



Children's Services Quality Assurance Framework

BRISTOL CITY COUNCIL

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1. INTRODUCTION

Definition and Principles

Our vision is for a service which delivers the best possible outcomes for children, young people and their families. We are committed to driving improvement which enables high quality interventions to be delivered to children, young people and their families across the systems, and where they get the right help at the right time.

Quality Assurance is an umbrella term, which embraces all activity that contributes to service improvement. Quality Assurance activities monitor compliance with policies and procedures; evidence strengths and good practice; identify gaps and areas for development; drive learning and service improvement. A Quality Assurance Framework allows those with leadership, senior management, case management or scrutiny responsibility for children, to understand how effectively Bristol's Children and Families Services is delivering services to keep children safe, promote positive outcomes and identify where improvements should be focused.

At service and individual practitioner level the critical judgement is whether we are making a difference to the children and families we come into contact with. Whether and in what way their lives are better and safer as a result of the services they have received - Are we improving outcomes?

Our approach to Quality Assurance is based on the following principles:

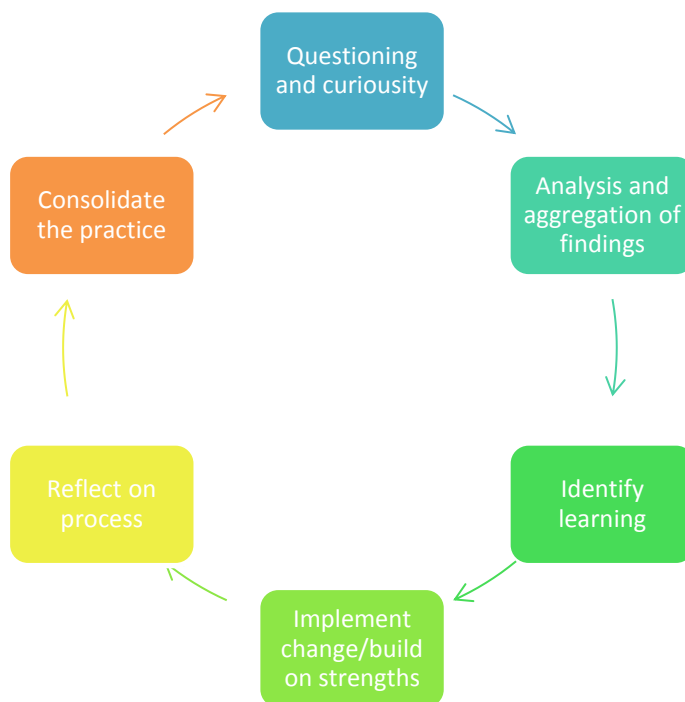
- **Child Centred:** the focus and purpose of all quality assurance will be on the experiences, progress and outcomes of the child or young person on their journey through our social work and safeguarding systems. Children and families' views and experiences will be central to how we understand the quality and impact of the work we are doing and how we learn and improve.
- **Strengths-based:** our approach to quality assurance will be positive - looking at informing and encouraging improvement and supporting the development of staff and services whilst providing essential systemic information on the health and effectiveness of the system. Quality assurance will be characterised by both high support and high challenge across the service.
- **Reflective:** we believe practitioners and systems improve where there is high quality space for thinking and reflection, and opportunities for different perspectives. Quality assurance activities delivered through this framework will promote reflective practice and shared learning.
- **Collaborative:** quality assurance will be collaborative. Instead of a top down approach, quality assurance work will be based on working with staff and managers to facilitate a culture of co-owned improvement. Commitment to the quality assurance framework will be modelled and prioritised throughout the service.
- **Appreciative and Enquiring:** we provide opportunities to capture, understand and share good practice and the steps taken to achieve good outcomes for children. We will be enquiring and curious practitioners.

Purpose

The purpose of the QAF is to:

- improve outcomes for children, young people and their families;
- facilitate an organisation culture committed to learning and continual improvement;
- support the continuous improvement and development of the children's workforce;
- enable feedback from children, their families and staff to influence and drive change;
- ensure that services provided and commissioned are of a consistently high standard and sustainable through regular evaluation;
- enable effective oversight and scrutiny of the quality of the service the system is delivering both in individual parts of the service and in understanding how the service works as a whole system;
- influence the development of policies and procedures to support staff in delivering good practice;
- set practice standards against which the quality of services and their impact can be measured.

Quality assurance is not an additional activity but an integral part of everyday practice within Bristol Children and Families Services. It is a process we use to understand a complex system and make informed decisions about improvements. It is more than just routinely counting numbers, meeting targets and carrying out audits. Effective quality assurance is dynamic and evolving, where there is an embedded cycle of monitoring, continuous reflection and learning, based on the principle that there is always room for improvement.



Scope

This Quality Assurance Framework includes assurance activities for all the teams which make up the Bristol City Council Children and Families Services. However the primary focus of this QAF is considering the work of the teams which deliver the statutory social care functions in the service:

- First Response and MASH
- Pathway Decision Team
- Area Social Care Teams
- Through Care
- Disabled Children and Specialist Services
- Fostering and Special Guardianship Services
- Residential Service
- Independent Reviewing Service
- Conference Service
- LADO

There are a wide range of universal, early help and specialist support services who significantly contribute to outcomes for children in Bristol. The expectations around audit frequency and tools are not set out in this QAF. It is expected that this QAF will support the impact of this work to be understood through case auditing and will provide shared learning and audit opportunities across these teams and those named in the list above. Furthermore some of the service-wide and thematic assurance activities will include these teams and services where relevant so that we are able to best understand our whole system working.

In Bristol Adoption Services are delivered by the Regional Adoption Agency Adoption West. The work of Adoption West is not assured through this framework however learning about the interface and transitions between the services will be identified and shared through this QAF.

Similarly work with children and young people led by the Approved Mental Health Practitioner Service and Preparing for Adulthood Team is assured by Bristol City Council's Adult Care and Support Services however findings about the interface and transitions between the services will be identified and shared through this QAF.

Responsibility for Quality Assurance

To be effective quality assurance needs to take place within an organisational context which promotes and supports the continuous development of Bristol's Children and Families Services as a 'learning organisation'. It depends on ownership at all levels, system-wide prioritisation and open and collaboratively approaches.

In Bristol every practitioner, manager and senior leader contributes to the effectiveness of the Quality Assurance Framework.

Senior leaders are responsible for ensuring that practitioners and managers have the resources they

need to be able to contribute to the QAF. They are responsible for monitoring and driving forward improved practice in line with service priorities, regulatory and improvement plans. Senior leaders are responsible for ensuring that messages from staff and children and families about the services they are receiving, as well as the systemic findings of the Quality Assurance Framework, are heard, understood and where required acted upon to support improvements. Senior leaders are responsible for leading on identified thematic and service-wide quality assurance activity and in ensuring it is effectively undertaken in their service area.

Managers are responsible for ensuring that the service provided to children, young people and their families in their service area are of a consistently high quality which positively impacts on good outcomes for children and their families. They are responsible for undertaking quality assurance activities with their team to ensure high quality, purposeful interventions and provide effective learning opportunities. Where improvements are identified for a team or practitioner, managers are responsible for ensuring these are delivered in a timely way for the child. They have a responsibility to support practitioners through supervision and the appraisal processes, and contribute to practice development.

Advanced and IRO/CP Chairs (BG12) & BG13) are responsible for undertaking quality assurance activities in their teams such as observations of practice, collaborative case audits and reflecting circles.

All staff are responsible for the quality of their own practice and have a duty to contribute to their own and other's ongoing learning through the evaluation of practice. They are responsible for being open to quality assurance work and learning, and for raising areas of strength and concern about delivery in the service so that improvements can be delivered.

Staff with specific **strategic responsibility** for quality assurance include the Quality Assurance Service Manager, Quality Assurance Social Worker, Principal Social Worker and Performance, Information and Partnerships Service Manager. These roles each contribute to the improvement cycle by embedding the QAF, providing team and service-wide analysis and recommendations from the data collected, and supporting the operational service to drive improvements.

For more details of the Quality Assurance Monitoring Responsibilities **see appendix 1.**

2. OVERVIEW OF FRAMEWORK

Learning organisations use a range of methods to gather both quantitative and qualitative information from a variety of sources, to measure and analyse the aggregated information against an agreed set of standards. Measuring practice is only purposeful if the loop is closed and the organisation uses the learning to plan and deliver service improvements.



Some methods provide individual child-level assurance as part of a regulatory framework (eg IROs, Reg 44 visits etc), some enable us to identify trends over time (eg performance indicators and case file audits), whilst others provide specific service or team level information (eg SAVs and Reg 44 visit) or detailed view at a specific area of practice or interface with partners (eg thematic or multi-agency). This enables a responsive view on the effectiveness of our end-to-end system, triangulating information and robustly testing hypothesis.

This document will particularly focus on the QAF will particularly focus on the QAF activities which are undertaken exclusively for fulfilling the framework's purpose:

Collaborative Case File Audit

Collaborative Case File Audits

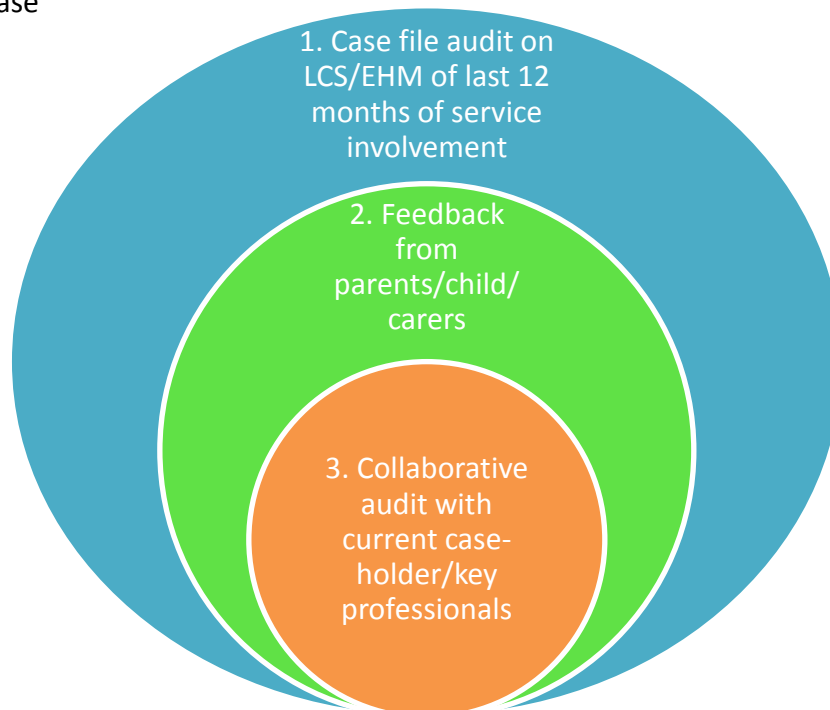
Good quality auditing is the cornerstone of the quality assurance process. The purpose of audit is twofold. It retrospectively examines the quality of practice and seeks to understand the child's journey through the system, and it supports the improvement of practice by identifying strengths and areas for development within teams and/or services.

Responsibility for auditing: Managers are responsible for auditing cases in their areas

Frequency: minimum of bimonthly

Sample: A single child or young person open within the last 4 weeks to that manager's unit/team. Bimonthly case is randomly selected by the QA Social Worker varying case-holders and legal status of child.

In Bristol, our audit process follows our practice framework in being systemic and utilising a collaborative, strengths-based Signs of Safety methodology. This is described through the three elements of case auditing.



1. A detailed audit of the child's file is undertaken by the auditor. The work for the previous 12 months is reviewed including the work of teams outside of that in which the child is currently allocated. This preparatory audit will be supported by review of the audit dashboard for that child on Qlik.

2. The auditor seeks family feedback on the quality of the service received using the family feedback questions and scaling questions. Should the auditor know the family and feel this is a barrier to feedback collection they should ask a peer to seek this feedback for them. Feedback should be sought from both parents (regardless of whether the child is resident with them) and the child where appropriate. For children in carer auditors may also chose to seek feedback from their foster carer.
3. The information gathered from this desktop review and feedback should inform and shape a collaborative audit with the current case-holding social worker. This should initially be held as a reflective conversation, exploring the decisions made and areas for development or learning from the case for the service or the individual. The case-holder should then sample the case with the auditor and discussions held about the different areas of practice seeking evidence to confirm or changes initial hypothesis about the quality of the practice; supporting self-assessment of the work; and encouraging an open practice debate about approaches and interventions. Specific regard and careful questioning should be made to identify indicators of impact which are age, developmentally or context specific.

Bristol's audit forms (Appendix 2), provide a template for capturing the findings of all three elements and asks the auditor to make grading judgements providing sufficient evidence to justify these judgements. Grading judgements are made about the overall case quality and a range of practice domains within the form, such as assessment, case recording and supervision, which can all be used separately to produce more specific and thematic quality assurance reports. Auditors are also provided with an Appreciative Enquiry template. This allows them to capture reflective conversations about examples of good practice provided by the case-holder during the collaborative audit.

Once completed the QA social worker will add the audit to audit database and to the audit tracker. These documents will be accessible by senior management.

If an auditor grades any audit as Inadequate, the Service Manager must be informed immediately. Actions identified as part of the audit must be reviewed by the Service Manager within 1 month and update added as a case direction.

Consultant Social Workers, Practice Leads, Team Managers and Service Managers will use supervision to ensure that any actions specified as a result of an audit are completed.

Moderation

Moderation is an essential part of the collaborative case audit quality assurance processes. It enables dialogue across the service about what good "looks like" on case records providing consistency. It enables practice discussions about approaches and interventions, provides support for auditors in developing their practice audit skills and it facilitates the Service Manager effectively

fulfilling their responsibilities on ensuring quality of practice in their area.

Case file audits are moderated by the relevant Service Managers when undertaken by CSWs, PLs or TMs. When collaborative audits are undertaken by Service Managers within or outside the service (for example as part of a SAV) they are moderated by the Quality Assurance Service manager.

The moderator reviews the information provided by the auditor against the Ofsted grade descriptions. Moderators then check if there is sufficient evidence to justify the grade by sampling the child's case record in a range of domains. The moderator may also include comments for auditors about their audit write-ups to support them in improving their auditing skills. The moderator has the final decision maker of the grading on the audit report and may change the proposed grades of the auditor giving reasons for this. Where the audit has been completed by the case-holder's manager, the moderator should pay particular attention to the evidence for the grading in respect of management oversight.

To ensure consistency across the system and the audit report moderation panel samples completed audit reports 3 times a year. The role of the moderation panel is to ensure that there is consistent understanding and grading of the practice audited in the city. The moderation panel will provide an opportunity for reflective discussions about cases where there is inconsistency about grading or when there is practice example that are particularly new or innovative and require further consideration. On occasion this will include inviting auditors to come to the panel to discuss cases and practice.

The moderation panel will be chaired by the Quality Assurance Service Manager and supported by the Quality Assurance Social Worker. Other members will include:

- ✓ Principal Social Worker
- ✓ Director of Children and Families Services
- ✓ Head of Service for First Assessment and Areas Services
- ✓ Head of Service for Permanency and Specialist Services

Case file audit process map

Day 1:

- ✓ Case randomly allocated by QA SW to auditor (Tier 4 managers)



Within 10 working days:

- ✓ Auditor to contact SW to book the collaborative session
- ✓ Auditor to carry out an initial desktop review of the case (cover 12 last months of social care involvement)
- ✓ Auditor to contact family to gather feedback
- ✓ Collaborative audit session with the social worker
- ✓ Auditor to add the 'audit' status on LCS
- ✓ Auditor to send the audit report to the QA SW and relevant Service Manager for moderation



- ✓ QA SW log the audit on the tracker



Within 10 working days:

- ✓ Moderator reviews the information provided by the auditor against the Ofsted grade descriptions and the case file.
- ✓ Moderator may include comments for auditors about their audit write ups to support them in improving their auditing skills.
- ✓ Moderator to regrade if needed
- ✓ Moderator send moderated report to QA SW



Within 5 working days:

- ✓ QA SW send the moderated audit to TM, allocated SW and others relevant professionals (CP chairs/IRO/deputies...)
- ✓ If audit graded Inadequate, Service Manager or Deputy Service Manager should write a case direction
- ✓ QA SW log moderated info to the tracker
- ✓ QA SW request feedback from allocated worker about the audit



Within 10 working days:

- ✓ Allocated SW send the feedback to QA SW
- ✓ QA SW add comments to audit records, update the tracker and save audit report on QA site



In 8 weeks, if audit graded Inadequate, deputies/group manager/managers to re-audit:

- ✓ 2nd Auditor to re-audit following up the actions recommended (desktop audit)
- ✓ Re-audit to be sent to QA SW for log into the tracker and to be sent to TM and allocated worker.



Quarterly:

- ✓ QA SW and QA Service Manager to provide a report to CMT and Performance Board



Observations
of Practice

Observation of Practice

Responsibility for auditing: Managers and Experienced Social Workers

Frequency: minimum of bimonthly. Across the year all social workers in any team should have at least one Observation of practice. The frequency should be higher if the worker is new to the service - within 6 weeks of joining and 2 within the probation period.

Sample: Managers can self-select most appropriate observation. This observation may include observing a home visit, presentation at conference/meeting, attendance at court, direct work.

Observations of practice are not moderated but they are reviewed by the Quality Assurance Social Worker/Quality Assurance Service Manager to ensure there is sufficient evidence to justify the grade.

Observation of Practice audit process map

Day 1:

- ✓ Auditor select worker to be Observed



Within 10 working days:

- ✓ Auditor to discuss the case with the social worker before the observation
- ✓ SW get consent from parents/child for the observation
- ✓ Post observation the auditor should request feedback from the family
- ✓ Auditor write the report on the observation template and send it to the QA SW
- ✓ Auditor discuss report with allocated worker and save on supervision file to be used at the appraisal point
- ✓ QA social worker log it to the tracker



Within 10 working days:

- ✓ Allocated SW send the feedback to QA SW
- ✓ QA SW add comments to audit records, update the tracker and save audit report on QA site



Quarterly:

- ✓ QA SW and QA Service Manager to provide a report to CMT and Performance Board



Thematic Audits

Responsibility for auditing: CMT, Principle Social Worker, Deputy Service Managers, Quality Assurance Social Worker

Frequency: In line with the Performance and Quality Activity Schedule or as indicated by performance data

Sample: determined by theme and methodology taken

Thematic audits are targeted audits undertaken by managers across the service to understand in detail a very specific area of quality. For example this could include the quality of letters written in pre-proceedings to parents or the quality of Return Home Interview assessment reports.

The desired outcomes of thematic audits are to provide evidence based robust self-assessment of critical areas of service; to identify areas of good practice for dissemination; to better understand a system or process in practice; and to identify areas requiring ongoing improvement or intensified management direction.

It is important that it is clear why a thematic audit has been commissioned and what the scope of the audit is. For this reason all commissioned audits will be supported by clear terms of reference. The terms of reference should specify:

- why an audit has been commissioned, including the context of why it needs to be looked at now and who has commissioned it;
- the scope of the audit;
- who will undertake the audits;
- who will be part of the focus groups;
- what will be the audit criteria - the audit will be measuring against compliance with legislation, local policy or procedures;
- the timescale for the completion and reporting of the audit; and
- who will lead on compiling an action plan arising from the findings

The audits will be undertaken using bespoke audit tools which are designed for each thematic audit compiled by the commissioner of the audit.

The result of a thematic audit is a report that provides an effective evaluation of the quality of the area of service audited. Where appropriate it also addresses the relationship with partner agencies and identifies strengths and barriers to effective interventions.

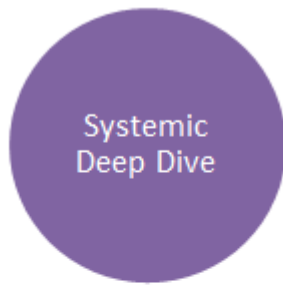
Feedback from the audits, together with a clear action plan will be shared through a formal report with the CMT.

At the completion of each audit an action plan will be developed by the relevant Head of Service to address areas for improvement. The action plans will be monitored and ultimately signed off by CMT.

One standing thematic audit is the supervision file audit. Supervision is essential to ensure safe effective practice. A team under pressure can be tempted to neglect supervision or allow the quality to decline but this would be counter-productive as workers would lose focus and effectiveness, resulting in increased pressure. All managers will provide regular supervision and attend training on effective supervision. The bi-annual thematic supervision file audit will provide assurance of the quality of supervision in the city.

Process: for thematic supervision file audit

- The thematic sample will be coordinated by the Quality Assurance social worker with a group of selected senior managers including the Principle Social Worker
- The auditors will consider the practitioner's supervision file and the case directions from a sample of cases across the service
- Auditors will use the bespoke supervision file audit tool template
- The auditor will contact the social worker to gather their feedback on their own supervision
- The Quality Assurance social worker will send the moderated audit to the manager and to the social worker involved with that case.
- The manager will add their comments (social worker and supervisor) to the audit within 10 working days and send it to the Quality Assurance social worker.
- A thematic audit report will be provided on how assured the service is about the quality of supervision following the thematic audit



Safeguarding Assurance Visits (team specific) and Deep Dive (service wide)

Responsibility for auditing: CMT coordinated by the Performance, Improvement and Partnerships Service Manager

Frequency: SAVs 3 times a year/ Deep Dive 3 times a year

Sample: determined by performance data.

In addition to case file auditing and thematic audits there will be a regular cycle of safeguarding assurance visits (SAVs) and deep dives.

Safeguarding assurance visits will provide greater assurance of improvement activity and that systems to manage work are safe and effective. The aim of each review will be to help us reflect on and improve the quality and impact of the services we provide for children and young people. They will be a half day preparation session where the SAV team develops their Key Lines of Enquiry followed by a day on site using a mixed methodology to explore and test the hypothesis. A feedback report covering the main findings of the visit will be sent to the Head of Service and will be reported to CMT and the Performance Board.

Approaches can include: focus groups; collaborative auditing; observations of practice; thematic audits and service user groups

Systemic Deep Dives will take the same format as the SAV but will be undertaken by the whole of CMT and will include activity across the whole service. This will be shaped around testing an understanding a particular theme or area to enable us to understand the child's full journey through the service.

Specialist Teams

Specialist teams are expected to work to the same quality assurance principles and approaches as above but will do so utilising bespoke audit tools. The impact of these teams will also be commented on within the standard case audit tool.

All audits of casework must include the three elements as standard. In the case of Independent Reviewing Officers (IROs) and Child Protection Conference Chairs the audit will involve a combined case file audit of their involvement and an observation of their practice.

Independent Reviewing Officers (IROs) and Child Protection Conference Chairs

Responsibility for auditing: IROs and Child Protection Conference Chairs will be audited by their manager, the Quality Assurance Service Manager or a member of CMT.

Frequency: Each IRO and Child Protection Conference Chair will be audited once per year.

Process:

- Auditor will observe an conference or review and audit the quality of any previous report/plan (if a review) . The IRO/CP chair oversight on the child’s records should also be audited.
- Auditor will use the appropriate audit form template
- Auditor will contact service users to gather their feedback
- Identify key findings, learning points and recommendations for improvements
- Upon completion the audit is submitted to the Quality Assurance Manager for moderation
- The Quality Assurance social worker will send the moderated audit to the manager and to the allocated worker involved with that case.
- The supervisor will add their comments (IRO/CP chair and supervisor) to the audit within 10 working days and send it to the Quality Assurance social worker.
- The Quality Assurance social worker will add the audit to the QA site and to the audit tracker. These documents will be openly accessible by management teams.

Fostering/Kinship/SGO Services

Responsibility for auditing: Team Managers

Frequency: Bi-monthly

Process:

- ✚ The focus of the audit should be the quality of social work practice provided by the Supervising Social Worker and whether the support provided to the foster carer has achieved improved outcomes for the child-the impact of this support.
- ✚ Improved outcomes should be measured by improvements in the child’s circumstances in terms of their development and welfare.
- ✚ Seeking feedback directly from the child is a robust way to establish if the care plan is working.

Specific grading guidance for this area of practice can be found in the appendix

First Response Service

(Note this should be supported by a thematic audit of threshold undertaken by the Service Manager for the First Assessment Service a minimum of quarterly.

Responsibility for auditing: Team Manager (auditing Deputy Managers' decision making) and Deputy Managers conducting observations of practice with the First Response Advisors

Frequency: Bi-monthly

Process:

- The auditor will use the specific audit form developed for this activity
- The audit of Deputy Managers will be a combination of a case file audit and observation (where relevant)
- The audit will be sent to the Service manager for moderation
- The moderated audit will be sent to the QA SW to be logged and added to the QA site
- The findings will be presented at the quarterly report

3. REPORTING GOVERNANCE & SCRUTINY

There are a range of statutory, regulatory and governance bodies and boards responsible for oversight and scrutiny of the effectiveness and quality of the Children and Families Services in Bristol. The findings of this Quality Assurance Framework may be requested by any of these in order for them to discharge their duties and functions.

Internally the findings of the five QAF specific activities are reported sequentially to the Children's Management Team (CMT); Performance Board; Transformation Board. The Quality Assurance Service Manager and Quality Assurance Social Worker provide reports on the findings from audits and other quality assurance processes outlined in this framework on a quarterly basis summarising audit and quality assurance activity and identifying emerging strengths and areas for improvement. Thematic reports and service specific reports are provided on a rolling basis in line with the schedule

Performance Management Information

Performance Management Information complements, informs and integrates with the wider quality assurance processes to provide an integrated framework to the service. Performance data provides managers with information about how their service is performing. Performance data can indicate the quality and effectiveness of services.

A selection of performance indicators are provided via Qlik for teams to monitor their progress towards delivering better outcomes for children. Service Managers and Consultant Social Workers and Practice Leads will ensure that they monitor and evaluate the performance data. When results

are unsatisfactory, managers will identify why this may be and take action. Equally if there is no evidence of improving performance over time this will also be a reason for evaluation. Performance Data Dashboards will be shared with the Cabinet Member Children's Services and Overview and Scrutiny Board.

Performance information is provided daily, weekly and in monthly datasets. It is the Heads of Service responsibility to lead on the development of an overall assessment of their services' outcomes. However, it is expected that all levels of staff have an appreciation of their teams' and services' performance and the outcomes achieved more broadly by Children Services.

Every month, Heads of Service will chair / ensure that an (Service) Area Performance Clinic monitors data, develop hypotheses on activity and the plans to address poor performance. Analysis and challenge is provided collectively at the monthly Performance Board chaired by the Service Director Children's Services. Actions arising from this process inform service development plans, commissioning priorities, workforce development plans and the quality assurance programme going forward. Quarterly reporting and challenge is provided by the Children's Service Improvement Board. (CSIB)

The Performance Board will also oversee the introduction of new standards, policies and procedures including the bi-annual update to Tri-x.

QAF Review

The quarterly QA reports inform the training needs analysis, the Children's Services Improvement Plan.

The QAF will be updated annually and signed off by the Children's Management Team (CMT). It is recommended that the review process include the following:

- mapping of current quality assurance practice in the service i.e. what is taking place and what is not against the proposed quality assurance schedule set out within this document;
- a consultation with practitioners, managers and CMT on the value of the current quality assurance processes in relation to how practice has been improved as a direct result; user-friendliness of the processes; drawbacks, barriers and limitations.

The service also reports the percentage of Good and Outstanding case audits completed on a quarterly basis to the council via the SparNet reporting system along with a wide suite of performance indicators.

At a team level, managers are held to account for their compliance with the Quality Assurance Framework through monthly Performance Clinics led by the relevant Head of Service.

Statutory Director for Children's Services (DCS)

Governance and accountability for the Bristol as an organisation is vested in Executive Directors who have specific portfolios, not a traditional Chief Executive Officer model of governance and accountability. The statutory Director for Children's Services (DCS) responsibilities are held by the Executive Director Adults, Children, Education and Public Health. It is recognised however, that assurance is required by the Executive and the Mayor, through an evidenced based process, that the DCS is fulfilling the duties as expected.

A governance process has been implemented, the model is as follows:

- Quarterly assurance to Corporate Leadership Board (CLB) through presentation of a report and slide deck re: key performance areas. This will be followed by a challenge discussion to ensure good governance and understanding of the risk, challenges and progress of the service in key areas.
- Quarterly assurance through a support and challenge meeting with Executive Director (head of paid service) and Lead Member Children's.
- The Executive Director (Head of Paid Service) provides an escalation route to the Independent Chair of Keeping Bristol Safe Partnership to ensure independent oversight and governance of the safeguarding system.
- The bi-monthly Children's Services Transformation Board, which is independently chaired by LGA Children's Improvement Adviser and includes the Director for Children's Services and the Lead Member for Children. The Board oversees improvement and transformation activity for children's services, and ensures that leaders understand the quality of practice in Bristol and the impact on children and families' outcomes.

Lead Member, Overview and Scrutiny Committee Role

The Lead Member for Children's Services is politically accountable for ensuring the Local Authority fulfils its legal responsibilities for safeguarding and promoting the welfare of children and young people. The Lead Member for Children's Services is a member of:

- the Keeping Bristol Safe Partnership Accountability Group
- the Corporate Parenting Panel in the role of Chairperson
- the Health & Wellbeing Board

In addition, the Lead Member for Children's Services meets regularly with the Director of Children's Services and the Independent Chair of Keeping Bristol Safe Partnership Board.

The role of the Scrutiny Committee is to ensure that Members of the Council have the information available to ask the questions that challenge in order to support service improvement. Scrutiny has a direct link to Cabinet, and makes recommendations for decisions or actions to be reviewed.

Keeping Bristol Safe Partnership

The Keeping Bristol Safe partnership is responsible for discharging the multi-agency safeguarding children arrangements as set out under the Children and Social Work Act 2017 and Working Together 2018. The statutory Director for Children's Services is a member of the partnership Executive Board. The partnership undertakes regularly quality assurance activity in line with their strategic plan and statutory responsibilities.

6. APPENDICES

Appendix 1: Schedule of Expectations

Who audits what, when						
Service	Type of audit	Minimum Frequency	Auditor	Form	Moderation	Case selection
Executive Director of People (DCS)	TBC					
CMT	SAV	3 times yearly	Director, Service manager, Principal Social Worker	Depends on methodology	QA Service Manager	Appreciative Enquiry/ Performance data led
	Deep Dive	3 times yearly	Director, Service manager, Principal Social Worker	Depends on methodology	QA Service Manager	Appreciative Enquiry/ performance data led
First Response	Case file	Bimonthly	Manager	Case file audit	Service Manager	Manager
	Observation	Bimonthly	Manager	Observation of practice	Not required	Worker/ Manager
PDT	Case file	Bimonthly	Manager	Case file audit	Service Manager	Manager
	Observation	Bimonthly	Manager	Observation of practice	Not required	Worker/ Manager
Area Unit	Case file	Bimonthly	Manager	Case file audit	Service Manager	QA SW
	Observation	Bimonthly	Manager	Observation of practice	Not required	Worker/ Manager
Through Care	Case file	Bimonthly	Manager	Case file audit	Service Manager	QA SW
	Observation	Bimonthly	Manager	Observation of practice	Not required	Worker/ Manager
Care Leavers	Case file	Bimonthly	Manager	Case file audit	Service Manager	QA SW
	Observation	Bimonthly	Manager	Observation of practice	Not required	Worker/ Manager
DCSS	Case file	Bimonthly	Manager	Case file audit	Service Manager	QA SW

	Observation	Bimonthly	Manager	Observation of practice	Not required	Worker/Manager
Fostering /SGO	Case file	Bimonthly	Manager	Fostering form	Service Manager	Manager
	Observation	Bimonthly	Manager	Observation of practice	Not required	Worker/Manager
CP chairs	Case file& Observation combined	Bimonthly	Manager	CP chair and IRO audit form	Service Manager	Worker/Manager
IRO	Case file& Observation combined	Monthly	Manager	CP chair and IRO audit form	Service Manager	Worker/Manager
LADO	Case file	Twice yearly	QA Service Manager	LADO audit form	HoS	Manager
	Observation	Annually	QA Service Manager	Observation of practice	Not required	Worker/Manager
FIF/SF	FIF Case file	Bimonthly	Manager	FIF Case File form	Area Early Help Manager	Manager
	Observation	Bimonthly	Manager	FIF Observation of Practice form	Not required	Manager
All services	Supervision file	Twice yearly	Panel	Supervision file	Not required	Panel
	Peer audit/Observation of practice	yearly	BG12 and BG13	Case file and Observation of Practice	Tier 4 Manager	Tier 4 Manager/worker

Appendix 2: QA forms

Child Case Audit Form (2019)

Status: CIN () CP () PLO () CiC () Care Leaver()

Type of audit: Manager/senior () CMT () Deep Dive () SAV () Multi-agency () Thematic ()

Child's ID:		Child's initials and age:	
Currently allocated caseholder:		Role/Team:	
Manager:		CP chair or IRO:	
Auditor:		Date of audit:	
Main referral factors (tick):			
Domestic abuse		Substance misuse	Mental ill health
Physical abuse		Sexual abuse	Emotional abuse
Neglect		Physical disability or illness	Young carer
Other (FGM, Trafficking, Honour based violence, UASC):			
Date referral received by First Response:			
Is it a re-referral within 12 months?		If yes, was the child re-referred for a similar or different issue?	
Was the decision by First Response timely (made in 24 hours)?			
Date of allocation to current team:			
Which teams in the service have been involved last 12 months?			
Number of allocated social workers since referral:			

File recording – to be reviewed alongside the Qlik Child Case Audit App		Comments on quality and use within practice
Demographics (up to date: name, DoB, contact, relationships, ethnicity, religion, disability, involvement?)	Good () Requires update () Incomplete ()	
Genogram (up to date, extended family included, peer networks for contextual risk, utilised in interventions?)	Good () Requires update () Incomplete ()	
Chronology (significant life events and changes, strengths, highlighting persistent unmet needs, agencies involvement with children, concise and balanced?)	Good () Requires update () Incomplete ()	
Case notes (well structured, up to date, provide clear picture of intervention?)	Good () Requires update () Incomplete ()	
Case summary (concise, reviewed following significant event...?)	Good () Requires update () Incomplete ()	
Appropriate flags (Misper, CSE, CWD, EHCP, HZD...)?	Good () Requires update () Incomplete ()	

Closure summary (summarises work undertaken, identify ongoing needs, sustainability plan, shared with relevant agencies, service user's feedback recorded on case closure summary?)	Good () Requires update () Incomplete ()	
Judgement: Outstanding () Good () Requires improvement () Inadequate ()		

Service user feedback (auditor to contact the children/parents/carer) 1) What is going/went well? 2) What can/could have been done better? 3) Are/Were you clear about the reason for this intervention and what is expected from you/your family? 4) What changes have been achieved for you and your family? 5) Scaling - if 0 was a service where you did not feel listened to and no positive change was made for your child and 10 was a service where you felt able to work openly alongside the social worker and significant positive change has been made for your child, where would you score your experience of
Parent/carer 1: Resident () Non resident ()
Parent/carer 2: Resident () Non resident ()
Young person/child feedback (over 13 years old)

Consider the last 12 months for this audit - Collaborative

Assessment/Mapping (S47 Enquiries; SAF; Parenting Assessment; CiC Care Plan Analysis; Specialist Assessments ie GCP2, RHI, CSE Form):		
	Evidence for grading	
	Strengths	Areas for improvement
1) Reflect on how assessments with this child were undertaken. Were they appropriate and effective? Would alternative methods have been useful here?		
2) Does the written assessment include clear identification of Existing Safety? Harm? Danger?		
3) How successful was the consideration of previous interventions, chronology, family history?		
4) Child's voice: Was the child seen, spoken and supported to effectively contribute to the assessment? Were both verbal and non-verbal voice recorded?		

5) Were both parents/carers spoken to and was the work undertaken effective in enabling them to contribute to the assessment?		
6) Were all the relevant agencies involved and did they contribute effectively to the assessment?		
7) Overall, is it a Good quality SoS assessment? Collaborative with the family? Accessible? Safety goals? Analytical? Considering diversity and family identity? Scaling?		
8) Completed within the most appropriate timescale? If not, was the extended time used meaningfully?		
Judgement: Outstanding () Good () Requires improvement () Inadequate ()		

Child's plan (CIN/CP/care plan/placement plan/pathway plan...):		
	Evidence for grading	
	Strengths	Areas for improvement
1) Do plans drive actions which address the needs/harm of the family and individual child identified at the point of the referral and by the assessment? Is the document owned and understood by the family/child –was it shared with them?		
2) Are bottom-line and contingency plans well-articulated?		
3) Do actions link clearly to danger statement and analysis? Are they practicable and SMART?		
4) Child's voice: have the child's views influenced the plan? Does it respond to the child's identity diversity as expressed at the assessment?		
Judgement: Outstanding () Good () Requires improvement () Inadequate ()		

Purposeful Interventions (Building family networks, safety planning)		
	Evidence for grading	
	Strengths	Areas for improvement
1) Is there evidence of high		

quality, creative evidence-based direct work which facilitates improved outcomes?		
2) Child seen alone? In different setting?		
3) Family networking and family led safety plan from the earliest opportunity?		
4) Clear and appropriate recording of the intervention?		
5) Child visited within timescale? If not, was the extended time required – did it facilitate a more purposeful intervention?		
Judgement: Outstanding () Good () Requires improvement () Inadequate ()		

Reviews:		
	Evidence for grading	
	Strengths	Areas for improvement
1) Are reviews effective as an intervention in their own right in supporting change and promoting outcomes? Do they enable shared understanding or act as the catalyst for change?		
2) Child's voice: child has contributed and influenced the review? Advocacy services been considered? Co-chairing of reviews?		
3) Family participation is collaborative and involves relevant family members?		
4) Professional network's involvement effective?		
5) Within timescale? If not, was the extended time required – did it facilitate a more purposeful intervention?		
Judgement: Outstanding () Good () Requires improvement () Inadequate ()		

Risk management (CP Strategies; Professionals Meetings; MARAC; MAPPA)		
	Evidence for grading	
	Strengths	Areas for improvement
1) Did our approach to managing risk enable effective outcomes for the child – including		

independence and safe risk enablement? Was threshold implemented appropriately?		
2) Were contextual approaches used to good effect?		
3) Is there clear rationale and decision-making linked to SMART multi-agency planning?		
Judgement: Outstanding () Good () Requires improvement () Inadequate ()		

Management oversight (Line-manager; service manager; IRO; CP Chair):		
	Evidence for grading	
	Strengths	Areas for improvement
1) Is there evidence of supervision and management oversight supporting the reflection, analysis and interventions on this case? Were issues challenged and resolved in a timely way? Was there positive impact for the child?		
2) Management decisions and rationale recorded a key decision points and supported by analysis?		
3) Actions clearly agreed and recorded?		
4) Supervision is timely (appropriate for the child and at least monthly) with evidence of appropriate ad hoc supervision?		
5) Robust CP chair/IRO oversight evidenced on case file?		
Judgement: Outstanding () Good () Requires improvement () Inadequate ()		

Impact – What does it all mean for the child?		
	Evidence for grading	
	Strengths	Areas for improvement
1) Has the work undertaken made any positive difference to the child? Can you see changes in the child's relationships, environment, education, family connectedness, permanency? Are their signs of improvement in line with the		

case status and type of need?		
2) Is there evidence of improved safety for the child?		
3) How well have we planned for sustainability? Is this evidenced at key decision points (reviews, closure, transfer...)?		
Judgement: Outstanding () Good () Requires improvement () Inadequate ()		

Where there is significant input from another team in the service the auditor should consider holding a collaborative discussions with them to explore their findings and areas pertinent to the work(IRO/CP Chair/Fostering social worker)

Role	Strengths	Areas for improvement
1)		
2)		
3)		

Based on Ofsted grade descriptors has the service provision over the last 12 months been:

Outstanding ()	Good ()	Requires improvement ()	Inadequate ()
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Improvement – What would it take to move this case to Good or from Good to Outstanding?

Action Plan for Improvement

Action Required	To be completed by	By when

Moderation

The moderator must:

1. Review whether there is sufficient evidence to support the grading decision against the practice guidance
2. Sample the child’s record to review consistency of decision making
3. Regrade domains where required

Moderators’ Findings::

Moderator:	Sign off date:
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Post moderation staff and supervisor feedback about this audit:

- 1) Have you discussed it in supervision with your manager (date)?
- 2) What are your learning points from that audit?
- 3) What have you changed on your practice as a result of this audit?
- 4) Have you completed the recommended actions?
- 5) If you audit have been graded Requires Improvement or Inadequate, please add you improvement plan.
- 6) What are your considerations in relation to the service user’s feedback received (if on form)?

Re-audit, if Inadequate (not with worker):

Auditor:		Date of re-audit:
Actions reviewed and improvement achieved		
Re-audit graded as: Outstanding () Good () Requires improvement () Inadequate ()		
Actions required	Responsibility	By when

Please, save this audit record on your supervision file.

QAF Observed Practice audit form (2019)

Status: CIN () CP () CiC () Care Leaver ()

Type of audit: Manager/senior () CMT () Deep Dive () SAV () Multi-agency () Thematic ()
with children and families () case discussion () supervision session ()

Child's ID:	Child's initial and age:
Currently allocated worker:	Role/Team:
Manager:	CP chair or IRO:
Auditor:	Date of audit:
Brief Summary of observation	

Preparation:			
1) Was there appropriate planning for the work?			
2) Was family consent obtained for this observation?			
Strengths			
Areas for improvement/actions			
O	G	RI	I
Engagement:			
1) Did the worker engage the participants/families/children and ensure all were able to participate appropriately in the work?			
2) Did the work involve developing solutions that were understandable and realistic for the child/family?			
Strengths			
Areas for improvement/actions			
O	G	RI	I
Purpose:			
1) Was the work well managed, reflective and purposeful?			
2) Were the concerns openly discussed?			
Strengths			
Areas for improvement/actions			
O	G	RI	I
Practice Framework :			
1) Did the worker gather appropriate information, make relevant enquiries and assess the situation including identifying and addressing any risks?			
2) Was SoS methodology used?			
3) Was the approach systemic?			
4) Did the work considered contextual risks?			
Strengths			
Areas for improvement/actions			
O	G	RI	I
Diversity:			
1) Did the work focus on the child's specific personal needs including any diversity considerations?			
Strengths			
Areas for improvement/actions			
O	G	RI	I
Child's voice:			
1) Were the child's views obtained and used in the course of the work?			
Strengths			

Areas for improvement/actions			
O	G	RI	I
Outcome and Impact:			
1) Was the work effective or likely to be effective in terms of progress and positive outcomes for the child?			
Strengths			
Areas for improvement/actions			
O	G	RI	I

Service user feedback (auditor to contact the children/parents/carer)			
<ol style="list-style-type: none"> 1. What is going/went well? 2. What can/could have been done better? 3. Are/Were you clear about the reason for this intervention and what is expected from you/your family? 4. What changes have been achieved for you and your family? 5. Scaling - if 0 was a service where you did not feel listened to and no positive change was made for your child and 10 was a service where you felt able to work openly alongside the social worker and significant positive change has been made for your child, where would you score your experience of 			
Who is giving feedback? Date?			

Based on Ofsted grade descriptors is the service provision graded as:			
Outstanding ()	Good ()	Requires improvement ()	Inadequate ()
Overall comments about the grade:			
Wider system learning recommendations (policy, process, resources, training...)			
Staff feedback about this audit report/date:			
<ol style="list-style-type: none"> 1. Have you discussed it in supervision with your manager (date)? 2. What are your learning points from that audit? 3. What have you changed on your practice as a result of this audit? 4. Have you completed the recommended actions? 5. If you audit have been graded Requires Improvement or Inadequate, please add you improvement plan. 6. What are your considerations in relation to the service user's feedback received (if on form)? 			

Please, save this audit record on your supervision file.

**QAF Independent Reviewing Officer and
Child Protection Chairperson audit form (2019)**
CP chairperson () IRO ()

Child's ID:	Child initial and DoB:
IRO/CP chair worker::	Manager:
Auditor:	Date of audit:
Audit on files ()	Observed practice on meetings ()
<u>Summary of child/family situation and family composition</u>	

1.Voice of the child/YP:			
<ol style="list-style-type: none"> Has the IRO/CP Chair appropriately consulted the child, enabled them to participate in the development of their CP plan/care plan, and enabled them to influence decisions? Has the IRO seen the child before the review? Did the child complete consultation forms and were these used to inform the plan? Has the CP chair ensured that the VoC has been heard (and recorded in the reports)? Has advocate services been considered or used? 			
Strengths			
Areas for improvement/actions			
O	G	RI	I
2.Preparation:			
<ol style="list-style-type: none"> Has the IRO/CP Chair ensured that the review discussion and the document prepared for the review is based on a detailed, up to date and informed assessment Has the assessment a clear analysis of risks and needs? Is there evidence of any diversity considerations? 			
Strengths			
Areas for improvement/actions			
O	G	RI	I
3.SoS:			
<ol style="list-style-type: none"> Was the SoS methodology appropriately used in the conference and is recorded in the reports? Was the scaling brought to the conference and reviewed? Has review considered whether the previous Next Steps, outcomes and Safety Goals within the child's plan/s have been achieved? Is there an individual safety plan for the child and/or family(if not what has the CP chair done to address this)? 			
Strengths			
Areas for improvement/actions			
O	G	RI	I
4.Review:			
<ol style="list-style-type: none"> Has the IRO/CP Chair ensured conference/reviews have been conducted in an appropriate manner and are conducive to the participation of the child and family? Has the IRO/CP Chair ensured there is full multi-agency contribution and that this is linked to the outcome? Has the IRO considered relevant information (PEP, health assessment, court reports, kinship/SGO assessment...)? 			
Strengths			
Areas for improvement/actions			
O	G	RI	I
5.Plans:			
<ol style="list-style-type: none"> Has the IRO/CP Chair ensured there is a clear cp plan/care plan being regularly reviewed and addressing immediate risks, needs, building on strengths and aspirations? 			

- 2. Is there evidence of an appropriate Safety/Contingency/Permanence planning?
- 3. Has the IRO ensured family contact arrangements are safe and beneficial for the child and include appropriate wider family members and other significant people?

Strengths

Areas for improvement/actions

O	G	RI	I
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- 6. Partnership work:**
- 1. Has the IRO/CP Chair ensured that family members and professionals are aware of what is expected of them and the desired outcomes?
 - 2. Has the IRO/CP Chair ensured there is constructive work promoting protective and resilience factors for the child to meet the outcome (life story work, therapy, direct work, safety plan...)?

Strengths

Areas for improvement/actions

O	G	RI	I
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- 7. Communication:**
Is there evidence that the IRO/CP Chair has maintained oversight of significant issues between reviews and discussed these as appropriate?

Strengths

Areas for improvement/actions

O	G	RI	I
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- 8. Scrutiny:**
- 1. Has the IRO/CP Chair provided robust scrutiny and challenge of plan, and addressed any concerns or shortcomings relating to the care of the child and the services provided for them?
 - 2. Are the recommendations/Next steps SMART (What? Why? By who? By when?) and with clear details of the expected outcome for the child

Strengths

Areas for improvement/actions

O	G	RI	I
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- 9. Escalation:**
- 1. Is there evidence of use of informal/formal escalation?
 - 2. If so, is there any evidence of the appropriate resolution achieved?

Strengths

Areas for improvement /actions

O	G	RI	I
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- 10. Recordings:**
- 1. Is there evidence of clear, concise, child-focused report?
 - 2. Has the report been shared with relevant agencies and families/young people?
 - 3. Where the report shared within expected timescale?

Strengths

Areas for improvement /actions

O	G	RI	I
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- Service user feedback (auditor to contact the children/parents/carer)**
- 1) What is going/went well?
 - 2) What can/could have been done better?
 - 3) Are/Were you clear about the reason for this intervention and what is expected from you/your family?
 - 4) What changes have been achieved for you and your family?
 - 5) Scaling - if 0 was a service where you did not feel listened to and no positive change was made for your child and 10 was a service where you felt able to work openly alongside the social worker and significant positive change has been made for your child, where would you score your experience of

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Based on Ofsted grade descriptors has the service provision over the last 12 months been:

Outstanding ()	Good ()	Requires improvement ()	Inadequate ()
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Improvement – What would it take to move this case to Good or from Good to Outstanding?

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Action Plan for Improvement

Action Required	To be completed by	By when

Moderation

The moderator must:

1. Review whether there is sufficient evidence to support the grading decision against the practice guidance
2. Sample the child’s record to review consistency of decision making
3. Regrade domains where required

Moderators’ Findings::

Moderator:	Sign off date:
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Staff feedback about this audit report/date:

1. Have you discussed it in supervision with your manager (date)?
2. What are your learning points from that audit?
3. What have you changed on your practice as a result of this audit?
4. Have you completed the recommended actions?
5. If you audit have been graded Requires Improvement or Inadequate, please add you improvement plan.
6. What are your considerations in relation to the service user’s feedback received (if on form)?

Re-audit, if Inadequate (not with worker):

Auditor:	Date of re-audit:	
Actions reviewed and improvement achieved		
Re-audit graded as: Outstanding () Good () Requires improvement () Inadequate ()		
Actions required	Responsibility	By when

Please, save this audit record on your supervision file.

QAF First Response audit form (2019)

Child's ID:	Child initial and DoB:
Case Worker and team:	Manager:
Auditor:	Date of audit:
<u>Summary of child/family situation and family composition</u>	

Date referral received FR	
Decision made by FR	() referral to EH () referral to TDS () referral to AREA UNIT () Advice and guidance and NFA'd
Initial Manager Decision made within 24 hrs?	() yes () no
Date contact closed or moved on:	

Was the decision made from contact to referral or NFA'd within timescale?			
Strengths			
Areas for improvement/actions			
O	G	RI	I
Was the referral appropriately responded to in line with the threshold for Social Care, Early Help or signposting?			
Strengths			
Areas for improvement/actions			
O	G	RI	I
Was there gathering of appropriate information and making relevant enquiries, including multiagency consultation, sufficient to determine concerns and risks?			
Strengths			
Areas for improvement/actions			
O	G	RI	I
Were consent issues addressed appropriately?			
Strengths			
Areas for improvement/actions			
O	G	RI	I
Does the record show how the child or family history was considered when responding to the referral?			
Strengths			
Areas for improvement/actions			
O	G	RI	I
If this is a repeated referral is there evidence that past history of family was identified and taken into account when determining outcome?			
Strengths			
Areas for improvement/actions			
O	G	RI	I
Is there evidence of a rationale for the decision made?			
Strengths			
Areas for improvement/actions			

O	G	RI	I
Is there evidence of feedback given to the referrer?			
Strengths			
Areas for improvement /actions			
O	G	RI	I

Service user feedback (auditor to contact the children/parents/carer) <ol style="list-style-type: none"> 1. What is going/went well? 2. What can/could have been done better? 3. Are/Were you clear about the reason for this intervention and what is expected from you/your family?

Based on Ofsted grade descriptors has the service provision over the last 12 months been:			
Outstanding ()	Good ()	Requires improvement ()	Inadequate ()

Improvement – What would it take to move this case to Good or from Good to Outstanding?

Action Plan for Improvement		
Action Required	To be completed by	By when

Moderation	
The moderator must: <ol style="list-style-type: none"> 1. Review whether there is sufficient evidence to support the grading decision against the practice guidance 2. Sample the child’s record to review consistency of decision making 3. Regrade domains where required 	
Moderators’ Findings::	
Moderator:	Sign off date:

Staff feedback about this audit report/date: <ol style="list-style-type: none"> 1. Have you discussed it in supervision with your manager (date)? 2. What are your learning points from that audit? 3. What have you changed on your practice as a result of this audit? 4. Have you completed the recommended actions? 5. If you audit have been graded Requires Improvement or Inadequate, please add you improvement plan. 6. What are your considerations in relation to the service user’s feedback received (if on form)?

Re-audit, if Inadequate (not with worker):	
Auditor:	Date of re-audit:
Actions reviewed and improvement achieved	

Re-audit graded as: Outstanding () Good () Requires improvement () Inadequate ()		
Actions required	Responsibility	By when

Please, save this audit record on your supervision file.

Fostering file audit form (2019)

Fostering () Kinship care ()

Child's ID:	Initial of foster carer/kinship carer and DoB:
Supervising social worker:	Manager and team:
Auditor:	Date of audit:
<u>Brief profile of carer</u>	
Date allocated	

Assessment			
Does the file contain the application of the foster carer?			
Quality of the fostering assessment (DBS, medical information, unannounced visit, references...)?			
Recommendations by the Fostering Panel and the Agency Decision marker clearly recorded?			
Evidence of Signed Foster Carers Agreement			
Strengths			
Areas for improvement/Actions			
O	G	RI	I
Reg 24 Placements			
Was the approval granted prior to placement?			
Have the time limits for temporary approval been adhered to?			
Has the support offered been adequate and timely in ensuring good outcomes for the child?			
Strengths			
Areas for improvement /Actions			
O	G	RI	I
Review of Approval			
Evidence of terms of Approval – any changes to approval or change circumstances			
Was the review held annually?			
Was there information sufficiently gathered to make an informed judgement for re-approval?			
Was input from all relevant parties taken into account?			
Evidence of a clear rationale for re-approval from the Reviewer, Panel and Agency Decision Maker?			
Is feedback available from the looked after child and foster carers own child?			
Strengths			
Areas for improvement /Actions			
O	G	RI	I
Supervision			
Are supervising visits taking place minimally every 3 months?			
Supervision is child focused and gives a clear account of the child's daily lived experience in the placement? Supervision takes into consideration voice of the child?			
Supervision addresses issues relating to stress for the household and thinks reflectively about how to prevent a placement breakdown?			
Are safeguarding issues e.g. safe caring, CSE, missing and gang involvement being addressed?			
Is SSW discussing child's placement and permanence plan with the carer?			
Is training for the carer offered and supported by the SSW?			
Are unannounced visits completed at least once in the last 12 months?			
Strengths			
Areas for improvement /Actions			
O	G	RI	I
Allegations and standard of care concerns			
Have allegations and relevant safeguarding concerns been reported to the LADO?			
Has the issue been clearly recorded evidencing the outcome of the investigation?			

Has the outcome of any child protection or standard of care investigation been fed back to the carer in writing?
Where appropriate was independent support offered to foster carer?

Strengths

Areas for improvement /Actions

O	G	RI	I
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Management Oversight - Supervision by TM of SSW

Is the frequency of case management supervision of SSW monthly?
Is the supervising social worker appropriately supported and directed in safeguarding and promoting the welfare of the child?
Are supervision recorded on LCS?

Strengths

Areas for improvement /Actions

O	G	RI	I
---	---	----	---

Outcomes for the child

Has this foster placement provided an opportunity for the child to achieve better outcomes- evidence?
Where there has been limited impact in terms of improved outcomes please explain why this is?

Strengths

Areas for improvement /Actions

O	G	RI	I
---	---	----	---

Equality and Diversity

Is there evidence that the placement actively promotes and attends to the needs and wishes of the child

Strengths

Areas for improvement /Actions

O	G	RI	I
---	---	----	---

Service user feedback (auditor to carer)

- 1) What is going/went well?
- 2) What can/could have been done better?

Based on Ofsted grade descriptors has the service provision over the last 12 months been:

Outstanding ()	Good ()	Requires improvement ()	Inadequate ()
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Improvement – What would it take to move this case to Good or from Good to Outstanding?

Action Plan for Improvement

Action Required	To be completed by	By when

Moderation

The moderator must:

1. Review whether there is sufficient evidence to support the grading decision against the practice guidance
2. Sample the child’s record to review consistency of decision making
3. Regrade domains where required

Moderators’ Findings::

Moderator:	Sign off date:
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<p>Staff feedback about this audit report/date:</p> <ol style="list-style-type: none"> 1. Have you discussed it in supervision with your manager (date)? 2. What are your learning points from that audit? 3. What have you changed on your practice as a result of this audit? 4. Have you completed the recommended actions? 5. If you audit have been graded Requires Improvement or Inadequate, please add you improvement plan. 6. What are your considerations in relation to the carer's feedback received (if on form)?

Re-audit, if Inadequate (not with worker):

Auditor:	Date of re-audit:
Actions reviewed and improvement achieved	
Re-audit graded as: Outstanding () Good () Requires improvement () Inadequate ()	
Actions required	Responsibility

Please, save this audit record on your supervision file.

QAF LADO case file audit form (2019)

Child's ID:	Adult initial:
Case Worker:	Manager:
Auditor:	Date of audit:
<u>Summary of allegation</u>	
Date referral received	
Decision made	() Allegation Management meeting() Internal investigation ()Advice and guidance and NFAAd
Decision made in 24 hrs?	()yes ()no
Date closed	

Decision making:			
<ol style="list-style-type: none"> 1. Was it timely? 2. Was the referral appropriately responded to in line with thresholds? 3. Is there evidence of a rationale for the decision made? 			
Strengths			
Areas for improvement			
O	G	RI	I
Intervention:			
<ol style="list-style-type: none"> 1. Was there gathering of appropriate information and making relevant enquiries? 2. Was there multiagency consultation? 3. Was the employer advised whether or not informing the parents of the child/ren involved will impede the disciplinary or investigative processes 4. Was the information gathered sufficient to determine concerns and risks? 			
Strengths			
Areas for improvement			
O	G	RI	I
Responding to the referral:			
<ol style="list-style-type: none"> 1. Does the record show how the history was considered when responding to the referral? 2. If this is a repeated referral is there evidence that past history was identified and taken into account when determining outcome? 			
Strengths			
Areas for improvement			
O	G	RI	I
Consent:			
<ol style="list-style-type: none"> 1. Were consent issues addressed appropriately? 			
Strengths			
Areas for improvement			
O	G	RI	I
Feedback to referrer:			
<ol style="list-style-type: none"> 1. Is there evidence of feedback given to the referrer? 			
Strengths			
Areas for improvement			
O	G	RI	I
Outcome:			

<ol style="list-style-type: none"> Has the LADO ensured that child protection procedures were initiated where the child was considered to be at risk of significant harm? Provided advice and guidance to employers in relation to making referrals to the Disclosure and Barring Service (DBS) and regulatory bodies such as Ofsted, the GMC etc Monitored the progress of cases to ensure that they were dealt with as quickly as possible consistent with a thorough and fair process 			
Strengths			
Areas for improvement			
O	G	RI	I

Based on Ofsted grade descriptors has the service provision over the last 12 months been:

Outstanding ()	Good ()	Requires improvement ()	Inadequate ()
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Improvement – What would it take to move this case to Good or from Good to Outstanding?

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Action Plan for Improvement

Action Required	To be completed by	By when

Moderation

The moderator must:

- Review whether there is sufficient evidence to support the grading decision against the practice guidance
- Sample the child’s record to review consistency of decision making
- Regrade domains where required

Moderators’ Findings::

Moderator:	Sign off date:
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Staff feedback about this audit report/date:

- Have you discussed it in supervision with your manager (date)?
- What are your learning points from that audit?
- What have you changed on your practice as a result of this audit?
- Have you completed the recommended actions?
- If you audit have been graded Requires Improvement or Inadequate, please add you improvement plan.

Please, save this audit record on your supervision file.

**Appendix 3:
Exit Interview questionnaire**

Strictly Confidential - Exit Interview

This questionnaire is an adaption from the 'leaving Bristol City Council questionnaire' designed to be used with children's services staff that have left BCC or have moved to another department within People's directorate. This interview was developed to help us to improve as an employer. Questions added to the BCC 'exit questionnaire' were added to take into consideration the nature of the children's services work.

If you do not wish to provide any of the information requested on this form, please confirm by ticking the box below.

I do NOT wish to provide any of the information requested on this form

1. Your last date of employment at this post?
2. For how long have you worked for the BCC/CYPS(People's directorate)/Last post (related to this interview)?
3. How long have you been considering leaving the last post?
4. Which BG level were you at the point of exit?
5. Did you leave to take another job?
 Within the agency (promotion/lateral) Yes, promoted Yes, lateral No Within children's services Yes No
 Within social work/social services Yes No
 Outside social work/social services (doing what) Yes No
6. What kind of things were you looking for or what attracted you to your new job?
7. From the list *below* which of these best describes the main reason (s) for you leaving? Any priority order?

A	Voluntary severance	J	Change of career/ Better Career prospects
B	Compulsory redundancy	K	Health reasons
C	Workload/pressure of work	L	Early retirement
D	Management/personality clash	M	Family/ domestic reasons
E	Unhappy with duties/job content	N	Entering further education
F	Lack of promotional/training opportunities	O	More pay
G	Leaving the area	P	Discrimination/ Harassment/ Bullying
H	Promotion	Q	Other (Please give details) _____
I	End of Fixed Term Contract		

8. What did you most like about your job (the one you are leaving) and why?
9. What did you least like about your job (the one you are leaving) and why?
10. Did you have any concerns with regards to your workload?

11. Stress level: From 0 (not stressed) to 10 (very stressed) where would you place your stress level when you decided to leave this job? Do you think that the organisation has enough support to help employees to manage their stress?
12. How would you describe the level of support you received from your manager? (and from your supervisor if different from your manager)
13. Do you feel that team members support one another?
14. Did you receive enough feedback on your job performance?
15. Did you feel appreciated?
16. What sort of occasion were you given to discuss career development opportunities?
17. Are there any changes that could have been made which would have encouraged you to stay? If your answer is yes, please give details
18. Do you think Bristol City Council/People's directorate has a good reputation as an employer?
19. Did you suffer harassment (unwanted conduct) and or discrimination (unfair treatment) during your employment with BCC? If your answer is YES please give details below
20. Did you report the issue/s to your line manager or to their line manager?
21. Did you contact HR or the Equalities team to assist in resolving the issue/s through our Informal Grievance Procedure?
22. What do you suggest we do/improve for the future to help retain employees?
23. How do you think we could improve on the way we treat our employees?
24. Having worked in children's services, can you tell us what you believe is needed to recruit new workers into the field?

25. Do you have any further comments

Appendix 4:

GUIDELINES ON QUALITY AUDIT GRADINGS

Basic Information & Referral	O: Outstanding	G: Good	A: Requires Improvement	I: Inadequate
	If each Domain on a case can evidence excellent practice throughout, the case can be judged Outstanding overall.	Basic information on the front screen is completed with relevant information to include: ethnicity; relationships; involved professionals; Contact/Referral acted on within timescale and appropriately.	If there are a number of relevant information missing from the front screen Contact/Referral acted on within timescale and/or appropriately.	Information on front screen is not sufficient and would not be able to give a quick understanding of the child/YP ethnicity; relationships; and involved professionals and agencies. Contact/Referral not acted on promptly or appropriately. The information taken was not clear.
		Referral showed clear understanding that threshold for intervention was in accordance with local threshold and guidance. Recorded appropriately in episode.	Sufficient evidence to indicate that threshold for intervention was appropriate to accept into Social care.	No evidence to show information was recorded appropriately in episode.
		Referral made or followed up in writing on agreed format, containing all relevant information.	Referral made or followed up on agreed format, but not all relevant information recorded.	Referral had some gaps with vital information missing.
		Manager decision made and case passed on in same working day.	Manager decision made and case passed on within 24 hours of contact.	Undue delays in manager's decision and passing case of to receiving team.

Domain	O: Outstanding	G: Good	A: Requires Improvement	I: Inadequate
Assessments	If each Domain on a case can evidence excellent practice throughout, the case can be judged Outstanding overall	Assessments completed to a good standard with a good risk analysis and have considered history of the family, and cover all areas of the child's development. The views of the child were sought and were included in the assessment. The child was seen alone as appropriate.	Assessments completed to a reasonable standard, however, plans did not that include all members of the household. Was not signed off by the manager/supervisor Risk analysis is not of a good quality	Assessments do not identify strengths and areas of concern. Does not include the views of the child and relevant members of the family. Does not consider history. Was not signed off by a manager/supervisor.

		All members of family and key professionals included as part of the assessments with views of all clearly recorded as part of the action plan. Has been signed off by a manager/supervisor		There is no risk analysis.
		Assessment provides reflective analysis and identifies a definitive action plan, where areas of concerns have received most attention and strengths identified.	There is some evidence that action plan identifies strengths and areas of concerns, provides does not provide a good analysis of the work that is required.	The action plan is not clear or reflective and shows no insight into impact of the work required.
		Quality of assessments are timely, comprehensive, analytical, of high quality, identifies risk, needs and protective factors, including parental capacity.		

Domain	O: Outstanding	G: Good	A: Requires Improvement	I: Inadequate
Child Protection	If each Domain on a case can evidence excellent practice throughout, the case can be judged Outstanding overall.	<p>Team Leader decision making is evident and the rationale for decisions taking is clearly recorded. Shows sound judgement particularly in deciding whether immediate action is necessary to safeguard child.</p> <p>Risk is identified, responded to and reduced.</p> <p>Strategy meetings/discussions were timely and the decisions appropriate and a clear plan made as to how the investigation will progress</p> <p>S47 enquiry carried out in accordance with plan and within timescale. Risks clearly evidenced in case recording.</p> <p>The episode for Section 47 recorded appropriately episodically</p> <p>Evidence that the child/ren were seen and spoken to alone as part of the S47 and there is evidence that family and connected others were involved as appropriate in the process.</p> <p>That there was good multiagency coordination which was effective and included attendance at</p>	<p>S47 enquiry carried out in accordance with plan, but did not cover all key areas and there was drift. There was unacceptable delay in the S47 process.</p> <p>Some but not all relevant agencies were involved I the Strategy discussions/meetings.</p> <p>There was drift in the S47 process and in recording this is a timely manner.</p> <p>There was poor attendance at core group and other CP meetings.</p>	<p>No strategy meeting or discussion recorded. Risk assessment not clearly evidenced, poor decision making in relation to immediate safeguarding of child.</p> <p>No evidence of relevant agency checks.</p> <p>Poor recording of the process</p> <p>No evidence of manager oversight of the investigation.</p>

		child protection conferences and core groups. Quality and timeliness of information sharing including consent where appropriate		
		There evidence that the intervention had an impact on reducing risk and that this is clearly recorded as part of Core Group meetings.	Impact not clearly evidenced.	No evidence of impact or that the work undertaken is safeguarding the child/ren/YP.

Domain	O: Outstanding	G: Good	A: Requires Improvement	I: Inadequate
Case Recording	If each Domain on a case can evidence excellent practice throughout, the case can be judged Outstanding overall	Case recording is clear and reflective of work undertaken and focused on outcomes for children and young people. That it evidences the individual work undertaken, including appropriate direct work.	Inconsistency in recording of any of the work been undertaken. Lacks focus and clarity of outcomes for the child.	
		All case recordings up to date and fit for purpose. Tells the "child's journey". Case notes indicate planning and purpose in all kinds of contact with service users visits, meetings or phone calls etc. Views of the child (if appropriate) clearly recorded. Good standard Risk analysis evidenced. Case notes evidence case allocation and plan of work on all cases. Evidence that case has been allocated promptly at all points of transfer Evidence of management overview and or regular supervision that is of a good standard and analytical. Evidence of quality assurance activity on records such as audits of cases.	Gaps in case recordings or case recordings not up to date. Some evidence of "child's journey" Evidence that minute of Conference and Core groups etc. distributed. Adequate Risk Assessment but analysis does not evidence all the risks. Case has been allocated promptly at all points of transfer Some management overview but clarity about progress of the case not clearly evidenced.	Case recordings not up to date and fit for purpose and unclear about the "child's journey" Minutes of Conference and Core groups etc. not distributed nor sited in documents. No Risk Analysis No work plan or manager's overview and huge gaps in supervision recordings. Delays in allocation may have compromised quality of involvement/safety of children

		Evidence that Minutes of Conference and Core groups etc. are distributed promptly and sited to documents.	All records mainly up to date and fit for purpose. Case notes are comprehensive but do not always indicate the purpose of a contact. Agreement with service user not always explicit Some evidence of quality assurance activity on records.	Records are incomplete and there are gaps in recording. Visits and phone calls do not have a defined purpose and there is lack of planning. No apparent agreement with service user. Lack of evidence of quality assurance activity on records.
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Domain	O: Outstanding	G: Good	A: Requires Improvement	I: Inadequate
CHRONOLOGY	If Domain on a case can evidence excellent practice throughout, the case can be judged Outstanding overall Up to date Chronology comprehensively covering the history of CS involvement with the family.	Up to date Chronology comprehensively covering the history of Children's service involvement with the family.	Incomplete Chronology which does not clearly capture child's history with Children's Service.	No Chronology or one that has not been updated for the past 6 months.

Domain	O: Outstanding	G: Good	A: Requires Improvement	I: Inadequate
Supervision	If each Domain on a case can evidence excellent practice throughout, the case can be judged Outstanding overall	Supervision is regular and of a good quality and is based on the Risk analysis and is reflective; There is evidence of effective and timely management oversight and direction on cases.	Supervision decisions are recorded on the child's file but little evidence of reflection and evaluation of work carried out.	Management decisions recorded no evidence of reflection or evaluation of work carried out.
		Evidence of regular recording which reflects on and scrutinises work and give clear instruction as appropriate.	Inconsistent recording of supervision.	Inconsistency of recording; with no management overview over 2 months.

		Evidence that supervision focused on evaluating the impact of intervention on the child/ren/YP. Quality of decision-making – effective and timely		Delays in allocation may have compromised quality of involvement/safety of children
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Domain	O: Outstanding	G: Good	A: Requires Improvement	I: Inadequate
Children Looked After	If each Domain on a case can evidence excellent practice throughout, the case can be judged Outstanding overall	Evidence that children benefit from stable and effective relationships .	Little evidence to indicate if there are problems with the stability of the placement.	Child/YP in an unstable placement with no clear plans about how this is been addressed.
		Children/YP is appropriately matched to placements that meet their needs and take into account their wishes and feelings.	Placement was not needs led and wishes of child/YP was not fully considered.	Child/YP wishes were not considered or was considered but not recorded.
		Plans for permanency , including adoption were needs led and achieved in a timely manner.	Some delay in the plans for permanence.	Plans for permanence is not recorded and been actively worked on by the second looked after review.
		CIC reviews were held within legislative timescale, and evidenced robust scrutiny and challenge of the care plans and evidenced that children participate in reviews. Consultation papers are given and receive with views of relatives and connected others part of the decision	LAC reviews does not evidence robust scrutiny and there is no record that child/YP participated at the review and reasons given if they did not.	No evidence of robust scrutiny and of child/YP involvement in their looked after review.
		Are children supported to achieve their full potential , education, health, emotional health, safety	Not clearly evidenced	No evidence of support for the child/YP.
		The CIC process was followed in a timely manner and appropriately recorded in episode to include health assessment; PEP; review docs; placement agreement and Care Plan. All Care plans correctly evidenced thorough and	Process completed but not recorded. Some services employed although	CIC episodes not completed nor regularly updated as per legal requirements. Services not available or not sought, so opportunity lost to reduce risk to child.

		robust, with actions and timescales. Were distributed in a timely manner and clearly recorded in case notes and sited to documents.	could be more focussed. Each agency carries out statutory duties and its role in plan.	
		Thorough and robust Pathway plan gives detailed and comprehensive plan with actions and timescales.	Pathway plan is robust and detailed but lacks a clear plan with timescales	Pathway plan is not comprehensive, contains gaps in information and does not have an action plan with timescales

Domain	O: Outstanding	G: Good	A: Requires Improvement	I: Inadequate
Planning for all children	If each Domain on a case can evidence excellent practice throughout, the case can be judged Outstanding overall	Processes were followed in a timely manner and recorded episodically and copied to siblings (to include conference report). All reports clear with good analysis of risks with recommendations that reduce risks. Clearly recorded Plans, which are dynamic, comprehensive + SMART , (who, what, where, when and how tasks allocated with timeframes) Conferences were highly effective in analysing risk, engaging parents, establishing consensus among agencies and setting SMART plans to reduce risk.	Reports have analysis of risk and sets SMART plans.	Insufficient analysis of risk. Outline plans not sufficiently aimed at reducing risk.
		Is there evidence that family and connected others were involved in and contributed to the making of the plans? Highly effective Core group working. Services effectively employed that meet identified needs and address plan.	Core group meets regularly, adding detail to plan, some engagement with parent to reduce risk to child. Core group meets regularly, adding detail to plan, some engagement with parent to reduce risk to child.	Core groups not meeting regularly or not effective in engaging parent and reducing risk to child. Core groups not meeting regularly or not effective in engaging parent and reducing risk to child.
		S/W visits in accordance with plan and sees child/ren with sufficient frequency to establish relationship and safeguard the child. Children are seen alone and views sought as appropriate. Appropriate involvement of children, young people	S/W has visited in accordance with plan and seen child/ren with sufficient frequency to establish relationship and safeguard the child. Child's seen alone but views not sought as appropriate and not clearly evidenced.	S/W visits in accordance with plan and seen child/ren with insufficient frequency to establish relationship and safeguard the child. Child not seen alone and views sought as appropriate and recorded.

		and families in the process and evidence of the impact this has had – are children seen alone, and do they benefit from stable and effective relationships?		
		All CIC processes are followed in a timely manner and recorded episodically to include visits. CIC reviews are attended by the child/young person and views are incorporated in the decisions. Consultation papers are given and receive with views of relatives and connected others part of the decision. Permanence Plan is considered and made in timely manner.	All available services where each agency carries out statutory duties and its role in plan, although could be more focussed.	Some services employed although could be more focussed. Each agency carries out statutory duties and its role in plan. Services not available or not sought, so opportunity lost to reduce risk to child.
		Reviews thorough and robust, with actions and timescales. Were distributed in a timely manner and clearly recorded in case notes and sited to documents.	Although critical incidents continue to occur, these were responded to.	Further critical incidents have not been responded to appropriately, or in a timely way.
		Thorough and robust Pathway plan gives detailed and comprehensive plan with actions and timescales	Pathway plan is robust and detailed but lacks a clear plan with timescales	Pathway plan is not comprehensive, contains gaps in information and does not have an action plan with timescales
		That there is effectiveness of coordination between agencies and quality of joint working in improving and sustaining outcomes	Services are not coordinated and thus joint working is not effectively improving and sustaining outcomes	

Domain	O: Outstanding	G: Good	A: Requires Improvement	I: Inadequate
Intervention and Impact for ALL children	If each Domain on a case can evidence excellent practice throughout, the case can be judged Outstanding overall	There is evidence that all statutory meetings were held within required timescales e.g. (Child Protection Conference/ CIC reviews/ Core Group Meetings/ TAF meetings/professional meetings/Legal Planning Meetings/CIN meetings) and of a good quality.	Evidence of meetings but they are not timely and not focused as quality of recording not adequate.	S/W visits in accordance with plan and seen child/ren with insufficient frequency to establish relationship and safeguard the child. Child not seen alone and views sought as appropriate and recorded.

		All the statutory visits and others completed within timescales and clearly recorded.	Visits recorded in episodes but not as yet written in the case notes in the appropriate format.	Visits not completed within timeframe and not consistently recorded.
		Evidence that the planned intervention is having an impact on improving outcomes	Planned intervention is not sufficiently robust and so change is minimal.	Services not available or not sought, so opportunity lost to reduce risk to child. Plans are not robust: SMART or impactful.

GUIDELINES ON QUALITY AUDIT GRADINGS for Fostering/SGO/Kinship audits

O: Outstanding	G: Good	A: Requires Improvement	I: Inadequate
<ul style="list-style-type: none"> • Work with the carer is consistently of a high quality in helping to improve outcomes for children and young people. • There is evidence that the carer helps children and young people understand and manage their early childhood experiences, to progress well and achieve educationally, and to influence decisions about their future. • The carer is enabled by their supervision to offer children stable placements where they are helped to build positive relationships and maintain contact with their family and friends where this remains in their best interests. • File indicates that work with carer is regularly reviewed to ensure that the child or young person's current and developing needs continue to be met and actions taken promptly if there are difficulties. • Regular fostering supervision within timescales and management oversight is visible and effective in sustaining a high quality service, including unannounced visits within timescales and referral to LADO when appropriate. • Support services to the carer are responsive to changing needs and change is consistently implemented effectively and delivers clear benefits to children, young people and families. • Effective and continuous learning, challenge and aspiration ensure help and protection for children and young people that deliver improved outcomes. There is effective and continuous learning that impacts positively on fostering practice. 	<ul style="list-style-type: none"> • The supervising social worker supports the carer to focus on the needs and views of children, young people and their views inform the help that they experience. • The quality of practice experienced by children and young people and families is adequate and mostly good. • Regular fostering supervision takes place within timescales including unannounced visits within timescales and referral to LADO when appropriate, which leads to improved outcomes for most children. • Help and agency protection are delivered through a coordinated multi-agency response. • Fostering supervision and management oversight show an understanding of the areas of strength and weaknesses and help to actively work to address them. Use of learning opportunities at an individual level is evident. 	<ul style="list-style-type: none"> • Work with the carer for children and young people requires improvement for outcomes for children and young people. • There is some evidence that the carer is helped by the supervising social worker to help children and young people understand and manage their early childhood experiences, to progress well and achieve educationally, and to influence decisions about their future. • The carer is sometimes enabled to offer children stable placements where they are helped to build positive relationships and maintain contact with their family and friends where this remains in their best interests. • File indicates that work with carers is regularly reviewed to ensure that the child or young person's current and developing needs continue to be met. • Fostering supervision and management oversight is sometimes visible and effective in sustaining a high quality service for children and young people placed with this carer. • Support services to the carer are sometimes responsive to changing needs and change is sometimes implemented effectively and delivers clear benefits to children, young people. • There is some evidence of effective and continuous learning, challenge and aspiration ensure help and protection for children and young people that deliver improved outcomes for the most vulnerable and hard to reach children. There is effective and continuous learning that impacts positively on fostering practice 	<ul style="list-style-type: none"> • Unannounced visits, visits and reviews are not completed within timescales and there is no evidence of referral to LADO when required. • There is no evidence of regular supervision within timescales. There is inadequate evidence on file of work with carers to support good outcomes for children and young people. • No evidence that the carer is helped by the supervising social worker to help children and young people understand and manage their early childhood experiences, to progress well and achieve educationally, and to influence decisions • The carer is not enabled to offer children stable placements where they are helped to build positive relationships and maintain contact with their family and friends • File indicates that work with the carer is not regularly reviewed to ensure that the child or young person's current and developing needs continue to be met. • Fostering supervision and management oversight is not visible and effective in sustaining high quality services • Support services to the carer are not responsive to changing needs and change is sometimes not implemented effectively to deliver clear benefits to children and young people. • There is no evidence of effective and continuous learning, challenge and aspiration ensure help and protection for children and young people that delivers improved outcomes for the most vulnerable and hard to reach children. There is no effective and continuous learning that impacts positively on fostering practice.