



HILLINGDON
LONDON

The London Borough of Hillingdon

Social Care Quality Assurance Framework

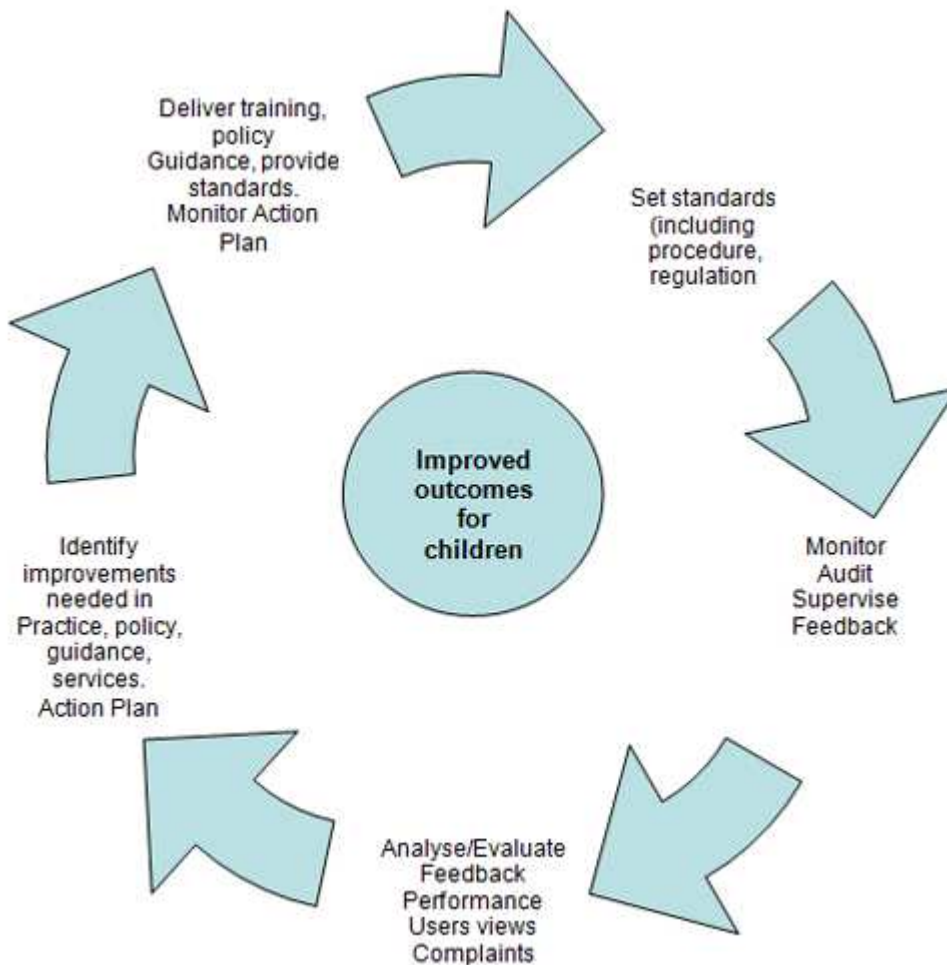
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1. Introduction

- 1.1 The London Borough of Hillingdon has ambitious plans to improve services to give children the best start in life and support families to be independent, responsible and successful residents. Safeguarding children, young people and their families is everyone's responsibility. Children's Social Care in Hillingdon is committed to achieving good outcomes for them through the continual improvement of the services we provide.
- 1.2 Measuring the impact of service delivery is key to achieving improved outcomes for children. This requires a strong quality assurance system to be in place that evidences that services are being delivered effectively and to standards that enable children's welfare to be safeguarded and promoted.
- 1.3 Quality assurance is a systematic process to ensure the quality of outcomes, embracing all the activity that contributes to continual service improvement. It is an improvement cycle by which we set standards, monitor our impact, use the information we have to improve services, and undertake ongoing review. Quality assurance is more than meeting targets and counting activity; it is a coherent and qualitative approach, which measures standards and identifies areas for improvement. It should be both systematic and themed, cross agency and single agency.

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2. Principles and Purpose of the Quality Assurance Framework

2.1 The Quality Assurance Framework in Hillingdon is informed by national legislation, regulations and local policies and procedures. It takes into account key messages from “Working Together to Safeguard Children”, the Munro Report, Serious Case Reviews, Ofsted Inspection Framework, The Standards for Employers of Social Work and The Professional Capabilities Framework.

2.2 Our guiding principles are:

- To put the physical, sexual and emotional safety of the child including their protection from neglect at the heart of everything that we do
- To prioritise the safeguarding of children and the promotion of their welfare at all times
- To work collaboratively with the parent in their role wherever possible
- To undertake thorough assessments that are analytical and rooted in evidence
- To deliver our services solely on the basis of need without discrimination

- To strive for improved outcomes that reflect the child's journey in our work, ensuring their needs are understood
- To only remove children from their parents' care when there is no alternative that protects the child and will consider all alternatives to public care including family placements
- To employ and continuously develop a professional children's workforce that is skilled in meeting the needs of vulnerable children and families
- To be open and transparent in all our dealings with families and our multi-agency partners
- To continuously measure and report on our performance against standards and procedures
- To respond efficiently and effectively to identified improvements
- To ensure all our frontline staff are fully engaged in the process of Quality Assurance, working together at all levels to embed, develop and improve the quality of service provision, and the effectiveness of the Quality Assurance Framework

2.3 The purpose of the Quality Assurance Framework is to:

- Improve outcomes for children, young people and their families
- Set practice standards against which the quality of services and their impact can be measured
- Ensure that the services provided are of a consistent high standard and sustainable through regular evaluation
- Is both reflective and proactive through the measure of quality and impact of service delivery
- Support the continuous improvement and development of practice
- Influence the development of policies and procedures to support staff in delivering good practice

2.4 The Quality Assurance Framework whilst addressing the internal processes within Children's Social Care is linked to the Performance Framework of the Hillingdon Local Safeguarding Children's Board (HLSCB)

3. Roles and Responsibility for Quality Assurance

- 3.1 To be effective quality assurance needs to take place within an organisational context which promotes and supports the continuous development of Children's Services as a 'learning organisation'. It depends upon 'ownership' all levels.
- 3.2 The Quality Assurance Framework starts from a number of very clear presumptions - that all staff are responsible for the quality of their own work; that everyone has a duty to both assure their own work and be ready to challenge the work of others if children are or might be at risk and that ultimately those who deliver frontline services are responsible for the quality of those services.
- 3.3 The Framework is designed to be inclusive, working 'with' staff rather than doing 'to' them. Frontline social work staff are best placed to assess the quality of what they do, the constraints they experience in delivering quality, and to learn from an inclusive process which enables them to reflect and improve practice. Equally, Operational Managers have the direct responsibility for ensuring the work of their teams, services and area.
- 3.4 All managers have specific responsibilities for monitoring and driving forward improved practice in line with service priorities, inspection and improvement plans, audit outcomes, and feedback arising from individual case monitoring in order to achieve improved and best practice. Managers also have a responsibility to support practitioners through the supervision processes, Personal Development Reviews and appraisal.
- 3.5 Staff in the Safeguarding and Quality Assurance (QA) Service, which includes Independent Reviewing Officers, Child Protection Chairs and Lead QA Auditor, contribute to the improvement cycle by embedding the quality assurance framework and supporting operational service to drive up standards. The QA Service has a clear coordinating and analysis function to provide an overview of impact and effectiveness and to monitor improvement plans. The aim of the service is to provide a proactive approach to quality in order to ensure that it is improved and sustained. Work is targeted as agreed by the Children's Social Care Management Team and informed by themes and issues identified throughout the service.
- 3.6 The Assistant Director of Safeguarding and Quality Assurance has oversight and ownership of this Framework. This post is responsible for its implementation across Children's Social Care, to update and refresh it as needed.
- 3.7 Elected members have a particular role in overseeing and scrutinising frontline service delivery. Member scrutiny is carried out through the Performance and Overview

functions and there is an expectation that all members take an interest in and responsibility for the outcomes of the most vulnerable children especially those for whom they are corporate parent.

4. Quality Assurance Processes

4.1 Operational Quality Assurance Measures

4.1.1 The operational level of quality assurance is carried out by the Team Manager, or a Independent Reviewing Officer or a Child Protection Chair and includes:

- Management oversight of contacts, referrals and assessments, section 47 investigations, Strategy Meetings, Core Groups, and the sign off of Child & Family Assessments
- Supervision and completion PADA process of social workers
- Crib sheet analysis (this is a supervision template with key quality assurance points drawn from audit findings. This is carried out in supervision between the Service Manager, and Team Manager and Social Worker) (Appendix A)
- Monitoring through Reviews and Panels
 - Chair of Adoption and Permanency Panel
 - Chair of Fostering Panel
 - Chair of Private Fostering Panel
 - Independent Reviewing Officers at each review
 - Child Protection Conference Chairs at each conference
 - Solicitors representing the department at Court
 - Placement Panel and Family Support Panel
- Response and resolution of individual complaints by the Team Manager
- Practice observation – (Appendix B)

4.2 Performance Indicators

- 4.2.1 Children's Social Care is subject to a wide range of both national and local standards. Overall performance is measured against externally reportable performance indicators (PIs) that identify areas of possible strengths and areas for attention.
- 4.2.2 Weekly performance management meetings are held to address performance; learning from quality assurance activity, actions and timeliness. The meetings allow managers to challenge the data, ask questions, and explore reasons i.e. the story behind data.
- 4.2.3 The group on a weekly basis monitors actions that arise from the meetings. Service Managers are expected to monitor their assigned actions on a regular basis and report any developments back to the group.

4.3 Conference and Review Service Activity (QA Service) - Child Protection Conferences and Looked After Reviews

- 4.3.1 Child protection (CP) conference chairs and independent reviewing officers (IROs) play a key role in planning (for children in both child protection and those looked after), and assuming the impact and quality of work undertaken by CHILDREN'S SOCIAL CARE. The role is to ensure that the quality of the work on a single and multi-agency basis is of a high standard that performance indicators and procedural requirements are met, and that plans set out for children and young people are outcomes based and meet specific needs of the child/young person.
- 4.3.2 IROs and CP Chairs complete a monitoring form in respect of each conference/review that collates quantitative and qualitative information about the conference/review report, process, preparation of parent/s and children, and quality of practice. This information is collated on a monthly basis and reported to Team Managers at the monthly quality assurance liaison meetings in addition to each completed form being sent to managers for discussion in supervision.
- 4.3.3 IROs and CP Chairs conduct case conference and looked after review 'mid-point' reviews to ensure scrutiny and oversight of practitioner activity between meetings and progression of the CP Plan or Care Plan. This information is collated on a monthly basis and reported to Team Managers at the monthly quality assurance liaison meetings in addition to each completed form being sent to managers for discussion in supervision.
- 4.3.4 IROs primary focus is to quality assure the care planning and review process for each child, and to ensure that his/her current wishes and feelings are given full consideration. In some instances the IRO may enter into dispute with the responsible officers in relation to care planning. In such circumstances an effective Local Dispute Resolution Process is essential to aid prompt resolution of the

dispute, to get the care plan back on track, and to maintain healthy working relationships.

4.4 Service user feedback

4.4.1 The views of children and their families about the services they receive and the impact it has on their lives are sought and gathered through:

- Their social worker
- Meeting with the IRO/CP Chair
- Consultation forms completed prior to looked after review meetings and CP conferences
- Attendance prior to and after the conference/review at meetings about them
- A feedback form given at the end of each meeting
- An independent Advocate (National Youth Advocacy Service)

4.4.2 Children Looked After and Children Leaving Care are subject to other mechanisms of consultation through the Corporate Parenting Board. The Children in Care Council which is itself made up of young people in care, leads consultation projects with children about their experience in Local Authority care and feedbacks findings to Councillors, senior managers, and Team Managers as well as attend the Scrutiny Committee with the Annual Report for the Corporate Parenting Board.

4.4.3 The Children in Care Council leads consultation with children from the age of five to twenty four who have been in care, and undertakes peer to peer telephone interviews, postal surveys, visits to residential homes and secure accommodation capturing 25% of the children looked after population.

4.4.4 In safeguarding cases and in selected multi agency audits consultation is built into the process. In addition The Corporate Parenting Team sends out a consultation questionnaire annually to children and parents. The findings from this are collated and used on a monthly basis to drive performance improvement through Team Managers at the monthly quality assurance liaison meetings

4.5 Compliments and Complaints (Appendix C)

- 4.5.1 Feedback can be in the form of compliments - where examples of good practice and strengths in service delivery can be identified to contribute to service improvements, and complaints - to help the service consider whether there have been gaps in the services provided and consider alternative ways of engaging with service users and improve service delivery and practice.
- 4.5.2 The Complaints and Service Improvement Manager monitors the complaints system and will raise issues requiring immediate attention with the relevant manager. A log of the level 2 complaints and above is held to ensure that they are resolved in a timely way and extracts learning from the report on an Annual basis identifying actions that need to be implemented within the service improvement plan.

5. Audits

5.1 Key Lines of Enquiry for Audit

- 5.1.1 The single agency audits will focus on the child's journey within Children's Social Care, but the multi agency audits will take a wider focus to understand the effectiveness of early help and intervention. The aim of single and multi agency audit and consultation with children and families will be to clarify the following:

For safeguarding cases at every stage of the child's journey

- the quality and timeliness of assessment and risk management
- the effectiveness and impact of the help given to children and their families
- the quality and effectiveness of inter-agency working
- the effectiveness of quality assurance and management oversight of practice and decision-making
- the experience of particularly vulnerable children, such as privately fostered children and children who live in households where there is domestic abuse, drug misuse and/or adult mental health issues
- how well the team's ensure that children's and young people's wishes and feelings inform every aspect of their care
- How well diversity and identity has been considered and taken account of in care planning

For Children Looked After at every stage in the child's journey

- the quality and timeliness of care planning
- the effectiveness and impact of the help given to children and their families
- the quality and effectiveness of inter-agency working
- the effectiveness of quality assurance and management oversight of practice and decision-making arrangements and support for children placed out of the local authority's area

- the quality and effectiveness of direct work with children and young people
- the impact and effectiveness of corporate parenting
- how well the local team ensures that children's and young people's wishes and feelings inform every aspect of their care.
- how well diversity and identity has been considered and taken account of in care planning

5.2 Single Agency Peer Audit (Appendix D)

- 5.2.1 Children's Social Care teams will carry out peer audits completed by Team Managers, Service Managers, Independent Reviewing Officers, Child Protection Chairs and Assistant Directors. These audits organised monthly by the Quality Assurance.
- 5.2.2 Cases are graded using the Ofsted grading system of Outstanding, Good, Requires Improvement and Inadequate. All Requires Improvement and Inadequate cases are to be reviewed with the Service Managers, and the Service Managers are to report back to the Assistant Directors with outcomes from discussions and actions taken.
- 5.2.3 Each audit once completed is sent to the QA team, Social Worker, Team Manager and Service Manager to provide feedback on their case work. The audit is then uploaded onto ICS and the audit is used in supervision with the social worker. The Service Manager is to review all cases and pick up issues for supervision with the Team Managers.
- 5.2.4 An improvement plan is entered on the file and used in supervision for all cases where there are practice issues.
- 5.2.5 The Lead QA Auditor completes a monthly audit report with headlines including themes and recommendations to inform service improvement planning and to be progressed by the Practice Mentors and Team Managers

5.3 Themed Audits

- 5.3.1 Themed audits are carried out to look at specific issues such as supervision, care plans, decision making and the child's views. These are organised and completed in consultation with Operational Senior Managers and completed by the Lead QA Auditor on a bi-monthly basis.
- 5.3.2 The Lead QA Auditor completes a themed audit findings and recommendations report that informs service improvement planning including training.

5.4 Multi-agency audits (Appendix E)

- 5.4.1 The HLSCB through the Quality Assurance Sub-committee carries out a number of audits with partners annually to quality assure the effectiveness of practice. This multi agency process is carried out using bespoke audit tools, and includes consultation with children, parents and social workers and Team Managers to triangulate the findings.
- 5.4.2 A multi agency meeting is held with agency partners, the social worker and Team Manager, and a member of the Reviewing Team, and the development worker who will have seen the children and families. The Lead QA Auditor chairs the meeting and agrees findings with partners and then grades using the Ofsted grading system – Outstanding, Good, Requires Improvement or Inadequate.
- 5.4.3 These findings are reported back to the HLSCB and an action plan agreed for all the agencies to drive improvement which is monitored through the Quality Assurance Sub-committee.

6. Structured Review of Performance (six monthly) – making the link with Team Practice and Service Improvement

- 6.1 Strategic quality assurance activity is a systematic process of gathering data around outcomes in practice, but the key issue is that there are robust processes in place for turning these into reflection, planned action, better practice and improved outcomes for children and that this is continuously monitored.
- 6.2 All teams in Hillingdon will run a structured review of quality assurance feedback and data every six months. Teams will have received the following performance information:
- Performance Indicators
 - Audits from the Single Agency Audit – number of grades in each category, and common areas that need to be addressed to raise performance.
 - Consultation data identifying team
 - Key practice issues arising from IMRs or SCRs
 - Complaints and representations
 - Feedback from practice observation
 - Feedback from parents
 - Feedback from partner agencies
 - Feedback from social workers
- 6.3 The Team Manager will review the outcomes of the various pieces of quality assurance carried out relating to their team over the period and agree key priorities for focused attention. The Team Manager and Service Manager will agree how the issues

will be taken forward and discuss the reasons or causes of any concerns with the Lead QA Auditor.

6.4 An improvement plan may include:

- Identifying individuals who need additional support, direction, guidance and training
- A session or two to engage the team itself in understanding and taking ownership of the practice problem and find solutions
- Areas that need referral to Service Development for further support to practitioners. (E.g. changes to procedures, guidance, resources, training, induction, appraisal etc)

Where there are findings that imply a need for additional support within the department the Service Manager will discuss these with the Assistant Director for Service Development. Agreed changes will be made to the Service Plan, and signed off CMT.

7. Conclusion

Work to protect children is by definition complex and multi-faceted, requiring a whole system approach. The needs of the children involved are such that the system needs constant review and scrutiny to ensure that areas of relative weakness and apparent strengths are fully explored and unpicked to ensure the strengths are real and embedded and that weaknesses are being efficiently and effectively addressed.

This Quality Assurance Framework sets out how that exploration will be undertaken and how findings will be addressed and services and outcomes improved.

Appendix A - Crib Sheet.

(A synthesis of all the repeated key lessons from audit to be used to check for quality in supervision and help learning and development of workers on selected cases. Currently the Service Manager selects a case to go through with the Team Manager and Social Worker and reports back to the Assistant Director. The QA Team receive a copy for overview.

Please Note: This is a tool to help Team Managers quality assure their cases and ensure that they are addressing the main issues that frequently occur in audit. Service Managers will use this format to carry out a monthly Quality Assurance Session with each Team Managers on two cases a month per team. The Service Managers will review two cases with the Team Manager and the Social Worker together with Framework to review how well these actions have been progressed on cases and a report will be provided to the Divisional Director on a monthly basis.

Themes: For Managers and social workers to ensure these issues are addressed in- Child and Family Assessments, child protection reports and in supervision meetings.	Social worker	Manager	Comments/ follow up Action	Date checked by Manager
1. Ensure relevant partner agencies are invited to strategy meetings (if appropriate)				
2. Ensure minutes from Strategy meetings are completed and distributed to the relevant agencies				
3. Ensure that plans made from a Strategy meeting are SMART. • Tasks need to be clear with the person				

<p>responsible for completion clearly identified.</p> <ul style="list-style-type: none"> • Task needs to be time scaled and where appropriate review of tasks needs to be planned at the Strategy meeting. 				
<p>4. Include all partner agencies (via informing, completion of network checks etc) of decision to enter S47 enquiry and of outcome of enquiry and decision making.</p>				
<p>5. If delay in receiving completed Key checks, for a S47 (timescales specified in London procedures) SW to alert manager and if necessary, manager to escalate both internally and externally.</p>				
<p>6. Ensure that Family and CP Chair have:</p> <ul style="list-style-type: none"> • received the Initial conference report a minimum of 24 hrs before the conference, • and 5 working days before review conference • Ensure children are kept updated if they are developmentally aware of the process. (developmental stage and not age) 				
<p>7. Ensure that all partner agencies (GP, health visitors, Community nurses consultants, police,</p>				

<p>education and voluntary sector etc) are invited to Initial/Review conference.</p> <ul style="list-style-type: none"> • Written invites to be sent out to partner agencies a minimum of 4 weeks prior to Conference review • Date for submission of agency reports should be explicit in the invite letter if unable to attend • Conference minutes to be sent out in a timely way to family and agencies 				
<p>8. Date for the initial Core Group meeting to be set at Initial conference.</p> <ul style="list-style-type: none"> • Subsequent Core Group meetings to be set either: • at end of previous Core groups • or at the review conference. • Distribution of Core group meeting minutes to be sent out in a timely way to family and agencies 				
<p>9. Written confirmation of Core group date to be sent a minimum of 3 week before Core group date.</p> <ul style="list-style-type: none"> • Core group date confirmation letter should be 				

<p>clear that partner agencies expected to:</p> <ul style="list-style-type: none"> • Provide written report if not attending, • Report should be received in 24hrs before the Core Group. 				
<p>10. Assessments and case notes show clear evidence of the nature of direct work with children, young people.</p> <ul style="list-style-type: none"> • Is there a clear plan and purpose to the visit and are the issues in the case being addressed? • Is there clear planning for the next visit? • Is the voice of the child reflected? Is there is a record of the child's views, wishes and feelings? <p>e.g.</p> <ul style="list-style-type: none"> • evidence child being spoken to • tools used to engage a child, • activities undertaken, • joint work with partner agencies, 				

<ul style="list-style-type: none"> • liaison with other professionals who know the child, • use of non verbal communication, including observation, drawing, play etc. • the child is kept updated of the process and the outcome 				
<p>11. Both parents need to be included in assessment and, (where possible) visited.</p> <ul style="list-style-type: none"> • Is the visit purposeful and addressing the issues? • When it is not possible to assess or visit a parent the reason for this omission need to be clearly recorded in the assessment. 				
<p>12. Clear evidence that Child and young person have been spoken to alone and that Child/ young person's bedroom to be seen a minimum on every other visit.</p> <ul style="list-style-type: none"> • If not completed a clear explanation of why & identification of any action needed. 				

<p>13. RISK ASSESSMENT:</p> <p>A) Risk assessment to be reviewed a minimum of 3 monthly by the manager, taking into account new information, incidents, and changes in family dynamic. This process should be explicitly recorded on a case record</p> <p>B) Have new incidents led to a re-assessment of risk? Have risks been reduced and have we made a tangible difference?</p> <p>C) If not, does this need escalating with a parallel plan in Place?</p> <p>D) Is there an up to date Chronology where all previous referrals and incidents have been considered?</p>				
<p>14. Child Protection Plans and Child in Need Plans:</p> <p>A) To ensure Child Protection/Need plans have identified clear outcomes for children</p> <p>B) Are parents/carers clear what needs to change and what will happen if they don't?</p> <p>C) If, there is limited evidence of progress of change,</p>				

<p>is there a clear timeframe and contingency plan in place?</p>				
<p>15. Identity, equality and Diversity:</p> <p>A) To include a specific agenda item to explicitly consider issues related to Identity, equality and diversity on case by case basis in our assessments, conference and supervision records and that it is recorded for inspectors and auditors to see.</p> <p>B) To ensure the child has been spoken to and ask about identity, Culture and diversity</p>				
<p>16. No Further Action on Cases:</p> <p>A) Have the other agencies been informed that the case is closed and informed of the reason?</p> <p>B) Has the case been “stepped down”?</p> <p>C) Have children/YP and parents been informed and given the opportunity to access the feedback process and informed of the complaints procedure?</p>				

Appendix B - Practice Observation (First Draft)

Introduction

Learning at and through work is the oldest and most extensively used means of employee development. This proposal is for all social workers practice to be observed at least twice-yearly by their line manager/supervisor. The rationale being that specialist services develop retains and addresses the performance issues of the staff they manage within a learning environment.

What is direct observation?

Commonly used as a requirement for learners on qualifying social work courses and for many post qualification programmes direct observations involves a practice assessor observing a learner carrying out a task, evaluating their performance and providing formal feedback usually both verbally and in writing.

In the context of improving the learning and performance of social workers direct observation provides an opportunity for the line manager/supervisor to check social workers perceptions of their practice by comparing your observations with their recollections. It therefore not only a powerful assessment tool but also an important part of the learning process both in terms of developing competence and professional capability. However, one must be mindful that in social work there is rarely only one way to interpret a situation or one right way to practice. Hence any observations made are therefore highly subjective and need to be held up for critical scrutiny (Cowburn, et al; 2000).

What constitutes a direct observation?

It is a formal, pre-negotiated process and needs to be clearly differentiated from co-working and other on-going informal observations. Direct observation will involve the supervisor being in the same room as the social worker and the service user. It is common for the observer to sit passively and record as accurately as possible what is going on. Usually it is the behaviour of one or more persons that is recorded, and an advantage of the technique is that a number of people interacting with each other in the particular situation can be observed.

The observation may focus on specific tasks, skills or to gain evidence for specific indicators within practice standards or the competency framework.

The following situations may be suitable for observation of practice:

Interviews with service users and their networks.

Group work.

Case conference or meeting participation

Verbal presentations

Social workers must ensure that service users have given written agreement for the observation of practice prior to the observation taking place, and that they confirm agreement verbally on the day of the observation. Prior to the observed practice the social worker should identify the aims of the session and which practice standards they hope to meet. The supervisor undertaking the observation should also identify aspects of practice they expect to observe. These should be discussed and agreed before the observation takes place.

Both parties should contribute to this process to ensure that the observation focuses on the social workers' specific individual learning needs and that both parties are clear about the standards required.

An observation of practice report should be completed for the observed sessions. (Draft template attached)

Standards for and giving feedback

Giving feedback is the process of telling another individual how they are perceived. It can be a source of anxiety for both giver and receiver. Suffice to say useful feedback

- Improves performance

- Increase morale

- Develop teamwork

- Enhance the quality of service provided

The risks of lack of good feedback are that it can

- Demoralise

- Reduce confidence

- Cause conflict

The most constructive is high on support and high on challenge. Feedback between the social worker and the line manager/supervisor is a critical component of both the social workers' learning process and the observer as this discussion itself will generate further evidence. Immediately following the session the supervisor should give the social worker the opportunity to reflect on the session. Brief verbal feedback should be given following the observed practice and a subsequent written record of this feedback given within two weeks. The feedback should identify how specific standards have been met, i.e. evidence related to agreed aspects of practice. It is helpful if written feedback is specific, constructive and owned. The social worker may comment in writing on points made by the supervisor and on their future needs as identified by the supervisor. The feedback meeting after the session will include

a self-evaluation of social workers performance,
discussion of areas for further development,
and an examination of what has been observed that might affect future work with this worker.

Feedback of observed practice to be recorded on the observation schedule pro-forma and stored in supervision folders.

How does direct observation link to supervision, PADA and probation?

A key aspect of line management responsibility is the assessment of social worker skills, ability and competencies. It is expected that line managers use the process of supervision to discuss their evaluation of the direct observation session and to take forward the identified areas for future development by the social worker. Individual objectives/goals/targets to be agreed between the supervisor and the social worker

The development of social workers is a very important performance management tool hence to ensure that line managers/supervisors take an increasing role in performance management it is proposed that direct observation of social workers practice is set as a fixed objective/standard on line manager's appraisal document. Achievement of this objective to be measured via number of observations completed.

Observation of practice reports can be used to contribute to the organisations probationary period and serve as evidence to ensure that new starters are performing to a satisfactory standard. Regular reviews are an essential part of the process providing both supervisor and social worker with an opportunity to check progress and progress with achievement of objectives. The probation review to draw on the observation of practice evidence and ensure that when required action is taken to develop and the keep learning experience on track.

Line manager briefings: Guidance for implementing the observation of practice.

Social Work Practice Unit to engage with and support staff who will be directly affected by this change via making use of existing forums that is team and service meetings, managers forums et to communicate clearly information about the change. In particular to keep everyone informed on progress and the planned next steps. To ensure all tasked with the role of undertaking observations of practice are

familiar with the requirements and use pro-formas and provided guidance to inform how direct observations should be carried out and recorded.

Co-ordination and Compliance

Directive from Leadership Group

Random audit of supervision files perhaps linked to QA processes

Links to line manager appraisals

Draft Direct Observation of Assessment Report

Please Use the Following Headings:

Situation

Aim of Intervention

Those Present

Agreed Standards/competencies to be observed

Feedback and Evidence in relation to above

Feedback should identify evidence of knowledge, skills and values that illustrates how specific competence requirements have been met.

Positive Aspects of Practice

Areas for Further Development

Focus on some aspects of practice that could be further developed, possibly including strategies that has been discussed following the Direct observation.

Reflection

Please comment on the social workers ability to reflect on their practice in discussions following the Direct Observation.

Signature & Date

Designation e.g. Supervisor/line manager

Social worker reflection on the direct observation

Social worker should write comments on the observed practice and attach it to this form.

Did they achieve the aims of the session?

What did they think they did well?

What could they have improved on?

How do they intend to do this?

Were there any unexpected problems that occurred in the direct observation?

Please include any other comments that you feel are relevant

Social workers Signature

Date:

Appendix C

Lessons Learned from Complaints and Members Enquiries

Manager's Name, completing form:	
Team Name:	
Date:	

Complaint Ref:	
Name of Complainant(s):	
Date Responded:	

Summary of Complaint/Member's enquiry: (completed by Complaints team)

Outcome of the complaint (tick as appropriate):					
Upheld	<input type="checkbox"/>	Part upheld	<input type="checkbox"/>	Not Upheld:	<input type="checkbox"/>
Action(s) taken to resolve the complaint: (you may tick more than one)					
Apology	<input type="checkbox"/>	Review Procedure	<input type="checkbox"/>		
Explanation	<input type="checkbox"/>	Review policy	<input type="checkbox"/>		
Provide service	<input type="checkbox"/>	Compensation (state cost)	<input type="checkbox"/>		

Lesson(s) Learned: (to include action to improve service/performance, any issues arising for service planning/development and suggestions for changes in procedures that have been identified during the course of handling this complaint:

Return address:

Nikki Cruikshank, Service Manager - Safeguarding & Quality Assurance

Appendix D

Single Agency Audit:

Methodology:

The Single Agency Audit is carried out by the Teams that are not participating in the Balanced Score Card approach. This will consist of a monthly audit by Team Managers and Service Manager.

The case list is drawn up by the QA Team and three cases are allocated to a Service manager and Team Manager using a bespoke audit tool. Each are assigned cases within their own area of expertise and knowledge.

The managers are given Two months to complete the audits and return to the Social Worker and Team Manager and Service manager, and copied to the lead auditor in the Quality Assurance Team. The audit returns must include an action plan where action is necessary. Cases that are graded as requires improvement or inadequate will be reviewed by the QA Auditor, and forwarded to the Assistant Director and Service Manager. The QA team will also review a sample of cases that have been graded “good” or above. The Assistant Director will require the team to address the concerns, and the QA Auditor will verify the action taken.

For all returned audits the Team Manager and the Social Worker will review the findings and the list of actions in supervision and upload the audit and any action plan into the documents.

The Team Manager will subsequently complete an overview of all the findings of all the audits of cases within the team, report this to the Service Manager, and carry out a planned exercise/discussion with the team to raise and improve practice. The outcomes will be measured in the next round of audits with a view to demonstrating continual improvement. Please see section 5 and figure 3.

The QA team will provide a programme of training and support for Managers around quality assurance to support and facilitate the process, and help managers use quality assurance to address practice. Where managers fail to complete audits by the timescale given, or fail to complete audits of satisfactory quality, this will be identified by the QA Team and this will become a matter for individual performance management by the Service Manager. SMT will closely monitor the follow up process.

Appendix E

Outline of a Multi agency Audit Process:

1) Audit Group:

Following a decision for a Multi agency audit to be completed, the Quality Assurance Team will set up an audit group made up of lead auditors from each of the agencies, with the LSCB Business Development Manager taking the Lead Auditor role and be responsible for the audit process, final report and recommendation. The audit group to be coordinated by the Business Development Manager and to undertake a series of audits as set out by and in line with the priorities identified at the HSCB.

Each agency would need to appoint a lead practitioner or manager from that agency who had not case work involvement or responsibility for the cases being audited to carry out the audit. The lead agency auditors can be replaced or alternated as the year progresses to share the skills, learning and work load.

2) Training

The audit group will be supported by the Quality Assurance Team with initial training of completing the audit tool, roles, and ongoing training to develop a consistent and focussed approach in completion of the audit task.

3) Baseline Audit:

The audit group would set a baseline for improvement and would complete an eight to ten case audit on children within a specific area of the service, i.e. subject to child protection plans, children looked after etc. This would enable the audit group to bench mark quality of practice and enable comparisons to be made in subsequent audits of each serves identified. It would also identify key lines of enquiry for further audit and system or practice changes that could lead to improvements.

4) Audit Tools:

Audits would be undertaken using the appropriate audit tools, which focus on outcomes for children and grade practice using the Ofsted grading tools. This is to enable agencies to get an accurate idea of their performance in any inspection and take action to track and improve.

It is also envisaged that specific audit tools will be developed by multi agency partners with guidance and support from the Quality Assurance Team. This will specifically enable the individual agency meet the requirements set out for the audit theme, and have a tool specific to their own serve that generates the information required to form a multi agency overview. Guidance on how to use the Ofsted grades is also provided in the initial training, guidance notes and ongoing support.

5) Process:

Each audit would be set up by the Business Development Manager on behalf of the Performance Sub-committee with the audit group, and the terms of reference would be clarified and set out. The audits will target key areas identified in the HSCB work plan, or emerging themes from SCRs, or other key concerns of the HSCB.

The Business Development Manager would set the time scale for completion of the audit with the audit group. A 'pre-meeting' of the audit group prior to the start date of the audit would take place as to ensure clarity of themes, and to develop a good understanding of the process by all concerned completing the audit. This would give an excellent opportunity for a multi agency 'team' approach to completing the audits and ease any issues, vagueness or ambiguity of the theme identified. Certain check points will be identified either for review of progress or specific timescales as to ensure completion of the overview remains on target. The completed audits would be sent to the Business Development Manager by the agreed date set out at the pre meeting, and then a consultation meeting would be reconvened to analyse and identify feedback and learning. A report would be produced by the Business Development Manager for the Performance Sub-committee and HSCB with a set of key outcomes and learning with some recommendations, an action plan would be developed as a result of the audit for services to work to which the Performance Sub-committee would then track and report to the HSCB over and agreed period of time i.e.6/12 months.

The feedback and recommendations will feed into the ongoing improvement cycle for the HSCB.

6) Information Sharing and security

Each case will receive a code which will be entered on the audit itself to avoid identifying the child or family. The only individuals who will have access to the identity of the child will be the auditors and the coordinator.

All of the cases will already be involved in a multi agency process where the legal basis for sharing information has been established either through statutory means (child protection) or client consent (Child in need). The use of client information to undertake audit into the effectiveness of the agencies' work is a legitimate use of the information held by the agencies and consistent with carrying out duties in line with the purpose for which it was given. All personal identifiable information that is shared in this process must adhere to the Caldecott principles:

1. That the sharing of the information is justified
2. That the sharing of the information is necessary
3. That only the minimum information is shared to achieve the purpose
4. That the sharing is based on a need to know basis
5. That those involved in sharing information understand their responsibilities in respect of that information
6. That the information that is shared is done so legally

Agencies are entitled to conceal confidential client information from the audit where the sharing of that information is not necessary or justified or might cause "significant damage or distress" to the client. All decisions around withholding information due to boundaries of confidentiality should be determined by the internal processes of the agency holding the information, and not the audit group.

Audits will be stored electronically in the HSCB on restricted and secure password protected networks and only transferred on encrypted memory sticks. Audits will be circulated electronically by email, with a password sent separately, and without the code. The HSCB will

hold the audits for three years for inspection purposes before destroying them. Each agency will hold their individual audits in line with their own individual policies.

The audits would be classified as “restricted” under the Governments Protected Marking Scheme because they could cause “substantial distress” to clients if not handled securely.

7) Consultation and feedback:

It is anticipated that the audit process will involve reading the case files, discussion with the case workers involved, and that an identified participation worker will carry out a visit to the family and speak to the child, alongside this the designated Quality Assurance Officer will speak to the parent/carer about the impact the work has had on their lives. In this way the audit process will integrate outcomes from consultation with the family and child.

Following each audit the agency auditor will need to meet the practitioner to give them feedback on the audit and grades given. Any learning that emerge which pertains to the worker’s own practice needs to be incorporated into that worker’s own supervision and learning and development plan. Learning that emerges about systems and common practice issues need to be taken back by the individual agency through their own internal management boards. Where practice issues are partnership ones the issues need to be included in the joint report to the Performance Sub-committee and improvements included in the multi agency action plan.

8) Cycle of Improvement

The Performance Sub-committee will report back to the HSCB on key findings, and make key recommendations which they will then monitor and report to the Board.

Benefits:

This audit process would provide the Performance Sub-committee and the HSCB with the following:

Robust qualitative and quantitative information about the effectiveness of safeguarding

Develop a culture of continuous improvement and learning established across the agencies

Detailed information about key areas of enquiry available at relatively short notice

Feedback from parents and children about practice

Evidence for individual agencies about performance and practice in safeguarding

Preparation for Each ahead of the Announced Inspection

Requirements from each Agency:

1) Sign up and ownership:

Each agency will need to sign up to the audit programme and the process and support it at a senior level, overseeing the allocation of resources and ensuring that lessons are implemented within their agency. The following resource commitments will be required:

Each agency will need to allocate a manager or senior practitioner who can be lead auditor in the audit group. This manager will need capacity to audit several cases a month. At some times of the year this may be more.

CHILDREN'S SOCIAL CARE will need to provide a participation officer.

HSCB Business Development Manager will need time to coordinate and lead the audit process, analysis and write up of learning and recommendations.