

Sefton Children's Services

Quality Assurance & Impact Framework

INTRODUCTION

The aim of Sefton's Quality Assurance and Impact Framework is to improve outcomes for children, young people, and families by supporting and monitoring the quality of practice and observing and analysing performance information. This document sets out how we will achieve this. Since launching the Framework in October 2022, our approach has expanded requiring an update to this document.

The Quality Assurance and Impact Framework will support key priorities in Sefton Children's Services and provide a basis for measuring and supporting our journey to "good" with the overall aim of improving help provided to children, young people, and families to improve outcomes.

Quality assurance and performance management is everybody's business and everybody's responsibility. This Framework seeks to promote understanding and consistency across Children's Services. The Framework will focus on practice across Children's Social Care however, it is recognised that the scope of audit activity will need to widen as Children's Services has grown to include Youth Justice, Early Help and new teams such as MySpace, Family Group Conferencing and Targeted Family Support.

Significant developments are underway in respect of performance management data and capacity. As this function develops so will our ability to use performance management information to inform quality assurance activity and target areas of practice improvement.

The Quality Assurance and Practice Improvement team will lead on audit and practice improvement, however, will depend on all managers across the service to support this and rely on all practitioners to reflect on learning conversations and embed desired change. We will ensure there are mechanisms in place to enable services to learn and benefit from audit findings and opportunities for staff to feedback in an open and honest way. This will help to drive forward a learning culture of continuous improvement.



OUR STRUCTURE

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OUR APPROACH TO QUALITY ASSURANCE

Children, young people, and families in need of help should receive timely and considered support and intervention. This Framework provides a mechanism for measuring how we do this considering what impact we have. Gaining feedback from children and families is a priority for us and supporting practitioners and managers so that they have the right support to do their best work. Children's Services are on a significant improvement journey and are publicly accountable for quality, impact, and performance. Having a shared commitment to children, young people and families will push us to improve our practice every day.

In Sefton, we are committed to learning from our staff, our partners and most importantly our children, young people, and families. Working WITH people, not doing FOR or TO in line with our Sefton Stronger Together – Family Valued Approach. Strengths as well as areas for improvement should be highlighted in practice discussions with Social Workers, Independent Reviewing Officers, Personal Advisors and others. Our aim always is to work in a restorative way, showing respect for others and maintaining professional relationships.

Managers are successfully engaged in audit in Sefton; this will continue to help us to develop a shared understanding of what good outcomes look like for children, young people, and families. The nature and challenges of social care mean that at times appropriate challenge will need to be raised. This will always be done in a strengths-based way; focusing on the child's experiences and outcomes; to promote learning. Good practice will be shared and promoted across Children's Services as part of our commitment to continuous improvement and to support ongoing good morale, retention, and job satisfaction.

Practitioners and managers will be involved in regular audit activity. This will support them in their professional roles; by clarifying expectations and providing opportunities for them to provide feedback. Meaningful reflective learning conversations will be undertaken as part of audit activity so that practitioners have an opportunity to share their experience of working with the family; this will allow for recorded information to be elaborated upon.



Our interest in children and young people will drive enquiry and conversations.

- **Are we doing the right things for the child/young person/care experienced young adult/family at the right time?**
- **Are we offering help and supporting families?**
- **Are we keeping people safe?**
- **Are we promoting permanence from the outset?**
- **Are we recording what we do in a way that makes sense and would be informative and supportive to someone reading the record later in life?**
- **Are we engaging well with children, young people, young adults, and their families; ensuring they are given opportunities to have their voice heard and input to assessments, plans and decisions which impact them?**
- **Are we working with partners creatively to support and intervene?**
- **Are we offering high support and high challenge to colleagues/partners?**
- **Are we supporting and supervising our staff; offering practice direction when needed, support and chance for reflection?**
- **Are we evidencing what we are doing to help families?**
- **Are we making a positive difference?**
- **What direct action are we doing to support our teams to do their best for children, young people, young adults and families?**
- **How do we review whether the changes that we make as a result of our learning have had the impact we were looking for?**
- **When children, young people, young adults and families share their experiences of services, are we acting on what they tell us?**

Quality Assurance activity will be underpinned by agreed policies, procedures and strategies which combine to support the delivery of an accountable service. We have set out what good looks like and expectations of practitioners and managers through our Practice Standards for Managers and Practice Standards for Effective Practice.

A Timescales document has also been created to support understanding. Sefton Supervision Policy is also held in local resources making clear expectations in respect of ongoing supervision, support, observation, learning and development. Our aim is to ensure that all work carried out with children, young people, young adults and families is of the highest quality.

Each practitioner is responsible for the quality of their own day to day practice and managers will be responsible for supervision and oversight of practice, offering guidance, advice and directions for remedial activity and action as part of their day to day work.

Service delivery, performance management, quality assurance and practice improvement will be scrutinised by Elected Members, Children's Commissioner and other members who sit on Sefton Children's Services Improvement Board who provide governance and scrutiny of Sefton Improvement Plan.

Audit findings will feed into regular performance meetings attended by the Senior Management Team, Safeguarding Partnership Performance & Quality subgroup, All Managers meetings, training, and development planning and service learning events. We will ensure teams and managers are appraised of progress and desired goals in an ongoing way with regular updates in our newsletter.

To be effective, our Quality Assurance and Impact Framework will require:

- Ongoing engagement with teams and managers to build a shared understanding of what good looks like across Children's Services
- A growing familiarity with performance data and Key Performance Indicators (KPIs) to support practice improvement
- Analysis of performance data to inform thematic audit, dip sampling, practice improvement priorities and activity
- Understanding of Children's Commissioner Reviews and feedback from Ofsted Monitoring visits
- Analysis of Complaints/Escalations/Alerts
- Monthly deep dive audit and reporting to understand direction of travel
- Regular dip samples which focus on particular aspects of practice
- Reflective learning conversations with practitioners and managers; during and after audit
- Mechanisms for children, young people, young adults and families to have a view on service delivery and the decisions that affect them
- Effective immediate response process when concerns are identified
- Clear close the loop process for audit actions
- High Expectations, High Support, High Challenge
- Mechanism to feedback to Sefton Safeguarding Partnership and Improvement Board
- Training and support to help people improve practice



PERFORMANCE MANAGEMENT

Understanding performance management information is an important, shared task which needs to be understood by individual practitioners, managers, and senior leaders across the directorate to improve outcomes for children, young people, and families. It is recognised that the managers have additional responsibilities in terms of observing, analysing, responding to, and monitoring what data tells us but data should be understood by all. Consideration of performance data from statistical and regional neighbours will assist us in identifying peculiarities in performance; encourage professional curiosity, alternative ways of thinking and planning.

On an individual/team level; performance management data provides rich information about pressure points, capacity, good performance, concern and required improvements. Each month, the Senior Management Team (SMT) will consider performance; each Service Manager will present an overview of their service area to include information linked to KPIs, practice performance data and report on supervision frequency and workloads. Information sharing will inform quality assurance activity and practice improvement work.

Team Managers will have access to a range of performance data which they will share and discuss at team meetings and during individual staff supervision to offer praise or challenge. Service Managers will seek regular feedback from managers which will feed into their monthly report.

Audits will inevitably lead to recommendations and actions that require follow up. Managers and Service Managers will need to have an overview of this information and take responsibly for close the loop activity.

Sefton's Performance Management arrangements will enable managers to:

- Understand performance on an individual, team and service level
- Hold individuals and services to account for their contribution to improvement
- Make effective use of data to help maintain, develop, and improve service delivery and outcomes
- Understand direction of travel and account for any fluctuations in performance
- Support effective resource allocation
- Support identification of good practice for sharing
- Recognise high performing individuals, teams, and services

MONTHLY AUDIT CYCLE

The monthly audit cycle will be co-ordinated by the Quality Assurance and Practice Improvement Team. Monthly thematic audits have been taking place since June 2022 with reports being prepared each month since September 2022 to summarise findings, direction of travel, family and child feedback, good practice examples and practice improvement activity.

The Quality Assurance team and all managers will complete deep dive audits to include Assistant Directors, Service Managers, Team Managers, Independent Reviewing Officers, Child Protection Chairs and other equivalent roles. A monthly cycle of audits will provide a comprehensive view of practice across the service. Most audit activity will be planned however, there will be occasion when it is necessary to undertake dip sampling or deep dive audits at short notice when issues or concerns are raised. The focus and frequency of audit may also change to address specific concerns, evaluate impact of learning or to support preparation for external review.

Children's records will be selected at random for audit. On occasion, Service Managers will be asked to provide examples of good practice to capture learning. The Quality Assurance Manager will collate an audit list during the last week of each month and distribute this to the relevant practitioner, Team Manager, Service Manager, Independent Reviewing Officer, Child Protection Chair providing some notice that a child's record whom they are involved with/ have oversight of will be audited. Specific guidance will be issued upon allocation and a general guide has been created for ongoing reference.

All deep dive audits include a reflective learning conversation between the auditor and the allocated key worker. Conversations with IRO/CP Chair or Team Managers will be required in some circumstances. Where appropriate, efforts will be made to consult with children, young people, young adults, parents/carers to gain their views in respect of social care support and intervention, the fostering service may be consulted where relevant. The views of family, children, young people and young adults are vital in enabling us to shape services and practice that makes sense and meets need.

The auditor will consider the child's record and feedback from those involved before determining grades for each audit domain and the overall grade. Audit will consider the last 6 months of practice unless there is good reason to go back further. This can sometimes be necessary. If an auditor is concerned about a child's safety or identifies that supervision has not taken place for over 6 months, an Immediate Response form will be completed following conversation with the relevant Team Manager/Service Manager. Immediate Response forms require same day or 24-hour response.

Actions from audit will be added to the child's record (case note) and will be detailed within the audit form. An alert will be sent to the relevant Team Managers Liquid Logic tray for oversight and completion of Audit Action Review tracker form. Tracking will be the responsibility of the Team Manager.

MONTHLY AUDIT CYCLE

If there is an IRO or CP Chair involved with the family, they will be copied into the case note for information and follow up. Practitioners who have had a child's record audited can expect to have a discussion in respect of that child in their next supervision session. It is key that any good practice is celebrated, audit actions are responded to, and reflection occurs.

Observations will link to the theme of audit and will help to triangulate findings from audit and support ongoing understanding and improvement.

THEMES

Themes for dip samples will be chosen and informed by a range of factors to include feedback from complaints/family/children, young people and young adults; learning from previous audit, performance management information and areas identified as priority.

Themes will vary each month, with some being revisited to consider impact over time. Factors influencing areas selected for audit include:

- Emerging trends or changes within wider social care
- Review of local performance data
- Feedback from children, young people, young adults families/carers
- Compliments and Complaints
- Local Case Reviews, rapid reviews, Local Children's Safeguarding Partnership Reviews or themes identified through audit activity completed by the Safeguarding Partnership
- Preparation for external review
- Chosen theme for Practice Week/Social Work Week
- To gain a snap shot in time prior to launch of new service, training or tools
- Close the loop activity to ensure learning has embedded

LEARNING CULTURE

The Quality Assurance Manager will complete a monthly report to share findings to include good practice and child and family feedback. A reflective learning session will also be available for practitioners and managers to join following audit; to share and respond to findings, gain feedback, and ideas.

Most audit activity will be planned however, there will be occasion when it is necessary to undertake dip sampling or deep dive audits at short notice when issues or concerns are raised. The focus and frequency of audit may also change to address specific concerns, evaluate impact of learning or to support preparation for external review.

It is essential that Quality Assurance supports continuous improvement and the development of a learning culture. The Quality Assurance and Impact Framework is now well embedded in Sefton with managers telling us that completing audits has increased their understanding of the process, sharpened their knowledge of Sefton Practice Standards, enhanced their awareness of work undertaken by different parts of the service and helped them to appreciate grading when applied to work from their own service.

As the Framework embeds further, group auditing with Assistant Team Managers and Practice Improvement Leads in our Social Work Academy will be introduced; supporting their individual development, succession planning as well as exposing them to practice outside of their usual area of responsibility. Quality Assurance must be part of organisational culture to support whole service improvement.

The audit tool includes 8 key audit areas which will be considered during every audit. These domains link to Ofsted indicators of what “good” looks like and link with Sefton’s Practice Standards.



KEY AUDIT AREAS

1. HELP, PROTECTION AND STABILITY

- Does the child's record evidence that professionals identify children, young people and care experienced young adults in need of help and protection and make appropriate referrals?
- Are thresholds understood and contacts responded to in a timely, effective way?
- Immediate safeguarding concerns explored and addressed?
- Does intervention lead to children, young people and families receiving effective help, support, and protection?
- Is consideration given to stability and achieving permanence from the outset and throughout the child/young persons journey?
- Evidence of effective contingency planning and consideration of family and friend network?
- Is drift and delay challenged leading to better outcomes?

2. RECORDING & COMMUNICATION

- Recording is clear, free of jargon and abbreviations if used are explained first.
- Language is child/ family friendly and sensitive.
- Case summary provides a clear pen picture of the child/young person and is written in line with good practice example.
- There is a 3 generational genogram which shows family members/significant others and who is important to the child/young person.
- Does the record tell their story in a way that they could understand if they accessed the record later in life?
- Is there an up to date chronology which outlines their journey, explains decisions and outcomes at key points?
- Is the child's voice clearly recorded in blue font within their record, so their voice is visible?
- Recommended visiting templates being used?

3. ASSESSMENT

- Is there an up to date assessment? Completed within timescales? Updated following a significant event? Pathway Plan at age 15 and 3/4.?
- Has the child/young person been seen/alone and spoken to as part of the assessment?
- Has the child/family contributed to the assessment/plan? Are their views and feelings known?
- Is the assessment individualised to the needs of each child?
- Does the assessment consider history and contain sufficient analysis as opposed to a descriptive account of events/ narrative?
- Has the assessment been shared/provided to the family/young adult for their input before it is finalised?
- Are risks appropriately considered? Strengths and vulnerabilities understood?
- Reference to research and good practice?
- Assessment results in direct help for children, young people and families?

4. RELATIONSHIP BASED PRACTICE AND DIRECT WORK

- Evidence that the child, young person, family understand the reason for involvement and are supported to engage in the process of change?
- Considered introductions and planned endings?
- Purposeful, meaningful relationship building and regular visits?
- Evidence of age-appropriate direct work uploaded to the child's record; analysis and impact considered? Appropriate support for care experienced young adults?
- Consistent relationships with identified professionals?
- Children, young people, and families are at the heart of all we do?
- Wider family network is explored and well understood?

5. MULTI AGENCY PLANNING, ANALYSIS, REVIEW AND DECISION MAKING

- Are children and young people protected and supported through multi-agency arrangements?
- Key partners in attendance at relevant meetings? Taking ownership for assigned tasks? Providing written formal reports?
- Is there evidence of ongoing dialogue about the child, young person, and family's needs? Consideration given to whether the plan remains appropriate. Changes?
- Plans are SMART?
- Children, young people, and families contribute to their plans and have copies of plans provided to them?
- Where necessary, evidence of professional challenge and escalation e.g., if core groups are not taking place.

6. ROLE OF SUPERVISION AND MANAGEMENT OVERSIGHT

- Evidence of regular supervision at expected frequency?
- Supervision provides practitioners with opportunity for reflection?
- Management Oversight and Practice Leadership evident?
- Child's plan reviewed regularly?
- Evidence of oversight at key points; clear rationale recorded in decision making?
- Clear oversight by IRO/FIRO/CP Chair at key points in the child's journey; not solely confined to statutory meetings.
- Evidence of layered senior management oversight where necessary and consideration given to drift and delay in respect of outcomes for children?
- Clear SMART actions which are review and tracked?

7. ROLE OF SAFEGUARDING AND INDEPENDENT REVIEW UNIT

- Children's plans address their needs risks and experiences, including the need for timely permanence
- Independent review is robust with the involvement as appropriate of parents/carers/residential staff/other adults/the child themselves
- Plans for children's futures are ambitious; planning explores and utilises family strengths and wider support networks
- Visits, monitoring, review and challenge is timely and drives plans forward
- Drift and delay is addressed to promote best outcomes
- Children and young people will have positive and stable relationships with professionals who are committed to promoting and protecting their welfare.

8. IMPACT AND OVERALL OUTCOMES

- Each of the audit areas will be graded separately aligned to Ofsted indicators.
- Practitioner, child, young person, young adult and family/carer feedback will be gathered and weaved into relevant audit areas and actions and will be recorded separated within the audit tool.
- Audits will consider and address issues of compliance as this is important.
- An overall grade will be reached with a focus on impact. The auditor will frequently return to the fundamental question – has intervention made a difference or not?



KEY CONVERSATIONS

CONVERSATION WITH ALLOCATED KEY WORKER

- All audits will involve a conversation between the auditor and the allocated key worker. This will be pre booked to fit in with the practitioners' work commitments. At least an hour should be set aside to ensure the auditor has opportunity to check their understanding and show professional curiosity.
- The learning conversation should cover all aspects and will support the review of the child's record which is the other important component of the audit.
- The learning conversation will seek to encourage reflection and identify areas for development. Conversations should be strength based and highlight good practice too.
- The overall grade given will be reached following consideration of the child's record, conversation with the practitioner, other professionals if relevant and the child, young person, young adult, family if possible and appropriate.

CONVERSATION WITH IRO/FIRO/CP CHAIR

- Where relevant, a reflective conversation will be held to gain an understanding of their involvement, oversight, and views.
- The auditor will seek to establish good practice and key learning.
- The conversation will contribute to the overall audit grade and highlight areas for development and wider practice improvement.

FAMILY/PARENT/CHILD/YOUNG PERSON FEEDBACK

- Listening and responding to children, young people and family feedback and understanding the voice of the children and young people, alongside their carer is one of the most important ways to understand how the services we deliver are being received and whether our practice is making the right difference.
- Feedback will be used to build evidence of lived experience which we will learn from them and use to improve services.
- For each audit, telephone contact will be made with the family/carer of children under 18 and if appropriate the child/young person. Efforts should be made to contact each parent
- A series of questions is outlined in the audit tool as a guide for conversation. The auditor will need to use their professional discretion, particularly when speaking with children and young people, adapting questions where necessary.
- It is recognised that in some situations, people may not wish to speak with the auditor. If so, this will be recorded within the audit tool. Not all families will be willing/able to engage with conversation or feel comfortable or wish to take part.
- Opportunities to communicate in different ways will need to be considered - ask the allocated practitioner how they communicate.
- Any known barriers should be overcome, e.g., use of Language Line.
- The Principal Social Worker and Practice Improvement Managers will consult with Youth Ambassadors Group and MAD (Make a Difference) group in an ongoing way to support practice improvement and to inform audit themes. Feedback from the annual survey will also be considered.
- Observations of practice will also allow for relationships to be observed and feedback obtained.

MODERATION

To support accuracy and consistency of practice, approximately a third of each month's audits will be moderated. The moderation panel will consist of Quality Assurance Service Manager/Principal Social Worker and Service Manager Safeguarding and Review Unit. All audits graded good will be moderated with input from Assistant Director level. Other Managers will be requested to moderate on occasion when it is felt that particular knowledge would assist the moderation process. Practice Improvement Managers will also moderate a colleagues audit each month to support their own development and learning.

The moderation process aims to support a shared understanding of what good looks like and provide assurance in terms of our view of our work; our self-assessment. Feedback and results of moderation will form part of the analysis presented in the monthly Quality Assurance report which will be shared with the Senior Leadership Team, Service Managers, and all managers. Any record where there is disagreement in respect of the overall audit grade will also be presented for moderation.

IMMEDIATE RESPONSE PROCESS

If during audit or moderation, a safeguarding concern is realised; or it is noticed that there has been no supervision recorded on the child/ care experienced young adult's record for 6 months or more; an Immediate Response will be raised. This may result in a wider view of the allocated key workers work, management practice and/or IRO/CP oversight. It is the responsibility of the Service Manager in which the Immediate Response is raised to respond to the Immediate Response in a timely manner; completing relevant paperwork so there is a clear audit trail. Audit activity, audit actions and specifically the need to raise an Immediate Response should be discussed with the practitioner in their next supervision.



CLOSING THE LOOP ACTIVITY

Actions generated through individual audit will be clearly recorded on the audit form which is uploaded on to the child/young person's record. Actions will have clear timescales and will require sign off by the allocated line manager who will need to consider quality as well as compliance.

The Quality Assurance Manager will maintain a central tracker of all records audited and any outstanding actions. It will be the responsibility of the allocated key worker and their line manager to ensure the audits actions are completed within a maximum of 31 days. Individual timescales should be noted and individual actions addressed within that period.

If children, young people, young adults, families, carers raise concerns it may be necessary for the auditor to raise concern following the audit conversation; other actions will be able to wait until the audit is completed.

Actions assigned to audits will address safeguarding issues as well as focus on those areas that have been identified as key practice priorities such as management oversight, assessment, and planning.

Audit activity may also generate wider learning or highlight areas for development. Feedback will feed into the Training Governance group. To track impact, themes will be revisited to consider progress or chosen to gain a snapshot in time before new services are launched for example. A reflective learning session is planned each month as a follow up to audit to consider audit outcomes and gain feedback. Any practitioners or managers involved in the audit will be asked to attend to promote joint learning and responsibility and allow for sharing of ideas so that practice improvement is co-produced, realistic and improves outcomes.

PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

All practitioners and managers are expected to adhere to legislation, guidance, procedures, and processes and ensure they are familiar with Sefton Practice Standards, internal policies, and local resources. Individuals are responsible for keeping abreast of new research, committing to supervision and their own professional learning and development. Qualified Social Workers are also required to comply with Social Work England Standards and professional conduct.

The Quality Assurance and Impact Framework has been in place since October 2022; with managers engaged in audit since January 2023. Challenges are understood and some improvement is being noted.

It is realised that responsibility for audit outcomes does not solely rest with the allocated key worker. The key worker may have only recently taken over responsibility; wider partnership working may impact the grade or management oversight and supervision for example. It is for this reason and others that we have not followed up Inadequate grades with specific action; rather allow for the overall outcome to be discussed with individual workers as part of their ongoing supervision and focus on awareness raising and general practice improvement.

The Framework is now well embedded, and we are beginning to see some good grades appearing and fewer audits graded Inadequate. The Quality Assurance Manager will now collate all audit activity so that we can observe trends more clearly. Moving forward, we will gather service, team, and individual audit performance data to consider and discuss with Service Managers. When trends are noted e.g. the same practitioner has 2 or more consecutive audits graded Inadequate or teams continue to have a high proportion of audits graded Inadequate; these audits will be scrutinised in more detail to ascertain what features contributed to the Inadequate grade and discussions will follow as appropriate linking in with the relevant Assistant Director/Service Manager, managers and practitioners. A new domain has been added to the audit tool to consider the impact of the work of the Safeguarding and Independent Review Unit. If this area is graded Inadequate in respect of a cared for child or young person, further scrutiny will apply.

OBSERVATIONS OF PRACTICE

To gain a fuller picture of practice, it is important to observe staff in their everyday work. This activity supports and provides additional reassurance that children, young people, and families/carers are receiving the best possible service and creates space to provide positive and/or developmental feedback to practitioners who undertake challenging and complex roles.

The Quality Assurance Manager will each month assign observations to auditors, who will complete and return an observed practice by the end of the month. This could be an observation of a Child In Need meeting, a home visit or supervision session. Observation will provide further opportunity to gain feedback from children, young people and families and opportunity for triangulation. All Newly Qualified Social workers will have their practice observed by the Team Manager and/or nominated Practice Assessor Lead within Sefton Social Work Academy in line with national and local ASYE policy.

Experienced Social Workers and other childcare practitioners across the service will have their practice formally observed at least once a year in line with Sefton updated Supervision Policy (May 2023). All first line managers will have their practice observed on an annual basis. In addition to observation of practice at agreed intervals, observation may be recommended as part of audit or following audit to capture good practice, or as part of an individual's Personal Development Review (PDR). Observations of Practice will be held on each individual practitioner/managers supervision record; held on SharePoint. This information needs to be safely stored and be available if requested.

MAKE A DIFFERENCE SUMMARIES AND INTERVIEWS

When an audit is graded good, the Quality Assurance team will produce a summary which highlights what features contributed to the good grading, pulling out strengths.

When a good outcome is noted as part of ongoing supervision and oversight, managers will notify the Quality Assurance team so that a Make A Difference Interview can be arranged with the individual practitioner/manager.

Make a Difference Interviews explore what led to a good outcome for a child or young person in Sefton so that we can make sure that our practice with everyone builds on what we understand has made for successful outcomes with others previously. Whilst we know how hard people work to change things for children, young people and themselves, we will focus on what practitioners have done, as a way of celebrating this success so that the same work will continue.

COMPLAINTS AND COMPLIMENTS

Findings from comments, compliments and complaints are compiled into an annual report and will be considered by the Quality Assurance team to inform practice improvement. Feedback from individual complaints is shared with actions as they arise to include updates to Practice Standards where applicable.

CHILDREN'S SERVICES FEEDBACK

Feedback is gathered in an ongoing way during audit conversations, reflective learning events post audit and during staff engagement meetings. Feedback will also be gathered about quality assurance as part of future annual surveys.

The new co located arrangements for Children's Services as well as open door management approach are designed to support a culture where employees are able and feel encouraged to provide feedback about their experiences. New auditors will be sent a questionnaire to gain their feedback on the audit process also.

The Quality Assurance and Practice Improvement Team is situated on the 3rd Floor in Magdalen House. Practice Improvement Managers will be accessible and can be approached for support with audit at any time. New auditors will be paired with more experienced auditors to provide support and guidance and feedback has been offered before audits are finalised to promote consistent quality and reliable reporting.

PRACTICE IMPROVEMENT

The Quality Assurance team will produce a monthly report which sets out what activity is planned to support learning in key areas together with work already underway. The team will work creatively to help people achieve better practice; recognising that people digest information and learn differently. Quarterly Practice and Performance meetings will be reintroduced at the end of 2023 and beyond to engage all practitioners and there will a range of other activity to support improvement.

Reflective Learning events following audit.

Make a Difference Summaries & Interviews to showcase good practice and outcomes.

Sefton Scoop Newsletter and Sefton Star nominations

Updated Guidance and Practice Standards informed by learning.

Creation of Direct Work tools and Direct Work Practice Champions

Dip sampling with input from relevant teams /practitioners/Leeds colleagues/Elected Members

New Quarterly Quality Assurance and Practice Improvement Newsletter from October 2023

Knowledge Bites and 7-minute briefings to support key messages and learning.

Quarterly Practice & Performance Meetings

Observed Practice

Routine awareness raising of Practice Standards

Training

Videos

Development of inclusion/participation services to highlight voice, influence, and change.

SOCIAL WORK WEEK AND PRACTICE WEEK/MONTH

Practice Week takes place on an annual basis during the month of October. Senior Leaders including the Director of Children's Services and Children's Cabinet Portfolio holder will have the opportunity to attend training events alongside practitioners, undertake direct observations of practice and teamwork. Practitioners and managers views will be sought to plan the week giving opportunity for practitioners to advise on what areas of practice they would wish to focus on.

Social Work Week takes place during March every year. A theme is selected by Social Work England and built upon in Sefton. Each year the focus will be different but will provide another opportunity to share knowledge, tap into regional and national learning, link with partners and adult services to foster good working relationships.

Social Work Week is not just for Social Workers; it is for all those who support children, young people, care experienced young adults, and families to celebrate their contribution and reflect on practice.

SAFEGUARDING UNIT

The role of the Safeguarding Unit (SGU) is closely linked to quality assurance. IROs/FIRO and CP Chairs routinely provide effective challenge as well as support to operational staff with the aim of improving outcomes and supporting practice. This can be via formal practice alerts, but often more effectively through collaborative and clear discussion.

Each month, the Safeguarding Unit will produce a performance report detailing both its activity in respect of our Cared For Children and those subject to Child Protection planning. In addition to this information, the report will also detail any practice alerts raised during the month and any themes identified. The report will provide details of any complaints or compliments received by the unit. It will also include information on multi-agency contribution to meetings and planning.

Reports will be presented each month to the Senior Management Team (SMT) performance meeting by the Safeguarding and Review Service Manager. It will also be distributed to all Children's Services management team and Local Safeguarding Children's Partnership Board Manager. Information and analysis within this report will feed into the work of the Partnership and the Corporate Parenting Board. In addition to this activity all IRO/FIRO/CP Chairs and managers within the Safeguarding and Review Unit are expected to complete audits. The SGU Service Manager will sit on the audit moderation panel. The quality assurance function of the SGU is further supported by its co-location with operational teams and the establishment of a 'team link' role which will see each IRO and CP Chair act as a liaison to an individual service area.

LOCAL CHILDREN'S SAFEGUARDING PARTNERSHIP

Improving outcomes for our children is a shared task and involves the work and co-operation of a variety of agencies, all of whom have statutory safeguarding responsibilities. This Framework supports the gathering of specific information as to the effectiveness of these relationships, with 'multi-agency working' being a specific area of focus. In order that the findings of these audits support the work of the partnership, the Principal Social Worker will sit on the Performance and Quality Assurance subgroup of the Partnership.

Multi agency audits undertaken through the partnership will also feed into service delivery and performance monitoring as will learning from any ongoing Local Safeguarding Children's Partnership Practice Reviews.

In addition to the role of the partnership, the Senior Leadership Team may commission or be engaged in external scrutiny. This may take the form of an Local Government Association Diagnostic, or Peer Review undertaken through the regional sector led improvement programme. Linking the work of Children's Services to the wider council will also be supported by engaging Senior Officers and elected members in audit activity. Members of the Quality Assurance Team will sit on relevant subgroups to ensure dialogue is open and wider partnership considerations are considered in an ongoing way.

This Framework will be reviewed at least on an annual basis and any changes will be agreed through the governance of the Senior Leadership Team. Work has been undertaken to update the audit tool to better reflect the work of our Care Experienced teams. Further work is planned to develop a appropriate tool to consider Fostering Services so they can be included in a monthly audit schedule. New services have been developed and will need to be included moving forward.

To be reviewed June 2024

