

**Children First:
West Sussex's Quality Assurance Framework**

Principles and Purpose

West Sussex County Council is committed to putting Children First and improving the services in everything we do. We are clear about the positive change we want to achieve for our children and that a 'What Good Looks like' approach needs to be taken to ensure that our children receive the highest quality services in order to deliver the best possible outcomes for children, their families and carers.

This quality assurance and learning framework is designed to help all practitioners within Children's Social Care and is not restricted to leadership and management. A Quality Assurance Framework works best when the responsibility is shared and made accountable to everyone, enabling the workforce to gain a better understanding of the effectiveness of services in keeping children safe and improving their outcomes.

The framework focuses on the Quality Assurance processes within Early Help and children's social care services. The framework ensures that each of the identified activities outlined in the table below are embedded in the identified service areas. Each aspect of the framework has a reporting line, ensuring that key reports are considered in a range of different contexts to include Corporate Parenting Board, Senior Management Team Meetings (SLT) and Departmental Management Team (DMT) meetings.

Measuring the impact of our work at all levels across children's services is crucial in closing the quality assurance loop and demonstrating what difference our services make to improving children's outcomes. Consequently, the framework also captures the inter-relationship between performance information and quality assurance activity.

The framework therefore focuses on activities which:

- Are the most important and core to determining whether children and young people are achieving their potential and good outcomes, which includes their safety and wellbeing
- Involves measuring social work practice against defined Practice Standards
- Celebrates and shares good practice
- Involves utilising performance management information in order to take appropriate action at an individual, team, service or departmental level. It helps to identify trends and variances so that early action can be taken and targeted. It also helps to evaluate the impact of these actions
- Involves the Director of Children's Services and Lead Member directly in the quality assurance of services
- Involves senior managers (Director (DCS) Assistant Director (AD's) Service Leads) and front-line managers in the quality assurance of front-line management and practice, setting out clear expectations of roles and responsibilities
- Determines whether practice in Early Help and Children's Social work teams is good and where practice requiring improvement or inadequate, ensures that immediate action is taken within clear timescales and that this is tracked by senior managers and reported to the AD's and DCS
- Recognises the effective supervision of staff as fundamental in enabling staff to reflect on the quality and impact of their practice, and a process which provides the support to deal constructively with the emotional and psychological impact of the work

"The process drives the practice; practice drives the outcome and impact for children and young people"

Children's services

- Seeks to ensure quality assurance activities are used to support learning, change and continuous improvement across the workforce, thereby, informing and shaping practice
- Ensures Quality Assurance activities in this framework reflect the key principles that inform children's social work practice in West Sussex, namely that practice is:
 - Child centred
 - Reflective
 - Outcome and impact focused
 - Strengths based
 - Decisions are evidenced based

What are our methods of Quality Assurance?

A combination of quantitative and qualitative information allows us to measure standards and outcomes. Quality Assurance is evidenced by the following sources:

<ul style="list-style-type: none"> • Collaborative Audits – (core & thematic). The strength of collaborative audits is that they allow reflective discussion which supports greater learning • Performance data • National & local Inspections • Peer reviews • Practice Reviews & Internal Learning Reviews • Practice Week • Practice Observations • Individual and Group supervision • Reflective Practice Model • Good Practice Examples • Tracking and audit actions • Learning via workforce development (via PSW) • Ofsted Readiness Week • Annual Business Report of the Local Safeguarding Children Partnership Board • Feedback from Independent Reviewing Officer/Child Protection chairs – midway reviews • Internal Panel Processes such Care & Resource, Fostering & Adoption • Private Fostering Annual Report • Missing and Return Home Interview Annual Report 	<ul style="list-style-type: none"> • IRO annual Report • Feedback from children, parents and carers • Multi-agency partner feedback • CAFCASS & Legal feedback from PLO • Complaints & compliments • Children in Care Council - Positive Journey's • Employer Health Checks • Staff feedback. For example: Exit interviews, Keep in Touch meetings, Grievances etc. • Supervision, Probation, Appraisal • Permanence Panel
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The following documents and processes underpin our Quality Assurance framework:

1. Practice Improvement Plan
2. Audit Schedule
3. Audit Tool
4. Practice Standards
5. Practice Guidance
6. The Performance Framework
7. Social Work England Standards
8. Professional Capability Framework (PCF) and Knowledge and Skill Statement (KSS)

What activities will be quality assured?

The annual schedule of auditing activity will routinely contribute to measuring core areas of practice to ensure the principles of 'what good looks like' is embedded:

- Assessments of need, harm and risk to children and young people
- Care Plans and smarter planning and the effectiveness of intervention
- The Voice of the child and direct work
- Relationships with children, young people, their families and their wider network
- Partnership working and effectiveness of multi-agency meetings & reviews
- Report writing and case recording
- Management oversight and decision making (includes supervision)

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Table of Quality Assurance and Performance Activity:

The table below illustrates all the activity we will undertake to ensure we are being effective and to also assess whether we are improving outcomes.

Quality Assurance Activity	Description of Activity	Responsible Officer/Elected Member(s)/Panel	Frequency of Quality Assurance Activity	Reporting Arrangements
Practice Week - DCS, Lead Member, Deputy Director, Assistant Director Senior Managers across the service	The DCS, Deputy/Assistant Director, Service Leads and Senior Managers across Early Help and Children's Social Care will each directly observe and assess front line practice. This will be wide-ranging and will include the statutory services; such as Child Protection Conferences and Visits to families, Looked After Reviews and Visits to Looked After Children, Core Groups, Placements and Commissioning, Children's Home's Care Experienced Young People, Youth Offending Service and Early Help.	Lead Member, DCS Assistant Director, All Service Leads	Twice a Year	Improvement Board Reports formally to SLT and practice observations are shared in DMT.
Corporate Parenting Board	Board scrutinises how the council as a corporate parent is improving outcomes for children in care and care leavers through the monitoring of the Children Looked After and Leaving Care Strategy and delivering against the pledge developed by the Children in Care Council.	DCS, Assistant Director and Lead Member	Quarterly in line with frequency determined by Members' Services	Reports will progress to the performance board prior to the Corporate Parenting Board.
Children in Care Council	The Children in Care Council has a key role in auditing the progress West Sussex County Council makes against the promises outlined for children and young people in care in the pledge and Corporate parenting action plan and holds senior officers and elected members to account for delivery against these.	DCS, Assistant Director and Service Leads	Quarterly throughout the year at Corporate Parenting Boards	Reports formally to: Corporate Parenting Board.
Collaborative service audits	Practitioners complete the self-assessment in the audit tool prior to the collaborative case file audit - monthly. (To be used alongside the audit). All practice managers undertake one collaborative case file	Principal Manager Safeguarding, Quality and Practice identify cases.	Monthly	Reports to: SMT Sample to: SLT identified by QA Reports to the Policy,

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	<p>audit with the practitioner on a monthly basis. (from another part of the service).</p> <p>Feedback from children and families is a crucial element of all quality assurance activity. This is in order to understand the lived experiences of children and families and to learn about quality and impact of the service areas.</p> <p>A sample group of these audits will be moderated.</p> <p>The Quality Assurance Service will select several audited and moderated cases to present to the Senior Leadership Team for overview and comments.</p>	<p>Audits and moderations by:</p> <p>Practitioner Practice Manager Group Manager</p>		<p>Practice steering Group. (Learning from audits and incorporate themes – Learning loop agenda item)</p> <p>Development leads and practice groups (forums) monthly</p>
Service Leads for Early Help	Will each undertake one audit per month.	Service Leads	Monthly	<p>Reports to the Policy, Practice steering Group. (Learning from audits and incorporate themes – Learning loop agenda item)</p> <p>Report into the Performance Board.</p>
Themed Audit Schedule/Practice Review	Provide quantitative and qualitative evidence and information on practice themes or selected service areas across children's services including Early Help.	QA with input from SMT	Determined by Themed Audit Schedule (timetabled over 12 months)	<p>Improvement Board (PIP) SLT (only if identified)</p> <p>Policy and Practice Steering Group (Learning from audits and incorporate themes – Learning loop agenda item)</p> <p>Development leads and practice groups (forums)</p>

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				monthly
Multi-Agency Audits	<p>West Sussex Case Review and Audit Group undertakes multi-agency audits to monitor and evaluate the effectiveness of multi-agency safeguarding practice.</p> <p>This includes audit of CP Plans, core group meetings, learning review findings.</p> <p>The Board manager to identify and coordinate this activity.</p>	Safeguarding Children Partnership Manager	Quarterly	<p>Report to the Performance Board.</p> <p>Report to Safeguarding Children Partnership Board</p> <p>Policy and Practice Steering Group (Learning from audits and incorporate themes – Learning loop agenda item)</p> <p>Development leads and practice groups (forums) monthly</p>
Dip Sample of open children case files on Mosaic	To ensure actions related to cases have been completed and identify any drift/delay. Any actions should be recorded on the child's record.	All front-line Managers in early help and Children's Services	Weekly	Information to be captured in Service Leads highlight reports.
Supervision of front-line staff & managers at all levels in Children's Services	There are clear procedures on the requirement of front-line staff and managers receiving regular supervision. Case supervision should be consistently captured in the child's record and be reflective in nature. The frequency and quality of case supervision is routinely considered in all quality assurance activity. Receiving regular supervision extends to all levels of management in Children's Services who supervises students. Group and Individual reflective practice discussions will take place with development leads through observation and feedback once a month (3 sessions).	All Managers in Children's Service	Minimum monthly	<p>Reports to: SMT, SLT and DMT</p> <p>Development leads and practice groups (forums) monthly</p>
Performance meetings with children's social work team	Service specific KPI's (linked to the Mosaic management Information Pack)	Service Leads Group Managers	Monthly	Information informs highlight report.

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managers	<p>Service Leads to chair a monthly performance meeting with Group and Practice Managers. The meetings will support frontline managers in owning and utilising management information and quality assurance information to deliver consistently good performance.</p> <p>The content of the performance meeting will inform the service highlight reports.</p>	Practice Managers		<p>Highlight Reports to SMT.</p> <p>Reports formally to the Performance Board.</p>
Audit and Scrutiny function of the Independent Reviewing Officer (IRO) Service	<p>The quality assurance function of the IRO service includes auditing and monitoring through the quality monitoring form, Midway Reviews and IRO oversight.</p> <p>IRO's should consider: Looked After numbers; Placement stability; Initial Health Assessments; Personal Education Plans; Permanence Planning by the 4-month review; consultation documents; Analysis of performance indicators such as timeliness of reviews and how children in care participate in their review;</p> <p>The dispute resolution process (key document) to be audited on a quarterly basis.</p> <p>The DCS, Assistant Director and the Principal Manager Safeguarding, Quality and Practice hold the IRO's to account for smarter and timely care planning for Children Looked After and evidencing how it is challenging areas requiring improvement.</p>	<p>Principal Manager Safeguarding, Quality and Practice and IRO Team Manager</p> <p>Group Manager/ Service Leads holds Social Work team accountable for quality assessments and best practice.</p>	Monthly in highlight reports	<p>Reports to:</p> <p>Quarterly learning from the escalations to the Performance Board</p>
Audit and Scrutiny function of Conference Chairs/children subject to a Plan	<p>The quality assurance function of the CP chairs includes auditing and monitoring:</p> <p>Social Work report in timescale; Report shared with the parents in a timely manner; Children under 5 years; Young people's participation; SMARTer CP Plans; CP numbers;</p>	<p>Principal Manager Safeguarding, Quality and Practice and IRO Team Manager</p> <p>Group Manager/</p>	Highlight Report	<p>Reports to: SMT and SLT</p>

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	<p>Children subject to a plan for a 2nd or subsequent time; Children removed from a CP Plan at the first Review; Children remaining subject to a plan following a 3rd conference.</p> <p>The DCS, Assistant Director and Quality Assurance will hold the CP chairs to account for smarter and timely planning for children subject to a CP Plan and evidencing how it is challenging areas requiring improvement.</p>	Service Leads holds Social Work team accountable for quality assessments and best practice		
LADO Audit	<p>To audit if the referral process is widely understood; if the referral forms are completed fully by referrers; Has strategy discussion been held, are threshold decisions appropriate; Has HR procedures been followed, timescales, s47 where appropriate, safety of child, DBS referral? Identify any trends in relation to children involved and the quality of the LADO response.</p>	Safeguarding and Partnership Lead / QA	Annual Audit	<p>Quarterly themes and trends report to the Performance Board.</p> <p>Annual report to Safeguarding Children Partnership Board.</p>
<p>Safeguarding assurance visits children and young people placed in externally commissioned placements</p> <p>Regulation 44 Visits</p>	<p>Placement/Commissioning Service taking responsibility for placements they source</p> <p>Any providers judged inadequate after a child has been placed are scrutinized closely to ensure robust action plans in place if decision made not to move young person to alternative provision.</p> <p>Children's homes are subject to regular visits by officers independent of the residential service in order to undertake inspections regarding the quality of care provided to children living in children's homes. This includes speaking to staff, young people and scrutinising records held in the home.</p>	<p>Placements</p> <p>QA residential lead for this</p>	<p>Minimum Annual Visit</p> <p>In line with Guidance</p>	<p>Reports to: Quality Assurance and SMT</p>

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Purpose of the Case Audit Process

Quality Assurance is a key deliverable as part of West Sussex's commitment the partnership and our children and young people we serve. The expectation is that all case file auditing is undertaken collaboratively with staff and family feedback is actively sought following each case file audit.

The audit programme aims to:

- Provide assurances that practice positively influences outcomes for the most vulnerable children and young people;
- Considers the requirements of inspection bodies;
- Involve all children's social care staff in continuously seeking to improve their practice (What does good look like for children practice tools);
- Ensure consistency of practice across children's social care and specifically the use and deployment practice framework;
- Embed a culture of learning, confident practice and feedback.
- Identifying areas of practice improvement to inform the performance conversation and appraisal process.

The case file audit tool reflects the practice model.

Please note: The scaling below was previously used in West Sussex. The new audit tool however now uses the Ofsted grade below.

Scaling	Ofsted Grade
0 – 2	Inadequate
3 – 5	Requires improvement
6 – 8	Good
9 – 10	Outstanding

How will the monthly Collaborative Audit process work?

Practice and Senior Managers will be expected to audit/ moderate one child's case file a month. The Good Practice audit is designed to increase the number of audits undertaken and therefore enable an increased evidence-base of strengths and areas for improvement in case work. The audit tools (Stage 1 and Stage 2) creates a learning environment and practice dialogue.

We believe that it is vital that we engage with each other and that staff and managers are involved in the process as much as possible to enhance the outcomes for children. Feedback should be face to face. We will be careful about the language we use and want to work together to encourage improvement in our service delivery.

The stage approach is as follow:

Stage 1

The Practice Manager will receive a case audit allocation from the Quality Assurance Team, who will contact the social worker of the child to undertake the collaborative audit.

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- The audit should focus, as much as possible, on work undertaken in the last 6 months.
- The What does Good look like practice tools together with the Practice standards guidance on timeliness should be used as a reference point and supporting evidence after each section in Stage 1
- By undertaking the audit with the allocated worker, a more accurate understanding of the case issues and case work can be quickly gained.
- Positive feedback and any areas that need attention can be immediately relayed and agreed with the allocated worker.
- Once completed the Practice Manager, auditor, is to notify the Moderator that Stage 1 is completed and for the Stage 2 process to be coordinated.

Central to effective work is 'reflection', and a view on the quality of reflective practice is included in this tool. The audit is designed to be undertaken within 1 hour (roughly 10 minutes per section). You may of course spend more or less time on different sections depending upon the case complexity and allow a further time for reflection on how to enhance the outcome for the child (what actions would make the most difference for the child).

Stage 2 Reflective discussion facilitated by the Moderator – Have we made a difference for the child/ young person?

- This part of the process should take one hour maximum
- It involves a reflective conversation between the moderator, the manager and the social worker to discuss the case audit and reflect on the practice to enhance outcomes
- This supports a strong culture of learning and focus also on the strengths identified within the audit process. It provides the opportunity to engage workers with the manager and moderator, enabling them to understand the importance of the process and how it can help improve practice and children's or young people outcomes
- The moderator may suggest further actions to improve the outcome for the child or young person as part the discussion
- Stage 2 is a participative learning process giving an opportunity for each professional involved to reflect and receive feedback
- Moderators will complete the moderation, sending a copy of their moderation to the Quality Assurance Team and downloading the word document onto the case file with a case note.
- The moderator will alert the practice manager and group manager that the audit stages 1 and 2 has been completed.
- For inadequate audits, where safeguarding concerns have been identified timescales are 5 working days maximum.
- It is expected that most other **actions are completed within a 4 week period** and will be signed off by the line manager of the social worker, also ensuring the progress is tracked for the child/ young person to avoid any drift and delay as part of the child's journey.
- Supervision discussions following the audit should reflect that an audit has taken place and that any actions identified have been completed.

Stage 3 Quality Assurance Evaluation of outcomes and impact

- The Quality Assurance Team together with SDL's connected to Policy and Practice are responsible for compiling an analysis of the themes from the practice from Stage 1 and 2. Stage 3 is completed by the Quality Assurance Team together with SDL's.
- Themes will be identified to demonstrate impact and outcomes (Stage 3) and this will be reported to the Policy and Practice Steering Group to action for practice development and be included QA quarterly report.
- Stage 3 identifies the themes, the strengths and barriers to effective interventions, may address the relationship with partner agencies and evaluate how practice is driving impact and outcomes for children and young people to effect change.

Senior Leadership Team

- The Quality Assurance Service will select several audited and moderated cases each quarter to present to the Senior Leadership Team for overview and comments
- This will ensure that the Senior Leadership Team have a clear understanding of the collaborative audit findings, evidence that Social Work intervention has made a difference to the outcomes for children and young people and the desired learning and impact to be achieved.

Appendix 1 sets out the process for the further escalation.

Dispute Resolution

The collaborative audit between the auditor and the allocated social worker should be an inclusive, constructive and positive process, even when learning is identified. When this does not happen, the auditor and the allocated social worker can seek the support and guidance from the Quality Assurance Team or their respective line managers.

Following the completion of a collaborative audit, where a situation arises that the moderator does not agree with the audit outcome, they will meet with the auditor to discuss and agree a revised grading.

Appendix 2 sets out the process for further escalation.

Where will the information go and how will it be used?

The Quality Assurance report will be shared with senior management team to inform the Children Service's Practice Improvement Plan.

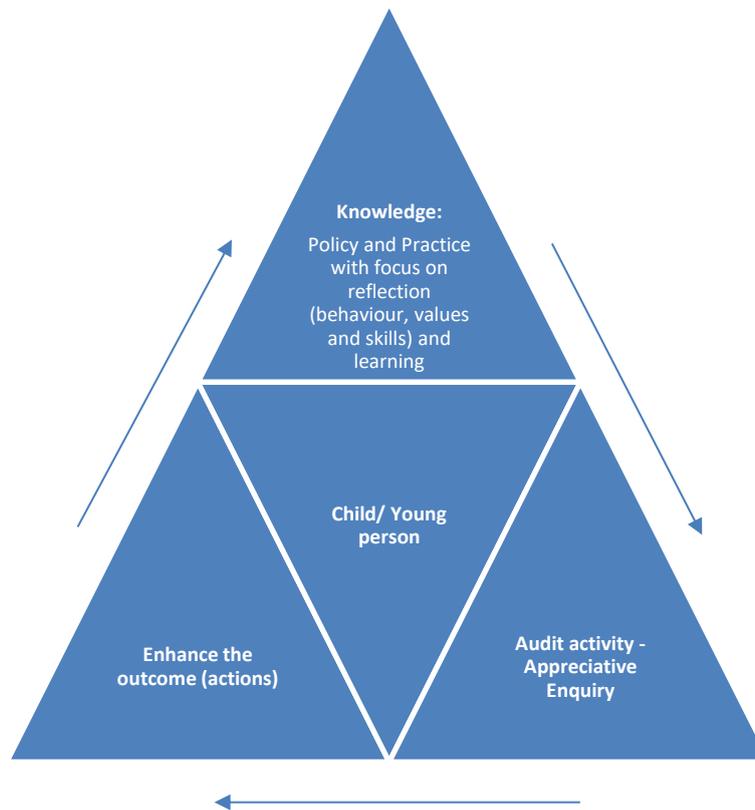
The Quality Assurance Service will collate the themes to inform practice improvement.

The Policy and Practice lead through steering group as a governance arrangement will work closely with the Workforce Development team to contribute to the Learning & development strategy.

The reports will be presented to the performance board and the learning will be disseminated back into the service.

How do we know our work is having an impact?

The Quality Assurance framework activities drives intervention and impact for the child or young person.

Appendix 3 The learning loop – The ME tool

Using the ME and the audit framework will evidence how we deliver what good looks like for children and young people in practice and will evaluate impact.

Thematic audits:

Thematic audits will enhance practice actions tracked by the Quality Assurance Team. Overall themes will be identified with objectives agreed with the service leads. Appropriate benchmarking and actions will be revisited (in the following quarter) and by way of a dip sample measuring quality in practice.

Collaborative audits

Actions required to enhance the care planning for the child will be identified. At the end of the session each worker involved will reflect and record their learning of the audit experience.

1. General principles of practice

We have a way of working across the service that everybody understands where we share a common language and a consistent application of risk and safety. This helps social workers and other professionals to better work together, reflect, think and talk about cases.

The help provided to families is respectful, purposeful and based on strong professional judgements and decisions.

The emphasis is on helping families rather than 'intervening'. The focus is shifted from a way of working where professionals are considered to be the experts to a constructive, relationship-based model of helping parents to change.

Whilst there is an emphasis on the strengths in the child's network, the child's safety is always the focus of any help provided.

We follow a whole system approach which is applied to all aspects of social work practice and social workers should reflect using the model in their direct work with families and their practice overall.

Work with families is carried out from a stance of appreciative inquiry and being professionally curious, applying a questioning approach.

All case recording should be consistent addressing what is working well, what is not working well and what the next steps are.

2. Child focused work with children and young people – Voice of the Child is evidenced

Working in a child centred way is an essential part of good social work practice. Communicating and listening to children and young people helps social workers understand what life is like for them and what needs to change to increase their safety and promote their wellbeing and development.

Social workers need to understand what difference the help has made to the child or young person and what has improved for them.

The child or young person's views and wishes are central to good social work practice and alongside the views of the parents, carers and other key professionals, are considered in all aspects of the help and support offered to the family.

Feedback should be sought from parents and carers about their views of how helpful the support they are receiving is and this information will inform and influence how services are provided.

Direct work with children is not only to establish their wishes and feelings but also to fully involve the child in an age-appropriate way in the family safety planning.

Social workers and Early Help staff will promote meaningful relationship-based practice with children and young people, and this informs all aspects of their work with families.

Direct work should be carried out according to the age and level of understanding of the child, explaining what is happening and why.

Children and young people should be seen regularly, and the work undertaken recorded on Mosaic.

A variety of direct work tools and activities should be used to work with children, and this should include direct observations of very young children.

Direct work tools should be uploaded to the child's file.

Social workers should work with children alone wherever possible and in settings where they feel comfortable and that are child friendly.

Children and young people should be involved as much as possible in the decisions being made and the help being offered

3. Assessments (Includes genograms and chronologies)

The purpose of the assessment is to understand what is happening in the child's life, exploring how they are cared for by the adults around them and how their health, education and wellbeing needs are being met. The framework is used to identify what's going well, the presence of dangers and what we may be worried about. The Social Worker will analyse the information gathered and come to a professional judgement about whether or not the child/ren are presently safe and predict the likelihood of this remaining the same or changing in the future.

The assessment will be undertaken in partnership with the child and families, with their full agreement and participation. If this is not possible, the reasons will be clearly recorded.

The family history is critical to understanding and predicting the present and future, therefore every assessment will include a chronology which highlights key events in the child's life. The chronology will be routinely updated whilst the case remains open.

The child's perspective, wishes and feelings are central to the assessment. Each of the children in the family will be seen and spoken to separately and on their own by the SW in the child's first language, if this is not appropriate or possible, the reasons will be clearly recorded.

The assessment will explore the child's whole family, friendship & community network to identify trigger and danger. Every assessment will include a genogram which highlights key people in the child's life. The genogram will be routinely updated whilst the case remains open.

The assessment is holistic and therefore requires information sharing from a number of sources, by all those involved in the child and family. Multi-agency checks will be undertaken to contribute to the assessment.

The length of time it takes, and depth of the assessment will be determined by the complexity of the child's situation and the level of need. However, all assessments should be completed, and the final report shared with the family.

The assessment will identify what needs to happen next and what, if any, help or services the family need, which will inform the child's plan. The family should not need to wait for the assessment to be completed in order to receive the help and services they require.

4. Plans for & visits to children who are receiving help and Children Services

All children will have SMARTer plans. These may be in the form of child in need, child protection, care or pathway plan. The plan will be written with clarity and purpose.

The plan is a tool for helping the family and social worker measure progress, how the child's circumstances are changing and should be written in plain English

Plans will be regularly updated as the child's circumstances change and significant events occur and revisited regularly at review meetings, either Child in Need, Child Protection Conferences or Looked After Children reviews.

Visits will be purposeful and will include some direct work with the child and will refer to progress being made against the child's plan

5. Management oversight & case supervision

Management oversight and supervision support a learning culture and provide a setting for case reflection, discussion and challenge.

Supervision has three main elements - line management, professional development and casework oversight.

Supervision has a direct impact on the outcomes for children and families and is key to improving practice with children and families.

Managers should ensure that supervision takes place regularly and is prioritised and on time. Managers should plan supervision sessions based on an agreed agenda.

All staff should prepare for supervision and think about cases and issues they wish to discuss.

Individual supervision is recorded for each member of staff and kept on their supervision file. Casework supervision is recorded on Mosaic for each child in a family.

Managers should ensure key decisions about casework outside of formal supervision are recorded on case notes on Mosaic.

Supervision sessions should be booked in advance for up to six months and be 90-120 minutes in duration. Supervision should take place at a minimum of every four weeks for experienced staff. Newly qualified staff should be supervised weekly for at least six months, then fortnightly for a further six months.

What Does Good Look Like?

Referral

Key documentation to consider:

- Multi Agency Safeguarding Hub Operating Protocol
- Practice standards
- Practice Framework
- Transfer protocol
- Visiting Requirements
- Scheme of delegation
- QA Framework
- Dispute resolution

Professionals make appropriate referrals to children's social care and are able to access social work expertise and advice. There is a timely and effective response to referrals, including out of normal office hours. Children and families experience child protection enquiries that are thorough and lead to timely action, which reduces the risk of harm to children. Allegations of abuse, mistreatment or poor practice by professionals and carers are taken seriously.

Good	<ul style="list-style-type: none"> ✓ Details clear ✓ Reason for referral clear, considers strengths ✓ Consent obtained (where safe to do so) ✓ Child's voice is clear ✓ professional curiosity and challenge evident ✓ Timely response ✓ Decision includes history & is appropriate for level of need / risk ✓ Clear rationale for decision making ✓ Impact on child evident ✓ Case allocated within 24 hours with management oversight 	Requires improvement	<ul style="list-style-type: none"> ▪ Child and family contact details are identifiable from child and family details ▪ Consent obtained ▪ Reason for referral can be identified but may be lacking in strengths ▪ Referral acted upon promptly ▪ Indication that history has been considered ▪ Decision is appropriate for level of need / risk ▪ Decision is recorded ▪ Case allocated within 24 hours 	Inadequate	<ul style="list-style-type: none"> ▪ Vital information missing ▪ Delays in referral ▪ Referral not clear ▪ Consent lacking where should have been sought ▪ Delays in response ▪ Decisions have not included history ▪ Decision making unsafe / no risk analysis ▪ Delays in allocation
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Quality of Practice

Key documentation to consider:

- Multi Agency Safeguarding Hub Operating Protocol
- Practice standards
- Practice Framework
- Transfer protocol
- Visiting Requirements
- Scheme of delegation
- QA Framework
- Dispute resolution

Practice with children, young people and families focuses on their needs and experiences and is influenced by their wishes and feelings. Social workers recognise the factors that can make children more vulnerable and tailor their interventions appropriately.

Good	<ul style="list-style-type: none"> ✓ Child's detail is clear on case file ✓ Recording is concise and analytical ✓ professional curiosity and challenge evident ✓ Case summaries and chronology up to date ✓ Jargon free ✓ Child's story is clear ✓ Permanence planning ✓ Intervention links to plans ✓ Clear decision making ✓ IRO/CPA footprint visible. ✓ Child's voice feeds through the case file and informs planning ✓ Good quality direct work ✓ Advocacy offered 	Requires improvement	<ul style="list-style-type: none"> ▪ Most of child's basic detail is clear ▪ Recording is concise and sets out clear plans ▪ Some challenge to parents / carers but lack of curiosity ▪ Case summary and chronology are on file but not up to date ▪ The child's story can be understood ▪ Permanency planning is minimal ▪ Decision making is understood but not in detail ▪ Child voice is evident but could be stronger ▪ Direct work present but not purposeful to the plan 	Inadequate	<ul style="list-style-type: none"> ▪ Basic detail is lacking ▪ Recording is out of date and unfocused ▪ No case summary or chronology ▪ Decisions made based on what parents say with no evidence to support ▪ Case file recording is difficult to understand, inconsistent or incomplete ▪ Not enough information to support decision making ▪ Child's voice and direct work is lacking
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Assessment

Key documentation to consider:

- Multi Agency Safeguarding Hub Operating Protocol
- Practice standards
- Practice Framework
- Transfer protocol
- Visiting Requirements
- Scheme of delegation
- QA Framework
- Dispute resolution



Assessments are dynamic and change in the light of emerging issues and risks, they are timely and proportionate to risk resulting in direct help for families if needed. Information-sharing between agencies and professionals is timely, specific, effective and lawful.

Good	<ul style="list-style-type: none"> ✓ Identifies area of strength and outlines concern ✓ Analytical ✓ Includes all persons living in the home and the support network ✓ Includes absent parents ✓ Focused on planning ✓ Evidence based ✓ Impact of each child ✓ Jargon free ✓ Includes diversity ✓ professional curiosity and challenge evident ✓ Child's voice is evident ✓ Includes partner agencies ✓ Outcomes are shared and feedback sought ✓ Management review and clear oversight ✓ Reviewed and updated 	Requires improvement	<ul style="list-style-type: none"> ▪ Some areas of strength / concern analysis is limited ▪ May not include all in the home / network / absent parents ▪ Partially feeds into planning ▪ Diversity considered but not explored ▪ Individual impact on child not considered ▪ Some challenge to parents / carers but lack of curiosity ▪ Child has been seen but no sense of lived experience ▪ Some information from partner agencies ▪ Assessment shared 	Inadequate	<ul style="list-style-type: none"> ▪ No identification of strength and concern, no analysis ▪ No family / support / absent parents included ▪ Assessment does inform planning. ▪ No consideration of impact ▪ Jargonistic ▪ Decisions made based on what parents say with no evidence to support ▪ Child's voice absent ▪ No multi agency context ▪ Outcomes not shared ▪ No management oversight ▪ Not updated for more than 6 months
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Planning

Key documentation to consider:

- Multi Agency Safeguarding Hub Operating Protocol
- Practice standards
- Practice Framework
- Transfer protocol
- Visiting Requirements
- Scheme of delegation
- QA Framework
- Dispute resolution



Plans are dynamic and change in the light of emerging issues and risks. Action is taken to avoid drift and delay. Plans include (but are not exhaustive to): the CIN / CP / CLA plan, Safety plan, health plans, PEP, Family plan (from FNM).

Good	<ul style="list-style-type: none"> ✓ All plans are focused and up to date ✓ Outcomes are improving the child's experience ✓ SMART ✓ Encompasses all of the child's individual needs ✓ Child and family involvement in all plans ✓ Family network meetings evident ✓ Plans reviewed & amended to reflect needs and risks ✓ Evidence of progress ✓ Permanency planning clear ✓ Child's voice informs the plan ✓ Contingency planning clear 	Requires improvement	<ul style="list-style-type: none"> ▪ The plan is updated but could be more detailed and focused ▪ Elements of task focused ▪ Not all actions are SMART ▪ Generalised and not specific to the individual child ▪ Consideration of family and friends but not explored in any depth. ▪ Plans are reviewed in statutory timescales but no limited in change ▪ Permanency planning is considered but not clear ▪ Contingency planning is not detailed 	Inadequate	<ul style="list-style-type: none"> ▪ No evidence of up to date plans ▪ Plans are ineffective and drifting ▪ No permanency planning evident ▪ Predominantly task focused ▪ Family networks meetings have not been considered ▪ The child / family has not been involved in their planning ▪ Planning is reactive and led by crisis points
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Key documentation to consider:

- Multi Agency Safeguarding Hub Operating Protocol
- Practice standards
- Practice Framework
- Transfer protocol
- Visiting Requirements

Review

- Scheme of delegation
- QA Framework
- Dispute resolution

Regular review points should feature across the child's case file. Children and young people are protected through effective multi-agency arrangements, promoting timely information-sharing, planning, decision-making and monitoring. Actions happen within agreed timescales to promote better outcomes.

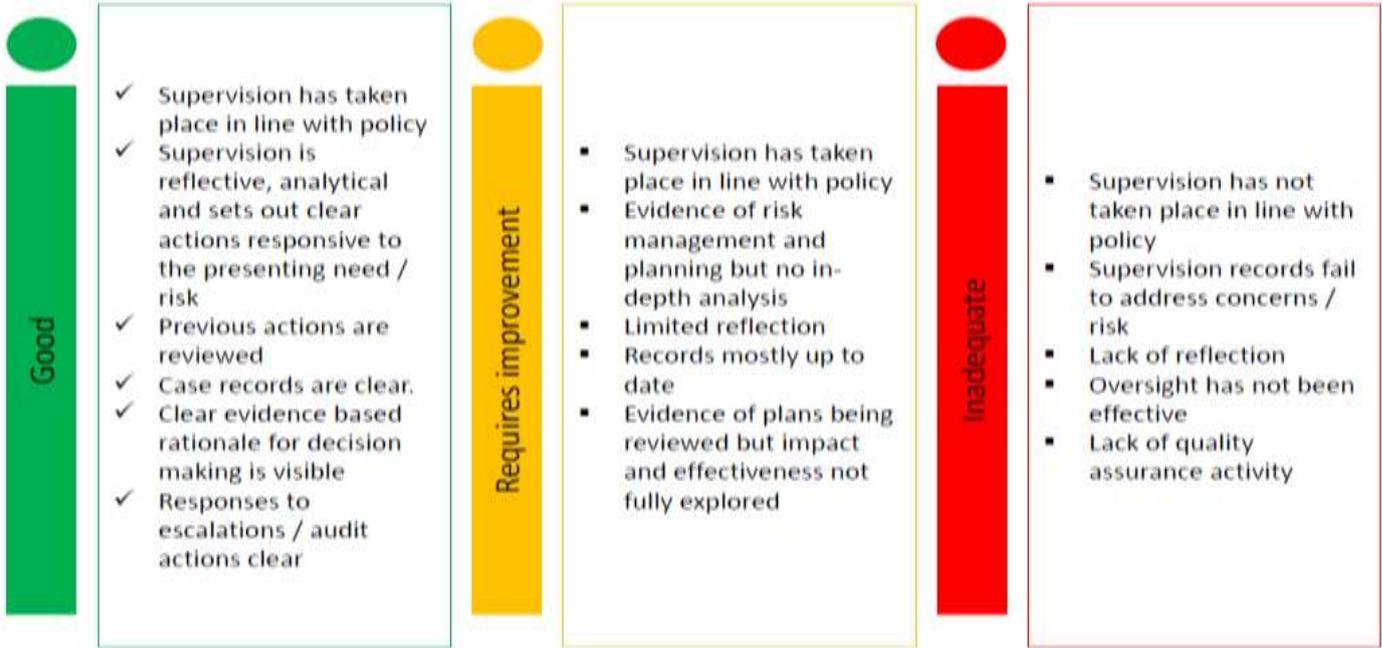
Good	<ul style="list-style-type: none"> ✓ Statutory reviews are held in timescales and are responsive to the child's emerging needs ✓ Reviews are attended by family and professionals (updates provided if not present) ✓ Children have opportunity to participate / attend reviews ✓ Reviews are clearly recorded with clear analysis ✓ Permanency plans reviewed 	Requires improvement	<ul style="list-style-type: none"> ▪ Reviews are not arranged in line with what works best for the family (i.e. not considering working parents) ▪ Key people are invited, but updates are not received if unable to attend ▪ Child's voice in the review is minimal ▪ Lack of analysis. ▪ Updates identify areas of change and recommendation but fail to feed into new actions and make changes to the plan 	Inadequate	<ul style="list-style-type: none"> ▪ Statutory reviews are not held in timescales. ▪ Key family / professionals are not invited. ▪ Children are not invited to their review (where required) ▪ The review is not meeting the child's needs ▪ Lack of detail to enable appropriate planning and action. ▪ Child's voice is missing from the review ▪ Safety plans are not reviewed ▪ Permanency planning is not reviewed
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Management oversight

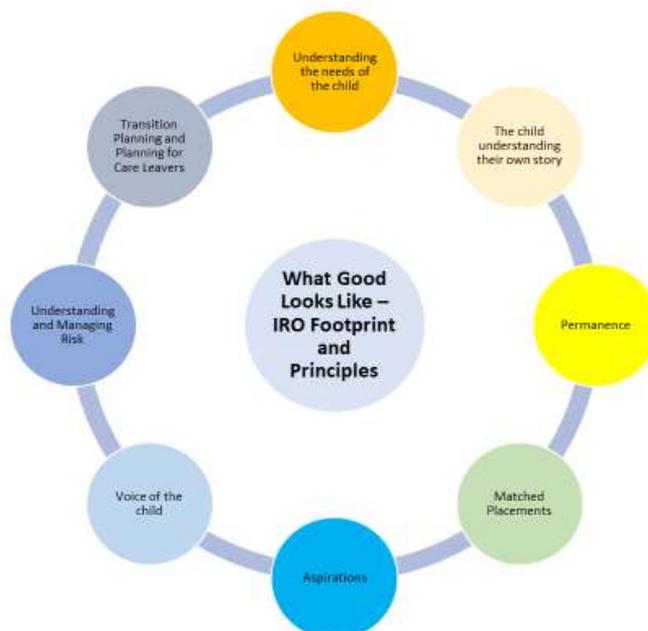
Key documentation to consider:

- Multi Agency Safeguarding Hub Operating Protocol
- Practice standards
- Practice Framework
- Transfer protocol
- Visiting Requirements
- Scheme of delegation
- QA Framework
- Dispute resolution

Systematic and high-quality management oversight drives good practice, ensuring child-centred plans and actions within timescales appropriate for the child. Quality assurance of documents with clear rationale for all evidence based decision making.



What Good Looks Like – IRO Footprint and Principles

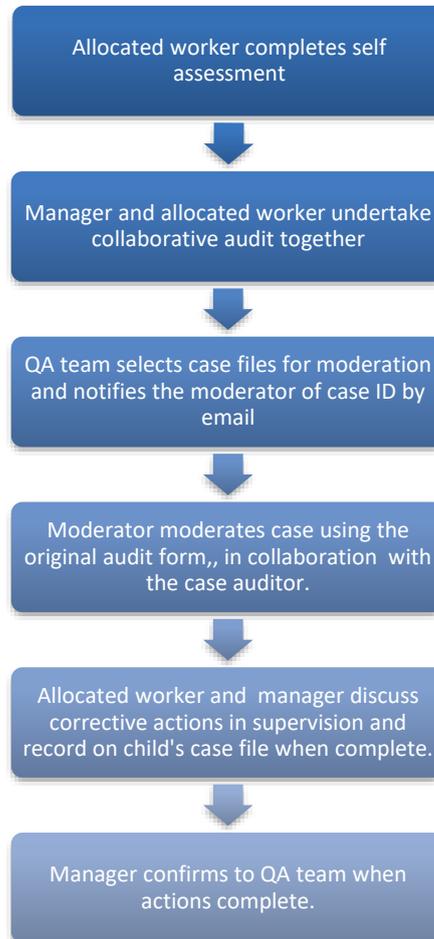


Children's services

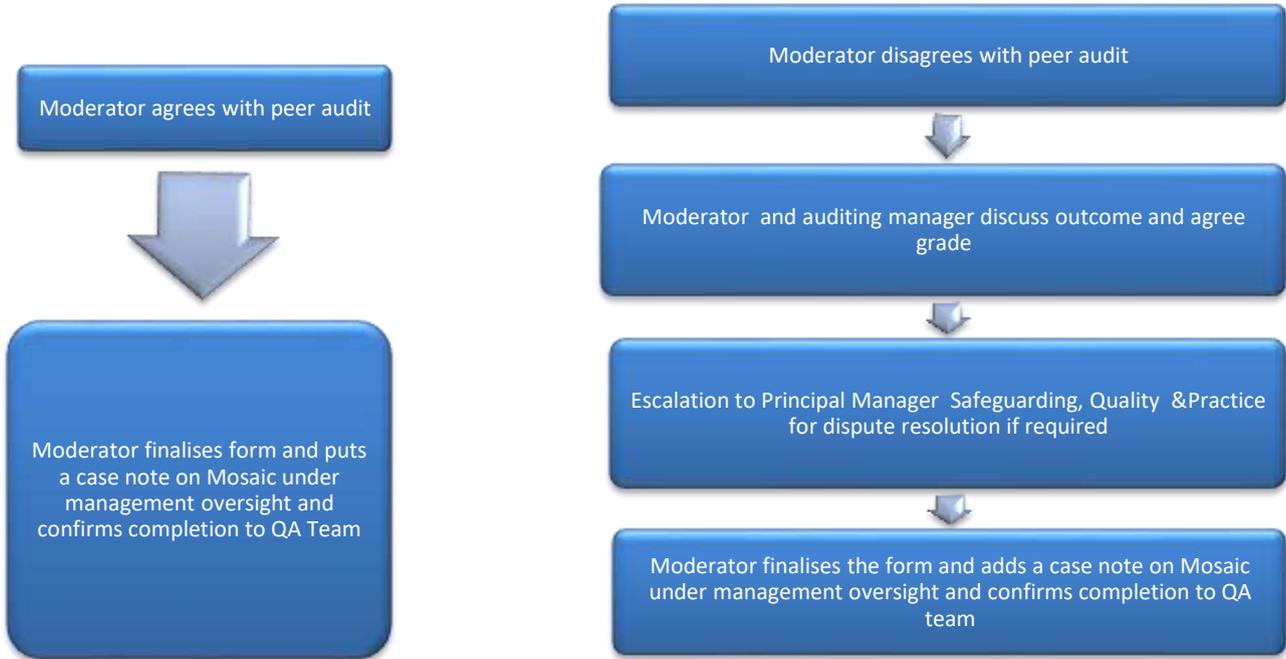
Understanding the needs of the child	
Recommendations	Principles of good IRO practice
<p>Is there comprehensive assessments / evidence informed plans, includes emotional health needs / SDQ/ IHA -RHA - impact of Trauma, court timescales, legal status/returning home and not returning home - impact and planning</p> <p><i>Statutory Timescales Apply</i></p>	<p>To identify areas of complexity and make recommendations that increases the timeliness of Permanence, support with emotional wellbeing, drives aspirations and prevents delay to care planning.</p>
The child understanding their own story	
Recommendations	Principles of good IRO practice
<p>Life Story Work/ Life Story Book / Direct Work / Words and Pictures / who is important to the child. <i>Every Report to be written in letter form</i></p> <p><i>Statutory Timescales Apply</i></p>	<p>Children in care are helped to understand their histories and the reasons why they are in care</p>
Permanence	
Recommendations	Principles of good IRO practice
<p>What is the permanence plan, does it take into consideration age, disability, gender, ethnicity, sibling groups, contact with significant persons? What is the proposed permanent legal status</p> <p><i>Statutory Timescale Apply 2nd review</i></p>	<p>Children / young people are provided with permanent, kind, warm, nurturing care that they deserve - whether from parents, foster carers, special guardians, adopters</p>
Matched Placements	
Recommendations	Principles of good IRO practice
<p>Quality of placement, has assessments informed the matched, evidence of the young person's needs from birth to adulthood: residential / foster carers /SGD/ connected / kinship carers / semi-independent/ with siblings / transitioning to adult services/ staying put/ supported living – does it consider access to good schools and health support</p> <p><i>Timescales Apply including Regs</i></p>	<p>Every child / young person should have access to sufficient, suitable, stable and safe accommodation that can meet their needs, keep them safe and most importantly enable them to experience happiness.</p>

Aspirations	
Recommendations	Principles of good IRO practice
<p>Planned through the PEP, and opportunities in their placement for hobbies and interests' after school clubs, additional tutoring, use of PP opportunities develop confidence and self-esteem.</p> <p><i>Statutory Timescale Apply - Pep</i></p>	<p>Education (and experiences) that encourages high aspirations, individual achievement and minimum disruption is central to improving immediate and long-term outcomes for looked-after children and young people.</p>
Voice of the child	
Recommendations	Principles of good IRO practice
<p>CICC / advocacy/ independent visitors/ chairing own reviews/ wishes and feelings over contact with family members/ extended family/ separated siblings/ access to legal support if UASC and relevant communication aids / tools if required. Are there any concerns of deprivation of liberty or capacity?</p> <p><i>Timescales apply around statutory reviews & complaints</i></p>	<p>The child/ young person know their rights, are helped to navigate the system, feel confident to challenge decisions and make sure their rights and wellbeing are protected and they feel safe.</p>
Understanding and managing risk	
Recommendations	Principles of good IRO practice
<p>Is the child young person Missing, involved with gangs, at risk of CSE, forced marriage or honour based violence, radicalisation, are they secure in their friendships, relationships and who they see as their family? Are past experiences of family and relationships still affecting them? Is there an effective safety plan in place? Is the right support being offered or sought (including for the carer). <i>Statutory Timescales Apply – return home interviews</i></p>	<p>The Child and Young Person circumstances are considered focussing on what is happening for the young person at a given time and what factors increase the risk or support the child / young person's resilience in managing any risk.</p>
Transition Planning and Planning for Care Leavers	
Recommendations	Principles of good IRO practice
<p>Pathway plans comprehensive/ housing needs/ EET, care plan reflects young person's level of ability, prepares the young person for transition / change / or staying in placement.</p> <p><i>Statutory Timescales Apply</i></p>	<p>The transition to adulthood for all young people leaving care can often be complex and confusing, the support through good planning, prior to and during this period can play a significant role in a successful transition.</p>

Cases Audit and Moderation Graphic: Appendix 1



Dispute Resolution Process: Appendix 2



Review / Contacts / References	
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Document owner:	Deputy Director Children's Services
Lead contact / author:	Elise McQueen