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**Sandwell Children’s Trust**

**Performance Management and Quality Assurance Framework**

**February 2021**

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**Sandwell Children’s Trust**

**Performance Management and Quality Assurance Framework**

1. **Introduction and Aims**

Sandwell Children Trust has high aspirations for our children and young people in order that they have the best possible start in life. The creation of the Sandwell Children’s Trust gives us the opportunity to improve the services that we offer to the most vulnerable children and families in Sandwell.



Our vision is that we serve the purpose of Improving the Lives of Children and Young People, we do this by

* Listening, learning and caring
* Acting with openness and transparency
* Being ambitious and confident
* Encouraging innovation.

Our ambition is that we build on recent improvements and drive a sustainable model of delivery and improvement designed to bring good and outstanding services to the Borough – getting the basics right; innovating where possible and using the freedoms of the Trust approach to develop a new and sharper focus to address the challenges we face.

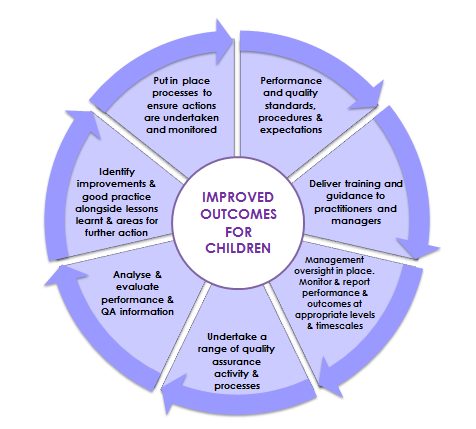
This document outlines the Performance Management and Quality Assurance Framework, developed following the introduction of the Sandwell Children’s Trust Improvement Plan which addresses the recommendations of the Ofsted Single Inspection undertaken in November 2017. One of the issues raised during the inspection was that Managers needed to put in place and embed a framework for continual practice improvement, this framework seeks to provide rigour in the process of strengthening practice improvement and improve outcomes for children and young people via relentless scrutiny and QA of practice.



Achieving this requires responsive high-quality services which make a difference and improve outcomes for children and families. It is therefore essential to have in place an effective performance management and quality assurance framework that sits alongside and complements the Practice Framework and model. These frameworks enable the Trust to ensure that it is delivering the right services at the right time to the right children and their families.

An effective Performance Management and Quality Assurance framework consists of:

* Regular reporting and analysis of comprehensive and reliable performance data
* Clear monitoring and quality assurance arrangements
* Effective evidence-based performance management and improvement of services, teams and individuals
* Ownership and understanding by staff at all levels in the Trust
* Regular performance meetings to review and respond to performance data at all levels of the service
* A clear child centred, impact focused framework aimed at improving services and outcomes for children and families
* An immediate response to identified concerns. If any immediate safeguarding or welfare concerns for an individual child are identified through QA or performance activity then appropriate action will be taken immediately and the matter will be addressed through line management arrangements.
* Robust and innovative learning audit activity, that is evaluative, and has a clear focus on improving practice.
* Audit activity supporting learning and development where staff understand the correlation between consistently good practice driving improved outcomes for children.

The framework has two interrelated and complementary sections – Performance Management and Quality Assurance – and is an integral aspect of the improvement cycle:

1. **Performance Management**

Performance management is everyone’s responsibility. All staff and managers are responsible for their own work and their contribution to the work of their team and service. Managers have additional responsibility to monitor and address performance issues within their service area or team and with individual staff members. All managers will be equipped with the skills, knowledge and tools to access, understand, interpret and use performance information to drive practice improvements.

Performance management enables practitioners and managers to:

* Use information to help maintain, develop and improve services to vulnerable children
* Understand the direction of travel and evaluate the impact of activities
* Enable the identification of trends and variances so that early action can be taken
* Hold services and individuals to account for their contribution to improving outcomes for children and young people
* Forecast and predict future issues and developments

The performance management framework includes a suite of real time and time-period reports at different levels of detail relevant to the level and role of those receiving the reports. Fortnightly performance boards chaired by the Director of Quality and Performance alongside regular performance management meetings in each service area will identify good practice and address performance issues in a systematic way. The range of reports and various levels of accountability and challenge are detailed below:

**Report types, accountability and challenge**

Daily (Live dashboards)

Key KPI’s reported daily to the Chief Exec, Directors, HOS and SM. facilitate daily oversight

Managers take action daily regarding issues of concern

Key Performance data available to all operational managers eg:

* Caseload Allocation
* S47 timescales
* Single Assessment timescales
* Children Missing

Weekly

Extensive service/ team specific data sent to all managers across the Trust

Relevant Report content for each section developed through consultation with Managers

Weekly Performance Meetings

In place across all services within the Trust.

Performance reports interrogation

Actions agreed & implemented and to address areas identified from Performance Indicators

Ongoing support training & development for managers in using data

Monthly

Performance reports to Improvement, Trust and council boards = scrutiny, Senior Managers & Stakeholders

Key indicators, trends analysis, comparison and targets from:

Dashboard of priority indicators

Quarterly & Annual

Quarterly Self-Evaluation to lead to an annual SEF

Self-Evaluation in place for all Trust Services

Fortnightly Performance Board





1. **Quality Assurance**

Staff at all levels in the Trust and across partner agencies are responsible for scrutinising practice via robust quality assurance initiatives. Ensuring that all work is undertaken within both statutory and procedurally agreed timescales. Practice needs to meet both legal and policy requirements and be of a consistently good standard and drive timely interventions which promote the best possible outcomes for Sandwell’s children.

The Quality Assurance Framework is a way and means to assure ourselves that we meet the key service standards. Above all everyone needs to be able to answer the following questions:

* What is life like for children and young people
* What is our specific intervention that will make a difference to the child’s situation and support achievement of positive outcomes for the child and their family?
* Have we been ambitious for our children?
* Have we listened to what children are saying to us and do we understand their lived experience?
* Do we practice with openness and transparency?
* Do we always ensure that we use the Practice Framework that promotes and supports the tenets of good practice.

The primary framework for practice has been the development and implementation of the Practice Framework and Model. It is essential that all practitioners and managers at all levels are using the Practice Framework and model as part of their everyday practice.

In addition to the Practice Framework and Model there are many other key plans, processes and factors that also contribute to and integrate with the Quality Assurance Framework:

* Practice Framework and Model (see Practice Framework Booklet)
* Practice Learning through BA Team/PL Team where 1:1 coaching mentoring is undertaken, as well as focused workshops, group supervisions and team meetings to support and improve practice.
* SCT Improvement Plan and Busines Plan and associated aims and principles
* Workforce capacity – recruitment and retention including - sickness and vacancy levels, stability of the workforce, use of agency workers etc
* Workforce development – induction, training, continuous professional development, Coaching and mentoring, supervision and appraisal
* Trust initiatives and the work of key stakeholders
* SCSP Performance & Quality Framework
* SEND Framework and WSOA Plan
* Legislation, Policies, procedures and guidance
* Performance management arrangements
* Service Standards
* Quality assurance tools and components
* Risk management processes
* Key Performance Indicators

**Components of the Quality Assurance Framework**

A range of quality assurance methods and reporting processes are in place to assist staff in ensuring that we deliver high quality services to all vulnerable children and families which strive to facilitate sustained improvements in their lives. In order to ensure the successful delivery of these quality assurance arrangements, the QA Manager has a critical role in managing the coordination and administration of the overall QA process and collating meaningful findings and analysis of the various methods of evaluating quality, which inform learning. There should be a relentless focus on good practice, so the Trust evidences a strength-based approach (see Practice Framework).

Findings from regular elements of the quality assurance framework (e.g. learning case file audits, thematic audits, beyond auditing programme, and Practice Learning programme) need to be cross referenced to the relevant Performance Indicators contained within the Trusts monthly performance books with relevant information added to the analysis section for each indicator.

All quality assurance information and findings will be collated and reported monthly to the Trust, Improvement and Operational partnership boards. QA and performance information and findings will also be shared with the SCSP and shared with staff in the Trust. The information is discussed at CMT with the Directors, Heads of Service and Service Managers where they have an opportunity to reflect on the strengths and areas of improvements for their own parts of services. Managers also are given an opportunity to learn from good practice, create an action plan to support improvements within their respective services, and report progress directly to the QA Manager. These new plans and initiatives can then be tested via future monthly learning audit activities as well as disseminated to their respective services via a monthly ‘QA on a Page’.

Learning audit activity will focus on key areas of practice such as the child’s experience, and the difference made to their life, compliance with key standards and the quality of activity to improve their life chances and outcomes. Information and findings from the range of quality assurance activity will be collated and cross referenced to show progress in addressing the key questions:

* What is life like for children and young people?
* How well do we understand the child’s experience?
* What is the quality and timeliness of our intervention and assessment and planning?
* What is the quality and timeliness of our care planning?
* How well do agencies work together to improve outcomes for children?
* How well do we understand and incorporate the child’s culture, identity and family traditions into their plan?
* What action is needed to further improve services?
* What difference have we made to the child’s life, and what is the impact for them?

1. **Learning Case file audits (including Benchmarking Audits)**

Learning case file audits should be the cornerstone of the QA process – a systematic and ongoing litmus test on how well services are being provided and whether they are making an impact. A learning case file audit tool linked to the Practice Framework and Model including Practice Standards and Ofsted priorities and grade descriptors has been developed and is available as a form on LCS. The Practice Framework and Model and the Practice Standards are available to all practitioners and managers in booklet format, and electronically on the Intranet.

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| Learning case file audits within the key social work services will be undertaken once every month. Learning Audits will be recorded on the learning audit tool and follow the guidance which includes a checklist of what to look for in good practice. While the focus of the audits is to evaluate recent practice, it is usually necessary to examine the past 12 months of practice to gain a context. Wherever possible learning case file audits will be conducted by auditors, alongside the allocated practitioner and social worker. Similarly, managers within targeted services, fostering, and youth offending services will conduct learning audits in line with relevant guidance and legal requirements. |

The learning case file audit process will be coordinated by a Quality Assurance Manager responsible for quality assurance and cover a range of themes during the year.

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| Practice Note: -  Learning case file audits should be seen as an opportunity to learn and have a window back into practice and this works in a number of different ways   * Individual learning for the practitioner – acknowledging and celebrate good practice and how their practice has facilitated a difference made to the child’s life. In addition, supporting the practitioner to understand where their practice could be improved and reflect on how they might do this. * Auditor learning – every time an auditor completes an audit there is a learning opportunity from the audit findings that can be taken back into their own practice, service and team, particularly where good practice is identified. * Service learning -the collation of all learning audit findings to understand the quality of practice and the difference being made to children. |

The learning audits will need to be conducted by managers at every level of the division as shown in the following table and in line with agreed service plans:

Case File Auditing and Observation of Practice

**Team Managers**

**Case file Auditing**

CSC, CFST, Fostering,

(inc 10% SEND sample):

1 learning casefile audit every other month

Targeted Services.

**Observation**

Report at least 1/mth

**Service Managers**

**Case file Auditing**

1 learning casefile audit every other month (select based on monthly themes)

**Quality Assure**

Audits undertaken in own service – audit escalation &close the loop

**Observation**

* At least 1 every other month

**Monitoring & Validation visits**

* 1/qtr (EH Targeted only)

**SG Unit Managers**

**Safeguarding &** **QA Unit**

**Case file Auditing**

* 1 learning casefile audit every other month (select based on monthly themes)

**Quality Assure**

* Oversee audits, and mid-point reviews of IROs & Independent Chairs

**Observation**

* Report at least 1/mth

**Trust Directors**

**Case file Tracking/Auditing**

* 1 learning casefile audit every other month (select based on monthly themes)

**Shadow**

* Social worker/ TS worker visits for ½ day/qtr

**Observe**

* 1 Conference review/qtr

**Observation**

* At least 1/mth

**Chief Executive**

**Visit**

* Frontline services including those for Targeted Services

Monthly visits to looked after children placed both within and outside the Borough.

**Head of Service**

**Case file Auditing**

* 1 learning casefile audit every other month (select based on monthly themes)

**Quality Assure**

* QA close the loop activity and audit escalation

**Observation**

* At least 1 every other month

**Themed Mock Inspection**

* 1/qtr as agreed by Performance Board

**IROs & Independent Child protection Chairs LADO**

**Case file Auditing**

Follow up and independent scrutiny for learning casefile audits by the service

Mid-Point Reviews for all allocated cases

Dip sample POT/LADO work

The implementation of the requirements set out in the above table will be overseen by the QA Manager who will moderate and collate the findings. The process is shown below:



Outcomes from the learning case file audit process will be as follows:

* Feedback to the worker and their manager of any areas of good practice as well as immediate concerns
* Completion of the learning case file audit form on LCS
* It is the responsibility of the Practitioner, SW, and TM to ensure that the audit actions are completed, and the SM and HOS to ensure that this is monitored.
* Submission of the Audit forms to the QA Service within 5 days of submission date or date audit is due (whichever is sooner). The QA Service will moderate all audits to ensure consistency of practice, and maintain quality of auditing.
* Collation of findings/required actions by the QA Manager into a monthly and quarterly report. QA Report is shared with CMT each month.
* QA Manager to create a succinct ‘QA on a Page’ document with learning from QA activities for wider sharing with practitioners across the Trust.
* HOS ensure that the report, findings and actions, are disseminated through the service with the wider staff group for discussion in team meetings (using QA on a page). Actions will be tracked by the QA Manager.
* Inclusion of findings in the monthly Performance Book as appropriate
* Identification of issues that would benefit from a themed or deep dive audit
* Inclusion and cross referencing of findings within the Quarterly Quality Assurance report for the Trust Board, Improvement Board, and any other political forum.
* Disseminate learning from good practice.

**Thematic Audits**

Auditors within the QA and BA teams will undertake a thematic audit each month. These thematic audits will be in-depth pieces of work to audit specific aspects of intervention and/or case management. The QA manager will maintain a planner for thematic audits where themes identified in discussion at CMT can be noted. Findings from thematic audits will be collated by the QA manager and included in the monthly and quarterly reports. Learning from thematic audits will be disseminated along with learning from monthly case file audits.

**Benchmarking Audit**

In addition to the Learning Case File Audits which are completed by managers across the service, we also have in place a Benchmarking Audit. At least one benchmarking audits should be completed annually in the Trust services.

Benchmarking audits is an activity where one case is audited by a group of managers and findings are collated, moderated and discussed to mutually reach a final agreed audit document of findings and ratings. This audit exercise is a useful exercise for learning with peers and achieving a common consistency and understanding of thresholds when rating a case file audit. Benchmarking audit exercise contains the following steps:

1. Learning Case file audits are completed individually by each manager of the benchmarking group (or can be completed together as a learning exercise).
2. Once audits are completed, each manager sends their completed audit to CSC Audits (1 x manager is identified to meet with the Practitioner, so individual learning is still achieved).
3. The moderator also completes the case file audit and sends it to CSC Audits.
4. Findings and ratings from each audit are then collated in one document ready for discussion.
5. A Benchmarking discussion meeting is organised, led by the moderator. All members of the benchmarking group discuss their findings and rationale for their ratings.
6. Discussion and final agreed ratings are noted in the final document.
7. Learning points for the benchmarking audit are collated and disseminated to promote further learning for the service and individual auditor.
8. **The Beyond Auditing Framework, Teams and Practice Learning Programme**

The *Beyond Auditing* Framework is designed to embed practice evaluation and quality assurance into the usual business of Social Work teams. The approach aims to maximise the involvement of practitioners and operational managers in the process of practice learning, promoting service, team and individual ownership of audit outcomes and maximising the insight of operational staff in relation to strengths and areas for development in practice.

Findings from our QA activity have identified the need to ensure that we consistently evidence an equal focus on quality interventions with our children and families as well as the processes that we follow. This issue can be identified in 5 reoccurring themes:

1. Intervention and impact – intervention with children and families that makes a difference.
2. Reflective Supervision – needs to ensure that the Management Oversight and Supervision provided between the Manager and Practitioner drives effective care planning and supports critical reflection.
3. Understanding Data/QA – enabling it to be routinely used as a window back in to practice
4. Assessments – need to be consistently robust, evidenced and triangulated.
5. Plans -not always simple, family friendly and showing step by step progress.

Work within the Beyond Auditing Service is carried out by the Targeted Support and the Practice Learning Teams collaboratively with the Operational Service as part of a programme of support. Practice Learning Support is provided by both teams through reflective one to one sessions, Group Supervisions, Team Meetings and Workshops. Our Practice Framework and Model underpins the work undertaken by the teams resulting in a focus on strengths, relationship-based and trauma informed practice.

The Beyond Auditing programme of support is carried out by conducting specific periods of practice learning and audit activity in the below services.

* MASH, Single Assessment Teams and Child Sexual Exploitation
* Care Management Teams
* Children in Care and Care Leaving Care Teams,
* Safeguarding Unit.

Services such as Targeted Support and Fostering Services also play a key role within the child’s journey and in securing better outcomes. Where possible, some practice learning is also provided to these services.

**The BA Targeted Support Team**

The Targeted Support Team includes Beyond Auditing Auditors who provide ‘team based’ support over a 6-8-week period known as ‘cycles’. This cycle of Practice Learning support is usually provided to two teams during this period within the same service area. This support connects the processes of audit, feedback, learning and change through direct work between auditors and operational staff before, during and after the audit has taken place. Through reflective coaching conversations, the approach embeds audit, practice and feedback into a systematic process of learning and development between Operational staff and BA Auditors by collating thematic outcomes, planning and intervening to promote practice change. Following this, within a rapid interval, a process of re-audit is undertaken to evidence impact.

The *Beyond Auditing approach* uses 6 overarching outcomes which determine the quality of practice across all the cases, teams and services. These outcomes reflect the QA findings outlined earlier and inform the evaluation process undertaken at the beginning and at the end of the support with Practitioners and Team Managers.

**The Outcomes**

These outcomes are split into 2 groups – focussing on ***how*** practice is undertaken and ***what***is achieved.

**How Good Practice is carried out using the six outcomes:**

* By consistent and purposeful ***Management and Supervision*** – where managers understand the practice of their staff and help practitioners to work in the most effective ways with children and their families;
* Through***The Way in Which Families are Worked With***– where Practitioners understand the child’s journey, the family’s culture, identity and belief systems within the context of their history to consider significant events and any possible trauma they might have experienced. Using a strengths-based approach to understand their resources, solutions as well as the risks to develop the best possible intervention and approaches with them. Being able to build, maintain and sustain relationships focussed on providing the right levels of challenge and support enabling sustained positive change.
* By finding the most effective ways to the understand ***The Voice of the Child***in every intervention and truly understanding what life is like for them. By working directly with children using our 4 x I’s to Involve, Inform, Invest, Influence will help to improve their experience, wellbeing and safety.

***What* Will be Achieved?**

* A thorough ***Assessment*** and understanding of the risks, resilience, vulnerabilities and strengths affecting the child and family, including the extent to which the family can be helped to achieve change, the timescale within which change can be achieved and the extent to which change is sustainable.
* Effective and robust ***Plans, Interventions and Reviews*** flowing from assessment***,*** that are written and developed with families that target the risks and harm to children and maximise the strengths and resilience. These ensure that children are helped to have better outcomes in a timely way.
* Demonstrable ***Impact for the Child***, promoted by Social Work and other professional involvement with the family, evident through sustained reduction of risks, needs and vulnerabilities, together with an improvement in life chances with the likelihood of long-term solutions around the child’s care and support.

Linking practice evaluation to these 6 key areas of practice is designed to do the following:

* Give simple, clear messages to Social Workers and Managers across the organisation about what will make a difference for children and families; underpinned by SCT’s Practice Framework and Model;
* Achieve consistency and commonality in key standards of practice through the whole journey of the child;
* Allow auditors to work within a simple framework to balance the need to record evidence for judgements reached, have visible reporting from the audit process and maximise the time available during the process for reflective learning conversations with Social Workers and Managers;
* Provide a clear framework for workforce development and other activity flowing from auditing and thematic judgements.

**The BA Practice Learning Team**

The Practice Learning Team provides ‘service wide support’ across all four service areas by Practice Learning Facilitators using the same approach and focus on outcomes as the Targeted Support Team. The Practice Learning Facilitators spend designated time largely within the same service providing a range of Practice Learning activities including one to one sessions, Group Supervisions, attendance at Team Meetings and facilitating workshops. The purpose of the activity is to listen and engage practitioners, drawing upon solution-focused, reflective listening, relationship-based and trauma informed approach as part of our journey to good and outstanding practice for our children and families.

As part of the consultation process for the programme, each service area prioritised the use of the practice learning time to maximise the impact of the programme whilst focusing on a key problem identified from QA activity. Continuing this collaborative approach, these Practice Learning sessions continue to be shaped through regular discussions between the Operational and the BA Plans and Practice Learning Manager. Monthly Practice Learning Review meetings are held between Operational Service Managers, BA Managers and the BA Evaluator to evaluate the uptake of Practice Learning sessions. This is informed by regular reports provided by the BA Service.

The BA Practice Learning Programme presents a unique opportunity to provide practice learning activity to support services to deliver upon its intended outcomes as part of our improvement journey.

**Evaluation process**

All activity delivered within the Beyond Auditing programme will be subject to evaluation. This evaluation will capture data to demonstrate the extent to which the activity has supported the development of relevant knowledge and skills and more crucially the difference being made for our children and families.

Effective evaluation of the Programme will be achieved by collaboration across the Quality Assurance Service, with Beyond Auditing, Quality Assurance and Workforce Development Teams working together. This will ensure that the right data is captured and entered into the appropriate data-sets, processed through our Online Management System and then filtered into different streams to support both the evaluation of the programme and CPD planning for staff. This will inform the transition plan which will ensure that Practice Learning is sustained and embedded beyond this phase of the Beyond Auditing programme.

1. **Multi-agency audits**

The Trust will participate in, and learn from, relevant multi-agency audits commissioned by the SCSP. Findings from such Multi-agency case file audits (MACFA) and the 10% SEND case sample will be included in the SCT Monthly QA reports.

When identified as necessary multi-agency audits will be undertaken to explore and understand particular issues that effect more than one service.

1. **Safeguarding Unit Quality Assurance work**

The Safeguarding and QA unit plays a key role in quality assuring the work of the Trust. Independent Reviewing Officers/Independent Child Protection Conference Chairs and the LADO are in a unique position to observe and assess the quality of case planning and assessment work carried out by the wider department and partner agencies. Members of the Safeguarding Unit will also undertake mid-point reviews on all allocated cases, as well as observation of practice.

The unit will undertake a monthly collation of the outcomes of exceptions reporting – Dispute Resolution notifications from the IRO service and the Independent Conference Chairs which will provide useful information on themes and practice issues. This will include those children who have become looked after during the preceding month, as well as a mid-point review audit. All identified good practice and such concerns are also fed back immediately to the relevant team manager for action.  
There will be a dip sample of the work of the LADO and Position of Trust Work.

The unit will also provide Monthly reports on the findings and themes arising out of collation and reporting of review and conference monitoring forms completed by IROs/the LADO Independent Chairs and after all such meetings.

The SG Unit Team Managers in the Safeguarding Unit should address any immediate concerns through line management arrangements. The Service Manager and SG Unit will ensure that quality assurance meetings are held on a monthly basis with Team Managers from the Trust (CMgt and CIC) to explore findings from any relevant case file audits and IRO/Conference Chair monitoring, as well as the work of the LADO.

A key component of the SG Unit work is that of the compliments/complaints service particularly in relation to children’s complaints. Learning from compliments and complaints is an important aspect of the QA Framework and is detailed in section 13. Understanding children’s participation in their review meetings and seeking feedback from children, and young people is essential.

The Director for Quality Assurance and Performance oversees the work of the Service Manager in the Safeguarding Unit and is the key link with the SCSP and oversees the work of the SCSP manager and team and ensures that the work of the Trust is fully integrated with that of the SCSP and Corporate Parenting and SG Unit.

1. **Case Supervision and management oversight**

Management oversight of case work should be undertaken on a continual basis as required and within performance meetings and individual or group supervision sessions. Team Managers should also undertake occasional dip sampling of a worker’s case load when preparing for supervision. All staff should ensure that they adhere to policies regarding management sign off of key decisions and record any intervention, action or decisions on the child’s case file. Reflective case supervision should be carried out on a regular basis (and as per Supervision Policy) by all operational team managers and comments and decisions on each child’s case should be recorded at intervals in line with the supervision policy. Service Managers should rigorously monitor management oversight, supervision practice and outcomes.

1. **Supervision Audit and Observation (to start April 2021)**

To ensure that the frequency and quality of supervision within the organisation is in accordance with the ethos and guidance of our Recruitment and Retention Strategy and also our Supervision Policy, Senior managers (Service Managers, Heads of Service, and Directors) will audit at least one supervision file every other month (once every two months). Managers will only audit files from within their supervision group. Senior managers (Service Managers, Heads of Service, and Directors) will also undertake one observation of supervision along-with the supervision file audit. Observation of supervision can be undertaken either for the entire duration of supervision, or a part of it. This can be discussed and agreed between the observer and the manager being observed prior to the actual observation. The responsibility of closing the loop on actions suggested following the audit and observation will rest with the manager who supervises the subject of the audit and observation. The findings from these supervision audits and observations will be analysed and reported by the QA Manager in Monthly and Quarterly Quality Assurance Reports.

1. **Direct Observation of Practice**

Team Managers are expected to observe the practice of every team member at least twice a year, one of which should involve accompanying the practitioner/social worker on a home visit. The other observation should be around the preparation and attendance at a child protection conference or review meeting and include obtaining feedback from the child and their family and reported on at least once per month.

Service Managers and Head of Service will undertake an observation or shadowing visit every alternate month from either within or outside of their service area. All observation visits will be written up using the Observation of Practice recording tool and accompanying guidance on “what good looks like”. An additional observation of the operational TMs supervision should also be undertaken every other month and recorded on the Observation of Practice Tool.

The observation of practice and supervision recording tool should be used to record evidence during practice observations within 5 days and should be fed back to the relevant worker and manager, added to the case file and collated by the QA Manager as part of the quarterly QA report. All required actions will need to be followed up by the QA Manager and relevant Head of Service. The observation of practice should focus on good practice as well as practice that needs to improve.

From April 2021 - Head of Service and Directors will between them undertake an unannounced themed Quality Assurance visit every quarter. The visits will be recorded and sent to the QA Manager and relevant Service Manager and Head of Service.

From March 2021 - The Chief Executive, Directors, Heads of Services, and Service Managers will participate in our ‘Back to the Floor’ event once a year to coincide with the Practice Week. Back to the floor will offer senior managers within the organisation to engage with staff and children, young people and families as they undertake their choice of activity i.e. engage in a home visit, meeting, direct work etc. Reflections from this piece of work will assist in improving our service delivery model.

The Chair of Trust Board alongside the Chief Executive of the Trust will undertake monthly visits to service areas across the Trust to be assured that these services are effectively delivering services which improve outcomes for children and young people. Intelligence from these visits will support in informing and strengthening the service delivery model.

1. **Service user feedback and participation**

The auditors in QA service moderate the Learning case file audits completed each month. The auditors will be selecting some children’s case files from the moderation process and contact children and their families/carers for feedback. The feedback will be aimed at understanding the impact of the Trust’s involvement in their lives. This feedback will be used to celebrate good practice and to make further improvements to service delivery. All findings will be reported quarterly within the QA reports.

Compliments and commendations are received by the Complaints team and/or individual services with learning identified and improvements made. Service user feedback is obtained by the IRO and independent chair service and various aspects of targeted services and specialist services

Findings from all such surveys, and questionnaires, compliments and complaints along with feedback from the SEND Board, Corporate Parenting Board, Children in Care council/LAC Board and Care Leaving Forum needs to be included within the quarterly quality assurance report.

The QA service with support from Customer Relations Team, and Participation Team will organise a bi-annual event – Feedback Fortnight. In this fortnight, feedback will be sought from children and young people, families and carers, and all professionals who work with the Trust. All feedback that is collated will be analysed and findings will be used to celebrate good practice and make improvements in the way we deliver our services.

A clear framework and guidance for obtaining service user feedback in line with the SCSP’s Engagement and Participation Strategy for Children and Young People is in place. This approach needs to ensure that the views of children and families are captured at critical stages in their journey through our services – initial contact/referral, end of assessment, care planning, reviews and case closure.

1. **Staffing**

The outcomes of an annual staff survey, and feedback from the monthly Practitioner Improvement Board (chaired by the PSW) will also be reported within the quality assurance process.

The Chief Executive and Director’s will meet regularly with the Practitioner Improvement Board Frontline group to facilitate consultation and directly hear feedback from practitioners.

As part of the 12 Reasons Recruitment and Retention Plan feedback should be sought through the Staff Survey, Pulse Surveys, Annual Health Check and other feedback for a. These will be collated on a quarterly basis by the Principal Social Worker and reported through the 12 Reasons Recruitment and Retention Board.

1. **Learning from compliments and statutory complaints (Children’s Trust)**

A procedure is in place to ensure that:

* All compliments are collated and identified themes and learning is collated into a monthly report by the Complaints Manager. It is essential that we learn from good practice.
* All complaints are investigated and responded to the complainant within set timescales (non-compliance or missed deadlines to be reported to the relevant Head of Service and followed up immediately)
* Children’s Complaints will have a letter from a senior manager stating who will be investigating their complaint, and that each child/young person will receive support from the Participation Team.
* The manager responsible for investigating the complaint should identify any learning or potential learning from the complaint and advise both their Head of Service and the Complaints Manager accordingly through the relevant form.
* All complaint outcomes and identified learning will be collated and reviewed by the Complaints Manager to see if there are any themes or trends emerging or if any aspect has a wider relevance (e.g. do the findings of a single complaint prompt the need for a wider or deeper look at the issue and/or cross referencing with other QA findings? Does the council need to reconsider any aspect of its current policy?)
* The complaints manager makes recommendations to Director’s on any additional work required (e.g. a themes audit) in relation to the conclusions arising out of above
* Inclusion of findings, using a Strengths Based approach, and recommendations are incorporated into the QA monthly report

1. **SCSP Performance and Quality framework**

The Performance and Quality Assurance Frameworks should be fully integrated with that of the SCSP so that the two performance and quality frameworks complement and inform each other. Work is ongoing to ensure that this aim is fulfilled as both frameworks are implemented, reviewed and developed.

TheSCSP Performance and Quality frameworkhas been developed with all partners to examine performance of all agencies in relation to children’s safeguarding based on an agreed set of indicators (including those contributed by children’s social care and early help). Alongside other partner agencies the council will provide performance data and assurance information on a quarterly basis to the SCSP.

The SCSP framework also covers quality assurance processes which include

* multi-agency audits (MACFAs)
* multi-agency themed audits (e.g. Neglect)
* The Engagement and Participation Strategy for Children and Young People
* Section 11 reports on the safeguarding arrangements within contracted services
* Lessons learnt from Child Safeguarding Practice Reviews (serious case reviews)/Table Top Reviews/Rapid Reviews/JAR meetings
* Feedback from the Family Courts and Cafcass
* Cross referencing of performance and quality assurance information or feedback from all agencies
* Lessons learnt from Domestic Homicide Reviews (via the DASP (Domestic Abuse Strategic Partnership)

1. **External feedback and validation** from Ofsted/regulatory inspections of children’s homes/ peer reviews/Practice Improvement Partner/ or challenge will be taken account of in each monthly reports.
2. **Additional Feedback from the CIC service**

**The Placement Commissioning Service** will undertake quality assurance visits to children placed in external provision, (both foster care and residential care and also including Care Leavers). Outcomes will be collated on a quarterly basis for inclusion in the QA report

**Feedback from Adoption and Fostering Panels**

1. **Young Advisers (i Cons)**

As part of the Practice Framework and the Child’s Participation and Involvement Strategy, Young advisers (i Cons) are regularly used within Sandwell Children’s Trust services for:

1. Recruitment
2. Training
3. Mystery Shopping
4. Consultation
5. **Quality Assurance report and associated meetings**

As outlined in paragraph 3.5 the quarterly QA report will bring together, evaluate, cross reference and analyse all relevant performance and quality assurance information and also draw on relevant information and challenge from the following:

* Sandwell Children’s Trust Board Meetings
* The Improvement Board
* Operational and Strategic partnership meetings
* CYP Scrutiny Commission
* SEND Board
* Corporate Parenting Board
* The SCSP Quality Performance Analysis and Assurance Group
* Performance Boards
* Regional Peer challenge and data sharing – West Midlands Directors Group etc
* Practice Improvement Partner (PIP)

The implementation and operation of the Performance Management and Quality Assurance Framework will be reviewed on an annual basis. The review should include and consider the effectiveness of the quality assurance activity against:

* Delivery of good services to children and families
* The SCT Practice Framework and Model
* New innovations and services since the last review.