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**Good Practice Nomination Form**

Good Practice Nominations should be made when there has been a significant positive impact on the lived experiences of the child or a good example of multi-agency working. Practitioners should discuss the nomination with their line manager/agency designated safeguarding lead to help formulate the rationale.

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| **Good Practice Nomination will:** |
| * Evidence the impact of practice upon the improved outcomes for the child/ren. * Provide an opportunity to reflect on your successes and challenges. * Help to identify learning that could be useful for others, and further areas for improvement. * Present the steps taken to improve outcomes in a practical and accessible way. Your referral needs to be easy for others to understand. * Outline any barriers the organisation faced when implementing the project and the methods used to overcome these. * Outline the effect the change had on service performance and outcomes through an evaluation process. |
| Completed Forms should be returned via email to:[**SSCP@somerset.gov.uk**](mailto:SSCP@somerset.gov.uk) |

The aim of this process is to gather examples of practice which can support the learning and development of agencies across Somerset, recognise areas of strengths across multi-agency working, and what we can learn to disseminate the success further. Sharing good practice and learning can help drive change, reduce variations in care and improve services to children and their families.

**Good Practice Nomination Referral:**

|  |  |
| --- | --- |
| **Referrer Information** | |
| Date of referral to SSCP: |  |
| Name of referrer: |  |
| Agency of referrer: |  |
| Email: |  |
| Name of child/ren: |  |

If you are highlighting the practice of a professional from another agency, the SSCP will notify them that they have been subject of a Good Practice Nomination. Please include the details below of any specific practitioners you are nominating:

|  |  |
| --- | --- |
| Name of practitioner: |  |
| Agency: |  |
| Email: |  |

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| **Summary of case and evidence of a good outcome for the child/family** |
| Summary of the multi-agency involvement/good practice: |
|  |
| How did the good practice impact on the child/family? This could include:   1. Direct feedback, as you have discussed this nomination with them 2. Other feedback received from the child/family 3. Your assessment of the impact |
|  |
| Any other information: |
|  |

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| **Please return this form via a secure method to** [**SSCP@somerset.gov.uk**](mailto:SSCP@somerset.gov.uk) |

**Next steps:**

1. The SSCP Business Unit will share this Good Practice Nomination with any professionals named on the form.
2. The SSCP Quality and Performance subgroup will consider key themes arising from Good Practice Nominations, to support multi-agency learning and development. For some specific nominations, the SSCP may commission a Learning Review to explore the multi-agency learning. The SSCP may also include some anonymised details in the Learning Bulletin.