

**Hull City Council**

**Children, Young People and Family Services**

**Performance, Quality Assurance and Improvement Framework 2022 - 2023**



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| Introduction |

* 1. This Performance, Quality Assurance and Continuous Improvement Framework for services within Hull’s Children, Young People and Family Services includes all activity undertaken to ensure work with children, young people and their families is carried out to the highest standard in terms of quality and impact. It aims to improve our understanding of whether we are supporting the right children, in the right way, at the right time, and whether we are making a difference to the progress that children make and the outcomes they achieve.
  2. Hull is currently subject to a Statutory Direction issued by the Secretary of State for Education in February 2020 which stated that the Secretary of State is satisfied that the Council is failing to perform to an adequate standard, some or all of the functions to which section 497A of the Education Act 1996 (''the 1996 Act") is applied by section 50 of the Children Act 2004 ("children's social care functions"). The Direction also requires the Council to co-operate with the Commissioner in improving these services.
  3. Hull’s approach to improvement covers a five-year programme built around three phases as described below. These phases are drawn from research carried out by the Local Government Association and ISOS in 2016 assessing a range of improvement approach across a number of delivery models in Children’s Social Care. This version of the Performance, Quality and Improvement Framework covers phase one of this approach, moving services from Poor to Fair (or ‘Inadequate’ to ‘Requires Improvement’ in inspection outcomes) over a 12-18 month period. This research concluded that for local areas seeking to improve from poor to fair, there were two distinctive emphases. The first was on putting core systems and processes in place, reasserting control over the system, accurately assessing risk, making sure cases were allocated, clearing backlogs and bringing caseloads down to manageable levels through recruitment and redistribution. The second, however, was on rebuilding the culture and ethos of the organisation so as to support ongoing and sustained improvement. The pitfalls to be avoided during this phase are failing to get to a genuine understanding of why the service has been failing and its current weaknesses and strengths – “getting to a baseline” – and rushing into an ill-thought-out restructure. The premium here is on accurate diagnosis and in-depth engagement with the workforce.
  4. This framework will be revised as the improvement journey progresses into phase two.



Fig 1 Summary of improvement phases and key actions

* 1. The detail of improvement approaches in this phase are set out below. There is a very strong focus in phase one of using performance and quality functions to ‘get the basics right’, ensuring timely and reliable data and intelligence to support rigorous and forensic self-assessment, ensuring that ‘we know ourselves well’.



Fig 2 Detail of improvement actions

* The service collects a wide range of data and robust performance information. However, we recognise that simply collecting information and data does not in itself improve services. This framework also sets out the service’s approach to quality assurance to support the delivery of the service’s key improvement and quality objectives:
  + Children, young people and families will be at the heart of everything we do
  + We will have a relentless focus on the quality and consistency of practice
  + We will provide excellent services, delivering improved and sustainable outcomes for children, young people and families throughout the city, with a particular focus on safeguarding the most vulnerable
  + We will be well organised, deliver value for money and be fit for the future
  + We will grow our influence and impact by supporting others, developing future leaders and encouraging partnership work
  + We will co-produce improvements with our service users, our staff and our partners.
  1. The framework includes several key elements that enable performance to be measured at four connected and inter-related levels:

**Level 1**

**The Efficiency and Effectiveness of the Service**

**Level 2**

**Individual Services and Teams’ ability to safeguard and maximise the life chances of children and young people and to support their families**

**Level 3**

**Practitioners’ ability to safeguard and support children and young people and their families**

**Level 4**

**Progress and outcomes – Children and Young people’s experience of the service**

Fig 3. Levels of Performance Measurement

**Equality and Diversity**

* 1. Promoting equality of opportunity, eliminating discrimination and building inclusive communities is about making life better for Hull residents, service users, customers and employees. The Council understands and prioritises the duties set out for them within the Equality Act 2010 and, therefore, all staff are required to consider how different people will be affected by their activities and services. Equality and diversity considerations will therefore be central to all quality assurance and improvement activity.

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| Improving Quality |

**How will performance be measured?**

* 1. The starting point is to determine what to measure or defining the ‘content areas’ as set out below. These are the ‘smoke detectors’ which inform a fully-rounded view of the quality and effectiveness of services, supporting ongoing improvement and future planning.

**Outcome:**

Effective outcome focused:

* Children and Young People’s Plan;
* Improvement Plan;
* Individual Service and Team Plans;
* Staff personal growth and performance reviews (PGPRs).

**Informed by:**

* Joint Strategic Needs Assessment;
* Local self-assessment;
* Audits;
* Performance indicators and information;
* Complaints and compliments;
* Voice and influence of children, young people and families;
* The views of staff and partners;
* Learning from Serious Case Reviews;
* External inspection.

**Examples of Content Areas:**

* Priorities identified by planning processes;
* Requirements of the Directions from the Secretary of State for Education;
* Responding to inspections.
* Needs of particular vulnerable groups e.g. children with disabilities or children looked after;
* Specific risk issues e.g. domestic abuse or child sexual exploitation.

Fig 4. Smoke detectors

* 1. These content areas will be measured in three ways:
* Quantity - ‘How much did we do’?
* Quality – ‘How well did we do it’?
* Outcome / Impact – ‘what difference has it made? Are children protected, helped and making progress – so what?’

**Outcome / Impact – what difference has been made? Are children protected, helped and making progress – so what?’**

Using these sources of information will provide evidence of the effect on:

* Children and young people living in Hull and cared by us outside the area being safe and feeling safe;
* Children and young people experiencing high quality services and achieving positive outcomes;
* Staff are confident in their practice and able to deliver high quality services;
* Service priority outcomes progressing.

**Quality – how well did we do?**

Source of information:

Local information including:-

* Experience of children, young people, families and carers;
* Experience of practitioners;
* Case file audit records;
* Hull Safeguarding Children Partnership audit activity, including S11 Audits;
* Serious Case Reviews;
* External inspections;
* Monitoring of complaints / compliments;
* Individual and group supervision;
* Observed practice;
* Partners’ feedback.

**Quantity – how much did we do?**

Source of information:

* National performance indicators;
* Local performance indicators;
* Management information.

Fig 5. Outcome-based accountability

* 1. This continuous reflection and focus on sustainable outcomes will drive evidence-based practice. This learning will be passed on through direct work; training and mentoring; observed practice; staff engagement; strengthened partnership working; and the provision of high quality practice materials and guidance to improve outcomes for children and young people.

**The Role of the Performance, Quality & Improvement Team**

2.4 For the period of at least Phase One of service improvement, the functions of performance, quality assurance and communications have been drawn into the remit of the Improvement Team. This allows for effective joint working and ensuring maximum efficiency of these functions. The Performance, Quality & Improvement Team will also support the Principal Social Worker as they champion and drive forward the development and improvement of social work practice. The Principal Social Worker will also be a key link between front line service delivery and the senior management team and as such will ensure that there are open lines of communication within the organisation.

* 1. The Performance, Quality & Improvement Team work closely with the Complaints and Compliments Service and the Workforce Development functions to act as the enabler of quality assurance activity across the service. As well as leading quality assurance activity, such as audit work, the Performance, Quality & Improvement Team also supports and advises all teams and services in their service-specific quality assurance activity, taking a lead role in collating, analysing and reporting the outcome of quality assurance work at all levels and making recommendations for change, either through the improvement planning process or through day-to-day support.
  2. The Improvement Team acts as the key interface with the Department for Education (DfE) through the functions of the Improvement Board and close working with the DfE Commissioner. The team will also be the key interface with Ofsted.

1. **Performance Data and Management Information**

**Performance Reporting**

3.1 There are three tiers of performance reporting within the service:

3.1.1 Operational Management Reports

* Daily and weekly tactical management reports for all managers. These provide up to date information relating to compliance elements of case load activity. These act as a tool for performance oversight and management at a detailed practice level and they support each team and service’s self-evaluation and progress against plans. They allow for interrogation of information at a child and worker level so managers can scrutinise and address performance, putting timely management action in place where required. These reports support accountability of teams and individual managers and practitioners.
* Examples of these are:

The fully-automated interactive Performance Dashboard offers frontline and senior managers immediate access to performance information across the service area. This is an area of ongoing development that will increasingly be rolled out across service areas. This will be an invaluable tool in ensuring compliance with statutory functions; to address individual and team performance; and to assure ourselves that children and families are being supported in the right way.

Weekly caseload scorecard setting out the caseloads of all staff and teams;

Daily admissions to care, open referrals and missing children reports;

* + Monthly scorecards across early help;
  + Twice-weekly statutory visit report, summarising by plan type and team the percentage and number of visits within timescale;
  + Weekly open assessments summarising those approaching and beyond timescale;
  + Monthly scorecards for fostering, early help services and the Virtual School.

3.1.2 Strategic and Operational Reports

* Monthly detailed reports for all managers providing long terms trends relating to benchmarking data and a full suite of national and local KPIs. These allow managers to track performance against local targets and national comparators and to put in place timely management actions at a service level to address any dip in performance. These reports support the effectiveness of service-level assurance meetings and the development of service self-evaluations. They are used to inform reports to Elected Members through scrutiny functions and forward planning.
* Examples of these are:
  + Monthly update of all statutory KPIs plus local indicators to assess the effectiveness and timeliness of all social work functions and some key educational measures;
  + Quarterly scrutiny reports giving a whole service overview and assurance to members;
  + Quarterly updates to CST and Informal Cabinet comprising key metrics and detail around key areas as directed;
  + Monthly ward-based scorecards to elected members setting out key statistics around children and young people known to social care.

3.1.3 Partnership Governance, Improvement Board, Ofsted and DfE Reports

* High level suite of performance indicators relating to the relationship between the Council and its partners, along with reporting relating to current intervention and directions, and reporting to the inspectorate / regulator in respect of improvement and preparation for inspection. These reports support detailed and focused reporting, which holds the service, Council and its partners to account with each other and to external scrutiny requirements.
* Examples of these are:
  + The ‘Hull ChARtER’: this is a complex suite of the ‘Annex A’ dataset required by Ofsted for inspections and monitoring visits, which is updated weekly;
  + The 12 key measures provided on a monthly basis for the Improvement Board’s ‘oversight at a glance’;
  + Ad-hoc reports to the Improvement Board to give the opportunity for a “deeper dive” into potential key lines of enquiry;
  + Quarterly safeguarding partnership scorecard, including key partnership measures;
  + Regular risk register updates highlighting the areas of concern from the Annex A dataset.

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| 1. **Quality Assurance** |

* 1. The service learns from our practice in a number of different ways. Key principles are:

1. This should be an inclusive process in which staff at all levels are able to participate, reflect on their practice and identify areas for development;
2. It is equally important to identify and share good practice as well as areas for improvement;
3. The experiences of children, parents, carers, partners and frontline staff are an essential source of information for determining if the work of the service is creating positive outcomes for the children and families who receive services.

**Quality Assurance and Operational Management**

1. 1. At the heart of effective quality assurance are the day-to-day interactions of the services delivering support to the public. Both managers and practitioners have core responsibilities in ensuring that practice meets expected standards. Managers and supervisors have a particular responsibility in maintaining and improving standards in the support, guidance and direction that they provide to staff. As well as their key role in the quality assurance activities outlined later in this framework, some examples are given of the management oversight activities that on a day-to-day basis quality assure the work of these services:

* The authorisation and quality assurance of assessments;
* The sign off of CIN, CP and Care Plans;
* The sign off of core group minutes;
* The sign off of reports for Resource Panel;
* The authorisation of Legal Gateway Referral forms;
* The quality assurance of court statements;
* The sign off of Child Permanence Reports;
* The endorsement of the final care plan in legal proceedings;
* The endorsement of Special Guardianship Order support plans;
* Supervision;
* Observed practice.

**Audit Framework**

* 1. Audit of practice is an important area of the Framework. The following key principles underpin our audit programme:
     1. **Principle 1**: Auditors should always audit in collaboration with the allocated social worker / key / lead worker, responsible IRO / CP Chair or manager in order to facilitate learning and ensure agreed practice standards and expectations are applied consistently. This process is reflective and built on discussion and reflection between the auditor and the practitioner allocated to the case. The auditor is expected to meet with the case holder to jointly review the case using the audit template. Examples of good or best practice as well as areas for improvement must be recognised as part of the audit. It is recognised that for any practitioner, having one of their cases audited may feel uncomfortable at first. It is the role of auditors to ensure that this discomfort is minimised and that, for the case holder, the audit feels like an inclusive, constructive and positive process, even when learning or improvement action is identified.
     2. **Principle 2**: Heads of Service and members of the Performance, Quality & Improvement Team will moderate a sample of each collection of monthly case audits to ensure agreed practice standards are being applied consistently in all auditing activity and judgements.
     3. **Principle 3**: Auditors will ensure that SMART actions are set where improvements are required. Actions will be communicated promptly using plain language and setting clear timescales for completion and who is responsible for undertaking them. All full case audits are undertaken via embedded audit documentation within the child’s case file.
     4. **Principle 4**: Responsible managers will be required to ensure all required actions are closely tracked and then actioned in a timely manner in relation to individual children and young people. Independent Reviewing Officers and Child Protection Conference Chairs will be sighted on all case specific audit actions and they will be required to monitor that improvement is maintained.
     5. **Principle 5**: The ‘loop’ is always closed and practice, plans and arrangements for children and young people have improved. We are continuing to develop our response to audit activity and to ensure feedback from managers on the completion of audit recommendations. The senior leadership team of Children’s Safeguarding will, on a monthly basis, sample and sign off audit action trackers across all areas of the service in order to be assured that the required improvement actions and recommendations have been completed.
     6. **Principle 6:** Practice learning and development sessions based on audit and other quality assurance activity will be offered to all staff across the service; this will enable individuals and teams to come together, discuss themes emerging from practice and how the required changes will be achieved. This learning and dissemination will take place in a variety of ways, for example:
* A weekly ‘Learning from audits’ meeting takes place, including Group Managers and Heads of Service, through which monthly audits, dip sampling and themed audits are analysed and strategic, learning and organisational actions are identified and tracked.
* Briefings delivered by the Performance, Quality & Improvement Team to Heads of Service, Group Managers, Team Managers, Registered Homes Managers, Conference Chairs and IROs from across the service at monthly wider leadership team meetings.
* Performance and quality updates via monthly ‘Stop the Clock’ sessions: Heads of Service and Group Managers will cascade learning to staff in their service areas alongside any policy or procedure updates.
  1. The process of auditing is a shared responsibility by all those who are accountable for the quality of practice within the organisation. It is on this basis that those auditing cases include all managers and leaders across all service areas. This enables consistency of audit practice, a more robust scrutiny of the quality and effectiveness of practice and it drives consistency in improvement to quality of practice across the service.
  2. The audit process has a scrutiny role to evidence that practice is undertaken in line with agreed standards. At the same time, it has a supportive and educative function, providing an opportunity for learning that safeguards against complacency and reinforces a culture of continuous improvement.
  3. The outcomes of audits, along with other performance information, will be used in supervision and appraisals to support practitioners to improve the quality of their practice; to address issues in respect of poor performance; and to ensure the delivery of good outcomes for children and their families. Audits will inform team and service development and can assist in identifying wider systemic issues, which impact on service delivery.
  4. The audit process will support practitioners in embracing learning, scrutiny and challenge and is a means of demonstrating their professional accountability.

**Monthly Case File Audit System**

* 1. The service has developed a system whereby staff will participate in monthly case file audits. Those leading audits will include the Executive Director, Assistant Directors, Heads of Service, Strategic Leads, the Principal Social Worker, Group Managers, Practice Educators, Team Managers, Independent Reviewing Officers and Child Protection Conference Chairs. All are required to audit ten cases per year. Team and Group Managers will audit cases from teams for which they are not directly responsible.
  2. Audits currently have a compliance as well as an outcomes and quality focus, which is appropriate for a service at this stage of its improvement journey. As our audit activity progresses, we are including opportunities for families to give feedback on practice. As compliance becomes embedded, the main audit focus will be on quality and outcomes. As authoritative social workers, practitioners should also be in a position to audit their own work and be able to reflect on their practice relative to practice standards and the Knowledge and Skills Statements (KSS).
  3. An audit tool has been developed to incorporate the KSS with specific targeted questions in relation to children in need, children subject of a child protection plan, disabled children and children in care. Additional tools are used for care leavers, fostering, adoption and early help services. The audit tool is incorporated into Liquid Logic and will be updated as required. (Please see Appendix B).

**Thematic Audits**

* 1. The monthly case file audit process will be complemented by a themed audit schedule built across an annual programme; these audits will be based upon recommendations from Serious Case Reviews, issues arising from performance information, inspection outcomes, research findings and case file audits. These thematic audits will be undertaken by groups of staff coming together to review our work under each theme. These themes also include those identified by the Hull Safeguarding Children Partnership.
  2. The audits will be undertaken jointly and where necessary the groups will consist of people from different but connected parts of the Service. In some cases, dependent on the theme being considered, colleagues from partner agencies will be invited to join this process to act as our critical friends and to challenge us but also to make it easier for them to learn about their own practice as well.
  3. At the end of each audit, the group will agree the overall findings with the key messages and an audit summary report being completed. Generally, where thematic audits have taken place identifying significant remedial actions are required, this should be followed by a review after six months. The need for further audit activity may be required where the quality of practice has not progressed sufficiently.
  4. In the case of Hull Safeguarding Children’s Partnership commissioned multi-agency audits, the Service will re-audit in 6 months as a single agency unless re-audit is expected by the Partnership.

**Case Discussions**

* 1. Case discussions are a key way of gaining a perspective into how well a practitioner knows the case, understands the purpose of social care involvement, the relationship between the practitioner, child and family and overall assessment of practice. These discussions should take place twice a year, outside of usual supervision sessions.

**Supervision Audits**

* 1. Supervision is a key managerial tool in the quality assurance process. The provision of regular, robust and reflective supervision is essential in promoting the delivery of high quality services. The Service recognises the value of supervision and is investing heavily in developing the skills of supervisors across the service. The supervision policy is being refreshed and compliance in terms of frequency is monitored monthly through performance reporting. As part of the thematic calendar, the quality of supervision will be routinely evaluated to establish a benchmark against which to assess progress.
  2. Group supervision is also a powerful vehicle in sharing ideas, reflecting on practice and delivering innovative practice. Teams are encouraged to undertake group supervision on a monthly basis as part of the team meeting cycle.
  3. The quality of supervision is included in each individual case file audit. In addition, specific audits of supervision quality will be undertaken twice yearly for each supervising member of staff, using a dip-sampling methodology of 6 randomly selected cases. The audits will focus on the quality of supervision and management decision making, ensuring that there is good evidence of reflective discussion and timely and effective actions which are monitored to ensure effective safeguarding and prevention of drift and delay.

**Practice Observations**

* 1. A key element of the audit process is the observation of practice. It is expected that consent is obtained by the case holder to observe the practice from relevant parties in particular the child or young person and family members. This will be an opportunity, where appropriate, to gather the views of children, young people and their family members or carers on their experience of services. Any such input should inform case discussions. (Click here for link to the [Observation of Practice Record](https://proceduresonline.com/trixcms1/media/7168/observation-of-practice-record.doc)).
  2. Both Munro[[1]](#footnote-1) and the Ofsted inspection frameworks place a significant emphasis on the observation of practice. Observing staff in their everyday work is a vital element of quality assuring frontline social work practice. Whilst supervision and case audits are useful, they cannot fully assess the manner in which workers support and build relationships with children, young people and families. In most instances, social work practice at the key point of engagement is a private and closed activity, involving only a practitioner and a child, young person or parent/carer. Observation of practice opens this up to wider learning, transparency and scrutiny which benefits practitioners and service users alike.
  3. Social workers in their assessed and supported year of employment (ASYE) will have practice observations in line with the ASYE policy. Practice educators and social workers undertaking the ‘Enabling Others’ element of post qualifying training will also be observed in their practice.
  4. In addition, family support workers, youth justice workers, residential staff and social workers should be observed by their managers twice per year. These observations will be recorded and themes centrally collated and analysed to inform future training needs of the wider workforce. The practice of IROs and Conference Chairs should be observed twice per year, forming another valuable way of assessing the quality of service provision as it happens.
  5. On an individual level the outcome of these observations will be discussed in supervision and the findings incorporated into individual PGPRs as appropriate.
  6. Managers delivering supervision will have their supervision practice observed twice per year. To facilitate this, a practice observation specific to case supervision has been developed. (Click here for link to [Observation of Supervision Record](https://proceduresonline.com/trixcms1/media/7169/observation-of-supervision.doc)).
  7. Prior to an observation taking place, the observing Manager will discuss this with the practitioner and give them a copy of the Practice Observation Form. The comments and observations of service users should be incorporated into the form where applicable. Following the observation, the Team Manager will share the Practice Observation Form with the practitioner and undertake a shared reflective review at the next supervision, or sooner if required. From this discussion, a shared action plan will be agreed to support practitioner development where required. Exemplars of good practice will identified and shared across the service subject to the practitioner’s consent.

**Fostering and Adoption**

**Adoption**

* 1. The service uses the Regional Adoption Agency methodology and templates for the completion of audits (Please see Appendix B).
  2. Adoption services have particular practice points at which audit activity takes place:
* Assessments are audited at the end of Stage 1 and at the point of going to Panel
* Adoption Support – practice audited after 6 months
* Family Finding – this area is linked to the child’s file and so is picked up in case file audit. At least one child who is placed for adoption will be subject to a case file audit each month.
  1. The analysis of audit is incorporated in reports to the Corporate Parenting Board and key themes are shared with the adoption team.

**Fostering**

* 1. Six foster carer case file audits are undertaken each month by fostering service managers and Independent Fostering Reviewing Officers (IFROs) using the dedicated audit template (Please see Appendix B). A minimum of two themed audits a year will be undertaken to focus on particular areas of practice and individual audit findings are shared in supervision, with wider audit themes shared at team meetings. Case audit outcomes are reported on a quarterly basis to performance and quality clinics using the monthly audit report.

**Additional Service-specific Audit Activity**

* 1. Within the Service, there are a number of specific areas in which quality assurance activity is routinely undertaken to assist with day-to-day management oversight. For example, Child Protection Chairs and Independent Reviewing Officers will routinely quality assure the cases that they are overseeing and the information from Child Protection and Child Looked After Checklists contains learning for individuals, for teams and services and also for partner agencies. Processes are being developed for this information to be collated from Liquid Logic and reported on a monthly basis through the Head of Service.
  2. Heads of service, team managers and group managers will each dip sample two cases per month and the outcomes of these will be included in the monthly reporting to the assurance meetings. The theme of dip sample audit activity will be determined by the needs, risks and emerging issues within each service area.

**Moderation**

* 1. The Performance, Quality and Improvement Team along with Heads of Service will moderate 10% of the monthly audit sample, with Heads of Service moderating one case per month in addition to their allocated their full case audit.

**Learning from Audits**

* 1. The primary use of the intelligence gathered from auditing is to find out how effective practice and service delivery is across the organisation and how it can improve. Information gained from audits will be disseminated to staff via bi-monthly learning bulletins by the Quality Assurance. The Team is also responsible for collating data and information that will be presented to the Directorate Senior Leadership Team at the monthly performance and quality meeting and to Team Managers at the Wider Leadership meeting. The Performance, Quality and Improvement Team will also produce a monthly and quarterly report that will be shared with the Leadership Team and the Improvement Board.
  2. To enable the learning to be embedded, a closing the loop process has been developed via mandatory management oversight requirements on the LiquidLogic forms; this will be built upon through the development of feedback on the recommendations of audit and checks by the Performance, Quality and Improvement Team. There is additional follow-up through moderation and the weekly audit feedback meetings. This enables managers and allocated workers to follow a consistent model when addressing findings from audits.
  3. The Director of Children, Young People and Family Services chairs a monthly Accountability Meeting, which interrogates performance in each service area; this includes the learning from audit within service areas.

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| 1. **Feedback and Involvement** |

* 1. The people who use our services are the best source of information about how we are doing. This is a key priority of the Service. Monthly case audits will develop to give an opportunity for feedback from children, young people and their families. Our advocacy, participation workers and the customer experience manager are a key source of information about what young people and families think of our services. They will gather this information directly via specific planned consultation but also indirectly via their advocacy work, support of children’s complaints and through specific participation events. We are also working towards embedding a family feedback form onto the Hull City Council website in order to gather the views of families on the impact of social work practice. Our means to include direct family feedback will develop the means for more direct feedback within the audit process.
  2. Early Help services have an existing mechanism for feedback through an on-line / mobile survey. This provides feedback on the support offered to families, the timeliness of response, the family’s participation and inclusion in the process and the impact of support. Where this identifies an unmet need or a need for additional support, families are contacted directly. The analysis assists in shaping and developing services.
  3. Existing forums such as the Children in Care Council and Youth Council and ‘Room 42’ young people will continue to be rich sources of information to help us understand how better to shape services to meet the needs and expectations of those that use those services.
  4. This activity is reflected in the developing Voice and Influence Strategy and work plan which will further develop the range and depth of hearing children, young people and their families’ experience. This will help to inform future service direction and delivery of services.
  5. The advocacy contract will be revised in 2021. It is our intention to make a requirement that the independent advocacy workers will interview children in care and care leavers when they either move placement or exit the care system. This will allow us to learn about the strengths and weaknesses of our placement provision and sufficiency; how well we support children and young people; the standard of care provided; and how well young people are prepared for leaving care. We also learn from feedback within the Regulation 44 visits (rota visits) conducted to our children’s homes.
  6. The Service has commissioned the Mind of My Own app as a way of better engaging young people through the use of technology. This will be further developed to provide a valuable way to easily collate feedback from children and young people about the services they receive and the plans that are in place for them.
  7. Within the thematic audit calendar there will be the opportunity to undertake specific audits relating to the voice of the child in care, the child subject of a child protection plan and the child in need. Alongside this, the monthly audit activity will develop to include direct contact with a sample of children and their parents and carers. This will generate a rich vein of feedback to support learning and improvement. Where any audits involving children and young people take place, they will be given direct feedback on the findings

**Learning from our Staff**

* 1. Our staff are our most valuable resource and are in a position that enables them to identify good practice that should be replicated as well as areas for improvement. We need to be in a position to support them to share this information with us so that it can be used to support wider improvements. Some examples of the ways this will be done include:
* Use of staff engagement events to capture the views of staff at all levels in the organisation;
* The work of the Shadow Improvement Board which includes the views and expertise of staff across a range of roles within the service;
* Development of forums for groups of staff including students, ASYE Social Workers, Social Workers, Advanced Practitioners and Managers;
* The annual social work health check and the work of the Principal Social Worker who has clear responsibilities to listen to and champion the views of staff delivering front line services;
* The monthly ‘Stop the Clock’ learning sessions;
* Line management escalation processes including having a clear whistleblowing policy for staff to report concerns about practice that have not been resolved by other means;
* The dissemination of compliments logged by staff when they or others recognise good working practice in other teams including when staff have gone above and beyond in their role;
* Learning from HR casework.
  1. Managers across the Service support frontline staff in helping them share their views by including them in both monthly case file audits and in themed audits, to ensure that their views on our systems are included and captured. Points of organisational learning are captured and analysed through the audit process.
  2. Elected Members, Corporate Leaders and CYPFS Senior leaders take regular opportunities to visit all worksites and holding virtual engagement meetings to hear from staff and to involve them in influencing future service delivery. During the period of Department for Education intervention, the Commissioner also meets with individuals and groups of staff to understand their experience working in the Service.

**Learning from Complaints and Compliments**

* 1. Complaints and compliments made to the Service are a rich source of learning about where we can improve our services and the experiences of children and young people. Even when complaints are not formally upheld, there is always learning to be found in the exploration of the circumstances, including the identification of good practice. Where complaints involve external investigators, independent persons and Appeal Panel members, they will be asked to give feedback to senior managers on aspects of service quality.
  2. The effectiveness and timeliness of responses to individual complaints is included within regular reporting and assurance reports by the Complaints Team.
  3. The Customer Experience Manager reports to Elected Members and senior leaders to inform them on complaints and compliments through key reports which facilitate the continual improvement and development of practice, such as the statutory Annual Report and monthly management reports for Heads of Service to use with Team Managers. These reports highlight both compliance with statutory functions and include the identification of emerging themes with recommendations for change to current practice or service delivery. Senior managers are provided with a copy of the complaint response for all complaints relating to their service area alongside the learning or complaint resolution identified for each specific complaint where applicable.

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| 1. **Reflective Learning and Improvement** |

**Learning from Case Reviews and Learning Reviews**

* 1. The service will participate, as required, in Child Safeguarding Practice Reviews of serious child safeguarding cases at Rapid Review, Local Review or National Review level. The same will apply to Domestic Homicide Reviews and Adult Safeguarding Reviews where they involve CYPFS or have implications for service delivery.
  2. When a Review identifies that a more detailed examination of a specific case may yield useful learning about practice, processes or systems, these actions will be drawn into improvement and service plans and will be managed via formal reporting arrangements.
  3. Learning from these Reviews will be disseminated into the service through formal training and cascading arrangements, including bespoke learning where required. The Service recognises the emotional impact of such reviews on staff who are involved. We will support professionals so that they are able to analyse, reflect and learn from these processes in a constructive and reflective way, focusing on learning for future practice.

**Learning for Individuals**

* 1. All of the above activity will identify learning for individual practitioners; auditors will ensure that this learning is fed back to the practitioner and their manager in a constructive way. The [AID model of feedback](http://masterfacilitator.com/aidmodelforeffectivefeedback/)[[2]](#footnote-2) is a useful tool for helping auditors to ensure that their feedback is constructive and can be used to inform practice changes and where necessary individual action or development plans.
  2. Good quality supervision of individual staff is crucial if practice is to improve across the service. All qualified Social Workers have a duty to continue to improve and develop their practice. Registration of social work staff with Social Work England is contingent upon evidence of minimum learning requirements over a three year period. It requires managers to provide oversight to and sign off of the evidence of learning for each qualified Social Worker for whom they are responsible.
  3. All Children’s Service staff have an annual staff appraisal that translates the aims and priorities of the Service into an individual Personal Growth and Performance Review (PGPR). It provides the opportunity to identify strengths and areas for learning and development.
  4. As the service improves, social workers will have the opportunity to engage with national assessment and accreditation activity. The feedback from these processes will also help shape development plans.

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| 1. **Reporting, Disseminating and Acting on the Learning.** |

**Reporting Cycle and Learning for the Service**

* 1. The themes arising from all of the above activity will be used in the reporting cycles within and external to the service:
* An annual programme of monthly Accountability Meetings, chaired by the DCS is in place through which each Head of Service will present a quarterly report of their service area, drawing on performance data, information from audits and observations, workforce data, customer feedback and complaints, telling the story behind the data and being held accountable for impact on outcomes and pace of improvement. This suite of information will form the service-based self-evaluation which will be aggregated into a full service-wide self-evaluation to inform inspection preparation and continuous improvement. Action plans will be agreed and monitored through this cycle of accountability meetings.
* The Assistant Director and members of the Improvement Team will attend a monthly ‘Line of Sight’ Meeting with the Chief Executive, the DCS and other CST members to share the detailed findings from the quality assurance activity, linking this to the performance data and practice learning drawn from the analysis. This will include the monthly highlight report on the outcomes of the standard case file audits as well as the thematic audit reports. The overarching Self-Evaluation will be approved through this process. At each meeting, progress against all improvement work-streams will be reviewed.
* During the period of the Secretary of State’s Directions, this suite of performance data and analysis of quality information will be presented to the Improvement Board.
* A quarterly report is presented to Cabinet setting out the story behind the data.
* A quarterly report will be presented to the ‘Better Together’ Children and Young People’s Strategic Partnership Board, focusing on the role of each agency in driving improvements in outcomes for Hull’s most vulnerable children and young people.
* Oversight has been further strengthened at a senior level, as, in addition to the Chief Executive’s existing work undertaking individual case discussions,  wider members of the Corporate Strategic Leadership Team will review the audits of cases where their own service areas can impact on increasing integrated support to families and troubleshooting any council-wide systems and process issues.

**Additional Supporting Materials**

* 1. A weekly “Our Week in Numbers” bulletin is distributed to all staff, partners, wider council managers and elected members providing a basic outline of work across the system.
  2. Monthly ward-based profiles have been produced, setting out the work across case types in the ward. These are shared with ward members, CST and the Lead Member for Children and Young People.
  3. Managers at all tiers will support these processes by ensuring that the key messages from performance information and quality assurance findings are discussed in supervision and PGDRs, at site meetings, team meetings and other staff fora.

**Learning Opportunities**

* 1. Additional capacity has been drawn into the service to offer improvement workshops. This will be drawn into the Performance, Quality and Improvement Team alongside the Principal Social Worker to offer ‘pop-up’ workshops on key issues emerging from performance and quality assurance activity. These will be short, focused and delivered on or as close to practitioners worksites as possible. These will complement the service’s wider training plan. The monthly service-wide ‘Stop the Clock’ day in which teams and services commit to a half-day of localised learning is a key forum for the delivery of these workshops and any local learning arising from their self-assessments. This is complemented by the range of Early Help Webinars that have been developed to support an increased awareness amongst staff and partners based on service improvements informed by quality assurance activity.
  2. The cycle of activity and reporting is presented below:

**Activity:**

**Monthly Performance and Practice Improvement and QA reports produced**

**Activity:**

**Case file audits, Customer Feedback, Complaints and Compliments, Themed Audits, dip sampling, IRO and CP chair checklists, SCRs, Inspections, Peer reviews, Performance Measurement, Practice Observations (including supervision), Workforce Development**

**Activity:**

**QA and Performance Meeting considers key messages and agrees priorities and actions. Meeting members cascade key issues and priorities to services. Wider reporting across the Council, partnership and to external stakeholders gives greater accountability and learning to support the cycle.**

**Activity:**

**Monthly QA and Performance Meeting monitors actions and outcomes**

**Informs Directorate, Service, and Team Plans**

**The reporting, priority setting, reviewing cycle**

Fig 6. Reporting and reviewing cycle

**Appendix A**

**Allocation of audits**

1. The Performance and Quality Service is responsible for allocating audits. The Performance and Quality Service will distribute a list of children whose case files will be audited by first working day of the calendar month.
2. Every auditor will be allocated a maximum of ten audits to complete each year. This means that for each auditor there are two months when they will not be allocated an audit. This is to ensure that auditors get a break from auditing and enables them to plan for holidays etc. Auditors will need to let their Head of Service and the Performance and Quality Service know that they need an audit break before the end of the previous month to avoid the need for an audit to be reallocated to a different auditor.
3. A maximum of 20% of auditors will be allowed to take a break from auditing each month. This is to maintain the validity of the monthly audit sample size. The Performance and Quality Service will monitor requests for audit breaks and inform Heads of Service when the 20% limit is reached.
4. Where an auditor is going to be unable to complete an audit that has been allocated then, in exceptional circumstances, they can seek agreement for an exemption. Exemptions for Children’s Social Care staff can only be agreed by the Assistant Director. Exemptions for Performance and Quality Service auditors can only be agreed by the Strategic Lead for Improvement, Performance and Quality.
5. Exemptions should be sought as soon as possible after the audit has been allocated to allow time for the audit to be reallocated to a different auditor.

**The audit process**

1. The auditor must complete the case file audit and improvement plan by the final calendar day of the month.
2. Where judgments are being made about the quality of work that has been undertaken it is right that practitioners and managers have the opportunity to contribute to these judgments and also to appropriately challenge these judgments before an audit is finalised. When an audit has been finalised it will stay on a child or foster carer’s file for a long time and it is important that the record be an accurate one.
3. It is therefore a requirement that audits are completed with input from the allocated Social Worker or Personal Adviser unless this is impossible due to absence from work.
4. Auditors are also expected to seek input from Team Managers or IROs (where applicable) where this is necessary to gain a full picture of practice in the case.
5. On notification of the audit from the Performance and Quality Service, auditors must contact the allocated worker, Team Manager and IRO (where applicable) to arrange consultation/
6. If an auditor does not make contact with them then these practitioners are encouraged to contact the auditor themselves.
7. Where a case-holding worker, Team Manager or IRO does not respond to requests for a meeting with the auditor then after two attempts the auditor is expected to escalate this to the Group Manager to resolve the issue.
8. During the audit process, the auditor should complete the audit with the allocated worker (live auditing) as well as seeking information from the Team Manager and the IRO. This allows the auditor and practitioners to have a conversation about the case and allows the auditor to ask clarifying questions. The information from these discussions should be reflected within the audit by the auditor. Wherever possible, the views of the family should be sought, either by a brief questionnaire or by a telephone discussion.
9. The case audit process should not delay immediate action being taken to safeguard a child. If any immediate concerns are identified in respect of the child’s safety during the audit process, the auditor must notify the Team Manager immediately so that corrective action can be taken. The Team Manager must immediately address the agreed corrective actions with the practitioner and record this on the child’s file on Liquidlogic under Management Oversight.
10. The audit will cover the last 6 months of children’s social care involvement. However, in some cases auditors may feel that it is necessary for them to read earlier records to have sufficient understanding of the child’s history.
11. Each domain of the audit tool should be completed where applicable. The auditor should provide clear evidence to support the judgement as to whether the Knowledge and Skills Statement is met / partially met / not met in each of the nine domains and the overall judgement. The auditor is also responsible for highlighting areas of good practice and organisational learning.

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| **Judgement** | **Outcomes for Children** |
| Outstanding | The requirements for ‘good’ are fully met, plus outcomes for the child demonstrate that they have received effective multi-agency services that contribute to significantly improved outcomes. The voice of children, young people and their family is clear in the recording and they have taken an active role in formulating their plans. Their progress exceeds expectations and is sustained over time. The work is exemplary and offers best practice examples to other workers. |
| Good | Outcomes for the child demonstrate that effective multi-agency services of help, protection and care for the child or young person and those who are looked after or care leavers have their welfare safeguarded and protected in a timely manner. The child and family voice is clear in the recording. There is good evidence of reflective supervision and management oversight. |
| Requires Improvement with elements of good practice | The welfare of the child is safeguarded and promoted. Minimum requirements are in place. However, case management is not yet fully delivering good outcomes for the child/young person and family.  However, within the case there are specific elements of good practice that need to be highlighted and where if the deficits were fewer or less severe the case would have been graded as good. Examples might include:   * When the child’s voice or lived experience has been captured and understood via good direct work or good relationship building. * A case in which there have been previous delays or practice concerns and where this has now improved but where the improvement is recent and needs to be maintained for longer   Auditors need to be specific about which elements of practice in the case are good in order that the allocated worker is able to understand what is working well but what needs to improve. |
| Requires Improvement | The welfare of the child is safeguarded and promoted. Minimum requirements are in place, however case management is not yet delivering good protection, help and care for the child/young person and families. Some limited drift and delay may be present. The presence of the child and family voice is limited. Compliance with statutory and organisational requirements is limited. |
| Inadequate | Outcomes for the child demonstrate that in the services provided to them their welfare has not been safeguarded or promoted. This may be indicative of widespread and serious failures that create or leave children being harmed or at risk of harm or result in children looked after or care leavers not having their welfare safeguarded or promoted. The voice of children, young people and families is not apparent. There are *multiple examples* of failure to comply with statutory and organisational requirements. |

1. Following the completion of the domains and giving the overall judgement, the auditor is responsible for completing the recommendations for improvement actions at the end of the audit as well as areas of strength. Actions need to be SMART to enable the Team Manager and practitioner to be clear about what actions need to be taken, by whom and by when to quickly improve practice standards and outcomes for the child.
2. Once the audit has been completed, the auditor should give the allocated worker, manager and IRO an opportunity to consider the outcomes and challenge any aspects of the audit if they wish to do so.
3. Once this process is complete the auditor will need to finalise their sections of the audit, which will then automatically be sent back to the Performance, Quality and Improvement Team via Liquid Logic.
4. On receipt of the completed audit, the Performance and Quality Service is responsible for checking the audit to ensure that the audit has been appropriately completed. Any audits that need to be amended will be returned to the auditor who then completes and sends back to Performance and Quality Service within 3 working days.

**Challenging an audit**

1. Where a practitioner or manager feels that an audit does not accurately reflect the quality of work that has been undertaken this should be discussed directly with the auditor initially. This should be done before the audit is finalised.
2. Where a consensus cannot be reached after this process, this should be communicated to the Performance and Quality Service who will arrange for the audit to be moderated by a senior manager in a service not connected with the audited case, who will make a final judgment and decision.

**Responding to the audit**

1. The audit will then be assigned to the Team Manager for their oversight. This allows the Team Manager to confirm that all recommendations made in the audit have been addressed. This should be returned to the Performance and Quality Service as soon as the final action has been completed. Until then the document will remain in “drafts” which enables progress to be monitored by the Performance and Quality Service.
2. The findings of any audited case should be the subject of a specific, recorded discussion at the next supervision session.
3. Where the overall grading is inadequate the following process should be implemented:

* As soon as possible after the grading has been confirmed, the Group Manager, Team Manager and Social Worker or Personal Adviser will meet to reflect on the audit outcome and plan what needs to happen for the case to no longer be inadequate.
* All cases assessed as inadequate will be subject to a re-audit within a maximum of two months and this allows time for the recommendations made by the auditor to be addressed.
* A review meeting should be held after 4 weeks to enable progress to be checked. Further meetings may be necessary in some cases.
* If the case is re-audited and again receives an inadequate grading then the Head of Service will meet with the Group Manager, Team Manager and Social Worker or Personal Adviser to review the case, identify barriers and agree solutions and plans.

1. This process will continue until the case is no longer deemed to be inadequate.
2. The Performance and Quality Service will monitor and report on any outstanding audits that have not yet received final confirmation by the Team Manager that actions have been completed.

**Audit non-completion**

1. The Performance and Quality Service monitor this and provide regular updates to the Senior Leadership Team.
2. When an auditor is going to be unable to complete an audit they must follow the process of seeking an exemption.
3. If an exemption has not been agreed by the Assistant Director or the Strategic Lead for Improvement, Performance and Quality then this will be deemed a non-completion. Audits will only be cancelled in exceptional circumstances and auditors who do not complete an audit need to be aware that the audit will still need to be completed even if this is beyond the expected deadline.
4. It is therefore in auditor’s interests to either notify the Performance and Quality Service that they wish to be excluded from auditing for the next month (paragraph 2) or seek an exemption at the earliest opportunity.

**Appendix B**

**Case File Audit Templates**











**Appendix C**

**Schedule for Weekly Audit Feedback Session: Closing The Loop**

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| **April 2022** | **Subject** |
| 05/04/2022 | February audits – AS, CWD, ILAC |
| 12/04/2022 | Themed audit, dip-samples and organisational learning February |
| 15/04/2022 | March Audit Report |
| 19/04/2022 | Learning Session |

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| **May 2022** | **Subject** |
| 03/05/2022 | March Audits – Localities & Fostering |
| 10/05/2022 | March audits – AS, CWD, ILAC |
| 13/05/2022 | April Audit Report |
| 17/05/2022 | Themed audit, dip-samples and organisational learning March |
| 24/05/2022 | April Audits – Localities & Fostering |

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| **June 2022** | **Subject** |
| 07/06/2022 | April audits – AS, CWD, ILAC |

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| **July 2022** | **Subject** |
| 05/07/2022 | June Audits – Localities & Fostering |
| 12/07/2022 | June audits – AS, CWD, ILAC |

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| **August 2022** | **Subject** |
| 02/08/2022 | July Audits – Localities & Fostering |
| 09/08/2022 | July audits – AS, CWD, ILAC |

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| **September 2022** | **Subject** |
| 06/09/2022 | August Audits – Localities & Fostering |
| 13/09/2022 | August audits – AS, CWD, ILAC |

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| **October 2022** | **Subject** |
| 04/10/2022 | September Audits – Localities & Fostering |
| 11/10/2022 | September audits – AS, CWD, ILAC |

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| **November 2022** | **Subject** |
| 01/11/2022 | October Audits – Localities & Fostering |
| 08/11/2022 | October audits – AS, CWD, ILAC |

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| **December 2022** | **Subject** |
| 06/12/2022 | November Audits – Localities & Fostering |
| 13/12/2022 | November audits – AS, CWD, ILAC |

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| **January 2023** | **Subject** |
| 03/01/2023 | December Audits – Localities & Fostering |
| 10/01/2023 | December audits – AS, CWD, ILAC |

**Appendix D**

**Audit Schedule 2022-23**

In line with the Performance & Quality Framework, case file audits will be allocated by the Quality Assurance Team by the 1st of the month based on a sample provided by the Performance Team or via the LCS Dashboard. Audits must be completed by the last day of the month. Management oversight must be completed within ten working days of the audit being finalised to close the feedback loop.

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| **January 2022** | | | | |
| **Type of audit** | **Subject** | | **Sample size** | **Auditors** |
| **Dip Sample** | The impact of interventions for children who go missing | | 20 children | QA Team + Service  Judy Hardman |
| Themes arising from re-referrals | | 25 families | QA Team + Service  Judy Hardman |
| **Thematic audit** | The impact of multiple changes of social worker | | 20 children who have had 5 or more social workers in the past 12 months | Auditor Group |
| **Control Sample** | Random sample of cases from population of Children In Need, Children subject to Child Protection Plans & Children Looked After, including one child placed for adoption.  In January this sample will include 19 care leavers. | | 40 children including 19 Care Leavers | Auditor Group |
| **Fostering** | Random sample of foster carer records | | 6 foster carers | Auditor Group |
| **Adoption** | Random sample of prospective adopter records | | 2/3 prospective adopters | Auditor Group |
| **February 2022** | | | | |
| **Type of audit** | **Subject** | | **Sample size** | **Auditors** |
| **Dip Sample** | Children whose CP Plan ends at three months | | 20 families | QA Team + Service |
| Children who are subject of an ICPC that does not result in a CP Plan | | 20 families | QA Team + Service |
| **Thematic audit** | The experiences of care leavers | | 20 care leavers aged 18+ | Auditor Group |
| **Control Sample** | Random sample of cases from population of Children In Need, Children subject to Child Protection Plans & Children Looked After, including one child placed for adoption. | | 40 children | Auditor Group |
| **Fostering** | Random sample of foster carer records | | 6 foster carers | Auditor Group |
| **Adoption** | Random sample of prospective adopter records | | 2/3 prospective adopters | Auditor Group |
| **March 2022** | | | | |
| **Type of audit** | | **Subject** | **Sample size** | **Auditors** |
| **Dip Sample** | | Private Fostering | All Private Fostering Arrangements | QA Team |
| Agency attendance at Strategy Meetings | 30 Strategy Meetings | QA Team |
| Planning for independence – young people in care | 20 young people aged 17 | QA Team |
| Core Groups – frequency and quality | 25 families | QA Team |
| Children who have not been seen within timescale | 15 children who have not been seen for 3 months  15 children who have no recorded visit | QA Team |
| **Thematic audit** | | The effectiveness of intervention to safeguard disabled children | 20 children | Auditor Group |
| **Control Sample** | | Random sample of cases from population of Children In Need, Children subject to Child Protection Plans & Children Looked After, including one child placed for adoption. | 40 children | Auditor Group |
| **Fostering** | | Random sample of foster carer records | 6 foster carers | Auditor Group |
| **Adoption** | | Random sample of prospective adopter records | 2/3 prospective adopters | Auditor Group |
| **April 2022** | | | | |
| **Type of audit** | | **Subject** | **Sample size** | **Auditors** |
| **Dip Sample** | | TBC |  |  |
| **Thematic audit** | | The experiences of children in care aged 16 and 17 | 20 children in care aged 16 and 17 | Auditor Group |
| **Control Sample** | | Random sample of cases from population of Children In Need, Children subject to Child Protection Plans & Children Looked After, including one child placed for adoption. | 40 children | Auditor Group |
| **Fostering** | | Random sample of foster carer records | 6 foster carers | Auditor Group |
| **Adoption** | | Random sample of prospective adopter records | 2/3 prospective adopters | Auditor Group |
| **May 2022** | | | | |
| **Type of audit** | | **Subject** | **Sample size** | **Auditors** |
| **Dip Sample** | | TBC |  |  |
| TBC |  |  |
| **Thematic audit** | | Planning for permanence | 20 children under 15 who have been in care for more than 6 months | Auditor Group |
| **Control Sample** | | Random sample of cases from population of Children In Need, Children subject to Child Protection Plans & Children Looked After, including one child placed for adoption. | 40 children | Auditor Group |
| **Fostering** | | Random sample of foster carer records | 6 foster carers | Auditor Group |
| **Adoption** | | Random sample of prospective adopter records | 2/3 prospective adopters | Auditor Group |
| **June 2022** | | | | |
| **Type of audit** | | **Subject** | **Sample size** | **Auditors** |
| **Dip Sample** | | Private Fostering | All Private Fostering Arrangements | QA Team + Service |
|  |  |  |
| **Thematic audit** | | High risk young people | 20 children | Auditor Group |
| **Control Sample** | | Random sample of cases from population of Children In Need, Children subject to Child Protection Plans & Children Looked After, including one child placed for adoption. | 40 children | Auditor Group |
| **Fostering** | | Random sample of foster carer records | 6 foster carers | Auditor Group |
| **Adoption** | | Random sample of prospective adopter records | 2/3 prospective adopters | Auditor Group |
| **July 2022** | | | | |
| **Type of audit** | | **Subject** | **Sample size** | **Auditors** |
| **Dip Sample** | | The impact of interventions for children who go missing | 20 children | QA Team + Service |
| Pathway Planning for sixteen and seventeen year olds in care (requested by CLA Strategic Group) | 20 children aged 16 or 17 whose PWPs have been updated in May or June | CLA Strategic Group requested that this be undertaken jointly with IROs, TMs etc. |
| **Thematic audit** | | Children subject to CP Planning for more than 12 months | 20 children |  |
| **Control Sample** | | Random sample of cases from population of Children In Need, Children subject to Child Protection Plans & Children Looked After, including one child placed for adoption.  In January this sample will include 19 care leavers. | 40 children | Auditor Group |
| **Fostering** | | Random sample of foster carer records | 6 foster carers | Auditor Group |
| **Adoption** | | Random sample of prospective adopter records | 2/3 prospective adopters | Auditor Group |
| **August 2022** | | | | |
| **Type of audit** | | **Subject** | **Sample size** | **Auditors** |
| **Dip Sample** | | Children whose CP Plan ends at three months |  | QA Team + Service |
| Children who are subject of an ICPC that does not result in a CP Plan |  | QA Team + Service |
| **Thematic audit** | | The experience of Care Leavers | 20 children | Auditor Group |
| **Control Sample** | | Random sample of cases from population of Children In Need, Children subject to Child Protection Plans & Children Looked After, including one child placed for adoption.  In January this sample will include 19 care leavers. | 40 children | Auditor Group |
| **Fostering** | | Random sample of foster carer records | 6 foster carers | Auditor Group |
| **Adoption** | | Random sample of prospective adopter records | 2/3 prospective adopters | Auditor Group |
| **September 2022** | | | | |
| **Type of audit** | | **Subject** | **Sample size** | **Auditors** |
| **Dip Sample** | | Private Fostering | All Private Fostering Arrangements | QA Team |
| Agency attendance at Strategy Meetings | 30 Strategy Meetings | QA Team |
| **Thematic audit** | | The effectiveness of work in pre-proceedings PLO | 20 children | Auditor Group |
| **Control Sample** | | Random sample of cases from population of Children In Need, Children subject to Child Protection Plans & Children Looked After, including one child placed for adoption.  In January this sample will include 19 care leavers. | 40 children | Auditor Group |
| **Fostering** | | Random sample of foster carer records | 6 foster carers | Auditor Group |
| **Adoption** | | Random sample of prospective adopter records | 2/3 prospective adopters | Auditor Group |
| **October 2022** | | | | |
| **Type of audit** | | **Subject** | **Sample size** | **Auditors** |
| **Dip Sample** | | Quality of CIN and CP Plans | 20 families | QA Team |
| Core Group frequency and quality | 20 families | QA Team |
| **Thematic audit** | | The effectiveness of intervention to safeguard disabled children | 20 children | Auditor Group |
| **Control Sample** | | Random sample of cases from population of Children In Need, Children subject to Child Protection Plans & Children Looked After, including one child placed for adoption.  In January this sample will include 19 care leavers. | 40 children | Auditor Group |
| **Fostering** | | Random sample of foster carer records | 6 foster carers | Auditor Group |
| **Adoption** | | Random sample of prospective adopter records | 2/3 prospective adopters | Auditor Group |
| **November 2022** | | | | |
| **Type of audit** | | **Subject** | **Sample size** | **Auditors** |
| **Dip Sample** | |  |  |  |
|  |  |  |
| **Thematic audit** | | Planning for permanence | 20 children | Auditor Group |
| **Control Sample** | | Random sample of cases from population of Children In Need, Children subject to Child Protection Plans & Children Looked After, including one child placed for adoption.  In January this sample will include 19 care leavers. | 40 children | Auditor Group |
| **Fostering** | | Random sample of foster carer records | 6 foster carers | Auditor Group |
| **Adoption** | | Random sample of prospective adopter records | 2/3 prospective adopters | Auditor Group |
| **December 2022** | | | | |
| **Type of audit** | | **Subject** | **Sample size** | **Auditors** |
| **Dip Sample** | | Private Fostering | All Private Fostering Arrangements | QA Team |
| **Thematic audit** | | High risk young people | 20 children | Auditor Group |
| **Control Sample** | | Random sample of cases from population of Children In Need, Children subject to Child Protection Plans & Children Looked After, including one child placed for adoption.  In January this sample will include 19 care leavers. | 40 children | Auditor Group |
| **Fostering** | | Random sample of foster carer records | 6 foster carers | Auditor Group |
| **Adoption** | | Random sample of prospective adopter records | 2/3 prospective adopters | Auditor Group |

**Appendix E Performance and Quality Expectations by Role**

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| --- | --- |
| **Role** | **Expectation** |
| Chief Executive | Monthly Line of Sight meeting  Bi-monthly review of a case audit with a social worker |
| Members of the Corporate Strategic Leadership Team | Review audits of cases where their own service areas can impact on increasing integrated support to families and troubleshooting council-wide systems and process issues |
| Director of Children’s Service | Monthly Line of Sight Meeting  Chair monthly Accountability Meeting  Chair monthly performance report item on SLT agenda  10 full case audits per year  Observe 2x supervisions each year per direct report |
| Assistant Director, Children’s Safeguarding | Monthly Line of Sight Meeting  Attend monthly Accountability Meeting and prepare overview report  Attend Continuous Improvement Group  Co-present monthly performance report item on SLT agenda  10 full case audits per year  Observe 2x supervisions each year per direct report |
| Strategic Lead for Improvement, Performance and Quality | Monthly Line of Sight Meeting  Attend monthly Accountability Meeting and prepare overview report  Chair Continuous Improvement Group  Attend weekly audit feedback meeting  Co-present monthly performance report item on SLT agenda  Present improvement report to Improvement Board  Co-present performance basket of indicators report to Improvement Board  Present improvement report to CST and Cabinet  10 full case audits per year  1 x moderation per month  Observe 2x supervisions each year per direct report |
| Heads of Service, Safeguarding / Early Help | Attend monthly accountability meeting and lead at least two sessions per year  Attend Continuous Improvement Group  Attend or chair weekly learning from case audits meeting  10 full case audits per year  1 x moderation per month  Dip-sampling at least two cases as appropriate to role each month  Thematic audits as appropriate to role each month  Track actions arising from weekly meeting and update service improvement plans in response to learning  Observe 2 x supervisions each year per direct report |
| Head of Service, Quality Assurance | Attend monthly accountability meeting and lead at least two sessions per year  Attend Continuous Improvement Group  Attend or chair weekly learning from case audits meeting  10 full case audits per year  1 x moderation per month  Dip-sampling at least two cases as appropriate to role each month  Thematic audits as appropriate to role each month  Track actions arising from weekly meeting and update service improvement plans in response to learning  Observe 2 x supervisions per year |
| Head of Service, Performance | Co-facilitate monthly accountability meeting  Prepare and present monthly performance reports to SLT, Improvement Board (six-weekly) and Cabinet (quarterly)  Prepare monthly ward scorecards for members |
| Quality and Improvement Support Officer | Co-ordinate the random sample of case file audits  Allocate and distribute case file audits  Enter audit data into scorecard  Allocate management oversight on case file audits  Randomly sample ten cases per month to provide assurance that recommendations are being completed  Escalate issues regarding non-compliance to the Group Manager, Quality Assurance  Distribute case file audit data to relevant Group Managers for weekly audit feedback meetings |
| Group Managers, Children’s Safeguarding | Attend relevant accountability meeting  Attend weekly learning from audit meeting  10 full case audits per year  Dip sampling and thematic audit as appropriate to role  Observe 2 x supervisions each year per direct report  Observe 3 social work practice episodes per year |
| Independent Reviewing Officer / IFRO | Observe 2 x social work practice each year  10 full case audits per year  Dip sampling, multi-agency and thematic audits as relevant to role |
| Team Managers | 2 x practice observation each year per direct report  10 full case audits per year  Dip sampling, multi-agency and thematic audits as relevant to role  Closing feedback loop – Management oversight 10 days, supervision after audit, group supervision, feedback into  Having supervision observed |
| Practice Educator | 10 full case audits per year  Dip sampling, multi-agency and thematic audits as relevant to role |
| Registered Managers, Children’s Homes | Quality assure the response to regulation 44 visits of other homes  Quality assure the measurement of progress of children within our children homes  2 x practice observations per month |
| Practitioners (including Social Workers and Early Help practitioners) | Participation in the audit process  Having practice observed  Having supervision observed  As we further refine our quality assurance process and progress through our improvement journey, practitioners will increasingly self-evaluate and peer review practice |

1. Munro, E (2011) *The Munro Review of Child Protection* Department for Education. ISBN 9780101806220 [↑](#footnote-ref-1)
2. https://andiroberts.com/aid-feedback-model/ [↑](#footnote-ref-2)