REACHING ALL PEOPLE TRUST CIC

Company No. 10349786

QUALITY ASSURANCE, MONITORING, EVALUATION & CONTINUOUS IMPROVEMENT POLICY

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Policy status: This controlled v1.0 policy establishes RAP Trust's framework for quality assurance, monitoring, evaluation, evidence integrity and organisational learning. It applies proportionately across community, justice, custodial, education and commissioned delivery and is designed to support credible reporting without overstating what the evidence can demonstrate.

1. Statement of Commitment

Reaching All People Trust CIC is committed to delivering interventions that are safe, purposeful, culturally competent, trauma-informed and capable of being evaluated. Quality assurance is not limited to compliance: it is the disciplined process of understanding whether delivery is faithful to its purpose, whether participants experience it as intended and whether evidence supports the outcomes being reported.

2. Core Principle

Activity is not the same as impact. RAP Trust must be able to distinguish what was delivered, who was reached, what changed and what evidence supports that conclusion.

3. Evidence Integrity

RAP Trust will distinguish outputs, outcomes and longer-term impact, and will not present correlation, participant testimony or programme completion as proof of causation.

4. Lived Experience and Evidence

Numbers can show scale and pattern; lived experience can explain meaning, mechanism and change. Neither should be manipulated to tell a story the evidence does not support.

5. Purpose

This policy is designed to:

- Set consistent expectations for programme quality and delivery fidelity.
- Establish proportionate monitoring and outcome measurement.
- Protect the accuracy and integrity of organisational evidence.
- Embed participant voice and lived experience in quality review.
- Support commissioner reporting and contractual assurance.
- Convert feedback, incidents and evaluation findings into improvement.

6. Scope

This policy applies to RAP Trust programmes, interventions, training, mentoring, commissioned services, pilots, workshops and relevant organisational functions. It applies to directors, employees, workers, volunteers, contractors, facilitators, evaluators and partners where they collect or report RAP delivery or outcome information.

7. PLAN → DELIVER → RECORD → MEASURE → LISTEN → REVIEW → LEARN → IMPROVE

RAP Trust's framework is: **Plan** the intended intervention and evidence; **Deliver** to an appropriate standard; **Record** what occurred; **Measure** relevant outputs and outcomes; **Listen** to participants and stakeholders; **Review** the evidence; **Learn** from strengths and weaknesses; and **Improve** delivery and systems.

8. Quality Defined

Quality means more than participant satisfaction. It includes safety, safeguarding, accessibility, relevance, fidelity, practitioner competence, professional boundaries, cultural responsiveness, timeliness, evidence quality, participant experience and achievement of intended outcomes.

9. Programme Logic

Material interventions should have a clear rationale connecting identified need, activities, expected mechanisms of change, outputs and intended outcomes. The complexity of the model should be proportionate to the programme.

10. Theory of Change

Where useful, RAP Trust may articulate a theory of change describing how and why an intervention is expected to contribute to change. Assumptions should be identifiable and open to testing rather than treated as proven facts.

11. Delivery Standards

Each established programme should have sufficient delivery guidance to identify its purpose, intended participants, core content, delivery method, expected duration, safeguarding considerations and any required practitioner competence.

12. Programme Fidelity

Fidelity means delivering the essential components of an intervention as designed. Adaptation may be appropriate for participant need, setting or accessibility, but material changes should be identifiable so RAP Trust can distinguish the original model from an adapted version.

13. Responsive Practice

Fidelity must not become rigidity. Trauma-informed and culturally competent practice may require pace, examples, language, sequencing or engagement methods to be adapted while preserving the intervention's core purpose and safeguards.

14. Eligibility and Referral

Where programmes have defined eligibility or referral criteria, these should be applied consistently and exceptions documented where material. Referral pressure must not lead to inappropriate placement simply to meet numerical targets.

15. Baseline Information

Where outcomes are to be measured, an appropriate baseline should normally be established before or near the start of intervention. A baseline should measure relevant constructs rather than collect information merely because it is easy to count.

16. Outputs

Outputs describe what the programme delivered or produced, such as sessions, participants reached, completions, referrals, workshops or resources. Outputs demonstrate activity; they do not by themselves establish change.

17. Outcomes

Outcomes describe changes that occur during or following intervention, such as knowledge, attitudes, emotional regulation, engagement, behaviour, relationships, education/training/employment progression or other programme-specific measures.

18. Impact

Impact concerns broader or longer-term change and often requires stronger evidence than routine monitoring can provide. RAP Trust should use the term carefully and specify the basis and timeframe for any impact claim.

19. Attribution and Contribution

RAP Trust should distinguish between claiming that an intervention caused an outcome and stating that it plausibly contributed to change alongside other influences. Justice, family, education, community, housing, employment and developmental factors may all affect participant trajectories.

20. Reoffending Claims

Absence of known reoffending during an observed period may be reported where the data source, cohort, timeframe and limitations are clear. It must not automatically be presented as proof that RAP Trust caused desistance.

21. Completion Rates

Programme completion is a useful engagement measure but should not be presented as an outcome in itself unless completion is the explicitly defined outcome. Reasons for non-completion should be examined where practicable.

22. Attendance and Engagement

Attendance data should distinguish presence from meaningful engagement where this distinction matters. A participant attending a session does not necessarily demonstrate understanding, participation or behavioural change.

23. Dosage

Where programme effectiveness may depend on exposure, RAP Trust should record relevant session frequency, duration or completion information. Partial participation should not be represented as full programme completion.

24. Follow-Up

Where proportionate and lawful, follow-up may be used to assess whether change is sustained. Follow-up windows, response rates and missing participants should be transparent when results are reported.

25. Participant Voice

Participant feedback should form part of quality assurance. Feedback methods should be accessible, voluntary where appropriate, culturally sensitive and designed to reduce pressure to provide favourable responses.

26. Power and Feedback

Participants may depend on practitioners, institutions or services and may therefore hesitate to criticise provision. RAP Trust should create routes for honest feedback that do not make continued support contingent on positive evaluation.

27. Lived Experience

Lived experience can illuminate barriers, trust, identity, safety, cultural meaning and mechanisms of change that quantitative measures may not capture. It should be treated as substantive evidence while recognising its context and limits.

28. Case Studies

Case studies should be accurate, proportionate and based on appropriate consent or another lawful basis. Composite, anonymised or altered details must not be presented as a verbatim individual history. Material limitations should be clear.

29. Testimonials

Testimonials may demonstrate participant experience but are not representative evidence unless the method supports that conclusion. Negative, neutral and mixed feedback should not be systematically excluded to create a misleading picture.

30. Qualitative Evidence

Interviews, reflective accounts, focus groups, practitioner observations and narrative evidence should use a sufficiently clear method that readers can understand how themes or conclusions were reached.

31. Quantitative Evidence

Numerical reporting should identify the relevant denominator, timeframe and cohort. Percentages should not be used without sufficient context where small numbers could materially distort interpretation.

32. Small Cohorts

Small cohorts are common in intensive justice interventions. RAP Trust should avoid false precision and should consider presenting numbers alongside qualitative evidence and contextual explanation.

33. Data Quality

Monitoring data should be accurate, complete enough for its intended purpose, consistently defined and recorded in a timely manner. Known gaps should be acknowledged rather than silently estimated.

34. Data Definitions

Key metrics should have clear definitions so different practitioners do not count the same activity differently. Terms such as referral, start, engagement, completion, outcome and follow-up should be operationally defined where used in reporting.

35. Duplicate Counting

RAP Trust should distinguish unique participants from contacts, attendances or interventions. Repeated engagement with the same person must not be presented as additional unique beneficiaries unless the metric explicitly counts contacts.

36. Data Validation

Material reports should receive proportionate checks for arithmetic, duplication, missing data, implausible values and consistency with source records before submission or publication.

37. Commissioner KPIs

Where a contract specifies KPIs or reporting definitions, RAP Trust should use the agreed definitions and identify any discrepancy between contractual metrics and RAP's internal measures.

38. Targets

Targets should support purposeful delivery rather than distort it. Staff must not pressure unsuitable participants into programmes, falsify activity, reduce safeguarding standards or manipulate records in order to meet targets.

39. Performance Exceptions

Material underperformance should be identified early, understood and addressed. Reporting should distinguish between controllable delivery failure and external factors such as lockdowns, regime changes, referral shortages, participant transfer or commissioner decisions.

40. Custodial Settings

Quality assessment in prisons and secure settings should account for regime constraints, movement, transfers, adjudications, staffing, security events and other factors outside RAP Trust's control. These contextual factors should be recorded where they materially affect delivery or outcomes.

41. Community Delivery

Community programmes should consider accessibility, participant safety, referral quality, retention, travel, competing needs and continuity of relationships when interpreting performance.

42. Education Settings

Where RAP delivers in schools or colleges, quality monitoring should distinguish RAP's intervention outcomes from wider educational or pastoral outcomes unless a defensible evaluation method supports attribution.

43. Practitioner Competence

Quality depends on practitioner competence as well as programme design. Supervision, observation, training, reflective practice and feedback should be used proportionately to maintain delivery standards.

44. Observation

Where appropriate, delivery may be observed for quality assurance. Participants and practitioners should be informed appropriately, and observation should assess defined aspects of practice rather than rely solely on subjective impression.

45. Supervision

Supervision should provide a structured opportunity to examine case complexity, safeguarding, boundaries, delivery challenges, participant engagement, practitioner impact and learning. It should not be reduced to administrative checking.

46. Reflective Practice

Reflective practice should support practitioners to examine how identity, emotion, assumptions, culture, power and lived experience affect intervention delivery and decision-making.

47. Complaints as Quality Intelligence

Complaints, concerns and dissatisfaction should be analysed for learning. A complaint being unsubstantiated does not necessarily mean the service has nothing to learn from the experience.

48. Safeguarding Intelligence

Safeguarding concerns, near misses, allegations and boundary issues may reveal weaknesses in programme design or implementation. Quality improvement must connect with safeguarding governance.

49. Incidents and Near Misses

Operational incidents and near misses should inform quality review where they expose weaknesses in staffing, communication, environment, risk assessment, training or programme design.

50. Equality and Inclusion Data

Where lawful, necessary and proportionate, RAP Trust may analyse participation and outcomes across relevant groups to identify access barriers, differential experience or unequal outcomes. Small numbers and re-identification risk must be managed carefully.

51. Cultural Competence

Quality assurance should examine whether delivery is culturally credible and responsive, not merely whether standard content was completed. Participant trust, language, context and practitioner cultural intelligence may materially affect outcomes.

52. Trauma-Informed Quality

Trauma-informed delivery should be assessed through practice, not labels. Relevant indicators may include emotional and physical safety, choice, predictability, collaboration, avoidance of unnecessary re-traumatisation and appropriate responses to distress.

53. Evaluation Ethics

Evaluation should respect dignity, consent, privacy, safeguarding and power imbalance. Participation in evaluation should not be misrepresented as a condition of receiving support unless data collection is legitimately necessary for service delivery or contract requirements.

54. Consent and Lawful Basis

Consent for evaluation, case studies or publicity should be distinguished from the lawful basis used for routine service monitoring. RAP Trust should not rely on consent where another lawful basis is actually being used.

55. Children and Young People

Evaluation involving children or young people should use age-appropriate information and methods and consider capacity, safeguarding, parental responsibility where relevant, institutional requirements and the child's own voice.

56. Sensitive Questions

Questions about violence, trauma, offending, victimisation, family or identity should only be asked where relevant and with appropriate safeguarding and practitioner competence. Data collection must not become unnecessary extraction of painful experience.

57. Research vs Service Evaluation

Formal research may create ethical, methodological or governance requirements beyond routine service evaluation. RAP Trust should distinguish research intended to generate generalisable knowledge from monitoring designed primarily to understand its own service.

58. External Evaluation

Independent evaluation may strengthen assurance for significant programmes, pilots or claims. Independence should be genuine, and commissioning an evaluator does not entitle RAP Trust to control findings or suppress unfavourable conclusions.

59. Publication Integrity

Reports should distinguish findings, interpretation and recommendation. Limitations, missing data, small samples, selection bias and other material constraints should be disclosed where they affect interpretation.

60. No Cherry-Picking

RAP Trust should not selectively publish only favourable metrics, periods or participant accounts where doing so would materially misrepresent overall performance.

61. Corrections

Material errors identified in submitted or published evidence should be corrected promptly and transparently where practicable. The response should be proportionate to the significance and audience of the error.

62. Data Protection

Monitoring and evaluation information containing personal data must be managed under RAP Trust's GDPR & Data Protection Policy, including data minimisation, security, access, retention and appropriate transparency.

63. Confidentiality

Evaluation reporting should avoid unnecessary identification of participants, staff or third parties. Particular care is required with small cohorts, rare circumstances and custodial case studies where nominal anonymisation may still permit identification.

64. Records and Audit Trail

Material performance claims should be traceable to underlying records or a documented method. The evidence trail should be sufficient to explain how reported figures and conclusions were produced.

65. Learning Reviews

RAP Trust should periodically bring together monitoring, participant feedback, practitioner learning, complaints, safeguarding intelligence, commissioner feedback and outcome evidence to identify themes and priorities.

66. Improvement Actions

Identified weaknesses should lead to proportionate actions with ownership and timescales. Improvement may include programme revision, training, supervision, data-definition changes, referral criteria, safeguarding controls or partnership escalation.

67. Closing the Learning Loop

An action is not complete merely because it has been recorded. RAP Trust should check whether the change was implemented and whether it addressed the problem it was intended to solve.

68. Innovation

New approaches and adaptations should be encouraged where there is a credible rationale and appropriate safeguards. Innovation should be evaluated rather than protected from scrutiny because it is new or founder-led.

69. Scaling Programmes

Evidence from a small pilot should not automatically be assumed to transfer unchanged to larger populations, different settings or different practitioner teams. Scaling should consider fidelity, workforce competence, safeguarding, resources and context.

70. Programme Retirement

RAP Trust should be willing to redesign, suspend or retire an intervention where evidence consistently shows that it is ineffective, unsafe, obsolete or no longer aligned with organisational purpose.

71. Commissioner Reporting

Reports to commissioners and funders must be accurate, timely and consistent with contractual definitions. Challenges and underperformance should be contextualised but not concealed.

72. Public Claims

Claims used in tenders, websites, press releases, social media or promotional materials should be supportable. Reach, success rates, impact and outcome statements should use clear definitions and appropriate evidence.

73. Historic Reach Figures

Where RAP Trust reports cumulative historic reach, the basis and period should be sufficiently clear to avoid implying that all individuals received the same intervention or level of engagement.

74. Assurance and Audit

RAP Trust may sample delivery records, monitoring data, programme files and reports to test whether policy and programme standards operate in practice. Assurance should focus on substantive quality rather than paperwork volume.

75. Governance Oversight

Directors should receive proportionate visibility of material performance, evidence quality, safeguarding and complaint themes, commissioner concerns, evaluation findings and significant improvement actions.

76. Review Triggers

This policy should be reviewed earlier following significant evaluation findings, evidence-integrity concerns, major programme redesign, commissioner requirements, serious safeguarding incidents, material data changes or significant expansion of RAP Trust delivery.

77. Policy Review

This policy will be reviewed at least annually. The planned annual review date is September 2027.

Document Control

Policy	Quality Assurance, Monitoring, Evaluation & Continuous Improvement Policy
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Designated Safeguarding Lead	Dr David Williams
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Related governance: Safeguarding and Child Protection; GDPR & Data Protection; Complaints; Risk Management & Organisational Risk Assessment; Staff Supervision, Training & Professional Development; Whistleblowing & Speaking Up; programme manuals, outcome frameworks, commissioner contracts and reporting schedules.

Implementation note: This policy establishes the governance standard rather than prescribing one measurement instrument for every intervention. Each substantive RAP programme should maintain a proportionate monitoring and evaluation framework defining intended outcomes, measures, data sources, collection points, responsibility, reporting method and limitations.