

One Adoption West Yorkshire

**PRACTICE IMPROVEMENT
FRAMEWORK
2022**



Introduction

One Adoption West Yorkshire's vision is to be a flagship adoption agency that develops and promotes best practice, raising the standards of adoption nationally. To achieve this vision, continually improving the services that we offer is at the core of what we do.

As an agency we are committed to an improvement culture and believe that data intelligence is integral to professional practice. Practice improvement involves taking positive action to make outcomes better than they would otherwise be.

An effective approach to practice improvement ensures we remain focused on what is important to our service users and that we provide efficient and effective services. We have put in place systems and processes that enable us to make decisions based on robust data, track our progress and achieve planned developments to services and performance.

The activities within the practice improvement framework strive to:

- Improve outcomes for children and families
- Inform and drive improved practice
- Create an open and honest culture underpinned by high support and high challenge

Background

The purpose of this document is to outline our approach to practice improvement in simple terms by giving background information on the different elements of practice management, why they are important and how they fit together. The practice improvement framework is a summary of the key internal processes through which One Adoption West Yorkshire (OAWY) sets, delivers, monitors and reports on its priorities.



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1. Principles

The principles of this practice improvement framework are:

- A Family Valued approach: the focus of quality assurance will be meeting the needs of children, adopted adults, birth families and adoptive families, improving outcomes for all those impacted by adoption.
 - Restorative: quality assurance will be restorative, based on working with staff and managers building relationships and collective learning. As a restorative process, case quality assurance will be characterised by both high support and high challenge.
 - Outcomes Based: in line with the key behaviours for children's services the focus of quality assurance will be on outcomes, rather than processes.
 - Positive: our approach to quality assurance will be positive – looking at informing and encouraging improvement and supporting the development of staff and services.
 - Reflective: our quality assurance framework is designed to be about promoting reflective practice and shared learning.
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2. Strategic plans

2.1 Three-year plan

The OAWY 2021 - 2024 three-year plan provides strategic direction by setting the organisation's vision, mission, outcomes and priorities. The outcomes and priorities of the plan are informed by feedback from adoptees, adopters, birth family and staff as well as local and national partners.

2.2 Service improvement plan

OAWY produce an annual strategic Service Improvement Plan (SIP) to capture and progress service improvement activity. The 2022/23 strategic SIP draws down the outcomes and priorities from our OAWY 3-year plan, emerging themes from our service users and partners as well as actions identified by the DfE.

The SIP is the mechanism we use to allocate and track service improvement actions. Each action is assigned to a lead member of staff with milestones and target dates agreed. At the end of each quarter a SIP report is produced, presented and discussed at OAWY SLT.



3. Outcomes based accountability

OAWY use an outcomes-based accountability approach which structures performance accountability around three simple questions:

- How much did we do?
- How well did we do it?
- Is anyone better off?

We feel that this is a helpful convention and wherever it makes sense, we report around these three simple questions. We believe that our staff want a way of assessing the quality and impact of their efforts in a way that is authentic and which resonates with their professional vocation – namely to ‘make a difference’ to the lives of vulnerable children and young people.

The approach described above does this by:

- Describing in a simple set of **desired outcomes** what that difference might look like
- Encouraging an **evidence-informed approach** to the things that are likely to make that difference
- Agreeing a way of using **feedback** data that informs us if we’re making that difference
- Being clear about the **team working and partnerships** that we rely on to help us make a difference



4. Governance

4.1 West Yorkshire Adoption Joint Committee

The West Yorkshire Adoption Joint Committee (WYAJC) brings together the five participating authorities to engage with voluntary adoption agencies in the region, deliver adopter recruitment, matching, adoption panel and support functions through OAWY, promote excellent and innovative practice and ensure value for money. The remit of the WYAJC is to:

- a) Receive reports in relation to the performance and progress of One Adoption Agency for West Yorkshire from the Head of Service and the Management Board
- b) Discuss and agree the strategic direction of OAWY
- c) Oversee the discharge of the Delegated Functions
- d) Promote good performance in relation to the Delegated Functions, reflecting added value brought by OAWY in outcomes for children and their adoptive families
- e) Monitor the budget allocated to OAWY
- f) Review value for money achieved by OAWY
- g) Exercise the corporate parenting role of the Participating Authorities in relation to the functions of One Adoption Agency for West Yorkshire

4.2 The Management Board

The Management Board comprises of a representative from each partner local authority. These are the Director of Children's Services or their deputy as the senior nominated officer. The activities of the Management Board include but are not limited to a check and challenge function in relation to the following:

- a) Determining the strategic delivery of the Service
- b) Monitoring performance and practice improvement to include financial performance including budget spend
- c) Provide advice on the day-to-day operation of the service, making proposals for innovations to partners and the agency
- d) Resolve any conflicts between competing interests of the Authorities
- e) Review the governance arrangement set out by the Agreement
- f) Resolve any disputes referred to it via the escalation procedure
- g) Ensure that Integrated Service safeguards children and adoptive parents and further protects the communities of the Regional Adoption Agency
- h) Develop budget strategy based on funding made available by the Authorities



4.3 Operational leads

The members of the operational leads are the Head of OAWY, a senior representative from each local authority with a lead on adoption, Service Delivery Managers from OAWY and the OAWY Business Support Manager.

The purpose and role of the operational leads' meetings are:

- a) To provide a forum for a proactive dialogue between the local authority and OAWY to improve the outcomes for children, birth parents and adopters, across West Yorkshire
 - b) To make decisions regarding streamlining to improve processes and systems at the interface between each local authority and OAWY to prevent delay for children and to improve performance and efficiency
 - c) To discuss and agree decisions regarding the specification for clarity as the work progresses
 - d) To discuss interface and services provided LAs by partners that impact both on the LA and RAA regarding adoption
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5. Reporting

5.1 Reporting introduction

The production and sharing of timely and accurate reports promote transparency and accountability. In addition, the reports provide decision makers with the visibility and oversight they need to make evidence-based decisions which support practice improvement. The table below shows the reports each stakeholder receives, and section 5.2 to 5.5 provide detail on the content of each report.

	All OAWY staff	OAWY team managers	OAWY SLT	West Yorkshire Adoption Joint Committee	Management board	Operational leads
Annual report	✓	✓	✓	✓	✓	✓
Six-monthly report			✓	✓	✓	✓
Quarterly report		✓	✓		✓	✓
Monthly bulletin	✓	✓	✓			
Interactive mapping		✓	✓			

5.2 Annual Report

At the end of each financial year an annual report is produced which summarises the key achievements and challenges that OAWY have faced. The key areas covered by this report are:

- Use of resources
- Partnership working
- Performance management
- Practice, quality of provision and management oversight
- Continuous professional and service development
- Equality and diversity/ cohesion and integration
- Finance

The report is presented to the West Yorkshire Adoption Joint Committee, Management Board and shared with the Operational Leads. This report is also shared with Corporate Parenting Panels and Boards within the partner local authorities.



5.3 Half Year Report

The half year report is produced following the first six months of the financial year. It covers the same areas as the annual report and is presented to the same groups, the OAWY Management Board, Joint Committee and local authority Panels/Board as required.

5.4 Quarterly reports

Quarterly performance reports provide both quantitative and qualitative information for adopters, children and adoption support, it also contains graphs showing trends and appendices with further breakdown across all local authorities for the children's data.

In addition, full analysis of performance throughout the quarter is produced show a collection of tables, also at LA level in the children's section.

These reports are shared with the Operational Lead from each local authority and inform the Half Year and Annual reports.

5.5 Monthly bulletin

The monthly performance bulletin was developed to support a broader understanding of performance across the organisation. The Practice Improvement & Performance Team produce a monthly report that highlights the key performance measures of each service area. The report is presented and discussed at SLT providing all members with an overview of how the service is performing. Any queries raised are investigated and the report adjusted if required. Once the data has been agreed the report is shared by email with all OAWY staff.

5.6 Interactive mapping

Interactive maps provide a visual representation that a static list of data or table within a report cannot. The maps show where children have been placed, where prospective adopters live and where our existing adoptive families live. The interactive maps allow you to look at the overall agency-wide picture or drill down into service or team specific areas at key points in the adoption journey. The interactive maps support resource understanding and planning.



6.Data quality

6.1 Data quality introduction

OAWY aims for the data we produce to be of a consistently high standard. All staff involved in the recording, collation and reporting of data are responsible for ensuring that the data can be relied upon. Therefore, having a robust system in place that allows the oversight, check and challenge of data throughout the organisation is key.

We know that the best way to improve data quality is for the people that record it to see the value of the information they create and for the results to reflect reality. Therefore, we aim to create a mindset where staff want to see and engage with the data because it helps them to deliver a high-quality service.

The table below shows the data quality meetings which the performance team hold with each stakeholder. Sections 6.2 to 6.6 explain how data is presented, discussed and shared.

	OAWY performance team	OAWY service managers	Regional local authority performance staff	Digital integration service (Mosaic Reporting)	OAWY social work staff	OAWY business support staff
Matrix meetings	✓	✓				
Quality assurance meetings	✓		✓			
Performance network	✓		✓			
Reporting change control group	✓			✓		✓
Team meetings	✓			✓	✓	

6.2 Service manager matrix meetings

Each service area has a performance management matrix which is updated by the Practice Improvement and Performance Team. The matrix shows month end performance results on a range of performance indicators specific to that service area. This allows trends to be identified and action to be taken when necessary. Monthly meetings are held between each Service Manager and the Practice Improvement and Performance team to scrutinise the data. Any data queries are investigated and updates made if applicable. The monthly matrix is then shared with all service and team managers.



6.3 Local authority quality assurance meetings

Both OAWY and each of the five regional local authorities are responsible for submitting quarterly data returns to the Adoption and Special Guardian Leadership Board (ASGLB). A quarterly Quality Assurance meeting is held between OAWY and each LA to look at data held by each LA and cross check with OAWY data for each LA to ensure everything is in line before the quarterly submission of returns to the ASGLB. Any anomalies are rectified on both sides before returns are submitted which then allows all performance reports and analysis to be produced at the end of each quarter.

6.4 Performance network

OAWY chair the regional performance network meeting. This meeting brings together performance and reporting leads from each of the 5 regional local authorities. The meetings take place on a quarterly basis and are used to plan for the upcoming ASGLB returns (see 5.3) as well as discuss any data/ reporting issues being experienced.

6.5 Reporting change control group

There are three main teams within OAWY who feed into data recording and reporting: social work, business support and practice and performance improvement. If one of these teams requires a change be made to OAWY's recording system, Mosaic, the request is channelled through the reporting change control group who meet monthly.

The reporting change control group is made up of staff who represent the above-mentioned teams plus the digital change team. The group discuss any potential changes, whether the change would impact any other team negatively and then agree if the change can be made. It is important that we work this way as changes requested by one team in isolation have the potential to disrupt data recording and reporting.

6.6 Team meetings

The practice improvement and performance team schedule meetings with individual teams at least twice annually or more frequently if requested by a team manager. These meetings are in place to enable staff to ask questions relating to data recording and for the practice improvement and performance team to discuss the recording issues they have identified and offer training/ support to remedy further occurrences.



7. Quality assurance - audits

7.1 Why are audits important?

OAWY's audit framework provides an invaluable perspective on social work practice and insight not only into the quality of recording but also into the quality of work with the child and family, the quality of management oversight and support for the worker and importantly the views, experiences and outcomes for children and young people and their families. Audit findings are used to advance practice, promote accountability and drive continuous development and improvement. A quarterly audit report is presented to OAWY SLT and identifies any themes and actions arising from the audits described in sections 7.2 to 7.6. A plan will be developed to address areas requiring improvement. Here are the types of audits we undertake:

7.2 Compliance audits

Compliance audits are system generated reports designed to identify missing or incorrectly entered data. There are currently 18 compliance reports which are generated monthly by the performance team. Any identified errors are issued to the manager and / or worker so that they can be rectified. The performance team attend team meetings when required to address any specific recording issues and support staff in improving data entry.

7.3 External audits

External auditors may be commissioned to carry out independent audits of specific practice areas where this is identified as necessary to support practice improvement. External auditors will produce a report which will be presented to OAWY SLT.

7.4 Interactive audits

Team managers audit a minimum of one case per month from a worker not in their team. The team manager liaises with the workers manager to identify which case to audit. Each social worker will have a minimum of one audit each year as part of the CPD offer. Prior to the audit the social worker will carry out a compliance check and the auditor will consult parents, carers, and children and young people. This Interactive Learning requires the auditors to sit alongside social workers to complete the audit together.



7.5 Joint audits with local authorities

OAWY service delivery managers will carry out joint audits with our local authority partners throughout the year. The themes and number of audits will be agreed quarterly between OAWY and the relevant local authority lead. Findings from the audits will be incorporated into the quarterly audit report, see 6.1.

7.6 Thematic audits

OAWY service delivery managers will undertake thematic audits in relation to specific practice areas or in response to issues being raised/identified. Reports from thematic audits will be shared with the senior leadership team and used to inform service improvement.



8. Quality Assurance - processes

8.1 Feedback

OAWY proactively seek feedback from a variety of sources. This feedback allows us to define and assess the quality of practice, service and management and respond accordingly. Our principal sources of feedback are:

- Views of Children and Families: The views and experiences of children & young people, adoptive parents, birth parents, adopted adults
- Performance Data: Any statistical data that helps us judge the quality and effectiveness of our professional practice
- Practice Wisdom and Knowledge: The practice wisdom of those staff who work with children's young people and families, adoption panels & learning from disruptions
- The findings of external and internal inspections, audits and evaluations of our practice

Included in the above are the findings of any research and evaluation projects that we may take part in. This feedback is used to support the oversight and improvement of adoption practice.

8.2 Voice and influence

Where possible OAWY aim for the voice and influence of adopted people, families and workers to thread through our services. Here are some examples of how we ensure their voices have influence:

- Adoption preparation training is managed by a staff group with adoptive parents and adopted adults who meet at regular intervals to consider the training programme for the year and use the opportunity to consider any amendments and additions to the training programme
- Following Adoption Panel, the views of prospective adopters and social workers of how they experienced the process of attending panel are sought. Evaluation of this information is used to make any necessary improvements to the functioning of the adoption panel and to the adoption agency administration
- A questionnaire is sent to adoptive parents once the adoption order has been granted. This information considers different parts of the adoption process and helps to identify if there are any areas where improvements can be made
- An Adoption Support questionnaire is sent to all users of the Adoption Support Service on completion and closure of the work undertaken with the family. Services provided to birth parents and other parties through commissioned services are subject to user evaluation as part of the contractual arrangements



8.3 Adoption Panel

Adoption Panel members complete an evaluation form on each item presented to Panel, assessing the quality of the information provided and the social worker's presentation at panel. This will be collated by the Panel Advisor and a copy of the form will be sent to the social workers' and team manager and where necessary to the service delivery manager so that feedback can be given to the social worker and inform any training or development needs. Copies of the evaluation form will be kept by the Panel Administrator, and these will be evaluated by on a six-monthly basis by the Panel Chairs in the completion of their report to the Agency and Partners. The evaluation and analysis will also be included in future annual reports. Bi-monthly meetings take place with Adoption Panel chairs to ascertain feedback and focus on practice and service development.

8.4 Agency Decision Maker

The role of the agency decision maker is an active one with a critical challenge of the quality of work presented to Adoption Panel and the quality of decision making by the panel itself. Bi-annual meetings take place between the agency decision makers across the region to monitor progress.

8.5 Shared reflection and learning

Information and intelligence learned through quality assurance processes are analysed, summarised, shared and used to inform improvement. For example, disruption meetings are held as a matter of course and resulting reports are used to look at the need for any practice improvement measures with recommendations referred for consideration by the senior management team and further discussions across the local authorities. Disruption meeting reports will also be made available to the relevant panel which agreed the original match for panel to consider whether there are any learning points or changes required for Adoption Panel processes.



9. Staff development

9.1 Supervision and appraisal

A key tool to ensure that we are delivering a quality service is ensuring that regular supervision of staff is undertaken. Formal supervision of staff includes case discussion, reflective practice and consideration of performance data, ensuring assessments are of good quality and undertaken in a timely manner and meet regulatory requirements. Supervision is also used to consider the worker's development and training needs in relation to their practice. All managers will have a quality assurance role and will read and sign all assessment reports, specifically prospective adopter's reports, adoption placement reports, adoption placement plans and adoption support assessments and reviews. Direct observation of staff will also be undertaken as part of supervision and appraisal and staff development.

Annual appraisals, and half year reviews, are undertaken with all staff where their practice and performance will be reviewed, objectives will be agreed, and any training and developmental needs will be identified and addressed.

9.2 Skills review

Every 12-18 months OAWY review the skills of their staff based upon the priorities of the agency. Where a need to strengthen skills in a particular area is identified this is fed into a training and development plan. Regular skills reviews mean that the agency always has a good understanding of the available skill set within the organisation and can plan resources accordingly.

