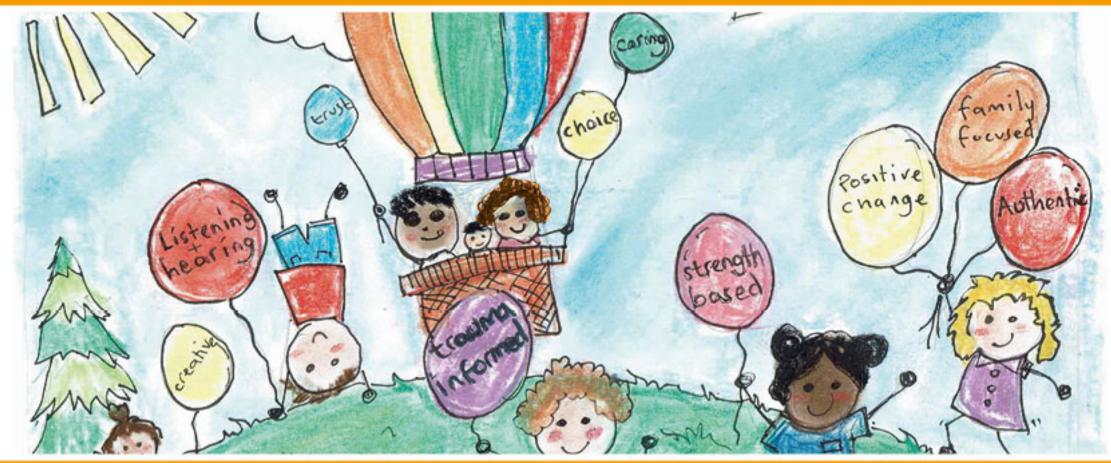
#### **NORTH SOMERSET COUNCIL**

# Quality Assurance Framework – Appendix 2 – Collaborative Practice Review Guidance







# Collaborative Practice Review guidance

#### What do we mean by collaborative practice reviews?

The collaborative approach requires colleagues to come together to share their knowledge and ideas relating to practice. We also seek the views of those who receive our service. We are using a collaborative approach to promote shared learning, shared understanding and shared responsibility for review and improvement. The children's records that we will examine will be selected randomly but they will have been supported for at least 4 weeks.

#### **Principles of Our Collaborative Process**

Our principles are simple in that we focus on an identified area of practice to develop an understanding of:

- ➤ where are we now a baseline measure of current practice.
- ➤ where we would like to be this should be influenced by an examination of the evidence base relating to the area of practice under review. In addition to this we consider the views of those who use the service, as well as the desired outcomes for staff on practice is sues
- ➤ what we need to do to get there this may require changes to practice and resource allocation.

#### The cycle of Quality Assurance

QA is an important part of understanding ourselves, what we do, how we do it and what others think about it. There are several practices that contribute to assuring the quality of our work at different levels and with several different people, roles and responsibilities to effectively manage the cycle of QA.

# Roles and Responsibilities

All staff from senior social workers through to our Director of Children Services will be involved in collaborative reviews. Reviews are expected to be completed within a 20-working day timeframe. A principle of good practice is to ensure that the views of children, young people's and their families views are heard and recognised.

The reviewer will seek the voice of the child(ren) and their family or carer to test out whether the outcome of our intervention is having the desired impact. This child and family perspective will, in turn, inform the collaborative conversation between reviewer and allocated practitioner.





The practitioner will reflect on their practice via a straightforward scaling question, providing opportunity for them to share what they are pleased with and areas they think they could develop.

These elements then come together to inform a conclusion on what is working well and what could be done differently. The Reviewer will provide a final judgement and document their rationale in line with the following gradings: Outstanding, Good, Requires Improvement, Inadequate.

Any recommended actions stemming from the practice review will be discussed and actioned through the supervisory process.

Upon completion of the recommended actions the team manager will explicitly record the practice review actions are completed using the management oversight record.

If performance issues are identified during the collaborative review, these are to be raised with the appropriate manager (these are not to be recorded on the child's review record).

If immediate steps are required to keep a child(ren) safe these will be raised by the reviewer immediately with the relevant team manager and Head of Service and documented on the child's record.

All reviews will be recorded on LCS or EHM. The relevant HOS will retain overall responsibility for reviewing the findings and completion of recommended actions within recommended timeframes.

#### **Moderation**

Moderation is a check and balance exercise to promote consistency, provide third party oversight and ensure the outcome of the reviews are consistent. The Moderator will sample elements of the review document to judge the quality of the practice. They will add a rationale and use the same grade descriptors using the moderation template. There will be a collaborative conversation between Moderator and Reviewer if there is a difference of opinion over the quality of the practice. The moderation will be completed within 10 working days from allocation.

# **Performance and Quality Assurance Reporting**

The Quality Assurance Team will draw together and report on findings from the collaborative practice reviews 10 working days following the moderation period. The Quality Assurance and Performance Board will be the initial forum for sharing the learning and the recommendations.





# **Dispute Process**

In the event of a dispute relating to the actions, final judgement, or opinion of the reviewer a conversation will be required at the earliest opportunity. The first point of resolution should be managed at the reviewer and practitioner stage, however we recognise in some of these relationships there will be a significant power imbalance.

If a resolution cannot be agreed, or it is deemed helpful a third-party moderator will moderate independently then facilitate a three-way conversation. The issues of disagreement and final decisions relating to the difference of opinion will be documented onto the moderation template.

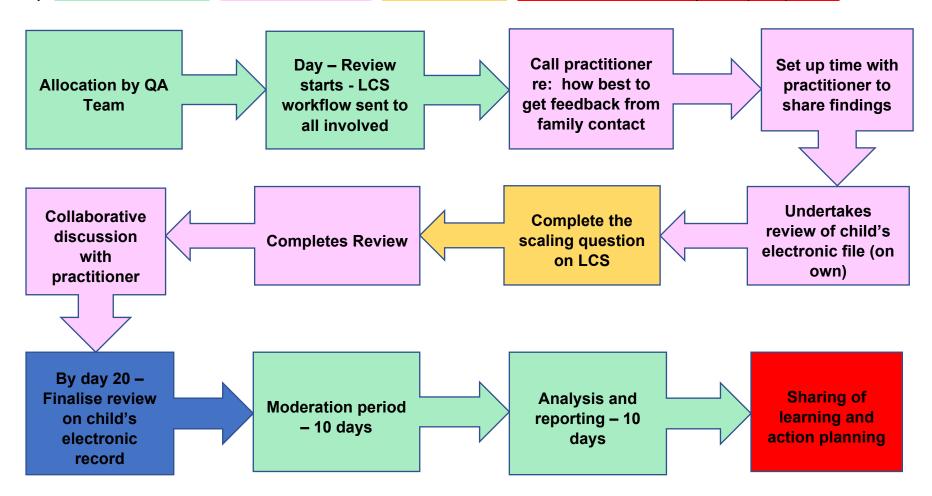
In the unlikely event that disagreement continues then it will pass to the Head of QA. If the dispute directly involves the Head of QA the issue will be passed to the principal social worker for independent overview.





# Collaborative Practice Reviews – 20-day process

Key: Tasks QA Team Lead on / Tasks Reviewer lead on / Practitioner lead on / Children's Senior Leadership Team (CSLT) lead on







# Guidance for overall grading

Below is the link to the full <u>Ofsted guidance</u> to assist colleagues in distinguishing the difference between outstanding, good, requires improvement and inadequate. For quick reference the descriptors below have been included.

Ofsted Guidance	Children in need of help and protection	Children in care and care leavers
Outstanding	'The experiences and progress of children who need help and protection' is likely to be judged outstanding if the response to children and families is consistently good or better and results in sustained improvement to the lives of children, young people and their families.	'The experiences and progress of children in care and care leavers' is likely to be judged outstanding if the response to children in care and care leavers is consistently good or better and results in sustained improvement to the lives of children in care and care leavers.
Requires Improvement to be good	'The experiences and progress of children who need help and protection' is likely to be judged requires improvement if there are no widespread or serious failures that create or leave children being harmed or at risk of harm. However,	'The experiences and progress of children in care and care leavers' is likely to be judged requires improvement if there are no widespread or serious failures or unnecessary delays that result in the welfare of children in care or care leavers not being safeguarded and promoted.
	the local authority is not yet consistently delivering good help and protection for children, young people and families.	However, the local authority is not yet consistently delivering good help and care for children in care and care leavers.
Inadequate	'The experiences and progress of children who need help and protection' is likely to be judged inadequate if there are widespread or serious failures, which leave children being harmed or at risk of harm.	'The experiences and progress of children in care and care leavers' is likely to be judged inadequate if there are widespread or serious failures, including unnecessary delay in achieving permanence, which result in their welfare not being safeguarded and promoted.

There is also guidance below on what evidence you would expect to see on the child's electronic record to assist you in thinking about particular areas of the review and the quality of the evidence.





#### **Basic Information**

#### **CLEAR EVIDENCE THROUGHOUT**

The demographic information, such as address, religion, ethnicity, phone numbers, disability, professional involvements have all been completed and appear up to date

The case summary is up to date (within 2 months) giving a clear picture of the journey for the child

The chronology is up to date (within 2 months) and details significant events that were good for the child as well as those that weren't and their impact upon the child

The written records for the child are up to date. le., case notes, visits, plans, reports etc and always provides sufficient detail to ensure effective intervention and focussed planning

All the visits to the children are being done in a timely way in accordance with the visiting expectations for the service, they show if the child was seen alone

The recording on the child's file is well written, clear straightforward language they will understand has been used throughout

# SOME EVIDENCE OF GOOD PRACTICE

Some of the demographic information, such as address, religion, ethnicity, phone numbers, disability, professional involvement have been completed

The case summary has come of the information needed but hasn't been updated in last two months

The chronology has some events listed with impact upon the child recorded but it is out of date

Majority of the written records for the child are up to date. ie., case notes, visits, plans, reports etc. They are concise and sets out clear plans, which are measurable and understandable

The majority of the visits to the children are being done in a timely way in accordance with the visiting expectations for the service, they show if the child was seen alone

The recording on the child's file largely is well written, clear straightforward language they will understand has been used throughout

#### LIMITED OR NO EVIDENCE

Most of the demographic information, such as address, religion, ethnicity, phone numbers, disability, professional involvements are missing or out of date

The case summary has lots of old information within it and is very out of date

The chronology has some events listed with no impact upon the child recorded and is out of date

Majority of the written records for the child are not up to date. le., case notes, visits, plans, reports etc and does not provide sufficiently clear information to support decision making

None of the visits to the children are being done in a timely way in accordance with the visiting expectations for the service, they don't show if the child was seen alone

Recording on the child's file is not child friendly, it isn't clear or straightforward and they will struggle to understand it





## Assessment - What does good look like?

#### **CLEAR EVIDENCE THROUGHOUT**

The impact of the worry on the child and therefore the reason for our assessment and involvement clear.

Strong evidence of working with the child's natural network (family and friends) and their role is clear.

Assessment clearly identifies strengths and areas of concern, provides a detailed analysis.

There are strong Danger/Worry statements and Safety/Success/Wellbeing goals, with correlating scaling questions, that relate to reason we are involved and our future considerations.

Assessment demonstrates a strong sense of the child and their lived experience. There is evidence of direct work undertaken with the child (developmentally appropriate) to ascertain what life is like for them.

Assessment includes strong evidence of multiagency context, and this information is used to inform decision making.

Clear evidence detailing the practitioners' recommendations for the next steps that strongly connect to the analysis of needs for the child evidenced in the assessment.

Outcome of the assessment is shared with parent/carers and children in a way that helps them to understand, and their feedback was sought and recorded.

Assessments reviewed and signed by manager within timescales. Evidence of some QA by Manager.

# SOME EVIDENCE OF GOOD PRACTICE

There is some evidence that details why we are involved and offering an assessment and how it impacts the child.

There is some good consideration of the child's natural support, but this has not been fully explored.

Assessment identifies some strengths and safety and areas of concern; analysis limited

There are Danger/Worry statements and Safety/Success/Wellbeing goals, with correlating scaling questions. They could be stronger and more connected to the information within the assessment.

The assessment gives some sense of what life is like for the child. Some evidence of direct work with the child (using developmentally appropriate tools).

Assessment includes some information from other agencies, and it contributed towards decision making.

Some good recommendations that make sense as they connect to the analysis within the assessment.

Assessment and outcome of assessment shared with parent/carers and child/young person.

Assessments reviewed and signed by manager within timescales and some evidence of QA oversight provided.

#### LIMITED OR NO EVIDENCE

It is unclear why an assessment was offered to the family, and the impact of the worry on the child is not mentioned.

Appears very little effort was made to contact child's network and engage with them.

Assessment fails to identify strengths and areas of concern and provides little or no analysis.

There are no Danger/Worry statements and Safety/Success/Wellbeing goals, with correlating scaling questions.

No evidence that bring the child to life in the assessment, nothing to suggest child seen, or any direct work.

No evidence multi-agency contribution was sought within the assessment.

The recommendations are unclear and do not connect to the analysis and what the child needs.

Assessment and outcome not shared with family.

Assessments not signed off by manager in time, no obvious QA by manager.





# Planning and Review - What does good look like?

#### **CLEAR EVIDENCE THROUGHOUT**

The plan has been family led and supported by the worker. The plan clearly outlines the dayto-day actions that parents and carers will undertake to ensure the child's safety and wellbeing and is not a list of services to attend. The plan has clear timescales and has evolved over time

A child friendly version of the plan has been developed to ensure everyone understands who has agreed to do what. The child has their own copy

Reviews are organised to allow maximum attendance of family and professionals. For those who cannot attend their views are sought and feedback is given regularly

There is strong evidence to show that the plan is making a positive difference to the child's life, there is no drift. Where there is evidence, the plan is not meeting the child's needs, the reasons for this are explored and changes made

Records of reviews are comprehensive and provide details analysis of the issues and actions that are required to meet outcomes, including timescales

The plan has been reviewed in accordance with statutory/procedural requirements and is responsive to the child's changing needs

# SOME EVIDENCE OF GOOD PRACTICE

The plan is more focused on tasks and services rather than who, within the family and friends' network, will do what in the children's day to day life to keep them safe and well. The plan has some timescales

There has been an attempt to explain the plan to the child in a way that helped them to understand

There is some consideration of family/friends' network support, but has not been fully explored. Their views are partially reflected

Recording indicates that the plan is having some positive impact on the child and family; consideration is given to amending the plan to better meet the child's needs

Records of reviews are in place, setting out key information, including recommendations and some actions

The plan has been reviewed in accordance with statutory/procedural requirements

#### LIMITED OR NO EVIDENCE

There is no evidence of the child, their family, or network being involved in planning and/or decision-making. The plan just tells them what to do. The plan has no timescales

There is no child friendly version of the plan

Key family and friends or professionals are sometimes not invited to review meetings, there has been no opportunity for them to provide their views

The plan is not improving the child's life, there is drift, and the plan is not evolving

Review records are insufficiently detailed to enable clear planning and action

The plan has not been reviewed in accordance with statutory/procedural requirements





## Management Oversight – What does good look like?

#### **CLEAR EVIDENCE THROUGHOUT**

Supervision is reflective, analytical and evidences issues which have been raised. It sets clear parameters regarding required actions, contingencies, and outstanding work, addressing timescales effectively.

Supervision reviews all actions from previous supervision and there are records to update how these are progressing.

The supervision record reflects what is going on for the child and connects to the relevant plan that is in place addressing their needs, the actions connect to this overarching plan.

Supervision has been taking place in accordance super the supervision policy and is responsive to the changing situation for the child and their needs.

Management Oversight is strongly evidenced throughout the child's record including any QA oversight.

# SOME EVIDENCE OF GOOD PRACTICE

Supervision decisions are recorded on the child's electronic file, but limited evidence of reflection and evaluation of work carried out.

Supervision reviews actions of previous supervision but there is limited detail as to how these are progressing.

There is a connection between supervision and the overall plan but would benefit from being stronger and clearer as to how decisions were made and what they are hoping to achieve.

Supervision has been taking place in accordance with the supervision policy and in part reflects the emerging picture for the child.

Management Oversight is evident throughout the child's record. There is some QA oversight.

#### LIMITED OR NO EVIDENCE

Supervision records do not provide an outline of decision making, have no evidence of reflection or analysis and/or fail to address concerns.

There is no evidence that previously agreed actions were revisited, there is no information available.

There is no obvious connection in the supervision records to the overall plan for the child.

Supervision has not been taking place in accordance with the supervision policy.

Management Oversight is sparse throughout the child's record and there is no QA oversight.



