Children's Services

Performance and Quality Assurance

Framework

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*Any questions or concerns about the contents of this policy should be raised with the Quality Assurance and Policy Team via: **ImpactAndInspectionTeam@wokingham.gov.uk**.*

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Introduction and Principles

At Wokingham Borough Council we are committed to improving the outcomes of our children and young people who are in need, at risk or in our care. To achieve this, we have developed a Quality Assurance and Performance Framework to ensure that we understand both the quality and impact of the work that we undertake across all of our services. This allows us to maximise the benefits that can be achieved through our learning culture and enables us to continually improve the support that we provide to families in Wokingham.

The overarching principles of our Performance and Quality Assurance framework are as follows:

- Children and young people are at the heart of everything we do.
- We are aspirational for the children, young people, and families with whom we work.
- We are committed to building the resilience of children, young people, and families.
- We recognise that the quality of relationships between practitioners and children, young people and families is fundamental; and will create the conditions that allow practitioners to build, develop and sustain these relationships.
- Quality practice improvement is everyone's responsibility. We are committed to ensuring that everyone fully understands the roles and responsibilities they have and are effectively supported to carry out this commitment to our children, young people, and families.
- Statutory requirements for safeguarding and promoting the welfare of children and young people are paramount and we will ensure adherence with them.
- We will conduct our core business well. This includes comprehensive assessments, outcome-based planning, good quality intervention with families, and continuous review and remedial action where necessary.
- We are committed to working collaboratively with our partner agencies to enable collective and sustained support to children, young people, and their families.
- We are committed to exploring innovative and creative ways of delivering our services to achieve better outcomes for children, young people, and their families.
- Practitioners are innovative, flexible and child -centred in their approach, embracing the concept of 'flexibility within a framework'.
- We are an organisation that is committed to continuous learning.
- We actively seek the views of our staff, children, young people, families and partner agencies and act on these views.
- We encourage all of our practitioners to be reflective and open to healthy challenge and debate.
- Our Signs of Safety practice framework is underpinned by a restorative, systemic, strengths based, trauma-informed approach.
- Quality assurance, performance and continuous improvement does not just happen spontaneously. It is conscious; planned for, resourced, and led.

At the core of our practice is a shared value base of effective and meaningful relationships with our children and families - ensuring that all decisions we make are for the benefit of them.

The Performance and Outcomes Framework

Purpose

Regular and detailed scrutiny of performance data enables us to keep track of progress and to alert managers to issues at an early stage before they escalate. Scrutiny of performance data is a core function of all senior staff, from team managers through to senior leadership and elected members. A robust performance regime will also inform other types of scrutiny, such as audit and will contribute to organisational learning.

This Performance and Outcomes Framework includes all key activity undertaken by Children's Social Care and Early Help to ensure our work with children and families is carried out to the highest standards. It aims to improve our understanding of whether we are supporting the right children, in the right way, at the right time, and whether we are making a difference to the progress that children make and the outcomes they achieve. This framework is designed to help us in our journey of continuous improvement and will inform our self-assessment and service planning.

Performance Culture

This framework outlines our practice and management activity to provide an evidence base for our self-evaluation and service planning within Children's Social Care and Early Help. It is a systematic process to ensure children and young people receive the quality of outcomes they deserve. It includes an improvement cycle which helps to set our practice standards, monitor our impact, and provide the information for continual improvement.

An effective Performance Management Framework consists of:

- Regular reporting and analysis of accurate performance data
- Clear monitoring and quality assurance arrangements
- An effective, evidence-based set of performance management and improvement processes.
- Ownership and understanding by staff at all levels in the organisation.
- A clear child-centred focus on impact, aimed at improving services and outcomes.

Performance management is everyone's responsibility. We use a management model that offers high support and is balanced by appropriate child-centred challenge. All staff and managers are responsible for their own work and their contribution to the work of their team and service.

Senior managers have additional responsibility to monitor and address performance issues within their service area, team and with individual staff members. All managers will be equipped with the skills, knowledge, and tools to access, understand, interpret, and use performance information.

This document summarises the performance management reporting arrangements and how they are considered and responded to. It comprises:

- The key aspects of the performance framework
- Summary of performance data sources.
- Management meetings and frequency
- Summary of management action in response to performance reports
- The governance arrangements for performance management

Performance Management Framework

The performance cycle refers to a methodology of ensuring a shared focus and accountability regarding performance management to ensure children's best outcomes from Social Worker/ practitioner levels, managers, service managers and senior leaders. The performance and intelligence team produce bespoke, fit-for-purpose operational performance reports for each service area which are reviewed daily, weekly, and monthly by team and service managers.

Structure and activity overview

1. **Weekly team level reports**: that includes information down to individual practitioners and case level - to be used to forward plan social work and early help activity and identify emerging issues.

2. **Monthly performance meetings**
   - Held in each service area and overseen by the service manager, these meetings provide the regular operational support and challenge required to drive a strong and effective performance culture and the continuous cycle of improvement. Membership of the group includes Team Managers, Assistant Team Managers, Service Manager. A representative from the QA and Performance Service will attend each meeting at least once a quarter
   - These meetings will be used to review each team's performance data and auditing activity, with a focus on any aspect of our practice that falls outside of agreed practice standards or statutory timescales and preparation of insightful narrative on the areas of concerns around performance delivery, process and of quality and good practice; ensuring managers and leaders are always sighted on achievements to celebrate and areas for continued learning. These meetings have a focus on learning and quality of practice to support meaningful intervention.

3. **Monthly whole service performance report** - Monthly service level reports, available to Assistant Directors for Children's Social Care and Quality Assurance for Service Managers to contribute to the analysis section and actions being taken to ensure KPIs are being met and is available to JCS SMT and CDLT.

4. **Quarterly performance JCS SMT meetings** - jointly chaired by the Assistant Directors for Children's Social Care and Quality Assurance as a direct line of sight into both the qualitative and quantitative aspects of practice performance. Quarterly performance reports are prepared by QASS for service managers to respond to with narrative on the latest performance data and the learning from recent audits and actions being taken to drive a continuous cycle of improvement.

The Quality Assurance Framework

Principals:

Our QA framework's starting point is being clear about '*what good looks like'.*

The core components of "Good" practice can be summarised as follows:

1. All children have a good quality assessment and plan which they have been involved in, that reflects their experiences, wishes, feelings. Their needs are known and understood. The assessment is written in a way that is easily understood by families and children.
2. All children will have an assessment and a plan which reflects the wishes, feelings and needs of parents and carers; enabling them to fulfil their responsibilities.
3. All children will have a SMART plan which explains what needs to happen; by when; who by; what outcomes we are seeking together; how risk is being managed; and what the contingency plan is. Plans should be easily understood by families and children.
4. Children will be observed, spoken to or communicated with using their preferred communication method by professionals who have the tools to directly engage them.
5. All children's case records will be analytical, well written and timely, so that everyone can understand significant events that have happened; what the plan is; the purpose of actions and interactions; and what difference has been made so far for the child and family.
6. Every child will be supported by management oversight of the professionals working with them. This includes reflective supervision; checking that work has been done to agreed standards (monitoring and quality assurance); seeing what difference it is making; how the agreed outcomes are progressing, and what needs to happen next.

Guidance criteria:

The following judgment criteria is utilised across the framework when evaluating practice:

Outstanding: A case should be judged outstanding where practice is consistently good or better, resulting in sustained improvements that we are confident will be maintained in the longer-term. In short, good outcomes which are, as far as possible, future proof.

Good: A case should receive this judgment where practice is consistently good, good outcomes are being achieved and work is in hand to ensure these improvements will be

sustained in the longer-term. Case work does not have to be perfect but does have to be effective and impacting positively on the child's situation.

__Requires Improvement__: A case should be judged requires improvement where there are no serious or widespread failures so that the child is safeguarded but where further work is still needed as practice is not yet consistently delivering good help and protection for them.

__Inadequate__: A case should be judged inadequate where they are currently at risk of harm because of widespread (systemic) or serious (casework) failures. For children in care an inadequate rating will include unnecessary delay in achieving permanence which results in the child/young person's welfare not being safeguarded and promoted

Structure and activity overview

1. Our core activity across QA can be summarised into the following eight areas: **Performance scrutiny and management:** this will be applied through Performance Clinics, quarterly performance reviews at JSC SMT, and QA Operational Groups and QA Boards. Data, audit, and intelligence are key to understanding current performance and trajectories; highlighting areas of improvement and ensuring that relevant actions are taken. Performance reports, including the performance dataset and exceptions report which provides a cross service view of performance and impact against the targets set and will be scrutinised on a monthly and quarterly basis.

2. **Reflective practice core audits** – completed bi-monthly, these will provide an essential perspective on the quality of front-line practice. Our managers (including JSC SMT), IROs/CP Chairs across children's social care have a pivotal role in these bi-monthly audits which will include feedback from children, young people, and their families on the help they are receiving.

3. **Thematic audits** - completed quarterly in relation to specific subjects e.g., support to care leavers, diversity, the child's voice, neglect, care plans, criminal, and sexual exploitation. Themes will be informed by the reflective practice core audits, emerging regional or national themes and will also be linked to service development plans.

4. **Dip-sampling** - high-volume dip-samples completed by managers focused on practice areas and processes.

5. **Practice Weeks** - this is our bi-annual learning event for staff, which provides opportunities for staff to observe, discuss and reflect upon our practice in a particular area or theme. Crucially, it allows staff from across Social Care and Early Help to consider an aspect of our practice that is of universal relevance, in order to promote reflective learning across the organisation.

6. **Supervision audits** - effective and reflective frontline supervision is crucial to supporting excellent practice. The quality of supervision and management oversight is evaluated in all reflective practice core audits. Observation of supervision as well as supervisee feedback is obtained as part of an annual supervision audit. Following all audits, a reflective session is held with the practitioner and manager to share and discuss the feedback to create a routine and transparent learning culture. This will

include annual peer audits of supervision files by Team Managers and Assistant Team Managers, and Service Managers.

7. **Additional scrutiny** - including other quality elements such as the Quality Assurance and Safeguarding Team, the Independent Scrutiny, and Impact Group (ISIG), Children's Safeguarding Panel, Corporate Parenting Panel and Adopt Thames Valley (ATV). Learning from these groups and forums will be routinely shared with Performance and Outcomes Groups. Additional scrutiny is also explored as part of the Youth Justice Management Board, with any learning presented, to ensure a cohesive link in terms of governance and oversight.

8. **Voice of families and children** - everything that we do should be to the benefit of the families and children that we work with. We will consult regularly with the Children in Care Council and representatives from this group will be invited to become active participants in Peer Reviews and other learning activities. We also learn from compliments and complaints, with an annual report presented to CDLT.

QA Operational Guidance.

1. Performance scrutiny and management

Rationale

Key performance indicators are formally monitored on a minimum of a monthly basis by Service and Team Managers through Performance Clinics, by JSC SMT on a monthly and quarterly basis and on a quarterly basis by the Corporate Director/DCS and Lead Member.

These groups receive scheduled performance data and triggered qualitative reports from within and across service areas. A quarterly full performance dataset and exceptions report is produced and agreed at SMT and CDLT. This report will include all the indicators where there are concerns and challenge/support is needed.

A quarterly performance report is provided to JSC SMT in relation to qualitative and quantitative measures for each service area, as well as an analysis from the principal social worker which is also shared with CDLT.

The QA Operational Group and QA Board reviews the outcomes of audits that have been undertaken in the preceding month/quarter and an annual audit report is compiled and presented to CDLT.

2. **Reflective Practice Core Audits**

Rationale

Our children's electronic records provide a useful insight on front-line practice and the quality of work being carried out with the child and their family, allowing us to focus on *evidence* and on impact for the *child*.

Reflective practice core audits are a critical part of ongoing learning and improvement. Effective audits provide invaluable insight into the quality and impact of recording, assessment, planning, intervention, management oversight, support for the practitioner, and importantly, the views and experiences of children and their families and outcomes being achieved.

As these take place alongside the practitioner, they provide a robust and immediate learning opportunity for the practitioner to reflect on their work, including service user feedback. Audits also help us gain an essential perspective on the quality of front-line practice on the experiences of children and families and the impact we are making across the different teams, service areas and as a whole service. They enable us to identify themes or trends that help us to continue to improve and develop practice and the systems that support good practice to flourish. They also give us an opportunity to identify good practice and share this across the workforce, recognising and celebrating our strengths.

Service managers, team managers, assistant team managers, principle social worker, practice consultants, child protection chairs, and independent reviewing officers and sometimes assistant directors are responsible for carrying out one reflective practice core audit bi-monthly which will include feedback from children, young people, and their families. Auditors are responsible for undertaking these audits in line with the reflective practice auditing guidance below.

Each social care practitioner will have a minimum of one case audited every 12 months.

Audit methodology:

- The Impact and Inspection Team selects cases across Early Help, Referral and Assessment, Brambles, Conifers, Children with Disabilities and Here4U social work teams, ensuring there is a mix of plan types, genders, ages, and ethnicities within each audit period so that any trends or themes for cohorts of children can be identified.
- Audits will be allocated on the 1st of the month and must be completed and returned to the Impact and Inspection Team at the end of the month.
- Auditors must complete a desktop review of the child's electronic file and must always seek feedback from the child/young person as well as the parents/carers, unless there is a good reason not to do so.
- Audits should consider the previous 6 months of practice.
- **The** audit tool focuses on **evidence** and **impact of practice** and **experience of the child.** The rationale for decisions made on behalf of the child should be evident; that the interventions offered are planned and purposeful; and that improvement to the child's

life has the necessary pace. The tool also provides quality assurance of supervision and managerial oversight.

- **Audit method**
    1. Auditors will review the case file and the quality of recording.
    2. They will directly obtain feedback from the child and parent/carers to inform the conversation with the practitioner.
    3. They will also need to meet with the lead practitioner to discuss the child's case and reflect on their practice and impact on the child, and feedback suggestions and recommendations. This activity should be reflective and should be seen as an opportunity for learning.
    4. Once completed, the audit will be shared with the lead practitioner and their line and team manager and sent to the Impact and Inspection Team.
    5. The Team Manager will review their teams' audits and will put forward any they consider require moderation. (see selection criteria below).
    6. The learning and actions from individual audits will be reviewed in the following supervision with social practitioners and recorded on the child's case record.
    7. The Impact and Inspection Team will provide each team manager with a summary report of the findings of their team's audits.

Auditing and moderation methodology and timescales:

1. Reflective practice core audits will be allocated on the 1st of the month and will be completed and shared with the practitioner, their line manager and team manager within one calendar month of being allocated.
2. The Moderation Panel led by the PSW will select between 20-30% of audits for moderation. Audits are measured on the rigour of the auditor's grading judgment and the quality of their audit.
3. Selection for moderation will be based on the following criteria.
    - Audits which appear to be unsuitably graded.
    - Auditors who are new to auditing or who have previously struggled with audit quality and grading previously.
    - A sample of audits completed by proficient auditors to ensure quality is maintained.
    - Audits where the overall judgement is 'Outstanding' or 'Inadequate'.
4. Moderation is carried out by a panel of Practice Consultants chaired by the Principal Social Worker within 2 weeks of the audits being completed.
5. The Moderation Panel will identify areas of good practice and areas of development *for the auditor's practice*. It will also comment on the quality of practice in the case and recommend additional remedial actions if these are needed and the auditor has not already done so. The Moderation Panel may also make recommendations to take forward that are good learning points at an organisational level. The Moderation Panel

will review the case file as well as the audit to ensure that information is correct and fully reported.

The Moderation Panel will assess the following:

- Audits acknowledge and comment upon the key elements of the case.
- Evidence for the judgement grading is triangulated.
- Strengths and areas for development are highlighted.
- The auditor has graded the audit using the judgement criteria and provided a rationale for their grading.
- There is a clear action plan for the social worker and their manager to enable them to bring the case file and impact of practice up to good where shortfalls have been identified.

6. Moderation feedback will be provided to the auditor and team manager by email with a copy of the moderation where audits are considered satisfactory.

7. Where there are concerns about the audit or the grade has changed at moderation stage, the auditor will be invited by the Principal Social Worker to a discussion about the outcome of the moderation and provided with feedback and guidance for future audits. Auditors are required to participate in this feedback.

8. The moderation will not be sent onto the team manager until the discussion has taken place with the auditor, unless this would create unreasonable delay in team managers becoming aware of necessary additional actions.

9. Sample audits can be provided where relevant for additional guidance. A copy of the moderation will be emailed to the auditor.

10. A copy of the moderation will also then be sent to the team manager of the case.

11. A moderation report will be compiled for Service Managers to enable them to provide further support to auditors who are struggling with audit quality.

Roles and responsibilities during the audit process can be summarised as follows:

Practice Model Project Manager – Ensures that audits and identified actions are recorded on the child's file.

Team Manager - ensures that audit actions are tracked to their completion, leaving an oversight footprint on the child's record and supervision notes as appropriate. Reflective practice audits are a key tool for Team Managers to understand the quality of front-line practice.

Practitioner - approaches the opportunity to be part of a reflective practice core audit positively and prioritises this activity. Reflects on the feedback, takes on board any learning and includes their comments within the audit documentation. Undertakes to complete the actions by the deadlines agreed with the auditor which will be tracked through supervision to completion.

Principal Social Worker and practice consultants - moderates between 20-30% of completed audits per core audit cycle. Leads on analysing our learning log from audits and ensures that any themes or patterns of positive practice are shared with practitioners and any development areas are addressed.

Reporting Team – produces monthly and quarterly reporting to Performance and Outcomes Meetings, JSC SMT and CDLT as appropriate.

The Assistant Director for QA - responsible for the oversight of the compilation of the learning log from the file audits by **the QA officer** for presentation to the QA Operational Group, QA Board, JSMT, CDLT as required (quarterly as a minimum).

Service Managers and QA Officer - responsible for ensuring the activity is undertaken. Including that the requisite number of case files are undertaken in their service and that data/learning concerning the front-line performance in their areas is analysed and discussed at team and individual level, with trends identified and appropriate actions included in an action plan shared with JCS SMT on a quarterly basis.

3. Thematic audits

Thematic audits will be undertaken 4 times a year, led by the PSW and Practice Consultants in relation to specific subjects. Themes will be informed by the bi-monthly reflective core audits, emerging regional or national themes and will be linked to the improvement plan. Managers from the service area being examined will be invited to work collaboratively with the PSW and Practice Consultants on the thematic audit.

It is important that it is clear why a thematic audit has been chosen and the scope of the evaluation.   For this reason, all thematic audits will be supported by clear terms of reference written in collaboration between the Service Manager Quality Assurance and the Quality Assurance Operational Group and signed off by the Quality Assurance Board.

The terms of reference should specify:
- Why the thematic practice audit is being undertaken, including the context of why it needs to be looked at now.
- The scope of the audit and the key lines of enquiry.
- How the audit will be undertaken
- The timescale for the completion and reporting of the audit.

The methodology for thematic audits will be adapted to suit the theme of the audit and may include:
- Independent analysis of the theme by the PSW and Practice Consultants, using a bespoke audit tool.
- In depth or intensive use of collaborative practice evaluation, directly involving practitioners within one area of the service.
- Direct interviews with selected practitioners or teams.

- Focus groups.
- Observations of practice.
- Discussions with staff across the relevant service and with other key stakeholders.
- Seeking the views of children and young people.
- Seeking the views of parents, families, and carers.

The desired outcomes of thematic practice evaluations are:
- To provide evidence based robust self-assessment of critical areas of service.
- To identify areas of good practice for dissemination.
- To identify areas of areas for development and potential risk for further targeted improvement work or intensified management direction.

The QA Team are responsible for compiling an analysis of the findings from the thematic audit and reporting findings: identifying key themes, strengths, areas of potential risk and barriers for effective interventions.   The Operational QA Group will agree how the learning is shared and agree any remedial or strategic actions.

4. **Dip sampling**

This will involve rigorous, thematically driven scrutiny of a large number of cases, checking for particular practice, outcomes, and themes.

Dip-sampling is an additional method of quality assurance to enable managers to test out quality of practice in relation to particular themes and topics/cohorts, both in terms of gaining a baseline and then going forward to monitor progress.

The scope of dip-sampling is set out below. It's important to note that this list is not exhaustive; managers across the service as well as the operational QA group and board can make recommendations for this type of audit). Using a range of evidence sources, areas of focus for practice improvement for central and local audits will be identified for the coming cycle. Strengths and vulnerabilities within the system will need ongoing review and challenge against this scope, so that the cycle remains focused on areas for improvement and priorities:

The front door - the service that receives contacts and referrals (single or multi-agency) where decisions are made about:

- Child protection enquiries – strategy discussions, section 47 enquires, etc.
- Emergency action – liaison with police to use powers of protection, applications for emergency protection order.
- Child in need assessments
- Decisions to accommodate.
- The interface between early help and statutory work, step-up from and step-downs.
- Impact of early help on improving child's situation and supporting sustainable progress.
- No further action/signposting.

Children in need and those subject to a child protection plan:

- Thresholds.
- Step-up/step-down between children in need and child protection.
- Children on the edge of care.
- Children subject to letter before proceedings and the quality and impact of pre-proceedings interventions.
- Child and family assessments.
- The quality of decisions about entering care.
- Protection of disabled children.

Protection of vulnerable adolescents (contextual safeguarding):

- Child sexual/criminal exploitation
- Missing from home, care, or education.
- Risks associated with gangs.
- Risks associated with radicalisation.
- Trafficking and modern slavery.

Children in care:

- Quality of matching, placement and decision making for children in care
- The experiences and progress of disabled children in care.

Permanency planning and achieving permanence:

- Return to birth family.
- Connected (family and friends) care.
- Adoption
- Long-term foster or residential care
- Special guardianship.

Care leavers:

- Care leavers aged 16 and 17.
- Care leavers aged 18 to 25.
- Accommodation.
- Employment, education, and training.
- Transition to adulthood.
- Staying close and in touch.

Fostering

- Recruitment, assessment, and training
- Annual reviews
- Complaints, concerns, and allegations

Quality Assurance Services:

- Child Protection Conferences
- Children in Care Reviews
- Advocacy and Children's Rights Service.

5. Practice Week

Taking place once every 6 months, Practice Weeks are a unique and highly valued aspect of our Quality Assurance Framework. They entail a particular aspect of our practice being placed under the spotlight for a week, via a series of QA and learning activities. They not only allow practitioners to explore a particular theme of practice in much greater detail than usual, but they also provide us with a unique opportunity to come together as a Service, in order to promote shared learning and self-reflection. With this in mind, the theme chosen is always of universal relevance to all teams across Children's Social Care and Early Help.

The programme of each Practice Week will vary according to the theme in question, but they typically consist of the following components:

Live Learning Sessions: These sessions are organised so staff can listen to an appreciative enquiry interview, which is designed to bring out interesting or thought-provoking examples of case learning. The sessions usually entail one or two workers presenting the background of a pre-selected case, before one of our Practice Consultants undertakes an appreciative inquiry interview to investigate the case further. The intention is to use this questioning style to look at case successes and breakthroughs, but also any challenges faced, or thoughts on retrospective learning. House rules are usually in place to limit questions and comments during the interview itself, so as to encourage participants to self-reflect, without feeling any pressure to contribute.

Observations: Senior leaders and managers are usually asked to complete a practice observation. What exactly is observed will vary depending on the theme of the week, but the schedule will typically involve senior staff sitting in on meetings that involve practitioners interacting with families or partner agencies - such as CIN Meetings, Core Group Meetings, or social work visits. Observations are always collaborative, in that the observer is asked to discuss the meeting with both the social worker and the family involved afterwards. Observations therefore not only provide a unique opportunity for senior staff to better understand the challenges that front line practitioners are currently facing, but also provide an opportunity for them to provide some individual feedback to practitioners as well as providing an invaluable chance to collect feedback from the families and children involved.

Learning materials: In order to encourage colleagues to explore the theme of the week in more detail in their own time, our Policy Team put together a learning resource. This will typically signpost readers to relevant articles from learning resources such as Community Care Inform; case studies from other local authorities or safeguarding partnerships; examples of relevant learning from our own audit reports; relevant practice model resources or practice tools; and links to training opportunities. The resource is usually circulated to all Social Care and Early Help staff at the start of the week.

6. Supervision audits

Rationale

The quality of supervision is crucial to front line practice. Consistent and reflective supervision is assured by supervision audits which should be carried out by a peer team manager annually. This will consist of a supervisor being selected and a team manager from another team appraising this supervisor by reviewing their supervision records, both on the child's electronic record and their full supervision records to ensure the holistic supervision is being undertaken that address CPD and performance management/feedback. It should also include feedback being taken directly from the supervisees of that supervisor.

Role & responsibilities

Service Managers - responsible for ensuring the requisite number of supervision files are audited in their service area and disseminating learning appropriately. They should audit one team manager's supervision annually. Service managers will provide an annual report to JCS SMT, QA audit board, and CDLT on themes identified in supervision audits for their service area and subsequent action taken.

Team Managers/Assistant Team Managers – responsible for auditing 2 supervision files in paired team once a year and ensuring that recording is carried out in line with policy (ensures that any follow up work identified by the audit is undertaken.)

7. Additional activities

There are a range of other quality assurance activities which will occur throughout the year including local learning reviews, rapid reviews, peer reviews, commissioned review/evaluation, and deep-dive and multi-agency audits. Where these are single agency and fall under the umbrella of children' services, the findings from these activities will be reported through the JSC SMT and CDLT structure with learning captured and used to inform self-assessment and service planning. Where the themes are cross-cutting, findings will be reported through the Practice Review Group to Berkshire West Children Safeguarding Partnership (BWCSP), or the Community Safety Partnership (CSP). BWCSP and CSP partners will have responsibility for identifying and cascading relevant action planning.

8. Voice of families and children

Our aim at Wokingham is to seek feedback in a consistent way that engages children and their families meaningfully. It is our ambition to make the collection of this feedback an integral part of all of our quality assurance activity, and to develop systems which can collate it into one place. To this end, we use a variety of tools and mediums in which to secure feedback from families. Some key examples of our work in this area include:

- **Audits:** we have made seeking feedback from families a routine aspect of our auditing process. Notably, our Reflective Practice Core Audit Tool has a dedicated section on family feedback, which instructs the auditor to contact at least one parent or carer (where it is appropriate and possible to do so) in order to obtain their views on our work with them. In addition, the auditor is also asked to seek the child's views in an appropriate way.

- **Everyday practice:** Various parts of our Social Care and Early Help service seek to capture feedback as part of their day-to-day interaction with children and families. A good example of this is within our Early Help Service, where workers complete feedback forms with families during their final session. This feedback provides part of the reflective review of where the family were when our work with them started, and what they are doing now as a result of our Early Help input. The service also has future aspirations to create a routine feedback questionnaire for all individuals who contact our Front Door via the Multi-Agency Safeguarding Hub (also known as MASH).

- **Complaints:** Reports on complaints are produced on a quarterly and annual basis, which collate the complaints we have received from families, and draw out key themes. Analysis of complaints focuses on understanding how disputes or grievances have come about, and whether they indicate that changes are needed to wider working practices. This work provides an important link to the voice of the service-user and is a useful barometer for our overall performance.

- **Compliments:** the compliments we receive from children and families, as well from our multi-agency partners, are recorded and summarised in annual reports. The compliments we receive often provide a rich source of information about what families and partners have valued in our work with them and help to provide assurance about what is working well. Where these compliments point towards instances of best practice, efforts are made to distribute these amongst teams, in order to celebrate our practice.

- **The Children in Care Council:** at Wokingham we are fortunate to have an active and engaged Children in Care Council (CICC) which meets regularly to consider issues that are currently important to children and young people in care. Members of the CICC raise issues about matters which impact on children in care, and with the assistance of a dedicated Child Friendly Project Officer, they are able to feed their views into the Corporate Parenting Board, providing challenge and scrutiny. The CICC also has meetings with the Lead Member for Children Services and other senior officers, so that there is always an opportunity for children and young people to communicate directly to senior leadership, put forward their views and to ask questions about and the Council's commitments to them. To further strengthen this process of dialogue and listening to the views of children, Members of the Corporate Parenting Board also have a commitment to regularly meet with our children in care in their own environment.

- **The Wokingham Pledge and Survey**: the Wokingham Pledge is a document setting out our key commitments and promises to Wokingham's Children in Care and Care Leavers. We conduct an annual survey which asks young people to let the council know what they think about our performance against these Pledge commitments. This feedback is shared with the Corporate Parenting Board and senior officers, and an action plan is created to address the areas children and young people feel are working less well. The survey results are fed into the QA Operational Group and where they are relevant may shape future QA work.

Governance

Introduction

Mechanisms for ensuring effective oversight and scrutiny are crucial elements of any QA Framework, and these are components that we have considered carefully at Wokingham. When working well, governance of QA creates appropriate challenge and ownership across an organisation, helping to ensure that the overall framework remains responsive, targeted, and efficient. The core components of our Governance Framework are a monthly QA Operational Group, overseen by a quarterly Quality Assurance Board.

The Quality Assurance Operational Group

The Quality Assurance Operational Group meets monthly to plan and implement our QA activity. Meetings of the group provide a forum for those working in the day-to-day workings of QA to discuss progress in implementing audits and other activities, to consider latest operational challenges, and to plan accordingly for our future schedule of work.

More specifically, the group must:

- **Co-ordinate and plan thematic audit activity**: including the development of audit tools, the drafting of audit scoping documents and the commissioning of external auditors.

- **Co-ordinate and plan Core Audit activity**; including revising our Core Audit Tool where necessary and monitoring the quality of internal auditing (via the Moderation Panel).

- **Co-ordinate and plan Practice Week;** including deciding on themes and schedules of learning activities.

- **Produce clear and accessible QA Reports**; these reports should include a clear explanation for the rationale for our work, the methodology used, the key findings, and a summary of the actions we will take in response.

- **Maintain and monitor a QA learning log and activity tracker**; in particular, the group considers how actions from recent reports have progressed, the impact they have had, and whether further work is required to evaluate our progress.

- **Maintain and monitor a QA Forward plan**; ensuring sufficient and targeted scrutiny of our practice throughout the year.

- **Ensure that learning needs are discussed and communicated to key partners**: this includes Service Managers and the Principal Social Worker, but also relevant leads in Learning and Development, the Practice Framework Project and Performance.

- **Co-ordinate communication of QA activities to staff**: including the dissemination of key audit findings, learning opportunities and actions plans to frontline staff via a

quarterly QA communication, to ensure staff can clearly see the impact of audits and other QA activity that they support.

- **Provide a quarterly report of recent QA activity to the QA Board**; including key themes and learning which may impact on service delivery to children and young people.

The Quality Assurance Operational Group consists of the following members of staff:

- Assistant Director for Quality Assurance and Safeguarding Standards
- Service Manager for Quality Assurance and Safeguarding (Chair)
- Service Manager for Impact and Intelligence
- Service Manager for Safeguarding
- Service Manager for Corporate Parenting
- Service Manager for Children with Disabilities Early Help, and Prevention the Youth Justice Services
- The Principal Social Worker
- The Complaints Officer
- The Practice Model Project Manager
- The Learning and Development Lead
- The Quality Assurance Officer
- The Policy Officer

Other operational staff or Practice Consultants may be co-opted as required.
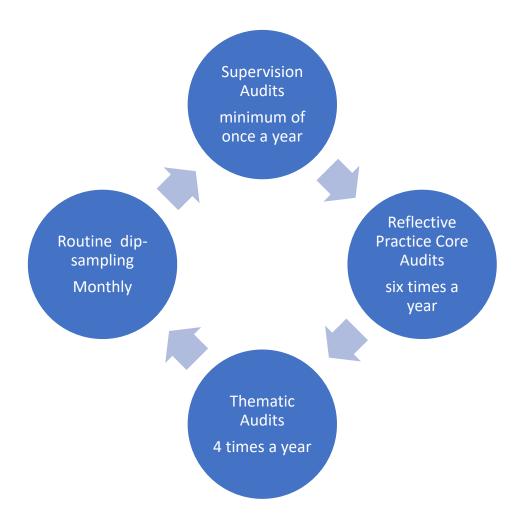
The Quality Assurance Board

The Quality Assurance Board meets quarterly to provide oversight of all QA processes across Social Care and Early Help. Members scrutinise the QA output from the quarter and consider whether it is sufficiently driving improvements across our service, and thus improving outcomes for children and young people.

The Quality Assurance Board consists of the following members of staff:

- Director of Children's Services (Chair)

- Assistant Director for Social Care and Early Help

- Assistant Director for Quality Assurance and Safeguarding,

- Service Manager for Safeguarding

- Service Manager for Corporate Parenting

- Service Manager for Children with Disabilities, Early Help and Prevention the Youth Justice Services

- Service Manager for Quality Assurance and Safeguarding

- Service Manager for Intelligence and Impact

- Principal Social Worker

- Practice Model Project Manager

- Quality Assurance Officer

Appendix A - Cycle of planned audits

Supervision Audits

minimum of once a year

Reflective Practice Core Audits

six times a year

Thematic Audits

4 times a year

Routine dip-sampling

Monthly

Appendix B – Reflective Practice Core Audit Workflow

Step 1
Complete a desktop review using the audit tool

Step 2
Seek feedback from the child / young person prior to the RPA with the practitioner

Step 3
Seek feedback from the parent/carer prior to the RPA with the practitioner

Step 4
Complete the reflective practice audit with the social care practioner

Step 5
Agree overall quality judgement, exemplars of good practice/remedial actions needed

Step 6
Moderation of audits to be completed within 2 weeks of audit

Step 7
Audits to be shared with practitioner and line manager to discuss in supervision

Step 8
Summary report of judgement and areas of practice quality judgement shared with social work managers

Step 9
Manager to provide commentry on findings identifiyng achievements to be celebrated and areas for develeopment

Appendix C - Guidance on Auditing

Audits will reflect on the impact of SW practice and intervention and outcomes for the child/family concerned.

The following step-by step guidance on what good looks like will be provided in the reflective practice audit tool to support auditors provide consistent quality judgements.

Good looks like….

Contact and referral (only included in audits for cases open in previous 6 months)
- Shows a clear understanding of when appropriate to refer to social care.
- Contains all the relevant information and clarity with regard to reason for referral.
- Responded to promptly.
- Decision making takes account to previous referrals / contacts.
- Risks and harm alongside strengths and safety are recorded in detail.
- Managers risk analysis, scaling, next steps, and rationale for decision evidenced and appropriate for referral info and history.

Case recording
- Recording is up to date, concise and analytical, trauma-informed and provides sufficient detail to ensure effective safeguarding and focused planning.
- Visits are purposeful and help progress the plan.
- Includes the wishes and feelings of the child / young person & where possible is in their own words.
- Evidence of strengths based, relational practice.
- Case recordings are written in plain jargon free language that would help a service user understand their story/journey.
- There is an up-to-date chronology that shows all the key points in the child's/young person's life.
- There is an up-to-date case summary and chronology.
- Evidence of social work tools being used e.g., Neglect Screening Tool

Assessment
- Involves children/young people and their parents/carers.
- Written in plain, jargon free language that is understandable to parents and carers.
- Parents (including fathers/male carers) and children's wishes, and feelings are clearly recorded.
- Reflect historic information.
- Professional curiosity is evident.
- Diversity needs are addressed and evaluated.
- Include relevant information from agencies involved with the family.
- Clearly identifies risks and protective factors.
- Provide a clear analysis of the child/young person's situation with clear recommendations for the child's plan.
- Outcome of the assessment is shared with the child and family and feedback sought.

Planning
- Plans reflect assessment findings.
- Wishes and feelings of the children/young people and families are visible.
- Plans are clear and outcome focused with attributed actions which are:
  1. Specific
  2. Measurable
  3. Achievable
  4. Realistic
  5. Timescales are clear
- Other agencies are involved as appropriate.
- Includes a clear contingency plan.
- Circles of safety plan has been completed with the family.
- Is the plan likely reduce the risk of harm to the child and improve their outcomes?

Review of plan (CIN meetings, Core Group meetings, Statutory CLA reviews and CP Conferences)
- Are held in timescales.
- Are convened to allow maximum attendance of family and professionals and where this is not appropriate view are sought and feedback is given regularly.
- Progress and outcomes are reviewed.
- Children are actively involved where they have the ability to do so, including attending meetings with the support of an advocate or chairing their own reviews.
- Wishes and feelings of the children/young people and families are visible and reflected in plans and meeting reports.

Management Oversight and Supervision
- Supervision is in line with practice standards timescales.
- Reflective.
- Leads to effective decision-making and improved outcomes.
- Rationale for decisions is clear and drift is prevented.

Impact on the child
- Families can build sustainable relationships through having minimal change of social worker.
- Parents receive support to improve their parenting.

Audits will also include.
- Feedback from the child
- Feedback from the family
- Feedback from key agencies and quality of partnership working.

TOP TIP - Auditing is an important part of our role and responsibilities as Managers, but it can take time to do well. Auditors should plan and allocate time throughout the month to complete the audit to avoid non-completion due to work pressures.

HINTS AND TIPS FOR WRITING UP YOUR AUDIT

1. Invest time in your case summary. This should give a clear sense of the **child's journey** and will set the tone for the rest of your audit. Be clear about what you think is the most important for this child right now?

2. Impact is key. **Evaluate the impact** of the practice you see from the child's perspective – ask yourself the 'so, what?' question and explain that in your rationale. Remember, impact can be both positive and negative.

3. Your rationale should cover:

YOUR JUDGEMENT of	THE ACTION TAKEN and	THE IMPACT FOR THE CHILD
Arrangements for X are effective	due to…	so…
The X is good in this case	as a result of…	leading to…
My judgement of X is that it requires improvement	because…	meaning that…

4. Refer to the **Practice Standards** to support your judgements.

5. Point to three sources of evidence that support your judgement to **triangulate** your findings. Always try to quote the last three dates of visits / supervision etc.

6. Reflect on how the **risks** to the child are being managed and how effective the action being taken is in reducing the risks.

7. Demonstrate **professional curiosity**, but never leave an 'open' hypothesis, where you don't reach a conclusion. Avoid the use of 'open' language like 'it seems' or 'this could indicate'.

8. Be clear about what would improve the practice you have seen. What would move the case from requires improvement to good or how could the practitioner make the case outstanding? Think about using phrases like, 'for this to be judged to be good, I would expect to see…' or 'this would be strengthened by…'

Appendix D - Statements of What Good Looks Like (Ofsted)

https://www.gov.uk/government/publications/inspecting-local-authority-childrens-services-from-2018/inspecting-local-authority-childrens-services#evaluation-criteria