REPORT:	**Children's Services Quality Assurance Report** – operational copy	MONTH:	Aug 2019
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Overview

This report by the Social Work Academy provides an overview of audit activity and other relevant quality assurance activity for **August 2019**. It includes a summary of findings from audit activity within Early Help and Youth Support, information from the IROs and CP Chairs, and progress with the Essentials 2.0 training. The report format has been revised to reflect the orienting questions within the ILACS regulatory framework (to paraphrase): 1) '**How are we doing?**'; 2) '**How do we know this?**'; 3) '**What are we doing about it?**'.

1.0) How are we doing?

Outline response: **The improvement in the quality of work observed in June and July has continued into August. Work rated as good has increased and work rated as inadequate has appreciably decreased to 17%. This offers early signs of an improving trend in the quality of practice, and will need to be sustained over time to offer assurance of its reliability. Taking account of the learning from successive Ofsted visits, close attention has been paid to audits graded as RI. A proportion of these (8; or 20% of all audits) are considered at risk of declining without incisive management input.**

It is important therefore to note that, though improved, the overall rate of weak practice remains high; meaning that the service has yet to offer sufficient consistent support that assures the safety and wellbeing of children and young people.

August's Quality Assurance demonstrated that Children in Care (CiC) were receiving a service with sustained good features (at the rate of 43% (44% in July)). Children in need of Help and Protection (CiN and CP) remain most prone to variable and inadequate services which is a fairly static phenomenon, but the frequency of inadequate practice appears markedly reduced this month.

In line with the above, the best quality work relates to the area of 'Permanence'. There are sustained improvements in the practice fundamentals of Risk, Assessment, Planning, Relational and Direct work, and Reviews. These correlate with the foci of the Essentials 2.0 intervention; it remains difficult though to confirm the extent of this correlation.

Some of the good work is clustered in a group of 6 teams. Inadequate work is more widely distributed across the system, but there is a concentration of this in 17 teams (which is down from the 20 teams reported in July). Some teams are moving on and off these lists indicating that both good and inadequate practice is sustained in some teams whilst being more variable in others.

1.1)   Children's Social Care audit activity

The audit methodology should not only measure the quality of practice, but the impact of that practice for the child/young person. Better ratings should therefore be directly correlated to better outcomes for children.

Patterns of audit ratings are reflected below over the last three months (**Figure 1** and **Table 1)** and by quarter over the last 15 months (**Figure 2** and **Table 2).**

In August there has been a further increase in the level of practice rated as good (from 20% to 29%), which reflects a trend over recent months of more good practice being identified (as shown in **Figure 2**). There has also been a marked decrease in the level of practice rated as inadequate (from 30% to 17%). This supports the trend noted in the July QAF report of an improvement in the quality of practice. This can be a dynamic measure that is better viewed on a quarterly basis. As per **Figure 2**, the quarterly data upholds this picture of improving practice quality.
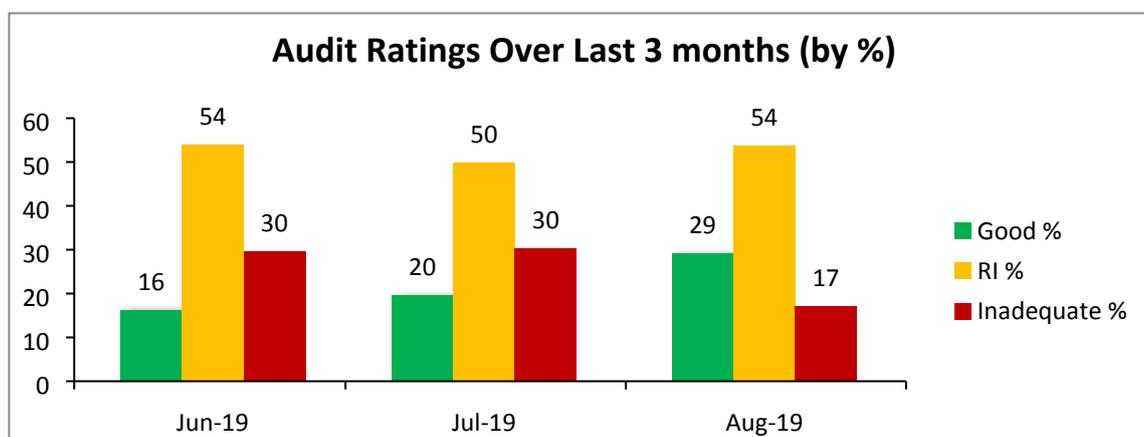
Figure 1

Table 1

Audit ratings by month			
Actual Numbers	Jun-19	Jul-19	Aug-19
Good	6	9	12
Requires Improvement	20	23	22
Inadequate	11	14	7
Total	37	46	41
By percentage			
Good	16	20	29
Requires Improvement	54	50	54
Inadequate	30	30	17

Figure 2

Audit Ratings by Quarter (%)
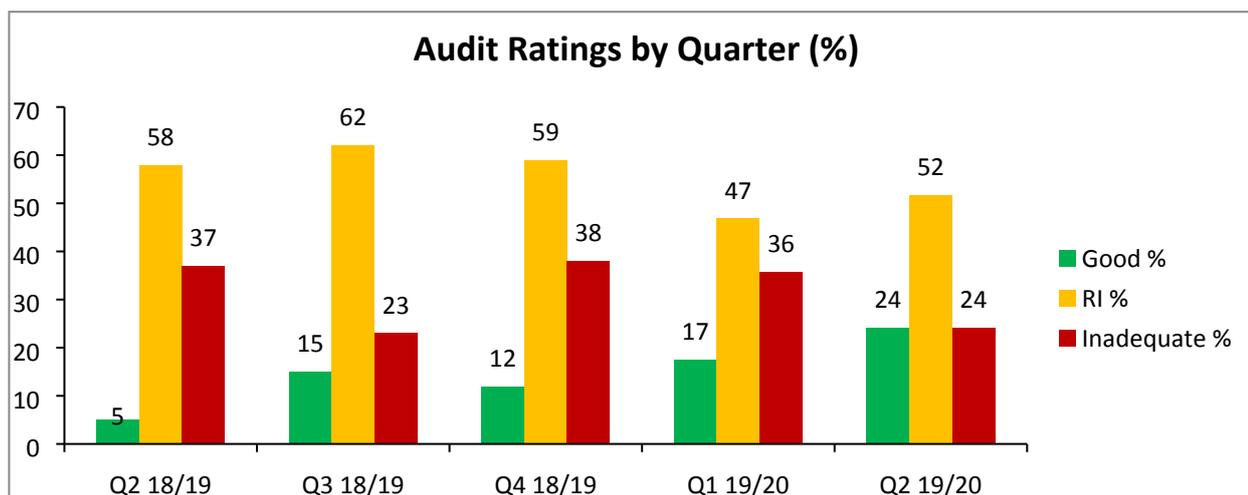
Table 2

Audit Rating by quarter					
By percentage	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
Good %	5	15	12	17	24
RI %	58	62	59	46	52
Inadequate %	37	23	38	36	24

In the July QA report, a rapid review was undertaken of practice rated as RI under the new audit tool to determine if the improvement effect noted that month was as a result of the tool. Through this exercise there were 5 (of 23) RI audits that were thought could have prompted an Ofsted Annex B query. This is because, though the work could be rated as RI, without close attention to the audit findings, and a timely and proportionate management response to secure the safety and wellbeing of these children, the service offer would probably become inadequate.

This exercise was repeated on the August audits that rated practice as RI. 8 (of 22 RI) audits contained practice that if not addressed through incisive management could become inadequate. These 8 represent 36% of the RI subset and 20% of the overall audit sample. It is not unusual to find such audits that rate practice on the cusps of the respective ratings. This suggests that the 5 in July, and the 8 in August, whilst requiring attention do not significantly skew the aggregate findings presented in this report.

Further to this, independent consultant and ex-senior HMI, Steve Hart has this month provided a review of 41 audits that he has overseen in the last 6 months. His feedback outlines that elements of improving practice are evident, however, the levels of practice rated as inadequate continue to be too high. Underpinning this inadequacy he described three interrelated factors of:

- A fundamental failure to sufficiently conceptualise information to develop a coherent account of the child's lived experience;
- This means that we too often do not identify and understand risk; and
- This practice is then not being suitably corrected by incisive management

So, while there is cause for optimism with respect to the quality of practice in children's social care in recent months, this should be approached with caution and continued emphasis on improvement endeavours. Not least because while a rate of 17% inadequate practice is a significant improvement on any month previously measured under the QAF, it still indicates that too many children and young people in Gloucestershire have not had their safety and wellbeing supported as needed.

1.2) Audit Ratings by legal status

Patterns of audit ratings by child's legal status are reflected below in **Table 3** and **Figure 3**. This considers audits by their legal status and the percentage of Good, RI and Inadequate practice identified within each area of social work intervention. For practice rated as inadequate, this is compared to the average percentage over the previous three months, in **Table 4**.

The actuals (**Table 3**) indicate that the numbers of audit for Assessment, Children with Disabilities and Care Leavers are probably too small to draw accurate inferences from so are not commented on here.

As per **Figure 3**, Children in Care are likely to be in receipt of a better service than Children in need of help and protection and as per **Table 4** the CiN and CP cohorts have experienced a marked improvement in service quality this month.
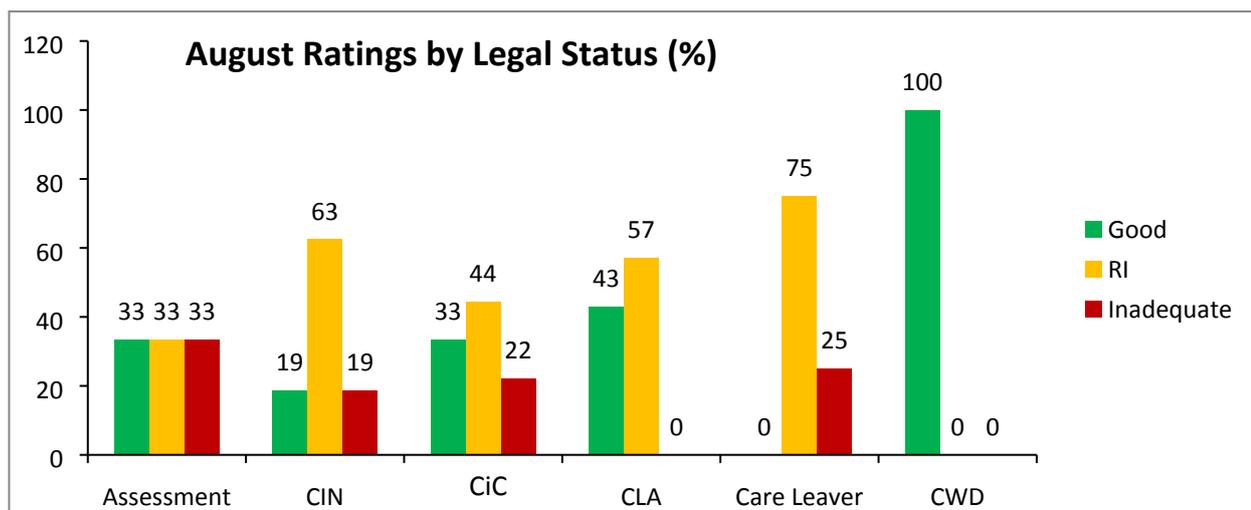
Figure 3

Table 3

Ratings by Status (Actuals)	Good	RI	Inadequate	Total
Assessment	1	1	1	3
CIN	3	10	3	16
CP	3	4	2	9
CiC	3	4	0	7
Care Leaver	0	3	1	4
CWD	2	0	0	2

Table 4

% age	Assessment	CIN	CP	CiC	Care Leaver	CWD
August 2019	33	19	22	0	25	0
Previous 3 months	33	38	42	24	15	29

1.3) Audit Ratings by Area of Practice

Figures 4-6 (below) demonstrate the following:

- There is a continued reduction in inadequate practice across all areas of practice, with the greatest reductions being seen in risk assessment & response; and oversight.

- Of the areas of inadequate practice, Risk Assessment & Response, and Oversight continue, however, to have the highest levels of inadequate practice identified (which is, by definition of 'inadequate' to be expected). This correlates with the findings that Steve Hart shared in relation to areas of practice underpinning our weakest practice.

- Relational Intervention & Review, and Permanence have the highest ratings of good practice; and Permanence has the lowest rating of inadequate practice. The positive practice identified earlier in this report for Children in Care will be correlating with the findings here relative to permanence.
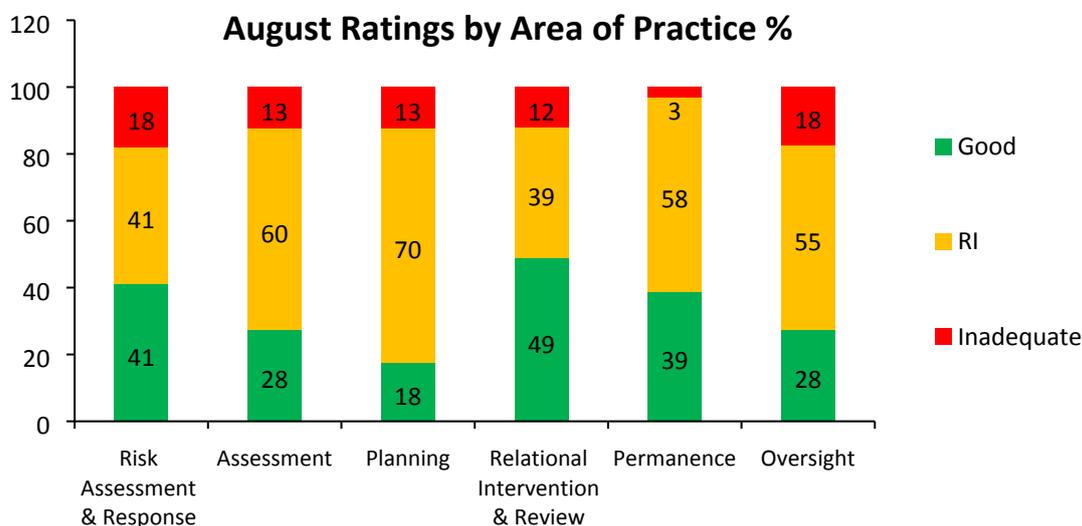
Figure 4

Figure 5

Ratings by Area of Practice previous 3 months (%)

Area	Good	RI	Inadequate
Risk Assessment & Response	24	47	28
Assessment	18	58	25
Planning	20	56	24
Relational Intervention & Review	26	53	21
Permanence	47	39	14
Oversight	20	50	30

Figure 6

Inadequate Difference (%)
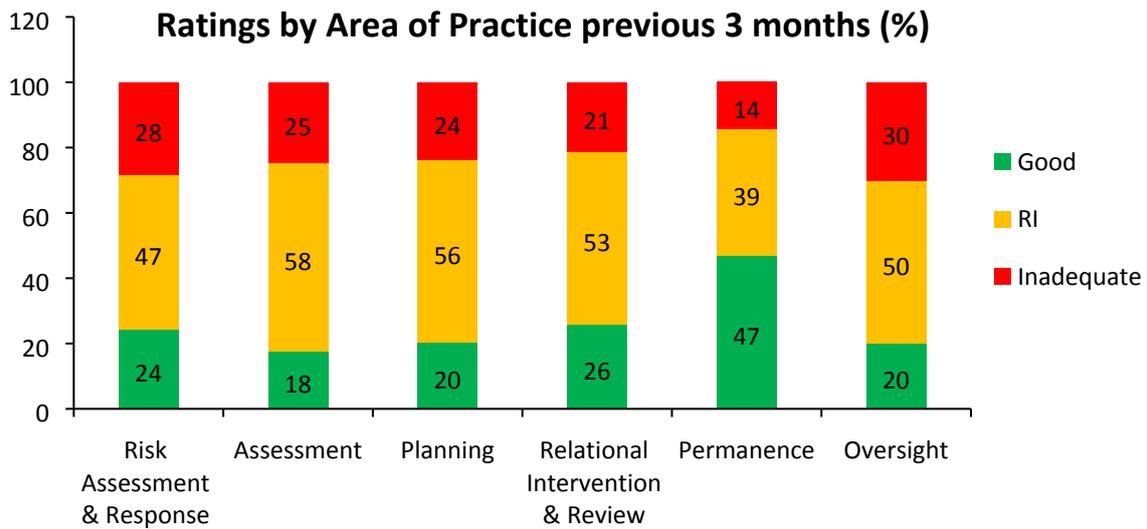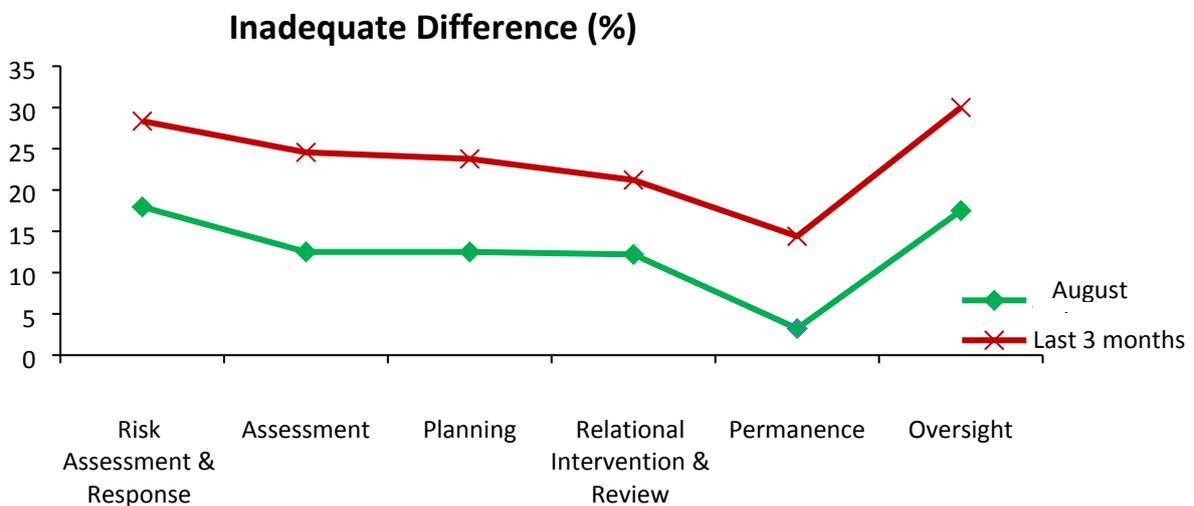
Legend: August (green diamond), Last 3 months (red X)

1.4) Findings from children, young people and families' feedback

9 (22%) children/young people and 20 (49%) parents were spoken to within August audit returns. 67% of children/young people respondents rated the service positively; 11% rated it negatively; and 22% rated it with some positives and some areas for improvement. 70% of parents rated the service positively; 15% negatively; and 15% with some positive features and some areas for improvement.

Positives included: worker reliability, attentive and responsive workers; and worker availability.

Areas for improvement included: not being kept updated on what is happening; being told what needs to happen rather than involved in decisions; not being listened to or spoken to with respect.

1.5)   Identified Teams

6 teams have had three or more audits rating practice as good in the last six months.

17 teams have had 3 or more audits rating practice as inadequate in the last six months.

The respective senior managers have been notified of these 23 teams.

It is noted below (in audit methodology) that some teams are not consistently audited and so opportunities to identify good and inadequate practice in these teams, is reduced.

1.6)   Children of Concern

Feedback on the findings from file audits is shared with social workers and managers as a driver for development and learning.

Child of Concern notifications are generated for any child or young person audited as receiving an inadequate service. This involves the QA team submitting a review of the concerns to which Operational teams respond and the concern is signed off by the Operations director. Once these concerns have been resolved, the notification is uploaded to the child/young person's file.

In August, 7 Child of Concern notifications were generated and at the time of writing this report, 3 have been resolved.

Including Children of Concern from previous months, there are currently 13 children or young people being tracked by the QA team until resolution of their safety and wellbeing is assured by the Director of Safeguarding.   This is a decrease on the 29 from last month.

One child has been on the Child of Concern tracker since February; one since April; and four since June suggesting that concerns of an inadequate service have not yet been resolved for them.

1.7)   Findings from Essentials 2.0

There has been no further delivery of Essentials during August, with a new programme of delivery now underway in September. This next tranche of training will provide a further opportunity for social workers to complete the training before it devolves to a weekly rolling cycle of modules to support the induction of new staff.

Previous evaluations of learning transfer from Essentials 2.0 modules indicated this was at approximately 50-70% dependent on the module. Further exploratory work has indicated the importance of differentiating learning transfer (has the content been understood and retained), from application (is it being used in practice), from recorded evidence (did the worker capture the principles in their recorded work)? Conversations with workers indicate that learning transfer and application rates of the Essentials 2.0 principles are higher than is being demonstrated through their recorded work which reflects Ofsted feedback about the quality of practice recording. This indicates that more is needed to support staff to draw this learning through into their recordings. Once recorded in context it will also help to establish actual learning transfer and application.

A dip sample is also underway of all staff who completed the training by the end of July. This dip sample considers whether the minimum standards agreed within training are being applied in practice for analysis, planning, visits, risk assessment, risk review, risk review and management oversight.

1.8) Early Help audit activity

All of the 7 completed Early Help audits identified practice as Requires Improvement.

The main strengths identified were that: family feedback was positive and they could identify improved outcomes; positive multiagency partnership working was evident; and that there was evidence of creative work on children's files. Areas for development included: incisive management oversight; drift and delay as a result of assessment weaknesses; and unclear exit planning at the start of episodes.

1.9) Youth Support audit activity

Of the 7 completed Youth Support audits, 3 (43%) identified Good practice, 3 (43%) evaluated practice as Requires Improvement; and 1 (14%) identified practice as Inadequate.

The identified themes included:

The findings in some audits were that there was a considered emphasis on the young person's history alongside their present situation and risks, which was incorporated into robust plans which subsequently had a positive effect on their safety.

Good planning was found that was inclusive, joined-up (with partners), and which resulted in purposeful and engaging direct work in line with planned activities. There were some good examples of direct work around addressing identified risks and ensuring assessments were reviewed and amended. In addition, there were some positive examples of partnership working to address risk. Improvements around understanding and exploring young people's identity (and the impact of this on behaviour) are still needed.

Some improvements were identified in regard to timely partnership working, and information-sharing. A strength throughout this month's audits was the positive referral on to appropriate services for the young people; and the positive engagement of young people and the trusted relationships that are consistently formed.

2.0) How do we know this?

Outline response: **The QA Framework maintains a high number of trained auditors and moderators (101) that appear to be producing mostly accurate and relevant audits. This view, and the sense that the QA framework was well-embedded in Gloucestershire were reinforced by Ofsted in their 7th monitoring visit.**

The differential between auditors' and moderators' ratings decreased and may indicate a settling effect of the new audit tool. That nearly a third of all inadequate ratings were as a result of moderators' downgrading speaks to the continued work needed to support managers and advanced practitioners in identifying and applying quality markers within their daily

quality control responsibilities..

Audit completion rates remain below the 90% target, a part consequence of which is that not all teams are having the quality of their work represented. Furthermore, Ofsted in their 7th monitoring visit, have challenged us in terms of numbers of care leavers audited which highlights the importance of the 90% completion rate to maximise representation of the respective groups in scope.

Audits are intended as relationship-based opportunities for collaborative support and challenge that thereby foster learning and improvement; however, this is variably applied. This is particularly pronounced in the decreased level of children and families participating in audit. That this inclusive style of auditing is not as widespread as needed, potentially impacts on the accuracy of some audit findings (as they lack the contributions of key participants) and will compromise the learning and improvement opportunity that audit should represent. Conversely, where it is applied as intended, the feedback from all parties is positive.

The closure rate of actions from audits means that nearly 1 in 4 actions continue to be overdue; and a number of actions remain significantly overdue.

2.1) Childrens' Social Care Audit methodology

Every Senior Manager, Manager and Advanced Practitioner is expected to undertake one high quality core audit per month. 'Standing exemptions' to audit apply to those that are moderating the audits of their colleagues, those working 0.5fte or less (who audit alternate months), those on extended absences, and those in the MASH, who undertake MASH QA activity on alternate months. Should auditors require it, they have 2 audits per year to apply discretionary exemptions to. All other exemptions require sign-off from their respective operations director.

In August, there was a pool of 101 staff, trained in the audit methodology. 82 of these function as auditors, and 19 as moderators; with two additional external (ex-Ofsted) moderators. 3 moderators are currently involved in supporting new moderators, rather than providing moderation. This makes a monthly pool of 18 moderators, however, in August two moderators had a single month exemption and one of these moderators will return to auditing moving forward. For effective operations the moderator to auditor ratio should be 1:3; meaning new moderators now need to be identified.

Of these 82 auditors, 12 have a standing exemption; 7 did not audit in August due to being bi-monthly auditors; and 5 were given a single month exemption by the Director of Children's Safeguarding before audits were allocated. One additional audit was allocated at the request of the 11-25 service, which was completed by a moderator. This meant that 59 children were allocated for audit, from across all teams in Children's Social Care.

Following allocation of audit, a further 7 single month exemptions were given by the Director of Children's Safeguarding; 7 audits were not submitted; and 4 audits did not meet the standard for submission once moderated. This resulted in 41 audits completed to expected standards. Of these audits, 6 were submitted late (9%), which impacts on effective and timely moderation.

Taking account of those auditors who fall under the 'standing exemption or bi-monthly exemption' rule, in August, we had a completion rate of 76% (45/59) which is below the 90% target.

Although an audit is allocated to every team, the completion rate means that 10 teams (24%) have not been audited in August. Over the last three months, there are two teams who have not been audited at all and three teams who have only been audited once, which will have an impact on the understanding of practice within these teams. These teams are:

No audits	One audit
Cheltenham Assessment Team 1	11-25 Permanence Gloucester South Team 2
Forest of Dean Safeguarding Team 2	11-25 Permanence Stroud Team 2
	Tewkesbury Assessment Team

2.2)   Moderator Effect

Table 5 indicates continuing moderator effect on the ratings of audit. The role of the moderator is expected to have a 10-15% effect on ratings. In August, there has been a reduction in the overall downgrading of audits (from 25% to 18%), which is a return to a similar level in previous months. The moderator effect on work rated as inadequate shifted from 50% in July to 29% in August, bringing it back into line with performance in May and June. This could reflect auditors becoming familiar with the new audit tool and change of language with ratings. However, this still reflects a number of auditors requiring inadequate practice to be identified by a moderator, which could have a bearing on the application of quality controls within their teams.

Table 5

	Percentage upgraded by moderators	Percentage downgraded by moderators	Percentage of Inadequate downgraded by moderator
May 19	2	19	25
June 19	3	15	30
July 19	2	25	50
August 19	0	18	29

2.3)   Relational Auditing

Of the 41 audits completed, all included the views of the social worker and 36 included the views of the manager (88%). It is noted that recording a social worker or manager's views does not necessarily equate to relational auditing and informal feedback from social workers continues to reflect that some do not feel audits are completed in collaboration with them. This is unlikely to promote a shared understanding of the learning from audit or the change which needs to be seen for the child, and leaves some feeling done 'To'.

For children who have an IRO or CP Chair, 29% of audits include the views of their IRO or CP Chair, which leaves a significant number where this feedback is not obtained. This makes it more difficult for IRO's and CP Chairs to support learning and improvement from audit and to reflect on the improvements needed in their own practice.

18% of children and young people and 33% of parents have their views recorded. This reflects a slight increase in the level of family feedback informing learning about our practice, but still leaves a significant majority where their views have not been gathered.

2.4)   Factors supporting Good Practice

Where audits have been rated as Good practice in August, the QA team have had follow up conversations with a sample of social workers, to understand the factors which supported good outcomes being achieved for these children and young people. Themes from this feedback include:

a) Regular direct work with children, which then informed the plans and interventions with families.

b) Systemic safety planning – in that consideration was given to how risk factors impact upon each other and that interventions to reduce the risk of harm in one area, can increase the risk of harm in another; so the child's whole system needed to be considered. The Essentials risk assessment principles were used within this.

c) A strong focus on multi-agency working.

2.5)   Response to Audit

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

Over the last three months there have been 515 actions resulting from audit and, prior to this, there remain an additional 94 outstanding actions from audit, going back to May 2018. These 94 actions relate to 58 children, for whom, this probably represents a missed opportunity to receive a timely and improved service.

At the time of writing: 35% were completed on time; 19% were completed outside of timescale; 23% of actions are overdue; and 23% are not yet due. This reflects an increase in the level of overdue actions from July (19%), but is still an improvement from the previous trend where on average a third of actions were reported as being overdue.

The QA team will continue to follow up directly with team mangers, each month, on all incomplete actions and this will remain a standing item at the monthly Leadership Team meeting, from which Heads of Service drive resolution of outstanding actions. This is furthermore receiving attention under the Accelerated Improvement Plan through file reviews and the locality QA panel.

2.6)   Early Help methodology

7 audits were allocated within the GCC Early Help delivery teams with a 100% completion rate. During this reporting period, the QA manager undertook audit refresher training with the Early Help managers and introduced them to the new audit form being used in Children's Social Care.

2.7) Youth Support methodology

8 audits were allocated in Youth Support and 7 (88%) were completed. During this reporting period, the Head of Quality and the new Academy Service Manager undertook audit refresher training with auditors and moderators within Youth Support and introduced them to the new audit form being used in Children's Social Care.

Following the 7th Ofsted monitoring visit, we have recognised that work is needed to ensure that the service to care leavers receives a more widespread sampling in audit.

3.0) What are we doing about it?

Outline response: **The Essentials 2.0 programme will be extended by the Academy to ensure all staff have an opportunity to complete all modules. This will be aligned with Systemic Practice as the adopted practice model for GCC.**

Targeted work is being undertaken in identified teams by the interim Improvement AD and the Principal Social Worker.

The Child Protection Chairs will use a new conferencing approach that aligns with the Essentials principles to more readily identify, respond to and review risk. The role of the CP Chairs and IRO's in challenging practice issues continues to be emphasised, so that they are offering challenge that is proportionate challenge to the levels of inadequate practice in their respective areas.

3.1) Children's Social Care

The Essentials 2.0 programme is being sustained by the Academy into September with a schedule to offer all social workers and managers an opportunity near to their locality. Furthermore, the Academy will work with the Institute of Family Therapy to align the Essentials principles with Systemic practice towards the implementation of this practice approach in Gloucestershire.

Joint work is being undertaken between the interim AD for improvement, and the Principal Social Worker to offer targeted support to identified operational teams. This will include identifying inhibiting/facilitating factors to improvement within these teams and working with them to support recovery.

A tactical focus has been introduced in the IRO/CP services to better identify and address inadequate practice for Children in need of Protection, and those in Care. This also includes the embedding of the new CP agenda which early partner feedback indicates is supporting more streamlined and risk-focused meetings. These teams will continue to monitor progress through the dispute resolution process (DRP), and a system to track all children that have been identified through audit as in receipt of an inadequate service. Both are key to driving the improvement role of QA officers.

Under the above we can report that there have been 12 children subject to CP plans where the chair has initiated the DRP. This is a reduction on June's 22 escalations by the CP chairs. 4 (33%) of these related to Drift and Delay; 5 (42%) to Process issues; and 3 (25%) to Safeguarding issues. Against the proportion of inadequate practice within the system, higher DRP activity levels are expected from the CP chairs under this new tactical focus on inadequate practice.

The progress of these CP chair escalations is described in **Table 8** below.

Table 8

Child Protection DRP progress June 2019		
DRP Stage	Progression	Number
Stage 1	in process	2
Stage 1	resolved	7
Stage 2	in process	0
Stage 2	resolved	0
Stage 3	in process	3
Stage 3	resolved	0
Total		12

There have been 49 children in care where the IRO has initiated the DRP. 4 (8%) of these related to Drift & Delay; 39 (80%) to Process issues; and 6 (12%) to Safeguarding issues. Whilst this is predominantly a matter of process, it is not disproportionate to the rate of inadequate practice identified in this report for CiC.

The progress of these IRO escalations is described in **Table 9** below:

Table 9

IRO DRP progress June 2019		
DRP Stage	Progression	Number
Stage 1	in process	22
Stage 1	resolved	24
Stage 2	in process	2
Stage 2	resolved	1
Stage 3	in process	0
Stage 3	resolved	0
Total		49

The file reviews and locality QA panels will continue to promote remedial solutions to identified weaknesses in practice. Exemptions will continue to be signed off at director level and nil returns followed up on by Heads of Service. Quarterly moderator review meetings have been implemented to support moderators' development, learning, consistency and to promote audit expectations (e.g. relational/restorative auditing practices). The QA bulletin will continue to be distributed on a monthly basis.

3.2) Early Help

Within Early Help, the management group are reviewing the case management process to replace the short and long term pathways with a single pathway. This will include the requirement for a decision to be made in regards to assessment by day 20 to prevent drift and delay for families.

A working group is being organised to develop management guidance to ensure that there is evidence of the 'thinking framework' to improve management grip on records.

Further work will be done to develop guidance on exit planning and this will be introduced through learning sessions in the teams.

3.3) Youth Support

Reflective case discussions following audit are undertaken in supervision and team discussions. The Youth Support senior leadership continue to review audit completion and findings on a monthly basis. Additional training and development/coaching is provided to current Auditors where it is requested and required.

Further development for staff around recording and the language used within documents is being provided alongside training around unconscious bias and diversity.

Further moderation is being arranged to extend this capacity and understanding. The service is examining issues in relation to delay caused by the unplanned absence of practitioners.

Practice learning needs are included within the YST Practice & Development Programme as part of core case management modules, this includes a module on Risk Assessment & Management.

The care leaving service has transferred from the Youth Support Team into GCC children's social care and each month, a more representative sample size of care leavers will be selected for core auditing.

4.0) Conclusions

4.1) Quality of Practice:

Audits indicate that the quality of practice between May '19 and August '19 has improved considerably. Levels of practice rated as good in May were 17%, whereas this has climbed month on month to 29% in August. Levels of practice rated as inadequate in May were 43%, dropping month on month to 17% in August. Though positive, this trajectory has lasted 4 months so has yet to confirm its sustainability. There is also a proportion (20%) of social work that is rates as RI that is at risk of becoming inadequate without urgent intervention. It is audits such as these that have attracted the most Ofsted scrutiny in recent monitoring visits; with their feedback highlighting that our audit findings were accurate, however, our failure to act on the findings has meant that insufficient practice has followed. This being so, the overall frequency of weak practice remains high; meaning that the service has yet to consistently offer sufficient support that assures the safety and wellbeing of children and young people.

There have been improvements in all areas of basic practice in the outlined time period which coincides (both in subject matter and timescales) with the Essentials 2.0 intervention delivered by the

Academy. The Essentials 2.0 delivery in the leaving care service was commended by Ofsted in their 7th monitoring visit. It nevertheless remains difficult to determine the level of learning transfer, application, and recorded evidence following from the Essentials 2.0 programme. This, in part, relates to a wider challenge to children's services with respect to the timeliness and quality of our recording, with an ongoing disconnect between recorded and reportable practice.

Our weakest practice is most regularly underpinned by limitations in some workers conceptualising available information, meaning that we too often have not identified and understood risk and need. Where this is not suitably corrected by incisive management, inadequate practice follows. In relation to an earlier point, weaknesses in recording can compound this conceptual weakness because the act of recording work helps to organise and make explicit the available information both for individual workers and in instances where work is handed over between workers (either between teams or though staff turnover).

Available data indicates that Children in Care are beginning to receive a service with sustained good features and low levels of inadequate practice. Children in need of Help and Protection continue to be most at risk of receiving a variable or inadequate service.

The teams sustaining weaker practice (17) significantly outnumber those sustaining good practice (6), but the number of teams sustaining weaker practice has reduced by 3 this month.

4.2) Auditing behaviours:

Where audits are completed in the intended fashion (well-planned, participative, strengths-based, curious and oriented to learning and improvement) they are very well received by social workers, managers, children, young people and families, and IRO/CP chairs. The use of this style is not consistent across the Authority, meaning that the accuracy and buy-in to audits is not as it should be.

Completion rates are still below the 90% target, a part consequence of which is that not all teams are having the quality of their work represented. In their 7th monitoring visit, Ofsted challenged the number of audits for care leavers which is situated in this issue of completion rates and the weaknesses in representability that follows.

4.3) Impact of audit:

Considerable energy and resource is being applied to following-up on the impact of audits. This includes case file reviews, locality audit panels, the Child of Concern process, and the independent tracking of actions from audit by the QA team. In large part this activity aims to confirm that actions as a result of audit have indeed led to improved safety and wellbeing for children and young people. This outcome, whilst improving, has yet to be established, and we have yet to deliver a proportionate return on this level of follow-up assurance activity. This being the case, the level of follow-up work that then requires further follow-up is adding another dimension to this extensive assurance activity.

5.0) Recommendations

The role of QA is to provide an accurate reference point that operational and senior leaders can use to drive continuous improvement. In addition to the steps they would ordinarily take in response to the above findings, this report encourages operational leaders to consider the following:

5.1) Quality of Practice

Sustained improvements in the elements of basic practice remains a primary need for the Authority. The Essentials 2.0 intervention under the AIP has been seen by many to be an efficient and welcome initiative. However, as outlined in previous reports, as a training programme, the Essentials 2.0 intervention cannot drive practice improvement in isolation from consolidation work on these practice fundamentals in the operational teams. The interim Improvement AD and the Principal Social Worker have prioritised their role in supporting such consolidation work in targeted teams starting in September '19. It is further recommended that part of this consolidation work focuses on the necessity and value of timely and accurate recording of practice.

The Child of Concern process that follows work identified as inadequate is now a fairly established routine within the organisation. Whilst it is doubtful that we can replicate the same level of oversight given to this process by operational and QA teams, some form of oversight mechanism isrequired for audits rating work as RI where there is a potential for this to become inadequate without management intervention. This needs to be included in the review of post-audit assurance activity described below.

We further recommend, based on the feedback from Steve Hart, that in those instances of audits rating practice as inadequate or RI (with a risk of inadequate practice) that particular attention is given by the respective management levels to whether those workers and managers in scope need support with respect to conceptualising information on risk and need. Where this is the case, development plans should be implemented to support these staff with this foundational practice skill.

Processes for earlier identification of inadequate and rising inadequate practice are being launched in the IRO and CP teams from September, with an initial focus on the next 4 months. These will combine with the established DRP process and existing tracking of work identified as inadequate through audit.

We will further undertake a review in October of the newly-implemented Child Protection conference format that is intended to attend more to risk, inclusion and planning which have been identified as regular features in our inadequate practice. Learning points from this will be rapidly applied in the finalisation of this new format.

5.2) Auditing:

As much as possible (within the constraints of exemptions and nil returns), audits will be allocated to support every social worker to have their practice audited at least every 6 months. This information will be combined with learning from Essentials evaluations. Furthermore, every 4 months the QA team will run a service-wide dip sample of all practitioners' compliance with the practice fundamentals. The information from these steps will be triangulated to inform development plans for social workers, and teams.

5.3) Impact of audit:

We recommend that a review be undertaken of the multiple strands of post-audit assurance activity to streamline this and ensure that responses to audit are, in the first instance, suitably enacted under existing quality control functions.

Appendix 1. Exemptions, Late Returns, Nil Returns, Audits not meeting standards

Exemptions (not relating to health, extended absence, or auditing alternate months)			
Audrey Neath	Becky Flynn	Deborah Preedy	Eliza Marland
John Nixson	Julie Farrell	Kristin Szkryvienniec	Lisa Cornell
Nicky Hennesy	Paul Tinkler	Sonia Cheetham	Stephen Bonsu

Late Returns			
Hannah Chesters	Jodie Turton	Sean Rafferty	Sophie Bruce
Stuart Moakes			

Audits not returned			
Alex Pagel	Charmaine Shaw	Edward Snelgar	Jacqueline Mullins
Kathryn Moss	Phil James	Sue Hogshaw	

Audits not uploaded			
Carol Buck	Carol Hewitt	Cynthia Simon	John Hodgson