Children's Social Care Performance and Quality Assurance Framework

CONTENTS

SECTION 1: INTRODUCTION, OVERVIEW & GOVERNANCE

The purpose of this framework is to improve working practices and the quality of services for children, young people and their families, in order to improve outcomes and the quality of their lives, through a cycle of continuous learning.

It seeks to provide senior management with reasonable assurance as to the quality and effectiveness of social work practice and management oversight, including compliance with statutory regulations and guidance, through robust monitoring, scrutiny and management of performance data and a series of qualitative audits.

Strategy, performance management and quality assurance systems and processes are inextricably linked and cannot operate in isolation. Performance monitoring, when used intelligently, serves as an aid to focusing quality improvement activity on areas of concern and importance. Effective quality assurance systems set standards against which performance can be assessed, and also measure quality.

Good performance management and quality assurance rely on systems and people working together. Systems, processes and data complement softer intelligence which is affected by organisational culture, leadership and learning. Equally, these systems do not stand apart from day to day management.

This framework applies to all services that seek to safeguard children and young people in Rochdale. It requires active participation, contribution and support at all levels from front line service practitioners to senior managers with responsibility for safeguarding children.

Performance management and quality assurance processes therefore need to be embedded at the front line and need to focus on priority areas for Rochdale.

The arrangements in place in Rochdale seek to provide assurance on the quality and effectiveness of children's safeguarding practice, including compliance with statutory regulations and guidance, through

➢ Monitoring and reporting of **Performance**;
➢ **Quality Assurance and Audit**;
➢ **Scrutiny**

All these elements work together to provide an effective quality assurance system that drives the cycle of continuous improvement.

1.1: External influences

The current over-riding external influence on quality assurance is the connection between this work and the Ofsted inspection frameworks. The last Ofsted Inspection of Safeguarding & Looked after Children in Rochdale took place in November 2012.

This inspection framework was superseded in October 2013 with the *Ofsted Inspection of services for children in need of help and protection, looked after children and care leavers.*

The three judgement areas for this inspection framework are:

➢ Experience and progress of children who need help and protection
➢ Experience and progress of children looked after in achieving permanent homes and families for them
➢ Leadership, management and governance

Under the 2013 inspection framework, inspectors spend a significant amount of their time with front line social workers and professionals, reducing time spent with managers from the service areas or senior managers from the Directorate as a whole, and focus attention on the journey of the child.

Rochdale's performance and quality assurance framework is structured around the following themes:

➢ Safeguarding activity (including early help)
➢ The quality and timeliness of decision making
➢ The quality of assessments and plans
➢ The management of resources
➢ Outcomes for Children and Young People

Early help and stronger families, and cared for children, are cross cutting themes that cut across each of these five elements.

1.2: Safeguarding activity (including early help)

This theme focuses on the volume of work referred to and / or being dealt with in Children's Social Care, which is often affected by external factors that are outside of our influence or control. We often do not set targets for some of these measures as we cannot predict with any degree of accuracy what demand will be. We do however track and report on whether numbers are increasing or reducing, which helps us to understand, respond to and manage demand more effectively.

1.3: The quality and timeliness of decision making

This theme focuses on the effectiveness of processes and the timeliness of meeting the needs of our children and young people. It is important because it assists to identify drift, and when taken together with the next theme in Section 1.4 below, ensures that we balance the need for timeliness with the quality and effectiveness of decisions made.

1.4: The quality of assessments and plans

This theme focuses on the effectiveness of our plans for children and young people. It includes performance data and qualitative assessments through auditing, on planning for children in need, children subject to child protection and cared for children, and looks at how effective we are in implementing those plans.

Data analysis and the experience of the workforce and families assists in the identification of issues which lead to re-referrals to children's services or children re-entering the child protection system. It also assists us to understand the effectiveness of our step down processes and how we support children and their families through this process.

1.5: Management of Resources

This theme focuses on the types of placements we use for our children and young people, which has an impact on the quality of their lives and also has resourcing implications for the service. These may include financial resources as well as the impact of placement choice for children and young people. Focusing attention on this enables us to understand, manage and plan to meet the demands on the service.

1.6: Outcomes for Children & Young People

This theme focuses on the impact our services have on the lives of children and young people. Working with the Council's Corporate Parenting Board, we support and encourage children and young people to improve their life chances, including monitoring the health of our cared for children and care leavers, their educational attainment, transition into further education, training and / or work and into secure and suitable settled accommodation.

1.7: Governance

The Head of Performance and Quality Assurance within the Council's Children, Schools & Families Directorate is responsible for ensuring adherence to this framework, with responsibility for the monitoring and

reporting of performance within the Council, the Children & Young People's Partnership and Rochdale Borough Safeguarding Children's Board.

1.8: Overview of the Framework

An overview of this performance and quality assurance framework, which shows the different elements and how they work together, is illustrated in the following diagram.

Performance

Quality Assurance & Audit

Quantitative: Data collection & analysis
- Early Help
- Children's Social Care including Children with Disabilities

Monitoring & Reporting
- Children's Services Senior Management Teams
- Children, Schools & Families Senior Leadership Team
- Corporate Leadership Team
- Cabinet
- Overview and Scrutiny Cttee
- Corporate Parenting Board
- Children and Young People's Partnership

Qualitative: Case file audits
- Tier 1 (Practice / Team Managers)
- Tier 2 (Heads of Service)
- HR Audits (Supervisions, PDR, Recruitment & induction, DBS)
- Independent Service Quality Reviews
- Safeguarding Unit Thematic Audits

Reporting
- Children's Services Senior Management Teams
- Children Schools & Families Senior Leadership Team
- Rochdale Borough Safeguarding Children Board

Workforce Development

Voice of the Child, Complaints and Service User feedback

RBSCB Quality and Performance Improvement Sub Group

IRO Monitoring and Quality Assurance notifications

RBSCB Strategic Performance Management and Quality Assurance Framework

- Data collection, analysis and reporting
- Multi-agency audits

Scrutiny

RMBC CSC Performance and QA Framework revised 150114 (Repaired)

Performance

Performance includes data collection and analysis, monitoring and reporting, both within the Council and by key partners (via the Children & Young People's Partnership) and independent reporting and monitoring by the Rochdale Borough Safeguarding Children's Board (**section 2 below**).

Quality Assurance and Audit

This includes case file and HR audits within Children's Social Care services, IRO and Conference Chairs' QA Notifications escalated by the Safeguarding Unit, Independent Service Quality Reviews and the Safeguarding Unit thematic audits. Reporting of outcomes of these audits is to the Senior Leadership Team within the Councils' Children, Schools and Families Services and key partners (via the Children & Young People's Partnership) (**section 3 below).**

Scrutiny

Independent scrutiny of performance data takes place through the Council's Overview & Scrutiny Committee.

In addition, Rochdale Borough Safeguarding Children's Board (RBSCB has its own Strategic Performance Management and Quality Assurance Framework comprising arrangements for reporting and monitoring performance data and a programme of multi-agency audits. The Board has a Quality and Performance Improvement Sub Group with responsibility for bringing together quantitative and qualitative data and intelligence, to identify risk and assure the cycle of continuous improvement (**see section 4 below**).

Cross Cutting Themes

Learning and development comprises the **voice of the child**, **complaints and service user feedback** to inform service design and development, and **workforce development.** It includes processes for learning from the outcomes of audits and serious case reviews, to ensure a cycle of continuous service improvement, and as such this cuts across the other three elements of the framework **(see sections 5 and 6 below)**.

The specific arrangements in place within Children's Social Care to implement this framework are set out in the following diagram, followed by more detail of each of the core elements in the following sections.

Children's Services – Social Care
Overview of Performance Management (PM) and Quality Assurance (QA)

Quantitative: Performance Management

Qualitative: Quality Assurance

Performance Data

➢ Tier 1: **Performance Clinics** Detailed monthly analysis support and challenge for each service area by the Assistant Director (CSC)
➢ Tier 2: **Performance Monitoring**
➢ Tier 3: **Performance Reporting** Oversight, scrutiny & challenge from senior management & Leadership Teams, Cabinet, Corporate Parenting Board, Overview & Scrutiny Committee, Children & Young People's Partnerships and Rochdale Borough Safeguarding Children Board.

Practice Forums

For Service Areas and / or Teams with a focus on issues / areas identified by PM / QA

To take place minimum 6 weekly with each Service

Internal CSC framework

➢ **Tier 1 audit** by Practice Managers / Team Managers (a minimum of 4 per team per month) and Business Support audits.
➢ **Tier 2 Audit** by Head of Service
➢ **Independent Service Quality Reviews**
➢ **IRO Case File Notifications & Escalations**
➢ **Thematic Audit** (led by Safeguarding Unit)

Learning and Development

Identify emerging themes and issues which feed into the overriding Workforce Development Strategy. These include:

➢ Themes emerging from both quantitative and qualitative strands
➢ RBSCB Multi-Agency Audit Findings
➢ Lessons learned from Serious Case Reviews
➢ Feedback from Service Users, including complaints

SECTION 2: QUANTITATIVE: PERFORMANCE MANAGEMENT

Introduction

Effective performance management arrangements provide the foundations for effective service and resource planning and performance improvement. It enables policy makers and service providers to make informed decisions leading to improved services and outcomes for service users and the wider community.

Actions to improve performance will take place at all levels of an organisation such as individual, team, service or corporate level. Doing things differently can often lead to greater efficiency, improved outcomes and thus improved value for money.

Data collected for government returns and local intelligence helps us to understand the needs of children, young people and their families and how we can work best to provide them with help, support and, where needed, protection.

Combining quantitative data with data from quality assurance systems and processes gives a richer view of the effectiveness and impact of child protection including early help services.

As shown in the diagram in Section 1 above, in Rochdale, quantitative data is used by a wide range of different audiences, all of which play an essential part in scrutinising and challenging performance, with the aim of driving continuous improvement for children and young people.

The range of data collected, analysed and reported is informed by the priorities identified in the **Directorate Plan** and the **Children's Social Care Service Plan** and will be kept under review to ensure it provides the relevant information needed to measure success, to safeguard children and young people and to provide the support they need to improve the quality of their lives.

2.1: Tier 1: Performance Clinics

Children's Social Care data is produced from an integrated system (ICS) to which all relevant managers and staff have access.

Each child or young person known to Children's Social Care Services has a unique case record, and case pathways are set up, updated, reviewed and monitored via this system.

The system generates a range of 'early alerts', which are placed within each workers work tray on a daily basis. This alerts workers and their

managers to impending deadlines for completion of key activities such as the timescales for the completion of assessments, reviews due etc. Practice Managers / Team Managers and Heads of Service use these alerts and weekly reports from ICS to review and address any areas of concern with their teams and / or with individual workers in a timely way. These reports also provide the evidence base for supervision with workers.

Each month, Heads of Service and Practice Managers / Team Managers present data on their service's performance at a **Performance Clinic** chaired by the Assistant Director (Children's Social Care). In attendance at that meeting are colleagues from the Safeguarding Unit (IRO Team Manager) and the Children's Improvement Team.

The purpose of these monthly clinics is to:

➢ Consider and provide objective scrutiny and challenge to the performance of individuals, teams and service areas;
➢ Agree actions required to address performance on an individual, team or service basis to bring about quick and sustainable improvement;
➢ Agree priorities for service quality reviews;
➢ Agree issues to be addressed via practice forums.

Heads of Service and their Practice Managers / Team Managers lead the discussions, presenting data and additional information relating to their team and service area performance respectively. This includes supervision reporting, feedback received from service users and partners, themes emerging from complaints, and a summary of actions taken to address issues previously identified.

The following core areas are considered at Performance Clinics:

➢ Contact to allocation of Initial Assessment (24 hour decision)
➢ Cases successfully transferred to Early Help Services
➢ Assessments completed in and out of time and unallocated
➢ The length of time a case is allocated in first response
➢ % and number of s47 enquiries that did not result in an initial child protection conference
➢ % and number of s47 enquiries that resulted in an initial child protection conference within 15 days
➢ The number of referrals that were referred in the previous 12 months
➢ The length of time children are subject to a Child Protection Plan
➢ The number of children subject to a Child Protection Plan for 2 years or more
➢ % of cared for children who take part in reviews
➢ The length of time a child is looked after prior to Adoption

➢ Supervision reports and feedback from Tier 1 case file audits and Tier 2 audits
➢ Social work visits and other qualitative feedback
➢ Feedback from the Safeguarding Unit (IRO Notifications arising from initial child protection conferences and Cared for Children Reviews)
➢ Feedback from the Safeguarding Unit Thematic Audits (compliance and outcomes)
➢ Performance against the Public Law Outline

Some of the indicators are specific to one service area and are therefore only discussed with those relevant managers. Others (such as supervision) are relevant to all service areas and are therefore discussed in all of them.

The range and scope of indicators may vary dependent upon the local need, practice and performance, which requires increased scrutiny and / or improvement at a particular point in time.

The outcomes of the discussions from the Performance Clinics will also inform workforce development strategic planning and the content of 6-weekly local practice forums.

In order to improve the connectivity between directorate performance and individual and team performance, monthly **Team profiles** containing a summary of key performance information relevant to each team within Children's Social Care and Children with Disabilities Services are disseminated to all Heads of Service and displayed on Performance Notice Boards throughout offices. These will prompt additional discussion in team meetings, and seek to raise the profile of performance management as a key improvement tool as well as helping to celebrate successes.

2.2: Tier 2: Performance Monitoring

A monthly overview report is produced for the Director of Children's Services and the Assistant Director (Children's Social Care), which provides a high level summary of the number of current cases, the types and costs of placements, average caseloads, vacancy and sickness absence rates and the number and cost of agency workers. This is discussed between the Director of Children's Services and the Assistant Director (Children's Social Care).

A more detailed monthly **Children's Social Care Performance report** is provided to the Children's Social Care Senior Management Team, containing final monthly data for a wide range of performance measures, including comparisons against performance in previous periods and against statistical neighbours and All England averages where this information is available. This report is discussed monthly at

the Children's Social Care Senior Management Team meeting chaired by the Assistant Director (Children's Social Care).

Whilst providing an invaluable role in the independent oversight, scrutiny and challenge for the Children's Social Care Service, the Safeguarding Unit is connected to the operational delivery and therefore should be held to account in the same way as other Service Areas. A monthly performance report is therefore provided to Senior Management Team by the Head of the Safeguarding Unit.

2.3: Tier 3: Performance Reporting

Sub-sets of the performance measures contained within the monthly Children's Social Care Performance Report are routinely reported on a quarterly basis to a range of wider audiences outside of Children's Social Care Services.

A suite of **Performance Report Cards** has been developed to enable a smaller data set to be presented in a more accessible format, which enables more effective scrutiny and challenge of performance at a strategic level.

These Report cards are used to enable challenge and scrutiny from a range of audiences, including but not restricted to:

Children, Schools & Families Senior Leadership Team
Chaired by the Director of Children's Services and comprising the Assistant Director (Children's Social Care), the Assistant Director (Early Help & Schools) and key Heads of Service from within the Children, Schools & Families Directorate.

The Council's Corporate Leadership Team
Chaired by the Chief Executive and comprising the Council's Executive Directors.

Cabinet
Chaired by the Leader of the Council and comprising the lead members for all services within the Council.

Overview and Scrutiny Committee
Set up under the council's constitution to ensure that members and officers can be held accountable for their decisions. The committees include members from all parties with some chair and vice-chair positions shared amongst opposition parties.

The Corporate Parenting Board
Chaired by the Lead Member for Children, Schools and Families, and comprising elected members from all political parties together with key

partners, the Board considers performance information relating to children in the Council's care.

Children and Young People's Partnership
Chaired by the Lead Member for Children, Schools and Families, this is a multi-agency group, which scrutinises and challenges performance data relating to services for children across all agencies. This includes, but is not limited to children's social care data.

SECTION 3: QUALITY ASSURANCE & AUDIT

The key quality assurance aspects of this framework include:

➢ Tier 1: Practice Manager / Team Manager and Business Support audits
➢ Tier 2: Head of Service audits
➢ Independent Service Quality Reviews
➢ IRO Case File Notifications & Escalations
➢ Thematic Audit (led by Safeguarding Unit)

All are informed by priorities derived from data and issues emerging from performance management (see previous section).

3.1: Effective Quality Assurance

The key to an effective quality assurance, audit and performance framework that is truly embedded throughout the organisation is to ensure that all staff are involved and can recognise the benefits that it brings to the Directorate.

Practitioners at all levels should be familiar with the principles of this framework and actively involved in the delivery of it. It is the responsibility of **all managers** to quality assure the work of their direct reports, to both provide management oversight of decisions being taken but also as part of a continuing cycle of professional development and support.

Some of the cross cutting areas underpinning the key themes referred to in Section 1 above include:

➢ Keeping the focus on the child and the child's journey
➢ Avoiding drift
➢ Maintaining objectivity
➢ Challenging assumptions
➢ Outcome focused planning
➢ Quality of management oversight
➢ Reflective supervision
➢ Case file recording (quality of core assessments, quality of CIN/CP plans, presence and quality of chronologies)

Quality assurance is not just about audits. It is the continuous collection of intelligence and data that inform the organisation as to the quality of our work, and the robustness of our processes and policies. Audits add an additional layer to the process and allow us to assure ourselves of the effectiveness of the rest of the systems, processes and polices in place.

This quality assurance framework is based on four steps to delivering improvements across the service:

1. Ensuring that all staff are aware of the standards required in carrying out their duties. Social Work and Management Practice Standards are attached at **Appendix 1**.

2. Monitoring the quality of the work through case audits to make sure that those standards are consistently applied. Case File Audit Tools are attached at **Appendices 2 and 4.**

3. Feedback is given to staff which acknowledges good practice and outcomes for children and gives clarity on areas where improvement is required This is done via a number of mechanisms including supervision, team meetings and away days, practice forums and training and development.

4. Ensuring that action is taken to improve and monitor practice in those areas.

The following diagram illustrates how these steps fit together:

Set standards (including procedure, regulation and legislation)

Monitor Audit Supervise Gather Feedback

Deliver training, policy, guidance, provide standards Monitor Action Plan

Improved Outcomes for Children

Identify Improvements needed in practice, policy, guidance, services Action Plan

Analyse/Evaluate

Feedback Performance Users Views Complaints
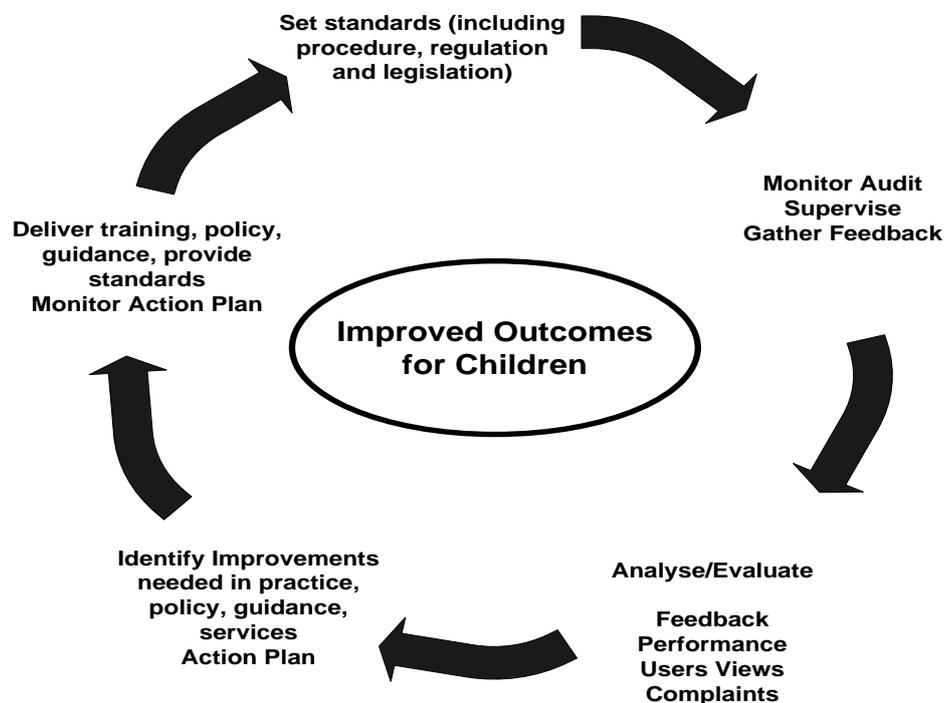
Audit tools referred to in the following sections of this framework will ordinarily be completed by the auditor sitting with the practitioner in order that issues identified can immediately be discussed and learning can take place.

QUALITY ASSURANCE ROLES AND RESPONSIBILITIES

3.2: Tier 1 Quality Assurance: Management Oversight (Internal)

Management Oversight

All managers must recognise the importance of ensuring that the work of their staff is reviewed and findings shared with the staff member as part of their continuous development. This is a significant feature of this Quality Assurance Framework.

Management oversight represents the regular, consistent oversight of decision making and quality of practice that Practice Managers / Team Managers and Heads of Service should routinely undertake. Much of this work takes place on a daily basis and can be evidenced within ICS Protocol records relating to individual children.

Part of the Management Oversight will be to demonstrate at key points of a child's/young person's journey that compliance of key requirements is met or where it is not met, that clear management direction is given to rectify the non-compliance.

*Case closures/transfers***:** A management oversight case note in the Protocol ICS System is used by Practice / Team Managers before the case is either closed or transferred out of the team. A Transfer Panel is held weekly to review the above and minutes of these meetings should be retained as evidence that managers have undertaken quality assurance of the work undertaken with children, young people and their families.

Other circumstances where this is done include:

➢ Following a decision to convene Child Protection Conference
➢ Following a decision to accommodate a child or young person
➢ Following a decision to instigate Public Law Outline or Care Proceedings

There a is a summary tool available for use across service areas at **Appendix 2** which Practice Managers / Team Managers and the Public Law Outline Case Manager are required to use to structure and evidence the Quality Assurance which they are undertaking.

The minimum requirement for each Practice Manager / Team Manager is to audit a minimum of 4 cases per month from within their team/area of expertise.

Audits may take place with the practitioner during supervision or when signing off decisions, but will ordinarily be done by the Practice Manager / Team Manager sitting with the practitioner,

in order that practice can be discussed and learning can take place immediately.

The programme of focus for these audits is attached at **Appendix 3**.

Completed audit tools should be forwarded to cscaudits@rochdale.gov.uk in order that the themes and findings can be analysed and reported to Senior Management Team on a monthly basis. The findings from these will influence both the practice forums and the workforce development strategy.

3.3: Safeguarding Unit Monitoring

The Safeguarding Unit have an invaluable perspective on the quality of social work practice which managers should consider. They see the practice in relation to all our children who are subject to child protection plans and those who are looked after. It is also anticipated that they will begin to have a role in independently reviewing the cases of children in need and those who are privately fostered.

Monitoring information is completed at the end of every conference and review via the **IRO Notification** and these are shared with Practice Managers / Team Managers. These should be used by those managers in Supervision and auditing work and will assist in giving a picture of the quality of work completed by individuals and their team as a whole.

The findings from the external oversight from the Safeguarding Unit should also be discussed in team meetings.

All information should also be routinely passed to the Directorate's Performance & Quality Assurance Team via cscaudits@rochdale.gov.uk. The team maintains records to ensure that follow up actions are completed.

3.4: Tier 2 Quality Assurance: Senior Manager (Internal)

Heads of Service are required to undertake quality assurance within their own service area in addition to undertaking an audit of one case per month which is outside their service area as part of this framework. This is in addition to the thematic audits led by the Safeguarding Unit (see 3.8 below), which provides an opportunity to triangulate the evidence and therefore provides an element of independence

The following identifies the minimum requirements for Heads of Service within their own service area:

First Response & Children with Disabilities

Timeliness of decision making: Monitoring takes place on a regular basis to ensure that decisions are being made in a timely manner and in line with requirements of Working Together. Heads of Service (MASS and First Response) should sample a percentage of contacts on a monthly basis and findings should be presented to the Performance Clinic.

Consistency of Thresholds: Monitoring of referrals and decisions being made in respect of referrals to the 'front door' in order to consider consistency between managers' and partners' application of the Continuum of Need and to understand how the Common Assessment Framework (CAF) is being used both as a means of assessing families/children's needs and as a referral tool. Importantly this will also assess whether decision making by the duty manager is thorough, safe and outcome focused. Each month Heads of Service (MASS/First Response) will review a selection of cases and assess the quality of the decisions being made. Evidence of this activity will be submitted monthly to the Performance Clinic.

Re-referrals: A sample of cases that have been re-referred within 12 months of a previous referral should be reviewed by Heads of Service (MASS and First Response) to identify themes and lessons learned. Findings should be presented to the Performance Clinic.

Children in our Care, Child Protection & Children with Disabilities

Child Protection/Cared for Children Visits: The quality of the visits to children and young people is as important as whether those visits are taking place. Heads of Service (Cared for Children, Child Protection & Care Proceedings and Children with Disabilities) should review a sample undertake to sample of cases each quarter to test out the quality of those visits and report the findings into the Performance Clinic.

CP Plans/Core Group Minutes/CP Conference Report: Heads of Service *(*Cared for Children, Child Protection & Care Proceedings and Children with Disabilities) should undertake a review of a sample of cases on a quarterly basis to assure themselves of the quality of social work practice.

Audits will ordinarily be done by the Head of Service sitting with the practitioner, in order that practice can be discussed and learning can take place immediately.

Cared for Children – Residential Homes

*Regulation 33 Visits***:** Each month a manager independent of line management responsibility will conduct a review of a residential home. This is a statutory requirement. During the visit a random case file will be audited, a young person will be interviewed and other key records will be audited. A standard template is used and a copy of the completed form will be returned to the Head of Service who will produce a quarterly summary report for the Senior Management Team.

*Regulation 34 Visits***:** Each month an independent review will be conducted, by a member of the Children, Schools & Families Directorate's Senior Leadership Team or an elected member. This is a statutory requirement. The results from this visit are submitted to the Head of Service (Cared for Children) and Ofsted. Results are also presented to the Corporate Parenting Board

Cared for Children: Fostering

Regulation 35: This regulation applies to the formal monitoring of the Fostering Service. An annual report is completed for Ofsted and covers the following areas;

- Data Set Information including placement breakdowns / number of children placed, siblings placed separately, number of approval's
- Information regarding the effective performance of the service

Fostering Panel (Main): This Panel meets on a monthly basis and has responsibility for:

- Recommending approval of new Foster Carers and setting the terms of approval
- Recommending approval of Friends and Family Carers
- Connected Persons (Regulation 24) approvals
- First Annual Review of Foster Carers
- Monitoring the quality of assessments and providing feedback to the Head of Service and Practice Manager
- Hearing the resignations and de-registrations of Foster Carers
- Reviewing cases where allegations have been made against Foster Carers and where LADO has been involved
- Offering practice advice in particularly complex cases

Foster carer reviews: These are conducted annually by the Supervising Social Worker. This includes seeking the views of the child / young person and their allocated social worker. The Head of Service will quality assure a sample of foster carer reviews on a quarterly basis.

Fostering Panel (Review): This panel meets on a monthly basis and has responsibility for oversight and quality assurance of Foster Carers Annual Reviews.

Schedule 6: The Fostering Team reports under Schedule 6 the following information to the Practice Manager and Senior Management as appropriate;

➢ Missing from home
➢ Administration of medication
➢ Concerns
➢ Accidents, illness or injuries
➢ Measures of physical intervention

➢ **Schedule 7:** The Fostering Team reports significant events including child deaths under this schedule. Information is subsequently passed on to both Senior Management and Ofsted.

Cared for Children: Adoption

Agency Decision Maker
The Agency Decision Maker is responsible to the decision to progress a child through the adoption process and to ensure that all the appropriate actions and processes have occurred prior to the making of any decision.

This role is currently undertaken by the Head of Service for Cared for Children.

Adoption Panel

The Adoption Panel has an Independent Chair and meets on a monthly basis. The panel is responsible for:

➢ Recommending the approval of prospective adopters
➢ Recommending when a child should be placed for adoption with a specific family
➢ Monitoring the quality of the work presented to the Adoption Panel
➢ Ensuring that all the work presented meets with the regulatory and legal duties and processes.

Audits Independent of line management responsibility

Additional to the quality assurance that each Head of Service is responsible for within their own service there is a requirement that one audit per month of a child's case is undertaken outside their service area and in line with the focus areas outlined in **Appendix 5.**

These audits will be randomly generated by the Directorate's Performance & Quality Assurance Team at the beginning of the month and an audit completed via analysis of the child's record and a case discussion with the practitioner and their line manager.

The Tier 2 Audit Tool shown at **Appendix 4** should be completed to capture the issues and judgement on the quality of the work for the child, young person and family.

Audits will ordinarily always be done by the Head of Service sitting with the practitioner, in order that practice can be discussed and learning can take place immediately.

3.5: Supervision Audits (Internal)

Supervision is a crucial means by which managers are able to quality assure the standards of work completed, and provides a mechanism by which to offer timely responsive feedback to practitioners.

Effective supervision ensures that good advice and support is available to staff, whatever their role, at the point of need. Such situational supervision includes case consultation, problem solving and support. Reflective supervision will be given to every member of staff in line with the Directorate supervision policy launched September 2013.

It is important that managers at all levels assure themselves that Supervision is taking place, is reflective in nature and is thoroughly recorded.

This should be undertaken via Supervision with Practice Managers / Team Managers and Heads of Service, each of which should bring a sample of their staff supervision files to their own Supervision.

The Business Support Team provides information to Heads of Service on the number of planned supervisions that have taken place. This information is considered at meetings between the Heads of Service and their Practice Managers / Team Managers, with issues or concerns being escalated to Senior Management Team as appropriate.

The audit tool at **Appendix 11** should be used for supervision audits.

3.6: Observed Practice

The Directorate's supervision policy includes a requirement for line managers to directly observe the practice of these who they supervise.

Senior Managers (Heads of Service, Assistant Director (Children's Social Care), Director of Children's Services and the Chief Executive) also directly observe practice of social work practitioners. This includes

observing MASS working arrangements, accompanying workers on home visits, attending core groups, case conferences and Cared for Children planning meetings/reviews. Following each observed practice the Senior Manager should record on the pro-forma (**Appendix 10**) their findings, a copy of which should be provided to the worker and their line manager for reflection in supervision.

This ensures that senior managers are in touch with the issues relevant to the front line but also are able to have an informed view about the quality of practice and the findings become routinely discussed in supervision and team meetings.

Further information relating to supervision can be found in **Rochdale MBC Children's Services Supervision Policy.**

3.7: HR Audits

HR audits are commissioned by the Performance & Quality Assurance Team and these are undertaken by the HR Business Partner each quarter. This involves a review of staff files to ensure that evidence of qualifications have been provided following recruitment of new staff and that DBS certificates are up to date for all staff who require them.

The findings from all audits and reviews undertaken should be routinely passed to the Children's Improvement Team via cscaudits@rochdale.gov.uk. The team will maintain a central record and ensure that follow up actions are completed.

3.7: Independent Service Quality Reviews

There will be a regular programme of in depth service reviews, focused upon teams or service areas as determined by the Assistant Director (Children's Social Care). These have been introduced to provide an independent view on the functioning of a particular team or service. They provide assurance that improvement activities are taking place and are being effective.

The Service Quality Review Framework takes account of the Ofsted Inspection Framework. The aim of the reviews is to help teams or services to reflect on and improve the quality and impact of the services they provide for children, young people and their families. It is a supportive but challenging process to assist us in recognising strengths and areas for further development.

The findings from the Service Quality Reviews along with other Quality Assurance analysis should be routinely passed to the Directorate's Performance & Quality Assurance Team via cscaudits@rochdale.gov.uk and will form the basis of the themes for consideration in 6 weekly

Practice Forums. The Terms of Reference and Framework for Practice Forums can be found at **Appendix 6.**

3.8: Safeguarding Unit Thematic Audits

Thematic audits are carried out under the leadership of the Head of the Safeguarding Unit. An annual rolling programme of audits has been developed, and auditors are selected from a pool of auditors drawn from senior managers across the wider Children's Schools & Families Directorate.

The auditing timetable enables all the themes to be audited at least twice a year and contains a combination of monthly themed audits and full case file audits bi-monthly.

Children, young people, parents, carers, workers and partners are routinely involved with the thematic audit process on a quarterly basis. This enables the triangulation of information to ensure that what is recorded on ICS care records is consistent with the multi-agency record, the service user's experience and understanding of the case.

If remedial work is identified as being necessary this must be completed within five days of the audit having taken place.

The findings from these audits should be routinely passed to the Children's Improvement Team via cscaudits@rochdale.gov.uk. The team will maintain a central record and ensure that follow up actions are completed.

Further information can be found in the **Children's Services Case File Auditing QA Policy and Procedure.**

SECTION 4: SCRUTINY

The Rochdale Borough Safeguarding Children's Board (RBSCB) role is to scrutinise local arrangements of all partners, as an independent challenge to ensure that internal systems and processes are effective in safeguarding children and young people. Established in line with the requirements of *Working Together 2013,* the Board has an independent chair appointed by the Council.

Additional scrutiny is provided through the quality assurance function provided by the Safeguarding Unit, through the work of the independent reviewing officers (IROs) and the Quality Assurance Officer under the management of the Safeguarding Unit Manager (see sections 2 and 3 above).

4.1: Rochdale Borough Safeguarding Children Board (RBSCB) Multi- Agency Audits

The RBSCB has its own Strategic Performance Management and Quality Assurance Framework to enable it to undertake its external scrutiny role.

The framework brings together **quantitative evidence** (data, trends, performance indicators and targets in relation to safeguarding activity such as number of cases, timeliness of decision making), **qualitative evidence** (feedback from practitioners, children and families, the quality of assessments and single agency and multi-agency case file audits) and outcomes (looking at data that evidences improved outcomes and quality of life for children, young people and their families).

This information is brought together to ensure that individual agencies and the RBSCB as a whole improve the quality and impact of safeguarding services and arrangements over time.

The RBSCB Quality Assurance and Performance Improvement Sub Group has developed a 3-year quality assurance programme, based on the methodology set out in its framework, and reports the outcome of these activities (including multi-agency audits of case files) to the RBSCB on a quarterly basis.

Further information can be found in the **RBSCB Strategic Performance Management and Quality Assurance Framework**.

SECTION 5: WORKFORCE DEVELOPMENT

The workforce are the most important asset we have in ensuring that children and young people are supported and protected from harm.

Freeing up professionals to use their judgment puts more responsibility on leaders to help their staff and for local multi-agency systems that are better at monitoring, learning and adapting practice.

The messages frontline workers receive about what is important have a strong influence on the way they practise and on how caseloads are prioritised. A system based solely on process-based targets and performance indicators can result in a focus on specific aspects of process rather than practice quality and learning.

The work of the Social Work Reform Board is key to this area. The Professional Capabilities Framework, Employer Standards and the Assessed and Supported Year in Employment (ASYE) for social workers new to or returning to children's social care requires a change in focus in how we ensure the continuing professional development of social work staff. There needs to be a focus on performance and quality systems to enable us to gauge the effectiveness of our workforce and changes we implement.

Quantitative workforce information is available through the HR reporting frameworks, and through training records provided by both workforce development and the RBSCB. For example, the numbers of qualified social workers in post, new social workers recruited, and the numbers of social workers permanently employed by the local authority to work with children and families together with information on sickness absence levels provides essential information to manage both demand and quality.

Qualitative workforce information is gathered through supervision (including observation of practice), service user feedback (including complaints), service area reviews and practice forums.

5.1: Team and individual review and development

Workforce Development is key to ensuring that we have a workforce capable of effectively safeguarding children and young people and in delivering improved outcomes for children and young people.

Workforce development arrangements must be dynamic, responding to changing needs and demand, and must be regularly reviewed as structures and organisational culture change and mature. This ensures we always have a confident and competent workforce at ease with new roles and changing ways of working.

Ensuring managers maintain a regular programme of 1:1 meetings, personal development reviews (PDRs) and supervisions with staff is critical to embedding a consistent and coherent approach to workforce development, which in turn leads to improved performance.

Where training and development needs are identified through these processes that cannot be addressed directly by the relevant manager, these should be passed to the Directorate's Organisational Development Manager, who will endeavour to address this and, where necessary, will update the Workforce Development Strategy.

Further information can be found in the **Children's Workforce Development Strategy.**

SECTION 6: VOICE OF THE CHILD, COMPLAINTS & SERVICE USER FEEDBACK

6.1: Outcomes for Children and Young People: Voice of the Child

Capturing the voice of the child and ensuring that we can demonstrate the impact this has had on the child's journey remains a key area of focus for us. We must seek to ensure that every contact counts, and that the outcome of each contact has made a difference to the child, young person or their family.

It is crucial to get feedback from children, young people and their families to inform learning and drive service improvement. It is also key to understanding the impact of the service and the difference children, young people and their families feel has been made to their lives as a result of the help, support and, where necessary, intervention that has been provided or has taken place.

All too often both nationally and locally children and young people report that they have not been involved in the decisions affecting their lives, they have not been provided with adequate information and they have not understood what is happening to them. We also know that social work is more effective when parents have clarity around expectations of how they should behave.

This impacts on the quality and continuity of a child or young person's relationship with their social workers.

The child's journey is central to our performance and quality assurance activity. We must focus on this to help us to better understand whether earlier intervention and support could have improved the outcomes for the child, young person and their family.

Details on the views of children and their families throughout their 'journey' and how this has informed decisions on support provided or plans made must be recorded on the child's ICS record in the following places:

➢ Case notes
➢ Assessments
➢ Plans
➢ Supervision

6.2: Complaints

All complaints received about Children's Social Care services should be immediately notified to the Children's Service's Business Support Team for inclusion in a central log.

A flow chart has been developed for practitioners setting out the procedure and timescales to be followed in dealing with complaints, and training on the process is routinely provided.

A weekly progress report on current complaints is sent to the Assistant Director (Children's Social Care) to enable regular monitoring of progress in responding to and addressing on-going complaints and to highlight areas of concern.

Learning from complaints is discussed in monthly Performance Clinics.

Each quarter, a summary of the numbers of complaints and compliments received is submitted to and considered by the Children, Schools & Families Directorate's Senior Leadership Team. This report includes information on complaints that have been not been dealt with in the prescribed timescale, together with a summary of the lessons learned from complaints received.

The Corporate Complaints' Team also record details of all complaints about Children's Social Care Services dealt with under both the statutory and the corporate complaints procedures.

Children's Social Care complaints dealt with as corporate or statutory complaints are reported quarterly to Overview & Scrutiny Committee as part of the Council's overarching performance management process.

Further information can be found in the Council's **Corporate Complaints Policy.**

6.3: Service User Feedback

Each service is expected to have a range of mechanisms for pro-actively seeking service user feedback as shown below.

MASS and First Response

Users: Following the closure or transfer of a case, a letter and questionnaire is sent to the family (child if appropriate) asking for comments on the service they have received from the team. Traditionally the response rate to this is quite low, given the nature of the service being provided and so the team will follow a small proportion of these up with a telephone call to encourage a verbal response. This information is collated and used to review and revise practice and in planning service developments.

Referrers: On a monthly basis, a 5% random sample of referrals/contacts is reviewed by the Head of Service. The referrer is then contacted by phone to seek feedback on how the case has been managed.

Placement Services: For every child placed in an independent placement, a user satisfaction survey is carried out annually. The results of this survey are reviewed by the Head of Service.

All service user feedback should be routinely sent to voiceofthechild@rochdale.gov.uk.

Information is subsequently collated and reported to Senior Management within Children's Social Care on a bi-monthly basis and quarterly to the Directorate's Senior Leadership Team and will be used to inform future service developments and planning.

In addition, case studies showing where the voice of the child, young person or their family has made a difference to service delivery will also be developed and shared across services.

SECTION 7: REFERENCES

This document reflects the following legislation and guidance:

➢ Children Act 1989 and 2004 regulations and guidance

➢ Recommendations from Laming Report 2009

➢ Care Planning Regulations

➢ The Munro Review of Child Protection (2011)

➢ Working Together to Safeguard Children 2013

SECTION 8: APPENDICES

Appendix	Title
1	Social Work and Managers Practice Standards
2	Tier 1 Audit Tools
3	Tier 1 Programme of Focus
4	Tier 2 Audit Tool
5	Tier 2 Programme of Focus
6	Terms of Reference for Practice Forums
7	Service Quality Review Framework
8	Service Quality Review Programme of Focus
9	"What does good look like?"
10	Observation of Practice Template
11	Supervision Audit Tool

ROCHDALE 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 my 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 decisions.

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	I have made it clear to parents and child/young person why Children's Social Care is involved, what we will be doing and the likely outcomes. 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).
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.
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).
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 significan events for the child.

STANDARD	KEY AREA
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.
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 Practice / 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 S47 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 Rochdale Safeguarding Procedures for S47 investigations.
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 Act 1989).
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 S47 referral details and I am certain I have investigated all the allegations made, and followed all the instructions given by the Practice Manager / Team Manager.
2.11	I have discussed my findings with the Approved Officer.

STANDARD	KEY AREA
2.12	**Initial Child Protection Conference (ICPC)** 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.
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 24 hours before the conference and noted their comments.

3.0 WORKING WITH CHILDREN SUBJECT TO CHILD PROTECTION PLANS

STANDARD	KEY AREA
3.1	I have ensured that the first Core Group meeting takes place within 10 working days of the ICPC. 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.
3.2	I have ensured at the initial Core Group that parents/carers know what change/s need to be made by them, including timescales.
3.3	I have ensured that minutes of the Core Group are produced and circulated to all members of the Core Group within 3 working days
3.4	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 ICS.
3.5	I ensure the child/young person is seen 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.
3.6	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. 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.
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.

STANDARD	KEY AREA
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 provided 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 S20 of the Children Act 1989 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 Directorate'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.
4.8	I have given the child/young person information regarding advocacy and independent visitor services and encouraged them to utilise 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.

STANDARD	KEY AREA
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).

STANDARD	KEY AREA
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 ICS, where necessary and relevant, and where I have duplicated, across siblings/family members, I have ensured that the information is pertinent to each particular 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 reflects the person's name, contact number and who they are.

We hope that you find these practice standards useful and effective. The practice standards 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 Head of Practice Improvement by email: Pamela.wharton2@rochdale.gov.uk

TIER 1 GENERIC AUDIT TOOL

Case ID:		Completed by:		Allocated social worker:		Date:	

Grade 1 is outstanding; Grade 2 is good; Grade 3 is requiring improvement and Grade 4 is inadequate

Please refer to Appendix 9 ("What does Good Look Like?") to Performance and Quality Assurance Framework for Safeguarding Children and Young People in Rochdale

	Area for Evaluation	Grade (1-4)	Comments (if any)
1	Referral & liaison with referrer/key agencies involved		
2	Appropriate consideration and analysis of risk		
3	Voice/wishes and feelings of child		
4	Quality of Analysis (& link to plan outcomes if appropriate)		

Area for Evaluation		Grade (1-4)	Comments (if any)
5	Quality of Planning *Is it child focused and in line with identified need?* *Are outcomes achievable?*		
6	Does planning address any specific needs such as religion or disability?		
7	Effective monitoring of plan(s): - MASS/FRT - are arrangements in place for effective review? - S&CP/CfS - plan being monitored and reviewed appropriately?		
8	Is the PEP available and does it record the child/YP's achievement appropriately? *(CFC cases only, N/A all other cases)*		

Any other comments:
Overall judgement of the case file: Outstanding / Good / Requires Improvement / Inadequate

To be completed by auditor			To be completed during supervision		
Action	**Who?**	**Timescales**	**Date reviewed**	**Completed/Comments**	**Initials**

Please record the date and time of the completed Audit in the Childs ICS record as an "Audit Case Note" and add that to the Chronology and up-load the document into the child's ICS record.

PLEASE SEND A COPY OF THE COMPLETED AUDIT TOOL TO cscaudits@rochdale.gov.uk

ESCALATION REQUIREMENTS:
Inadequate: Head of Service and Assistant Director
Requires Improvement: Head of Service, Team Manager and IRO/Conference Chair (where relevant)
Good: Team Manager
Outstanding: Team Manager, Head of Service and Assistant Director

TIER 1 PLO AUDIT TOOL   **APPENDIX 2B**

Case ID:		Completed by:		Allocated social worker:		Date:	

Grade 1 is outstanding; Grade 2 is good; Grade 3 is requiring improvement and Grade 4 is inadequate

Please refer to Appendix 9 ("What does Good Look Like?") to Performance and Quality Assurance Framework for Safeguarding Children and Young People in Rochdale

Area for Evaluation	Grade (1 - 4)	Comments (if any)
Are the Basic Details or Demographic information in ICS up to date?		
Are the names of the allocated worker and responsible line manager clear?		
Is the name of the Solicitor allocated clearly recorded?		
Chronology of significant factual events on current file/present in Chronology tab in Protocol and legal tab? Is this up to date? Does it show that significant events are recorded appropriately in line with case notes?		

Are Case Notes in ICS up to date? Do they reflect early intervention and support plan of support, PLO commencing.		
Is there evidence in the file/in Case Notes tab of management oversight/decision making? Case Management – PLO process pre-proceedings commencing LPM/and gateway meetings outcome PLO 9 PLO meetings, 1st, 2nd, 3rd review, LBP issued, working contract up to date, and review to PLO meetings etc.		
Is there evidence on the legal tab that the relevant documents have been uploaded. Chronology, Eco map, genogram, SW statement, SW assessment, PLO meeting minutes. LBP, PLO 0 updated from LPM. Gateway meetings.		
Is there evidence on the legal tab being fully updated with legal date's key to the PLO process and an uploaded court order? CMH, SW assessment due date, advocates meeting, family and friends assessment due date, IRH, expert assessments due, LA final evidence due with final care plan, final hearing date.		
Is there clear recordings on legal tab that reflect the case position, i.e. Date court proceedings commenced/ended, any reason identified for delay (delay in proceedings took more than 26 weeks).		

Was the permanence plan for the child (or twin tracking) identified early on – i.e. at gateway with clear referrals to fostering and adoption for assessment of family and friends and/or adoption planning in place?		
Is the child's legal status recorded in ICS? Is it up to date?		
Is there evidence that information to parents on the following has been given: • PLO parents pack		
Is the IRO fully integrated in to the legal process, i.e. invited to the legal planning meeting, sent a copy of the gateway outcomes?		
Has there been a LAC review 2 weeks before (at week 13-15) the legal planning meeting for the IRO to ratify the final Care Plan (week 16).		
Adoption medical date With the date the papers were sent to the ADM.		
ADM decision – week 18		
Is this case 26 week complaint? If not, what is the reason for non-compliance?		

Final or additional legal Orders uploaded and case notes up dated as to the on-going case management and Care Plan.		
Has the SW/TM completed tracker information record sent by PLO case manager and returned it in good time – to enable LA overview of PLO compliance? Date tracker sent by PLO case manager.		

Specific Recommendations for Improvement:

Assessment – please rate the file according to the following criteria:

1. Outstanding – all requirements applicable and relevant to the type of case are met and there is good evidence of effective care planning and record keeping and there are no comments which indicate deficiencies in the standards of assessment and practice on the case.
2. Good – all requirements applicable and relevant to the type of case are met and there are no comments indicating deficiencies in the standards of assessment and practice on the case.
3. In need of improvement – all requirements applicable and relevant to the type of case are met.
4. Inadequate – cases which do not meet the above criteria, and/or where comments on the standards of assessment and practice indicate serious deficiencies.

Rating:
Actions taken to Rectify Recommendations for Improvement:
Actions Required:
Action Taken (including date):
By Whom:
Manager checked completion:
Managers and Social Workers Comments:

**Children's Social Care
Quality Assurance Framework**

Tier 1 Programme of Focus

Month	Area (FRT/CP & Court Proceedings & CwD)	Area (Cared for Children)
December 2013	Public Law Outline	Statutory Visits
January 2014	Children in Need (including private fostering)	PEPs & Health Assessments
February 2014	Child Protection	Care Plans
March 2014	Cared for Children	CFC Reviews

APPENDIX 4

TIER 2 HEAD OF SERVICE CASE FILE AUDIT TOOL

Case ID:		Completed by:		Allocated social worker:		Date:	
Grade 1 is outstanding; Grade 2 is good; Grade 3 is requiring improvement and Grade 4 is inadequate **Please refer to Appendix 9 ("What does Good Look Like?") to Performance and Quality Assurance Framework for Safeguarding Children and Young People in Rochdale**							

Notes: in most cases an audit of the last 18 months – 2 years would be appropriate. Where there has been a significant event that pre-dates this, for example a CP plan, it would be beneficial to include that time period.

Detail	Inadequate	Requires Improvement	Good	Outstanding	Evidence and Comments
Referral					
Quality of information provided and subsequent interrogation					
Involvement of partner agencies and impact on the referral process					
Contact with referrer (including notification of outcome)					
Appropriate consents					

Detail	Inadequate	Requires Improvement	Good	Outstanding	Evidence and Comments
Assessment					
Is a copy of the assessment available?					
Reasons for assessment evident					
Appropriateness of timescales/checkpoints					
Quality and robustness of information gathering – clinical and actuarial					
Quality of risk and need assessments					
Issues of difference recorded appropriately					If applicable

Detail	Inadequate	Requires Improvement	Good	Outstanding	Evidence and Comments
Child's wishes and feelings are known and have been taken into account					
Involvement of relevant parties in the assessment process (including absent parents and fathers)					
Quality of narrative and conclusions					
Analysis					
Interrogation of assessment information to inform analysis					
Quality of statements in relation to child's unmet needs, parenting deficits and environmental issues					
Quality of working hypothesis following initial contact(s), with a way forward identified and including significant harm issues where relevant					

Detail	Inadequate	Requires Improvement	Good	Outstanding	Evidence and Comments
Appropriate analysis of sibling groups, where appropriate					
Outcome					
Does a plan exist?					
The extent to which the voice of the child and their family is clearly reflected in the plan					
Quality and appropriateness of the plan including the SMART-ness of the objectives					
Links between the assessment, analysis and the plan					
Monitoring and management oversight					
Impact of the voice of the child and their family on the service received					

Detail	Inadequate	Requires Improvement	Good	Outstanding	Evidence and Comments
Contact with child (seen regularly and/or alone appropriately)					
Home conditions clear (including bedroom seen appropriately)					
Statutory compliance					
Appropriate challenge by supervising officer, including through supervision					
Decision making in relation to the case is clear, with all relevant approvals in place including plans and assessments					
General Observations					
Quality/appropriateness of action(s) taken					

Detail	Inadequate	Requires Improvement	Good	Outstanding	Evidence and Comments
Case recording – appropriateness, level, content (including quality of chronology)					
Quality of any step-up/step-down analysis and decisions making					

Any other comments:
Overall judgement of the case file: Outstanding / Good / Requires Improvement / Inadequate

To be completed by auditor			To be completed during supervision		
Action	**Who?**	**Timescales**	**Date reviewed**	**Completed/Comments**	**Initials**

Please record the date and time of the completed Audit in the Childs ICS record as an "Audit Case Note" and add that to the Chronology and up-load the document into the child's ICS record.

PLEASE SEND A COPY OF THE COMPLETED AUDIT TOOL TO cscaudits@rochdale.gov.uk

ESCALATION REQUIREMENTS:
Inadequate: Head of Service and Assistant Director
Requires Improvement: Head of Service, Team Manager and IRO/Conference Chair (where relevant)
Good: Team Manager
Outstanding: Team Manager, Head of Service and Assistant Director

**Children's Social Care
Quality Assurance Framework**

Tier 2 Programme of Focus

Month	Area for Consideration (FRT/CP & Court Proceedings & CwD)	Area for Consideration (Cared for Children)
December 2013	Cared for Children	CFC Reviews
January 2014	Public Law Outline	Statutory Visits
February 2014	Child in Need (including private fostering)	PEP & Health Assessments
March 2014	Child Protection	Care Plans

**ROCHDALE METROPOLITAN BOROUGH COUNCIL
CHILDREN'S SOCIAL CARE
TERMS OF REFERENCE
PRACTICE FORUM**

PURPOSE OF MEETING

The overarching purpose of the Practice Forum is to drive a culture change and support the raising of standards in Social Care Practice.

It will provide an opportunity for managers and practitioners to explore issues which have arisen from:

➢ Performance Clinic findings and recommendations
➢ Service Quality Reviews

The Practice Forum will facilitate the identification of issues which need detailed consideration at Practice Workshops (e.g. Recording/Chronology) and will inform the Directorate's workforce development plan.

This will be achieved by seeking views and experiences of practitioners, considering evidence from the Service Quality Review and scrutinising practice to ascertain individual and team success in relation to the areas which contribute to and are referenced in the Quality Assurance Framework.

Operation of the Forum

The Practice Forum will operate within an environment of support and challenge akin to a 'friendly dragon's den'. The focus will be to discuss practice with a view to identifying learning.

The agenda of the meeting will be drawn from the previous month's activities including but not restricted to:

➢ Visits to children/young people in need, in need of protection or in care
➢ Strategy meetings/child protection conferences
➢ Planning meetings and statutory reviews for children in our care
➢ Service user feedback (including complaints/compliments)
➢ Assessments of need completed
➢ Cases stepped down from social care
➢ Management oversight/supervision undertaken

MEMBERSHIP

Membership should be a diagonal slice from the service area, which will facilitate a 'doing with' rather than a 'doing to' approach.

The Practice Forum will be led by the Head of Practice and Improvement, with a nominated representative from the Safeguarding Unit.

Attendance from the team should be at Head of Service, Practice Manager / Team Manager and social work practitioner level alongside colleagues from the Safeguarding Unit e.g. nominated IRO(s)

FREQUENCY

Each of the three field social work service areas will have a Practice Forum on a 6 weekly cycle which will commence following a Service Quality Review.

Delivering Quality Services to Children – Service Quality Review Model (SQRM)

Each field Social Work Service within Children's Social Care will have a Service Quality Review which together with the Performance Clinics will inform the priorities for consideration in the Practice Forums. The aspiration is that there will be a Service Quality Review during the forthcoming quarter for each Service Area and at least two Practice Forums (6 weeks apart) following the Service Quality Review.

The review will keep one question uppermost:

"What will most help us move forward to ensuring we achieve the overarching aim for delivering high quality services to children by becoming an efficient, compliant and outstanding organisation?"

1. The Review Team

The members of the team will be:

➢ Head of Practice Improvement (HoPI) to undertake the peer review
➢ Representative from the Safeguarding Unit
➢ A Team Manager from another operational team to support HoPI
➢ Children's Improvement Team Member
➢ Business Support Officer

Information to the review team will be sought from:

- ➢ ICS for team performance data
- ➢ The Quality & Performance Team and the Corporate Complaints Team in respect of complaint monitoring
- ➢ Service Users in respect of their experience and views of the service they received
- ➢ HR Business Partner on the range of HR issues e.g. work force planning, absence management and performance management
- ➢ Commissioning leads for views on effective use of commissioned service
- ➢ Partner agencies in relation to views and experience in respect of engagement with partners
- ➢ Serious Case Review recommendations

2. The Review Themes

The review will be structured around key inspection themes using information from the Performance Clinics to explore these themes in detail. To ensure robustness of the review process the following 'standard' themes will always be explored as part of the review:

- ➢ The effectiveness with which the team provides a safe service and safeguards and promotes the welfare of children.
- ➢ The quality of individual social work practice
- ➢ Leadership and governance within the team and service
- ➢ Management Oversight and decision making

Full details of the 'standard' themes and prompts are given in the sections that follow.

3.   The Framework

As part of our commitment to continuous improvement, part of the process of Service Quality Reviews will be to provide a thorough analysis of how a Service Area is working; progress and impact of business plans, the management of the area, the quality of service delivery, business support systems, customer care etc. The primary focus is to make sure children are kept safe and that timely outcomes are achieved for them. The Framework outlined below will be used to assess compliance with Rochdale Policies and Procedures and recording practice, making the use of casework (recently closed as well as active

casework) and performance management evidence as the basis for judgements made. The aim will be to identify good practice, as well as any for further improvement areas.

Summary of Stages of the Review

The information in the table below sets out the stages in the SQRM.

Stage	Time Period	Action	Notes
Identification of Areas to be reviewed	Set programme for the year in September 2013	Identify Operational Manager and Safeguarding Unit representatives for the programme	Heads of Service to identify Team Managers/Safeguarding Unit representatives to become part of the Service Review Team
Set up meeting	Two weeks in advance of onsite review	HoPI will meet with Head of Service (HoS) and operational managers in the area to be reviewed to confirm parameters of review and go through review guidance document	

Stage	Time Period	Action	Notes
Audit	To start following start up meeting once case sample parameters have been agreed and to be completed by end of onsite peer Review		1. One piece of work from every practitioner (all open work); 2. Sample of cases stepped down from the team in the last 3 months 3. Sample of audited cases (with a percentage mix of assessment and CIN/CP/CiC reports) 4. Contact with Service Users and Partner agencies to seek their views and experiences.
On-site	On-site stage 2 days	HoPI conducts separate interviews with the practice and team managers advanced practitioners and social workers	➢ HoS/ interview am of day 1 ➢ PC interview pm day 1 ➢ AP/SW individual interviews am day 2 ➢ AP/SW focus group interview pm day 2

Stage	Time Period	Action	Notes
Post review	At end of site visit	HoPI and team representatives draft feedback report incorporating findings and recommendations	
Post review	Within two weeks of on-site stage ending	Facilitated Practice Forum held with service area feedback report	This workshop to be facilitated by the Head of Service, supported by HoPI attended by representatives(diagonal slice) from the service area as nominated by managers.
Post review	Within two days of Practice Forum	Report sent to AD (CSC) & DCS	
Post Review	Within one week of prioritisation workshop	Service Area Business Plan updated to reflect findings, identified priorities and actions	HoS to take responsibility for updating plan HoPI to monitor update completed

5. The Feedback Process

Following completion of the on-site stage and compliance audit, the Head of Practice Improvement will compile a feedback report incorporating:

➢ an executive summary of the key issues
➢ good practice and areas for further development identified throughout the process
➢ detailed findings and recommendations from the Audit

The format for the feedback report is set out below. The report will include sufficient detail to enable managers not able to attend the feedback workshop to understand the findings of the review.

Service Quality Review Feedback Report

After the on-site stage, the Head of Practice Improvement will prepare a draft feedback report in order to facilitate the Practice Forum. Following the workshop the final report will be sent to the, Director of Children's Services and Assistant Director (Children's Social Care). The report will be included on the agenda for the forthcoming Performance Clinic.

The feedback report will highlight the good practice noted by the review team and areas identified for further improvement in order to achieve agreed thresholds for quality of practice. The feedback report cross references with the Arrangements for the Inspection of Children's Services as set out by Ofsted.

The report will provide the following:

Section 1:

Names of Review Team
Summary of Area reviewed
Executive Summary: Overall effectiveness
Bullet point summary of strengths
Bullet point summary of areas for improvement

1. The effectiveness with which the team safeguards and promotes the welfare of children			
Strengths	**Areas For Further Improvement**	**Actions Required**	**Timescales**

2. The quality of practice			
Strengths	**Areas For Further Improvement**	**Actions Required**	**Timescales**

3. Leadership and governance			
Strengths	**Areas For Further Improvement**	**Actions Required**	**Timescales**

Section 2:

Detailed Compliance Audit findings

Key Learning Points	Strength/Area for Improvement	Actions

2. Overall Framework

QUALITY OF SERVICE				
Audit Element	**EVIDENCE**	**COMMENTS**	**ACTIONS**	**ACTION RATING** ○○○
	➢ Systems to receive work in ICS and follow up actions identified by PM ➢ Evidence of screening on allocation ➢ Early planning of telephone calls ➢ Systems to chase outstanding police/LA checks ➢ Effective allocation systems			
There is an effective QA systems in place for all assessment work	➢ Interview with PM ➢ Benchmark PM QA forms			

CASEWORK

Audit Element	EVIDENCE	COMMENTS	ACTIONS	ACTION RATING ○○○
All work awaiting substantive allocation is risk assessed	➢ Performance data (incl. workload) ➢ Look at 'reallocations' ➢ Look at system of risk assessment of unallocated work ➢ Audit risk assessments for safety and management oversight ➢			
Data in respect of case files (CF) is accurate and up to date	➢ Case files located as requested ➢ Use of ICS ➢ ICS data accuracy ➢ Discussion with business support staff			

Audit Element	EVIDENCE	COMMENTS	ACTIONS	ACTION RATING ◯◯◯
Allocations are substantive and active	➤ Mechanisms to highlight and oversee large/complex caseloads ➤ Random sample of activity in cases allocated within 4 weeks: check appropriately risk assessed, evidence of overview and case planning ➤ Check all staff off sick 2+ weeks – audit files if necessary ➤ Request full staff list to cross-reference with ICS list			

Audit Element	EVIDENCE	COMMENTS	ACTIONS	ACTION RATING ◯◯◯
The workforce is compliant with the Child Protection Policy	➢ Policy acceptance ➢ Case file audit ➢ Discussions with SWs, PS, PM, HoS ➢ PDR grades and summary report ➢ Core training is undertaken 100% ➢ PM QA/grades are robust			
The workforce is compliant with case recording requirements	➢ Policy acceptance ➢ Case file audit ➢ Case records completed in a timely manner			

Audit Element	EVIDENCE	COMMENTS	ACTIONS	ACTION RATING ⭕⭕⭕
PDR's are undertaken in accordance with the supervision policy and Operating Framework	➤ PM Supervision activity ➤ PM Appraisal activity ➤ HR Summary Reports ➤ Evidence from PM of Supervision activity ➤ 2 observed practice per year, evidence of applied learning ➤ Appraisals contain SMART objectives ➤ Evidence of actions in supervision records			
There is evidence of effective performance from observations of practice	➤ Observations of practice by PM or ➤ Observations of supervision by PM of			

Audit Element	EVIDENCE	COMMENTS	ACTIONS	ACTION RATING ○○○
Suitable IT is used	➢ ICS used for all open cases in accordance with policy ➢ Action plans in place where electronic recording does not take place ➢ IT training undertaken and needs identified			

SERVICE RESPONSIVENESS

	EVIDENCE	COMMENTS	ACTIONS	GRADE
Cases are allocated in a timely manner	➢ Refer to previous evidence ➢ ICS data ➢ Transfer Processes			
Cases are closed in a timely manner	➢ Recent throughput figures ➢ Practitioner caseloads ➢ Action plans/business plan targets to improve productivity ➢ Closures requested in past 3 months – percentage of 'historic' cases in list			
Filing times are met	➢ Scorecard ➢ ICS data			

	EVIDENCE	COMMENTS	ACTIONS	GRADE
Effective systems are in place to assist service users	➢ Evidence of service user engagement and Voice of the Child in case work ➢ System to respond appropriately to enquiries on cases and to visitors to the office. ➢ Discussions with business support & practitioners ➢ Evidence from 'mystery shopper' surveys ➢ Views of Service Users sought			

	EVIDENCE	COMMENTS	ACTIONS	GRADE
Service users are able to comment on their experience of service	➢ System in offices to receive feedback and complaints ➢ Business plan objectives and achievement against service user engagement ➢ Process monitoring feedback and evidence of action			
Business Plans	➢ Service/Team Plans in place ➢ Are SWs, and managers familiar with the Golden Thread (link from Corporate agenda to team Business plan) and have wider knowledge of the organisational agenda and key issues?			

ORGANISATIONAL AGENDA All staff are aware of national developments, the Improvement Programme and the current themes within the organisational agenda?				

3. List of cases and Overall Grade for Work/Practice

ICS No	CASE	Worker	Grade	Key learning area

Total

➢ **Outstanding:**
➢ **Good:**
➢ **Requires Improvement:**
➢ **Inadequate:**

Evidence Base: Interviews Conducted with the following staff And Documents reviewed (Non Case files):

Name	Position
Documents reviewed	

Head of Service: Service Quality Review Interview Themes

The principles of valuing equality and diversity are built into the themes and detailed prompts.

1. The effectiveness with which the team safeguards and promotes the welfare of children	
How do we ensure:	**Interview notes**
Children and young people are safeguarded and their welfare is promoted through the actions and recommendations of the team	
The assessments provide high quality advice about appropriate interventions	
Children and young people are appropriately represented and their views sought as part of assessment process	
Children, young people and their parents, carers and families are provided with appropriate information, advice and other support.	

2. The quality of practice

How do we ensure:	Interview notes
Delay is appropriately avoided	
Effective initial risk assessment and screening of cases are undertaken	
There is clear evidence of appropriate management oversight on case files	
Where appropriate children and young people's wishes and feelings are elicited and represented and put in context	
Children's best interests remain central to the work	
Effective assessment and direct work with children, young people and their families/carers are undertaken	

How do we ensure:	Interview notes
Work with children, young people and their families/carers is well planned	
Where children are not seen the reasons why are clearly recorded on the case file and in any reports	

3. Leadership and governance

How do we ensure:	Interview notes
Strategic leaders prioritise, identify and implement ambitious strategies in relation to the provision of social work services	
We are proactively and effectively engaged with all partner agencies	
Performance management and evaluation are effective	

How do we ensure:	Interview notes
Senior and middle managers exercise robust management oversight and are effective in tackling weaknesses and overcoming barriers to improvement	

Head of Practice Improvement: Service Quality Review interview prompts

Set out below is a list of suggested prompts to consider.

1. The effectiveness with which the team safeguards and promotes the welfare of children.

How do we demonstrate:

➢ systems, processes and practice deliver effective safeguarding, and support practitioners and in ensuring focus on the needs of the child remains central
➢ where appropriate to the level of intervention required, children are seen regularly and alone by a practitioner and given opportunities to disclose their concerns and experiences
➢ all staff evidence knowledge and sign off of the RMBC child protection policy
➢ the views of children, young people and families are taken into account as appropriate and feedback is given on outcomes?
➢ children, young people, families and carers receiving services are aware of how to complain and make representations, and have access to advocacy services?
➢ The child's journey leads to improving outcomes and the child's voice is present as appropriate in the case planning and reporting process

2. The quality of practice

How do we demonstrate:

➢ The performance management framework and organisational culture focuses on outcomes and impact for individual children as well as meeting targets
➢ Managers at all levels regularly review the quality of practice through case audits and observing practice
➢ Inspections, peer reviews/challenge and other improvement activities are used to improve performance
➢ Case files and/or electronic records are kept up to date

- Comments, compliments and complaints from staff, service users and partners/stakeholders are taken seriously and impact on service delivery and performance
- Professional capability framework for social workers has been adopted and performance against them has been reviewed and acted on
- A supervision framework is in place, and supervision/PDR is well developed and is regularly evaluated
- Supervision, quality assurance/audit processes enable practitioners to reflect on and manage risk positively and safely
- There is sufficient opportunity for continued professional development and evidence of good take-up
- Frontline staff are enabled to use professional judgement effectively
- All staff have received relevant training to manage risk and child protection issues
- Case discussions, decisions and the reasons for them are clearly recorded with the analysis of risk clearly documented

3. Leadership and governance

How do we demonstrate:

- There is a culture that supports the achievement of goals and which embraces the introduction and implementation of change
- There is a culture of learning from evidence-based practice and from research, inspections, complaints and serious case reviews
- There is a good performance management culture that ensures priorities are met and that action is taken to address under performance
- Service area business planning results in improved effectiveness
- The service area management team provides strong, visible leadership to affect improvement in outcomes for children
- There is clear evidence of management oversight of cases, observation of practice and monthly case sampling
- A clear and effective performance management framework is in place
- Performance against national and local priorities is improving and is having an impact on improving the quality of service provision
- Performance management is supported by high-quality, timely and well understood performance information
- Management information is used effectively to deliver continuous improvement and to sustain high quality services across all aspects of service

- There is evidence that partnership work with stakeholders, relevant community groups and commissioned services has led to improvements in service provision, design and improved outcomes for children and young people
- There is evidence that partnership arrangements have a positive impact on the quality of practice
- There is a process to ensure that innovative practice that improves outcomes or cost effectiveness is evaluated and shared
- There are up-to-date multi-agency policies and procedures including appropriate sharing of information
- Processes and systems help identify risk and address weak performance
- There is a sufficiently skilled, trained and supported workforce in place
- Training reinforces the importance of child-centred practice which focuses on improving outcomes
- Financial and physical resources are managed effectively to meet current requirements and future challenges
- There are robust arrangements for reviewing resourcing allocations and for the re-allocation of resources where required
- Resources are re-allocated to tackle changing priorities, inadequate performance and where improved outcomes can be achieved
- Outcomes are improving for all vulnerable children regardless of ethnicity, disability or other equality issues
- Policy, procedures and plans include equalities impact assessments and equality and diversity indicators are used explicitly
- There is good access to translation and interpreting services and literature is available in a wide range of community languages
- Diversity and equality practice has led to improvements in service provision

**Children's Social Care
Quality Assurance Framework**

Service Quality Review Programme of Focus

Timescale	Service Area
November – December 2013	Child Protection & Court
January – March 2014	Children with Disabilities
April – June 2014	Cared for Children
July – September 2014	Advice & Screening / First Response
October – December 2104	Child Protection & Care Proceedings

Quality Assurance: What does 'good' look like?

A Guide for Children's Services Staff undertaking Quality Assurance

October 2013

What is Quality Assurance (QA) and why do we do it?

Quality assurance serves two basic functions:

1. It identifies both good and not-so-good practice through a systematic approach to sampling files, and
2. It provides senior management with assurance as to the quality of our work.

To achieve this, we undertake a series of audits. These can range from basic counting of ticks in the right places, papers in the right files, signatures in the right place through to detailed analysis of files, and judgements on overall quality and content.

The primary use of the intelligence gathered from auditing is to find out how we can improve. What is good about our work? Where are we doing things well and can this be extended into other areas? Where there are concerns around quality of work, what do we need to do to put this right? It isn't just about the individual file – in fact, what is the bigger picture? Do we need to consider other, bigger changes that are currently standing in the way of good practice?

The information should be shared at all levels and the audit feedback mechanisms have been structured around this approach. We need to ensure that staff *at all levels* have a good understanding of our strengths and weaknesses, and the activity is underway as result.

What does good look like?

The following statements and examples of good practice are used by those auditing cases. They should be used as the benchmark to provide consistency in our auditing practices.

These should be read in conjunction with the Social Work and Management Practice Standards.

As an organisation we want the best outcomes for children and we continually strive for excellence. Our minimum expectation is that our practice will be good and we have decided that this will be our standard benchmark. Those involved in the QA process should bear this in mind when making judgements about practice and rate what they see as Inadequate, Requiring Improvement, Good or Outstanding.

Referrals

➢ The referrer has been contacted to advise on the outcome of the referral
➢ Consent is clear, where applicable

- ➢ Access to other information is evident, for example previous involvement, why previous involvement didn't work, information from partners
- ➢ The Referral Form and/or previous CAF is available and it has been used as part of the decision making
- ➢ There is rigorous interrogation of the information provided
- ➢ Partner agencies have been contacted (including welfare checks)

Assessment

- ➢ Reasons for the assessment are clear
- ➢ Timescales are appropriate and checkpoints have been met
- ➢ Information gathering is clear:

  - – Clinical methods: relevant people have been spoken to, such as friends, family and professionals, making it clear who has been spoken to and what has been shared. It is clear who has not been spoken to, and reasons why
  - – Actuarial methods: records of past involvement have been scrutinised and taken into account

- ➢ Risk assessments are completed with explicit statements of risk factors and vulnerabilities
- ➢ Issues of difference are explicit, including language, culture and disability for example
- ➢ The child or young person has had the opportunity to participate in their assessment and their wishes and feelings have been recorded where appropriate. It is clear that the parents or carers have been included in the assessment process, where appropriate, including absent parents (such as fathers, for example) with clear attempts to trace and make contact
- ➢ The analysis and conclusion reads well and gives a sense of the full situation, including the original presenting concerns

Analysis

- ➢ There is rigorous interrogation of assessment information leading to clear decisions and actions
- ➢ Following the initial contacts, there is a working hypothesis regarding issues and a way forward identified.

Outcome

- ➢ The views of the child/young person and their family are clearly reflected in the record (when appropriate) and they have been given the opportunity to participate in the development of intervention strategies
- ➢ The plan is outcome focused and contains explicit desired outcomes and evidences how they will be achieved, which has been shared with the child and family (when appropriate)
- ➢ The plan has been developed in line with SMART principles (i.e. Specific, Measurable, Achievable, Realistic and Timely)

- ➤ Every issue identified in the assessment/analysis is reflected in the plan, or where this is not the case there is a satisfactory explanation provided
- ➤ Issues of difference identified have been addressed

Monitoring and management oversight

- ➤ The voice of the child or young person has been recorded, and has been taken into account on the service they have received
- ➤ The child is seen regularly, spoken to and seen alone as appropriate
- ➤ There is evidence of challenge by partners when appropriate
- ➤ Assessments and plans are signed off and approved appropriately, to demonstrate management oversight
- ➤ Progress against timescales is monitored
- ➤ Decision making process in relation to case management is clear (e.g. closure/escalation/de-escalation)

Guidance on Arriving at Judgements

Outstanding (1): Significant evidence of all of the requirements being met in addition to practice exceeding the required standard, being informed by research/best practice resulting in sustained improvements to the lives of children, young people and their families.

Good (2): Significant evidence of the requirements being met, decisions are based on clear effective and risk based assessments

Requires Improvement (3): Limited evidence of these requirements being met but no widespread serious failures that leave children being harmed or at risk of being harmed.

Inadequate (4): No evidence of any of these requirements, widespread and serious failures which leave to children being at risk

Rochdale Metropolitan Borough Council
Children's Services
Social Care

Observation of Practice

Name of Practitioner being observed:

Name of Manager undertaking Observation:

Nature of Observation:
(Telephone calls/Home visits/Meeting)

Date of Observation:

Record of Observation (to be completed by person observing)

Strengths Identified (to be completed by person observing)

Areas for Development Identified (to be completed by person observing)

Conclusions / Recommendation (to be completed by Supervisor and Supervisee during feedback session)

Any Actions Required (who will do what and by when)

Aspects Recommended for Discussion and Reflection at next Supervision (to be completed by Supervisor and Supervisee during feedback session)

Signature of supervisee...

Signature of supervisor...

Please ensure that a typed version is e-mailed to the worker and their line manager for discussion at their forthcoming supervision and to cscaudits@rochdale.gov.uk

Supervision File Audit Tool

Name of supervisee		Name of Supervisor	
Name of person undertaking File Audit			

Audit Question	Yes/No	Note of Findings & Action required – state by whom and timescale
1. Is the supervision file structured in accordance with Supervision Policy?		
2. Does the frequency and duration of supervision meet minimum standards as outlined in the supervision policy, procedure and practice?		

3. Has a Supervision Agreement been completed between the supervisee & supervisor?		
4. Is the record of the supervision session appropriate, detailed enough to provide guidance / direction and legible, dated and signed by both supervisor/supervisee?		
5. Is there evidence that the supervisor has acted on the concerns and issues raised by the supervisee?		
6. Does the content of supervision sessions cover workload management, welfare/support issues and any other issues specified within HCPC standards: e.g. Current HCPC		

7. Have decisions made about service users also been recorded on the case file/electronic record and signed and dated by the Manager (if applicable)		
8. Is there evidence that the supervisor has considered and acted on the supervisee's performance / training / development needs?		
9. Is there evidence that the supervisee's attendance has been managed in line with the guidance in the Managers Toolkit?		
10. From the file audit is there a necessity to arrange an observation of the supervisors' supervision skills?		

Date actions must be completed by: ------------------

Auditors Signature:-----------------------------

Date Audit Completed:-----------------------------
Date of next Audit:--------------------------------

<u>Notes/Actions</u>