

Quality Assurance Update March – August 2024

Date: 10.09.24

Board Member and Organisation:	
Vicki Whitehead, Head of Services QARSS, Devon Children’s Services	
Reason:	
Decision needed by the Board	
Information to update the Board	x
Monitoring on performance by the Board	
Information or Decision detail:	
<p>Purpose of Report:</p> <p>This report will detail the Monthly Collaborative Auditing Cycle Activity that has taken place in the last 6 months across Children’s Services.</p> <p>The report will outline the activity undertaken, the key findings and the impact of those findings on the quality of work within Devon Children’s Services as well as highlighting further develops across the Quality Assurance Service to support operational colleagues in engaging with Quality Assurance Activity and understanding what it is telling us to improve practice.</p>	

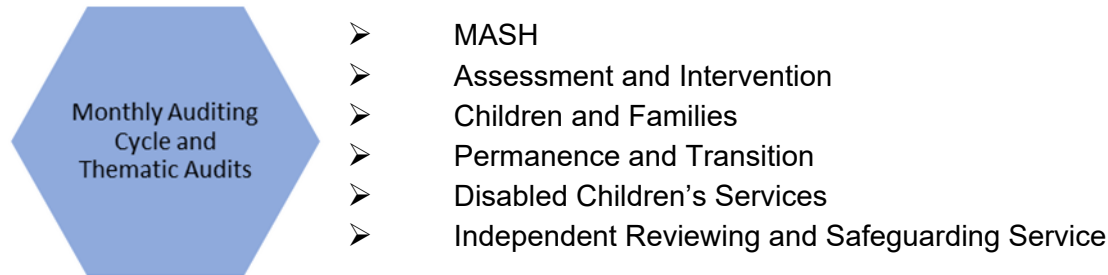
The 6 Key Strands of the Quality Assurance and Learning Framework are:



Key Headlines

The Monthly Auditing Cycle:

The Monthly Auditing Cycle continues to feed into the Social Work Academy Offer, findings and key headlines continue to be disseminated throughout the organisation to all practitioners and examples of good practice are identified. Since February 2024, every Team Manager and Service Manager from the following services are expected to undertake a collaborative audit with a practitioner each month:



In addition, Heads of Service for our Operational Services as well as our three Deputy Directors are undertaking audits every month. In total, this equates to 71 audits per month providing an insight into the quality of our practice measured alongside our Seven Pillars of Practice across our service. Whilst it is expected that we will not receive 71 audits due to annual leave, sickness and practitioners leaving the organisation we have a set target of 50 audits per month from across the service. The continued growth of the audit cycle will ensure that we have a more accurate assessment of the quality of practice throughout the service. For September 2024 we have set ourselves the target of 50 and this has been communicated across the service.

Positively, we completed 108 audits in the 5 months from August to January 2024 and there have been 163 audits completed in the 5 months of cycles detailed below (March 2024 – July 2024). This is a significant increase in the number of audits being completed across the service. Compliance with the auditing cycle is essential in ensuring timely reporting of audit findings.

We have seen the following in terms of compliance with the auditing cycle since April 2023:

March – 31 audits returned (62%)

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June – 37 audits returned (74%)

July – 32 audits returned (64%)

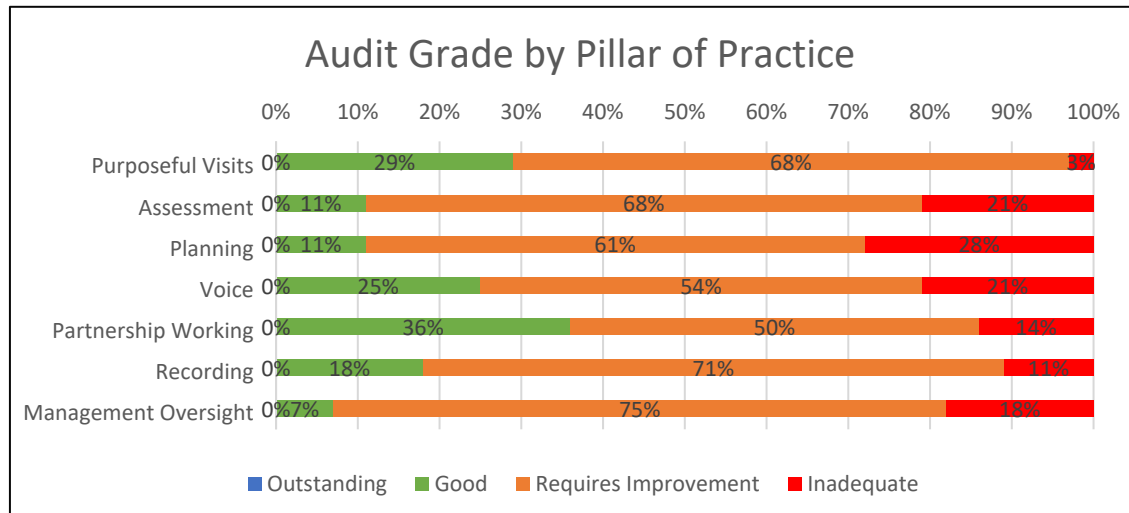
August – there was no audit cycle completed in August due to the Summer Holidays and increased annual leave bookings.

The findings:

The reporting for our September audit is not yet available as the cycle will not end until the end of September with reporting available mid-October, however, since the last summary report was written the Quality Assurance Service have caught up and completed all outstanding audit cycle reporting.

March 2024 Audit

72% of audits had an overall grade of Requires Improvement with 14% being graded as Good.

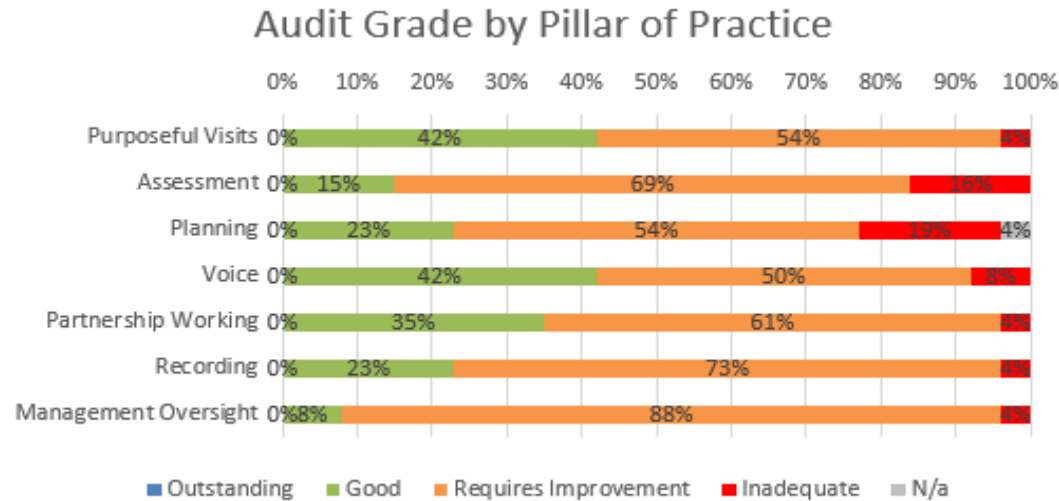


A strength in practice was our Partnership Working (Pillar of Practice 5) and also Purposeful Visits (Pillar 1).

The areas of practice that required the greatest improvement were Planning (Pillar 3) and Management Oversight (Pillar 7)

April 2024 Audit

61% of audits in this cycle had an overall grade of Requires Improvement with 31% being graded as Good.

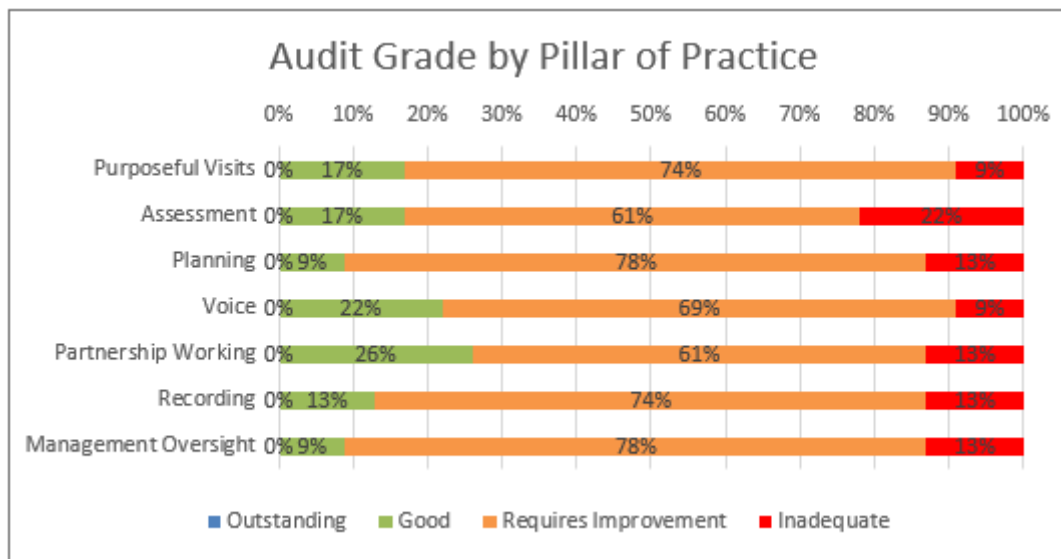


Whilst Partnership Working (Pillar 5) remained a strength in our practice, as did Purposeful Visits (Pillar 1), there was emerging good practice also seen in our work to represent the Voice of the Child (Pillar 4).

The areas of practice that required the greatest improvement were Planning (Pillar 3) and Management Oversight (Pillar 7)

May 2024 Audit

78% of audits in this cycle had an overall grade of Requires Improvement with a reduction seen in audits that were graded as Good (9%). With that being said, work is continuing to sit more comfortably in the Requires Improvement Grading threshold.



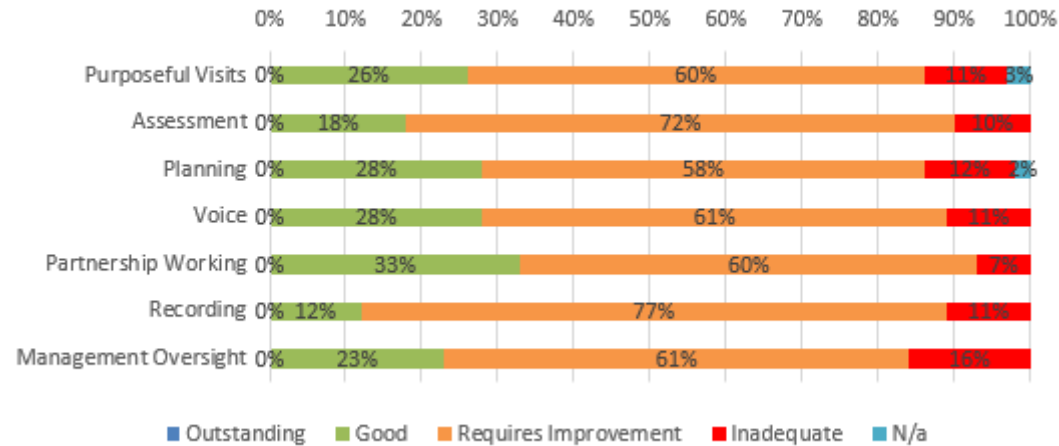
Partnership Working (Pillar 5) continues to be a “stand out” pillar of good practice and also the Voice of the Child (Pillar 4) continues to emerge as an area of good practice across the audit activity.

The areas of practice that required the greatest improvement were Planning (Pillar 3) and Management Oversight (Pillar 7). This has been a recurring theme for 3 months of this review of the audit cycle.

June 2024 Audit

65% of audits in this cycle had an overall grade of Requires Improvement however an increase was seen in the percentage of audits graded “Good” (23%).

Audit Grade by Pillar of Practice



Partnership Working (Pillar 5) continues to be a “stand out” pillar of good practice, however, in this month we can see emerging good practice not just in the Voice of the Child (Pillar 4) and Purposeful Visits (Pillar 1) which we have seen before, but we have seen an emergence of good practice in the pillar of Planning (Pillar 3) for the first time.

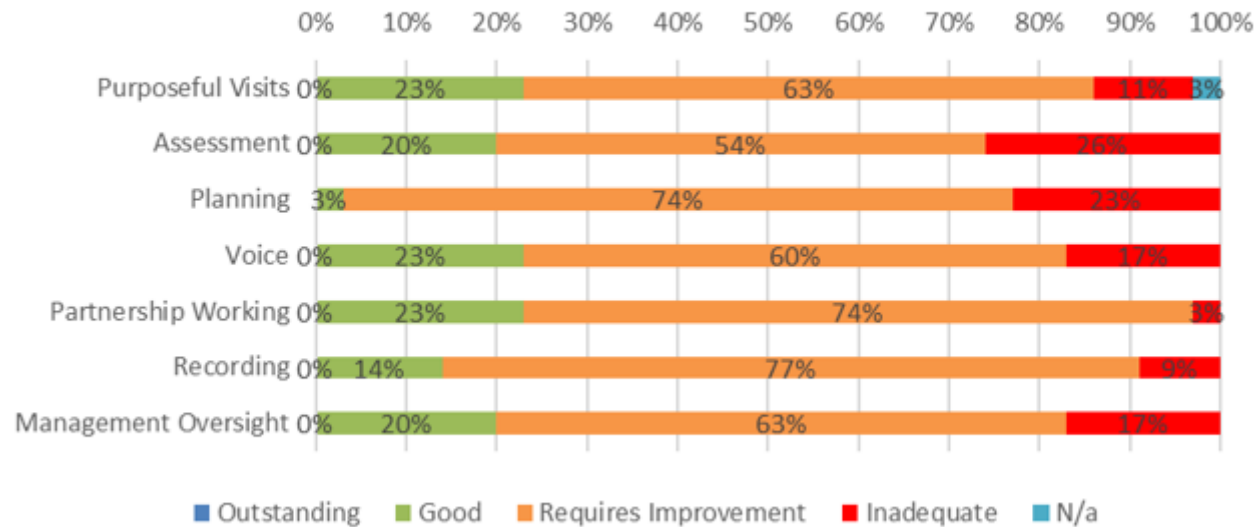
Also of note, is that the percentage of good grades has improved month on month since March (7%), April (8%), May (9%), June (23%) for Management Oversight (Pillar 7)

The areas of practice that required the greatest improvement were Recording (Pillar 6) and Assessment (Pillar 2). This is the first month where we do not see Planning or Management Oversight and Supervision as being areas of practice that require the greatest focus on improvement.

July 2024 Audit

71% of audits in this cycle had an overall grade of Requires Improvement however a decrease was seen in the percentage of audits graded “Good” (9%).

Audit Grade by Pillar of Practice



Partnership Working (Pillar 5) continues to be a “stand out” pillar of good practice, however, in this month we can see that emerging good practice for Voice of the Child (Pillar 4) and Purposeful Visits (Pillar 1) has firmly joined the same level of good practice seen in Partnership Working.

Whilst the percentage of Good grades for Management Oversight (Pillar 7) has declined slightly, from 23% in June to 20% in July we have seen for the second month a firm move for some Requires Improvement practice into practice that is Good. The percentage of Inadequate grades for Management Oversight have remained someone static (March 18%, April 4%, May 13%, June 16% and July 17%) which suggests that the efforts that have been concentrated on improving the quality of Management Oversight has been successful in shifting some practice from Requires Improvement to Good, but has not yet had an impact on shifting Inadequate practice into Requires Improvement. It should be noted though, that in July 2023 when we were completing less audits in our audit cycle, Inadequate Grades for Management Oversight were at 33%

and this year in July the same pillar had 17% of inadequate grades of a significantly larger number of audits. As the number of audits being completed tripled, crudely we can say that inadequate practice has halved for this Pillar of Practice. Whilst not immediately obvious from this data sample, clearly demonstrates that the training package and offer for managers over the past year has had a positive impact on reducing inadequate practice in relation to Management Oversight and Supervision.

There was no audit cycle in August 2024 due to the Summer holidays and increased leave during this period of time for auditors.

Our September 2024 audit cycle will complete at the end of September and as such audit outcomes and reporting are not available at this time. We hope to be able to update the board verbally in October 2024 on the number of audit returns received during that cycle with the target being 50. We have further expanded the audit cycle to other professionals with management responsibility across the service and we are working with our colleagues in services where a backlog of audits has occurred to ensure their completion by the end of the September cycle. Communications have gone out to all of the services reinforcing the importance of compliance with the monthly auditing cycle and being clear that the target for completed audits is not just 50 for September but it is 50 from this point forwards.

Summary

The quality of our practice has consistently been assessed as sitting in the grading of Requires Improvement, with the percentage of RI work sitting between 62% and 78% over the last 6 months. Thus, the majority of our practice is consistently assessed as being Requires Improvement.

However, it should be noted that Inadequate overall gradings have remained relatively static (March 14%, April 8%, May 13%, June 12% and July 20%), so the movement we are seeing is between Requires Improvement and Good (where there is less RI there is more Good and visa versa) suggesting that Good practice is emerging but is inconsistent. We had anticipated that as the number of audits being undertaken each month, Inadequate practice would also grow, however, it has not done so until a slight increase in July 2024.

A strength in practice that is consistently highlighted is our Partnership Work (Pillar 5), however for the past 6 months we have seen emerging good practice in Purposeful Visits (Pillar 1) and Voice of the Child (Pillar 4). The area of our practice that in the previous 6 months was consistently identified as requiring the greatest improvement was Management Oversight (Pillar 7), however a review of this pillar of practice over the past 6 months shows significant improvements in terms of good practice. We have been able to successfully shift some RI practice to good, however it is acknowledged that inadequate practice percentages have remained somewhat static. It needs to be acknowledged however that whilst percentages have remained static, this is of a far larger number of audits.

It should be noted that in the July cycle, whilst the majority of the work audited continued to sit within the grade of Requires Improvement, there were improvements noted within the more qualitative information gathered in this audit cycle. For example, in July there was evidence of supervision being more reflective and for 57% of the records audited Supervision was taking place in line with Devon's Practice Standards.

The practice pillars that continue to require focus on improvement moving forward are Assessment (Pillar 2), Planning (Pillar 3) and Recording (Pillar 6). Workshops at the Pillar 1 Conference focussing on genograms should support the pillar of recording improving and the conferences for the Assessment and Planning pillars are planned and will continue to bolster practitioner's understanding of what good looks like in relation to these areas of practice. Whilst these pillars do require focus, they are also all sitting firmly within the Requires Improvement grading and importantly, for Recording (Pillar 6) we have seen a month on month improvement in the percentage of requires improvement grades given for this pillar and an overall reduction in inadequate gradings – suggesting that inadequate practice is shifting positively towards requires improvement practice.

The impact on Practice:

Our Monthly Auditing Cycle and the learning identified is used to inform our learning and development offer delivered by the Social Work Academy and the development of new resources, tools and documents to support practitioners.

The way in which the audit cycle is set up means that **there is now greater knowledge across the organisation and at all levels of the quality of our practice in line with the 7 Pillars of Practice**. Monthly highlight reports demonstrate to practitioners and managers how the quality of our practice has been assessed, where we are improving and where there still needs to be a focus on improving practice. The full monthly highlight report from each auditing cycle is circulated to SMs, HOS and DDs and is now a standing agenda item for all team meetings, encouraging conversations about quality assurance and the quality of our practice.

Further to the above, the HOS talks through the highlight report and findings at the **Service Management Team** meetings once a month where there is a focus on QA so all HOS have an opportunity to discuss the findings and take steps to address focus areas of improvement as well as the HOS taking the report to the **Quality and Performance Group** once a month where Service Managers also have an opportunity to understand the findings.

We are seeing SMs and HOS now including QA reporting from the monthly auditing cycle in their **QPRM** reports and at last month's IPB we saw each HOS talking about what QA has told them about their service and what they are doing about the findings both in terms of strengths and practice. **There is now clear evidence of QA work impacting positively on practice improvement and in supporting operational colleagues to understand both the strengths in practice identified within their services but also where they need to concentrate efforts on practice improvement.**

Service Development Meetings are now being led by the HOS for QARSS and supported by the Principal Social Worker, SM for QA and SM for the IRSO Service. All SDMs since February 2024 have had a focus on audit findings linked to each pillar of practice. The remainder of each SDM includes activities, workshops and learning focussing on the role of the Manager in relation to each pillar of practice. From activities within SDMs our managers have collectively contributed to the DSCP Neglect Thematic Activity, have created a "good practice guide" to Supervision for them to use as an aide memoire and for TMs new into role to use to support them in providing good quality supervision and have enabled positive changes in Eclipse to enable practitioners to be creative in evidencing direct work and highlighting the Voice of the Child in their work. **There is now a clear correlation between the improvement in focus of SDMs to the managers role for each pillar and the improvements we have seen in the quality of practice in Management Oversight and Supervision through our auditing activity.**

In addition, in July we saw evidence of Supervision supporting practitioner reflection and in June, where audits were graded as good, we have seen Management Oversight to be reflective and considering risks and next steps. **We are seeing the impact of SDMs, of the RiP training* offered to all managers across our services throughout the earlier part of 2024 and the impact of sharing audit findings with our managers improving practice in relation to Management Oversight and Supervision.**

A strength in practice that is consistently highlighted in the last 6 months of audit cycles is our Partnership Work (Pillar 5), however for the past 6 months we have seen emerging good practice in Purposeful Visits (Pillar 1) and Voice of the Child (Pillar 4). **This suggests that targeted training and learning opportunities via our Pillars of Practice training sessions is having a positive impact on these specific areas of our practice.** Combined with SDMs supporting managers to understand their roles in respect of each of these areas of practice and collectively thinking as a management group how to improve these areas of practice is having a positive impact. When you add into this the work undertaken by Essex colleagues through their diagnostics and Principal Social Worker practice sessions focussing on Chronologies, Genograms and Case Summaries as well as the consistent reinforcement of messages about evidencing direct work to children and linking visit purpose to plans **we have seen a positive impact on practice with emerging good practice evidenced in our Purposeful Visits and Voice of the Child practice pillars.**

Feedback gathered within our Monthly Auditing Cycles over the past 6 months has seen a growth in positive feedback received from parents about our practice. **The feedback below evidences the positive impact of practice improvements across the service directly on children and their families:**

"Brilliant. Doing a good job. Social worker is always available and supportive. Always returns calls. [SW] is very nice person and cannot ask for a better social worker."

"Social worker is always available and supportive. Always returns calls."

"Good. We like [SW] we get on with her. She says it as it is. She is doing work with us around DV and it's good "

"Yes, it was good, there was lots of meetings held with professionals that enabled me to get help for [child]. My Worker helped me to get support around child's mental health from CAMHS."

Children told us:

"allows Auntie A to relax and for her brain to rest. This means we can go out as a family'.

'I like it when the Social Worker takes me out for food'.

"They were helpful and listened to me"

"I think it's helpful that if I have a concern, I know I have people I can turn to and ask for help and that I'm not alone. This is my form tutor, my family, and my SW."

We have also seen a wealth of restorative practice evidenced within our practice with children and families. Within audits we have found that a parents shared that the "Social worker was lovely and explained the process and gave the opportunity for them to give their views and auditors are regularly commenting on the skilled practice used to build rapport with families and engage with them. In one audit in May in particular, the auditor noted the following: **"H's voice has been heard through poem that she has written to the social worker/about the social worker. H expresses that she has felt heard and listened to which she describes that social worker to have 'saved her'. This gives a powerful picture that the social worker has forged a trusting relationship with H and hearing directly from H through her poem assists the reader to directly hear H's voice"**

For the next 6 months of auditing cycles we are updating the Collaborative Practice Audit Tool to include specific assessment by auditors of our 6 shared commitments to Children and Families as part of our Restorative Practice Framework – this will allow the QA service to gather additional data and analysis around the restorative practice quality across the services.

Service Specific Reporting and Support has now launched from the QA team. Each month, alongside the overall monthly Highlight Report the QA service produces service specific reports providing each service with greater analysis and insights into the quality of practice in their service. These reports are completed by **QA Link Practitioners**, with each member of the QA service being linked to a specific operational service. This link practitioner completes the moderations of audits received for their allocated service which enables them to have a good grasp of trends and themes in relation to practice. They produce the service specific reporting and within each auditing cycle also provide **Service Specific Consultation Sessions** which provide an opportunity for all auditors to meet with their QA link practitioner to troubleshoot any aspects of their auditing work including benchmarking grading and receiving support to produce good quality audits. At the end of each audit cycle the QA link practitioner also provides a **Service Specific Feedback Meeting** which is attended by the SM for the service and a link Practice Development Advisor (PDA) from our Social Work Academy providing an opportunity to review the service specific highlight report and review the audit tools completed for that month's cycle identifying key themes in terms of strengths in practice and practice that requires improvement. Where a particular learning need or theme is identified by the SM for their service or for an individual practitioner, the PDA and the SM work together to identify or develop a relevant learning/training package.

We continue to hold a monthly **Benchmarking Session** in each monthly auditing cycle which is attended by Deputy Directors and Heads of Service. 5 audits are reviewed for their quality and to consider the gradings. Any grading given at benchmarking is the final grade awarded to that audit. **Benchmarking sessions have identified an overall improvement in the quality of audits** and a **significant improvement in the moderation from the QA team in developing a restorative narrative and supporting practitioners to understand what good looks like.**

Practitioners are now asked in each audit cycle to complete a short **feedback survey** which asks them about their experience of the collaborative auditing process. Use of this survey has not been significant but we continue to promote the opportunity for practitioners to provide us with feedback about their experiences of the process. Of the completed surveys we have received, both were positive about the process and made comments such as "Excellent, for I believe that I gained more knowledge", "got to understand the importance of Chronologies in my practice", "it gave me an opportunity to reflect on my practice" and "This is an excellent exercise for it enables social workers to improve in areas identified

in their practice". **Whilst limited numbers of feedback received, there is a clear and demonstrable positive impact of the auditing process on improving practice.**

Additional areas of strengthening practice linked to the work of the Quality Assurance Team are detailed below:

Pillars of Practice Training:

We have now completed the series of Lunch and Learn sessions covering each of the Pillars of Practice and have also delivered day long in-depth sessions for each Pillar. Now, we have further developed and improved our pillar training offer based on findings within our Quality Assurance Work and feedback from practitioners and managers and have launched our Pillar of Practice Conferences, the first of which took place on the 12th September and focussed on Purposeful Visits (Pillar 1) and included talks from guest speakers Professor Harry Ferguson, Birmingham University and Dave Barron, Improvement Partnership Lead, Essex County Council. Feedback from the event has been wholly positive. The remaining 6 pillar conferences are booked and will take place bi-monthly focussing on each pillar at a time. They will all include guest speakers and practice experts as well as workshops and activities. Our QA findings contribute to the specific focus areas agreed for the conference under each pillar and QA activity will continue to monitor the impact that these conferences have on our overall quality of practice but also specifically linked to each pillar.

****RiP Training for Managers:***

From our audit findings we knew early on by July 2023 that an area of our practice that required urgent improvement was Management Oversight and Supervision. Supervision is the cornerstone of good social work practice and should be seen to operate effectively at all levels of the organisation. It provides the mechanism for ensuring that children are at the heart of our planning and interventions. As such a series of workshops were commissioned from our partners at Research In Practice for our Team Managers (5 days of workshops) and our Service Managers (2 days of workshops) looking at supporting practice research through a Supervisory Development Programme. The programmes for both Service Managers and Team Managers have now been completed. The workshops were designed to support practitioners in reflective supervision skills and understand the role of leadership and management. Improvements in our Management Oversight and Supervision pillar of practice suggest that the commissioning of this support has had a positive impact on practice.

Social Work Academy Website:

The Service Manager for our Social Work Academy and Quality Assurance Teams has worked with one of our communications officers to develop a new Social Work Academy website which has launched in February 2024. A series of online live launch events have taken place

reaching over 100 practitioners from across the organisation. The website brings together training packages, policies, procedures, resources, legal updates and tools under each of the Pillars of Practice so that practitioners can find all they need to assist them in their work with children and families. The live launches have been well received with wholly positive feedback from those in attendance about how helpful this “one stop shop” will be for them. The Academy Website continues to be promoted in all Academy communications and has received over 1800 “hits” so far.

Neglect QA Activity and Training:

Following the making of three Serious Incident Notifications to the National Panel, all of which were centred around concerns relating to neglect, the HOS for QARSS has produced a briefing for the workforce highlighting the strengths in practice and areas of learning. These have been discussed and reflected upon in team meetings and activities. In addition, to contribute to the work of the DSCP in their Thematic Activity on Neglect the HOS has led a workshop in SDMs supporting TMs to consider neglect and contribute to recommendations to improve the response to neglect across the partnership.

The QA service is undertaking a current dip-sample of 50 children’s records across the service where Neglect has been identified as a primary category of need or risk. The report analysing the dip-sample findings will be available in mid-October for dissemination and for actions to be collectively agreed to address any learning or development needs identified. The findings will also be shared with our Social Work Academy PDAS.

The Social Work Academy now has two PDAs identified to reinvigorate and re-instate the Neglect Training offer from the Academy with the new style training sessions due to go live in October which will include linking theory to practice, exploring tools to support in the assessment of Neglect and require participants to interact in live scenes portrayed by actors. Both of the PDAs are actively involved in the Neglect Sub-Group recently formed within the DSCP to ensure that our training offer aligns with updates made to the partnership Neglect Strategy and to provide a first hand view in respect of both training but also practice to the sub-group.

Domestic Abuse Training and Guidance:

The Social Work Academy, led by the SM for QA, Participation & Academy and the Principal Social Worker have developed training for all practitioners that focuses on [our Domestic Abuse Assessment Pathway](#). The Pathway was launched during Practice Week in April 2024, and this training will support practitioners and managers in applying the pathway to ensure effective and robust assessment of concerns/risks linked to Domestic Abuse. The pathway was identified as a need for our practitioners through audit feedback and quality assurance activity, which recognised that our understanding and assessment of Domestic Abuse needed to improve in order to ensure good quality assessment and plans that mitigate risks.

Devon Children's Services have adopted the work of Cafcass and their Domestic Abuse Practice Pathway for our assessment work as we consider this to offer the most comprehensive and structured approach to risk assessment of domestic abuse

The Domestic Abuse Assessment Pathway Training will take place on the following dates:

- 13 November 2024 – Exeter
- 4 December 2024 – North
- 12 February 2025 – South
- 12 March 2025 – Mid/East

Each training session will be interactive, equip practitioners with tools and techniques for assessing Domestic Abuse and provide an important opportunity to learn together and hear from peers about their experiences.

Thematic Dip Sample Reviews:

The QA Service continue to lead in the completion of thematic dip sample reviews every 2 months. We have extended the number of children's records reviewed from 12 to 50 and we are working collaboratively with colleagues from across the service who are relevant to that particular "theme" to support us in the dip sampling activity, the identification of themes in practice and the formulation of recommendations. This creates stronger working relationships between the QA service and operational colleagues but also increases accountability and ownership of the identified recommendations and resulting actions from this activity. The HOS for QARSS continues to hold Learning Action Meetings following each thematic review where HOS and SMs are invited to attend to review the report, the recommendations and collectively identify actions to support practice improvement where this is identified. These actions are tracked using the Learning Action Tracker which the HOS for QARSS is responsible for populating with agreed actions and updating, ensuring compliance with the actions identified and ensuring a clear link between Quality Assurance activity and positive impact on practice for the children and families with whom we work.

In the period from March 2024 to August 2024 the Quality Assurance Team completed dip-sampling activity focussing on the following areas:

- Contextual Safeguarding
- Permanence and Pathway Planning
- The Children who came into our care in Q4 (Jan- March 2024)

A Learning Action Meeting has been held with relevant HOS and SMs responsible for responding to and supporting young people where there are Contextual Safeguarding Concerns and actions have been identified and set in motion which includes relaunching the Adolescent Safety Framework and Safer Me Assessment template at the forthcoming CSE Conference taking place at the end of September. There is also joint

working planned with the Social Work Academy, DSCP, IRSO Service and Early Help services to undertake and delivery Attending Safer Me Plus Conferences planning in the New Year.

The Learning Action Meeting has been planned to discuss the findings from the Permanence and Pathway Planning dip sample. This report highlighted an improvement in the completion rate of Permanence Plans but now as an organisation we have to work towards making the quality of those plans good. Overall work was found to require improvement in terms of planning and supporting young people to achieve permanence early and for their ongoing support through their transition to adulthood and into the future.

For children who came into our care in Q4, it was identified that for the first quarter since the report began being produced (Q4 2022/23) we saw a reduction in children coming into our care and an increase in children leaving our care. We have not previously seen the former in previous quarterly reports. There was some evidence of good practice and there was evidence that children were coming into our care in a more planned and purposeful way. Whilst grading for the records reviewed for this report sat firmly in the requires improvement grading category, there was emerging good practice identified and an impact of recent training activities seen.

The QA service also completed work looking at:

Care Leavers in Custody – awaiting information from YJS to triangulate information with that held by Children’s Services and to jointly agree any identified actions.

Tracking of Inadequate Moderations and Reflective Meetings

Tracking actions resulting from dip samples where we have concerns for a child.

Oversight and Reporting on the Single Feedback Form returns on a quarterly basis.

Completion of Child Record Reviews where there is a Rapid Review or a Child Safeguarding Practice Review.

Development of EH QA Framework:

The HOS for QARSS has worked with the Service Managers in our Early Help and Partnerships Service to update the Quality Assurance and Learning Framework so that it applies to all practitioners across Early Help as well as those within statutory children’s services. The updated version of the framework has now launched and our EH managers will be both seeking feedback regularly from those who access their services and also undertaking audit activity reviewing the quality of the work being undertaken within our Early Help and Partnership Services.

Development of Fostering and Kinship QA Framework:

The HOS for QARSS and TM for QA have met with Fostering and Kinship Colleagues to support in the development of a specific auditing tool for this service to use and a good practice guide as guidance for managers who will undertake auditing activity. The TM for QA has delivered training sessions to the practitioners who will be undertaking audits and will also be moderating the first audits received to be able to provide consistent feedback about their quality and benchmarking of the gradings awarded. The TM for QA will be the services' link QA practitioner and will be on hand to continue to support the service in developing their practice around auditing.

Quality Assurance Link to the DSCP Quality Assurance and Workforce Delivery Group (QAWDG):

Whilst the HOS for QARSS has, for some time, been the co-chair of the QAWDG with the HOS for Public Health Nursing, the TM for the QA Service is now a regular attendee at these meetings and is actively involved in the quality assurance activity undertaken by the partnership. Most recently, the TM for QA has been involved in undertaking Senior Leader Interviews and also contributing to multi-agency tabletop auditing activity being completed for the DSCP Thematic Activity focussing on children who have been affected by Neglect. The greater involvement from the Children's Services Quality Assurance Team has enhanced the practice of the partnership quality assurance work bringing greater insight, suggestions and support to bolster the QA activity of the partnership and in turn has supported the QA Service to forge stronger relationships with our partner colleagues.

In terms of the continued work of the Quality Assurance Service:

- We need to continue to evidence the **impact** of the activity being undertaken is measurable and **improves** the quality of our practice for children, young people and their families.
- We need to continue to embed the **importance** of Quality Assurance, it's role in our improvement journey and it being the responsibility of all in the culture of practice within DCS from our senior leaders through to our front-line practitioners.

Recommendations:

- This is for information only to assure the board that Quality Assurance work is progressing in line with approved plans from the previous board meetings.

Link to Improvement Plan outcomes for children and families:

Change:

- Our Quality Assurance Framework is clear and high-quality, and used effectively and consistently to improve practice for children and families.
- We have a system-wide approach to learning and improvement in key areas such as transitions, visits, and engagement with families.
- The voice of children and young people is embedded in our approach. Our structure is designed around listening to children and young people and learning from their feedback.

Leadership:

- We have good quality audits which help leaders and staff to learn and improve practice.
- We welcome peer support and challenge which informs our improvement. We are building sustainable partnerships with our peers.