

## Performance and Learning Review (PLR) Policy

### 1. Overview

- 1.1 This policy sets out the process to be followed by all Cafcass staff when carrying out a Performance and Learning Review.

### 2. High level PLR process map



- 2.1 There will be a planned meeting called the performance and learning review (PLR) for each member of staff (employed and temporary) held at suitable intervals. The frequency will be agreed on an individual basis depending on need and stage of development, working towards minimum requirements set out in the table below. Each PLR will be preceded and informed by a self-assessment by the employee (see the following section).

Minimum PLR frequency by role:

| Staff role   | PLR frequency  |
|--|--|
| FCA/Practice Supervisor/Service Manager                                      | One every three months   |
| Senior Managers (e.g. Head of Practice/Assistant Director)                   | One every six months   |
| Business Services  | One every six months.<br>One group supervision every six months. |
| Corporate staff (e.g. IT, HR, policy, legal, analytics, communications etc.) | One every six months.  |

- 2.2 Flexibility about the frequency of supervision is important. During the first six months in post and where the individual needs greater support (formal or informal), review meetings will be more frequent. PLR meetings will provide an additional opportunity to reflect on individual progress, learning and development. For senior managers (Head of Practice and above) there is a minimum frequency of six month intervals for PLRs. Business services staff will have PLRs every six months, with group supervision sessions in between.
- 2.3 Staff returning from long-term absence, including sickness absence and maternity leave will have a PLR within three months of returning to work.
- 2.4 Within the PLR discussions, all service standards should be assessed across a 12-month period with a minimum of two 'safe' assessment in the same period. At least one service standard must be recorded in each PLR.

- 2.5 The purpose of the review meeting will be to:
- Review wellbeing and achieve personal learning and career development goals; including the evaluation of how learning has been applied and embedded in work during the review period.
  - Improve the quality of decision making and interventions, through reflective practice discussion including any learning from QA, feedback about development support from colleagues such as practice supervisors and NIS, evaluation of impact of development and clear action setting.
  - Enable effective line management and accountability.
  - Identify and address issues relating to caseload, workload management and productivity.
  - Enable a 'two-way' reflective conversation on performance and development.
  - Set and monitor progress of PLR actions to reflect all development areas including any actions arising from the self-assessment. The PLR actions form the individual's development plan
- 2.6 This formal session will include:
- A review of the employee's self-assessment.
  - Appraising feedback from others obtained by the line manager.
  - Analysis of evidence of observed practice (at least once per year).
  - Analysis and review of performance data available.
  - Assessment of a sample of two cases (for FCAs).
  - Assessment of observed supervision (for managers).
  - Assessment of the agreed service objectives for the period.
  - Assessment of quality assurance tools/audits (business services).
  - Setting and reviewing actions relating to all aspects of reflective discussion, wellbeing, development and performance.
- 2.7 Family Court Adviser (FCA) PLRs are always carried out by senior/service managers (SSM/SM). Practice supervisors (PS) will contribute to the PLRs of FCAs with whom they are working, for example by summarising themes from case consultations that have emerged over the previous PLR period. PS may join the PLR meeting or provide relevant information to the SSM/SM, for consideration in advance. Business services team leaders will conduct PLRs for business services officers.

### **Self-assessment and forming an evidence-informed analysis within the PLR**

- 2.8 Prior to the PLR, staff are required to complete a self-evaluation of their strengths and areas for learning and development. This self-evaluation will be discussed during the PLR. The manager will also utilise MyWork and other relevant information during the PLR.
- 2.9 All information relating to a PLR is recorded on the Cafcass PLR system, this includes
- PLR scheduling
  - Staff self-assessment
  - PLR meeting

- Actions
- Staff feedback
- General meetings

All practice staff are encouraged to reflect on their current performance using the electronic self-regulation tool 'MyWork', which provides staff with a range of up to date comparative information relating to throughput, efficiency, supervision, attendance and customer feedback, benchmarked against their local team and the wider organisation.

- 2.10 All case discussions (as day to day situational supervision) and decision making should be recorded in the contact log on Child First, by the reportee, service manager or practice supervisor. Non-case related discussions taking place between PLRs can be recorded as a general meeting on the Cafcass PLR by the service manager or practice supervisor.
- 2.11 All case related Quality Assurance and Impact (QAI) tools are to be recorded on the Cafcass QAI system. Collated themes of strengths and learning are pulled through to the PLR to assist relevant developmental discussion.
- 2.12 All contents of the PLR or general meeting record will be stored on the PLR. No paper or electronic files will be held in any other location, including QAI tools.
- 2.13 The PLR meeting record is maintained by the manager only and will be visible to the supervisee via the PLR system. Staff self-assessments are created by the reportee and viewable by both the employee and their manager.

### **Service standards assessments**

- 2.14 Over the year, all aspects of performance set out in the service standards will be reviewed. An assessment of each dimension will be agreed, using the categories of 'outstanding', 'good', 'met' and 'requires improvement' to indicate whether the individual is performing or progressing at the expected level. There is a joint responsibility, between the individual and manager, to assess at least one service standard for each PLR (as part of self-assessment and PLR), including any support required to achieve continuous improvement, irrespective of the current performance level evidenced.
- 2.15 The PLR system will propose an overall assessment grade for the period based on manager assessed service standards and QAI grades for the PLR period. A manager may override this grade if supported by clear evidence for that decision.

### **3.0 Self-regulation**

- 3.1 FCAs will have delegated authority to file their own reports and close their own cases when they have attained three consecutive 'good' pieces of work as set out in the quality assurance and impact framework. Approval for self-regulation is recorded and maintained by managers on the CafcassPLR site via a tick-box.

- 3.2 Should staff receive one 'requires improvement' or two consecutive 'met' gradings, consideration should be given to self-regulation status and whether this remains appropriate. The decision must be recorded within a general meeting or PLR within two weeks of the decision being made. An FCA will need two consecutive 'good' gradings before self-regulation is reconsidered.
- 3.3 All staff are encouraged to reflect on their current performance using the electronic self-regulation tool 'MyWork', which provides staff with a range of up to date information relating to throughput, efficiency, supervision, attendance and customer feedback, benchmarked against their local team and the wider organisation.

|             |  |
|-------------|--|
| Owned by    | Sarah Parsons, Deputy Director   |
| Approved by | N/A  |
| Approved on | N/A  |
| Implemented | 1 April 2022   |
| Version     | 1.0  |
| Amended     | <ul style="list-style-type: none"> <li>This policy has been created using text from the old Supervision Policy around the PLR process, a decision was made to separate out the two policies as the new supervision policy and guidance relates to Cafcass social work practitioners only.</li> <li>The policy will be reviewed and updated in June 2022 when system updates are made.</li> </ul> |
| Next review | June 2022  |

## **Appendix 1: Quality assurance minimum requirements**

All quality assurance is recorded using the electronic quality assurance and impact tool in SharePoint. This appendix sets out the minimum requirements for the frequency of quality assurance carried out for different purposes, in addition to the types of work to be assessed for different staff groups.

The provision of a briefer 'quick quality assurance tool' (QQA) has been developed in times of unprecedented demand and increased pressure on resources as a temporary measure, to enable quality assurance oversight to be documented succinctly. This tool continues to require a full case to be reviewed, though the detail of the impact of the quality is reduced to a summary of the quality of the case. New starters will continue to receive full detailed feedback on case work to support learning and development. The QQA tool must not be used to record case file audits where there is either a formal or informal performance matter ongoing with the member of staff, or about a specific case. The Quality Assurance and Impact (QAI) tool must be used in these instances.

When selected, the QQA tool provides abridged criteria for recording on the electronic QAI system. All data is captured and used across appropriate analytics including the PLR and QAI Daily Compliance Check and within the electronic PLR application.

The QQA will remain in use until a point that OMT decide it is no longer needed. During this period of use, the principles of a full case file audit to assure the safety, quality, engagement and compliance being assessed will still apply.

### **General/role-specific quality assurance**

#### **Corporate Management Team (CMT)**

Social work qualified members of CMT will review one case file per quarter, selected randomly by Management Information Service.

#### **Heads of Practice and Assistant Directors (HoP/ADs)**

Each service area shall have a case file audit completed every month by either the AD or HoP. This audit should involve a discussion with the FCA.

Each HoP/AD will dip sample one PLR record per quarter.

The Operational Service Directors will undertake a dip sample of monthly HoP/AD audits.

Annual programme of area quality reviews providing a 'deep dive' peer review of quality, impact and outcomes for children

NIS annual programme of thematic assurance audits commissioned by the Operational Service Directors

### Quality assurance as part of staff supervision

| Practitioner compliance requirements |                             |   |  |   |
|--------------------------------------|-----------------------------|---|--|---|
| Measure                              | 3 Months                    | 6 Months  | 9 Months   | 12 Months   |
| <b>PLR</b>                           | 1 PLR in a 3 month period   | 2 PLRs in a 6 month period                                | 3 PLRs in a given 9 month period   | 4 PLRs in a 12 month period   |
| <b>Safe service standards</b>        | N/A                         | N/A   | N/A  | 2 standards in a 12 month period (1 for new starters in their first 6 months) |
| <b>Case file audits</b>              | 1 audit in a 3 month period | 2 audits in a 6 month period<br>1 collaborative, 1 normal | 3 audits in a given 9 month period<br>Any combination of formats, no more than 2 of each | 4 audits in a 12 month period<br>2 collaborative, 2 normal                    |
| <b>Practice observations</b>         | N/A                         | N/A   | N/A  | 1 observation in a 12 month period  |

| Exceptions to compliance requirements                         |  |
|---|--|
| Long term absence - sickness and other leave                  | Excluded once the absence becomes long-term i.e. 20 days or more.  |
| Long term absence – maternity and adoption                    | Excluded once the period of leave starts   |
| Long term absence - returnees                                 | Excluded for three months after they have returned.<br>For maternity leavers who take annual leave immediately after maternity leave, the three month period starts when their annual leave ends |
| New starters  | Excluded for three months from their joining date with Cafcass   |
| Position changes  | Excluded for three months after the new occupancy start date   |
| Sessional workers, students, bank FCAs and Cafcass Associates | Excluded from all reporting  |

| Measure          | Comments   |
|------------------|--|
| Quick QA         | Any number of Quick QA can be recorded for staff, these will <b>not</b> count towards compliance         |
| NIS QAI          | Any number of NIS QAI can be recorded for staff, these will <b>not</b> count towards compliance          |
| HoP/AD QAI       | Any number of HoP/AD QAI can be recorded for staff, these will <b>not</b> count towards compliance       |
| General meetings | Any number of general meetings can be recorded for staff, these will <b>not</b> count towards compliance |