practice?