

One Point and Think Family Service (OP&TFS)

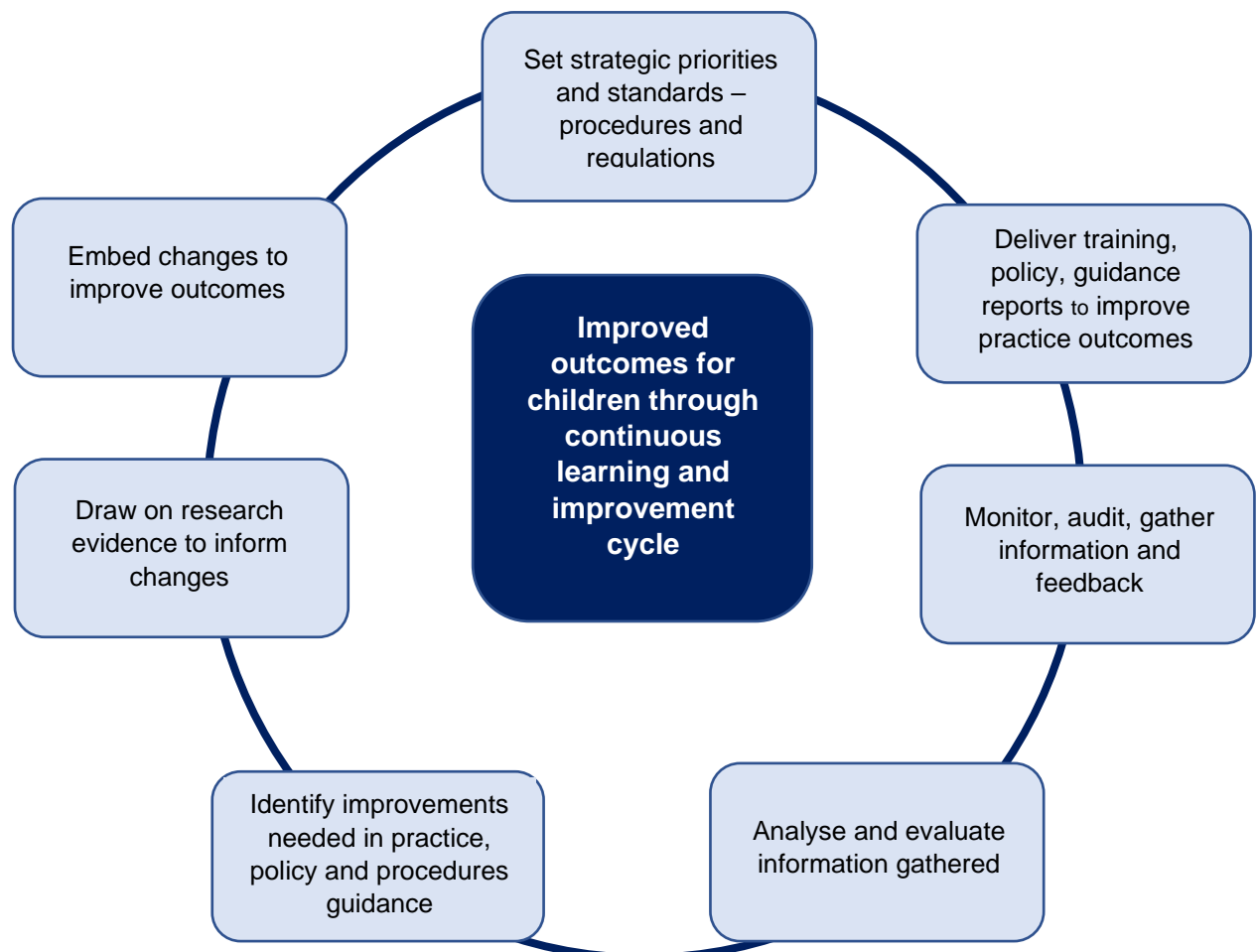
Quality Assurance Framework (QAF)

Quality Assurance Framework (QAF)

1. Children, young people and families deserve good quality services and quality in the One Point Service means making a positive difference, changing and improving lives. The purpose of the QAF is to set out how we as a service intend to gather information from across all of our quality assurance systems and processes and use what they are telling us to improve the quality of practice. This in turn will lead to improved outcomes for children, young people and their families in County Durham.
2. Quality assurance is everyone's responsibility and to be successful it needs to be built into all our processes and systems and not be seen as a separate process. We need to understand how it feels to receive a service from us and the difference that we are making to children, young people and their families.

Continuous learning and improvement

- 3 Positive change is supported and achieved through understanding '*what we are doing*', reflecting on '*why we are doing it*' and '*how it might be done better*'.
- 4 We understand that improvement is a continuous process and an effective learning and development process uses a range of methods to measure prevalence, monitor practice, listen to what people are telling us, identify areas for improvement and enact change as a result:



- 5 The continual improvement cycle will achieve better outcomes for children and young people through:
 - a. Ensuring all staff have a role to play in the improvement of practice and practice outcomes;
 - b. A bottom up approach which will empower staff to bring effective challenge, the ability to inform practice and ownership to drive through improvements;
 - c. Enabling regular review of strategic, policy and practice guidance to respond to issues, with all staff clear of the standards they are required to work to;
 - d. Ensuring all staff are clear on our quality of practice process and how this shapes improvement and outcomes;
 - e. Delivering robust analysis will ensure full understanding of issues affecting practice and outcomes, recommendations and changes will be made from a position of being fully informed;
 - f. Researching the sector and aiming to learn from best practice to inform improvement in our practice.

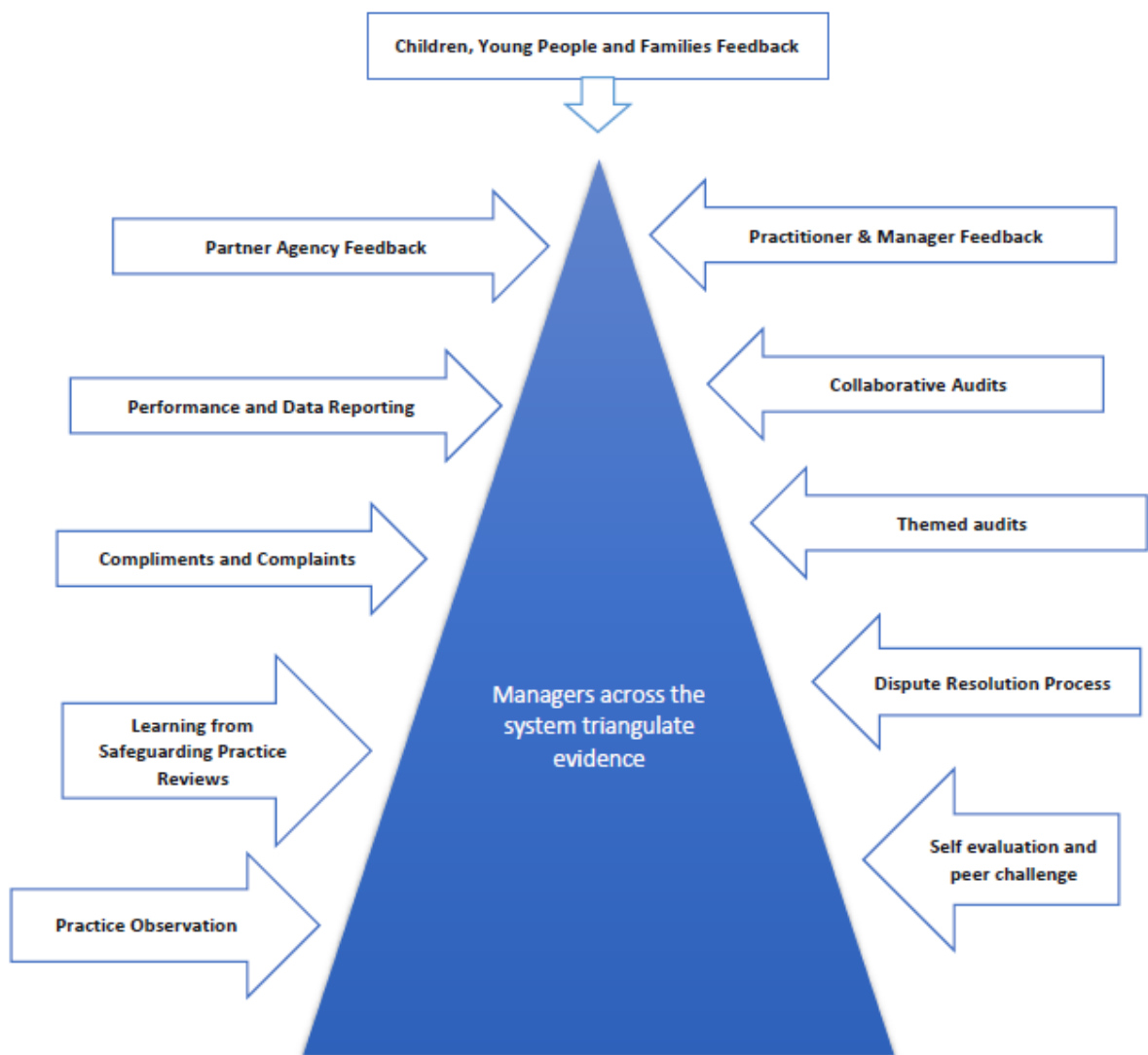
Practice Framework

- 6 The way in which we work with families has a direct impact on the outcomes that they achieve. Our chosen Practice Framework in Durham is Signs of Safety and the Children and Young People's Service, [Principles of Best Practice](#).
- 7 Fundamental to the learning and improvement process is good, reliable and timely information of what is happening within the service and what this means for practice.
- 8 The QAF looks at both **quantitative** and **qualitative** information to understand the quality of practice in Durham and what difference is being made to outcomes for children and families in our assessment or practice.

Type	What we may look at
Quantitative <i>How much?</i> <i>How many?</i> <i>How often?</i> <i>How quickly?</i>	<ul style="list-style-type: none"> • Key performance indicators including finance and resources data and timeliness • Service user data, including satisfaction, compliments and complaints • Needs analysis • Partnership data
Qualitative <i>How did we do?</i> <i>What did the frontline think and feel about it?</i> <i>What did children, young people and their families think and feel about it?</i>	<ul style="list-style-type: none"> • Audit results • Practice observation / Practice Week • Management oversight • Feedback from staff and other professionals • Satisfaction feedback from children, young people and families • Evaluation of training • Inspection results and peer review

<i>What feedback have we had from partners</i>	
Impact / Outcome(s) <i>What difference have services / interventions / individuals made to the lives of children, young people and families?</i> <i>Is anyone better off?</i> <i>How can we improve?</i>	<ul style="list-style-type: none"> • Outcome measures • Voice of the child / practitioner • Annual reports • Inspection and peer review

9 The ultimate aim is to accurately understand what the quality of practice is in Durham and what difference this is making to outcomes for children and families. The framework below illustrates the key sources of information that we use to do this.



Quality Assurance Activities

- 10 All practitioners and managers within the One Point Service will be involved in a range of quality assurance activities designed to review the quality of our work with children young people and families.
- 11 The following table sets out the quality assurance processes in place and how often they are used across the service:

Quality mechanism	Frequency
<p>Feedback from children, young people and families through representations/surveys</p>	<p>End of contact service user satisfaction feedback survey, complaints and compliments provide a valuable insight into how it feels to receive services directly from the people we want to help. We actively encourage, promote and support children, young people and families to tell us how we can improve our services by engaging them in a variety of ways. Case closure service user satisfaction surveys are undertaken for all families at the point of closure or step up/step down. A target of 10% in relation to the number of families that had been closed is set for completion of surveys. Three surveys are in place; one for parents/carers of a child/young person; one for young people (secondary school aged 11 and over) and one for children (primary school aged up to 11). Results from surveys will be reported quarterly to the One Point Service (OPS) Management Team and disseminated across the service.</p> <p>Mind of My Own (MOMO) is also being explored across CYPS as a whole to improve communication and feedback received from children and young people.</p> <p>A summary of complaints and compliments is reported on a quarterly basis through the OPS Quarterly Service Improvement Report.</p>
<p>Performance and data reporting</p>	<p>Key performance indicators will be reported on a monthly basis. The OP&TFS Strategic Manager and Locality Operations Manager will hold monthly performance clinic all team managers and will focus on performance measures within the OPS performance scorecard. The OPS performance scorecard will include both performance and quality measures which will demonstrate the impact of</p>

Quality mechanism	Frequency
	<p>work with children, young people and families. Performance measures will include compliance with supervision, and attendance management procedures. Each OPS team will be responsible for developing and implementing a team Quality Improvement Plan which will focus on key priorities for Early Help, Inclusion and Vulnerable Children Service, the One Point Service and individual teams.</p> <p>Operations Manager case clinics are held bi monthly with Team Managers and are informed the by bi-monthly performance scorecards and / or cases that are raised by Team Managers. These are recorded on Liquid Logic (LL) in the case notes.</p> <p>Team Managers are also expected to review the Liquid Logic Dashboards on a weekly basis and discuss with their Operations Managers regularly any cases that require further management oversight and discuss any issues or barriers being faced with the case.</p>
<p>Use of Business Intelligence System</p>	<p>Operations Managers will access the BI system on a weekly basis and provide Team Managers and Family Centre Team Managers with up to date information on attendance management. This will support managers to ensure all appropriate processes are undertaken within acceptable timescales and staff are appropriately supported and managed as per attendance management procedure</p> <p>Team Managers are also expected to consider the Liquid Logic Dashboards on a weekly basis and discuss with their managers regularly any cases that require further management oversight and discuss any issues or barriers being faced with the case.</p>
<p>Supervision</p>	<p>All members of staff should receive supervision in line with the agreed schedule set out with their line manager. This is in line with service requirements set out in the supervision framework. Each supervision should have an element of reflection, supporting the worker to solve problems.</p> <p>Supervision should cover all elements of the supervision agenda:</p>

Quality mechanism	Frequency
	<ul style="list-style-type: none"> ■ Progress towards actions from last supervision ■ Wellbeing (Health and Safety, Personal Matters, Home Life, Sickness, Flexi and Annual Leave) ■ What is working well? (Performance, Management of Work, Priorities, Caseload and Current Duties) ■ What are we worried about? (Performance, Management of Work and Priorities) ■ Any families that are having a personal impact on you? (URN Numbers ONLY should be listed here) ■ Development Opportunities (What impact have development opportunities had on your work, particularly with children and young people?) ■ New Development Needs (including those stated in PDR and linked to your targets and objectives) ■ Tell me about something you have completed within your work, in the last month, that you are proud of? ■ Job Satisfaction (scaling question) ■ Disagreements/Differences of opinion
Personal Development Review	<p>A PDR should take place annually and be scheduled as part of the appraisee's year plan of supervisions. Both the manager and the worker should prepare in advance of the meeting. Each worker should have a Personal Development Review (PDR) outlined on the appraisal form. The PDR should support:</p> <ul style="list-style-type: none"> ■ The objectives of the worker for the upcoming year ■ Development needs identified following casefile audits ■ Development needs identified following observations of practice ■ Development Pathway for their job role ■ How the practitioner has demonstrated the council's OPEN values
Annual Practice Observation	<p>All practitioners within the One Point service will receive a minimum of one observation of their practice per year. Observed practice is usually undertaken by the practitioners Team Manager,</p>

Quality mechanism	Frequency
	<p>Senior Key Worker or Family Centre Team Manager. The observed practice should be agreed and planned in advance and the consent of the service user secured (if required). The CYPS Practice Observation template must be used to record planning, observations and reflections and recorded on my view.</p>
<p>Audit activity</p>	<p>In line with Children’s Social Care Quality Improvement Framework each manager within the One Point Service IFST level families will undertake collaborative audits.</p> <p>All audits will be recorded on Liquid Logic on the within the child/young person’s case file. All audit outcomes will be shared with the relevant worker and include face to face feedback to promote good quality outcomes. The worker and Team Manager is responsible for ensuring recommendations and actions identified from the audits are completed. If an audit scores 5 or below, a copy of the Quality Improvement Support Plan should be sent to the Operations Manager within 5 working days of the feedback meeting.</p> <p>Case records/work with families which are graded 5 or below or graded 10 must be moderated by the Operations Manager prior to submission on Liquid Logic. The Quality Improvement Manager is responsible for collating and analysing locality themes, learning points, good practice and the quality trend and disseminate to their teams.</p> <p>All audit activity is reported to Children’s Social Care Quality Improvement Board.</p>
<p>Thematic Audits</p>	<p>Managers will also undertake thematic audits linked to quality trends identified by the Children’s Social Care Quality Improvement Board. All audits will be recorded on Liquid Logic within the child/young person’s case file. All thematic file audit outcomes will be shared with the relevant worker and include face to face feedback to promote good quality outcomes.</p> <p>The worker and Team Manager are responsible for ensuring recommendations and actions identified from case file audits are completed. A copy of the Quality Improvement Support Plan,</p>

Quality mechanism	Frequency
	<p>should the audit score 5 or below, should be sent to the Operations Manager within 5 working days of the feedback meeting.</p> <p>All audit activity is reported to Children’s Social Care Quality Improvement Board.</p>
Supervision Audits	<p>Supervision Audits will be routinely included in the quarterly audit programme. However, it is expected that One Point Operations Managers will undertake one supervision audit per month and will include Team Managers and Family Centre Team Managers.</p> <p>The Strategic Manager will undertake one supervision audit per quarter for each Operations Manager to include their supervisions with Team Managers and Family Centre Team Managers.</p> <p>All audit activity is reported to Children’s Social Care Quality Improvement Board.</p>
Quality Improvement Champions (QIC)	<p>The role of the QIC Network:</p> <ul style="list-style-type: none"> ▪ Develop the Quality Improvement Champions as leaders within the service who will promote, inspire and engage practitioners in the quality agenda and involve them in improvement actions; ▪ Develop a genuine shared ownership and accountability for the quality of frontline practice across the service; ▪ Deliver improvement actions within teams; ▪ Support, inspire and motivate practitioners within their teams to improve the quality of their practice in line with service standards and expectations; ▪ Provide a space for two-way dialogue regarding quality improvement; ▪ Support the preparation for audits; ▪ Support the identification and delivery of improvement actions that emerge from the audit activity. <p>The role of Quality Improvement Champions:</p> <ul style="list-style-type: none"> ✓ Lead on good practice developments within their teams;

Quality mechanism	Frequency
	<ul style="list-style-type: none"> ✓ Identify and share examples of good practice within teams and at the Network; ✓ Work alongside Managers on aspects of quality improvement within their areas; ✓ Engage practitioners and teams in quality improvement activities, such as Auditing; Benchmarking Activity; Through the Eyes of the Child Workshops etc. ✓ Identify and share good practice within teams and with their QIC colleagues; ✓ Ensure staff are using appropriate tools and guidance <ul style="list-style-type: none"> ▪ Practice Standards ▪ Policies and Procedures ▪ Single Assessment Practitioner Guidance ▪ Quality Improvement Framework ▪ DSCP Tools
Self-evaluation	<p>A self-evaluation is an integrated part of the performance management process and even if not statutorily required it is good practice as an opportunity to consider progress made, celebrate achievements and set the future direction for improving services.</p> <p>The One Point Service have a service improvement plan which currently outlines improvement activity for the service.</p>
Practitioner / manager and partner feedback	<p>Twice yearly manager and practitioner briefings are undertaken where staff are asked on feedback on their roles and services. This helps inform the OP&TFS Improvement Plan.</p> <p>Feedback from partners is also received and included in the OP&TFS Improvement Plan through the Durham Safeguarding Children’s Partnership and their practice reviews, Children and Young People’s Integration Board and the Prevention and Early Help Partnership.</p>
Practice week/fortnight	<p>Practice week/fortnight is usually held once or twice a year with the aim of:</p> <ul style="list-style-type: none"> • Ensuring managers have a clear understanding of how staff experience work with children, young people and families in Durham. Including achievements and the challenges faced. • Increasing the meaningful contact between managers and staff and ensuring managers are visible.

Quality mechanism	Frequency
Inspection	<ul style="list-style-type: none"> • Ensuring that management decisions and improvement plans are informed by frontline practice. <p>Services provided by local authorities for children and young people are inspected on a regular basis by Ofsted, HMI Probation and others during multi agency inspections. Although these inspections are not specifically focused on the One Point Service there is some crossover and input required, particularly when inspectors are considering cases that they are tracking and/or auditing.</p> <p>In 2020 there will be inspection guidance released around the Joint Targeted Area Inspection (JTAI) theme of prevention and early intervention which will be more closely focused on the work of the One Point Service.</p> <p>The Service also contribute towards the following inspection activity:</p> <ul style="list-style-type: none"> • Local Area Inspection of SEND • Inspecting Local Authority Children's Services (ILACS) • Youth Justice Services Inspection <p>The Service are also subject to Troubled Families Monitoring visits and under earned autonomy status also receive an annual monitoring visit. The Service have also undertaken the early help systems guidance as requested by Troubled Families.</p>
Research	<p>Research helps to inform practice developments and feeds into the learning loop and review of service provision. The Service are signed up to Community Care inform for example which is a valuable resource and have a Signs of Safety hub for sharing and learning purposes.</p>
Investing in Children (IiC) Membership	<p>Each One Point Service Area will be expected to achieve Investing in Children status on an annual basis. IiC status provides a level of quality assurance on the effectiveness of service user engagement and feedback on the quality of our work with children, young people and families. It also measures how this feedback influences service delivery. IFS Team Managers and Family Centre Team Managers will work collectively to achieve IiC membership with oversight from the Operations Manager.</p>

Quality mechanism	Frequency
Young Carers Charter	<p>DCC have Young Carer Charter Status which is reviewed every 2 years by Family Action. All YC are entitled to an assessment of their needs to ensure they are appropriately met and all YC are involved along with their parents in assessments. The assessment will consider why a young person is a carer and consider what needs to change to make sure they are not required to undertake too many, or inappropriate, caring activities which could impact on their welfare, education, or social development.</p> <p>The Bridge Project are the commissioned providers by DCC to deliver on Young Carers - The Bridge Young Carers Service have developed the 'High 5 to Health Principles' for their work with young carers to help keep them safe and healthy. The County Durham Young Carers Charter helps support young carers to achieve these goals .</p> <p>The aim is to get as many organisations, schools and colleges across County Durham to sign up to the Young Carers Charter, ensuring there is 'no wrong door' for young carers to ask for support. By working with these organisations and adult services, the Young Carers Charter can increase the support and services for young carers across County Durham.</p> <p>A key requirement for the charter is that DCC have pledged to have young carers information readily available to staff and service users. DCC have achieved this and there are notice boards in the One Point Hubs creating a display of up to date information and posters.</p>

The following table shows how the system information feeds into the broader service quality assurance processes in place across the Early Help, Inclusion and Vulnerable Children Service.

Method / meeting	Frequency	Who is involved?	What key information is considered for service improvement?	Report shared with (if relevant)
Service Improvement Report	Quarterly	Quality Improvement Manager Strategic Manager OP&TF Operations Managers OP&TF	<ul style="list-style-type: none"> • Audits • Representations • MP letters 	<ul style="list-style-type: none"> • OP&TF Management Team

Method / meeting	Frequency	Who is involved?	What key information is considered for service improvement?	Report shared with (if relevant)
			<ul style="list-style-type: none"> • Service user satisfaction surveys • QIC network topics • IIC membership 	<ul style="list-style-type: none"> • Early Help, Inclusion and Vulnerable Children Management Team (EHIVCMT) • Children's Social Care Quality Improvement Board (CSCQIB)
Stronger Families Earned Autonomy Progress Reports	Quarterly	Strategic Manager OP&TF	<ul style="list-style-type: none"> • Family outcome data 	<ul style="list-style-type: none"> • EHIVCMT • Children's Social Care Management Team (CSCMT) • Corporate Management Team (CMT)
Population Outcomes	Bi annually	Strategic Manager OP&TF	<ul style="list-style-type: none"> • Population outcome data 	<ul style="list-style-type: none"> • EHIVCMT • CSCMT • CMT • MHCLG
Quality and Performance Clinics	Monthly	Strategic Manager OP&TF Operations Managers OP&TF Extended Management Team	<ul style="list-style-type: none"> • OPS agreed KPI list • Quality Improvement Report 	<ul style="list-style-type: none"> • EHIVCMT • OPS SMT/EMT
Case clinics	Bi-monthly	Operations Managers OP&TF Team Managers	<ul style="list-style-type: none"> • Informed by monthly performance scorecards and / or any other Children/families that are of concern 	<ul style="list-style-type: none"> • EHIVCMT • OPS SMT/EMT

Method / meeting	Frequency	Who is involved?	What key information is considered for service improvement?	Report shared with (if relevant)
			<ul style="list-style-type: none"> • children and families open for 9 months(IFST team) 3 months (FCT); • Children subjected to Neglect 	
Locality management oversight	Weekly	OP&TF Team Managers All staff	<ul style="list-style-type: none"> • Liquid Logic dashboards 	<ul style="list-style-type: none"> • OPSSMT
Team Briefing	Weekly	All team members	<ul style="list-style-type: none"> • OPS KPI • Quality Improvement Report • Staff welfare 	<ul style="list-style-type: none"> • Locality Operations Managers
Group Learning Signs of Safety / Wellbeing Group Learning	Monthly	All OPS practitioners and managers	<ul style="list-style-type: none"> • Is a forum for discussion, reflection and learning based on the principles of Signs of Safety/Wellbeing. 	<ul style="list-style-type: none"> • Locality Operations Managers • OPSSMT • EHIVC • Signs if safety Project Board
OP&TF Development Days	Quarterly	Strategic Manager OP&TF Operations Managers OP&TF	<ul style="list-style-type: none"> • Service development and quality improvement 	<ul style="list-style-type: none"> • OPSSMT • EHIVC SMT
Practitioners Development Days	Six monthly	All OPS practitioners and managers	<ul style="list-style-type: none"> • Service development and quality improvement 	<ul style="list-style-type: none"> • EHIVC SMT • OPSSMT
EHIVC Management Team Meetings	Monthly	Strategic Manager	<ul style="list-style-type: none"> • Service development and quality improvement 	<ul style="list-style-type: none"> • OPSSMT
Supervision	9 times a year for full team staff and 6	All OPS practitioners and managers	<ul style="list-style-type: none"> • Performance and quality of practice • Staff wellbeing • Staff development 	<ul style="list-style-type: none"> • Supervisor and supervisee

Method / meeting	Frequency	Who is involved?	What key information is considered for service improvement?	Report shared with (if relevant)
	times a year for part time			
PDR	Annually	All OPS practitioners and managers	<ul style="list-style-type: none"> • Performance and quality of practice • Staff wellbeing • Staff development 	<ul style="list-style-type: none"> • Supervisor and supervisee

Triangulating evidence

The above sources of information are all valuable and many will lead to direct actions being taken to improve the quality of practice. However, it is also important that there are opportunities for these sources of information to be viewed together so that we get a holistic and accurate understanding of the quality of practice.

Appendix 1 illustrates an overview of the meeting structure that has been designed to achieve this. The meeting structure has been designed to facilitate a “bottom-up” conversation about the quality of practice from front-line managers to the Chief Executive and to enable the triangulation of a range of both qualitative and quantitative evidence.

Appendix 1 Quality Assurance Meetings Framework

