

## Children's Services Quality Assurance Framework

April 2022 - March 2023

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## 1. Principles and Purpose

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- 1.1 The purpose of this document is to set out the means by which Dorset Children's Services will gain assurance that its services are of high quality, are approved by the children and families with whom we work and achieve positive impact.
- 1.2 The principles of this framework for learning and improvement are aligned with the Dorset Council's four Behaviours (responsibility, respect, recognition and collaboration) and the key principles of our service as set out below:
- **Child Centred:** the focus of quality assurance will be on the experiences, progress and outcomes of the child or young person on their journey through our social work and safeguarding systems
  - **Restorative & strength based:** quality assurance will focus on relationships, ensuring that frontline employees and managers provide both high support and high challenge
  - **Outcomes Based:** in line with the key behaviours for children's services, the focus of quality assurance will be on outcomes as well as process
  - **Positive:** our approach to quality assurance will be positive - informing and encouraging improvement and supporting the development of staff and services; building on quality of practice
  - **Reflective:** our quality assurance framework is designed to be about promoting reflective practice and shared learning and utilising this to close the learning loop

## 2. Summary

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- 2.1 Quality Assurance embraces all activity that contributes to service improvement and understanding the quality of practice. Quality Assurance activities monitor compliance with policies and procedures: evidence strengths and good practice; identify gaps and areas for development; and drive

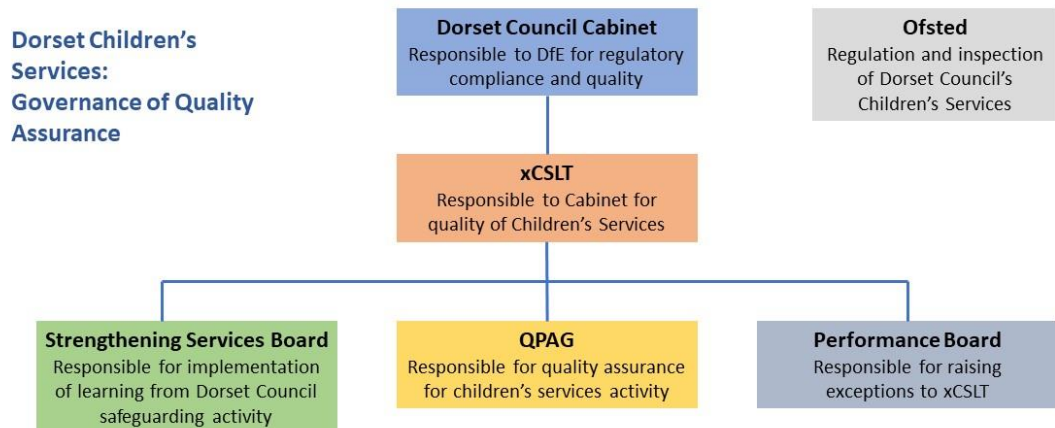
learning and service improvement with a key focus of how this contributes to the quality of practice. Dorset Children's Services Quality Assurance Framework enables those with leadership, senior management, case management or scrutiny responsibility for children, to understand how effectively services are being delivered to keep children safe, promote positive outcomes and identify where improvements should be focused.

- 2.2 Our Quality Assurance programme aims to demonstrate that we are providing services of a good standard that have a positive impact on the child and their family.
- 2.3 Dorset Children's Services Quality Assurance is dynamic and evolving. There is an embedded cycle of monitoring, continuous reflection and learning, based on the principle of continuous improvement. Our approach to Quality Assurance is owned by all and managers at all levels who routinely undertake Quality Assurance activity with supervisees, teams and service areas.
- 2.4 As a learning organisation, Dorset Children's Services uses a range of methods to gather quantitative and qualitative information from a variety of sources, to measure and analyse the aggregated information against an agreed set of standards. Measuring practice is only purposeful if the loop is closed and the organisation uses the learning to plan and deliver service improvements and or expand areas of good practice.

### **3. Governance of Quality Assurance**

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The governance of Children's Services Quality Assurance broadly follows the pathway set out in the Children's Services Performance Management Framework. The specific governance mechanisms for quality assurance are shown in the following diagram:



## 4. Methods of Quality Assurance

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### 4.1 Quality Assurance will be evidenced by the following sources:

- Audits – core, thematic and dip sample
- Performance data and exceptions reports
- National and local inspections
- Peer Reviews
- Serious Case Reviews, Safeguarding Practice Reviews and Internal Learning Reviews
- Appreciative Inquiries
- Practice Week
- External validation
- Annual Report of the Pan Dorset Safeguarding Children Partnership
- Feedback from independent Quality Assurance and Reviewing Officers (QARO)
- Feedback from children, parents and carers.
- Complaints and compliments
- Children in Care Council – CiCC

- Employer Health checks
- Staff Feedback – Exit Interviews
- Keep in Touch Meetings
- Supervision, Probation and Appraisal
- Legal feedback from proceedings
- Multi agency partner feedback
- Fostering and Adoption
- Early Help
- Training Feedback
- Observations of Practice

4.2 The following documents and processes underpin our Quality Assurance framework:

- a) Children’s Strengthening Services Plan
- b) Audit Schedule, both quality of practice and thematic
- c) Audit Tools
- d) All Practice Standards
- e) The Performance Cycle
- f) Governance processes to facilitate the QA Framework – Quality of Practice and Action Group (QPAG) and the Practice, Policy and Procedures Group (PPP)

4.3 The quality of practice audit will routinely contribute to measuring core areas of practice:

- a) Children are safe and risk and need have been identified and managed through appropriate interventions.
- b) Interventions are child centred with a clear understanding of the child’s lived experiences; the voice of the child informs our planning and work.
- c) Management oversight and decision making is effective, in line with practice standards.
- d) Timely assessments that are comprehensive and analytical.
- e) Co-ordination between agencies is effective

- f) Plans and planning are timely and effective with evidence that they are making things better within a timeframe that is right for the child.
- g) Permanence planning is timely and well matched to need.
- h) Children in care and care leavers are living in good quality placements or accommodation that meets their needs.

4.4 In addition to the above there will be specific areas that will periodically require a review or focused thematic audit. These areas might be identified as a result of analysis of patterns and themes emerging from Annex A child level data, regular auditing activity, notable issues and/or changes raised through performance data, complaints, a management review or changes in legislation and regulations. These will be routinely tested and reviewed through our Quality of Practice and Action group (QPAG). QPAG will not only be responsible for highlighting exceptions but will ensure appropriate learning and actions are progressed, so the learning loop is closed. Membership will include senior management representation from across Children’s Services including SEND, Early Help, Children who are Disabled, Fostering and Adoption and locality SW teams.

4.5 Practice, Policy and Procedures (PPP) group provides governance for changes in practice, procedures, legislation and guidance to prevent silo working and ensure consistency of practice across the service. The group approves all new and revised guidance and has a system to review impact and embed into practice. The QPAG and PPP link into one another to ensure a robust QA approach.

**5. Assurance Roles, Responsibilities and Frequency**

| Role   | Activity  | Frequency |
|--|---|-----------|
| Corporate Directors (Chair), Heads of locality and Service Managers for ChAD, Care Leavers and corporate | Attendance at Quality of Practice and Action Group (QPAG). This will share reports, themes and findings | Monthly   |

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| <p>parenting, Head of Service for Children in Care and Care Leavers, Fostering Service Manager QA Service managers Head of QA and Partnerships, Principal Education Psychologist.</p>   | <p>along with data exceptions to enable action plans and any additional QA requirements. This facilitates the closing of the learning loop to share findings and agree action plans including training and any links to PPP.</p> |  |
| <p>Heads of Localities, Service Managers, Heads of Service, QAROs, Head of QA and Partnerships, Principal Education Psychologist and Virtual Head</p>   | <p>Monthly moderation of audits to review all 1<sup>st</sup> tier audit findings and ensure this has highlighted the quality of practice appropriately and any additional actions</p>  | <p>Monthly</p>   |
| <p>Operational, Service and Team Managers</p>   | <p>Routine schedule of direct practice observations i.e. meetings, supervision, home visits to ensure quality of work. This can either be linked to the audit undertaken or as part of themes identified through QPAG</p>        | <p>Monthly</p>   |
| <p>Representatives from a cross section of teams to include relevant managers, QA Service Manager, Principal Social Worker, Principal Education Psychologist, Social Worker, Team Manager, Early Help, SEND Co-ordinator, Advanced Practitioner and practitioners</p> | <p>Reflective sessions, thematic audits, Learning Circles on specific areas of practice or children</p>  | <p>When learning is identified or for cases where practitioners feel 'stuck'</p> |

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| and multi-agency partners where appropriate  |  |   |
| Social Work Team Managers, SEND Team Leaders, Early Help Managers, Advanced Practitioners, Safeguarding Standards Advisers   | Checking and authorising a range of reports and activities on child's record                         | Daily   |
|  | Monitoring and routinely reporting performance in performance meetings.                              | Weekly  |
|  | Feedback from families aligned to case audits  | Monthly   |
|  | Routine schedule of case file auditing   | Monthly   |
| QAROs (IROs and CP Chairs)   | Focussed audits as part of standard assurance work   | Monthly   |
|  | Completion of monitoring form for children who are CP or in care                                     | For each CP Conference and Child in care Review |
| Social Workers, Planning coordinator, Early Help Workers   | Self-assessment to inform monthly case file audit  | Monthly   |
| Chief Executive, Executive Director, Corporate Director, Lead Member, Corporate Parenting Board Members and partner agencies | A programme of activities observing different areas of practice and case audits during Practice Week | Every 6 months                                  |



## 6. Case Audit Process

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- 6.1 The case audit approach is a collaborative audit undertaken with staff to discuss a child that has been randomly selected by the QA service to review. This approach facilitates a reflective and child-centred discussion about the quality of practice to determine whether our quality requirements have been met. Scrutiny is about the child's best interests and not personal criticisms of individual workers. As practice becomes consistently good on occasions, we may determine to take a deficit approach to audit any particular areas we may want to strengthen, and monthly reporting will adequately reflect that where this occurs it is not a representation of the quality of practice across the service. The audits are undertaken by Team Managers who will be allocated audits from another team.
- 6.2 The audit programme aims to:
- Provide assurance that practice positively influences outcomes for the most vulnerable children and young people;
  - Consider the requirements of inspection bodies;
  - Involve all children's services staff in continuously seeking to improve their practice;
  - Ensure consistency of practice and specifically the use of relationship-based approaches in line with our practice model (from March 2021)
  - Embed a culture of learning, confident practice and feedback;
  - Identifying areas of practice improvement to inform the performance conversation and appraisal process.
- 6.3 The audit programme provides the ability to share good practice identified with the rest of the service or with specific teams dependent on learning which also creates an opportunity to develop our folder of good practice examples.

## **7. The Audit Process: Children's Social Care**

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- 7.1 Within children's social care, Team Managers and Advanced Practitioners will audit one case file approximately every other month. Quality Assurance and Partnerships will select a child's record that has been open for at least 6 months. The Auditor will be notified by QA at the beginning of the month of a Mosaic case number and they will then audit the case with the allocated social worker using the Social Work Audit Tool. Unless otherwise specified, the period the case file audit should cover is the last 6 months of the child's journey. For those cases that are open for less than 6 months, contact, referral and decision-making are reviewed either through the front door auditing and/or thematic dip samples or reviews such as assessments that end in no further action.
- 7.2 Family feedback must also be sought by the Auditor following the collaborative audit and recorded on the Social Work Audit Tool on Mosaic (from early 2021)
- 7.3 The Social Work Audit Tool should be completed within 2 weeks of initial notification. Once the Auditor has completed their section, the auditor will send it to the assigned Operational or Senior Manager (the Moderator) to finalise.
- 7.4 Once moderation is completed and returned a summary report and findings are pulled together by the Quality Assurance Service Manager for discussion at the monthly Quality of Practice and Action Group. All audits are moderated to ensure our managers are consistent in their understanding of "what good looks like". QA will also undertake a triple lock process to ensure our moderators are identifying quality of practice in line with the Ofsted gradings via a moderation panel. The panel will consider any difference in grading throughout the audit and feedback learning to both the Auditor and Moderator. They will also ensure that any resulting actions are completed.
- 7.5 The audit tool can be found on Mosaic. The listed actions from the audit are sent to the Team Manager as a workflow step on Mosaic. Team Managers are

responsible for reviewing the full audit findings and recommendations and ensuring identified actions are completed and notified to QA.

- 7.6 Service Managers are responsible for reviewing the audit findings and recommendations of any audit graded inadequate and must be satisfied the actions outlined by the Team Manager are sufficient and undertaken within a reasonable time frame. As a triple lock approach, QA will review all inadequate audits within a month of the grading to ensure actions and progress have been achieved. Where there are any concerns these will be escalated to the Corporate Director and discussed at the Quality of Practice and Action Group.
- 7.7 Observation of practice will also take place as part of the audit cycle where appropriate. Teams are also encouraged to consider peer observation through the advanced practitioner. Any required action necessary to improve the standard of practice will be recorded and shared with the social worker to progress. A record of observation will be completed and submitted to QA for inclusion in the Quality Assurance Highlight report.
- 7.8 A Quality Assurance Report will be provided by the Head of QA and Partnerships to each Strengthening Services Board, a multi-agency board attended by senior managers and chaired by the Chief Executive of Dorset Council.

## **8. The Audit Process for SEND**

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- 8.1 The SEND Code of Practice (2015) covers the 0-25 age range and identifies the following key points that should be considered throughout the assessment and delivery of SEND support and services, specifically:
- A clear focus on the participation and contribution of children and young people, their parents and carers.
  - A strong focus on high aspirations and improving outcomes for children and young people to enable them to be in the best possible place to have an independent future.

- A greater focus on support to enable those with SEND to succeed in their education and make a successful transition to adulthood.
- An emphasis on the joint planning and commissioning of services to ensure close co-operation between education, health and social care.
- Specific guidance for education and training settings to apply a graduated approach to identifying and supporting pupils and students with SEND (to replace School Action and School Action Plus).
- For children and young people with more complex needs there will be a coordinated assessment process.
- Integrated our public duties under the Equality Act 2010 and the Mental Capacity Act 2005 into the Code of Practice.

8.2 The following standards will be used throughout the audit process:

Quality Standard One – The plan clearly records the views, interests and aspirations of the child, young person, their parents and carers and these are (a) fully represented within the plan and (b) inform the outcomes within the plan.

Quality Standard Two – Plans are clear, concise, understandable, accessible and outcomes are SMART. In addition, they should be aspirational, person centred and identify prior attainment.

Quality Standard Three – Plans are holistic, all agencies involved with the child, young person, their parents and carers have contributed to the plan within timescales. The outcomes include both what is important *to* the child or young person and what is important *for* them

Quality Standard Four – Plans are focussed on individual special educational needs and not medical diagnosis, highlight strengths and capabilities as well as the need for support or intervention.

Quality Standard Five – Plans specify the provision required and how education, health and care services will work together to meet the child or

young person's needs and support the achievement of the agreed outcomes, including transition planning.

### 8.3 Quantitative Data

The SEND Service currently collates a range of quantitative data in relation to activity on a monthly basis. An overview report detailing whole service activity is presented to extended Children's Services Leadership Team quarterly, Education and Learning Performance and Practice Development Meeting monthly and the Strategic Alliance for Children and Young People quarterly. An overview report detailing whole service activity and comparative data analysis with national, statistical neighbours and local data is also produced annually for these Boards.

### 8.4 Qualitative Data

A monthly cycle of auditing the quality of EHCPs will explore the quality of practice against agreed practice standards to:

- Identify and celebrate good practice
- Ensure that outcomes and measures are SMART
- Ensure compliance with the SEND Code of Practice and Dorset SEND Strategy in relation to identification and referral pathways, assessment, implementation and outcomes and reviews
- Identify and ensure that the voice of children, young people, parents and carers is central to the process at all stages of the referral and assessment process
- Ensure that all plans are aspirational and identify prior attainment
- Identify any unmet needs to determine future support/provision.

8.5 Audits will focus on all new EHCPs that have been finalised within the previous month(after an EHCNA or after being amended), to ensure that the plans going forward are of high quality and in line with the set out practice standards above and the code of practice and regulations. EHCPs will be randomly selected for audit by SEND Case workers and representatives from the Children who are Disabled Team and moderated by the Safeguarding Standards Adviser (SEND). Going forward it is planned that the Principal

Education Psychologist, Senior Education Psychologists and Virtual Head Teacher will also moderate audits. Family feedback will be sought within the audit process. A SEND Highlight Report will be provided for the Monthly Quality and Moderation Meeting by the Safeguarding Standards Adviser (SEND) and selected moderated audits will be included in wider reflective discussion within the Quality and Moderation Meeting. A copy of the completed audit tool will be saved on the child's record and notified to the relevant Team Leader to progress any identified actions. The Operational Manager will be responsible for reviewing identified actions and maintaining oversight to ensure these are completed in a timely way. An overview SEND Quality Assurance Highlight Report inclusive of quantitative and qualitative data will be produced by the Safeguarding Standards Adviser (SEND) for Extended CSLT, SEND Delivery Board and the Strategic Alliance for Children and Young People.

## **9. The Audit Process for Early Help**

- 9.1 Dorset's Strategic Alliance for Children and Young People is committed to a plan that is owned by all who work with children, young people and families. The plan sets out the actions that all partners will undertake to orientate services towards prompt responses, building resilience, good self-worth and positive attitudes from conception onwards. Early Help intervention by the Dorset Council is governed by Early Help Practice Standards. The Early Help audit tool measures against this Practice Guidance, identifying areas of strength and areas for further development with a clear focus on evidencing impact of intervention on improving children's outcomes.
- 9.2 Team Managers and Service Managers carry out a monthly schedule of audits. Audits are collaborative with the worker and follow a format parallel to the social work audits to test quality of practice. Monthly audits are identified by the Strategic Lead for Early Help and will be selected from children's records that have been open for a minimum of 2 months. Moderations are completed in a similar way to social work audits and are recorded on Mosaic. Wherever possible, the Moderator works alongside the Auditor and Family Worker to provide support and challenge in the collaborative conversation.

The audit and moderation include family feedback and observed practice. Service Managers are responsible for reviewing the audit findings and recommendations of any audit graded inadequate and must be satisfied the improvement actions outlined by the Team Manager are sufficient and undertaken within a reasonable time frame. QA will review all inadequate audits within a month of the grading as part of the triple lock approach to ensure actions and progress have been achieved. Where there are any concerns these will be escalated to the Corporate Director and discussed at the Quality of Practice and Action Group.

- 9.3 The Strategic Lead will complete the Early Help Highlight Report of themes from the audits and this along with a small sample of moderated audits will be presented to the Quality Practice Action Group. The completed audit will be saved to the child's record and Early Help line managers will be responsible for progressing identified actions and further overseen by the manager who will ensure timely completion.

## **10. The Audit Process: Children's Advice and Duty Team (ChAD)**

Multi-agency partners will undertake weekly audits at the Front Door; these will be coordinated by the Service Manager. These will routinely look at decision making and quality of intervention relating to 2 Consultations, 2 contacts passed to Early Help, 2 contacts that led to a referral for a s17 assessment, and 2 contacts that led to a referral for a s47 assessment. The outcome of these audits will be discussed in ChAD group supervision to identify areas for learning and will also be presented at the monthly Quality Practice Action Group.

## **11. Schools Safeguarding and Standards**

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### **11.1 Introduction**

Keeping Children Safe in Education<sup>1</sup> is the core legal guidance in respect of safeguarding in schools and colleges. The following passages set out the three key points of focus for the guidance:

21. *All staff should be aware of indicators of abuse and neglect (see below), understanding that children can be at risk of harm inside and outside of the school/college, inside and outside of home and online. Exercising professional curiosity and knowing what to look for is vital for the early identification of abuse and neglect so that staff are able to identify cases of children who may be in need of help or protection.*
71. *Schools and colleges should have processes and procedures in place to manage any safeguarding concern or allegation (no matter how small) about staff members (including supply staff, volunteers, and contractors).*
74. *All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school's or college's safeguarding regime and know that such concerns will be taken seriously by the senior leadership team.*

Keeping children safe, responding effectively to allegations concerning those in positions of trust, and consistent and effective safeguarding practice are hence the three key areas of focus in the guidance; they are also at the heart of our quality assurance activity for schools' safeguarding.

Our quality assurance for schools' safeguarding is led by a Quality Assurance Service Manager who reports to the Head of Quality Assurance and Partnerships. Reporting to the Service Manager are three Safeguarding and Standards Advisors who have discrete specialisms:

- Safeguarding and Standards Advisor - Designated Officers (LADO), who provides support, advice and guidance to schools (and other partners) when allegations have been made against adults working with children who are either employed by or who provide services on a voluntary basis for the school

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<sup>1</sup> [Keeping Children Safe in Education 2022](#), Department for Education



- Safeguarding and Standards Advisor – Schools, who provides dedicated support to education settings in respect of the monitoring and improvement of their safeguarding procedures
- Safeguarding and Standards Advisor – SEND, who focusses on the development of Quality Assurance of SEND (see section 8)

The Service Manager for Safeguarding in Education is a newly created post with a discreet specialism to further strengthen the strategic leadership and oversight of the safeguarding in education offer to all education providers more widely to join up the service. This role which commences in December 2022 will oversee quarterly reporting of the Ofsted complaints which will report into the Quality of Practice and Action Group (QPAG) to consider any learning and actions for the Education Managers in the Localities.

## **11.2 How we help schools by quality assurance and learn from and improve their safeguarding activity**

The basis of our assurance is the 175/157 schools' audit. This is an annual safeguarding audit that all schools in the Dorset Council area must complete at the start of the school year. The audit tests whether schools are fully compliant with the requirements of Keeping Children Safe in Education and discharging their statutory safeguarding responsibilities.

The Safeguarding and Standards Adviser – Schools, provide feedback to each school on their audit, highlighting any areas to strengthen and work towards an agreed action plan with the school. The Safeguarding and Standards Adviser supports and monitors progress (visiting if necessary) until all actions are completed.

Where schools have received a 'Requires Improvement' or an 'Inadequate' judgement from Ofsted in relation to safeguarding, they will be offered support from the Safeguarding and Standards Adviser - Schools which will take the form of a visit to support completion of an action plan to address the areas for improvement identified.

The Safeguarding and Standards Adviser – Schools attend all Managing Allegations meetings that involve education settings to support them in the

process and follow up actions where there is any identified learning for the education settings and in particular where there are any repeat issues for the setting.

Where the Safeguarding and Standards Advisors identify more general improvement needs across multiple educational settings, these will either be incorporated into the current safeguarding training schedule, or bespoke training may be developed if required in liaison with the Pan Dorset Safeguarding Children Partnership (PDSCP).

### **11.3 Learning from Child Safeguarding Practice Reviews (CSPRs)**

Where actions or learnings are identified for specific education settings through a Child Safeguarding Practice Review (CSPR), or other multi-agency audits, the Safeguarding and Standards Advisor - Schools will agree an action plan with the setting to ensure that learning is embedded. Implementation of the action plan is tracked and monitored through the PDSCP CSPR group.

### **11.4 Learning from complaints**

safeguarding complaints relating to educational settings, including those notified to Dorset Council by Ofsted and the Department for Education, are investigated by the Safeguarding and Standards Advisor - Schools with a formal response detailing their findings. Where learning is identified, the Adviser agrees an action plan with the education setting. They will monitor the plan until fully implemented, visiting the school where required. There is a central tracker which enables clear management oversight of all complaints with details of timescales and progress made which is open to the Senior Management Team for additional scrutiny where required. Performance is monitored through the quarterly Complaints Report.

### **11.5 Alternative Provision**

Dorset Council has commissioned a new framework for Alternative Provision from September 2022; to join the framework, providers must not only meet robust quality thresholds, but they must also complete an annual safeguarding audit. Where the commissioning team identify areas of non-compliance in an

audit, they will agree an action plan with the provider and monitor this to completion.

## **11.6 Training and resources**

The Safeguarding and Standards Adviser – Schools works with PDSCP to maintain a full programme of safeguarding training for educational settings. This is promoted, along with a wide range of safeguarding resources, on the Nexus website.

## **12. Closing the Learning loop**

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### **12.1 Quality Practice and Action Group (QPAG)**

This meeting will take place monthly and will be chaired by the Corporate Director, Quality Assurance and Safeguarding or Head of QA and Partnerships to drive forward improvements in practice that have been identified through the monthly audit cycle. The meeting will be attended by Operational Managers, Safeguarding Leads, Complaints Officer and Heads of Service.

### **12.2 QPAG Agenda**

- Review on monthly performance data by exception
- Reflective case discussion of a sample of audits undertaken that month from Children's Social Work, SEND and Early Help
- Highlight Reports include:
  - Early Help
  - Children's Social Work
  - ChAD
  - SEND
  - Compliments and Complaints
- Feedback Operational and Senior Managers Practice Observations
- Themes identified for learning
- Any practice challenges or links to the Practice Policy and Procedure group so the learning loop can be closed, including any training required from audit

- Update Action Plan to include measures of evidencing impact for children
- Identify any actions for the Partnership learning and vice versa such as safeguarding practice review learning
- Children's voice and feedback (quarterly)

12.3 The group has a shared responsibility for ensuring actions plans are devised and owned by the service following learning either from audit, thematic or data analysis. The work will also link to workforce development and Practice policy and procedures (see below)

### **13. Quality Assurance and Continuous Improvement**

#### **13.1 Practice, Policy and Procedures Group (PPP)**

This provides sign-off for any changes to practice policy or procedures, including in-house training. It will enable a standardised approach to any updates or changes, with a document owner and review/update system in place to ensure we are up to date with the latest legislation and practice developments.

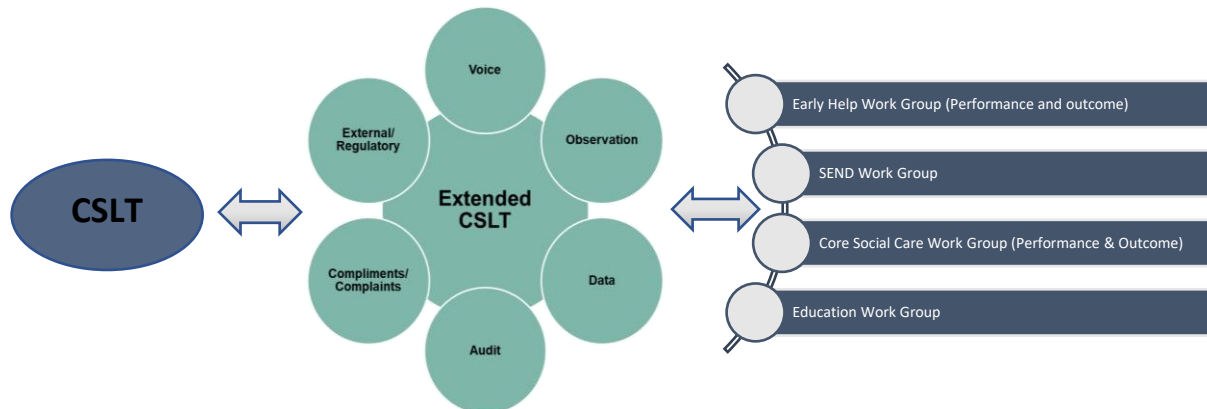
#### **13.2 Audit Dashboard**

Alongside the children's reporting dashboard an audit dashboard has been established to demonstrate which areas of practice are improving or are strong as well as those needing strengthening. It will capture the actions from audits to enable us a proactive way of ensuring timely completion and oversight of those inadequate or requiring improvement. The dashboard findings are presented to both QPAG and the Strengthening Services Board so we can evidence the practice improvement and how the improvement plan is influencing front line practice.

#### **13.3 Children's Services Quality Improvement Programme**

We take a 'one team' approach to quality improvement, which is overseen by the Extended Children's Services Leadership Team, supported by four themed workgroups: early help, special educational needs and disabilities, children's social care and education. Quality improvement is informed by a quality assurance framework and documented through a single Quality Improvement Plan referred to as the Strengthening Services Plan. Cross

functional work groups will ensure that quality improvement is delivered. Each work group will agree the work programme with the relevant Corporate Director and service improvement sponsors will work with relevant service managers to provide support and challenge to the work.



13.4 Each Extended CSLT meeting will focus on one of the themes identified through the quality improvement programme and/or the work groups. A reporting schedule will be developed and published for all work groups and cross cutting work streams.

#### 14. Workforce Development

The Principal Social Worker liaises with the workforce development team to contribute to the Learning and Development Strategy. They also hold thinking Thursday sessions that helps facilitate key learning from audits where practice may need to be strengthened. Advanced practitioners also support with this work within the localities driving practice learning as a regular monthly activity in the team meetings. A learning Hub has been set up to collate good practice examples and celebrate good practice.

## Appendix 1 Business process for Quality Assurance

