Quality Assurance Framework – August 2022 – January 2024

The only sensible measure of how well the system is performing is the measure of how effectively it is help children, young people and their families (Munro, 2011)

Quality Assurance Framework

Quality Assurance (QA)

QA is the systematic and regular monitoring and evaluation of practice to support continuous learning and improvement and the achievement of better outcomes for children and their families. The vision for improvement must be owned by everyone in the service and through a range of QA activities. It is an essential part of everyday activity for practitioners, managers and leaders. This Quality Assurance (QA) Framework recognises that auditing activity alone will not improve the quality of practice.

We recognise that a good QA Framework must triangulate evidence from a range of sources to help us to understand what we are doing well and where we need to improve. The QA Framework sets out not just how we gather information about children's lives but how we evidence that the information we gather includes the voice and influence of children and young people. The voice of parents/carers and partners is also essential for us to know how we are doing. It is also important that we can evidence we have used their views to influence operational and strategic improvement plans.

The QA Framework will not only provide a self-assessment of where the quality of practice sits at any given time but will go beyond, giving the knowledge of what we can do to improve practice further. In North Somerset we are committed to ensure that our interventions have a positive impact upon the experiences and outcomes for children and young people and that their views and aspirations are at the centre of all that we do. Pivotal to the success of any QA framework is the ability to consistently share learning widely across services and in a way that is engaging and owned by our whole service. A QA Framework enables the workforce to gain a better understanding of the effectiveness of interventions and services in meeting children's needs.

Our QA framework places collaboration at the heart of the learning process. It is designed to support our commitment to continuous improvement in the Children, Young People and Families Service and to achieve our aim of being an organisation where responsibility is shared, everyone is accountable, and an outstanding service is delivered to our children and their families.

This QA framework sets out the core QA activity which will be undertaken across the Children, Young People and Families Service. This activity will be in conjunction with multi-agency QA activity undertaken by the North Somerset Safeguarding Children Partnership.

Principles

➢ The QA Framework is easily and well understood by all and is part of business as usual.
➢ To listen to families in a way that fosters open, honest and respectful conversations and leads to positive change.
➢ To undertake all QA activity using a strength based, collaborative approach where leaders can understand practice conditions and practitioners can share their perspectives about the services children and families are receiving.
➢ To ensure everyone involved in QA is focussed on the impact of our intervention and the outcomes for our children and families.
➢ Learning from QA activity will be robustly and systematically shared and influence high quality practice.

Aims

Our programme of QA activity aims to:

➢ Embed a culture of learning by involving all colleagues in continuously seeking to improve practice.
➢ Listen and respond to what the people who receive our service are saying.
➢ Deliver our plans with rigour, against goals, targets, expectations, and practice standards.
➢ Use a wide range of tools to help us measure our progress – including interrogating data, learning from audit, and listening to service users and practitioners.
➢ Use information and intelligence actively to prompt curiosity, questioning and analysis and to challenge ourselves and each other when needed.
➢ Evidence the application of our practice framework and practice standards to ensure consistency across the service.
➢ Recognise and build on the strengths we already have and routinely celebrate good practice to develop a confident workforce.
➢ Ensure we hold ourselves and are held to account for the quality of our practice and the effectiveness of the help and protection we provide to children and their families.

Focus Areas

Our QA Framework will enable us to robustly relate performance management data with QA activity focussing on three areas, Breadth, Depth, and Impact.

These areas are defined by three straightforward, interrelated questions:

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How much did we do? (Breadth, service activity), *How well did we do it?* (Depth, quality) and most importantly, with all this effort, *How did we make a difference?* (Impact, how are children better off?).

Feedback from families is a particularly important area of QA that enables us to understand the impact of the service. Seeking to understand how families have experienced the service they have received, listening to what they value and exploring any challenges should be a central consideration of any QA activity we undertake.

Our practice framework, practice standards and related policies will inform how we approach the QA activity that is detailed within this document. This ensures everyone has a shared understanding about what good practice looks like and understands what is expected of them.

We recognise that social work and the work of social care practitioners is profoundly complex and challenging. All practitioners should be given the support they need to achieve these professional standards consistently. When working with families that have complex problems, mistakes will happen. The important thing is to identify those mistakes quickly and to respond swiftly to the issue and harness learning.

The Quality Assurance and Safeguarding Service oversee and monitor the impact of this framework, communicating the findings of QA activity to the wider service so that key learning can be implemented in a timely way.

Quality Assurance and Performance Monitoring Meetings

This meeting will take place 6 times a year at a frequency of alternate months and is chaired by the Director of Children's Services. Team Mangers, Heads of Service and the Assistant Director are also in attendance, ensuring comprehensive contribution and responsibility. The purpose of the Quality Assurance and Performance Board meeting is:

- ➢ To interrogate key performance data from individual service areas, identifying themes and trends.
- ➢ To analyse, audit findings (local and county wide) and feedback on the quality of social work practice, highlighting the impact and identifying what needs to happen to support continuous practice improvement.
- ➢ To identify how different parts of the system can work together effectively, avoiding silos, unblocking issues, and enabling service improvement.
- ➢ To identify and review implementation of actions required to build on service strengths and address any barriers to improving practice.

Range of Quality Assurance Activities

A combination of activities enables us to understand service delivery from different perspectives, including areas of challenge and strength.

- ➢ Performance data.
- ➢ National and local inspections.
- ➢ Learning reviews.
- ➢ Local and regional peer challenge.
- ➢ Annual Business Report of the Safeguarding Partnership Board.
- ➢ Internal panel processes such Care and Resource, Fostering and Adoption Panel.
- ➢ Feedback from professionals, children, parents, and carers.
- ➢ Care experienced young people and the Children in Care Council.
- ➢ Staff feedback - Exit interviews, Keep in Touch meetings, staff surveys.
- ➢ Supervision, probation, and appraisal.
- ➢ Multi-agency partner feedback.

Core Quality Assurance Activities

A calendar of our annual programme can be found within this framework. See Appendix 1

Collaborative Practice Reviews

These will take place over a 20-working day period and happen 6 times a year. The reviewers are all Senior Social Workers, Independent Safeguarding Reviewing Officers, Team Managers, Heads of Service, the Assistant Director and Director of Children's Services

All Collaborative Practice Reviews will be moderated over a 10-day period following the closure of the review. This requires a further exploration of the child's file working from the completed Collaborative Practice Review tool, the child's electronic record and a collaborative discussion between moderators and reviewers. Moderation is not a comprehensive review, simply dipping into the process and ascertaining our consistency as reviewers. See Appendix 2 - Collaborative Review Guidance.

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Thematic Practice Reviews

These will happen 4 times a year. The Quality Assurance and Performance Monitoring Meetings will inform the focus of these reviews. The reviews will explore aspects of our practice that require attention. Each cycle of thematic review should be complete in 20 working days. The findings will be analysed by the Quality Assurance and Safeguarding Team and communicated to the wider service.

Practice Week

Once per year the Director of Children's Services, Assistant Director, and Heads of Service will spend a week immersing themselves in front line practice. The focus of this activity is to observe practice and engage with children and families to gather feedback. The theme for the practice week will be agreed by the Quality Assurance and Performance Monitoring Meetings in collaboration with staff feedback. Learning and Development opportunities throughout the week will be scheduled.

Good Practice Conversations

One of these will happen every other month across the service. Heads of Service will nominate teams to share their good practice. This will involve an Appreciative Inquiry interview with those connected to the good practice, so insight into what worked well can be drawn out and an opportunity to recognise and share good practice provided.

The Chief Executive Officer and Lead Member for Children's Services will be invited to attend these events to support an understanding of good practice in the service.

Team Spotlight

Once per year each team or service will receive an evaluation from a team of colleagues. This will be an opportunity to showcase good practice within the team, better understand local practice conditions and challenges the team are experiencing. See Team Spotlight Appendix 3.

Focused audit activity

In addition to the core activity set out in this framework there will be a need for additional activity carried out as practice themes emerge, the tools for these will be developed accordingly, these will be referred to as Dip Audits, reflecting the snapshot nature of the exercise.
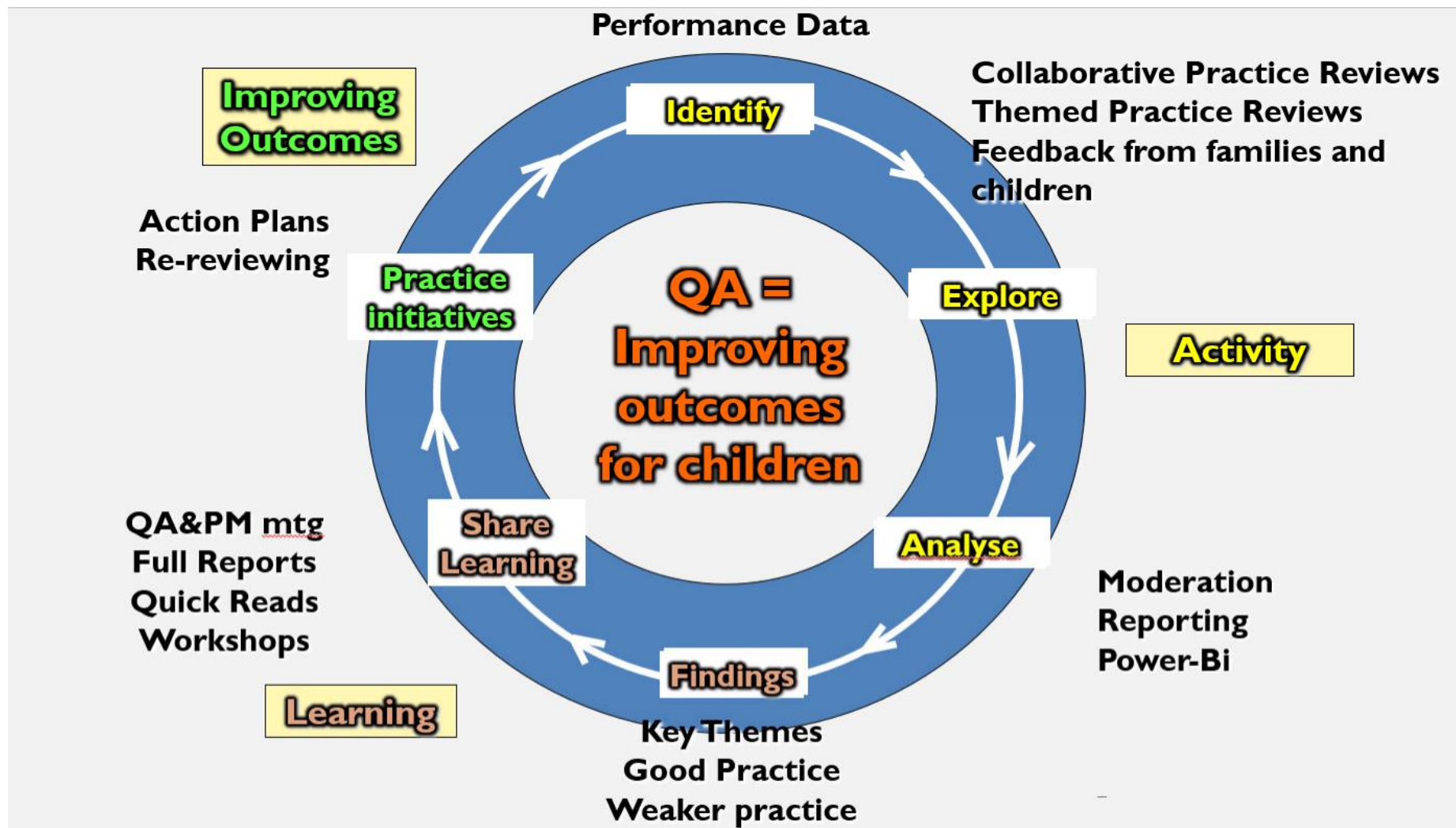
Closing the Loop

Presenting findings and recommendations

QA activity findings need to be presented to enable the audience to have a robust discussion about improvements required, performance against expected standards and to make recommendations about what needs to happen next. When agreeing changes and seeking to achieve continuous improvement, action planning may want to consider using benchmarking, targets, and best practice examples to evidence tangible improvement.

The Quality Assurance and Safeguarding Team will collate the findings of the 4 Themed and 6 Collaborative Practice Reviews, including any moderation outcomes. Regular summary reports showing key findings, areas of strength, areas for development and recommendations from these findings will be produced (10 working days following a themed review and 10 working days after the moderation period of the Collaborative Practice Review).

Leaders of Dip Audits and Team Spotlight will be expected to collate findings and share learning with the wider service via the Quality Assurance and Performance Monitoring Meeting. It is expected that recommendations from this activity will be transferred into service and team action plans led by Heads of Service and Team Managers.

It is expected that in Team Meetings all managers will discuss QA findings with their colleagues to share the learning, create discussion opportunity and drive-up practice.

Action Plans

Where service wide action plans have been developed, to ensure a timely and focussed response to improving practice, these will be reviewed by Children's Services Leadership Team in a quarterly meeting.

Team action plans should be reviewed every 6 weeks in team meetings, and this is led by Team Managers. These should be informed by service wide and team specific QA activity.

Through the Quality Assurance and Performance Monitoring Meeting we will continue to review the impact of the learning and development led by the QA activity to ensure we achieve high quality consistent practice with robust and effective management oversight of the children we work with.

Measuring Progress

Key to any QA is that because of learning, positive change occurs, and improvements are sustained. A complete cycle involves collecting intelligence on current practice, implementing changes to address shortfalls identified and reviewing changes over time to see whether improvements have been made. Tracking progress is not the same as repeating the quality activity. Depending on the review findings and the nature of the issues the nature of the reassurance required should be determined. The following may be considered:

- How long will it take for changes made to impact on experiences of children, young people and families?
- How many children, young people and families would have been affected by the changes?
- Are there new pressures and demands in the service which should take priority or have impacted on progress of change?
- Have the circumstances that led to the review of an area changed completely, for example, has performance now significantly improved?
- Is there enough concern regarding lack of progress that means the whole cycle should be repeated?
- Depending on the outcome of the above, QA for the next cycle may include areas which were looked at in the previous cycle.

Closing the loop provides evidence for decision-making for the purposes of improving what we do and how we do it. In short, QA does not remain a standalone function but connects to strategic planning, operational management, and allocation of resources. The evidence obtained contributes to a learning culture and informed decision-making.

Closing the loop in all activities will ensure learning and required actions have made a difference. Such as, how we improve the quality of practice through shared learning and move beyond QA activity to embedding quality. The diagram below explains the closing the loop cycle.

Closing the loop happens at three levels: individual performance, learning and development programmes, and strategic planning for the whole of the Children, Young People and Families Service.

First, at the individual level, information generated from QA tools such as those described above can help improve   individual practitioner performance, particularly among our practitioners with less experience. The results from QA tools should feed into annual appraisals and should be linked to opportunities for staff development, with a view to strengthening confidence and practice.

Second, at the learning and development programme level, findings from QA tools can support evidence-based dialogue when learning and development is being identified, planned, sourced, and evaluated.

Third, at the organisational and strategic level, results from both internal and external   evaluation of how we are doing in relation to effectiveness of practice can enhance efficiency of decision-making and direction of travel. This helps establish consensus between

leadership and operational practice on future strategic priorities. Furthermore, this helps achieve a close integration of the QA process within the management   systems while supporting the continuation of a quality culture across our service.

Maintaining Improvement

To ensure that hard-won improvements are maintained and reinforced successfully over time, it is important that:

- Changes post QA are user friendly and that systems, including Liquid Logic, fit well with current practices and compliment effective procedures and processes already in place.
- Routine review of QA changes becomes business as usual. Change is more likely to be sustained where the issues identified are revisited at regular intervals and ongoing assurance sought.
- QA changes are visible. Change often involves updating or refreshing documentation such as policies, procedures, and protocols or setting our revised approaches to practice areas through team plans, or other supporting documentation. Ensuring these remain visible and are routinely reviewed helps to ensure change is sustained over time.
- Key messages on our approach and findings from QA feature in the induction of new colleagues.
- We review and fine tune changes. Initially changes might appear successful however these need testing and it is not always until later down the line that issues become apparent. Colleagues affected by changes are ideally placed to suggest adjustments and should be encouraged to report issues and propose solutions.
- We lead by example. Overall responsibility for sustaining change lies with leaders - Directors, Head of Services and Team Managers. Leaders oversee the change and observe daily practice and therefore are best placed to ensure that change is embedded successfully.
- We showcase good practice and throughout the year we create opportunities for teams and individuals to do this. This supports the sharing of, and learning from, good practice and supports the development of a skilled and confident workforce.

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Calendar of core QA Activity

January	February	March	April	May	June
Collaborative Practice Reviews Family Wellbeing		Collaborative Practice Reviews CiC - Family Support + Safeguarding		Collaborative Practice Reviews Care Leavers	
	Team Spotlight CDT	Team Spotlight Children in Care	Team Spotlight Front Door	Team Spotlight Family Support and Safeguarding	Team Spotlight Family Wellbeing
Good Practice Conversation		Good Practice Conversation		Good Practice Conversation	
CSLT – Action Planning			CSLT – Action Planning		
QA&PM Meeting		QA&PM Meeting		QA&PM Meeting	
	Thematic Reviews		Thematic Reviews		Thematic Reviews

Continued below……

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July	August	September	October	November	December
Collaborative Practice Reviews Children with Disabilities	No core QA activity due to holiday period	Collaborative Practice Reviews CiC – Corporate Parenting		Collaborative Practice Reviews Children in Need	No core QA activity due to holiday period
Team Spotlight YOS		Team Spotlight Fostering	Team Spotlight Quality and Assurance	Team Spotlight Care Leavers	
Good Practice Conversation		Good Practice Conversation		Good Practice Conversation	
CSLT – Action Planning			CSLT – Action Planning		
QA&PM Meeting		QA& PM Meeting		QA&PM Meeting	
			Thematic Reviews	Practice Week	

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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.

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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.

Quality Assurance Framework
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**

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Allocation by QA Team  →  Day – Review starts - LCS workflow sent to all involved  →  Call practitioner re: how best to get feedback from family contact  →  Set up time with practitioner to share findings
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Collaborative discussion with practitioner  ←  Completes Review  ←  Complete the scaling question on LCS  ←  Undertakes review of child's electronic file (on own)
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By day 20 – Finalise review on child's electronic record  →  Moderation period – 10 days  →  Analysis and reporting – 10 days  →  Sharing of learning and action planning
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Guidance for overall grading

Below is the link to the full Ofsted guidance 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 local authority is not yet consistently delivering good help and protection for children, young people and families.	'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. 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	SOME EVIDENCE OF GOOD PRACTICE	LIMITED OR NO EVIDENCE
The demographic information, such as address, religion, ethnicity, phone numbers, disability, professional involvements have all been completed and appear up to date	Some of the demographic information, such as address, religion, ethnicity, phone numbers, disability, professional involvement have been completed	Most of the demographic information, such as address, religion, ethnicity, phone numbers, disability, professional involvements are missing or out of date
The case summary is up to date (within 2 months) giving a clear picture of the journey for the child	The case summary has come of the information needed but hasn't been updated in last two months	The case summary has lots of old information within it and is very out of date
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 chronology has some events listed with impact upon the child recorded but it is out of date	The chronology has some events listed with no impact upon the child recorded and is out of date
The written records for the child are up to date. Ie., case notes, visits, plans, reports etc and always provides sufficient detail to ensure effective intervention and focussed planning	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	Majority of the written records for the child are not up to date. Ie., case notes, visits, plans, reports etc and does not provide sufficiently clear information to support decision making
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 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	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
The recording on the child's file is well written, clear straightforward language they will understand has been used throughout	The recording on the child's file largely is well written, clear straightforward language they will understand has been used throughout	Recording on the child's file is not child friendly, it isn't clear or straightforward and they will struggle to understand it

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Assessment – What does good look like?

CLEAR EVIDENCE THROUGHOUT	SOME EVIDENCE OF GOOD PRACTICE	LIMITED OR NO EVIDENCE
The impact of the worry on the child and therefore the reason for our assessment and involvement clear.	There is some evidence that details why we are involved and offering an assessment and how it impacts the child.	It is unclear why an assessment was offered to the family, and the impact of the worry on the child is not mentioned.
Strong evidence of working with the child's natural network (family and friends) and their role is clear.	There is some good consideration of the child's natural support, but this has not been fully explored.	Appears very little effort was made to contact child's network and engage with them.
Assessment clearly identifies strengths and areas of concern, provides a detailed analysis.	Assessment identifies some strengths and safety and areas of concern; analysis limited	Assessment fails to identify strengths and areas of concern and provides little or no 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.	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.	There are no Danger/Worry statements and Safety/Success/Wellbeing goals, with correlating scaling questions.
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.	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).	No evidence that bring the child to life in the assessment, nothing to suggest child seen, or any direct work.
Assessment includes strong evidence of multi-agency context, and this information is used to inform decision making.	Assessment includes some information from other agencies, and it contributed towards decision making.	No evidence multi-agency contribution was sought within the assessment.
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.	Some good recommendations that make sense as they connect to the analysis within the assessment.	The recommendations are unclear and do not connect to the analysis and what the child needs.
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.	Assessment and outcome of assessment shared with parent/carers and child/young person.	Assessment and outcome not shared with family.
Assessments reviewed and signed by manager within timescales. Evidence of some QA by Manager.	Assessments reviewed and signed by manager within timescales and some evidence of QA oversight provided.	Assessments not signed off by manager in time, no obvious QA by manager.

Planning and Review – What does good look like?

CLEAR EVIDENCE THROUGHOUT	SOME EVIDENCE OF GOOD PRACTICE	LIMITED OR NO EVIDENCE
The plan has been family led and supported by the worker. The plan clearly outlines the day-to-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	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 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
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	There has been an attempt to explain the plan to the child in a way that helped them to understand	There is no child friendly version of the plan
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 some consideration of family/friends' network support, but has not been fully explored. Their views are partially reflected	Key family and friends or professionals are sometimes not invited to review meetings, there has been no opportunity for them to provide their views
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	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	The plan is not improving the child's life, there is drift, and the plan is not evolving
Records of reviews are comprehensive and provide details analysis of the issues and actions that are required to meet outcomes, including timescales	Records of reviews are in place, setting out key information, including recommendations and some actions	Review records are insufficiently detailed to enable clear planning and action
The plan has been reviewed in accordance with statutory/procedural requirements and is responsive to the child's changing needs	The plan has been reviewed in accordance with statutory/procedural requirements	The plan has not been reviewed in accordance with statutory/procedural requirements

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Management Oversight – What does good look like?

CLEAR EVIDENCE THROUGHOUT	SOME EVIDENCE OF GOOD PRACTICE	LIMITED OR NO EVIDENCE
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 decisions are recorded on the child's electronic file, but limited evidence of reflection and evaluation of work carried out.	Supervision records do not provide an outline of decision making, have no evidence of reflection or analysis and/or fail to address concerns.
Supervision reviews all actions from previous supervision and there are records to update how these are progressing.	Supervision reviews actions of previous supervision but there is limited detail as to how these are progressing.	There is no evidence that previously agreed actions were revisited, there is no information available.
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.	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.	There is no obvious connection in the supervision records to the overall plan for the child.
Supervision has been taking place in accordance super the supervision policy and is responsive to the changing situation for the child and their needs.	Supervision has been taking place in accordance with the supervision policy and in part reflects the emerging picture for the child.	Supervision has not been taking place in accordance with the supervision policy.
Management Oversight is strongly evidenced throughout the child's record including any QA oversight.	Management Oversight is evident throughout the child's record. There is some QA oversight.	Management Oversight is sparse throughout the child's record and there is no QA oversight.

Guidance on completing a Team Spotlight

The process
The Team will consist of three or four staff led by a senior manager, they spend a day in a team annually to explore the following key themes: 1. Culture of the team 2. Quality of practice in the team 3. How the team quality assures their work and uses this learning to develop practice 4. Management oversight, challenge and support 5. Systemic issues Team members will generally be made up of Team Managers/ Leaders, Senior Social Workers, and ISRO'S. The Lead will rotate amongst the Senior Leadership Team. The QA and Safeguarding Team will manage the timetable for the Spotlight. Managers should nominate enough team members, on a rota basis, to ensure that all teams are fully staffed. If a member of staff commits to taking part in the process but their availability changes it is their responsibility to find alternative cover and communicate with The QA and Safeguarding Team.
Approach
This exercise will be an activity that is completed 'with', rather than being done 'to', the team, it will be strengths based, transparent and informed by evidence. The Team members should be aspirational about the practice they want to see for the child/service user. Team members should consider throughout the process whether the practice is proportionate (i.e. are we intervening too much, or too little, in the child or young person's life) and would it be good enough for your own family? Team members are responsible for ensuring that the report is of good quality. They should achieve this by: ➢ Ensuring the report is professionally presented.

➢ Ensuring the use of clear, concise (non-professionalised) language throughout that can be understood by everyone.
➢ Ensuring the focus of the exercise is on the child or young people of the team who was selected.
➢ Ensuring that recommendations within the report are clear and measurable.
➢ Ensuring that the grade judgements are supported with clear evidence.

Preparation

One week in advance of the exercise being carried out the Spotlight Team will be sent some key documents by the relevant Team Manager. These documents should be read in advance as this will help inform an understanding of the team's history and current functioning. This may also inform the priorities for the day.

Depending on what is available the team may receive:

➢ Team action plan
➢ Recent stocktake/ QAPM Meeting Reports
➢ Performance data – Power-Bi dashboards
➢ Outcomes of audits/ Practice Evaluations

Each practitioner involved in the exercise should identify one child or young person they are proud of their practice and one they have found challenging. The Team Manager will collate these in a list and forward 5 working days before the exercise so that they can be allocated to the Spotlight Team. LCS/EHM numbers will be needed as the electronic records will also be viewed.

All Spotlight team members should ensure that they have access to the recording system of the team they are visiting on the day of the exercise.

The responsibility for preparing practitioners for this lies firstly, with the relevant Head of Service and secondly, with the Team Managers of the team.

Managing

The structure of the day will depend upon the size and needs of the team being visited. The following is recommended as a suitable structure that teams could follow:

Morning:

➢ Spotlight team meet to review information already available including previous Spotlight team, discuss where the team is currently at and consider what the priorities for exploration may be.
➢ Meet with management group and agree what the priorities will be and practicalities for the structure of the day.
➢ The lead should allocate team members children or young people to review and consider what documents/ aspects of the case records will be focused on.
➢ To ensure there are sufficient children or young people reviewed each member of the Spotlight Team should review three children or young people each – one randomly selected, one a worker is proud of and one that they have found challenging.

Remainder of morning/ early afternoon:

➢ Members of the Spotlight team should use the Spotlight Team Member Information Record to make notes of their observations during the day. These should be clearly written so that the Lead can understand the information gathered by each team member and pull this together into one concise report.
➢ Dip sampling in line with priorities agreed – agree targets around how many each team member should complete.
➢ Reviewing individual children or young people.
➢ Review children or young people where complaints / compliments/ practice reviews/audits have been carried out – what have the team learnt and how has practice changed?
➢ Review of performance data.
➢ Speak with team members – considering speaking to other TMs to discuss how teams work together.
➢ Observe the culture of the team / display boards / environment etc.

Afternoon:

➢ Meet as a team to triangulate information and discuss findings.
➢ Team members to complete their Spotlight Team Member Information Record, providing this to the Lead no later than one working day after the exercise as they will need this to complete their report.
➢ Feedback to Team Managers and Heads of Service, discuss suggested actions that will be covered within the final report.

After the exercise:

➢ Lead to write the draft report and send a copy to the rest of team for comment and review. The Lead should also discuss the content and proposed action plan with the Heads of Service to ensure that actions are realistic.
➢ Following consultation, the Lead should send the draft report to The QA Team within 15 working days of the exercise. This will then be reviewed by the Head of Service QA and Safeguarding and finalised within 5 working days.
➢ Once finalised the report will be circulated to the relevant Team Manager for wider team circulation and discussion.

Types of evidence Spotlight teams may wish to consider and questions they may wish to ask (Please note that this is not an exhaustive list and may not be relevant for all Spotlight exercises)

What is the culture of the team?
➢ Staff turnover.
➢ Is supervision strength based / reflexive/ challenging and supportive?
➢ Is the atmosphere calm and orderly?
➢ How is technology embraced?
➢ What team building activities are undertaken?
➢ Are interactions you observe with families and colleagues respectful?
➢ Do the team own the action plan?
➢ How do they engage with team meetings, do they happen in the absence of the manager, what purpose do they serve?
➢ How do the team celebrate success?
➢ How do people respond in a crisis?

What is the quality of practice in the team?
➢ What does Performance Data tell you about compliance? How do the team use this data?
➢ How are research / methods/ tools used?

- ➢ Comments from observations of practice.
- ➢ Can workers identify a piece of work they are proud of?
- ➢ Quality of case records (**record case numbers viewed and what documents were read**)
- ➢ How did the worker determine visiting frequency?
- ➢ Is supervision reflexive/ challenging/ supportive?

How does the team quality assure their work and use this learning to develop practice?

- ➢ How do teams gather feedback/ is this meaningful/ how does it inform practice?
- ➢ What feedback is given to workers when managers authorise reports.
- ➢ Numbers of complaints/ compliments. What are the themes/ how do they inform practice?
- ➢ How are training needs identified, how is learning from training disseminated?
- ➢ How often are Dip Reviews carried out and how do the findings affect practice?
- ➢ What do practice reviews say about practice / how have managers and workers responded to the findings?
- ➢ How are team meetings / other forums used to share information?

How do managers oversee, challenge and support the work of the team?

- ➢ Do the views of the manager reflect the findings of the team?
- ➢ Workforce planning and stability of management team.
- ➢ Direct observations/ supervision records – quality and timeliness.
- ➢ Engagement with Team Meetings / are there minutes?
- ➢ Presence and engagement of ISRO – do they attend Team meetings / numbers of resolutions.
- ➢ What is the budget position of the team?

How do systemic issues affect the team?

- ➢ How are staffing levels managed?
- ➢ Review of transfer process / records.
- ➢ Discussions with other team managers about experiences of working together.
- ➢ Review of children recently transferred, how was the process managed, is there a transfer form?
- ➢ How are duty arrangements managed?
- ➢ How do the team build positive relationships with partner agencies?

Spotlight Team member Information Record (available as a separate document)

Spotlight team member information record

Team Spotlight:	
Date of Spotlight:	
Team member completing this form:	

Guidance

This form is to be used by members of the Spotlight team to record information about activity they undertook during the Spotlight. There should also be a record of the evidence they relied on in forming a judgement about the themes explored.

Each team member should provide a copy of these notes to Spotlight Lead within one working day of the Spotlight as this will inform the final report.

If more than one team is visited within the same Spotlight please specify any differences in observations that are made.

Guidance is also provided within this record around the types of evidence you may wish to consider and questions you may wish to ask team members (please note this is not an exhaustive list and the guidance may not be relevant for all Spotlights). The underlying principles of the Spotlight are that it should be strengths based, transparent and informed by evidence.

Please ensure that notes are legible.

Section 1: What is the culture of the team
Please consider the following:
➤ Staff turnover   ➤ Is supervision strength based / reflexive/ challenging and supportive?   ➤ Is the atmosphere in the office calm and orderly?   ➤ How is technology embraced?   ➤ What team building activities are undertaken?   ➤ Are interactions you observe with families and colleagues respectful?   ➤ Do the team own the action plan?   ➤ How do they engage with team meetings, do they happen in the absence of the manager, what purpose do they serve?   ➤ How do the team celebrate success?   ➤ How do people respond in a crisis?
Positives to highlight:
Please type in here – box will expand
Areas for development:
Please type in here – box will expand

Section 2: What is the quality of practice in the team?
Please consider the following:
- What does Performance Data tell you about compliance? How do the team use this data?   - How are research / methods/ tools used?   - Comments from observations of practice   - Can workers identify a piece of work they are proud of?   - Quality of electronic records. (Record electronic record numbers viewed and what documents were read)   - How did the worker determine visiting frequency?   - Is supervision reflexive/ challenging/ supportive?
Positives to highlight:
Please type in here – box will expand
Areas for development:
Please type in here – box will expand

Section 3: How does the team quality assure their work and use this learning to develop practice?
Please consider the following:
➢ How do teams gather feedback/ is this meaningful/ how does it inform practice? ➢ What feedback is given to workers when managers authorise reports. ➢ Numbers of complaints/ compliments. What are the themes/ how do they inform practice? ➢ How are training needs identified, how is learning from training disseminated? ➢ How often are Dip Reviews carried out and how do the findings affect practice? ➢ What do reviews/audits say about practice / how have managers and workers responded to the findings? ➢ How are team meetings / other forums used to share information?
Positives to highlight:
Please type in here – box will expand
Areas for development:
Please type in here – box will expand

Section 4: How do managers provide oversight, support and challenge?
Please consider the following:
➢ Do manager's views reflect the team's findings?   ➢ Workforce planning and stability of management team.   ➢ Direct observations/ supervision records – quality and timeliness.   ➢ Engagement with Team Meetings / are there minutes?   ➢ Presence and engagement of ISRO– do they attend Team meetings / numbers of resolutions.   ➢ What is the budget position of the team?   ➢ Numbers of complaints/ compliments/ are they dealt with on time/ an example of how the team learnt from recent issues raised?
Positives to highlight:
Please type in here – box will expand
Areas for development:
Please type in here – box will expand

Section 5: How do systemic issues affect the team?
Please consider the following:
- How are staffing levels managed.   - Review of transfer process / records.   - Review of cases recently transferred, how was the process managed, is there a transfer form?   - How are duty arrangements managed?   - Discussions with other team managers about experiences of working together.   - How do the team build positive relationships with partner agencies?
Positives to highlight:
Please type in here – box will expand
Areas for development:
Please type in here – box will expand

Section 6: Overall grading (please select one)
Outstanding ☐
Good ☐
Requires improvement ☐
Inadequate ☐
Any other comments not covered elsewhere:
Please type in here – box will expand
What the team should focus on to improve this grading / sustain a positive grading and any barriers they may need to address:
Please type in here – box will expand

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Spotlight Report (available as a separate document)

Spotlight Report	
Date of Spotlight	
Team *(if more than one team was considered within the same Spotlight please make this clear and record any differences in observations or gradings within the report)*	
Spotlight Team Lead	
Spotlight Team Members	
Section 1: Culture of the team	
General comments about the team's culture:	

North Somerset
COUNCIL

Areas of strength in relation to the culture of the team:
Ways in which the Spotlight team felt the culture of the team could be developed:
Summary of evidence/ observations that informed the Spotlight team's views about the culture of the team:
Section 2: Quality of practice with Children/Young People/Families
General observations about the quality of practice within the team:
Areas of strength in relation to the quality of practice in the team:
Ways in which the Spotlight team felt the quality of practice could be developed:
Summary of evidence/ observations (including electronic record numbers for files accessed) that informed the Spotlight team's views about the quality of practice within the team:

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Section 3: How the team quality assures their work and uses this learning to develop practice

Summary of how the team quality assure their work and use learning to develop practice:

Areas of strength in relation to QA and development of practice:

Ways in which the Spotlight team felt QA could be strengthened:

Summary of evidence/ observations that informed the Spotlight team's views about QA within the team:

Section 4: Management oversight, support and challenge

General comments about the management oversight, support and challenge:

Areas of strength in relation to the how managers support the team, provide challenge and ensure good outcomes for children:

Ways in which the Spotlight team felt management oversight could be strengthened:

Summary of evidence/ observations that informed the Spotlight team's views about management oversight, support and challenge (including electronic record numbers if supervision records were accessed):

Section 5: Systemic issues

General comments about how systemic issues are affecting the team or children the team work with and any specific barriers that need to be overcome:

Areas of strength in relation to the how systemic issues are identified, responded to and overcome by the team:

Ways in which the Spotlight team felt the response to systemic issues could be strengthened:

Summary of evidence/ observations that informed the Spotlight team's views about the impact of systemic issues:

Section 6: Overall grading

Outstanding ☐

Good ☐

Requires improvement ☐

Inadequate ☐

Main areas of progress since the last Spotlight:			
What the team should focus on to improve this grading / sustain a positive grading:			
Any barriers that may need to be addressed to enable the team to make progress:			
Recommended action plan for improvement: *(Please ensure this plan is SMART)*			
Action	Any support needed to achieve the action	Person responsible	By when

The only sensible measure of how well the system is performing is the measure of how effectively it is help children, young people and their families (Munro, 2011)