

CHILDREN'S SERVICES

WHAT GOOD LOOKS LIKE

A guide for practitioners working with children, young people and their families in Blackburn with Darwen.

Last updated March 2021



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GOVERNANCE & SCRUTINY

The Service Development Board is responsible for ensuring the delivery of both efficient and effective statutory services across Children's Social Care and Education, including an Adolescent Services function that incorporates the Youth Justice Service and services devoted to contextual safeguarding.

The Service Development Board is chaired by the Director of Children's Services (DCS) and benefits from external support and challenge provided by a Local Government Association Children's Services Improvement Advisor. The Board members hold accountability for the implementation of the Service Development Plan and ensuring its priorities are achieved.

The Chief Executive has also established a complementary Corporate Support & Challenge Board which is attended by Directors from across the council. This meeting offers scrutiny to the Service Development Board and seeks to ensure that the work of the department is effective, and that improved outcomes for children and young people are being delivered.

The DCS also chairs regular Practice Improvement Operational Group meetings which enable senior leaders to have a 'line of sight' on practice across the department. Our key improvement activities are instigated and tracked via these meetings. These meetings also provide a forum for the escalation of any risks, issues and other concerns.

At the centre of these governance arrangements is the principle that quality assurance and high performance are 'everyone's business' and need to be part of everyday practice for all practitioners across the department. These governance arrangements provide us with assurance that children and young people are experiencing good quality services.

In the context of Children's Services, 'quality' means that we support the right children and young people in the right way and at the right time, to make a positive difference for them and improve their daily lived experience. Quality also encompasses supporting families to make the positive changes required so that children can grow to have a happy, health life.



OUR PRIORITIES

The Service Development Plan was updated for 2020/21 to ensure that we remain focused on driving practice improvement and improving outcomes for children and young people. The Service Development Plan sets out the seven key strategic priorities for the department, which are as follows:

Early Help

Children and young people getting a good start in life; Early Help and Support services that support delivery on a locality footprint to prevent escalation to statutory services and de-escalation as need reduces.

Delivery

Strengthened operating structure delivering quality and consistency of practice.

Commissioning

Providing the best possible placements where children and young people can thrive.

Workforce

Creating the right conditions for the workforce to excel and deliver standards of practice.

Ambitious Corporate Parents

Achieving and Aspiring - innovative approaches for 'children in our care'.

Assurance

Practice-driving systems that enable foresight, self-awareness, improvement and reduced demand.

Resilient & Engaged

Contextual Safeguarding and Adolescent Services; preparing young people and communities for the future to help themselves and each other succeed.



PRACTICE & APPROACH

The approaches we take when working with our children, young people and families are informed by recognised good practice at both the national and local level. Our senior leaders and staff have adopted both innovative and proven models of practice and embedded these into our approach.

Systemic practice

We use a systemic practice model, which informs how we work with children and their families to achieve positive outcomes. Systemic social work practice builds on already well-established social work theories and ideas from communication and systems theories with a focus on patterns of communication within family relationships.

The systemic approach generates and opens multiple views, hypotheses, options and pathways in working with families and children. It encourages practitioners to work on the basis that problems are embedded in relationships and not just assigned to an individual child or parent. Systemic practice holds that the relationship between social worker and child and family is key.

Intervening to create lasting change

In our work with families we aim to co-create sustained change that is referred to as Second Order change, or change that is located in beliefs rather than in behaviour. As a service, we have moved from a position of trying to direct change to a collaborative position that explores similarities and differences between the perspectives of both the practitioner and different family members. Our position is one of neutrality and curiosity towards the different perspectives that we observe in our interactions with the family.

Risk Model

The Blackburn with Darwen risk model is complemented and supported by social work systemic practice. It is understood that working with children and families needs to be underpinned by strength relationship-based practice. In order to drive forward systemic social work practice, training opportunities have been made available with the Principal Social Worker (PSW) leading on embedding systemic practice across the department.

For further information, you can download a copy of the [Risk Management Toolkit](#) from the Children's Services SharePoint directory or study the risk model flowchart overleaf.



Figure 1: Risk Management Model, taken from the Children's Services Risk Management Toolkit

The role of questions

Questions are used as a tool to generate change and new thinking, to explore a family's relationship with help, to uncover examples of mastery and success, to draw comparisons and connections, promote capacity to appreciate the viewpoints of others and to identify organising principles of family life and their fit with current contexts.

Understanding our own and others social GRACES

Social GRACES is a mnemonic that refers to the aspects of our social world that are linked to our experience of privilege, power and oppression. When we work with families, there is a context behind us, and each of them, which creates meaning. Our meaning and theirs may be different because of lived experience, power and social GRACES.



Self-reflexivity ensures that we maintain an awareness of how both our own beliefs and ideas about families and the wider social context might impact upon our view of a family's situation and ways of behaving.

Why systemic practice is helpful in public services

Through engaging in a self-reflexive style of working, systemic practice promotes the development of a robust and flexible workforce that prioritises a culture of contribution and creativity.

Through understanding how patterns of communication are developed, systemic practice provides road maps for managing disputes, 'stuckness' and uncertainty, as well as a focus on rigour and transparency in decision making processes, planning and delivery.



STATUTORY TIMESCALES

| | |
|--|---|
| Child Protection Visit Age 0-5 years | Every 3 weeks |
| Child Protection Visit Age over 5 years | Every 3 weeks |
| Looked After Child Visit New placement | Within 7 days |
| Looked After Child Visit Placement with parents | Weekly until first review, as per LAC thereafter |
| Looked After Child Visit Regulation 24 | Weekly until first review, as per LAC thereafter |
| Looked After Child Visit Care Orders or S20 | Every 4 weeks |
| Looked After Child Visit Permanent Matched | Every 3 months |
| Private Fostering Visits | As per LAC |
| Child with other person 'responsible for accommodation' Visits e.g. YOI | As per LAC |
| Child Protection Conference | ICPC within 15 days of Strategy Discussion. Reviewed after 3 months and then 6 months thereafter |
| Child Protection Plan (at Core Group) | Within 10 days of ICPC, 4 weekly thereafter |
| LAC Review Meetings | Within 20 days of becoming LAC, reviewed after 3 months then 6 months thereafter |
| LAC Care Plan | Within 10 days of becoming LAC, reviewed after 3 months then 6 months thereafter |
| PEP | Within 10 days of becoming LAC, reviewed every school term (3 times yearly) |
| Child Permanence Report (for Adoption) | Not more than 6 weeks prior to Agency Decision Maker (ADM) consultation meeting, updated 6 monthly thereafter |
| Child in Need Visit | Every 6 weeks |

Note: A statutory visit to a Looked After Child can only be undertaken every 3 months following a year in placement if it has been confirmed that it is the placement that the child will remain in until adulthood. Otherwise, it remains a 6 weekly visit.

The statutory timescales are available via the [Children's Service Procedures Manual](#).

CASE FILE RECORDING BEST PRACTICE GUIDE

A good case file record will show children's wishes and feelings as well as understanding of what is happening in their life. Wishes and feelings need to be captured through the child's experiences of what good times look like as well as how both their relationships and any tensions look and feel like.

Really high quality recording lets the quality of the relationship between the social worker and child, and the social worker's aspirations for that child shine through.

BEST PRACTICE GUIDE FOR RECORDING ON A CHILD'S OR YOUNG PERSON'S CASE FILE

Importance of recording

Recording is an integral and important part of social work practice. The record should clearly and succinctly explain what has happened to and for the child, both to inform the support provided to the child today, and, when they become adults, help them understand what decisions were made during their childhood and why. Understanding how important this must be to any care-experienced person looking at their childhood records in later adulthood is at the heart of our work.

A well-crafted child's record should be able to show what is happening for a child at any given time. This means that a manager, Independent Reviewing Officer, new social worker or out of hours team can pick it up and immediately understand what a child needs.

What does good look like?

Practitioners need to think about the purpose of each piece of recording.

A good record will show children's wishes and feelings and their understanding of what is happening in their life. Wishes and feelings need to be captured through the child's experiences of what good times look and feel like and how relationships and tensions look and feel like.

Really high quality recording lets the quality of the relationship between the social worker and child, and the social worker's aspirations for that child, shine through.

Important factors include:

- » Who is it about?
- » What is it about?
- » When is it about?

What needs to improve?

National pitfalls include records that:

- » Are not up to date, have gaps or lack analysis
- » Only focus on negatives things that happen to children, rather than their lives as a whole
- » Wishes and feeling and what children are experiencing are not at the forefront of planning
- » Are not bespoke to each child or include too much professional jargon
- » Show a lack of care and attention, or are just poorly written
- » Lack parents' views or the level of their engagement
- » Do not show clear decision making
- » Are not age appropriate
- » Mix up recording about brothers and sisters
- » Show little purpose for visits to children and families and don't influence the plan or next steps
- » Fail to capture disabled children's views
- » Copy and paste from email exchanges rather than tailoring the record

BEST PRACTICE GUIDE FOR RECORDING ON A CHILD'S OR YOUNG PERSON'S CASE FILE

What we will do

We will...

Ensure all case files have an up-to-date:

- » Chronology
- » Concise Case Summary
- » Assessment
- » Visit to Child/Direct Work
- » Plan
- » Supervision
- » Management Decision Making
- » Detailed factual report, opinions clearly expressed where appropriate
- » Case Notes

This will...

- » Evidence work done
- » Evaluate quality of work
- » Decision-making/management oversight
- » Make impact and improve outcomes

Quality Assurance: Best Practice Standards

- » Your record is an important document which represents, yourself, your profession, your families and the organisation.
- » Accountability
- » Representing highest professional standards.
- » Team Managers will be responsible for inspiring high standards of case recording during supervision.
- » IROs and case file auditors will also be responsible for monitoring progress and proactively driving forward high standards of practice.

For further information about the practice standards, please refer to pages 3 and 4.

What we will see

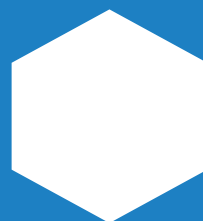
How existing recording and practice will improve if the practice standards are followed:

- » Highest professional practice standards
- » Fulfill legal requirements and part of staff's duty of care to a high standard
- » High quality recording lets the quality of the relationship between the practitioner and the child shine through
- » Accurately state what you believe is happening
- » Set out the aspirations for the child
- » Supports good care and help
- » Helps to really understand the child's experience (historical and here and now)
- » Drawing the child's experience helps practitioners and managers track children's progress
- » Understand how and why decisions have been made and providing effective help
- » Reflective Supervision – hypothesising and clear management oversight
- » Communication with other agencies
- » Tool to help identify themes and challenges in a child or young person's life/non-verbal communication, recording observations is really important
- » Key to accountability
- » Strong IRO footprint drive forward good practice
- » Senior Management oversight and decision making

For additional guidance, you can download a copy of the [Best Practice Guide for Recording on a Child's or Young Person's Case File](#) from the Children's Services SharePoint directory.

SECTION ONE

PRACTICE STANDARDS



1 Referrals

- | | |
|-----|--|
| 1.1 | There is evidence of exploration and analysis of the presenting information through social work conversations at the point of contact/referral into the Children's Advice & Duty Service (CADS). |
| 1.2 | Consent is clear, where applicable. |
| 1.3 | Where a CAF has been completed, this has been used as part of the decision-making. |
| 1.4 | Information obtained and agency checks undertaken within CADS are proportionate to the presenting circumstances. |
| 1.5 | The presenting information has been thoroughly considered in the context of historical records. |
| 1.6 | A hypothesis has been offered around the likely impact of the child's exposure to the identified unmet needs and/or risks, which has informed a judgment and provides a clear rationale for the requirement of Social Care intervention. |
| 1.7 | Specific safeguarding concerns have been explicitly identified. |
| 1.8 | The referrer has been contacted and advised on the outcome of the referral. |
| 1.9 | Decision-making has been undertaken in a timely manner (within 24 hours) and any delay is appropriately acknowledged and rationale provided. |

2 Assessment

- | | |
|-----|---|
| 2.1 | An assessment plan should be recorded on each child's file on Protocol. |
| 2.2 | Reasons for the assessment are clear, but the scope of the assessment should extend beyond the presenting issues and should include consideration of historical information, wider family support and environmental issues. A genogram will assist in understanding family structures, membership and processes, as well as family themes and major family events, such as births, deaths and separations. |
| 2.3 | Child and Family assessments are the overarching assessment of need and risk and should include supporting assessment tools, such as Child Sexual Exploitation and Child Criminal Exploitation risk assessments, where appropriate. |

2 Assessment

- 2.4** All assessments where there is an element of neglect must include the use of the Graded Care Profile 2, even if this is not the main reason for the referral. This needs to be reviewed and updated regularly throughout CSC interventions with a family. The type of neglect that the child or young person is experiencing should be specified e.g. medical neglect, nutritional neglect or physical neglect. [See the BwD Neglect Strategy and BwD Neglect Toolkit for further information.](#)
-
- 2.5** Timescales are appropriate and checkpoints have been met. For assessments that are to take longer than 15 days to complete, the 10 day checkpoint must be completed, which outlines the working hypothesis. A Child in Need Plan should be triggered at this point to ensure that a multi-agency plan is in place to support the family and regularly reviewed.
-
- 2.6** Information gathering is clear:
- **Clinical methods:** relevant people have been spoken to, such as friends, family and professionals, making it clear who has been spoken to and what has been shared. Observations are used to inform the assessment and are clearly recorded.
 - **Actuarial methods:** records of past involvement have been scrutinised and taken into account, quality and relevance of the chronology is important to inform the assessment and identify patterns of behaviours, relationships and interactions. The chronology should be succinct, analytical and only include the significant events in a child's life.
-
- 2.7** Risk and need assessments are completed with explicit statements of underlying risk factors and high risk indicators, including risk of exploitation. When a C&F assessment is first undertaken, a new Exploitation assessment also needs to be triggered.
-
- 2.8** Consideration and impact of age, disability, ethnicity, faith or belief, gender, gender, identity, spirituality, language, race and sexual orientation is evident (issues of difference), issues of social inclusion/exclusion. Feelings of belonging and acceptance by family, peers and wider society (including other cultural groups) and family narratives/relationships are considered.
-
- 2.9** There should be focus on the patterns of connections and communications in families and how this influences the family script and functioning in the wider context.
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- 2.10** The child or young person has been seen alone, and appropriate tools have been used to gain the child's views and wishes. This gives the child the opportunity to participate in their assessment and enables the social worker to articulate the child's lived experience.
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2 Assessment

2.12 The analysis and conclusion gives a holistic sense of the child's lived experience and the impact on the child of the family situation and functioning.

The analysis should be recorded using the following headings:

- Brief History of Involvement with Children's Services
- Current Situation
- Risk Analysis
Including family strengths and parental capacity to change
- Impact on the Child
- Wishes and Feelings
- Hypothesis/Conclusion
- Plan/Recommendations

2.13 There is evidence of appropriate professional curiosity with regard to issues of possible disguised compliance, barriers to effective partnership working with families, barriers to capacity of parents to change, the hidden nature of safeguarding issues such as FGM, CSE, CCE and Prevent.

2.14 There is evidence that a Family Group Conference has been considered.

2.15 In cases where there is a risk of sexual harm, a Risk of Sexual Harm Assessment and/or a Capacity to Protect Assessment should be completed where appropriate, with clear recording of the rationale if there is a decision for this not to be undertaken.

3 Analysis

3.1 There is rigorous interrogation of assessment information.

3.2 There are explicit statements of the child's unmet needs.

3.3 There are explicit statements of parenting deficits.

3.4 There are explicit statements identifying strengths and resilience within the family and environment.

3.5 There is identification of relevant environmental issues.

3.6 There is evidence of a hypothesis that reflects upon high and underlying risk factors, resilience factors and capacity to change. In child protection cases the source of likely, future significant harm is explicit. In the case of sibling groups, there is analysis of each individual child's needs and conflicting needs being identified.

3.7 There is the same level of rigour and explicit statements in regard to contextual safeguarding.

4 Outcome

| | |
|------|---|
| 4.1 | The views of the child/young person and their family are clearly reflected in the record and they have been given the opportunity to participate in the development of intervention strategies. |
| 4.2 | A plan exists and is relevant, current and purposeful, being outcome focused and containing explicit desired outcomes with timescales for actions (SMART). The plan clearly evidences expectations to demonstrate how we will know that the outcomes have been achieved, which has been shared with the child and family. |
| 4.3 | If the young person is open to any team within Adolescent Services, the plan will clearly demonstrate input from other partners where appropriate, relative to their unmet need. |
| 4.4 | Consider all different types of plans that may (or should) exist including: care plan, placement plan, behaviour plan, pathway plan, education plan, health plan. |
| 4.5 | Plans for permanency are clear, needs-led and achieved without delay. Permanency needs to be considered at the early stages of involvement and throughout CSC intervention i.e. 'start with the end in mind'. |
| 4.6 | Quality of management oversight is evident (including through regular supervision that is compliant with policy). |
| 4.7 | Every issue identified in the assessment/analysis is reflected in the plan, or where this is not the case there is a satisfactory explanation provided. |
| 4.8 | Issues of difference identified have been addressed. |
| 4.9 | Looked after children are prepared and matched to local, stable placements that consistently meet their needs and take into account their wishes and feelings. Long term matching is achieved where possible, or evidence provided of why this was not achievable. |
| 4.10 | Looked after children and care leavers are supported to achieve their full potential, including education, physical health, emotional wellbeing and have developed networks within their community that are safe. |
| 4.11 | Looked after children and young people (care leavers) are prepared for independence and are living in high quality, safe, permanent and affordable accommodation that meets their needs. |
| 4.12 | For Children with Disabilities aged 17+ a referral has been made to Adult Social Care. |
| 4.13 | For children in adoptive and long term fostering placements high quality Life Story Work has been completed. |

5 Monitoring and Management Oversight

| | |
|-------------|---|
| 5.1 | There is a succinct and up to date case summary on each child's record that is updated every 3 months. |
| 5.2 | The voice of the child or young person has been recorded, and has informed and influenced the service they have received. |
| 5.3 | The child is seen regularly, spoken to and seen alone as appropriate - dependent on their age and/or disability - with evidence of effective direct work. |
| 5.4 | Home conditions are clear, including bedroom seen (only appropriate in CIN cases where the home environment/sleeping arrangements are a concern). |
| 5.5 | Statutory compliance is evident, for example health assessments and medicals for looked after children, Personal Education Plans (PEPs), statutory visits, missing from home interviews. Note: for children in adoptive placements statutory visits should be within 1 week of the placement, then weekly until initial review, followed by minimum of 6 weekly in the first year moving to 3 monthly thereafter. |
| 5.6 | There is evidence of challenge by the supervising officer to the working hypothesis. |
| 5.7 | Assessments and plans are signed off and approved appropriately. |
| 5.8 | Progress against timescales is monitored and plans show progress in making demonstrable improvements in the daily lived experience of the child/young person. |
| 5.9 | Core Group Meetings and CIN Reviews clearly evidence that all issues identified in the plan have been discussed within the meeting and progress against the plan is recorded. |
| 5.10 | Decision making process in relation to case management is clear (e.g. closure/escalation/de-escalation) at all points of the child's journey from first referral and into other services. |
| 5.11 | CP and LAC Reviews are effective and regular, demonstrating robust scrutiny and challenge of plans and participation of the child or young person. There should be evidence of the Independent Reviewing Officer's oversight of the case outside of the statutory reviews. |
| 5.12 | Decision-making and management oversight is clearly evidenced for cases open to teams within Adolescent Services, including SEEDS and Engage. |
| 5.13 | Supervision records demonstrate: <ul style="list-style-type: none"> • Regular supervision in line with policy. • Case development has been influenced by management oversight and driving cases/plans forward. • Records of supervision are recorded on the agreed template. |
| 5.14 | Participation – all children and young people are given the opportunity to actively participate in their meetings and reviews. Their views and wishes should be explicit in all assessments and plans with interventions agreed in accordance with their assessed needs. |

PARTICIPATION AND OUR PROMISES TO CHILDREN

What is our promise?

- ✓ Our commitment is to ensure that you will know and trust your social worker.
- ✓ You will be listened to and know what to expect.
- ✓ You will be able to tell us what is working well and what we could do better.

What do Blackburn with Darwen's children and young people want from their social worker?

- ✓ Children and young people want to be included when important decisions are being made about their lives.
- ✓ To be told when there will be a change of social worker and help us to work through changes.
- ✓ To work closely with other adults in our life.
- ✓ To speak in plain English.

How we will work with you

- ✓ You will be treated as an individual not a case number.
- ✓ You will be listened to and it is important that you are able to contribute to the support you need.
- ✓ You will have enough time with your social worker so that you can get to know each other.

How we will do it

- ✓ When we first meet you will be made to feel comfortable so that you can talk with your social worker.
- ✓ We will listen to what you like and what you want as well as your worries and concerns.
- ✓ We will listen to what you enjoy doing at home, your hobbies and at school.
- ✓ We will decide together what help is needed for you and your family. Sometimes that help can come from family, aunts and uncles, and family friends. A family group conference can be organised to talk about what help is needed and who can do what and when they can do it.
- ✓ We will make sure that you have the right help at the right time from others such as housing, health and teachers and you will be able to tell us what is working well and what we need to do differently.

What children and young people have to say

- 💬 We should all be able to take part in decisions that affect our lives.
- 💬 Feel safe with my carers and would talk to them about any worries.
- 💬 I know what my plan is and I am happy to stay with my carers but will miss my social worker.
- 💬 I want a social worker who will stay around. All have been good despite there being many.
- 💬 I want a social worker who will listen and does not go on and on and on.
- 💬 It's important to have fun.
- 💬 I get good support and I am given good information.
- 💬 It tops being listened to - understanding caring and friendly.
- 💬 It's good that someone has asked what I think.

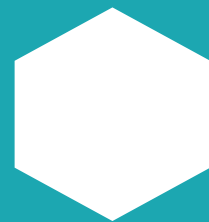
SECTION TWO

OFSTED

GRADINGS

Please note:

The experiences and progress of children who need help and protection is likely to be judged **outstanding** if the response to children and families is consistently good or better and results in sustained improvement to the lives of children, young people and their families.



| | Grading | Compliance | Practice Standard | Systemic Practice |
|-------------------------------|-----------------------------------|---|---|---|
| CONTACT & REFERRAL | Good ★★★ | <ul style="list-style-type: none"> Response made within 24 hours with appropriate decision-making. | <ul style="list-style-type: none"> Contains all relevant information, is concise with clarity on reason for referral. | <ul style="list-style-type: none"> Evidence of manager's risk analysis, consideration of historical information, actions required with rationale for decision-making. Strengths and behaviours identified. |
| | Requires Improvement ★★ | <ul style="list-style-type: none"> Response made within 24 hours with appropriate decision-making. | <ul style="list-style-type: none"> Does not contain all relevant information. Information provided is concise with clarity on reason for referral. | <ul style="list-style-type: none"> Some evidence of manager's risk analysis, with some consideration of historical information but lacks depth Actions required identified with rationale for decision-making. No evidence of strengths and behaviours identified. |
| | Inadequate ★ | <ul style="list-style-type: none"> Consent is missing when it would have been reasonable to be obtained. No rationale recorded for not gaining consent. Decision not made within 48 hours. | <ul style="list-style-type: none"> No evidence to indicate consideration of previous contacts or history. Gaps in vital information to support decision-making. | <ul style="list-style-type: none"> Strengths not recorded and risk analysis not completed. No evidence to support decision making. |

| | Grading | Compliance | Practice Standard | Systemic Practice |
|-----------|-----------------------------------|--|---|--|
| RECORDING | Good ★★★ | <ul style="list-style-type: none"> Chronology is up to date and includes significant events. Case summaries are up to date. Eco map completed. Case recordings are up to date and reflect the lived experience of the child. | <ul style="list-style-type: none"> Recording is contemporaneous, concise, analytical and jargon free. | <ul style="list-style-type: none"> Strength based, clear links to plans and evidences the journey and lived experiences of the child. |
| | Requires Improvement ★★ | <ul style="list-style-type: none"> Chronology is up to date and includes significant events. Case summaries require updating. Eco map not completed. Case recordings are up to date and reflect the lived experience of the child. | <ul style="list-style-type: none"> Recording is contemporaneous, concise and analytical but the language is not consistently jargon free. | <ul style="list-style-type: none"> Strengths not clearly stated, clear links to plans but evidence of the journey and lived experiences of the child is lacking. |
| | Inadequate ★ | <ul style="list-style-type: none"> Chronologies not up to date. Case summaries are not up to date. Genograms not completed. Case records are not up to date. | <ul style="list-style-type: none"> Case records are too detailed, unfocused and incomplete. Direct work not evidenced and journey of the child unclear. | <ul style="list-style-type: none"> Case records use complicated language. Views and wishes of the child is unclear as is the child's lived experiences. Unclear of achievements and progress of the plan. |

| | Grading | Compliance | Practice Standard | Systemic Practice |
|-------------------|--|--|--|--|
| ASSESSMENT | <p>Good</p> <p>★★★</p> | <ul style="list-style-type: none"> Assessments completed in timescale. Assessments include findings from other assessments as appropriate. Child seen alone to gain views and wishes. Includes the views of other professionals. | <ul style="list-style-type: none"> Assessment is of good quality, analytical and includes strengths as well as risks and unmet needs to inform planning. Evidence of appreciative enquiry and relationship based practice. | <ul style="list-style-type: none"> Written in plain, jargon free language. Clearly outlines what is working well, what we are worried about and what needs to change. Includes the lived experiences of and demonstrates a sense of the child's lived experiences. Provides a clear link between planning and interventions to reduce risk and unmet needs. Development of trust through relationship based practice which is clearly influencing the progress of the plan. |
| | <p>Requires Improvement</p> <p>★★</p> | <ul style="list-style-type: none"> Assessments completed in timescale. Assessments include findings from other assessments as appropriate. Child seen alone to gain views and wishes. Relevant information gathered from other key professionals but views not apparent. | <ul style="list-style-type: none"> Assessment identifies some strengths and areas of concern. Analysis is limited and there is limited information in respect of the lived experiences of the child as well as their views and wishes of what they would like to change. | <ul style="list-style-type: none"> Language is not always jargon free. Limited information as to what is working well, some worries and areas of concern identified along with what needs to change. Limited evidence of the child's lived experiences. Provides a clear link between planning and interventions to reduce risk and unmet needs. Views of the child and relationship based practice needs strengthening. |
| | <p>Inadequate</p> <p>★</p> | <ul style="list-style-type: none"> Assessment not completed in timescale. No evidence of assessment plan on file. 10 day check point not completed. | <ul style="list-style-type: none"> Analysis is weak and does not inform plan or interventions required. Language is complicated and unclear of the family's views. | <ul style="list-style-type: none"> Parents, carers and children have not been involved in the assessment process. Unclear if children have been seen and if they have been seen alone. Little evidence of identification of strengths. |

| | Grading | Compliance | Practice Standard | Systemic Practice |
|--------|--|---|---|---|
| REVIEW | <p>Good</p> <p>★★★</p> | <ul style="list-style-type: none"> • CiN, Child Protection and care plans, including Young People's Safety Plan if applicable, are reviewed in accordance to statutory timescales. • Reviews are convened following significant events when deemed necessary and plans revised. | <ul style="list-style-type: none"> • Records of reviews are comprehensive and provide detailed analysis of what has worked well, what we are worried about and what we need to do to improve the safety and protection of the children. • Reviews should be child centred and clearly evidence progress achieved within the review period. | <ul style="list-style-type: none"> • Children and their families are able to actively participate in their reviews. They clearly understand what has been achieved during the review period and what they need to achieve going forward. • Language should be jargon free with parents/carers/CYP having a good understanding of what needs to be done, why and when. |
| | <p>Requires Improvement</p> <p>★★</p> | <ul style="list-style-type: none"> • CiN, Child Protection and care plans, including Young People's Safety Plan if applicable, are reviewed in accordance to statutory timescales. • Reviews are convened following significant events when deemed necessary and plans revised. | <ul style="list-style-type: none"> • Records of reviews are comprehensive; provide detailed analysis of what has worked well, what we are worried about. • There needs to be greater clarity around what we need to do to improve the safety and protection of the children with a clearer focus on the plan. • Reviews should be child centred and clearly evidence progress achieved within the review period. | <ul style="list-style-type: none"> • Children and their families are encouraged to participate in their reviews. • Language is not always jargon free which limits parents/carers/CYP understanding of what needs to be done, why and when. |
| | <p>Inadequate</p> <p>★</p> | <ul style="list-style-type: none"> • Reviews have not taken place in accordance with statutory requirement. • Frequent incidents of reviews held out of timescale. | <ul style="list-style-type: none"> • Review records lack sufficient detail to inform progress of plans, what has worked well, what needs to improve and what needs to be achieved within the review period. | <ul style="list-style-type: none"> • Review meetings are not child centred, offer little opportunities for the CYP and their family to participate. • Views and wishes of the child not shared or listened to. |

| | Grading | Compliance | Practice Standard | Systemic Practice |
|----------------------|--|---|---|--|
| MANAGEMENT OVERSIGHT | <p>Good</p> <p>★★★</p> | <ul style="list-style-type: none"> Supervision has taken place in accordance with the supervision policy. Offers management oversight of cases, is reflective to offer learning and supports continuous professional development. | <ul style="list-style-type: none"> Supervision is reflective, analytical and evidences issue that have been raised. It sets clear parameters regarding required actions, contingencies and outstanding work requiring completion. | <ul style="list-style-type: none"> Offers opportunity to reflect on what has worked well, celebrate good practice and identify areas of practice for further development Support in place to move from requires improvement to good. |
| | <p>Requires Improvement</p> <p>★★</p> | <ul style="list-style-type: none"> Supervision has taken place in accordance with the supervision policy. Offers management oversight of cases, is reflective to offer learning and supports continuous professional development | <ul style="list-style-type: none"> There is limited evidence of supervision being reflective and analytical and it does not evidence issues that have been raised. Focus is on tasks and compliance along with outstanding work requiring completion. | <ul style="list-style-type: none"> There is evidence of plans being reviewed but little evidence of high support and high challenge to develop practice and learning. |
| | <p>Inadequate</p> <p>★</p> | <ul style="list-style-type: none"> Supervision has not taken place in accordance with the supervision policy. | <ul style="list-style-type: none"> Supervision records do not provide outline of decision making, have no evidence of reflection or analysis with no evidence of identifying good practice or addressing concerns. | <ul style="list-style-type: none"> Supervision is directive, does not include appreciative enquiry supported by solution-focused questions. No evidence of high support and high challenge. |

SECTION THREE

WHAT IS QUALITY ASSURANCE?



QUALITY ASSURANCE

Quality assurance is the process of evaluating our performance to provide confidence that we are improving outcomes for children and young people in the borough. Through quality assurance, we can learn from the past and use these lessons to improve the standard of our practice going forwards.

The Ofsted framework for [inspecting local authority children's services \(ILACS\)](#) focuses on what matters most to children's lives - their journey, their lived experiences, and the impact we can have on improving outcomes for them. Quality assurance activity must triangulate the impact of practice on the child, with learning and practice improvement.

In order to ensure that Blackburn with Darwen Children's Services has a robust approach to learning and continuous improvement, our Quality Assurance Framework sets out the range of approaches that will be undertaken to ensure improved outcomes for children and young people in the borough. In order to provide a quality service, practitioners need to know what their managers expect of them and managers need to be assured that work with and for the child or young person has been carried out to an acceptable standard.

Information also needs to be available from the child/young person's case file, chronology, case summary, recent assessments, reports, with the latest records, plan and reviews.

How do we define quality?

The focus of a good quality assurance framework is to ensure improved outcomes for children and their families which is underpinned by our model of systemic practice. Children and families should be clear about the purpose of interventions with practice reflecting standards agreed locally and adherence to the policies, procedures and guidance that apply to our work.

How do we measure quality?

Through utilising a collaborative approach, working with practitioners to complete reflective, routine, and thematic case auditing. Ensuring QA is embedded into every day practice with routine audits being part of management oversight at every level incorporating a process of high support/high challenge to ensure all practice is of a high quality. Performance data is used in a SMART and analytic manner, informing quality assurance activity. A moderation mechanism to quality assure audits is factored into the QA process. A culture of cycle of learning is embedded to inform practice improvements and ensuring we are listening to what children, young people and families are saying.

How do we drive continuous improvement?

We drive continuous improvement by:

- Transferring findings from our quality assurance activity into learning and actions for practice improvement. This supports focused activities to develop, improve and strengthen practice.
- Celebrating good, creative and innovative practice.
- Supporting staff to engage in improvement as everyday practice.
- Consistently measuring, monitoring and reviewing the impact on the child based on actions taken.
- Using the findings and outcomes from quality assurance activity to inform our annual self-evaluation.

Outcomes

The outcomes of our quality assurance activity are:

- We have a good understanding of the quality and impact of our practice.
- Quality assurance activity provides robust challenge in the context of a learning culture.
- We are responsive to new challenges, areas of development and themes.
- A drive for persistent improvement of practice to improve the lived experiences of children.
- Practice improvement is part of everyday practice across the organisation.
- Relationship-based practice with a focus on strengths in accordance with system practice underpins all that we do.



OUR QA PRINCIPLES

All of the quality assurance activity that takes place within the Children's Services department is informed by the following set of core principles:

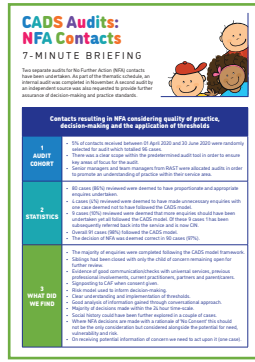
- **Child-centred**
Informed by the voice of the child and primarily considers the lived experience of the child and the impact of our intervention on their lives.
- **Outcomes-focused**
Considers what is different for children as a result of our intervention.
- **Reflects our systemic approach to practice.**
- **Collaborative**
Auditing and review are undertaken with staff rather than done to them. Everyone is invested in maintaining outstanding practice and improving outcomes for children.
- **Positive**
A strengths-based approach encouraging improvement, learning and development.
- **Considers what we do well and what we could be even better at.**
- **Analytical in approach and uses evidence to support judgements.**
Intelligent use of data supports our understanding of practice and enables us to attend to emerging themes or patterns at an early stage.
- **Demonstrates an appreciative and curious stance.**
- **Practice learning circles aim to provide an integrated approach to learning from practice situations.**
The circle opens the opportunity for all practitioners to evoke curiosity around the impact of their role with the child and their family. The circle provides a safe space to reflect on the relationship between strengths in practice, areas of learning and the impact on the family.
- **High standards**
Learning is used to drive improvement. We ensure that we use what we have learnt from the consolidation of findings to drive ongoing improvement within the organisation.
- **Accountable**
We are all part of a system that continually challenges professional practice in order to promote the best outcomes for children and their families.



BWD Risk Management Toolkit

Children's Services

[View online](#)



7-Minute Briefings from the QA Team

Children's Services

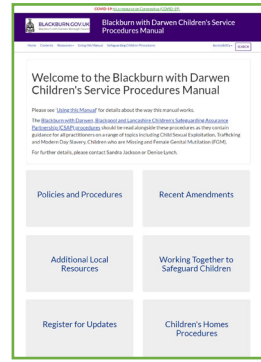
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Children's Services SharePoint Site

Children's Services

[View online](#)



Children's Service Procedures Manual

Children's Services

[View online](#)



Children's Homes Procedures Manual

Children's Services

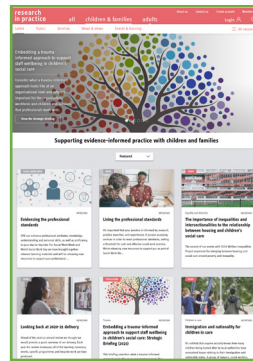
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Local Resources for Children & Families

Children's Services

[View online](#)



Research in Practice: Children & Families

Research in Practice

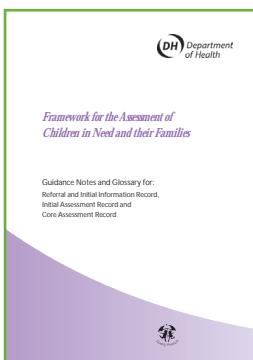
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Professional Standards

Social Work England

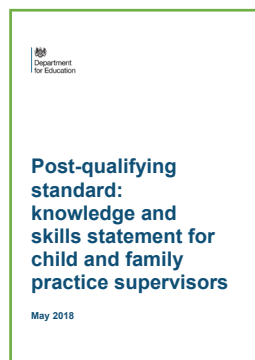
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Framework for the Assessment of CIN and their Families

Department of Health

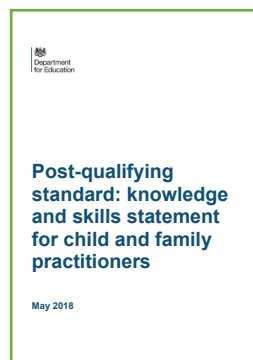
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Knowledge and Skills Statement (KSS) for Practice Supervisors

DfE

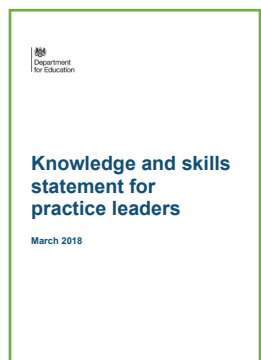
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Knowledge and Skills Statement (KSS) for Practitioners

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Knowledge and Skills Statement (KSS) for Practice Leaders

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BLACKBURN
with
DARWEN
BOROUGH COUNCIL

VISION FOR THE BOROUGH'S CHILDREN & YOUNG PEOPLE (aged 0-19 & 0-25 for those with SEND/Looked After)

Children in Blackburn with Darwen will grow to have a happy, healthy life and experience success and overcome challenges. To achieve this we will work with our communities, with our partners and our children, young people and their families to ensure that children get the right help at the right time by building on their strengths and the strengths of their family.

