

REPORT:	Update on Audit and QA Activity	MONTH:	November 2018
AUTHOR:	Rob England (Head of Quality & Safeguarding, Children's Services)		

1) How much did we do?

This report provides an overview of audit activity for November, including the completion of audits against expectations, the growth in the number of auditors through the rolling training programme and other relevant quality assurance activity (e.g. dip samples).

Our expectation is that every Senior Manager, Manager and Advanced Practitioner undertakes 1 high quality core audit per month (unless they are otherwise moderating the audits of their colleagues). We now have a pool of 73 trained auditors and 16 moderators including two external (ex-Ofsted) moderators available for audit activity. On completion of the current programme of auditor training there will be an available auditor pool of approximately 85 auditors and 26 moderators.

With an expected completion rate of 90% this level of capacity would deliver around 77 audits per month, or 924 per year. Against an assumed 'steady-state' total load of 3911 children and young people (1996 (CiN) + 890 (CP) + 667 (CiC) + 358 (CL) (as at Sept 18)) this would provide a sample size of 24% per year.

12 new auditors were trained in November and they and their audits will be reported on from December. 18 auditors were not allocated audits for November (2 on maternity leave, 9 on extended leave, 7 exempted due to other circumstances). Therefore, during November, 55 children were allocated for audit from across all teams in Children's Social Care and the 11-25 Service. During November a further 10 auditors were exempted (2 for health reasons), which, alongside 3 completed audits that did not meet required standards when moderated, resulted in 42 audits completed to expected standards. (See Appendix 1 for a list of Exemptions, Late Returns, Nil Returns, and audits not meeting expected standards.) For November these 42 audits were completed and uploaded to children/young people's records – the findings of these are outlined in Section 2 below.

Two dip samples were also undertaken in support of quality assurance activity in order to test:

- a) The reasons for Children in Need not being seen prior to their social work service ending; and to ascertain whether there is a clear rationale for these children's social work service ending with a clear step down plan in place.
- b) Whether team managers are offering improving supervision and oversight as evidenced within children's records.

2) How well are we doing?

This section summarises progress against the targets to grow our auditor and moderator capacity and progress, and learning from auditing and dip sample activity.

We have achieved our target of having 85 trained auditors in place by November 2018. We also graduated a further 2 auditors to moderators in November. This represents continued growth in auditor and moderator capacity since October 17, notwithstanding 22 auditors (21%) and 3 moderators (16%) leaving GCC in the interim. Steve Hart will be training a small group of internal trainers in February 2019 who will take forwards the delivery of our auditor and moderator development on a rolling quarterly basis. This will enable us to sustain a good level of auditor capacity going forward.

Figure 1 below charts the monthly rate of audit completion. This illustrates that as a proportion of available auditors, completion numbers had been fairly static and rates had been declining in recent months with some reversal in Oct '18. The November completion numbers demonstrate continued growth in the volume of audits completed, but as a proportion of available auditors we have again seen a decline (45/73 audits, i.e. 62% overall completion rate). Within this figure there were 15/62 exemptions granted (24%) not related to health or extended leave arrangements. This is therefore

below the expected completion levels of 90% which maintains the suggestion that audit activity is not yet embedded as a priority across organisation.

Fig 1. Audit completion rates: January – November 2018:

	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18
Completed audits	32	23	24	27	25	40	27	26	28	46	45
No. of auditors	19	14	16	22	23	44	46	47	61	61	73
Completion rate	168%	164%	150%	123%	109%	91%	59%	55%	46%	75%	62%
Exemptions (non-health/leave)	Not measured										15/62 (24%)

Note: November figures includes 4 completed audits not meeting standard

Figures 2 and 3 below summarise the audit ratings. It is important to highlight that the audit methodology not only measures the quality of practice, but the impact of that practice for the child/young person. Better ratings are directly correlated to better outcomes for children/young people and vice-versa.

There continues to be good and improving practice and outcomes for children evidenced through the work. It is encouraging to see the highest percentage yet of practice rated as ‘Good’ (21%) in this month. It should be noted though that audited work that is deemed of inadequate quality and that is failing to improve children/young people’s outcomes continues to be high (19%).

Fig 2. Audit ratings by month – percentages:

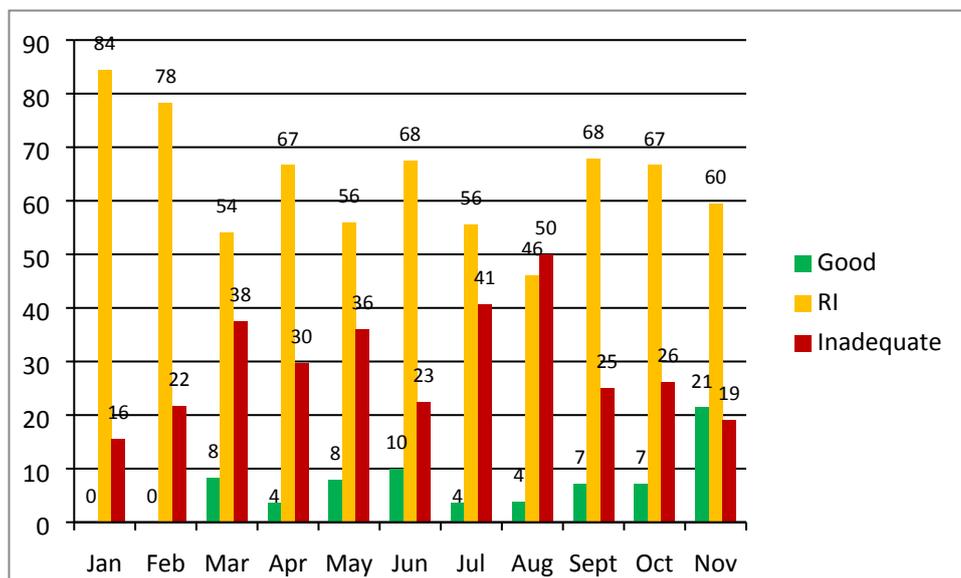


Fig 3. Audit ratings by month – actual numbers:

Month	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18
Good	0	0	2	1	2	4	1	1	2	3	9
RI	27	18	13	18	14	27	15	12	18	28	25
Inadequate	5	5	9	8	9	9	11	13	5	11	8

Good practice: The following areas of emerging good practice were identified through audit:

- Approximately a quarter of work showed Good: relational and co-productive social work, good procedural compliance, and good partnership work.

- b) There was 1 example of Outstanding direct work within 20% of practice demonstrating good direct work.
- c) Similarly there was 1 example of Outstanding recording practice amidst 18% Good recording.
- d) There is improvement in risk assessment and management (but equally this remains a priority area for concern (see below)).
- e) Similarly 29% showed Good practice in the continuity between assessment, analysis and planning (but again this remains a priority area for concern (see below)).
- f) There were 3 examples of Outstanding practice in relation to the Quality of Living Arrangements for children and young people.
- g) 22% showed Good work in relation to reviews for children and young people. Reviews seem to be more timely, and children were being more included in their reviews. Review work could be improved by being more inclusive of the children in decision-making, and supporting older children and young people to chair their own reviews.

We have further followed up directly with those practitioners identified as leading Good practice to understand their views on what in their practice, or the conditions around them, fostered this good work. This has led to the following findings:

- a) There is no particular concentration or pattern of this work relative to team or geography.
- b) Social workers consciously planning for and working on engagement and relationship-based practice.
- c) Using tools transparently with the family to support assessment and direct work (including tools gained through the Essentials training).
- d) Well organised visits; that is, diary management, pre-planning visits and ensuring that they are purposefully delivered and recorded.

Alongside the feedback to social work practitioners and managers on the findings from file audits as a driver for development and learning, a tracker has been established to track any necessary actions and 'Children of Concern'. The latter fall into two categories:

Category 1: there are widespread or serious failures meaning that the child / young person is at immediate risk of significant harm and needs an urgent (same day) response from the Head of Service; with Director oversight.
--

Category 2: there are widespread or serious failures meaning that the service offer/risk assessment is not appropriate to the needs of that child/young person.

There are currently 19 children of concern on the tracker including 2 highlighted as Category 1. Progress for these 2 children at time of writing is that they are no longer classified as Children of Concern, Category 1. Any ongoing actions relative to an improved service for them are being tracked under the standard audit tracking process.

All children of concern are followed up on by the Practice Learning Team on a weekly basis. The following themes arise from the audits identifying Children of Concern (i.e. Inadequate practice):

- insufficient identification, response to, and reduction of risk;
- plans not directly informed by a good quality assessment;
- inconsistent and insufficient management grip and supervision;
- insufficient summary and/or chronology.

The first 3 points above are consistent with themes about concerning practice from previous QAF reports since October '17.

The dip sample on the reasons for Children in Need not being seen prior to their social work service ending; and to ascertain whether there is a clear rationale for these children's social work service ending, with a clear step down plan in place reviewed 100 children and young people. All of these children were identified as having not being seen for more than 20 days prior to closure, with a maximum of 116 working days.

46 children's records had a clear and supported rationale for not being seen. Of the remaining 54 children's records audited, the following themes emerged:

- a) Delayed recording of visits that had taken place;
- b) Engagement difficulties between the worker and family (but with little evidence of a reflection on this or attempts to find alternative engagement strategies);
- c) Transfers of children to other LA's who were undertaking visits;
- d) The majority had a form of explanation for the ending of the work but this wasn't always offered in the closure record but was sited elsewhere in the child's record (e.g. assessment or analysis).
- e) Less than half were closed with planned-for outcomes fully or partially met.
- f) 15% had multi-agency agreement to close.
- g) 1 had a clear step-out plan to Early Help.
- h) Only infrequently did recording demonstrate that children are made aware by their social worker of closure.

The second dip sample about whether team managers are offering improving supervision and oversight as evidenced within children's records sampled 49 records. To effectively select the sample and its measures we focused on management supervision and grip following receipt of a core audit. This is because there is a standing expectation across the service that on receipt of an audit the team manager will:

- offer direction to the worker and record this on the child/young person's record,
- undertake a reflective discussion about the learning from audit and record this on the child's record, and
- follow up with the worker to ensure the completion of actions from audit and close this off on the child's record.

This is therefore a proxy measure of other tasks where managers will be expected to show similar supervisory and oversight grip.

49 children's records were reviewed as those that had been subject to audits within August and September 2018. This dip sample found that:

- 1) It was reasonable to expect a higher degree of recorded management oversight and grip within the sample as the audits it was tracking had highlighted practice that was 35% Inadequate, 59% RI, and within these 88% had called for improved management oversight and grip.
- 2) Team managers had recorded acknowledgement of receipt of the audit on the child's record in 17/49 (35%) of the sample.
- 3) Team managers had discussed the audit learning and improvement actions following the audit in 27/49 (55%) of the sample. 12% (6/49) of the sample qualified as reflective supervision, 8% (4/49) as partially reflective and 35% (17/49) as not reflective. The recording of supervision, when present, continued to be largely process/task focused.
- 4) Good team manager 'grip' was found following audit in 15/49 (31%) of children's records. This was then sustained as needed for children's outcomes in 10/49 (20%) of children's records.
- 5) It was rare to find evidence of management challenge to social work practice in ensuring follow up from audit.

The above themes from the dip sample of management chime with messages about observed management grip from one of our external ex-Ofsted moderators. Namely, that some managers are not identifying deficits in work with children through observable practice or the use of performance data. Furthermore, that where issues are identified that some managers have not demonstrated sufficient urgency in responding to these, and that some managers are signing off work without challenging where there are evident deficits within this work.

This dip sample does not offer any insights into the barriers to management grip that underpin these results.

3) What action have we taken as a result of November QA activity?

A key element within our quality assurance programme is to ensure that there is an effective and timely response to identified actions to address issues impacting on children and young people and drive organisational learning. The Practice Learning Team maintains an action tracking log for all actions from audit, which is shared with the Heads of Service on a regular basis. There are currently

190 ongoing actions from previous audits, 122 (64%) of which are within timescale, and 68 (36%) are overdue. All overdue actions are regularly communicated to managers and senior managers.

The refreshed audit tool is now in operation. Alongside this we have introduced an impact measurement tool that will be distributed 6 weeks after each audit return to measure the impact of audit on improving the quality of practice amongst audit recipients, and the impact of audit on children/young people.

Under direction from the DCS, all exemptions from completing audits are now to be authorised by the respective operations directors.

We have realised that though we are improving engagement rates of practitioners and managers in audit, we have more work to do to improve ownership and value for the audit methodology amongst participants. We have therefore dedicated a substantial portion of the Extended Managers Meeting in February 2019 to this, are reinforcing the strengths-based intent of the audit approach at every opportunity, and offering individual and small-group coaching support to auditors and moderators when needs are presented.

As a result of the continued findings through QA in relation to risk, the interim Head of Quality has initiated work with the CP chairs, some GSCB partners, and the Ambassadors to develop a simple, plain English definition of Significant Harm to support threshold decision making (including for children, young people and their families). We are also developing Working Together compliant pathways to respond to vulnerable young people at risk of significant harm.

4) How well are we engaging Social Workers and Managers in audits?

Of the 46 audits completed (including those not deemed admissible) 43 were done with a social worker (95%) and there were legitimate reasons for not doing so in the other 3 instances (e.g. worker had recently left GCC). Most audits are now undertaken by team managers in their own areas thereby increasing the participation of managers in the audit. In November 41 (89%) managers were included, and 4 auditors were unsuccessful in attempts to include the manager.

During November 9 children/young people were contacted, 13 had been unsuccessfully attempted, and 20 were not applicable due to age or circumstances. 23 parents chose to give their views during the audits, and 14 were unsuccessfully attempted.

5) What is the impact of our audit actions on outcomes for children and young people?

The timely closure and oversight of audit actions and oversight promotes improved outcomes for children. Whilst this is improving circumstances for some children and young people, at present, we have too many overdue actions on the audit action and Children of Concern trackers. We now have agreement to review quality assurance improvement activity at strategic level to monitor progress against this.

While the newly initiated impact measurement methodology described in '3' above offers an opportunity for impact reporting, we have yet to wait the necessary 6 weeks to gather this feedback in so cannot yet report on this routinely.

6) Conclusions

1. In order to lift practice from Inadequate to Requires Improvement, two areas need to be urgently prioritised:
 - a) Agree threshold definitions, and reset the organisational approach to identifying, responding to and reducing risk. Work will be needed to include the partnership in this but as this is likely to require more time this will need to run in parallel to in-service remediation.
 - b) Work is urgently needed with our team management group to understand the barriers to

management grip and to introduce the necessary supports to overcome these.

2. The growth in auditor capacity means we have met the stated target however this is not yet leading to a corresponding growth in audit completion, ownership and valuing of the audit approach. There continues to be a high rate of audits subject to exemption, and negative feedback associated with audit.
3. Though we have received encouraging feedback on the quality of our auditing we remain unable to routinely and systematically demonstrate the impact of this activity on children's lives, though steps have now been taken to address this and will require 6 weeks to activate the first feedback loop on this.
4. We continue to see insufficiently timely resolution of actions from QA activity.
5. Though there is some growth in the moderator pool, there is continued pressure on the development of the moderator pool, wherein new auditors need more time to develop to allow prospective moderators to be identified.

7) Recommendations

Taking account of the learning from the volume and outcomes of our QA activity during November 2018, the following recommendations are made:

1. Children's Services SLT and Leadership Team to work with the wider management group to agree and implement a 3 month action plan seeking to reduce the current Inadequate practice to less than 10%. This will need to include as a minimum:
 - Rapid review of the Inadequate practice from the last 3 months to frame fuller insights into causal or maintaining factors in this practice.
 - Service-wide implementation of an agreed model of identifying, responding to, and reducing risk.
 - Work undertaken by operational leads with team managers to understand and respond to the underpinning challenges that hinder team managers exercising grip.
2. Continued emphasis of the strengths-based intent of audit, coaching for auditors and moderators, and undertake a recall event for auditors at the Extended Managers' Meeting in February 2019. This will be undertaken with an appreciative enquiry and collaborative solution-focused approach. Exemptions to continue to be signed-off by the respective operations director.
3. Deploy the impact measurement tool and include in ongoing QAF reports.
4. From January 2019, to use the monthly standing item on the Leadership Team agenda to report on audit completion, action tracking, and progress against recommendations from dip samples and audits.
5. Continued funding to be available for external moderator support, whilst we develop our pool of moderators.

Appendix 1. Exemptions, Late Returns, Nil Returns, Audits not meeting standards [marked confidential]