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| **Children’s Services** |



Quality Assurance Framework

One Children’s Service – Relentless about improving outcomes for Children

Quality Assurance and Performance Improvement Framework

Refreshed July 2023

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**NB:** **Following staff consultation the auditing process will be relaunched in September 2023**

**This will include a new audit tool looking at impact, the new process of moderation and the reporting template.**

**INTRODUCTION**

**Swindon’s Vision for Children Services is that:**

* We work together with all our partners to ensure our most vulnerable children and young people are safe from harm
* We will ensure that we will intervene at the earliest opportunity to effect positive change and offer timely and proportionate action to children’s needs
* We will ensure that our children, young people and families are supported to fully work with us
* We will ensure that we have competent skilled and stable staff including sufficient numbers of foster carers, who reflect the diversity of our borough so children receive timely responses to have their needs met
* All the Children we look after will be protected, educated, are healthy and are fully prepared into adulthood
* We will all continue to build an environment where social work practice will thrive and ensure all children and Young People achieve good outcomes

This vision has been co-produced with staff across the service as part of Director Led Consultations in February 2023.Swindon’s focus is for all children and young people to lead safe, happy and healthy lives where they achieve good outcomes and are well prepared for adult life. Swindon has set principles to support the vision for Children’s Social Care and Early Help which are

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| --- | --- | --- | --- | --- | --- |
| **Safe** | **Early** | **Direct** | **Workforce** | **Children** | **Impact and** |
| **Practice** | **Intervention** | **Work** | **Development** | **we Look** | **Outcomes** |
|  |  |  |  | **After** |  |
| We work | We will ensure | We will | We will ensure | All the | We will all |
| together | that we will | ensure | that we have | Children we | continue to |
| with all our | intervene at | that our | competent | look after | build an |
| partners to | the earliest | children, | skilled and | will be | environment |
| ensure our | opportunity to | young | stable staff | protected, | where social |
| most | effect positive | people | including | educated, | work practice |
| vulnerable | change and | and | sufficient | are healthy, | will thrive and |
| children | offer timely | families | numbers of | and are | ensure all |
| and young | and | are | foster carers, | fully | children and |
| people are | proportionate | supported | who reflect the | prepared | Young People |
| safe from | action to | to fully | diversity of our | for | achieve good |
| harm | children’s | work with | Borough, so | adulthood | Outcomes. |
|  | needs | us | children receive |  |  |
|  |  |  | timely responses |  |  |
|  |  |  | to have their |  |  |
|  |  |  | needs met |  |  |
|  |  |  |  |  |  |

By adopting a continuous learning, improvement and accountability culture in Swindon this helps ensure quality assurance activities support effective learning and development, which underpins practice with children and families, and supports our ambition to provide outstanding services.

Swindon’s Quality Assurance and Performance Improvement Framework focuses on our aspirations for high quality services, with a relentless focus on improving measurable outcomes for children and families receiving our services. We are ambitious for Swindon’s children to achieve the best they can; they deserve nothing less. Our quality assurance work aims to support the delivery of service provision that drives outstanding outcomes for children and young people.

Performance improvement and quality assurance enable us to understand trends over time, and what we need to do differently is to make more of an impact. It provides data and a narrative on what is helping and hindering, which we then act upon in a timely way. We can also test whether our practice model and underpinning standards, policies, and procedures are not only working, but are effective, and support high standards of service provision.

The Quality Assurance and Performance Improvement Framework enables us to hold ourselves and others to account, informed by what children, parents, and carers have told us, and by evaluating whether we have had a positive impact on families’ lives. It helps us to learn about what works and where we need to develop and improve our effectiveness and accountability when aiming for outstanding practice.

This is strongly linked to the learning offer for our workforce. It is inclusive and overarching across the whole service. This framework, and the activity associated with it, will help Children’s Social Care to be consistently good, and support our aim to become outstanding.

1. **What is Quality Assurance?**

The purpose of this framework is to support and improve the delivery of effective services for the children, young people and families in Swindon that need our help.

It aims to provide the workforce and service leaders with confidence that we are delivering the highest quality services, and developing our aim as driving and delivering outstanding practice.

It is underpinned and informed by the following quality principles:

We will:

* Place children, young people and families at the heart of what we do.
* Be accountable and take responsibility for the quality and effectiveness of our work.
* Ensure that the framework is predicated on the principle of ‘doing with’ staff, rather than ‘to’ or ‘for’ them.
* Agree what “good” practice looks like together and will hold each other to account whilst providing support, guidance and training where needed.
* Consider audit activity to be a learning activity for everyone.
* Use the learning from audit activity to build confidence and improve skills across our social work workforce.
* Use the learning from audit activity to understand what is working well and where we need to improve.
* Act upon learning and monitor the impact on practice, themes and trends over time

Our framework is informed by analysis of effective approaches and best practice in relation to quality assurance and performance management.

For this framework and approach to be effective, it requires:

* A ‘can do’ culture - where individual motivation is positive and sustained.
* A culture which supports reflection, is open to challenge and willing to learn from it.
* A workforce that is skilled, supported, and committed to learning and improving the life chances of children.
* A participative learning approach that is strengths-based, with high support and high challenge.

By using a range of different quality assurance activities, Swindon Children’s Services will

* Embed robust methods for systematically reporting data and information at all levels.
* Evidence the effectiveness of its work to safeguard and promote the welfare of children and facilitate highest quality practice.
* Disseminate and celebrate best practice.
* Identify areas where systems, practice or safeguarding arrangements need to improve.
* Create a culture and expectation where high-quality practice is standard practice.
* Identify the learning and development needs of our workforce so that we can address them and be confident that our workforce is the best it can be.

**Knowing whether we are making a difference**

The Quality Assurance Framework helps us to answer the following interlinked questions in relation to quality and delivery:

1. What is the quality of the service or practice being offered?
2. Are the right children, young people and families being worked with and is the involvement of children’s social work proportionate?
3. How helpful do parents, children and young people find the support and intervention being offered?
4. How does our support impact on outcomes for families?
5. What do we need to do to improve our services?

In order to be effective, the implementation of this framework needs a collective responsibility with individuals at all levels and across all parts of the services playing a part in improvements for children, young people and their families/carers.

1. **Assuring and improving quality**

Swindon’s Strategic Priorities and the Service Improvement Plans link quality assurance to the service audit programme developed by the Performance and Practice Boards. This flows through the organisation, with aspects being implemented by the Childrens Services Management Team (CSMT), through their individual Service Development and Improvement Plans. This is disseminated to Social Work Managers meetings (SWMM) ensuring that quality matters and is part of everyday business.

The Practice Board support the closing of the loop so that the outcomes from quality assurance activities are monitored, actions are swiftly completed, and flow through to influence learning and development of staff, to drive continual improvement.

This “Golden Thread” helps us align our Quality Assurance intentions throughout the organisation and back again, so that everyone’s business in relation to quality and performance is known. This shows how we are not only influencing, but owning our quality journeys, by consistently sharing learning and good practice widely across services in a way that is engaging and owned by social workers and their managers.

Quality Assurance is not seen as an additional activity. It is embedded across the social work teams as an ethos that we are all responsible for the quality of what we deliver, we can all do things differently and develop, to improve outcomes for children and families by highlighting strengths, gaps and areas for improvement in our practice.

1. On a weekly basis, Team Managers and Service Managers scrutinise the latest performance data and take any operational action required.
2. During the third week of every month, Childrens Services, Education and Early Help CSMT considers quality assurance reports (position statements) for scrutiny, discussion and to identify learning and improvement required.
3. In the fourth week of the month the Performance Board delivers self-assessments, aligned to the journey of the child through the service, from each team to senior management for scrutiny, oversight, and exception reporting. Self-assessments include team level performance, quality, capacity ratings. Performance Board also considers learning from audits.
4. In the first week of the next month the Practice Board will synthesise the learning and audit activity and focus on delivering practice improvement throughout the subsequent month. The Practice Board will also consider the voice of our experts, by experience. The outcomes of the Practice Board will inform the audit programme for the coming quarter.
5. The Swindon Academy for Practice and Development provides the mechanism and detail for staff training and learning.
6. Practice improvements will be assessed on a quarterly basis through the Audit Programme. This will measure impact of learning and change.

Please see Appendix 5

**Swindon’s Quality Assurance and Performance Improvement Framework focuses on our aspirations for the highest quality services that drive outstanding outcomes for children and families – The “Golden” Thread**

**Our Childrens Services Strategic and Service Improvement Plans set out our clear aims and expectations of quality practice and high-quality performance with clear pathways, systems and processes**

**Our Senior Leaders, Managers and Social Workers know what and how to deliver best practice**

**Our performance data, auditing, Performance Board, supervision, QAPIB and Closing the Loop process all help to evaluate and feedback on our practice and performance to inform us all**

The monthly Performance Board, provides, discussion and challenge around qualitative aspects of practice. The Quality Assurance Framework aims to achieve the right balance of qualitative and quantitative measures, and seeks to use quality assurance activity to increase learning and confidence in our workforce.

We make sense of and use performance information intelligently and link this to our qualitative findings from audit so that we can see and demonstrate how our practice is improving and supporting better outcomes for children. This is shared and the learning and development needs are analysed and addressed.

* 1. **Independent Challenge - using performance information**

Children’s Services uses key local and national performance indicators to track and inform performance. Service Improvement Plans are in place and management data and performance information provides managers with detailed and timely information about the progress against these indicators and areas of focus for improvement.

Care Director Performance reports and data scorecards that managers use, are a daily source of management information and enable them to monitor the quality of their own team’s work. The supervision toolkit provides information in granular detail for each individual child.

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| Weekly &Monthly Performance Data reports provided by Performance Team  Weekly Complex Tracker for High Risk children chaired by Service Manager. | CSMT review performance data and identify areas for improvement. Those not already in Improvement Plan considered for Curious Questions/KLOE focus. | Monthly Quality Assurance Performance clinics for each team provides the Board with exception reports from Service Managers, reviews progress on existing Curious Questions/KLOEs, and agrees any new ones |

Monthly Quality Assurance Performance Clinics are held where Team Managers, Assistant Team Managers along with their Service Managers’ report on their monthly data.  The clinic enables managers to showcase good performance and high-quality practice, to demonstrate *how* they know, what they know, highlight their areas of improvement work and raise any barriers they have. The Performance Board brings a level of scrutiny, support and challenge. The performance ratings draw on the team data, whilst the quality rating confirms the triangulation of evidence on quality activity taken place throughout the month from the managers own monitoring of practice.  The results of monthly audits contribute to the quality rating evidence, along with examples of other improvement quality assurance reviews such as dip sampling, supervision and team development.

Dip- sampling forms part of our Quality Assurance Framework methods and is termed as Level 1 auditing. Dip sampling does not replace our auditing process, but is an additional method which enables managers to test out the quality of practice in relation to particular themes and topics/cohorts, both in terms of gaining a baseline and then going forward to monitor progress. Managers can then demonstrate their approach to implementing audit/sampling recommendations, further embedding improvements within their teams and maintaining a learning culture.

MASH and ACP are developing their specific quality assurance through Monthly Multi agency MASH Audits; monthly Dip Sampling of MASH contacts to review quality and timeliness; themed audits including peer auditing and joint auditing between the MASH and ACP Managers.

The Performance Board (along with data and audit information) enable a broader departmental approach to the identification of areas for improvements, practice guidance, training and service development. The Practice Board then considers the learning and development required and delivers targeted coaching, workshops, lunch and learns and commissioned training programmes, policy and ‘7-minute briefings’ are produced.

The IRO/CP Chairs quality assurance role provides information in relation to the use of the Local Dispute Resolution Process and participation within conferences, sharing of reports, and permanency planning. This is reported to the Quality Assurance Board via quarterly and annual IRO service reports. This report also highlights the themes which they report from their view across the service. Each Service Area also has a link IRO/CP Chair to ensure that a two- way discussion of the themes identified takes place every quarter.

The ‘*Voice of the Social Worker*’ in Swindon is captured through the Social Work Forum which the Principal Social Worker chairs. The Corporate Director of Children Services regularly attends this event. The Principal Social Workers’ Report; Social Work Health Check; supervision records, appraisals, and exit interviews are also reviewed at the Quality Assurance CSMT. The Social Work Forum is an opportunity to share best practice, to pilot and gather ideas to share with between peers for ongoing improvement to quality assurance processes and practice. Direct Work and Swindon’s Screening tools are available within our Academy.

An Induction Programme is in place for all new professionals joining Swindon so they can quickly grasp what works in Swindon. This includes the Social Work Contract developed by our Child in Care Council (Raise Your Voice).

HR information in relation to recruitment, retention and caseload is presented to the Quality Assurance CSMT.

The Corporate Parenting Board receives performance reports in line with the priorities identified in the corporate parenting strategy including the IRO Annual Report, Fostering Annual Report, Adopt Thames Valley Annual Report, Virtual School Annual Report, Sufficiency Strategy, reports from the Participation Team and the Voice of the CiC Council, and additionally, any other reports requested. The Child in Care Council (Raise you Voice) and the Care Experienced Group (Voice and Influence Panel) scrutinise these reports through Child Friendly Versions. Membership of the Corporate Parenting Board includes our Care Experienced Consultant and other young people from both Raise Your Voice and the Voice and Influence Panel. There are Foster Carer’s as part of Corporate Parenting Board and external community representatives. Key indicators are included annually in the Councils Annual Report.

Political oversight and challenge of performance is achieved through regular Elected Member briefings, and the Council’s Children’s Services Overview and Scrutiny Board is provided with regular performance information against Key Performance Indicators and local priorities. Swindon’s Youth Council also provides the views and are able to challenge through the Overview and Scrutiny Shadow Board.

A monthly Safeguarding Assurance Report is provided to the lead member and Chief Executive so they are fully briefed on our risks and mitigations we have in place.

Performance information and reports are also scrutinised and challenged by the Safeguarding Partnership for partner analysis. Scrutiny from the external regulator Ofsted is welcomed and any learning feeds into our strategic and improvement plans monitored by the board.

* 1. **Professional, Provider and Partner Challenge**

Children’s services in Swindon work closely with our partners across the Council, the public sector and voluntary sector. We want Swindon to be a nurturing, respectful and ambitious place for all children, young people, and their families.

In order to enhance ownership of the quality of inter-agency practice with children and their families across the Swindon Safeguarding Partnership (SSP), performance information is shared with the Partnership Executive. A range of performance measures are monitored and a multi-agency audit programme is implemented. The Partnership has a Quality Assurance Framework which has been coproduced with partners and an auditing programme is in place to reflect their Business Priorities. We provide a comprehensive data set to the SSP for scrutiny, challenge and response. We deliver findings from MASH multi-agency audits to the Partnership and support the multi-agency auditing programme.

All services are commissioned and tendered using established processes and there are contracts in place to ensure these are delivered as specified. The expectation is that all commissioned services for children in Swindon are of a high standard. This area of work is monitored through the Fostering Service and Placements Service, and is reported into the Quality Assurance CSMT on a quarterly basis, including the quality of placements for children in relation to their safeguarding and Education Ofsted ratings. A robust process is in place to ensure that any provision whose rating becomes Inadequate is reported to the Quality Assurance and CSMT Board.

* 1. **The Voice and Lived Experience of Children and Families**

Co-production with children is fundamental to all our activity and to shape the plans we make with them. They are listened to at every stage and their views and wishes are considered wherever possible, and when it is safe to do so. The views of parents and carers are listened to and what they need to do to keep their child safe is described in a way that they can understand and engage with. When it is not possible to act on these wishes, clear age-appropriate explanations are given as to why.

When we complete electronic file practice audits we triangulate our findings with the lived experience of children, young people and families (parents and carers) and ask them to rate whether we treated them well, whether the service they received made any difference (impact and outcomes) and also - what we can do differently. This is to positively build on a customer satisfaction questionnaire which has been developed by frontline managers. We have enhanced this further by asking if the child/young person and families want contact after the auditing process to inform how their contribution has impacted on any change in our practice.

We have a Participation and Engagement Strategy, which drives improvement on how we learn from the voice of those experts by experience. This includes our pledge to children we look after, our strategies for care leavers and SEND co- production. The strategy has six priorities and all services have a self-assessment tool which delivers their performance against this assessment and informs the Improvement Plan for their service. The Children in Care Council (Raise Your Voice) is a vibrant group who actively participate in recruitment of staff at all levels and provide consultation on various areas of practice. They provide input to the Performance and Quality Assurance Framework and holds the Corporate Parenting Board to account on its delivery of the pledge to our children who are looked after. We also have a care experienced group (Voice and Influence Panel) who are involved in leading the annual Inspection Week which forms part of our quality assurance processes by taking forward any issues and getting their feedback on improvements. This group will also contribute to the Corporate Parenting Board. We have employed a Care Experienced young person as a Consultant, who is also a member of the Corporate Parenting Board.

Annual Surveys are being developed and children and young people are developing opportunities for training Social Workers and Foster Carers. They have developed and launched a ‘Contract of Expectations’ for all Social Work Staff and expect all Staff to have signed this and shared an ‘All About Me’ profile at the point they start work with a child.

To support this activity there are a number of performance indicators that are routinely monitored as quality standards and performance information, as well as audits that the voice of the child is being heard. These include children being seen alone on social work visits and participation of the child in their Child Protection Conference or Children Looked After review.

We have a Family Advisory Board who have been trained as advocates with the aim for them to be matched to new families at the start of their child protection journey. This group also are involved in consultation, recruitment and training events. They are all experts by virtue of their experience.

We value learning from complaints and compliments. Children, young people, families, and carers voices are also heard through the monitoring of complaints and the resolution of complaints. Comments and complaints are vitally important for making improvements to the quality of our service so we can keep doing the right thing. Informal complaints and those that come through Swindon complaints procedures are a source of learning for us and which that informs practice development. Through complaints, we make a positive change that will improve the service for future individuals. A regular quarterly report on complaints is presented to the Quality Assurance CSMT and any learning required is developed through the Practice Board. We share this and feedback into SWMM to enable managers to know what practice requires additional focus of improvement and monitor practice through actions. Complaints have helped us to review and amend our audit template in relation to unaccompanied asylum seekers and update our parent/ carer questionnaires.

**Care Experienced Led Inspection**

Once a year the Voice and Influence Panel along with some of the Raise Your Voices group lead on an Ofsted themed Inspection where they agree who they will meet with and the key lines of inquiry they wish to test. They feedback to the Corporate Director and Senior Leaders on day three.

* 1. **Professional Qualitative Challenge and the Tools**

**Audit Activity**

Quality auditing of children’s casework services is vital. We conduct a monthly audit that is submitted and findings and actions triangulated as part of this framework to help us gain a wider view of the services’ effectiveness.

This framework champions a schedule of regular auditing activity to enable the service to test the effectiveness of the work being completed for children and importantly, to facilitate learning.

The framework has 5 levels of audit:

1. Auditing for quality and impact - Managers auditing work as part of their management role through case sampling.
2. Auditing to support improvement, or answer curious questions/key lines of enquiry – Service Managers commissioning and undertaking auditing work, including case sampling.
3. Auditing for learning – Team Managers, ATMs, and Advanced Practitioners auditing with and alongside social workers.
4. Multi Agency Auditing – this auditing links with the Swindon Safeguarding Partnership Performance and Quality Assurance Group, as well as audits within teams.
5. Auditing the auditors - to support managers’ learning and improve consistency of social work practice. This includes external and independent reviews.

**Monthly case audits** take place with a Team Manager or Assistant Team Manager reviewing an allocated child’s case selected by the QA Audit Team. This audit is completed alongside the Social Worker in their team and the child and views of parent/carer/young person are sought. This is the standard, expected practice for the audit to be completed alongside the social worker/PA. Both workers will be familiar with the child and the case and therefore, motivated to complete the audit.

Monthly audits are scheduled based on proportionate reasons and need. We focus on a specific aspect. CP, CIN, CL and CLA on a rolling programme, so there will be four audits across each area of practice throughout the year.

The second part of the audit is completed by a moderator. Moderators are required to assess the quality of the first audit and ensure the audit is robust in assessing current practice checking appropriate actions have been identified.

The views of the IRO/CP Chair are included in this process. After moderation, the moderator has a conversation for the purposes of learning, reflection and to discuss any differences of grades and have a professional discussion with the first auditor to support consistent auditing practice and reasons for changing grades.

To support both auditors and moderators there is a “*Stop the Clock*” session in place twice a month to allow protected time to complete this valued activity and Senior Managers take the team floor to relieve managers of duties and support them to complete their audit or moderation.

All audits go through a Quality Assurance Panel where they are reviewed for consistency and best practice and where any learning themes are identified. Audits may be returned if further evidence is required to substantiate a grade or for clarity. This assurance panel is a small group of QA staff and managers (no more than 4 people) who review audit outcomes and identify areas of good practice and areas of improvement. They also ensure the actions for improvement drive our aspiration to become outstanding.

In their first supervision following the quality assurance panel, the TM and SW/PA/IRO/CP Chair reflect on the audit actions and recommendations and outcomes to celebrate good practice or ensure actions for learning and improvement are completed. It is the responsibility of the manager to update the actions on the audit tool with the SW.

Ongoing practice is developed as the areas of learning identified are considered in all staff Personal Development Plans so that practice development can be individualised to meet each person’s learning and development needs appropriately.

The outcome of audit findings is shared with the Social Worker, Team Manager, and Service Manager, and IRO/CP Chair to drive and support improvement and continual development of high-quality social work practice. A summary report on the Monthly Audits is prepared by the QA Manager/Service Manager and this is presented to the Performance Board. On a six-monthly basis a report is also provided which includes recommendations and actions how to improve practice as an overview of audit findings over a period of time. Actions and recommendations are set for service-specific practice or whole children’s services with nominated, accountable people together with timescales for improvement. Updated recommendations and actions are returned to the board to show completion and impact, that the “Golden” Thread closing the loop process shows continual improvement. We will share and celebrate good practice.

*See Monthly Case File Audits – Process for Auditors and QA Team - Appendix 1*

A **Case of Concern process** oversees the implementation of all actions related to children’s case files which are judged as inadequate following an audit. Actions for improvement are monitored through a short re-audit six weeks later to evidence how the impact of auditing has made a difference to practice.

*See Cases of concern flowchart – Appendix 2*

**Themed practice audits** are undertaken at regular intervals, evaluating specific areas of practice. They may also be initiated by Key Lines of Enquiry that emerge from our reviews and comparison of our performance data, or from decisions by the board. An annual audit plan is developed to determine when these focused audits are completed. This plan is kept under review by Quality Assurance, CSMT and Performance and Practice Boards.

**Practice Week**. takes place twice per year, where service leaders spend time with frontline practitioners, observing their practice and finding out first-hand what is happening for the families they work with and includes:

* Observing Core Group meetings and Child Protection Conferences.
* Observing Child Looked After Reviews and Pathway Planning Meetings.
* Observing how we work with our multi agency partners, including SEND services.
* Observing office and home visits with families.
* Undertaking audits alongside Social Workers.
* Visits to the workplace and talking with practitioners and managers.

A summary report of the findings of Practice Week is presented to the QAIB. This provides opportunities to celebrate best practice identified through practice week and continue to develop areas of practice that require further development and scrutiny.

**Dispute Resolution by the IROs** in relation to our children who are looked after is in place. This has a number of levels, and it is expected that any concerns about the quality of practice is resolved at the lowest level. Following each CLA Review, a QA process is monitors practice issues and standards. This information is shared in a monthly report to the Performance Board and summary information is included in the Annual IRO Report. A similar process is in place in relation to children who are the subject of Child Protection Plans.

**Learning from Practice Review**, both locally and nationally. Audits may be commissioned to review local practice in light of Practice Review and Rapid Review findings. During the audit process, we look for evidence that learning and practice improvement has been embedded. Practice Briefings are developed by the Safeguarding Partnership and reflective learning takes place. Regular Learning from Local Child Safeguarding Reviews and Rapid Reviews are delivered through SWMM with a closing the loop process so that the learning is disseminated to the teams and frontline practitioner to focus on what the impact and learning is.

**Peer Reviews**

As part of the South West Region Sector-led Improvement Programme and the Principal Social Worker’s Network, Swindon Children’s Services will participate in peer reviews that include quality assurance activity.

Many teams in Swindon run their own peer review schemes to “buddy” experienced staff with new or less experienced social workers to embed the audit for learning culture.

**External Independent Reviews** may be commissioned by the Corporate Director of Children’s Services where internal resources are not available, or a more independent perspective is needed.

**Audit Tools**

A range of audit tools and templates have been/are developed in order to support our audit activity, including those for specific service areas to answer curious questions, Key Lines of Enquiry, or quality assurance activity linked to improvement plans. The Quality Assurance Manager supports the development of new audit tools, as required, working closely with service-wide teams to focus on practice linked to their standards, regulations and practice.

**Staff roles and responsibilities in Performance Improvement and Quality Assurance**

**Senior Managers**

* Promote the Quality Assurance Framework across their teams so it is clearly understood and develop quality assurance activities that identify strengths and gaps in their service.
* Are involved in the auditing process as moderators, to appreciate the quality of practice across children’s services.
* Have oversight of auditing outcomes to drive best practice in their teams, ensuring any recommendations and actions for improvement are prioritised and the closing the loop activities embedded.
* Evidence, promote and cascade best practice in their teams so that there is a growing understanding of what works well.
* Share effectively and timely the identified areas of improvement as early as possible and put in place remedies.
* Are ambitious about the quality improvement agenda and use it to build a clear picture of current practice, so we know what skills we need - to be even better.
* Disseminate, celebrate and share best practice.
* Identify, analyse and understand their service, to continuously improve practice.
* Be part of maintaining a culture of high support/high challenge which confirms the expectation that high-quality practice is standardised.
* Ensure their service specific development plans include key messages from the Closing the Loop process, so that learning and development play a crucial role in progressing practice.
* Ensure that members of the Quality Assurance Panel are actively involved in discussing the consistency and quality of practice.

**IROs**

* Promote the Quality Assurance Framework so it is clearly understood and develop quality assurance activities that identify strengths and gaps in their service.
* Are involved in the auditing process as Moderators.
* Are fair and transparent and assess the quality of the first audit and ensure the audit is robust in assessing current practice.
* Have a conversation for the purposes of learning, reflection with the auditor.
* Have professional discussions with the first auditor where there has been a change in judgments and the rationale for this.

**Team Manager (Assistant Team Managers)**

* Are involved in the auditing process as first line auditors,
* Complete the audit with the SW/PA as a means of driving best practice and reflecting on the current child’s case.
* Collect clear and helpful responses from parents/Carers/Young People using the feedback questionnaire.
* Are honest and frank about the quality of the case file and grade it accordingly, so that learning and improvement go hand in hand.
* Identify, analyse and improve staff performance.
* Promote and ensure quality assurance framework is understood within their team.
* Ensure that a follow up reflective supervision takes place following the moderation and quality assurance of the audit, so that learning can be embedded and any recommendations for improvement are actioned to meet timescales.
* Ensure any recommendations and actions from audits are completed in a timely way and support the improvement of team performance.
* Liaise with the learning and development team to ensure any training and development briefings meet the needs of their teams.
* Share examples of *quality* audits at the performance clinics held monthly

**SW/PA**

* Are supported, familiar with and understand the Quality Assurance Framework.
* Are involved in the auditing process as a means of learning, reflecting and improving their practice.
* Reflect on the current work with children and families with the auditor, to help understand how they could do things differently, and how they could improve their practice in real time.
* Are part of the learning and improvement culture which performance, improvement and quality assurance sets out to achieve.
* Put into practice and update the learning outcomes and actions for improvement following auditing if their audit requests it in a timely way.
* Consider their own learning and knowledge needs, through the auditing process to supervision and development plans to enable exploration and fill any gaps in their learning.

1. **Practice Board - Closing the Loop - Ensuring that our Quality Assurance activity has a positive impact going forward: the learning cycle.**

The Practice Board considers the learning and areas for development each month in order to answer questions on behalf of the children we work with. The Board check whether any actions and recommendations for improvement are followed up and brought back to the Board to show the impact of development and learning activities that emerge from audit findings. The Practice Board influence and agree what further developments and learning is required to close the loop in our practice. The monthly audit report records the findings of any short audit reviews to assure the Board of improved practice.

The outcome and self-assessment following the Performance Board informs the focus of our service improvement work, determines quality assurance activity for the future and identifies the learning and training needs of our workforce.

All managers are required to share the learning from quality assurance activity within their teams. Service Managers identify how they expect the quality of practice to improve as a result of QA activity in the Performance Board.

To further strengthen this process, the Practice Board monitors the actions and recommendations for improvement.

The Quality Assurance CSMT, Performance and Practice Boards ensure that the learning from Quality Assurance work and determines what we will do next to assure that learning is linked clearly to practice improvement., and in turn, ensures performance and quality assurance practice will close the loop in a systematic and consistent way. This is of particular value, as we seek to embed the outcomes of the audit and findings directly into our learning and development programme.

Our processes clarify how we monitor and track the impact and the difference that it has made to our front-line practice, and what this means for the children and young people we work with. Audit tools have actions and recommendations for improving practice which are signed off and dated by managers to ensure that learning and improvement is embedded. This includes improvements in case recording and update reporting, as well as individual staff development. *See flow chart Process for updating actions and recommendations for improvement - appendix 3*.We know that supporting our staff to enhance their professional practice is the best way to deliver high quality outcomes for the families we work with.



Quarterly Training Reviews are discussed in CSMT, Practice Board and SWMM to:

* review the priorities for learning.
* monitor attendance on training courses and other learning on continual professional development.
* review the evaluation of training/learning provided.
* monitor the impact of learning on practice
* consider any other emerging learning needs.

The Workforce Learning and Development Programme is reviewed annually to consider whether any additional mandatory training or further supplementary learning opportunities will enhance social work practice. All staff as part of the annual appraisal process have personal development plans. Audit findings and recommendations feed into learning and development through the team’s self-assessment to the Performance Board clinics and regular liaison between the Quality Assurance Team, the Practice Board and the Principal Social Worker, who has responsibility for training and development.

1. **Quality Assurance and Performance Board**

The Quality Assurance CSMT and Performance Board are the key driver’s of the Quality Assurance agenda and our improvement journey. These met monthly and are informed by the monthly team self-evaluations, audit findings, reviews of Service Improvement Plans, analysis from the Data Performance Team and from the senior management team. The Board is chaired by the Corporate Director of Children’s Services and its purpose is to:

* Hear about and review current data, intelligence and exceptions, in order to provide support and challenge to understand how we are doing.
* Challenge and drive continuous learning and improvement in our practice and services to impact on the outcomes for children and their families.
* Review and seek additional information to assure the Board of improvements, development and sustained best practice.

A cycle of Quality Assurance meetings is scheduled in advance for the year, with clear timescales for reporting to the Board.

Service Improvement Plans are developed for each service area and are monitored as part of the Board business.

At the end of each monthly cycle, a summary report is provided to identify what we have learned from the Board in terms of our progress and areas for improvement. Our focus can be adjusted according to findings from all quality assurance activity. Areas of improvement are actioned and progress updates are shared with the Board to show how practitioners have closed the loop.

1. **Early Help Quality Assurance**In Swindon, the Early Help Quality Assurance is included in the Performance Board follows the same format as the Children Social Care.

Our Early Help Strategy seeks to address inequalities of health, and well- being opportunity’s in Swindon through co-ordinating, brokering and commissioning the right kind of help and support *at the right time* for our children and families. We are committed to using local data and intelligence to help identify current and emerging need and jointly plan on how to best address the need. Our Early Help offer promotes the independence and strengths of children, young people and their families and looks to promote and build on supportive relationships and connections within local communities.

We aim to deliver good quality, evidence-based and timely interventions which are cost effective and add value. Reports are commissioned using the annual programme focusing on the different areas of Early Help practice, including as examples, youth work, parenting and Family Group Conference. This Quality Assurance activity has been developed in order to:

• Improve outcomes for children, young people and their families.

• Ensure consistency and quality of practice across all children’s social care including Early Help.

• Enable Managers and staff to be clear about expectations and standards of work for services within Early Help.

• Measure effectiveness of the work being completed.

• Report on aspects of practice and develop action plans and recommendations for improvement and development.

• Improve upon areas of concern by supporting the continuous improvement and development of the Children’s Workforce.

Swindon’s Early Help offer is governed by standards and the ‘Right Help at the Right Time’ threshold document. The Early Help audit tool measures against this Practice Guidance, identifying areas of strengths and areas for further development. There is a clear focus on evidencing impact of intervention on improving children’s outcomes.

Co-ordinators and Operational 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 Operational Managers for Early Help and are selected from children’s records that have been open for a minimum of 2 months.

The audit and moderation include family feedback. The system is in place to offer independent moderation by Operational Managers moderating each other’s audits across the service. The monthly audit reports are presented and learning identified at the Data and Quality Assurance Panel however this will transition to the Performance Board to ensure a one service approach. This will enable the Practice Board to address the gaps in learning which audit identifies. Early Help has developed its own audit tool. Please see Appendix 7.

1. **Practice for One Childrens Service – Youth Justice Service Performance**

In Swindon, Youth Justice Quality Assurance has its governance and oversight from the YJS Strategic Management Board. This Board is a statutory Board and has attendance from across the partnership, including Corporate Director for Children’s Services and Director of Children’s Social Work.

Our three-year Youth Justice strategic plan and recent HMIP Improvement plan set out our strategic and operational priorities, with Child First and Identity development at the heart of everything we do. Our audit programme for each year is informed by local and national priorities and further enhanced by local data and evidence-based approaches to practice.

Our audit forward plan is agreed by the YJS Strategic Management Board and learning is shared with the partnership on a quarterly basis. Managers in the YJS 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. Further to our core auditing programme the YJS complete thematic audits, informed by local data, inspection learning etc. In the duration of our current plan, these have included an audit into Disproportionality, High risk, younger children, girls and contingency planning to date.

The YJS has developed its own audit tool, which has been ratified by HMIP during the 2022 Inspection. Please see Appendix 8 for the audit tool.

For further information on this framework please contact Fiona Francis, Head of Quality Assurance – Quality Assurance and Review Service [ffrancis@swindon.gov.uk](mailto:ffrancis@swindon.gov.uk)

**QA Audits** select and allocate 20 cases to SW/ Managers within Care Director. The task will appear on their dashboard (CIN, CP, CLA & Care Leavers-as required) for audit

* **Auditor will seek feedback from parent/carer/young people/children** before they complete the audit alongside the Social Worker.

(**The audit will not be accepted without feedback)**

**The questionnaire is independent of the audit and MUST be uploaded as an attachment in the child’s case file in Care Director**

**IRO/CP Chair** will be informed on Care Director an audit is taking place. They contact the Auditor add their comments in the appropriate field of the audit tool within 72 hours of knowing an audit is taking place

**Moderators** will know an audit is ready as the task will appear on their dashboard. They quality assure the first audit by the given deadline and inform QA Manager in care Director of its completion in preparation for the Quality assurance panel

**Audits not returned within the given deadline is escalated to the QA Manager/Operational Service Managers**

**QA managers / Children’s Social Care Service Managers** determine cases in the Quality Assurance panel

**QA Manager** returns findings of Panel in Care Director and closes Audits in Care Director as they are completed within 2 working days of the Panel

**QA Manager/Service Manager** report on learning from audits to QAPIB

**QA Manager/Service Manager** present information and support learning from audits to Social Work Managers Meeting

If a case is judged Inadequate, by the auditor or moderator the Case of Concern process is triggered

(See Case of Concern Process)

**Auditor** will complete the audit in Care Director with the SW in their team. They then inform the Moderator in Care Director the audit is available for moderation

Contact [DataManagement@swindon.gov.uk](mailto:DataManagement@swindon.gov.uk) if you have any problems.

**QA Audits** collects reports and reviews Care Director Dashboards for audit completion. Arranges reports from care Director on the outcomes of Audits and prepares reporting and graphs as agreed for QA Manager Report to the QAPIB

After moderation, the moderator has a conversation for the purposes of learning, reflection and to discuss any differences of grades and have a professional discussion about why with the first auditor.

After Moderation, **QA Audits** will record that a case file audit has been undertaken in Care Director, ensuring all those involved know the process is complete.

**All Team Managers** to present an update of their audits and learning in their self-assessment to the QAPIB performance clinic

**All Team Managers** to address the audit findings within supervision and this must be evidenced on the child’s file on Care director

All cases judged **Inadequate** are subject to a **short audit** by the QA Manager within 6 weeks of moderation and findings fed into the monthly QAPIB report

**APPENDIX 1**

**MONTHLY CASE FILE AUDITS – PROCESS FOR AUDITORS AND QA TEAM**

Appendix 2

QA Manager/Service Manager includes the update of the Cases of Concern in the audit report for QAPIB. This will include the result of the 6-week Short Audits that have been completed.

QAPIB identifies any actions to support Strategic and Service Improvement plan.

QA Manager to review/re-audit the case at 6 weeks, using the Short Audit Form to ensure that the process continues to be improved and the recommendations/actions from inadequate audits have been fully implemented.

Reports are available to show the improvement to Service Managers/ QA Manager

Audit reports available on Care Director for SM/IRO/CP Chair/TM/ATM/S. Case holding/Team Manager includes information about learning from audits in Team Performance Report to Monthly Performance Clinic.

**PROCESS FOR CASES OF CONCERN**

**Judgement Inadequate – Case of Concern**

1. Service Managers will be informed by email as well as on Care Director, when there is an inadequate audit judgement
2. Service Manager to ensure that within 24 hrs, there is a plan in place to take forward the actions and to ensure the child is safe. This should be recorded as a management decision on Care Director.
3. QA Audits to interrogate the dashboard for Case of Concern audits and will close off the process when complete.

Appendix 3

Following the outcome of the QA panel where actions and recommendations are reviewed for clarity and improvement, the audit tool is uploaded to the child’s case file.

The SW and their ATM/TM can access the audit tool on CD and will ensure all actions and recommendations are completed by the agreed timescales on the audit tool.

On case notes/oversight in CD using the subject heading **Completion of audit actions/recommendations** they will set out the actions that require improvement stating the date completed and include evidence and brief comments about what has been done to improve practice or achieve the improvement.

QA Manager will review/sample the completion of audit recommendations/actions by accessing the case notes and comparing to the audit tool and looking for evidence on the child’s case file of the reported improvements. If they are incomplete, the relevant service manager will be informed to ensure completion. This monitoring will take place 6 times a year

**Process for Updating Actions/Recommendations from Audits**

**Actions and recommendations – Inadequate Audits**

1. All Service managers are asked as part of their monitoring of practice to ensure actions and recommendations for practice improvement from audits are implemented.

2. The section at the end of the audit stipulates the recommended actions for practice improvement (by whom and timescale for completion) including actions that the social worker has agreed to complete, having been involved in the Audit and reflecting on their practice. If there are actions for others as part of the QA panel process, other teams are informed by email

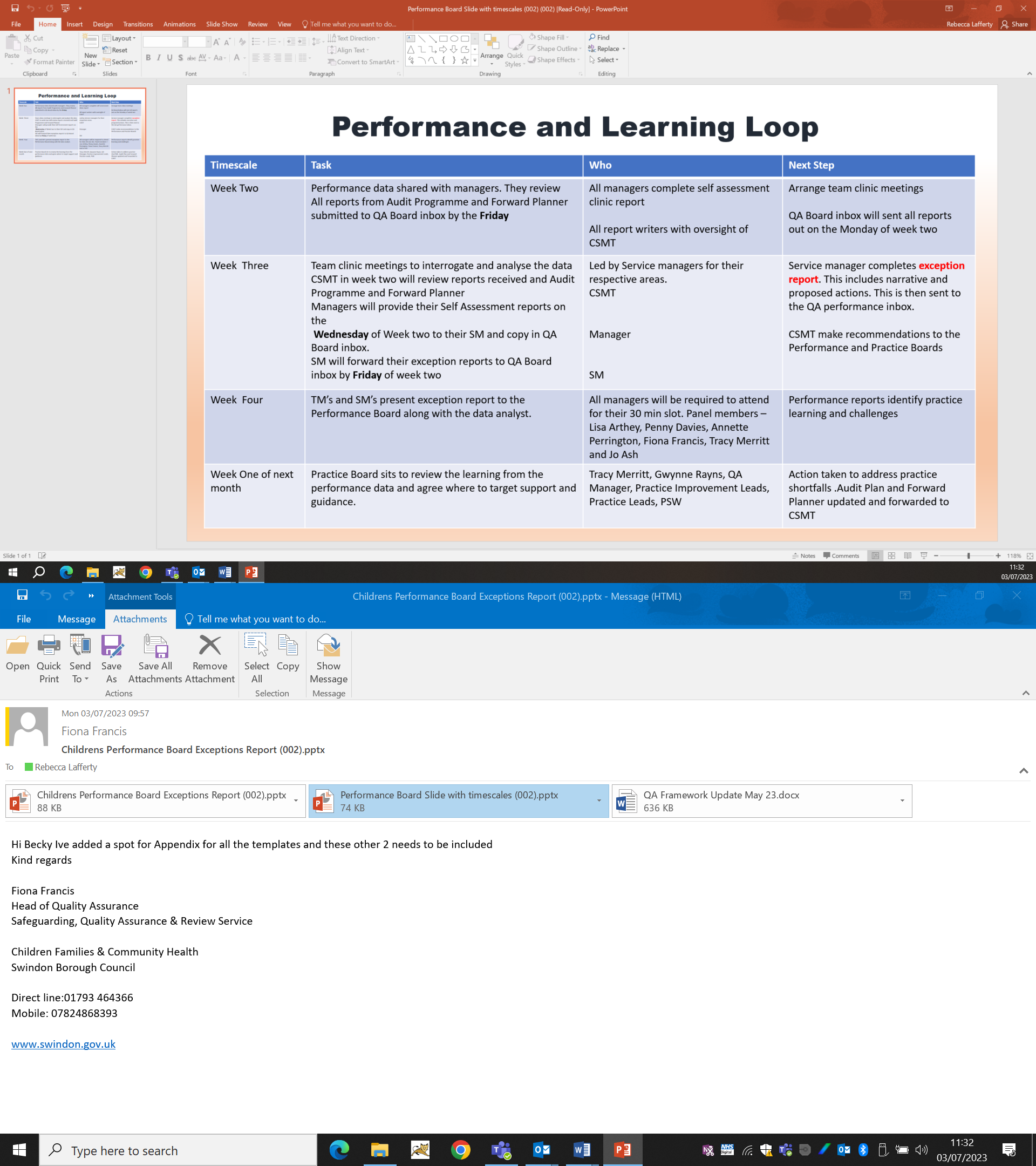
3. The auditor and/or moderator will write actions for improvement that emerge from their findings and relate to inadequate or requires improvement practice to bring the practice up to standard and to be good.

Appendix 4

Appendix 5

**Performance and Learning Loop** - **The routine of the monthly cycle for quality assurance and timescales**



Appendix 6 Audit Grades/Judgements



Appendix 7 Early Help Audit Tool



Appendix 8 YJS Audit Tool

