



# Lambeth Children's Social Care Quality Assurance Framework

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### Document Control

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## 1. Introduction

The Quality Assurance Framework in Lambeth was relaunched in 2023 as Lambeth seeks to provide a good or better service for all children, young people, families, and carers as part of our journey to excellence. Robust and effective quality assurance activity is a critical element of delivering our ambitions. The framework has been recently updated to reflect the implementation of Signs of Safety Practice Framework from 2024.

The Lambeth Social Care Academy was launched in June 2023 and will consolidate the embedding of learning into practice and leave a legacy of improvement in the culture and expertise of practitioners and leaders. The Head of the Academy is Lambeth's Principal Social Worker.

The Service Manager for Practice Evaluation and Audits leads Quality Assurance activities and work alongside the Social Care Academy. These new arrangements are ensuring the impact of learning from quality assurance is prompt, meaningful and contributing to sustained improvement in practice and decision making. While Quality Assurance is everyone's responsibility at all levels, the Academy and Practice Evaluation Team will provide the improved infrastructure for the Quality Assurance Programme and the implementation of action plans across Children's Social Care.

## 2. Principles and purpose of Quality Assurance

The principles and purpose of this quality assurance framework are aligned with the journey of children and families through the services they receive, experience and the outcomes achieved.

Our approach is:

**Child first:** focusing on the experience of children and young people, are they safe and protected from harm, is their voice heard and their views influence decision making

**Restorative:** quality assurance will be restorative and based on collaborating with staff and managers. Quality assurance will be characterised by both high support and high challenge.

**Outcomes Based:** the focus of quality assurance will be on impact and outcomes rather than process alone:

**Strengths based:** our approach to quality assurance will be positive – capturing and celebrating good practice, ensuring improvement from children's starting points:

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

**Productive:** our approach will ensure there is always a dividend from all quality assurance activity, always supporting the development of staff and services.

The purpose is:

- To improve the intelligence gathered by quality assurance to inform the planning of improvement work more effectively
- To build a stronger culture of outcome focused and child focused practice
- To make audits a process that is meaningful and effective that tangibly impacts on learning and development and achieves better outcomes for children

- To integrate feedback from children, families and carers throughout the social care system.
- To build sustainability into the improvement journey
- To use reflective practice to help mentor and coach staff to improve reflection and intervention in their work
- To include the whole child's journey including Early Help and its interface with statutory services in the scope of quality assurance
- To strengthen senior management accountability, oversight and line of sight
- To use quality assurance to drive a cycle of constant improvement
- To develop a service where every child receives a good service
- To strengthen the work of the wider multi-agency partnership

### **3. Governance of Quality Assurance:**

The intelligence gleaned from each quality assurance activity is reported to the SAM where it is used to drive improvement strategically and to support service plans and improvement plans.

#### **Strategic Assurance Meeting**

The Strategic Assurance Meeting (SAM) over sees the strategic quality assurance activity in Lambeth Children's Social Care.

SAM meets once a month and is chaired by the Strategic Director of Children Services and attended by:

- Director Children's Social Care
- Director Practice, Performance & Partnerships
- Assistant Directors Children's Services
- Assistant Director Transformation and Improvement
- Principal Social Worker
- Performance Service Improvement Lead
- Service Development Officer (Policy)
- Director of Performance and Business Improvement

This is the overarching assurance meeting within Children's Social Care. It consolidates the information from Workforce Development Board and the Practice Performance Overview Panel (PPOP) to define themes and promote strategic assurance and/or solutions.

SAM also: -

- Directs themed quality assurance audits or practice stocktake reviews.
- Reviews the findings and key learning from quality assurance
- Holds officers to account around improvement work through the action plan.
- Provides senior managers with a line of sight of frontline practice.

#### **Children's Services Improvement Governance Board**

The Board meets monthly and has an independent chair (an experienced former DCS). The membership of the Board includes Chief Executive, Leader of the Council, Cabinet Member for Children's Services, Directors and Assistant Directors, corporate senior leaders and key partners. The Improvement Board commissions and receives a range of Quality Assurance activities and reports adopting any recommendations which are relevant for the wider partnership. The Improvement Board oversee the impact of Quality Assurance in improving the standard of practice and decision making to a consistently good or better standard.

## 4. Quality Assurance Programme:

The Quality Assurance Service has an annual QA activity Work Programme which is signed off by SAM. Whilst the work programme provides a clear sense of direction, it is a dynamic plan that is required to flex and focus on emerging issues of concern.

### Audits

There are two types of audits that are led by the Quality Assurance Service.

#### Thematic

Thematic audits or Deep Dives are undertaken each year. The topics are decided by the leadership and in response to performance trends and identified learning relating to specific cohorts of children and young people. Scope and research questions are co-produced with stakeholders and the final action plan is also co-produced with service leads to ensure learning is translated into meaningful action.

This report is presented to Assistant Directors at Practice and Performance overview Panel to produce an improvement plan. The findings and plans for improvement will be presented at SAM and shared with the wider workforce at KIT and the Principal Social Worker and Practice Development Leads.

#### Monthly Service Based Audits

Team Managers, Child in Need Reviewing Officers, CPCs, IROs, Service Managers and Assistant Directors complete one audit of a case in a particular area of planning every month to contribute to practice evaluations. It is essential to have a sizable number of audits so that conclusions being drawn about the quality of practice in the service.

Each area of planning has a bespoke audit tool to encourage the auditor to evaluate based on the experience of the child and family/carers and that our interventions have made a difference and there are improved outcomes for children.



There are 4 areas of planning for children and young people that will be audited every month, on a 4 monthly audit cycle

- Early Help: 40
- Planning for Children in Need of Help and Protection: 70
- Planning for Children looked after and Permanency: 60
- Planning for Young People aged 16+ and Care Leavers: 70

The case audits are undertaken alongside social workers and where relevant the team manager. The auditor also has a conversation with the child if aged above 12 and the family to obtain feedback on social work practice and effectiveness of interventions. The auditor will also consult the CP Chair or IRO where relevant and in scope of the audit.

### Audit Moderation

The moderator (practice assurance lead) will check Mosaic records to verify the evidence given within the audit narrative and give an overall grading according to compliance with practice standards and the impact on the lived experiences of children and young people. Professional judgement will be applied by moderators to provide the overall grading. Where a moderation changes the grading outcome down to Requires Improvement or Inadequate the moderator will add the additional appropriate actions identified to raise the standard of practice and decision making for children and families. The overall grading must reflect the quality and impact of planning for the child/family evaluated in the audit and not the quality of the audit.

Where the auditor has submitted a poor-quality audit, the moderator will return the audit and ask for it to be redone with the support of a QA practice assurance lead so that these audits can contribute to local and organisational learning.

Application of Professional Judgement	
Child is safe and practice standards are rated good or better	Outstanding
Child is safe but all practice standards have not been met.	Good
Child is at risk of significant harm and poor outcomes. All children subject to a CP plan, PLO or care proceedings and some CIN will in definition fall in this category. However, there is a good plan in place to mitigate risk and achieve change that is being implemented in a timely manner. All practice standards have not been met.	Requires Improvement
Child remains at risk of significant harm. Practice Standards have not been met. The plan is not good. There is drift and delay in implementation of agreed actions. The child is not safe and the outcomes for the child are poor.	Inadequate

### Tracking cases to 'good' and better

Inadequate and Requires Improvement audits are escalated to the Director for Social Care and the relevant Assistant Director for immediate remedial action within 7 days for Inadequate audits and within 14 days for Requires Improvement. The case is then reviewed by the practice assurance team through Practice Review Improvement Meetings (PRIMs) at weekly intervals until practice and decision making is evaluated as 'Good' or better. Inadequate cases will be reviewed again within 8 months (next audit cycle) and Requires Improvement cases will be reviewed within 12 months, to ensure practice and decision making continues to be 'Good' or better.

In addition, the Service Manager for Practice Evaluation attends Performance Panels across the service to drive through the completions of actions from audits and compliance with the wider action plan.

Audit Cycle	Domain	Numeric data in the report	Relevant Ofsted Criteria
Early Help	Quality of Referrals & Decision Making	Numbers and percentage rated Outstanding, Good RI and Inadequate.	<ul style="list-style-type: none"> <li>• Risk is identified, responded to, and reduced.</li> <li>• The focus on the child.</li> <li>• Quality of decision-making – effective and timely.</li> </ul>
All	Quality of Assessment	Percentage rated Outstanding, Good, RI and Inadequate.	<ul style="list-style-type: none"> <li>• The focus on the child.</li> <li>• Quality of assessment and help is comprehensive and up to date.</li> <li>• Quality of evidence gathering.</li> <li>• Quality and timeliness of information sharing.</li> <li>• Consideration and impact of age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation.</li> </ul>
All	Quality of Planning	Percentage rated Outstanding, Good, RI and Inadequate.	<ul style="list-style-type: none"> <li>• Risk is identified, responded to, and reduced.</li> <li>• Quality of planning and review, including the timely consideration of the range of permanency options.</li> </ul>
All	Quality of Review (EH, CIN reviews, Core Groups, RCPCs, CLA reviews, Review of Pathway Plans  Quality of IRO/CPA Challenge, CIN Review, and Oversight	Percentage rated Outstanding, Good, RI and Inadequate.	<ul style="list-style-type: none"> <li>• Attendance and participation (parents, carers, children, young people, professionals, and advocates) – the involvement and participation of care leavers increasingly influences decisions which affect their lives.</li> <li>• Quality of decision-making – effective and timely.</li> <li>• Quality and timeliness of information sharing.</li> </ul>
All	Quality and impact of Intervention	Percentage rated Outstanding, Good, RI and Inadequate.	<ul style="list-style-type: none"> <li>• Risk is identified, responded to, and reduced.</li> <li>• Effectiveness of the communication with the child and family, evidence of relationship building and appropriate use of empathy and challenge.</li> <li>• Effectiveness of coordination between agencies and quality of joint working.</li> </ul>
All	Quality and impact of participation and direct work with children, young people and their families	Percentage rated Outstanding, Good, RI and Inadequate.	<ul style="list-style-type: none"> <li>• The focus on the child.</li> <li>• Appropriate involvement of children, young people and families in the process and decision-making, including impact</li> </ul>

Audit Cycle	Domain	Numeric data in the report	Relevant Ofsted Criteria
			and evidence of their understanding. <ul style="list-style-type: none"> <li>• Children, young people, and their families feel they have been effectively helped</li> </ul>
All	Quality of Management Decision Making and Oversight	Percentage rated Outstanding, Good, RI and Inadequate.	<ul style="list-style-type: none"> <li>• The focus on the child.</li> <li>• Quality of decision-making – effective and timely.</li> </ul>

The Monthly Audit report includes a narrative on what is going well, what are we worried about, what do we need to do better and organisational themes, from the analysis of the above headings to provide meaningful insights about the quality of practice, how our families experienced interventions and what SMART actions will be completed by whom and by when. A summary is produced which includes an evaluation of the strengths and recommendations for development in each area of planning. An Action Plan will be agreed collaboratively with service areas and the Social Care Academy to improve the quality of practice.

The report is shared with the relevant Assistant Director, Service Manager, PSW and PDLs. The report is also shared with the Principal Social Worker to follow through identified learning development needs. The findings of the monthly audits are presented to SAM by the Director of PPP/QA along with the improvement action plan by the relevant AD. It is the role of SAM to hold the relevant Assistant Director accountable for the implementation of the improvement plan.

### Children’s Services wide and Multi-agency Audits (Safeguarding Partnership)

The Practice Assurance Team will co-ordinate joint quality assurance activity with other areas of Children’s Services such as Contextual Safeguarding Service and Youth Justice Service. This will be supported by bi-monthly joint supervision where children have plans open across CSC and JYS and or CSS. This process will be supported and monitored by the Practice Assurance Team and the learning and development will be supported and monitored by the Academy and LSCP.

Multi-agency audits provide an opportunity to consider the involvement of different agencies and identify the quality of practice and lessons to be learnt and shared in terms of both multi-agency and multidisciplinary practice. Multi-agency audits also allow an opportunity for a robust system analysis of the effectiveness of the LSCP.

Themes are set twice yearly by the LSCP Executive. Themes for 2023 to date are Domestic Abuse, Child Exploitation and in 2024, Neglect. Audit cohorts or themes may also be identified through the Serious Incidents and Reviews subgroup, Section 11 audits, Child Death Overview process, other subgroups or other areas as identified by the partnership (see below).

### Closing the loop and tracking

QA service will track the actions from case audits in two ways:

Each audited case will be tracked to ensure completion of actions recommended by the auditor to improve practice in specific cases. These actions are collated in an audit tracker



which is monitored by the QA leadership team. The practice assurance team track and support progress of action plans for cases audited to be less than good through Practice Review Improvement Meetings (PRIMs), until cases move to Good or better. Escalations are raised weekly with Assistant Directors where actions are not completed by the due date.

A monthly 'Landing the Learning' meeting includes staff across the Academy and the Practice Assurance Team to ensure the learning from all quality assurance activity and reporting is captured and translated into meaningful and tangible improvement actions.

## 5. Observation of Practice

Direct Observation of practitioners and managers across all levels will be carried out throughout the year and completed in time to contribute to annual appraisals. The Academy will support the direct observation process and monitor compliance and reporting. There are two expected outputs from routine observation of practice:

- support the learning and development of the practitioner, manager or senior manager and the observer
- contribute to wider organisational learning and development

Observations of ASYE Social Workers will continue within the existing ASYE framework.

## 6. Annual Practice Week

The purpose of Practice Week is to:

- Enable senior managers and key partners to observe frontline practice and to understand the quality of practice the effectiveness of social care practice
- 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 SAM and the CS Improvement Board.
- Provide feedback for the Lambeth Safeguarding Partnership to strengthen partnership working.

Following the findings from Practice Week the Academy will produce a report on identified themes and recommendations and submit it to SAM no later than one month after the Practice Week event. The Academy will track completion of actions arising out of Practice Week and report to SAM.

## 7. Performance

Performance data is provided on a weekly basis for Assistant Directors, Team Managers, and practitioners used to drive improvement. A Monthly Digest is produced by the Performance & Business Improvement team reporting all key performance activity (with performance against target, Year To Date trends and benchmarking with statistical neighbours). The Director of Children's Social Care holds a monthly Performance Panel with Assistant Directors to scrutinise performance improvement and to identify patterns that require additional action, scrutiny and targeted quality assurance/evaluation.

## 8. Independent Chairs/Reviewing Officers

The IROs and Child Protection Chairs oversee children's journeys at key points and bring challenge and scrutiny. The patterns and trends arising from practice and performance are captured in the Annual IRO report. This report is circulated to the Director of Children's Social Care and all Assistant Directors setting out performance on timeliness of reviews and progress of plans of children at 9 months, 15 months, and 2 years plus. These are summarised in PPOP highlight reports for reporting to PPOP and SAM where they are used to inform improvement planning.

A report of Quality Assurance alerts raised by Independent Chairs/Reviewing officers is circulated to all Assistant Directors and the Director of Children's Social Care on a weekly basis. The monthly and quarterly QA report captures the impact of Quality Assurance alerts for improvements in the experience of children, young people and families. The Assistant Director for Quality Assurance has responsibility to lead on ensuring QA alerts are acting on in a timely way and to report the positive impact of alerts through monthly reporting to PPOP and SAM.

Lambeth has a specialist Fostering IRO who is responsible for chairing annual reviews of foster carers and compliance with national minimum standards for fostering. The FIRO produces quarterly reports which are circulated the Assistant Director for Corporate Parenting, Director for Children's Social Care; and summarised in PPOP highlights reports that are submitted to SAM.

## 9. Feedback, Complaints, Advocacy and Representation

Feedback from children and families and carers is a key part of improving services. Service areas have specific mechanisms at a local level for gathering feedback which will be supported by specific thematic feedback exercise undertaken by the Academy.

A weekly report is produced by the Complaints Team on timelines of responses to complaints and MEs. Every quarter the Complaints Officer summarises lessons from complaints and circulates this in the form of a bulletin to all staff. Learning from complaints will be reviewed through the Academy and an Annual Report will be submitted to Children's Services Scrutiny committee.

The Academy will produce an Annual 'You Said, We Did' report to sit alongside the annual Complaints report to capture the range of feedback and responses across the services areas through the year.

Barnardo's have been commissioned to provide advocacy for children subject to Child Protection Plans and children in care and young people leaving care. The Assistant Director for QA meets monthly with Barnardo's to ensure agreed actions from advocacy representations are completed by operational services. An annual report is provided to capture themes. This is used to evaluate the service, identify gaps and learning to inform further development.

Lambeth's Visions of Success (VOS) There is a process for structured annual consultation of children is carried out to evaluate the services from a user's perspective. This is reported to the Corporate Parenting Board where the feedback informs improvement planning. The VOS representatives for children in care and care leavers are central in giving the Director of Children

Services, senior officers, and members' feedback about the service they receive, which informs service planning.

## 10. Learning and Development

Reflection and learning from audits are being constantly embedded in the culture of the organisation in a variety of ways. Findings are presented to frontline staff at KIT and service meetings which includes sharing improvement plans so that there is buy in and sense of ownership.

Intelligence from the quality assurance processes is used at the Workforce Development Board to inform the service training and development plan. The training and development plan comes to the Workforce Development Board annually for review and is updated in the light of the quality assurance evaluation of the gaps and training needs of the service.

Managers Forum meetings are held monthly and facilitated by the Academy to listen to and learn from the messages from quality assurance, and audits to inform improved practice.

## 11. Lambeth Children's Safeguarding Partnership

The Lambeth Safeguarding Children Partnership (LSCP) Quality Assurance Framework (QAF) combines various data sources to assist the Partnership to understand the quality of practice to safeguard children and young people. The Framework is designed to help generate a culture where the best standards of practice are expected, by providing high challenge and high support.

- Performance and Quality Assurance subgroup will receive and analyse quantitative and qualitative data from across the Partnership and subgroups.
- Serious Incident & Reviews subgroup undertake specific reviews where a serious incident has been notified or where other learning can be gained by reviewing practice and systems.
- Learning and Development Subgroup will evaluate training statistics and the impact and effectiveness of training and learning that is delivered and/or commissioned. Lambeth Academy Principal Social Worker chairs the LSCP Learning and Development subgroup.

