



States of Guernsey
Children and Family
Community Services

PERFORMANCE & QUALITY ASSURANCE FRAMEWORK

Safeguarding & Quality Assurance Unit

This document sets out the Performance and Quality Assurance Framework for Children and Family Community Services in Guernsey & Alderney. It provides a single approach to understanding how well our services are doing, checking the impact on outcomes, and learning from what we find to guide our improvement actions. This framework is at the heart of our ambition to achieve the best possible outcomes for children and young people and their families in partnership with them and with other agencies, as set out in the Children and Young People Plan for Guernsey and Alderney

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Performance and Quality Assurance Framework

Introduction

This framework sets out the commitment and key performance elements for the Office of the Committee for Health & Social care, (HSC) Children & Family Community Services (C&FCS).

This framework provides information about how we:

- Keep our children and young people safe in the Bailiwick of Guernsey & Alderney;
- Demonstrate how we use our data to inform improved performance and outcomes for children, young people and their families;
- Provide evidence of quality of practice and strategic planning (in conjunction with the activities of our partners and the Island Safeguarding Children Partnership, ISCP) by means of internal audit, thematic audits of best practice and impact in identified areas for improvement.

The C&FCS Performance and Quality Assurance Framework is informed by local safeguarding aims and objectives, and national research and analysis.

This is underpinned by the 'Working Together to Safeguard Children 2018' document, which is the UK Government's statutory guidance for all organisations and agencies who work with or carry out work related to children in the UK.

The key principles of the document will continue to be embedded in social work practice in the Bailiwick of Guernsey & Alderney, with a recognition that:

- **"Safeguarding is everyone's responsibility:** for services to be effective each professional and organisation should play their full part".
- **"A child-centred, trauma informed approach:** for services to be effective they should be based on a clear understanding of the needs and views of children"

The first principle encapsulates the importance of multi-agency working, whilst the latter emphasises that the child needs to be at the focus of this.

Achieving this means that the views and wishes of the child are integral to the work undertaken with the child and their families/carers.

Similarly, the guidance emphasises the care that should be taken in assessing the needs of children within particularly vulnerable groups, such as young carers, children at risk of anti-social or offending behaviour, disabled children, children with special educational needs, children whose family circumstances are challenging (i.e. parents with substance misuse, mental health or domestic abuse issues) or who are showing early signs of abuse or neglect.

In accordance with this, the guidance contained in Working Together places great importance on the provision of early help across the range of children's services.

Effectively, this means greater understanding of the nature and range of children's needs and the use of evidence-based approaches to use resources most effectively.

The Working Together guidance also places a responsibility on bodies such as our Islands Safeguarding Children Partnership, (ISCP) to develop a local framework for learning and improvement. This includes undertaking regular multi-agency learning, including 'rapid reviews' of cases that do not necessarily trigger the threshold for a Serious Case Review, but which may provide scope for learning from which service delivery may be improved.

For outcomes to be considered positive in a child-centred approach, the views of the child, young person and their families/carers need to be sought and to have a measurable impact on the work undertaken and the agreed outcomes for the child. This requires active engagement and participation with children, young people and their families.

The Performance and Quality Assurance Framework also incorporates the need to monitor the access to and impact of the provision of early help. Working Together refers to this as "*providing support as soon as a problem emerges*" through rapid identification, assessment and delivery of targeted services to prevent further escalation.

Purpose and Aim

The primary purpose of this framework is to enable Children & Family Community Services to have:

- a planned approach in scrutinising and challenging the quality and effectiveness of our services through self-assessment;
- To performance monitor safeguarding outcomes for children and young people.
- To have business plans that are informed by need, identified by national and local safeguarding data and information;
- To learn from reviews, and audits so that we continuously improve.

Our aim is to set out, for front line staff and managers at all levels, clear expectations of their roles and responsibilities for performance management and quality assurance; to provide support, guidance and the tools with which to understand how effective their services are, and so make continuous sustained improvements to our delivery of C&FCS services in the Islands.

To be effective this Performance Management and Quality Assurance Framework includes:

- Cycles for the regular reporting and analysis of comprehensive, accurate and reliable performance data.
- A single approach to assuring data quality, building up from practice to reporting and making this everyone's business;
- Clear monitoring and quality assurance arrangements that aim to build the competence and confidence of staff at all levels to know what good looks like;
- Clarity about how we will use the outcomes of performance analysis and reporting, monitoring, case audits, complaints, Serious Case Reviews/Child Safeguarding Practice Reviews and multi-agency audits to drive service improvements, closing the gap between evaluation, learning and the actions we take as a result;
- Staff training and development activities to ensure ownership and understanding of performance management and quality assurance by staff at all levels in the service;

- Requirements for an immediate response to identified concerns for children's safeguarding or welfare.

This Framework is aimed at our Children & Family Community Services practices whilst encouraging 'working together' with our partner organisations, who also have a responsibility for safeguarding children and young people in Guernsey & Alderney.

Our approach to performance management and quality assurance will be underpinned by a number of strategies and policies which taken together support the design and delivery of effective services. These include:

- Health & Social Care Policies and Procedures
- Inter-agency childcare procedures
- Statutory requirements (Children Law, Bailiwick of Guernsey & Alderney 2008)
- Children and Young People's Plan (CYPP) 2023-26
- External monitoring (EG: any future OFSTED inspections, peer reviews)
- Internal audits

Performance Management in Summary

Performance management is everybody's business. It is about improving outcomes for our children, young people and their families: it means acting in response to actual performance at an individual, team, service, committee, or community level.

All staff and managers are responsible for their own work and their contribution to the work of their team and service including performance management and quality assurance.

Managers have additional responsibilities to understand, monitor and address performance issues within their service area, team and with individual staff members. Through implementing this framework all managers will be equipped with the knowledge and tools to access, understand, interpret, and use performance and quality assurance information.

C&FCS performance management arrangements will enable managers to:

- Use information and intelligence to help maintain, develop and improve services by understanding the impact of service responses to identified needs;

- Understand the direction of travel, decide where to target action and evaluate the impact of these actions;
- Identify trends and variances so that early action can be taken to address areas of weakness or poor practice
- Hold services and individuals to account for their contribution to improving outcomes for children and young people;
- Forecast and predict future issues and needs, informing decisions about where to deploy staff and resources.

Key Performance Indicators

To enable staff, managers at all levels to be to use performance management information as a tool to keep practice under review we are committed to providing accurate data and information on a monthly basis.

Data Quality

Good quality data underpins good quality decisions, and thereby drives service improvement.

We must ensure that our intelligence is reliable; that the data we use to manage our services is accurate; that we have robust systems in place to test and assure the quality of our data and that staff at all levels understand their role and contribution to keeping and maintaining high quality data.

Our ambition is to capture data once, record promptly and correctly the first time, ensure it is always fit for purpose and accurate and use it for many purposes, agreed within the rules and expectations of Data Protection Law.

The process for ensuring data capture follows service activity with data quality as an embedded part of the process.

There are clear roles and responsibilities for practitioners, Team Managers and Service Managers in the data quality cycle.

We will work up from practice to assure data quality, using source data held on our case management systems to systematically check and cleanse data on a regular basis.

As we bring more case management information together, we will expand this approach to include Early Help and multi-agency data.

Key Elements of the Framework

The Performance and Quality Assurance Framework offers a flexible structure to evidencing improvements to safeguarding children. These include:

Element 1: Setting the Content Area

Element 2: How will performance be measured?

Element 3: What does good look like?

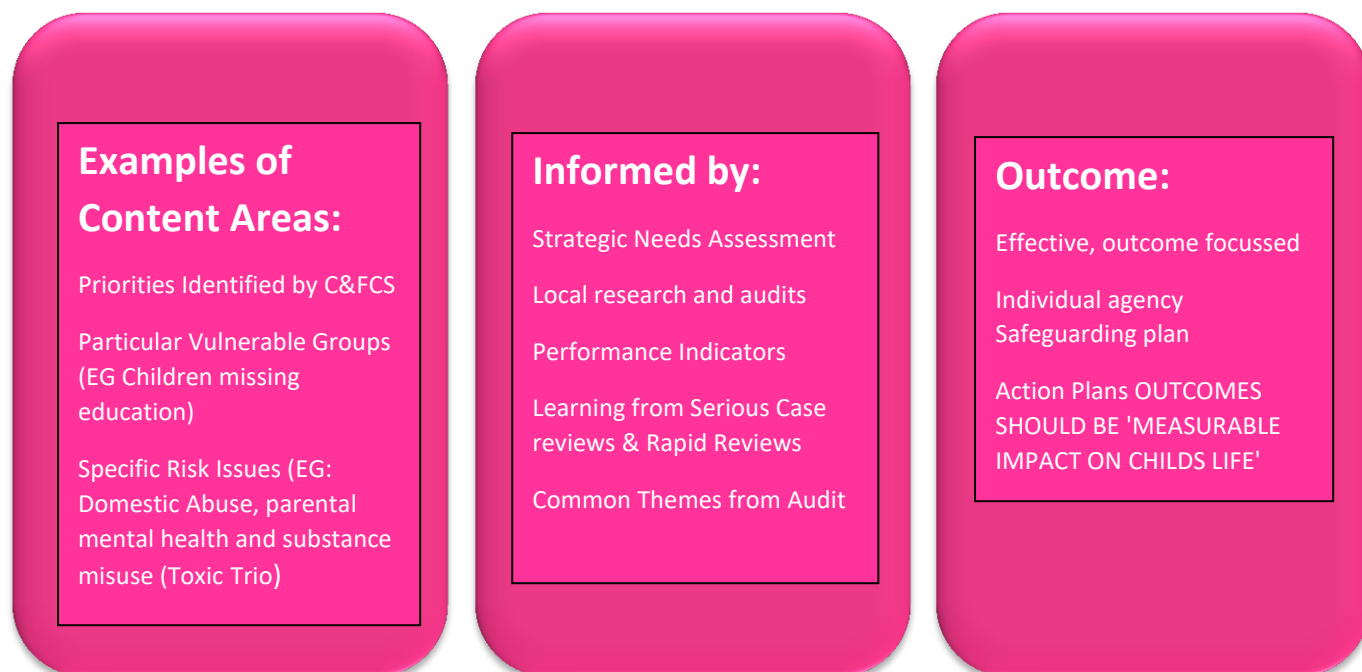
Element 4: Performance Activities – When and by whom?

Element 5: Governance and Accountability

Element 6: Learning and Continuous Improvement

Element 1- Setting Content Areas

The 'content areas' are those defined and agreed as the most important by C&FCS Governance arrangements. This sets the priorities and focus to inform action plans for forthcoming years.



Element 2- How will performance be measured?

Once the content areas have been agreed these will be measured by three types of performance. These are:

Quantity - 'How much did we do'?

Quality – 'How well did we do it'?

Outcome/Impact – 'is anyone better off'?

This provides the performance accountability on how well C&FCS is performing. The quantitative and qualitative evidence will be data and information provided through audit and service user feedback; the outcomes will measure the effects and impact on children and young people.

Quantity, Quality and Outcomes/Impact

QUANTITY

How much did we do?

Source of information:

Multi-agency safeguarding data

Performance Indicators

Management Information Reports

QUALITY

How well did we do it?

Source of information:

Experience of children, young people and families

Experience of practitioners

Audits of children/ Parent case records

Internal Audits

Peer reviews of specific groups

Monitoring of complaints / incidents

OUTCOME/ IMPACT

What difference has been made?

These sources of information will aim to provide evidence of:

Children & Young people living in Guernsey & Alderney being safe and nurtured.

Children & Young People feeling safe from abuse (harm) and neglect.

Individuals being confident in understanding & identifying neglect and abuse of children & young people, knowing what to do if they have a concern about a child or young person

Priority Outcomes including; child sexual exploitation, hidden harm, neglect and domestic abuse

As detailed in the diagram above, the framework contains three types of performance information:

1. **Quantitative:** this type of evidence is concerned with “how much or how many”. Examples include data or trends, performance indicators and targets.
2. **Qualitative:** this type of evidence is concerned with “how well something is done”. Examples include the views of children and families, the quality of assessments measured against standards of ‘what good looks like, quality case auditing, and the views of practitioners about how well supported they are to practice.
3. **Outcome:** this type of evidence is concerned with “and so what?” I.E what difference has an intervention made to children and families. Examples are reduction/cessation of harm, improved wellbeing, children reporting feeling safer.

Consideration should be given to what is currently collected and what additional/different performance information is needed based on the agreed ‘content area’.

An agreed performance monitoring data set is presently being agreed within C&FCS Governance meetings.

The data set is led by C&FCS priority objectives and includes locally agreed performance indicators.

Some of the indicators are quantitative or statistically based, whereas other indicators tend to focus on qualitative approaches.

Element 3- What does 'Good' look like?

As alluded to above, to measure performance, yardsticks (or "metrics") are required.

C&FCS will therefore agree core standards for all areas of work so that staff have clarity about what is expected of them and how this will be measured, and continuous improvement supported. This will include

- What measurable impact has their work had – is anyone is better off as a result of receiving a service or intervention? And (if applicable)
- compliance with the statutory guidance and procedures on making arrangements to safeguard and promote the welfare of children under the Children Law Bailiwick of Guernsey & Alderney 2008
- the quality of leadership and management and its impact on service delivery and effectiveness including quality and frequency of supervision, line of sight to front line practice, and provision of a supportive environment in which to deliver high quality social work practice.
- Impact of the views of children and families from individual case decisions through to senior management decision making and strategic planning
- Impact of staff training on safeguarding and promoting the welfare of children
- Safe Recruitment practice
- Effective inter-agency working and information sharing in order to ensure safeguarding and promoting Children's welfare

Further work on what evidence and performance activities will be used will be produced in future action plans in consultation with staff.

Element 4 - Performance Activities

There are five key areas where performance can be obtained:

Performance Source Model:



Figure 2How Well?

The use of this model will translate into performance management activities being undertaken at specified frequencies (as indicated in the performance management dataset). These may be quarterly or annually, as indicated in the chart at the end of this document.

Element 5- Governance and Accountability

Overall governance of this framework sits within the Committee *for* Health and Social Care and its governance framework -set out in Appendix 2 to this document. At a delivery level governance sits within the Senior Leadership Team within C&FCS with core accountability resting with the Associate Director. This involves:

- Agreeing and monitoring the core performance indicators;
- Contributing to the collation and analysis of self-audits and ensuring that all other staff do so;
Sharing best practice to inform service improvements
- Identifying, conducting and analysing annual themed audits
- Scrutinising of performance and reporting these within existing arrangements, such as to the Learning & Improvement subgroup of the ISCP.

C&FCS performance will also inform the ISCP annual report and CYP Plan 2023-26

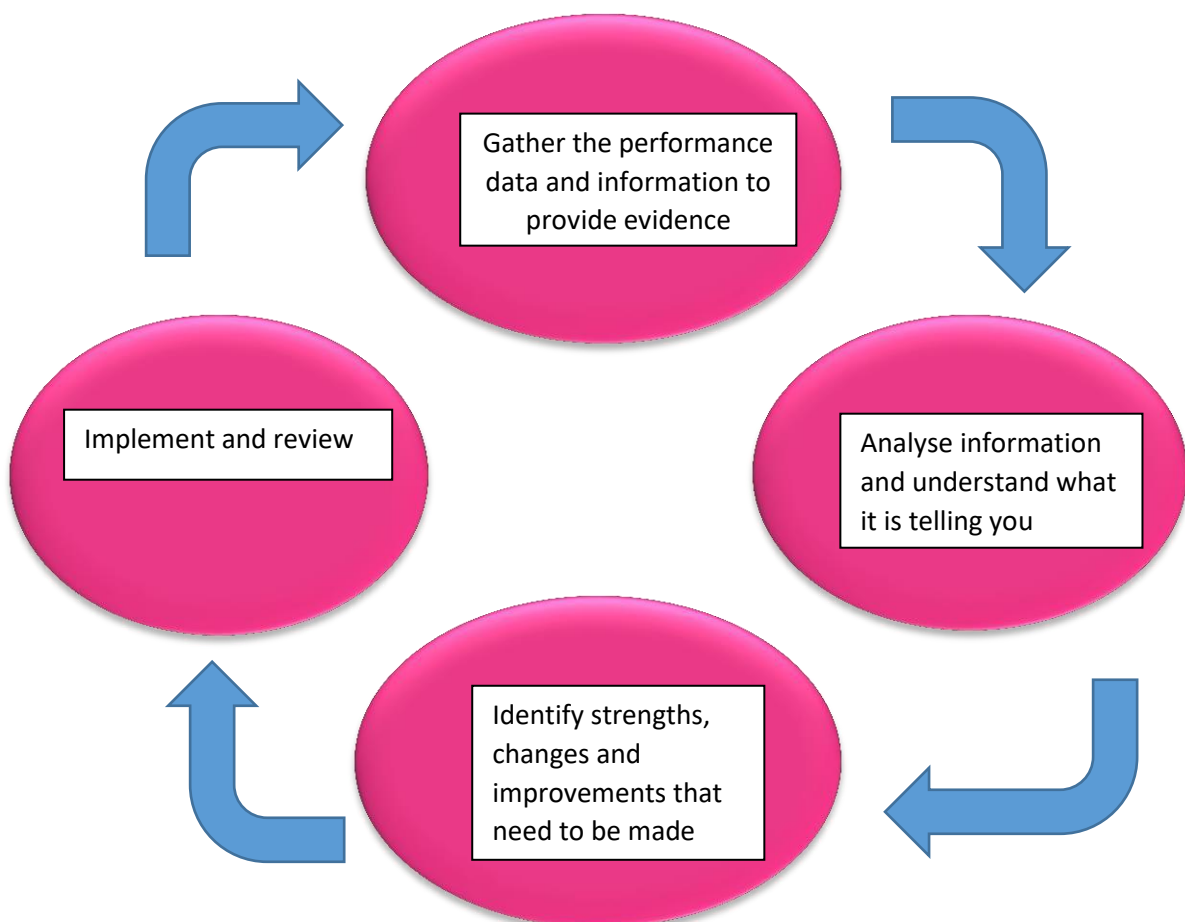
There will be times when ad-hoc performance requests need to take place often involving safeguarding children reviews. The actions and learning from such activities need to be reflected within this performance and quality assurance framework. As such it is intended to be a responsive and evolving measure of practice and impact.

Element 6- Learning and Continuous Improvement

Ultimately, the main purpose of the Framework is to show impact of services, resulting in improved outcomes for children and young people.

The Continuous Improvement model subjects the performance information to systematic analysis, from which knowledge may be gained to inform service development and improvement.

Continuous Improvement Model



It is expected that this continuous knowledge acquisition will drive evidence-based practice. This learning will be passed on, through direct work, training, provision of guidance documents etc examples of which would include (amongst others):

- Responsiveness to user's needs and wishes
- Reviewed / Revised policy and procedures;
- Integration of training into practice
- Practice development strategies
- learning, development and recruitment of staff;

Learning from Quality Assurance and Closing the Tier 3 Audit Loop

All the key components described in the appended chart provide useful evaluation information about practice both positive and negative and give clear evidence and information to inform learning and so improve practice. Evaluation reports from each activity should be translated into action plans, linked to training and development activities (formal and informal) that will be owned by the relevant service area. This closes the audit loop.

Following on from any provision of training, re-audit should provide information on how successful the learning/training activity has been in addressing any identified areas for practice development. Equally audit should be used to identify good practice and to disseminate the same, through appreciative enquiry, practice development forums and group supervision.

There are several ways in which the learning from quality assurance and audit activity will be disseminated and used to improve practice across Children & Family Community Services. These include:

- Regularly updated resource bank, including tools for audits,
- Internal Audit framework:
- Audit Standards: What Does Good Look Like? Guidance
- Quality Assurance Newsletters;
- Practice Improvement meetings/ workshops;
- Team, or wider service workshops;
- Supervision guidance, to focus on key areas across the whole service;
- Multi- agency briefings;
- Lunch time seminars.

- Regular C&FCS Governance meetings from which key themes will be escalated and presented to the Committee for Health & Social Care Quality Clinical Governance forum.
(See appendix)

We will take a blended approach, combining a series of short sharp learning opportunities such as:

- 'Lunch and learn' sessions
- Team briefings
- Aide memoirs (EG: to guide supervision)
- The display of Children & Family Community Services top ten improvement areas,
- Deeper reflective development sessions.

The recommendations and learning from practice audits will inform and be carefully coordinated with the development of C&FCS practice development programme, ensuring that these activities directly close the audit loop and contribute to the department's continuous learning.

Quality Assurance activity, by whom	Purpose	Timeframe	Output
<p>Tier 2 Internal case audit</p> <p>C&FCS Managers and members of S&QA Unit. Moderation by managers, Deputy Managers, SLT & Associate Director</p>	<p>Provides quantitative and qualitative evidence and information to review and evaluate the quality of practice.</p>	<p>Monthly</p>	<p>Monthly summary report on themes emerging, compliance, implications for practice and recommendations for action to translate into action plans that lead to improved outcomes for children.</p>
<p>Bespoke audit</p> <p>Safeguarding & Quality Assurance team</p>	<p>Using a consistent approach, assess compliance with practice standards; including specific areas identified as requiring improvement.</p>	<p>To an agreed cycle / timeframe</p> <p>In response to needs identified by SMT</p>	<p>Outcomes recorded in a bespoke form in Governance Monthly summary report to identify issues and learning, including compliance with practice standards.</p>
<p>Thematic audit / practice review</p> <p>Safeguarding & Quality Assurance Team</p>	<p>Provide quantitative and qualitative evidence and information on practice themes across children's services.</p>	<p>Quarterly</p>	<p>Quarterly summary report will be used to highlight good practice, guide practice improvement, and inform action plans to address concerns which can be monitored.</p>
<p>Quality assurance practice development/ mentoring programme</p> <p>S&QA staff working in partnership with social workers and team managers.</p> <p>Will include collaborative case file audits, practice observations, reflective discussions, and training.</p>	<p>Develop a shared understanding across team managers of what good looks like. To lift and improve day to day practice through learning together.</p>	<p>Rolling programme</p>	<p>Summary report provided to the S&QA Service Manager at the end of each cycle.</p> <p>(To be shared at Practice Issues Governance meetings quarterly)</p> <p>Summary report on the learning achieved across the teams to inform an action plan that celebrates good practice and addresses areas of concern.</p>
<p>Tier 1 IRO / Children's Safeguarding Manager audits</p> <p>Information Officer, IRO, CSM To include data re:</p>	<p>To ensure that care planning is appropriate and that the IRO /CSM footprint can be found on LAC/CP cases. To identify any drift and delay and issues with permanency planning/legislation.</p>	<p>Monthly</p>	<p>Summary report which allows for IRO/ CSM's to self-evaluate their impact on care planning and outcomes for children.</p>

<ul style="list-style-type: none"> • Children subject to a CP Plan; • CP Plan categories; • ICPC timeliness; • RCPC timeliness; • Attendance at Conference; • Child participation at CP reviews • Children who have had multiple CP Plans. 	<p>Reinforce the IRO/ CSM role in quality assurance.</p>		<p>Ownership by IRO/CSM of how to help address areas of improvement.</p> <p>Identification of any themes in relation to care planning.</p>
<p>Feedback from children, young people and their families</p>	<p>To ensure meaningful involvement and direct feedback from young people and their families.</p> <p>To test the validity of key themes identified through quality assurance and ensure children and young people have their say on these.</p>	<p>Monthly as required</p>	<p>To be reported into Children's Services Governance meetings</p>
<p>Complaints / Incidents</p>	<p>To provide an analysis of the themes raised in complaints, timeliness of responses, identified learning and actions taken during the course of the investigation.</p>		<p>Monthly report produced detailing number of complaints received by team/area with case responsibility, reason for complaint to be linked with learning development and support good practice.</p>
<p>Multi-agency audits</p> <p>Learning & Improvement sub-group of ISCP</p> <p>(Safeguarding Practice & Review sub-group)</p>	<p>To monitor and evaluate the effectiveness of multi-agency safeguarding practice.</p>	<p>6 per year</p>	<p>Audit report produced to identify data cases escalated, themes, learning and timeliness of response leading to positive outcomes for children and young people.</p>
<p>Deep Dive Tier 3 Audit (escalation process)</p>	<p>To be completed when a concern for a child's safeguarding or welfare is identified in a case audit. Escalated to Associate Director</p>	<p>Monthly</p>	<p>Audit report produced to identify data: cases escalated, themes, learning and timeliness of response leading to positive outcomes for children and young people.</p>



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Appendix 1

PRACTICE STANDARDS

These practice standards outline the basic standards expected of all practitioners and should be used by them to check the quality of their work.

“Authoritative Practice” means that professionals are aware of their professional power, use it judiciously, and that they also interact with clients and other professionals with sensitivity, empathy, willingness to listen and negotiate, and to engage in partnerships. They respect client autonomy and dignity, while recognising their primary responsibility is the protection of children from harm and the promotion of their wellbeing.

Responsibilities:

As a practitioner, if at any point of your intervention you are uncertain what to do or are concerned about the safety of any child/young person, you must discuss this immediately with your manager, agree the way forward and record the decision.

1.0 SINGLE ASSESSMENT

STANDARD	KEY AREA
1.1	I have clearly recorded the reasons for the assessment with issues, risks, and concerns evident.
1.2	<p>I have made it clear to parents and child/young person why Children & Family Community Services are involved, what we will be doing and the likely outcomes.</p> <p>The family know I have conducted an assessment and their views and opinions are recorded within the assessment. I have seen evidence of the parent's identity (state document/s seen).</p>
1.3	I have advised the original referrer and all relevant agencies what will happen next. (Verbal update and outcome letter for the professional who has referred.)
1.4	I have seen the child/young person alone within 5 days and where possible gained their views and separately recorded them (if I have not seen the child/young person I have recorded reasons why not).
1.5	I have ensured that all children/young people in the family have been considered as part of the assessment. I have identified if there are any other children living in the household, (not from the family I am assessing) or connected to it and ensured that their safeguarding needs are being met.

STANDARD	KEY AREA
1.6	I have paid regard to race, ethnicity, gender, disability, religion and nationality of family and my assessment reflects these areas.
1.7	I have identified all adult members of the household in my assessment including those who may be temporarily absent (e.g. in custody, in psychiatric hospital care).
1.8	I have reviewed the family finances with the parents and have included a financial breakdown within the assessment.
1.9	I have ensured that previous case history including past referrals and assessments (including early help assessments) and old case files in respect of any member of the household has been considered and incorporated into the assessment. I have ensured that the child's chronology is updated and included the case history of significant events for the child.
1.10	I have held a Child in Need Planning meeting, requested information from those agencies involved with the child/young person, involved them in the decision making regarding next steps. I have contacted those agencies involved with the child/young person and family who were unable to attend the meeting to ensure their views inform this assessment.

STANDARD	KEY AREA
1.11	I have ensured that risk and protective factors have been clearly identified and assessed. I have been careful to distinguish fact from opinion.
1.12	My record clearly shows what I have found and what I think should happen next including the rationale for this.
1.13	The child/young person is central to my assessment and my assessment identifies the needs of the child/young person (and family). I have included a realistic, detailed picture of the child/young person and what it is like to be a child in this family.
1.14	I have used appropriate questionnaires, scales, or other tools to inform the assessment.
1.15	My assessment evidences that research findings have been used to assess risk and inform my decision-making.
1.16	In my assessment I have recorded a picture of the parents, their parenting strengths and weaknesses and any areas where they are not meeting the child/young person's needs.
1.17	I have ensured that the child and their family know what will happen next.
1.18	My analysis and decision making clearly evidences my findings, links back to the original concerns and any other issues, including history of all family/household members. and I have made recommendations for any future work within children's social care or early help.

1.19	I have completed my assessment within the required timescales (45 working days) and it has been sent to my manager for sign off.
1.20	I have given a copy of the completed assessment to the family and young person where relevant and have invited them to comment.

2.0 CHILD PROTECTION ENQUIRIES

STANDARD	KEY AREA
2.1	I have seen the child within 24 hours or as directed by my Team Manager and spoken to them again alone (where appropriate) within the first week.
2.2	I have identified all concerns regarding significant harm, including likelihood, and I have identified all potential risks, including those posed by frequent visitors to the household.
2.3	My safeguarding assessment recognises the potential needs and safety of siblings and any other children in the household (and other households where relevant).
2.4	I have made sure that protective factors (and potential protective factors) have been identified and recorded.
2.5	I have followed the Guernsey & Alderney Safeguarding Procedures for child protection enquiries
2.6	I have updated the child's chronology having fully interrogated the case history on all members of the household and the investigation is informed by this perspective.
2.7	I have identified the key agencies involved with the child, completed all checks and information from those agencies and incorporated their information and views into the assessment.
2.8	My investigation concludes with an evidence judgement about "harm" and whether or not it is considered "significant" (as defined by the Children (Guernsey & Alderney) Law 2008).

STANDARD	KEY AREA
2.9	I have clarified what action is required to secure the safety of the child/young person concerned.
2.10	I have checked back on the referral details, and I am certain I have investigated all the allegations made and followed all the instructions given by the Team Manager.
2.11	I have discussed my findings with the Team Manager.
2.12	<p style="text-align: center;">Initial Child Protection Conference (ICPC)</p> <p>My report for the ICPC summarises and analyses all information from the Initial Assessment, the Core Assessment to date and all pre-existing records relating to the child, family, and any other household member.</p>
2.13	I have completed the ICPC report, and I have shared it with the family and the chair of the Initial Child Protection Case Conference at least three days before the conference and noted their comments.

3.0 WORKING WITH CHILDREN SUBJECT TO CHILD PROTECTION PLANS

STANDARD	KEY AREA
3.1	<p>I have ensured that the first Core Group meeting takes place within 10 working days of the ICPC.</p> <p>During the meeting I ensured all actions to be taken under the child protection plan were identified, and agreement reached about what actions would be taken by whom, to complete the core assessment on time.</p>
3.2	<p>I have ensured at the initial Core Group that parents/carers know what change/s need to be made by them, including timescales.</p>
3.3	<p>I have ensured that minutes of the Core Group are produced and circulated to all members of the Core Group within 3 working days.</p>
3.4	<p>I have ensured that a detailed SMART multi-agency Child Protection Plan is developed by the initial Core Group, that this is reviewed and updated following every subsequent Core Group and is recorded on the child's record on MOSAIC.</p>
3.5	<p>I ensure the child/young person is seen at home and that the visits are purposeful and focus on the identified risks. I have seen the child/young person on their own (where appropriate). This is evidenced in my recording.</p>
3.6	<p>The focus of all my work is to maximise the safety and well-being of the child/young person and I have undertaken both announced and unannounced visits to the child/young person. I will ensure a follow up visit will be completed within 24 hours should the family not be at home for unannounced visits.</p> <p>Each of my visits adds to the knowledge about the child/young person and what life is like for them and helps in further understanding and achieving the outcomes needed. I will use evidence-based tools (such as the DASH risk Assessment) when assessing risk and when completing direct work with the child.</p>

3.7	I regularly ascertain the child/young person's wishes and feelings and keep the child/young person up to date with the child protection plan and any developments or changes.
3.8	I continue to assess and re-assess the needs of the child—I can answer the question “What is it like to be this child in this family”?
3.9	I ensure that I understand the role of fathers and male partners in the household and ensure that new partners or new household members are properly assessed.
3.10	I check the kitchen cupboards, fridge, toilets, bathroom, and all bedrooms as needed (especially where neglect is an issue) and I am clear about what constitutes an acceptable standard.
3.11	I have ensured the core group meets regularly and progresses the implementation of the child protection plan. If the outcomes required are not being delivered through the plan, I will ensure the core group agrees actions to address this.
3.12	I have prepared my report for the CP Review Conferences at least five days before the Review Conference and share it with parents, carers and children/young people in advance.
3.13	I use supervision to explore my feelings about the case and to ensure that I am putting the child/young person first in my considerations.
3.14	If I identify anything in my work with the child/young person or family, or household members, that gives rise to additional concern for the safety of the child/young person I discuss it immediately with my manager, or a covering manager and agree actions to be taken.

4.0 CHILDREN IN CARE

STANDARD	KEY AREA
4.1	I have arranged to see the child/young person within 72 hours of their placement into care
4.2	I have made sure contact between a child/young person and his or her family and friends is actively promoted and facilitated providing that this is in their best interests. (Ensure planning clearly outlines all contact, and the venue is in the child/young person's best interests.)
4.3	I have clearly explained to the child the reasons for coming into care. I have explored possible family and friends' placements and discussed the foster placement, carers, contact with parents, siblings, and friends, and endeavoured to answer all the child/young person's concerns.
4.4	I have ensured that all the requisite CIC paperwork, including the risk assessment and placement plan is completed to a high standard and that the carer/residential unit have a copy. If the child/young person is accommodated under the Children Law 2008 I have obtained the signature of a parent who has parental responsibility. I have ensured that the parent has the capacity to consent and have used an interpreter if necessary.
4.5	I have regularly seen the child/young person in accordance with the Committee's expectations.
4.6	The child/young person has my contact details and knows how to get in touch with me if they need or want to. (This includes email address and mobile telephone number, as well as office number and number if I am not available.)
4.7	I have seen the child/young person alone (if not I have recorded the reasons why not), and I have taken account of their views and feelings, and where this is not possible, I have explained why in an appropriate way.

STANDARD	KEY AREA
4.8	I have given the child/young person information regarding advocacy and independent visitor services and encouraged them to utilize these services where appropriate.
4.9	I have ensured that the parents have the relevant written paperwork regarding their child coming into care, that they understand the reasons why, and what might happen next. I have kept in regular touch with them and involved them in assessments and plans as appropriate. Where necessary I have used an interpreter or advocate ensuring that they understand what is happening.
4.10	The child's identity is promoted through life story work (where planned) and by ensuring that they have personal possessions, information, photos, and material relating to their family.
4.11	There is a core assessment completed for the child/young person in care.
4.12	I have taken responsibility for ensuring that initial health assessments are undertaken as soon as possible. There is a full health assessment recorded on the child/young person's case record (where the child/young person consents to health screening), and if they do not their refusal is recorded.
4.13	I have ensured that a PEP (Personal Education Plan) planning meeting takes place and that there is an up-to-date PEP recorded on the child/young person's case record.
4.14	I have consulted health, education and other agencies/individuals involved with the child/young person (or their family) as part of the process of assessment and care planning.

4.15	I have taken account of the child/young person's needs in relation to race, ethnicity, language, disability, gender, sexuality and placement with siblings.
4.16	If the young person is 16+ I have ensured there is an up-to-date Pathway Plan recorded on the child/young person's case record.
4.17	I have consulted with the child/young person about who is in attendance at their child in care review meeting and they know they can be accompanied by a relative, close friend or advocate to enable them to participate and provide them with support.
4.18	The child/young person has been encouraged and assisted to participate in their review meeting either directly, or by other means (e.g. video recording, written submission etc.)
4.19	I have encouraged parents to participate in the Review process.
4.20	I have shared and discussed my report with the young person/family in advance of the review.
4.21	I have ensured that all relevant consultation documents have been completed and provided for every review (young person/carer/parent).
4.22	I have ensured that I have recorded fully the achievements of the child/young person and that these are included in their Life Story work where appropriate (e.g., swimming badges, Youth awards, School team membership etc.)

5.0 GOOD PRACTICE IN CASE RECORDING

STANDARD	KEY AREA
5.1	As far as possible, I have recorded information as I go along; in any event contact records are recorded within five working days.
5.2	My recording evidences that I regularly see the child/young person alone (where it is appropriate to do so e.g. in relation to age, language etc).
5.3	My recording reflects the complexity of the child's life and the interventions of key people in their life. My recording differentiates between observed fact, reported fact and interpretation/opinion. I have included relevant research in the Analysis section.
5.4	I have recorded where interpreters, specialist workers or tools and activities have been used to facilitate communication, this is clearly recorded.
5.5	I have ensured that the child/young person's views are clearly identified in the case record. As far as possible I have recorded what the child/young person told me, in their own words and I have confirmed this with the child or young person.
5.6	I have cross-referenced entries in MOSAIC, where necessary and relevant, and where I have duplicated, across siblings/family members, I have ensured that the information is pertinent to each child and is personalised as necessary.
5.7	I have made sure that my recording is respectful to the child, young person and their family.
5.8	I have ensured that where other professionals or family/friends have provided information, the case notes reflect the person's name, contact number and who they are.

C&FCS Quality Assurance Performance KPIs

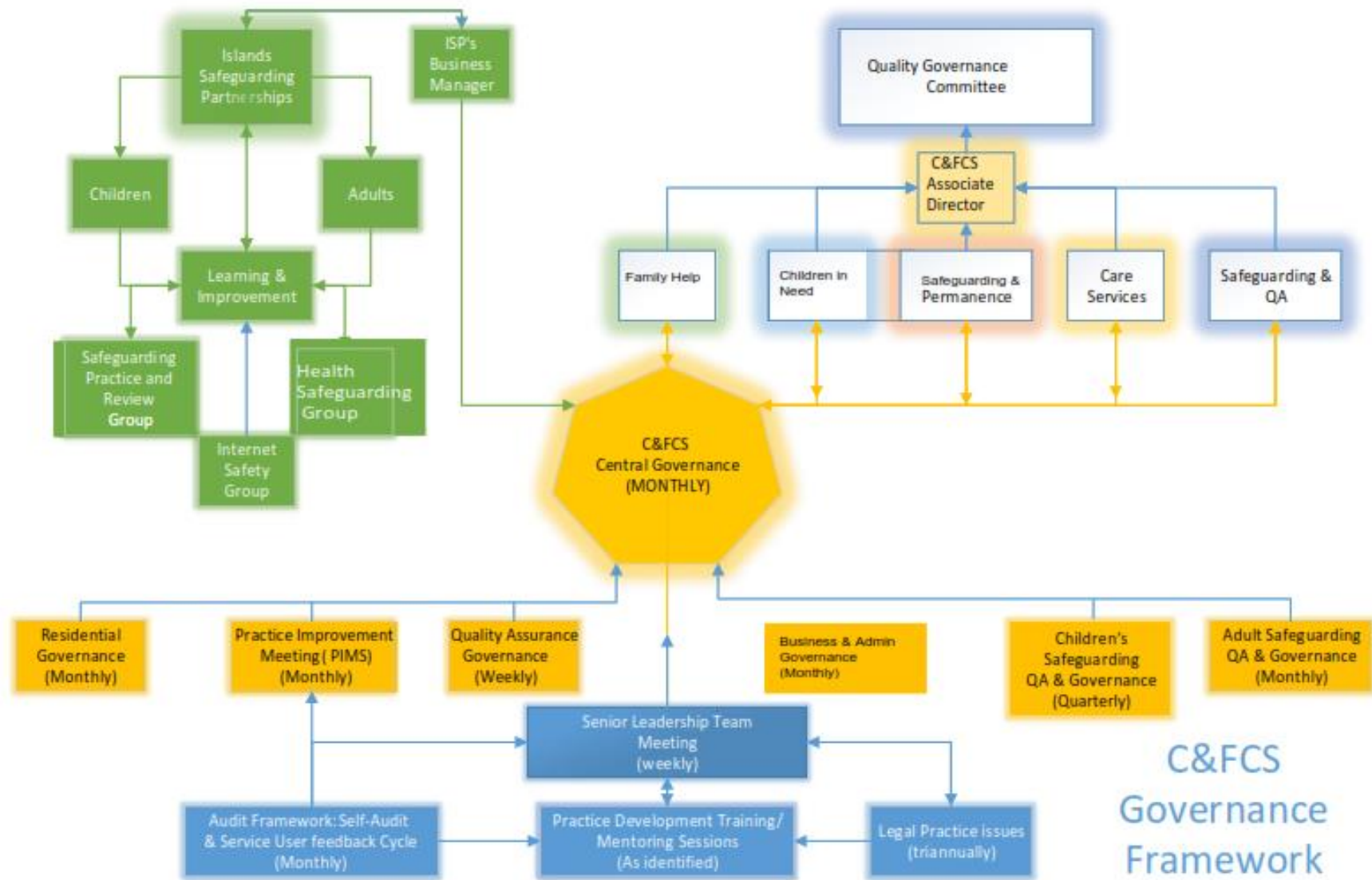
Appendix 2

Safeguarding and Children in Need	
1	Percentage of referrals that were repeat referrals
2	Percentage of Child Protection Investigations which led to initial CP conference in month
3	Percentage of CP plans started that were repeat plans within 2 years
4	Percentage of children subject to CP plans for 2 years or more
5	Percentage of children subject to CP plan visited in the last 2 weeks (all ages)
6	Percentage of children subject to CP plan seen alone at visit (aged 3+)
7	Referrals: Decision and authorisation within 1 workday
8	Rate of early help open cases under-18 population
9	Number of cases that stepped up from Early Help to Children's Social Care
10	Percentage of contacts leading to referral
11	Contacts received and completed
12	Referrals received
13	Number of children subject to CP plan
14	Number of fulltime Looked After Children at month end
15	Percentage of children subject to CIN plans for over 12 months
16	Percentage of CIN plans reviewed within 6 months
17	Percentage of ICPCs held within statutory timescale
18	Percentage of RCPCs held within timescale
19	Number of Rapid Reviews
20	Number of Serious Case Reviews
Looked After Children	
21	Percentage of CIC with 3 or more placements in the last year
22	Percentage of CIC at month end placed out of jurisdiction (off island)
23	CIC visits seen alone
24	Percentage of children missing from care who have an independent return interview within timescale
25	Percentage of CIC who participated in their CIC review
26	Percentage of CIC with a current CIC plan
Fostering	
27	Number of approved foster care households
Care Leavers	
28	Percentage of care leaver in education, employment, or training
29	Percentage of eligible looked after children with a current pathway plan
LDD and SEN	
30	Percentage of single assessment with additional needs completed with 45 days
31	Percentage of children open to CDS receiving short break care

The practice standards and KPI's will be reviewed at intervals in the future.

We would welcome your feedback on them and any suggestions that you have for improvements. Please contact the Quality Assurance Team by email:

C&FCSInformationRequests@gov.gg





Safeguarding & Quality Assurance

Audit Framework

1. Quality Assurance

The purpose of quality assurance processes is to improve practice and the quality of the services we provide. The intention is to improve outcomes for children, young people, and families through a process of continuous learning.

The Audit Framework serves two basic functions:

- It identifies both good practice and areas where practice needs to improve through a systematic approach to sampling files, and
- It has a key role in Children & Family Community Services (C&FCS) governance arrangements, to assure and provide direction to the Senior Leadership Team on the effective management of risk:

Social care governance focuses on the responsibility of individual workers and teams to continuously learn from and improve their practice.

It encourages professionals to take pride in their practice and enables them to introduce changes and achieve better outcomes for people who use our services.

Working together on governance has enabled teams to recognise, celebrate and share good practice and has stimulated team development and learning. The auditing of practice is an integral part of quality assurance systems.

Forming part of the overall Quality Assurance Performance Framework, this Audit Framework sets out how States of Guernsey C&FCS aims to improve practice through self-audit.

To achieve this, a range of audit activity will be undertaken, to consider both quantitative and qualitative information.

Quantitative audits focus on compliance. They consist, for example, of checking that statutory timescales are met, appropriate documentation has been

completed and is in the correct location in the case record, and that there is evidence of managerial oversight of practice.

Qualitative audits provide a detailed analysis of practice, and judgements on overall quality and content.

Case file audit is integrated into daily practice as a meaningful and useful method for case file review which supports supervision, professional development and continuous improvement.

The primary use of the intelligence gathered from auditing is to find out how practice can improve.

The purpose is to:

- Identify and evidence the extent to which interventions are helping children, young people and their families to improve their lives by supporting them to make sustainable, positive changes.
- Evidence, promote and cascade good practice so that there is a growing understanding of what works well.
- Ensure case file compliance and improve the quality of practice and recording.
- Provide a framework for responding to areas of concern.
- Identify potential areas of decline as early as possible.

The collation of both qualitative and quantitative data and information from all audits undertaken will be analysed with recommendations for practice improvement and development but also, importantly, broken down to focus on the case files and records held by different teams within the service.

C&FCS (Social Care) Case File Audits

This Audit Framework sets an ambitious target for individual audits of cases in the C&FCS (social work) teams.

The aim is to audit at least 125 cases (including Tier 2 and Tier 3) a year, representing approximately 25% of the total caseload.

In addition, there will be ongoing Tier 1 Audits which will be reported monthly.

2. The Auditing Process

Audits will largely fall into four areas:

- **Tier 1** – quantitative reviews of files and data, to test statutory compliance.

Tier 1 audits will be collated by the Data Analyst , Quality Assurance Team, by interrogating the relevant health and social care record systems. Where bespoke or thematic Tier 1 Audits are required, these will be carried out by the Practice Development and Quality Co-ordinator, supported by the QA Information Officer.

- **Tier 2** – qualitative analysis of files and/or data, to test the quality of interventions.

This will involve a full case audit and should be completed by suitably qualified staff. A minimum of one audit per month will be completed by each C&FCS Service Manager, Team Manager and nominated practitioners based in the operational teams or safeguarding & QA Unit. The Practice Development & QA Co-ordinator will co-ordinate this process, and will be supported by the QA Information Officer.

- **Tier 3** –oversight of cases by the Children and Family Community Services, Associate Director, to include a discussion with the social worker and their manager.

- **Thematic Audits** – led by the Safeguarding & Quality Assurance Team, but including Senior Practitioners and managers.

Thematic audits will be carried out as requested by the C&FCS Senior Leadership Team.

Tier 1 Audits

Tier 1 Bespoke Audits will be completed by the Practice development & QA Co-ordinator supported by the QA Information Officer.

Tier 1 Audits form part of the Quality Assurance Framework and are guided by service needs, outcomes of Tier 2 Audits and management direction.

These audits will address quantitative issues, reviews of files, data and performance and test statutory compliance. The outcome and learning from Tier 1 Audits will be included in monthly audit reports which will be compiled by the Practice Development and QA Co-ordinator. Reports will be escalated to the

Children & Family Community Services SLT Governance reporting arrangements and cascaded to Team Managers via monthly Practice Improvement Meetings.

Tier 2 Audits

Tier 2 Audits consist of an audit of the case file alongside an interview with the social worker (or other lead professional) and team manager, to discuss the case. This should be a joint meeting carried out during or after completion of the audit unless the social worker / lead professional wish to meet separately.

The purpose of this meeting is two-fold.

Firstly, it is an opportunity for the worker to have an input into the audit and fill any gaps in information.

Secondly, it can be used to support learning through discussing good practice linked to individual cases.

It should be constructive and feedback on areas of good practice as well as areas where there is a need for improvement.

A 10% sample of audits will include contact with the family. The focus will be to improve learning and ensure that the views of the family are captured.

It is mandatory that the following people complete the allocated number of audits. Where there is non-compliance, the issue will be raised with the C&FCS Associate Director and will be reported to the Senior Leadership Team. Auditors will include:

Team Managers –Team Managers will complete one Tier 2 Audit per month, including a meeting with the social worker (or lead professional) and manager. Team Managers will not audit cases held within their own team.

Deputy Managers – will complete one Tier 2 Audit per month, including a meeting with the social worker (or lead professional) and manager. Deputy Managers will audit teams, to include the Children Safeguarding Team, Children in Care and Leaving Care Service, Youth Justice and MASH but will not audit cases held within their own team.

Service Managers –Service Managers will complete one Tier 2 Audit or Audit moderation per month, including a meeting with the social worker and manager.

Safeguarding & Quality Assurance Unit –Children’s Safeguarding Manager and the Independent Reviewing Officer: will complete one Tier 2 Audit each per month, including a meeting with the social worker and manager. Staff will audit files involving all social work teams.

Practice Development & Quality Co-ordinator will oversee the audit/moderation process and will also complete a number of monthly Tier2 and Audit Moderations as required.

Tier 2 Audit Toolkits

Tier 2 Audits are completed using the toolkit/s attached to this framework document. They will capture data for all work streams. The audit toolkits may be developed further to cover separate components linked to legislation and statutory guidance at a later date. They will include details of the Ofsted key judgements which should be used for consistency of grading.

Tier 3 Audits

The Children & Family Community Services, Associate Director, will lead on one Tier 3 Audit per month using the audit toolkit.

A designated member of the Safeguarding & Quality Assurance Unit will first complete a moderation of the case record prior to a face-to-face meeting taking place between the Associate Director and the social worker and supervising manager, (unless the social worker or manager wish to meet separately).

The Tier 3 re- audit of the case will be used in the meeting to discuss the case, covering compliance and quality of practice.

The purpose is to ensure that senior managers are part of the auditing process and have a line of sight to front-line practice. Social workers benefit from having one to one discussions with senior management and get an opportunity to raise issues in a constructive setting.

The minutes and actions from the meeting are fed back into the continuous learning loop through the Safeguarding and Quality Assurance Team.

Thematic Audits & Case Sampling

Staff from the Safeguarding and Quality Assurance Unit, Team Managers, Deputy Managers and Service Managers will undertake thematic audits or case sampling.

Thematic audits are undertaken to assess quality of work in specific areas, which may be identified as a result of the Tier 2 auditing or through other learning, including serious case reviews, rapid reviews, management concerns, complaints, performance monitoring and general service user feedback.

This is in addition to the ISCP led multi-agency child protection audits.

Case sampling may be undertaken where a concern is highlighted in Tier 2 auditing to sample audit a larger number of cases to establish if a particular practice issue is more widespread.

The outcomes and actions from thematic audits and case sampling will be fed into the reports to 'Practice Improvement Meetings' and reported at the C&FCS Governance meetings.

3. Scope of Audits – Across the Journey of the Child

Auditing of case files will include children and young people who are open to all HSC Children and Family Community services social care teams and will involve a random selection of open cases across the continuum of need.

Bespoke audits will also cover other linked services when required.

4. Numbers of Audits Completed

Tier 1 Audits will be undertaken monthly and reported on as per KPI's.

Tier 2 Audits will be completed on a monthly basis. When fully implemented, 10 audits will be completed each month by Managers, Service Managers, Deputy Managers and Safeguarding & QA professionals (allowing for leave and sickness absence).

Tier 2 Audits will be completed proportionate to the number of cases under the categories: child in need, child protection, and looked after children. The number of audits undertaken in MASH, Children Safeguarding and other teams will be proportionate to the number of cases held in each area.

5. Implementation

This Audit Framework was launched in January 2019 when staff were trained in the new MOSAIC electronic system and audit process.

6. Good Practice Standards and Audit Guidance

Managers undertaking audits require a clear understanding of ‘what good looks like’.

Good practice standards should be used as a benchmark within the auditing process, alongside knowledge and judgement.

It is important that the quality of auditing is consistent and audits are graded accurately, based on evidence.

However, if the social worker or manager of the case do not agree with the grading or findings of the audit then they can raise this with the Service Manager of the Safeguarding & Quality Assurance Unit.

7. Guidance for Auditors

- Audits should not take longer than 2 to 3 hours and this includes an audit of the case and a meeting with the social worker and manager.
- Read the UK Ofsted grades prior to auditing and ensure compliance so there is a consistent approach to grading. A local document ‘Guidance for Auditors’ is available to further support and offer guidance to staff in this task.
- Do not be afraid to make judgements but support this with a short statement evidencing why the decision has been made.
- Complete all boxes (unless not applicable). Comments should be brief and factual – they need to be understood by the social worker and manager to improve practice at the front-line but will also be used to draw out

themes to inform learning across the organisation. Comment on good practice as well as areas for improvement.

- Review the file before meeting with the social worker and supervising manager. The purpose of the meeting with the social worker and manager is twofold. Firstly, it is an opportunity for them to input into the audit and fill gaps. Secondly, it can be used to support learning through discussing good practice linked to individual cases. It should be constructive and include feedback on areas of good practice as well as areas where there is a need for improvement.
- The auditor may wish to include social workers comments into the audit but this would not ordinarily change the auditors grading, unless evidence is demonstrated to be on the system that the auditor may have missed.
- Read key documents, starting with the chronology and case summary which should give an overview of the case. Other key documents should include the Contact/Referral, Enquiries, Strategy Discussions, Assessment, Plans, Reviews and Case Records. Look at other documents, as appropriate, to gain essential information or gather evidence.
- The Auditor should be able to see the ‘journey of the child’ through reading key documents.
- Ensure that you know the child’s details, who has parental responsibility, legal status, where the child lives and relationships.
- Audit within the last twelve months. Go back further only if this is required in terms of safeguarding or drift and delay, but the focus of the audit is to advise on current practice and whether child/ren are safe.
- If you cannot find information easily, then do not continue to look. Information should be easy to find. Where information cannot be found, reflect this in the grading.
- Ensure compliance with legislation, statutory guidance and internal procedures.
- If there are immediate concerns contact the case manager.
- Use the child's individual identifier on all Word or paper forms, not names.

- Ensure that there is a clear 'picture' of the child and that their views, wishes and feelings are evident throughout the whole file.
- The child must be at the centre of the audit.
- Where the Auditor is recommended to meet or talk to the family, ensure that they understand the purpose of the discussion, keep it brief, clear, and focused on learning.

8. Audit Grading (Based on Ofsted)

Files are graded based on the Ofsted Key Judgements – Outstanding, Good, Requires Improvement to be good and Inadequate. The indicators for a good grading for reference, are included in the Audit Tool.

9. The Continuous Learning Cycle

The primary use of the intelligence gathered from auditing is to find out how practice across the organisation can improve. Audit outlines: what is good about practice; where there is good practice and how this can be expanded into different areas; where there are concerns around the quality of work and what should be done to put this right. It is not just about the individual case record, but is about making bigger changes that stand in the way of good practice. To achieve this there needs to be a cycle of continuous improvement.

The Tier 2 audit process is aligned to the monthly performance cycle, which sets out the days on each month that information is provided, validated, and presented to the Practice Improvement Meetings and Learning & Improvement Sub- Committee of the ISCP Partnership.

In summary, cases will be randomly selected for audit by the Safeguarding & Quality Assurance Team and sent to managers by the Information Officer on the first working day of the month (Day 1). Audits must be completed and documented on the MOSAIC database by Day 21 (7 working days before the end of each month). The Safeguarding & Quality Assurance Team Information Officer will maintain a database to track completed audits and all audit action plans which must be signed off by the supervising manager for the case.

The information from audit will be shared at all levels and overall findings will be reported by the PD&QA Co-ordinator monthly to the Practice Improvement Meetings at the beginning of each month (by Day 5), and at Children and family Community services, Senior Leadership Team Governance Meetings in week 2 of each month.

This will include details of audit action plans to ensure they are tracked and signed off following completion. Updates will also be provided to the Learning & Improvement Sub- Committee of the ISCP, where requested.

Quality Assurance reports will be submitted to the Senior Leadership Team Governance Meetings, including the themes from audit and the action taken to address any identified issues.

See Figure 1: Continuous Learning Cycle

10. Practice Improvement Meetings

The role of the proposed Practice Improvement Meetings is to oversee performance and bring together quantitative and qualitative information by triangulating performance data with the learning from case file audits. This will allow staff to gain a better understanding of the quality of practice and the impact of services in improving outcomes for children and young people. The meetings will identify good practice as well as key areas for improvement and will ensure remedial action is taken to address issues arising from case file audits. Monthly meetings should be held to include the managers of each of the teams audited.

11. Role of the Practice Development & Quality Assurance Co-ordinator

The Practice Development & Quality Assurance post has a pivotal role in ensuring that audit findings are communicated and understood at both an individual case level and more broadly in developing good practice across Children and family Community Services.

The Practice Development & QA post will develop practice by:

- Arranging and attending locality Practice Improvement Meetings to inform and explore audit findings.
- Meet with the social worker and supervising manager to consider individual case file audits and reflect on practice to consider learning and remedial actions in relation to the case.
- Provide support to social workers with identified practice development.
- Support operational understanding and practice of risk sensible model.

- Provide briefings and develop practice development workshops with operational teams including the learning from case file auditing.
- To support the identification of practice themes (strengths and risks) arising from audits and contribute to quarterly audit reports.
- To support the role of the Team Manager and to develop and deliver training, workshops to improve practice.
- Facilitate and hold regular induction programmes.
- Provide Support to ASYE's (Assessed and Supported Year in Employment) including observations of practice and group supervision focusing on reflective and critical learning skills.
- Audit social work case supervision.
- To collate good practice examples and utilise to disseminate good practice.
- To provide support to operational teams with the implementation of policies and procedures.

Figure. 1 - Continuous Learning Cycle

