

# Quality Assurance Overview Quarter 1

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This report seeks to provide Members with an overview of what quality assurance activity takes place across Children and Young People Services, Adult Services and Youth Justice Early Intervention Service. This paper sets out the different strands of work that are carried out which is overseen and coordinated by the Quality Practice Strategic Group.

## What is quality assurance?

Quality assurance provides confidence to the department and other stakeholders that its processes and services are being well managed. It validates the consistent use of procedures and standards, and ensures that staff have the correct knowledge, skills and attitudes to fulfil their roles and responsibilities in a competent manner. The way in which the directorate will undertake this is through its Quality Practice and Learning Framework (Appendix 1). This framework will set out how Neath Port Talbot will learn from all activity completed to ensure that children, adults, families and carers are being supported in the right way at the right time, and understand what difference has been made. This framework sets out the approach and how learning is embedded and evidenced in practice.

**This Quality Practice and Learning Framework (QPLF):** provides a level of confidence about service delivery and the positive impact on children, adults, families and carers in Neath Port Talbot.

**Measuring impact is key** – What difference are Neath Port Talbot and its partners making? It is this reason that outcomes for individuals is at the heart of the Framework.

The Quality Assurance Framework includes capturing data to ensure standards are met and procedures are followed. However, these measures alone do not assure positive impact and there is a need to ask, “So what?”

### Priorities

The outcomes of children, young people, adults, families and carers are understood

Children young people, adults, families and carers are at the centre of delivery of the Quality Assurance Framework (QAF)

Embedding quality assurance is evidenced by doing with, not to or for children, young people, adults, families, carers and staff

We understand, challenge and improve the impact of our work

Our guiding principles for embedding the Quality Practice and Learning Framework are that:

1. Children, young people, adults, families and carers are at the heart of what we do. The focus of quality assurance must be on impact and outcomes for the child, young person or adult in their journey through our social work and safeguarding systems.
2. The approach to Quality Assurance will be underpinned by Restorative Practice, and a desire to examine and capture best practice. This means that quality assurance activity is done

“with” staff, rather than “to” or “for”, in ways that build relationships and are characterised by respecting each other’s perspectives, high expectations, high support and high challenge, to enable use to learn, improve and change.

3. Throughout the quality assurance processes the views of children, young people, adults, families and carers are integral to improving our services, we will where reasonable and practicable to do so, gain the voice of those who have received our services.
4. Our multi-agency and collaborative working with our partners, whether statutory or 3<sup>rd</sup> sector will be enriched and where practicable we will include them within our quality assurance processes

### Quality Practice Strategic Group

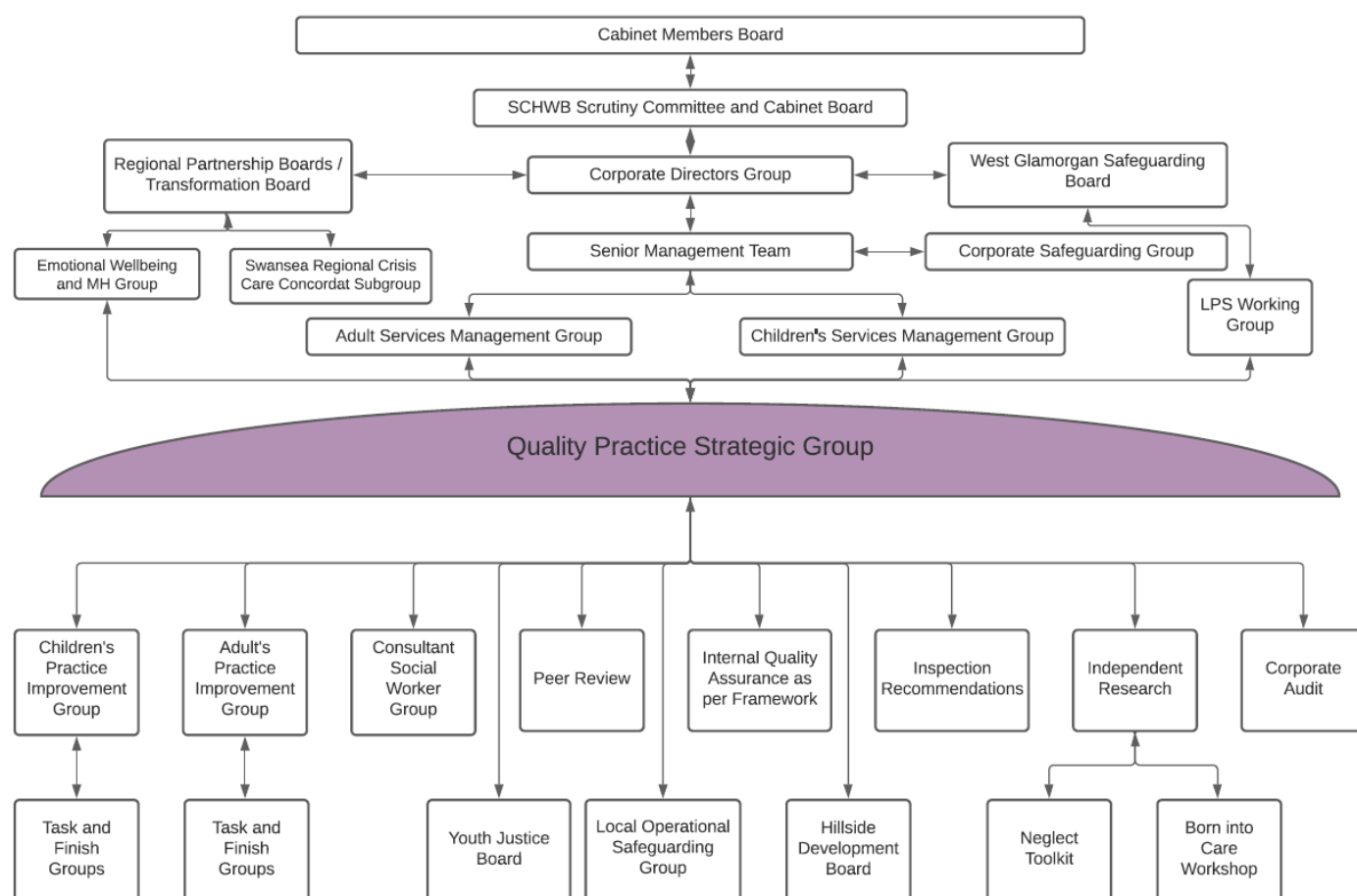
The Quality Practice Strategic Group oversees the implementation of the framework and meets on a fortnightly basis. The group is made up of Principal Officer from across the directorate who are responsible for the respective service areas. The group’s aim is to seek assurances and to act as a critical and independent friend to the service by monitoring and tracking progress, ensuring we are delivering against services plans and future visions. The benefits of this is that work streams and groups across the directorate are connected and will help to alleviate the load across the service by ensuring there is no duplication of work or unnecessary activity undertaken. It also provide assurances to the Senior Management Team and Members that the Principal Officer group across the directorate through the Quality Practice Strategic Group has a line of sight on all areas of practice. A governance structure (*figure 1, page 3*) has been devised which demonstrates the position of the strategic group within the directorate and wider council.

The group has developed a programme of quality assurance activity for 2022 taking into account the different work streams currently being undertaken across the directorate. This includes audits, mapping exercises, workshops, performance clinics and learning reviews. Further areas of work that the group will be taking forward are:

- Research Studies – Consideration and coordination of requests
- Quality Conversations – case studies and good news stories to share positive outcomes and good practice across the directorate
- Good Practice Standards – Developing a set of service standards for areas of practice that new and experienced practitioners can refer to and will inform quality assurance audits
- Monitor action and business plans for groups/meetings across the directorate

The audit programme continues to adapt and be flexible to change when the demands on teams within Social Services are high. The Quality Practice Framework continues to make progress in other areas of the framework such as highlighted within this report. The group will continue to monitor the audit programme to ensure that practitioners across the directorate have capacity to participate in any activities with plans being made for groups of auditors to come together in person in 2022 to re-establish this way of working as practitioners benefit from collectively analysing cases and identifying themes, patterns and trends.

Figure 1 – Governance Structure



The rest of this paper details some of the different types of activity that is overseen by the Quality Practice Strategic Group.

## Children's Rights Approach Action Plan

The group is responsible for overseeing the Children's Rights Approach Action Plan that was developed following a series of training sessions for a cohort of staff to become Children's Rights Champions. During these sessions staff from across a diverse section of the service learned about children's rights and a "Children's Rights Approach", with champions providing ideas of how they plan to take this approach in their work. The plan focussed on the five principles of a Children's Rights Approach:

1. Embedding the United Nations Convention on the Rights of a Child (UNCRC) – Putting Children's Rights at the core of planning and service delivery
2. Equality and non-discrimination – Ensuring every child has an equal opportunity to be the best they can be
3. Empowering Children – Giving children the knowledge and confidence to use their rights and hold organisations to account
4. Participation – Listen to children and take their views seriously
5. Accountability – Duty bearers should be held to account for how well they support children to access their rights

This action plan is reviewed on a six monthly basis with the champions with the Quality Practice Strategic Group having oversight of progress, this then feeds into the Children's Services Management Group.

### Liberty Protection Safeguards (LPS)

The strategic group continues to have oversight of the work being undertaken around Liberty Protection Safeguards (LPS), which provides protection for people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment and lack the mental capacity to consent to their arrangements. Due to the changes in legislation, this has required the department to review all cases that are affected, the Quality Practice Strategic Group has oversight of this work through the Principal Officer for Safeguarding.

### Learning Review

Learning reviews are undertaken on cases where it has been identified that practice could have been different and there is learning to be shared to aid practitioners on similar cases. The aim of the learning review is to try to understand the practice on the case against the background of their physical and psychological work environment. If what people did made sense to them at the time (even if it led to a negative outcome), then this may well make sense to others like them as well. If it does, and if we leave in place the conditions that make it so, then we will very likely repeat this. The point of this review is not to assign blame or responsibility, but to learn: to learn to improve. It should, in that sense, not even be seen as a review, but as a learning opportunity. The chronology of the case is mapped on to a timeline with an event held with all practitioners, managers and principal officers who had input in the case within Social Services to talk through the timeline. The outcome of the learning from these events enables the service to identify areas where it may have been possible to use a different approach and to understand the external influences and pressures that ultimately affected the case. The learning points will be communicated to all those in attendance at the event and with senior officers within the service prior to enabling key messages and actions for change to be effected at the earliest opportunity.

### Research Projects

There are several research projects underway within the service that the group has oversight of such as:

- **Born into Care** – The Nuffield Family Justice Observatory (Nuffield FJO) undertook a research study on children that were removed at birth from their parents. Neath Port Talbot were part of the original study and following its publication the Nuffield FJO developed *Born into Care: Developing best practice principles when the state intervenes at birth*, the findings of which were shared with the region through a webinar. There are three stages the findings address:
  1. Pre-birth Practice (Conception to labour)
  2. Practice within maternity settings and first court hearing (birth and care proceedings)
  3. Support for parents when they leave hospital and return home (post-discharge support and family team)

A multi-agency working group has been set up to work collaboratively in addressing the recommendations of the report and to implement new practice principles in the region.

- **Neglect Toolkit Project** – The Local Authority and its partners are working with the University of Birmingham on developing a child neglect measurement tool for use across the partnership. The developed tool will enable all multi-agency professionals within Neath Port Talbot to use the toolkit when working with children and families at risk of or experiencing neglect. The finished toolkit will be inclusive of wider disadvantages, such as poverty, homelessness and lack of access to supportive services.

### **Next Steps?**

For the subsequent quarterly performance reports, high level reports and findings on actual audits undertaken during the quarter will be incorporated into the report alongside an update on key areas of the Quality Practice Strategic Group.

***Mel Weaver***

***Quality, Performance and Practice Manager***

# Neath Port Talbot's Children and Adult's Quality Assurance and Learning Framework

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## *Introduction*

This framework applies to all Children and Adult Services teams and services.

This framework will set out how Neath Port Talbot will learn from all activity completed to ensure that children, adults, families and carers are being supported in the right way at the right time, and understand what difference has been made. This framework sets out the approach and how learning is embedded and evidenced in practice.

**This Quality Assurance Framework (QAF):** provides a level of confidence about service delivery and the positive impact on children, adults, families and carers in Neath Port Talbot.

**Measuring impact is key** – What difference are Neath Port Talbot and its partners making? It is this reason that outcomes for individuals is at the heart of the Framework.

The Quality Assurance Framework includes capturing data to ensure standards are met and procedures are followed. However, these measures alone do not assure positive impact and there is a need to ask, "So what?"

**Priorities**

The outcomes of children, young people, adults, families and carers are understood

Children young people, adults, families and carers are at the centre of delivery of the Quality Assurance Framework (QAF)

Embedding quality assurance is evidenced by doing with, not to or for children, young people, adults, families, carers and staff

We understand, challenge and improve the impact of our work

Our guiding principles for embedding the QAF are that:

5. Children, young people, adults, families and carers are at the heart of what we do. The focus of quality assurance must be on impact and outcomes for the child, young person or adult in their journey through our social work and safeguarding systems.
6. The approach to Quality Assurance will be underpinned by Restorative Practice, and a desire to examine and capture best practice. This means that QA activity is done "with" staff, rather than "to" or "for", in ways that build relationships and are characterised by respecting each other's perspectives, high expectations, high support and high challenge, to enable use to learn, improve and change.
7. Throughout the quality assurance processes the views of children, young people, adults, families and carers are integral to improving our services, we will where reasonable and practicable to do so, gain the voice of those who have received our services.

8. Our multi-agency and collaborative working with our partners, whether statutory or 3<sup>rd</sup> sector will be enriched and where practicable we will include them within our QA processes

The framework takes into account the fundamental principles of the Social Services and Wellbeing Act (Wales) 2014 in that:

- **Voice and Control** – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve wellbeing
- **Prevention and Early Intervention** – Increasing preventative services within the community to minimise the escalation of critical need
- **Wellbeing** – Supporting people to achieve their own wellbeing and measuring the success of care and support
- **Co-production** – Encouraging individuals to become more involved in the design and delivery of services

This framework will also consider the learning from case reviews across the region and UK wide i.e. Child and Adult practice reviews, Serious Case Reviews etc, in addition to any research undertaken on a regional or national level

There are six stages in the framework, each stage being proactive, to inform action and improve outcomes for children and adults which is at the heart of our work:

Standards	-	What standards are we aiming for?
Tools	-	How are we using a range of QA tools against those standards?
Analysis	-	What do the results of using those QA tools tell us?
Review	-	How well we are doing it, and is anybody better off?
Learn	-	What do we learn from this, to feedback into practice?
Impact	-	What are the outcomes for children, adults, families and carers?



## Standards



The standards below are rooted in discussions between social care managers within the Quality Performance Strategic Group. The views of individuals and the 3<sup>rd</sup> sector have also been gained through consultation sessions or sharing the framework. They are informed by statutory guidance and legislation and take into account the wellbeing objectives as set out in Neath Port Talbot's Corporate Plan 2019-2022.

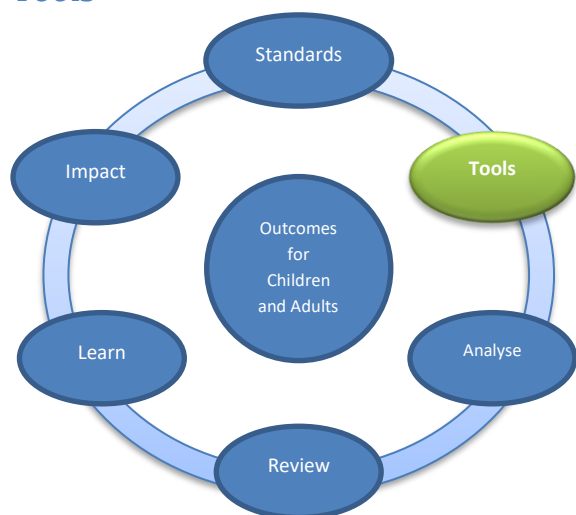
They provide a single set of standards that apply across all services and that focus on *impact and outcomes for children and adults*.

The QA Framework starting point is being clear about “what good looks like”

Standards for Practice	Customer Service Standards
<p><b>Standard 1:</b> Ensuring a professional response from the initial referral to the closure of the case;</p> <p><b>Standard 2:</b> Providing clear direction, quality decision making and setting priorities in the service;</p> <p><b>Standard 3:</b> Ensuring the service users voice is heard and fully considered when implementing individual plans;</p> <p><b>Standard 4:</b> Scrutinising to ensure good quality recording, analysis of need and report writing;</p> <p><b>Standard 5:</b> Providing good quality supervision, annual appraisals and well organised staff and team meetings;</p> <p><b>Standard 6:</b> Making sure staff work within a supportive team culture, with good communications, routine commitment to rigorous professional practice with the necessary skills, competencies and capacities;</p> <p><b>Standard 7:</b> Demonstrating effective multiagency collaboration and working.</p>	<p>We will maintain customer service standards throughout our work:</p> <ul style="list-style-type: none"> <li>• Explain why we are working with you and your family/carer and what we can and cannot do.</li> <li>• Listen to you and take into account your wishes and feelings in everything we do</li> <li>• Take care to ensure that you understand what we are saying, by using clear and straightforward language, signing, picture boards or an interpreter if necessary</li> <li>• Do everything we say and when we say we will do it</li> <li>• Be on time for meetings and appointments</li> <li>• Meet with you regularly to explain what is happening</li> <li>• Keep your personal information safe and explain how we are going to use it</li> <li>• Try to answer any questions you have or find someone who can</li> </ul>



## Tools



Managers and Heads of Service will continue to complete case audits at their discretion, with their staff, so they understand the quality and impact of our work.

1. Regular, monthly audits about the child/adult's journey through our services (taking a sample)
2. Auditing on a theme, in relation to specific subjects e.g. supervision, plans, assessments, response to domestic abuse, neglect, self-neglect, financial abuse etc.
3. Multi-agency audits where professionals from our partner agencies will audit cases against the Wales Safeguarding Procedures

### Monthly Audit Tool and Method

The audit tool incorporates social work practice standards, but focusses on evidence, outcomes and impact for the child or adult. It will check particularly the journey and experience of the child or adult through services, that any rationale for decisions made on behalf of the child or adult is evident, the help offered is planned and purposeful in collaboration with child, family or adult and that improvement to the child or adult's life has pace and avoids drift.

Through this Framework, Quality Assurance of supervision and managerial oversight will also be strengthened.

Audits will be completed each month by two **Audit Groups** (Children and Adult). Cases will be selected randomly by the Quality, Performance and Practice Manager liaising where necessary with the Performance Management Team, themed in accordance with the annual audit programme, but always about the child and adult's experiences and outcomes. Audits will involve rigorous, thematically driven scrutiny of cases, checking for particular practice, outcomes and themes.

It is vital for the Quality, Practice and Performance Manager and the Principal Officer for Safeguarding and Quality Assurance to remain impartial throughout the process, therefore areas for improvement must be driven forward by practitioners across the department. This also ensure ownership of the quality assurance process is with practitioners.

**Audit Groups** comprise of a range of senior managers, principal officers, team/deputy managers and consultant social workers made up from the range of different teams. Audits can also take place with practitioners working with partner agencies to obtain their views and analysis on specific themes and interventions. Each month auditors will audit a small number of cases per team, within a 1 week window, working as individuals or with colleagues from within their team. The completed audits will be returned to the Quality, Performance and Practice Manager along with an overall themes sheet to be collated. All teams must be represented at each audit. Auditors will only scrutinise cases that they have not had allocated to them or they have been part of any decision making process. Each audit request received will be considered by the Quality Practice Strategic Group and consideration is given to obtaining the views of relevant stakeholders such as children, young people, parents, adults, carers and partner agencies to provide a holistic view of practice across the directorate.

Each month the Quality, Performance and Practice Manager will facilitate a Moderation and Improvement session with auditors to examine quality, outliers, analysis, themes, observations and any contributions to improved impact for children and adults. Moderation will in turn support learning, discussion and actions.

The auditing process will include systematically making sure that all staff have one case audited and one practice visit observed. Managers will be measure against audit competencies and have an observed supervision.

Audits will also take place in other services such as Hillside Secure Children's Home, Community Occupational Therapy, Fostering Service and Neath Port Talbot Youth Justice and both Children and Adult Early Intervention Services. These will be completed on a bi-monthly/quarterly basis and will be fed back through to the Quality, Practice and Performance Manager.

### **Audit Themes**

There will be an audit programme in place which will detail the theme of the audit to be undertaken on a monthly or quarterly basis depending on service area. Within this programme will be generic themes to audit such as plans, assessments and reviews, however the programme will be determined by the Quality Practice Strategic Group. Any requests made for an audit will be requested through the Quality, Practice and Performance Manager via an audit request form which will be logged in the audit request log. Any new requests for audit will be agreed, declined or deferred by the Quality Practice Strategic Group and feedback to the individual making the request.

### **Triangulation**

As our service users are at the heart of what we do the Quality Assurance Framework (QAF) Audit will include the views of children, adults, families and carers about their experience of receiving services and the impact our work has on their lives. Gaining views from staff and from our multi-agency partners will also be critical to informed judgements about good practice, barriers to progress and next steps.

- Monthly audits will include the auditor directly obtaining the child, adult, family or carer views, whenever it is practicable and appropriate to do so. This will be supported by the Engagement and Participation Team where possible.
- Where appropriate monthly audits will include reflections from the child or adult's social worker/lead professional about the work and impact on the individual.
- Our partner agencies views and collaboration in some of the audits will be sought wherever appropriate to do so.
- The QA framework will use information from our compliments and complaints system, feedback from key partners (e.g. health professionals and education settings via Peer Review; HR etc.) as well as safeguarding themes drawn from reports i.e. allegations of Professional abuse, whistle-blowing etc.

## **Staff Observation**

All staff will be observed to assess the quality of their practice in working with children, adults, families and carers and/or partner agencies. They will be observed by a manager/senior manager with experience in the area of practice being observed.

**Why:** Observation of staff in their everyday work is an important element of quality assuring professional practice. Observation of practice adds to a whole picture about the way that our workforce build relationships, maintain Honest, Open and Transparent (HOT) conversations, challenges and reframes on behalf of children, adults, families and carers. This will identify professional developmental needs and grow workforce confidence, direct feedback and autonomy.

**How:** All Team Managers (or Deputy/Consultant Practitioners where agreed) will:

- observe practice of newly qualified workers;
- observe the practice of experienced workers at least once every year;
- identify any workers within the team in need of support to improve performance;
- share observations with workers in reflective supervision sessions;
- negotiate individual action plans with workers as necessary;
- share completed observations with the Quality, Performance and Practice Manager.

*Ethical guidance:* During each observations of practice, the observer will be sensitive to the potential pressures on, and the apprehension of, children, young people, adults, families, carers and staff.

The observer will consider and discuss the appropriateness of each observation and whether they should observe all or part of the activity. Any observation will be with the explicit and informed consent of the children, adult, families and carers. The relevant practitioners will be asked to gain this consent. The observer will confirm the consent with the children, adult, families and carers. The observer will explain the purpose is to assess the effectiveness of help, care and protection, not to make judgements about them. After the observation of practice, the observer will aim to have a brief discussion with the child, adult, family or carer about their experience of the services received and their impact. The observer will also constructively critique the practitioner following observation.

The Quality, Performance and Practice Manager will have a key role in the audit process, analysis of findings, observations of practice and the mentoring of staff, to support applied learning and drive up practice standards. The Quality, Performance and Practice Manager will consider the findings of staff observation at least once per year, highlighting key learning points and identifying actions for workforce development.

## **Meeting Observation**

Key decision-making meetings will be observed through a programme led by senior managers within the service, to assure their effectiveness and pace. Observations will consider key factors such as governance, terms of reference, multi-agency collaboration, and the involvement of/impact on children, adults, families and carers.

**Why:** It is important to assess meetings in relation to the quality of shared working, decision making and actions which are implemented via in key meetings. These groups and processes are the driving force of the safeguarding system in Neath Port Talbot. It can helpfully inform multi-agency practice by feeding back findings to governance boards such as the West Glamorgan Safeguarding Board and the Social Care, Health and Wellbeing Scrutiny Committee and Cabinet Board of Neath Port Talbot. In some meetings it will also provide the opportunity for senior managers to view meetings in which children, young people, adults, families and carers participate in, and the impact of these meetings on them.

**How:**

- Heads of Service will observe key meetings twice per year;
- Heads of Service will complete a record of the observation and discuss this with the meeting Chair. A shared record of learning and actions will be agreed and recorded;
- Heads of Service will send a copy of the observation record to the Quality, Performance and Practice Manager;
- Directors will observe key meetings once per year, roles as above;
- Learning will be shared with partner agencies through the West Glamorgan Safeguarding Board.

The following meetings will be observed:

- Case Conferences (Initial and Review) - Child and Adult;
- Strategy discussion/meeting – Child and Adult;
- Core Group meetings;
- Child Protection Monitoring Visit;
- Looked After Child Review;
- Early Intervention Panel;
- Panels (Permanence, Complex Needs, Resource, Contextual Risk Panel, Legal Surgery, Resource Allocation Meeting etc.)
- MAPPA – Multi Agency Public Protection Arrangements
- MARAC – Multi Agency Risk Assessment Conference
- Multi-disciplinary Team meetings
- Hospital Discharge meetings

- Best Interest Meeting
- Continual Healthcare meetings
- Review of Care and Support plan (Child and Adult)
- Initial planning meeting
- Review of Care and Support plan (Child and Adult)
- Team Around the Family (TAF) Meetings
- Team Meetings
- Community Meetings
- Hillside Handover Meetings
- Hillside Multi-disciplinary Team/Centre Briefing

**This list is not exhaustive and other meetings will also be subject to observation**

## Analysis



Each month, the **Quality Practice Strategic Group** and **relevant Practice Improvement Group** will meet to analyse challenge and improve performance data, learning from quality assurance activity and explore the data.

Children and Adult case files provide an invaluable perspective on practice. Effective audits can provide insight into the quality of recording, the quality of work, “change” for the child or adult, the quality of management oversight, support for the worker, evidence of effective multi-agency working and importantly, the views, experiences and outcomes for the child or adult.

Quarterly reports provided separately by the Conference and Review Service Team Manager (Children) and the Safeguarding and Quality Manager (Adult) will provide analysis of themes around good practice and escalations of concern, according to the distinct roles and responsibilities of these two teams. The impact of both services and the way in which Neath Port Talbot learns from/responds to their input will critically be examined.

**Completed Monthly/Bi-monthly/Quarterly Audit Tools**, corresponding themes sheets, social care worker questionnaire/conversation feedback and service user feedback will be collated and considered by the Quality, Performance and Practice Manager to inform overall findings with regards to the quality and impact of service provision to the child, adult, family and/or carer. The findings and conclusions will be discussed as part of the moderation carried out by the Audit Group, further discussed with Principal Officers and Heads of Service and will lead to learning and development and or an acknowledgement of good practice. Any training and learning needs identified will be shared with the Training Department for consideration when planning training across the directorate.

The **Quality Practice Strategic Group** meets monthly to analyse and amplify the findings from data, audit, staff feedback, escalations, children’s views, adult’s views, family views, carer views, compliments and complaints. Representation on this group from all areas across the directorate is mandatory to ensure that findings and recommendations from all areas are discussed, disseminated and actioned as appropriate. Relevant subgroups such as the Practice Improvement groups and Consultant Social Worker group will drive the wider changes through the service. Vital to this process are the views of children, young people, adults, families and carers, this will include learning from a range of consultations completed with the Engagement and Participation Team. Over time, the group will build ways to be inclusive of a wider demographic, for example including input from student social workers, partners, care staff and foster carers, as a rich source of learning and advice. This development underlines the commitment to ensure that the QA process is informed by those who are practicing – **“Doing with, not to or for”**.

A briefing for the Director of Social Services, Head of Service and Lead Member will be provided quarterly, including quantitative statistics and qualitative analysis on how practice is improving over the year and impacting upon outcomes for children and adults.

## Review



This key stage will make sure there are robust processes in place for turning the findings from audit analysis into reflection and improvement planning.

- **Aggregated findings** from monthly audits and dip sampled themed audits will be produced by the Quality, Performance and Practice Manager who will review them for headline themes and recommendations. This process will inform improvement planning to be progressed by Practice Improvement Group, Principal Officers, Team Managers, Consultant/Deputy Social Workers with oversight, support and challenge from Heads of Services
- The **Quality Practice Strategic Group**, chaired by the Principal Officer for Safeguarding and Quality Assurance, will review audit findings alongside performance data and all forms of service feedback available, to determine the learning and how this will be a) reported to the Senior Management Team, b) shared and embedded in practice or services and c) identify any training needs. Members of the Group include a range of managers from across all services. All teams must ensure that an appropriate representative with the relevant authority is present at the Quality Practice Strategic Group.
- All teams will run a structured review of quality assurance feedback and data every 6 months, through a **“Performance Clinic”** meeting with a range of senior leaders for shared learning. Teams will have received
  - Performance Indicators for their team
  - Results from audits
  - Consultation data
  - Key practice issues arising from practice reviews
  - Learning from feedback, compliments and complaints
  - Feedback from practice observation

The Team Manager will review the outcomes of the various pieces of quality assurance information above related to their team over the past six months, and in discussion with their team, agree key points to target. The Team Manager and their Principal Officer will discuss the reasons or causes for good and poor practice, negative and positive impact and next steps.

This will include:

- Identifying individuals who need additional support, direction, guidance and training



- A further learning session or two to engage the team itself in understanding and taking ownership of the practice problem and find solutions
  - Sharing exemplars of good practice within the team
  - Coaching input from Principal Officers and Consultant Social Workers
  - Identifying themes that need bringing to the attention of Senior Managers, other parts of the Council or partners to support practitioners (e.g. changes to procedures, guidance, resources, and training).
- All staff will continue to have an annual Appraisal. This takes the aims and priorities set out in the Corporate Improvement Plan and translates them into objectives and targets for individual staff members. This provides an opportunity to identify strengths and weaknesses in staff performance and provides a vehicle to address any concerns.
  - IRO's/Safeguarding Coordinators complete a "checklist" about each conference/review/meeting, about quality and impact of practice. Feedback will be given to the corresponding Team Manager for discussion in supervision, to ensure improved practice. This information is aggregated by the Conference and Review Service Team Manager/Safeguarding and Quality Manager for oversight and reported to the **Quality Practice Strategic Group** at quarterly intervals.
  - For cases that do not meet the criteria for a Child or Adult Practice Review or a Multi-Professional Practice Forum, but give rise to concern(s) i.e. a near miss etc., the manager will be expected to undertake a preliminary review of the concern/incident within seven days and submit a report outlining such to their respective Principal Officer and Principal Officer for Safeguarding and Quality Assurance. All reports will be shared with the Practice Quality Group who will consider how to elicit learning i.e. audit, full management review (such a review would follow a similar methodology to that drawn upon for a Child or Adult Practice Review) etc.
  - The legal department will provide a monthly summary of findings/recommendations/suggestions made following Care Proceedings to ensure themes may be captured and learning disseminated. The legal department will also provide regular updates from the legal world i.e. new case law etc.

## Learn



So that the framework is a reflective learning experience for practitioners, the Quality, Performance and Practice Manager will share the completed audits with team managers who will feed back the results of the audit, reflections and any actions required to practitioners.

This will be used for reflective discussion in supervision, to inform future practice and service provision. Audit outcomes will be tracked by the Quality, Performance and Practice Manager to ensure learning is happening.

Principal Officers will discuss the audit findings and reflective supervision sessions with their respective Team Manager, during the Team Manager's supervision. This will include discussing the impact of service delivery/planning for the child/adult, and agreeing what needs to happen next.

Principal Officers will take the lead in ensuring that learning from the various audit and quality assurance activity informs the workforce strategy and learning and development pathways for social care staff.

Themed findings from audit/outcomes for children, adults, families and carers will influence the Learning and Development Programme. In addition, they will be targeted to the team, area or whole service as necessary.

The Safeguarding and Quality Assurance Principal Officer will take the lead in ensuring that learning about the wider safeguarding system informs/is reflected in multiagency safeguarding training.

The Quality, Performance and Practice Manager will summarise monthly audit findings to be shared with the department through the Quality Practice Strategic Group, Children Services Management Group and Adult Services Management Group. A quarterly overview report will be shared with the Senior Management Team and relevant scrutiny committee on all audit and quality assurance activity, the purpose being to review any trends, any areas of practice that are good and those that require further development.

In addition,

- Learning from the views of individuals is integral to improving services for children, young people, adults, families and carers who have or are currently accessing and receiving information, advice and assistance from the department.

- Individual audit documentation and outcomes will be both discussed in supervision and used to demonstrate workers and managers learning and reflections, on the quality of decision making on cases.
- Registration of social care staff with Social Care Wales is contingent upon evidence of minimum learning requirements over a three year period. It requires managers to provide oversight and to sign off evidence of learning for each qualified worker for whom they are responsible.
- Principal Officers, Team Managers and Consultant Social Workers will use audit results to inform social care learning and development programmes (i.e. induction programme, workforce strategy).
- Cases celebrated as being exemplars of outstanding practice will be shared and promoted throughout the department, fed back into training and available to view on the Social Services Intranet pages.
- Learning from children, adults, families and carers through the case closure questionnaires and through any engagement and consultation sessions will be shared with the relevant Management Groups on a quarterly basis and circulated to all teams.
- The Quality, Performance and Practice Manager will provide bi-annual reports which identify trends and makes comparisons about the nature of complaints and compliments. A summary of these reports will also be shared with all Social Services staff, containing information about common themes and lessons from complaints, compliments and customer feedback.
- Learning from audits will be analysed with Training and Development, and where identified relevant training will be provided

### *How does this Quality Assurance Framework link to wider assurance of practice and service development?*

Neath Port Talbot's Social Services Department will consider information provided from audits to inform and develop relevant plans, specifically:

- Social Services Key Priorities Action Plan for Children and Adult Services
- Hillside Development Plan
- Youth Justice and Early Intervention Service Improvement Plan

- West Glamorgan Safeguarding Board Business Plan, overseen by the West Glamorgan Safeguarding Board

The welfare of children and adults is everybody's business. For this reason, the Quality Assurance and Learning Framework sits alongside the West Glamorgan Safeguarding Board.

- The West Glamorgan Quality and Performance Monitoring sub group has oversight of multi-agency performance data and undertakes multi-agency audits, to inform multi-agency action.
- The West Glamorgan Practice Review management sub group has oversight of Practice reviews and the learning that follows.
- The Safeguarding Board will, at the request of the Local Authority, run a Restorative Practice Learning Circles with 'stuck' Child Protection cases, particularly those working with children who have been subject to a CP Plan for 15 months or more, or for a second or subsequent time.
- The Local Authority will from time to time be involved in external Peer Challenge reviews. This means working with another Local Authority, or other organisation external to Neath Port Talbot, to examine a specific area of practice or theme to help understand areas of strength and further development.

## Impact



Evidencing the impact of learning from audits will be central to ensuring audit makes a difference for children, adults, families and carers.

The Quality, Performance and Practice Manager will ensure it is recorded that the case has been audited and that any actions have been shared with the Team Manager to be completed. The completed audit tool will be stored on idocs and will be part of the child/adult's record and as an integral part of the worker's supervision.

An annual survey will also be developed for social care staff, to evidence the effectiveness of the audit programme, dissemination and embedding of learning and improvement to practice across teams.

Measuring quality is something done with, and by, service users and professionals rather than an exercise done to them. Mutual accountability for practice that has an impact on good and better outcomes for children and adults will be upheld through supervision discussions, reflective learning and through existing protocols.

To make sure the Framework is truly person centred, following the journey of the individual through our services, the impact on the Framework will be judged on the following factors:

- *Is all quality assurance activity being carried out in partnership with service users, multi-agency partners and professionals, from student social workers to senior managers?*
- *Are we continually seeking to improve performance and demonstrate the impact of help for children, adults, families and carers in improving their outcomes?*
- *Are the findings from all QA activity driving service improvement and creating better outcomes for our children, adults, families, carers and our workforce?*