

Quality of Practice Framework Northumberland Children's Services

Version	Date	Approver	Author	Planned review
V1	1.3.2023	Children's Services leadership team	Dorothy Chambers/ Catherine MacDonald	September 2023
V2	19.6.2024	Children's Services leadership team	Dorothy Chambers/ Catherine MacDonald	May 2025
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INTRODUCTION

The quality of practice framework is at the heart of our vision to be a service where meeting the needs of children, young people, their families, and carers is the focus, so they get the best out of life.

The framework sets out what we will do to ensure there is a clear and succinct approach to understand how well our services are doing, to evaluate their impact, and to learn from what we find.

The framework applies to all services in Northumberland, from early help family teams through to child permanence.

WHY DO WE NEED A FRAMEWORK?

The purpose of the framework is to:

- support colleagues to achieve better outcomes for children by understanding what quality practice is and the practice standards expected,
- support and guide colleagues to understand the effectiveness of their services,
- set out clear roles and responsibilities and to encourage accountability at all levels of the service, and
- support and guide the continuous learning and improvement cycle for the whole service.

WHAT IS QUALITY PRACTICE?

There are a range of national, regional and local statutory requirements, policies, procedures, and guidance that set standards, define quality, and capture best practice for Children's Services. The most recent include the DfE [National Framework for Children's Social Care](#) and the [revised Working Together guidance](#).

The practice expectations and bottom lines for each area of our services were written by practitioners and agreed by their managers and senior managers. They are outlined in the [practice framework and expectations handbook](#).

[Appendix 1](#) sets out examples of quality required to meet the practice expectations. This is a guide to support consistency but should not be used as a checklist of the only activity that would take place.

EVALUATING QUALITY OF PRACTICE

We use a variety of methods to evaluate the quality of practice by identifying:

- areas of strength and good practice examples, to be celebrated and shared to support wider learning,
- gaps or concerns within practice, to understand where we can develop as a service, and
- the next steps we need to take, to demonstrate improvement.

The insight from evaluating practice adds value to the development of quality of practice and to improving outcomes for the children, young people, their families and carers we work with, through the service that is offered.

The evaluation of practice is not an additional activity. It is an integral part of everyday practice and service review.

WHO DOES THE FRAMEWORK APPLY TO?

We want everybody to be accountable for the quality of their work, whilst being supported and constructively challenged to deliver the best service possible.

The quality of practice framework relies on shared ownership and accountability at all levels. It supports discussions about practice and its analysis at individual, operational and strategic levels.

Practitioners and managers are encouraged to self-evaluate quality as they go about their daily duties. Activity such as writing and reviewing an assessment, a care plan, a court statement, or meeting minutes etc. are important day to day assurance activities. However, practitioners and managers will also be involved in a range of planned quality of practice activities.

OUR JOURNEY SO FAR

Children's Services is committed to developing a useful and meaningful quality of practice framework, that fulfils its purpose. This is recognised as an improvement journey, which has included the activities in [Figure 1](#).

The continued development of practice days is recognised as the main method children's services use to evaluate practice. This activity provides practitioners with an opportunity to showcase their practice. Senior managers also have an opportunity to understand practice and speak to practitioners and managers about their findings and to listen to their views about the services they represent.

To develop the framework further, Children's Services wants to use the learning from more established methods such as practice days, to develop other quality of practice activities.

The aspiration is to develop the framework, so it aligns with relevant multi-agency frameworks across the partnerships.

MODEL OF PRACTICE

Signs of Safety is the chosen practice model. The service recognises that other strengths-based approaches are also utilised like trauma informed practice, Pillars of Parenting, the secure based model and move to adopt. Working in a strengths and relationship-based approach, is at the heart of all these model

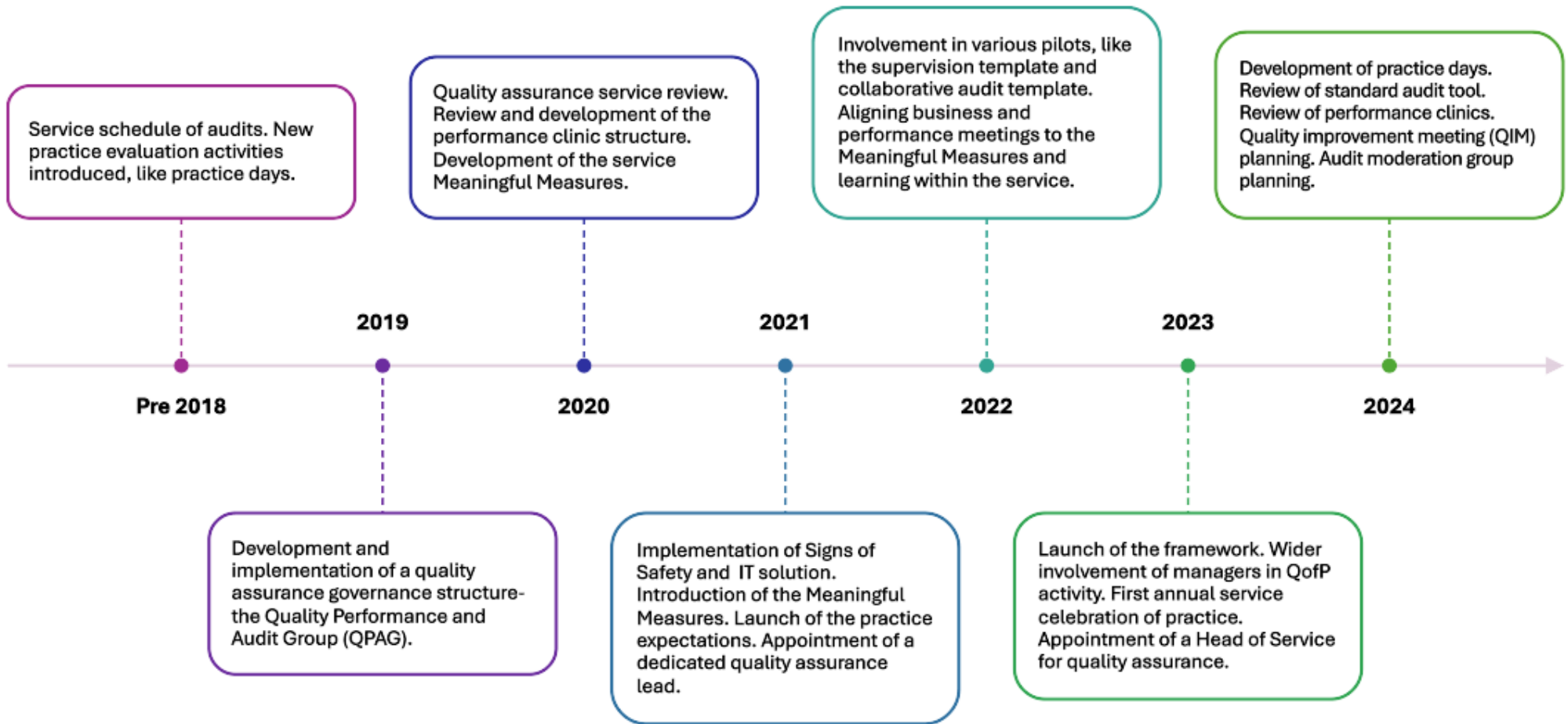


Figure 1: Our development journey so far

Collaboration and empowerment

We have used our practice model to enhance the focus on respectful and collaborative work. Families are always encouraged to identify the best solutions to their difficulties, to create safety plans that they develop within their networks. However, if we are unable to establish good enough safety for children and support for families, we can review the circumstances so that children are always in safe arrangements. By working in partnership with those we support, we aim to empower children, young people, their families and carers, and our workforce to achieve sustainable and meaningful outcomes.

Working environment

Relationship-based practice requires a working environment that supports practice to be as good as it can be. Every practitioner and manager must feel that they can do their best work with the support of their leaders and an acceptance that mistakes may be made. We know the behaviours of families can never be predicted fully. Therefore, any decision making, and its rationale must be clearly recorded. We call this 'showing your workings out' so that anyone can understand why a decision was made at the time.

PRACTICE AND FRAMEWORK PRINCIPLES

The principles of quality practice with children, young people, their families and carers are shown in [Figure 2](#). These principles are also reflected in the quality of practice framework.



Figure 2: Practice and framework principles

It is important that quality of practice is fully understood.

The framework focuses on quality of practice and practice outcomes, which reflect the key components to improving strategic and operational actions.

The framework supports the combination of quantitative and qualitative data as methods of evaluation. [Figure 3](#) shows the core methods Children’s Services use to triangulate findings, to evaluate the quality of practice.

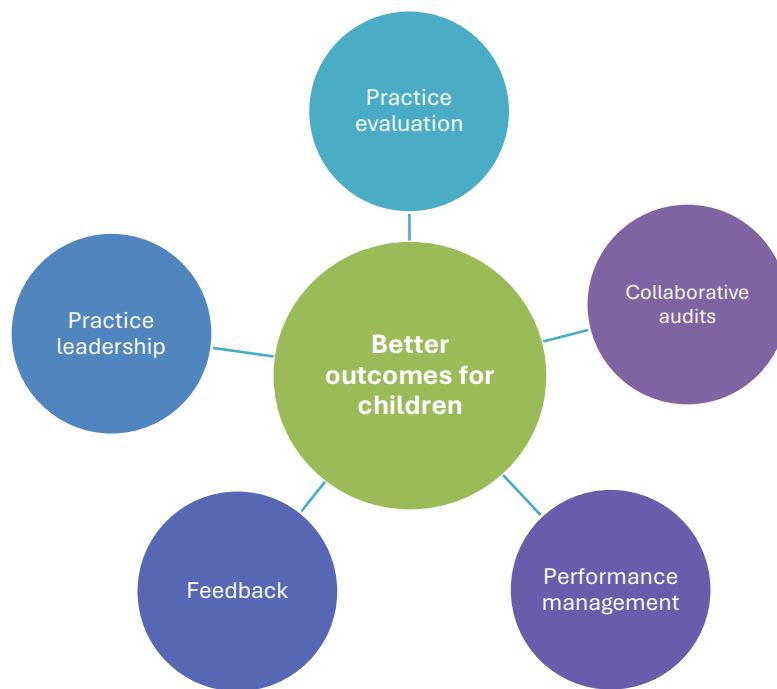


Figure 3: Core methods to evaluate quality of practice

The interrogation of performance management data enables managers to identify headline findings quickly. These headlines should be triangulated through the other methods, to understand their full meaning. This combination approach results in a greater assurance of the quality of practice and its impact across the whole service.

Various quality of practice activities are aligned to the core methods of practice evaluation. These activities aim to provide the workforce and service leaders with confidence that we are delivering good quality practice and services to children, young people, their families and carers.

Using and understanding the various quality of practice activities, we aim to demonstrate we understand ourselves, our services. Most importantly we want to demonstrate the difference we are making to the lives of children, young people, their families and carers who we are supporting.

[Table 1](#) identifies the importance of each method and example aligned activities.

Methods and activities to evaluate the quality of practice

Method	Importance	Quality of practice activities
Practice evaluation	<p>Leaders and managers work together to develop critically reflective practice that supports shared responsibility for risk in a balanced way through supervision, appreciative inquiries, consultations, escalations, and practice learning.</p> <p align="center">This helps to keep practice under review.</p>	<ul style="list-style-type: none"> • Practice days • Learning from inspections • Participation in peer challenge events • Back to the floor days • Practice observations • Group supervision • Dispute resolution process • Moderation group
Collaborative audits	<p>We learn from what has gone well by including families and practitioners in the auditing process. Practitioners and managers can apply their best thinking about what can be further developed, creating more ownership in what further work will be undertaken.</p> <p align="center">This emphasises learning and responsibility for everyone.</p>	<ul style="list-style-type: none"> • Standard audits • Themed audits • Service area and team specific audits • Multi-agency audits
Performance management	<p>Regular and detailed scrutiny of performance data helps keep track of progress and alerts managers to issues at an early stage before they become serious concerns. Scrutiny of performance data is a core function of the managers role. A robust performance regime will inform other types of scrutiny, for example through dip sampling or auditing, and will contribute to organisational learning.</p> <p align="center">This emphasises learning and development through dashboards that allow for real-time feedback.</p>	<ul style="list-style-type: none"> • Access to performance dashboards • Dip sampling • Service performance clinics • Senior Manager performance reviews • The use of the Children’s Services Analysis Tool (ChAT)
Feedback	<p>Seeking feedback helps us to learn about the quality of support families received. We also seek feedback from staff and partners around their confidence with our practice and the organisational culture. Without</p>	<ul style="list-style-type: none"> • Learning from compliments and complaints • Celebrating identified quality practice examples • Children and family feedback (like ASYE portfolio, through surveys, Mind Of My Own, Total

	<p>this information, we have no real understanding about the difference we are or are not making.</p> <p>This emphasises learning and development by understanding the “so what” question.</p>	<p>Mobile, participation forums, audits, visits, involvement in meetings)</p> <ul style="list-style-type: none"> ● Staff feedback (through the staff survey, practice days, audits, Principal Social Worker forum, team meetings, exit interviews, supervisions, consultations, foster carer feedback/review) ● Partner agency feedback (through partnerships, consultations, audits, ASYE portfolio) ● Children and young people’s forum (Voices Making Choices, Care Leavers group)
<p>Practice Leadership</p>	<p>The workforce is central to delivering high quality practice and services. The quality of everybody’s contribution to promoting the welfare of children and young people and keeping them safe is crucial. There is a commitment from leaders and managers to providing staff with effective inductions, supervision, appraisals, and professional development opportunities.</p> <p>This provides underpinned practice support.</p>	<ul style="list-style-type: none"> ● Inductions ● Annual appraisal process ● Supervision process ● The practice framework and expectations ● Team plans ● Tri.x review and maintenance ● Team workshops ● Learning from practice and peer reviews ● Learning together programmes ● Learning and development impact evaluation ● Workforce development dashboards

HOW WE WILL KNOW WE ARE MAKING A DIFFERENCE

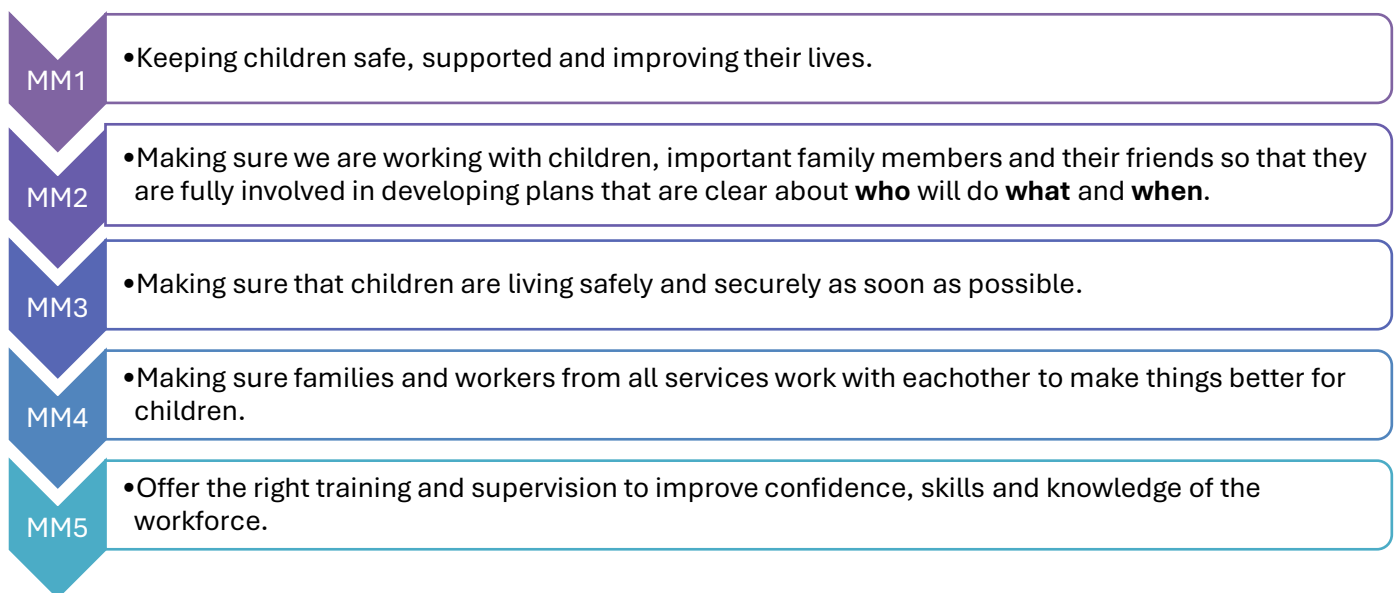
Children's Services has five Meaningful Measures, which reflect its key objectives.

Underneath each Meaningful Measure are a combination of quantitative and qualitative indicators that are specific to each service.

To always develop our practice and the service we offer, we should be thinking about the Meaningful Measures and their indicators as:

- **What are we worried about and why?**
- **What did we do well and how did we do it?**
- **What is the impact of what we did and how do we know this?**
- **What areas do we need to celebrate or learn from, and how?**

The analysis of the indicators will support the service to identify and measure how well it is meeting each of its Meaningful Measures.



HOW WE WILL BE ASSURED AND CONTINUE TO IMPROVE THE QUALITY OF OUR PRACTICE

Any quality of practice activity will result in actions that help the service to continuously learn and develop. The learning and improvement cycle in [Figure 4](#) demonstrates how evidence from the quality of practice activities will be used, to have a positive impact for the service.

- **Monitoring-** we will use a variety of quality of practice activities to gather evidence.
- **Analysis and evaluation-** we will analyse the findings from a variety of quality of practice activities to help us understand the quality of practice and services we provide and what the findings mean in their context.
- **Learning and improvement-** we will identify the learning and opportunities for quality of practice and service improvement that we need to make.

- **Review and impact ('closing the loop')**- we will challenge our learning and the service improvements we make to identify the impact it has had for children, young people, their families and carers.

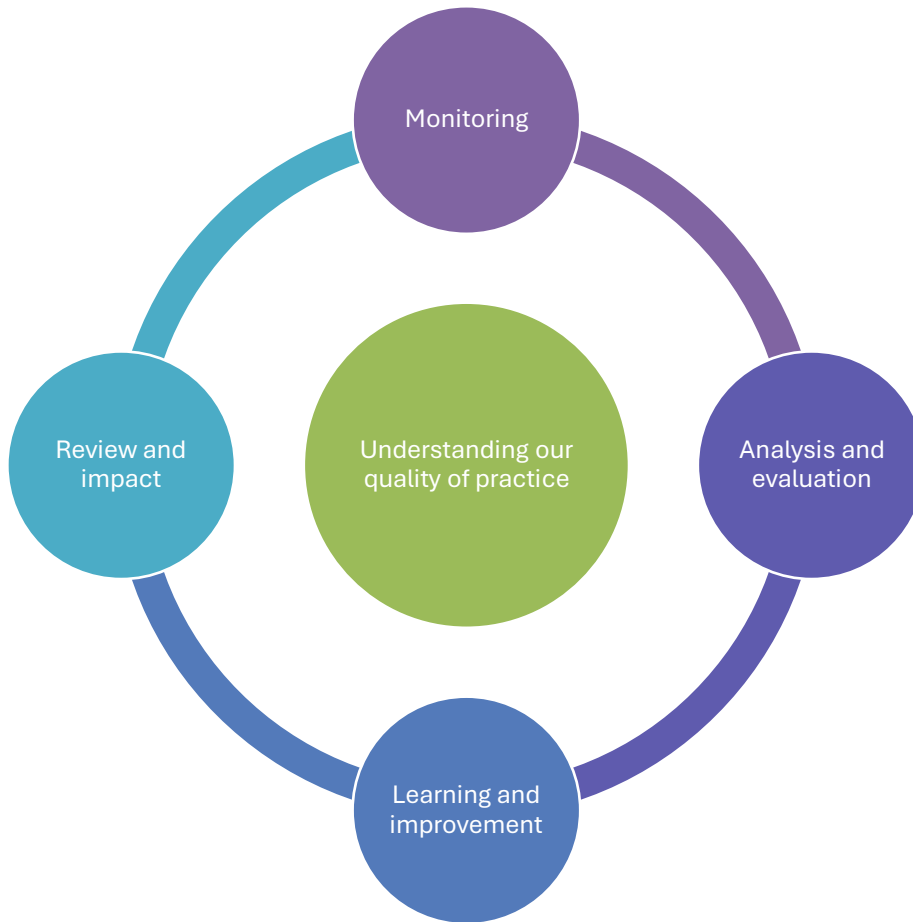


Figure 4: Continuous improvement cycle

GOVERNANCE

The key responsibilities of relevant roles to the quality of practice are outlined in [Figure 5](#).

The Quality Improvement Meeting (QIM) is the overarching structure that oversees and scrutinises the quality of practice within Children’s Services.

QIM will review our continuous improvement plan. It will monitor the implementation of the quality of practice framework, the use of the framework and that this approach continues to make a difference.

QIM is chaired by the Service Director of Children’s Social Care, with Heads of Service, and the extended service management team in attendance. Client relations and performance analysts will also be invited.

The QA HoS is responsible for the co-ordination of all quality of practice activity across Children’s Services and the identification of service level themes.

QIM is responsible for agreeing service level actions and plans to progress learning improvement opportunities across the whole service, from its oversight of headline findings and themes from all quality of practice activities.

Assurances will be provided to QIM about the progress of identified actions and plans to understand the difference that learning and developments have made.

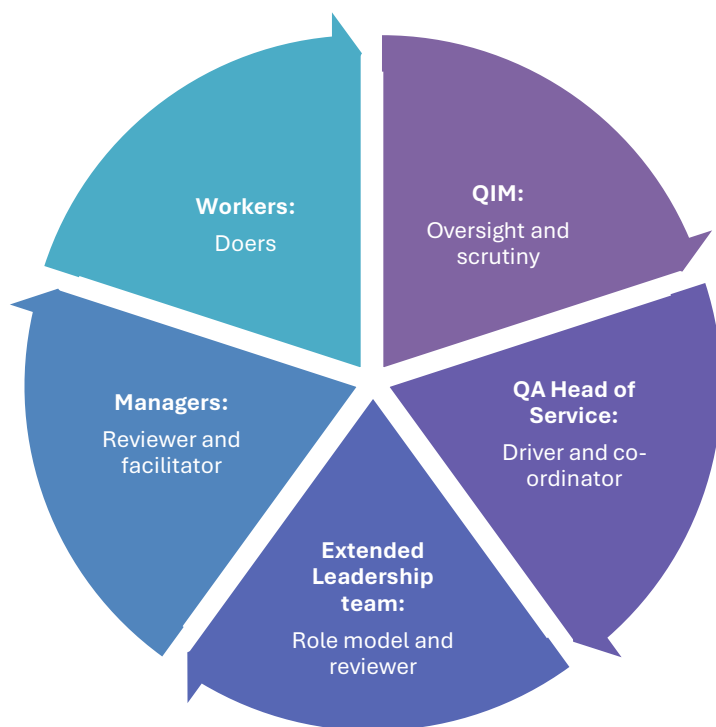


Figure 5: Roles and key quality of practice responsibility

Key findings about multi-agency practice will also be shared with QIM, through its links with partnership structures. The Northumberland Children and Adult Safeguarding Partnership (NCASP), Children and Young People’s Strategic Partnership (CYPSP) and the Domestic Abuse Local Partnership Board (DALPB) will also contribute to ensuring best practice is delivered effectively and efficiently to children, young people, their families and carers in Northumberland, through multi-agency working.

[Appendix 2](#) shows the mechanisms that Children’s Service have in place to evaluate findings from the core methods of quality of practice which involve workers, managers, senior managers and other Heads of Service. The mechanisms that oversee and monitor practice improvement are also identified.

APPENDIX 1

The aspirations of the service do not reflect ‘perfect’ practice or that there are not areas that need to be improved. We would expect there always to be areas to be developed, what is crucial is identifying these areas and creating a plan to address them.

We would expect to see....

- Decisions are risk sensible; always considering the strengths and worries to make balanced decisions about what needs to happen next.
- The child’s voice is always clear throughout practice and documentation.
- Collaboration with families, or attempts of, are always evident throughout practice and documentation.
- All recording and documents produced are analysis based, always considering the impact on the child.
- The language used in practice and documentation is simple and straight forward. It is consistently respectful, compassionate, and understanding.
- The consideration and application of professional knowledge and research relevant to the situation, is evident throughout practice and documentation.
- Regular feedback is always being sought from families about the quality of the service they receive. This will be considered as part of our efforts to continuously improve the service we deliver to children and families.

Contact/Referral	Basic information	Assessment	Planning	Review	Management oversight
<ul style="list-style-type: none"> ▪ A consistent understanding of the threshold of needs document across the partnership, how and when it is appropriate to refer to social care. ▪ All relevant sections of the MARF will be completed with clear and relevant information that 	<ul style="list-style-type: none"> ▪ Basic details in EHM/LCS are accurate- names, DOB, relationships, addresses, contact details and relevant flags are used. ▪ All open children will have clear and focused behavioural danger/worry statement, outcome 	<ul style="list-style-type: none"> ▪ There is a clear understanding of why the assessment is needed and what needs to be completed. ▪ Parents/carers and children will be aware of the purpose from their first contact. ▪ Evidence of effective working with families, 	<ul style="list-style-type: none"> ▪ The child’s Plan is collaborative with families/carers and the child where possible, which is individual to their circumstances and not service driven. ▪ The child’s plan is written so everyone relevant understands where we start and 	<ul style="list-style-type: none"> ▪ Consistent evidence all the important people to the child's plan are invited to review meetings. Non-attendance is challenged or a rationale is provided with follow up actions identified. ▪ Consistent evidence review meetings are 	<ul style="list-style-type: none"> ▪ Supervision is reflective and focused, which analyses the strengths and worries and identifies any next steps (by who and by when). ▪ Group supervisions, Appreciative Inquiries and practice discussions will be regularly taking place,

<p>outlines the strengths and worries, with evidence of an analysis and judgement from the referrer that is based on facts and specific behaviours.</p> <ul style="list-style-type: none"> ▪ Consistent evidence in all contact records: <ul style="list-style-type: none"> - The triage manager provides an overview of the referral, clear direction for any required actions, appropriate to the concern. - The triage worker has made the necessary enquiries, recorded the information using the domains of analysis, made a judgement which is based on fact and specific behaviours (draft DS and SG) including a scale and proposed next steps. ▪ There will be evidence of the triage workers working out, to understand the judgement they have reached. 	<p>focused safety/wellbeing/ success goal and clearly defined scaling questions.</p>	<p>their networks, and other agencies, who have had the opportunity to contribute to the assessment.</p> <ul style="list-style-type: none"> ▪ Demonstration that the child has been seen and spoken to and direct work tools have been used. If this is not appropriate a rationale is clearly recorded. ▪ The child's views will have been shared with parents/carers and their voice is included throughout the assessment and within their plan. ▪ Evidence that assessment tools are being used purposefully (direct work, safety matrix, harm matrix, safety circles etc). ▪ Assessments clearly identify strengths and worries, distinguish fact from opinion. They will provide a detailed analysis (not a narrative) and recommend 	<p>where we want to get to. The timeline outlines tasks, who will do them and by when.</p> <ul style="list-style-type: none"> ▪ Everyone understands from the beginning what will happen if safety or wellbeing cannot be managed. The plan rules explain what will be done and by who to keep the child safe, healthy and well. ▪ Evidence the child has been given an age-appropriate explanation of what adults are worried about and what they are doing to sort the worries out, and a copy of their plan (like words and pictures). 	<p>taking place and reflect strengths and worries since the last meeting.</p> <ul style="list-style-type: none"> ▪ Consistent evidence the child's Plan has been reviewed in accordance with statutory/procedural requirements. If not, there is a clear rationale recorded in EHM/LCS. ▪ Consistent evidence that the child, network, and partners have contributed to the review of the Plan. ▪ Evidence the Plan is responsive to the child's changing needs and there is evidence it is making a difference for the child and how. ▪ Scaling is consistently used to understand the progress that is being made. All members of the review provide a scale and rationale for their decision. ▪ Managers and IROs/ CPCCs will provide challenge if there is no 	<p>which will be recorded in EHM/LCS to demonstrate the reflective thinking that is taking place.</p> <ul style="list-style-type: none"> ▪ There is consistent evidence of CSM oversight and recording, for example at key decision-making points re: ICPC, LPM etc. ▪ Any issues with drift and delay will have a clear plan to address this and will be evident in the child's record from the manager or CSM. ▪ Evidence of consistent use of the collaborative audit tool to understand and review the quality and impact of practice, either as a standalone task or as part of the quality of practice schedule. The findings are used to develop ongoing next steps. Managers will be demonstrating an understanding of the Meaningful Measures and will be using them
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<ul style="list-style-type: none"> ▪ Consistent evidence a manager has provided their analysis and a rationale for their decision making. ▪ Consistent appropriate application of thresholds within First Contact/EDT, and the issue of consent is clearly recorded. ▪ All decisions about all new referrals are made by First Contact/EDT within 24-hours of the contact record being created. ▪ Receiving teams will respond promptly to new allocations, with a clear understanding of what work needs to be done and why from the outset. 		<p>appropriate next steps that reflect the child's circumstances.</p> <ul style="list-style-type: none"> ▪ Consistent appropriate application of thresholds by locality teams when ongoing support is being considered. ▪ When appropriate, there is evidence of challenge from managers if the quality of practice needs to improve. ▪ Assessments will be completed within the agreed timescale. This will only be changed if there is a change in circumstance for the family, not the capacity of the service or worker. ▪ Assessments will be shared with families promptly and they will be given the opportunity to ask questions. 		<p>evidence the child's Plan is working or that it has been tested.</p> <ul style="list-style-type: none"> ▪ Tools such as group supervision, mapping and Appreciative Inquiry have been used. ▪ There is evidence that changes, or impact that has been made, to address the worries are acknowledged. ▪ Demonstration over time the child's plan has worked to keep them safe, healthy, and well. ▪ There will be evidence of a strong learning culture, a strong focus on the quality of practice, with examples of "good" practice being shared. 	<p>to identify and explain the impact of practice.</p> <ul style="list-style-type: none"> ▪ Managers and CSMs will be providing targeted support, through the practice champion, to develop the quality of practice in their service. ▪ All quality of practice mechanisms will be aligned (supervisions, feedback, dashboards, effective performance clinics, practice days, ChAT, auditing activity, action plans etc) and their impact is evident to the whole service.
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APPENDIX 2

PE	Practice evaluation
PM	Performance management
CA	Collaborative audits
F	Feedback
PL	Practice Leadership

Evaluation of quality of practice	Frequency	Link to evaluation method					Responsibility	Quality of practice monitor and driver
		PE	PM	CA	F	PL		
Supervision	Monthly	PE	PM			PL	Manager Worker	Performance clinics
Performance clinics	Monthly	PE	PM			PL	Senior Manager Team Manager Performance analyst	Senior leadership performance clinics Team Meetings Team Plans Supervision
Senior leadership performance clinics	Monthly	PE	PM			PL	Director Heads of Service Performance team	QIM Self-assessment
Quality improvement meeting (QIM)	Quarterly	PE	PM	CA	F	PL	Extended leadership team Client relations	Self-assessment Continuous improvement plan
Practice days	Annual per service	PE	PM	CA	F	PL	Identified review group	QIM Team Meetings Manager's meetings Team Plans

								Self-assessment
Moderation group	Bi-monthly	PE	CA		F	PL	Head of Service Principal Social Worker IRO manager	QIM Self-assessment Managers meeting Supervision
Self-assessment	Annual	PE	PM	CA	F	PL	Heads of Service	QIM
Continuous improvement plan	Annual	PE	PM	CA	F	PL	Extended leadership team	QIM
Performance and quality assurance report	Quarterly	PE	PM	CA	F	PL	Head of Service- Quality Assurance Senior Manager- Performance	QIM Business and performance meetings
Service wide quality of practice report	Bi-Annual	PE	PM	CA	F	PL	Head of Service- Quality Assurance	QIM Business and performance meetings