**Gloucestershire**
C O U N T Y   C O U N C I L

| REPORT: | Children's Services Quality Assurance – distribution copy | MONTH: | Dec 2019 |
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## Overview

Under the ILACS framework, the Local Authority's self assessment is required to answer the following 3 questions:

1) What do you know about the quality and impact of social work practice in your local authority?
2) How do you know it?
3) What are your plans for the next 12 months to maintain or improve practice?

The QA report is traditionally formatted against these questions under the paraphrased headings of: 1) '**How are we doing?**'; 2) '**How do we know this?**'; 3) '**What are we doing about it?**'.

This report presents findings from a range of QA sources such as audits (including those from Children's Social Care, Early Help and Youth Support), dip samples, Ambassador reviews, and other forms of diagnostic activity.

## Executive summary

**Quality of Practice**

**As highlighted in previous reports, there is clear evidence that leadership interventions and the commitment of responsive social workers and teams across the county are resulting in a gradually improving trajectory of good social work, sometimes with outstanding features. This is demonstrated in the quarter-on-quarter progress for 12 months in the rate of work identified as good (at 25% in Q3). Overall though, the quality of practice within most teams and across Children's Social Care is variable and recovery is not yet secure. Over 12 months the rate of weaker practice has reduced, however, the rate of weaker practice in the last 2 quarters has been static and still too high (at around a quarter). In December this had risen to 30%. When the inadequate practice is taken together with work that is currently rated as RI, but has the potential to become inadequate, this constitutes over half of the practice sampled over the last quarter – indicating a continued high rate of weak practice overall.**

**It would appear that there is a growing divergence in the system between those individuals and teams that are responsive to improvement efforts, and those where weaker practice is more persistent. When thinking of improvement activity we need to take into account that these different groups probably need somewhat different improvement emphases.**

**Where practice is weaker, the focus of improvement continues to rightly be on the practice fundamentals of responding to risk, assessment, planning, intervention, and review. Greater detail on the areas requiring improvement within these practice fundamentals is outlined in section 1.4 of the following report. These findings indicate that where practice is weakest it relates to deficiencies in the most basic levels of practice.**

Emotional, physical and legal permanence for children in care also continues to require improvement. Particular attention appears called for in terms of oversight where more forensic grip seems called for to firstly prevent the onset of practice weakness, and to urgently remediate it as it arises. Furthermore, this management oversight is particularly needed with staff that are displaying vulnerability in their most basic practices.

The increased investment in coaching and restorative approaches to offer a balance of high expectation, high support and high challenge to individuals and teams presents a good solution in this respect. Thought should therefore be given to how best to empower team managers and advanced practitioners to maintain such accountability-based leadership in the day-to-day operations of teams. Furthermore, work may be required across the department to prepare people to receive accountability-based leadership so that this is not misconstrued as oppressive and discriminatory.

Children most likely to be in receipt of better practice in the system are those in the DCYPS Early Help teams and those subject to Child Protection Plans, however with 21% of audits for those on CP plans indicating inadequate practice there is clear improvement needed here. Children in Care and those leaving care have become more likely to be in receipt of weaker practice. Children within the assessment process and those subject to a CiN plan are most likely to be in receipt of weak practice.

Audits continue to highlight the gap in Gloucestershire between recorded and reportable practice.

The number of teams where inadequate work is clustered, has risen from 5 in November to 7 in December but has considerably reduced from 20 in July; indicating the benefit of stabilising management and ongoing leadership intervention in these teams.

It is good that the responsiveness of the system to Children of Concern has improved considerably over the last 6 months.

Leadership in Gloucestershire appear to have identified the key areas for improvement in terms of performance and quality. This is leading to some notable improvements; however, overall, this has yet to address the deficits across the department in a timely and consistent way.

## Methodology

Audits continue to be mostly accurate in evaluating children's experiences and the quality of practice. Findings this month though indicate some slippage in the accuracy of judgements as a result of weaknesses in effectively articulating evidence and impact and translating this into qualified ratings of practice. This related to issues of conceptualisation, over-optimism, and process-orientation. More accurate ratings would have resulted in slightly more negative, rather than positive, ratings than have been presented here.

As accuracy is the cornerstone of the QA process and has been a hard-won feature of the Gloucestershire QA framework, this facet bears close monitoring in coming months.

There continue to be some audits that are naturally on the cusp of ratings; with some being currently rated as RI, but that are at risk of becoming inadequate in the absence of incisive management input. As noted in previous reports, some auditors continue to need development to offer more secure evaluations of practice, with continued reliance on moderators to confirm the accuracy of audits – particularly in relation to practice deemed to be inadequate.

There is a well-established system of audits and dip samples; however, more audits are

needed across respective teams and groups. As a consequence, the Authority's understanding and oversight, of the quality of practice and service provision in key areas, is incomplete. Audit completion rates are consistently below the expected target meaning that more is needed to ensure the representability of audit findings from all parts of the system.

Nearly all audits include a contribution from the social worker and team manager and where these are completed in the intended fashion (well-planned, participative, strengths-based, and oriented to learning and improvement) they are well-received by workers and managers. There remain instances where this is not done in the style intended and feedback is less positive. This impacts on the accuracy of audits and will compromise the learning and improvement opportunity that audit should represent. More work is needed to include children, families and IRO/CP chairs within audit activity.

Considerable energy and resource is being applied to following-up on audits to maximise their impact. Some improvements can be noted in impact following audit in terms of reports of actions being completed, and accounting on progress at audit review panels. This, however, is variable and requires significantly more work in operational teams to improve practice and children's circumstances. Furthermore, when practice is revisited some time after audit, there are indications that work remains needed to offer sustained impact from audit.

Leadership oversight of the findings from QA reporting would be strengthened through a specific governance arrangement that develops recommendations from QA and follows these through to improvement outcomes.

## Improvement Responses

As outlined in section 3 of this report, there are a number of improvement responses currently in place. These include: practice development initiatives; improvement planning in the IRO-CP service; the contribution of advanced practitioners; and improvement work with Children in Care.

The accuracy of auditing will continue to be tested by the QA team through the monthly review of all audits. Quarterly moderator meetings are now scheduled to support their development and through them the development of auditors. A recall day for all auditors and moderators is scheduled in February. Led by Steve Hart, this will focus on revisiting the 3 key areas of: defining good and inadequate practice; participative auditing; and the conceptualising of information.

The purchase of additional moderator capacity, the training of more auditors and the revocation of the optional exemption rule are all aimed at increasing the number of completed audits towards improved representation of QA findings. Further diagnostic exercises in areas of work (e.g. DCYP, Fostering, EDT, CP) will continue to be scheduled and fed into improvement initiatives.

We will continue to invest in closing the loop on audit actions to improve the impact from audit. This will include ongoing locality QA panels, tracking by the QA team, and file reviews. We have also introduced a change to the audit form and process to allow for certain actions from audit to be translated directly into care plans to improve impact and streamline the review of these. Ultimately, the conversion of learning from QA into practice needs to be driven at the team level by managers and advanced practitioners.

## 1.0    How are we doing?

## 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 child and young people. Better ratings should usually be directly correlated to better outcomes for children.

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

**Table 1**

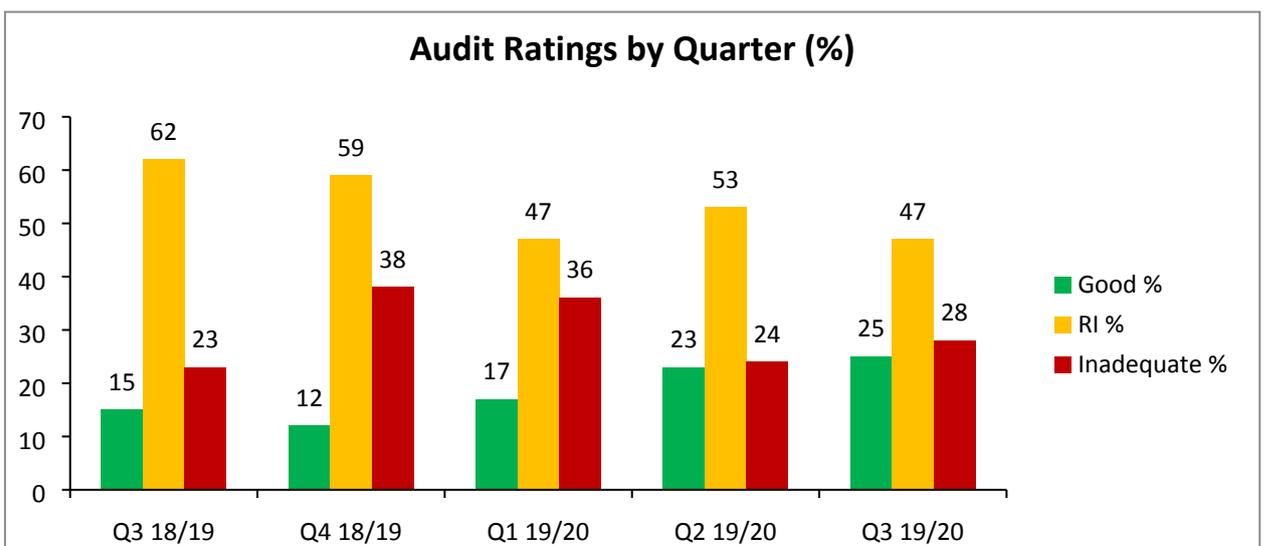| Audit ratings by month | | | |
|---|---|---|---|
| **Actual Numbers** | Oct-19 | Nov-19 | Dec-19 |
| Outstanding | 0 | 1 | 0 |
| Good | 9 | 10 | 10 |
| Requires Improvement | 20 | 15 | 21 |
| Inadequate | 11 | 9 | 13 |
| Total | 40 | 35 | 44 |
| **By percentage** | | | |
| Outstanding | 0 | 3 | 0 |
| Good | 22 | 29 | 22 |
| Requires Improvement | 50 | 43 | 48 |
| Inadequate | 28 | 26 | 30 |

**Figure 1**

**Audit Ratings Last 3 months (%)**
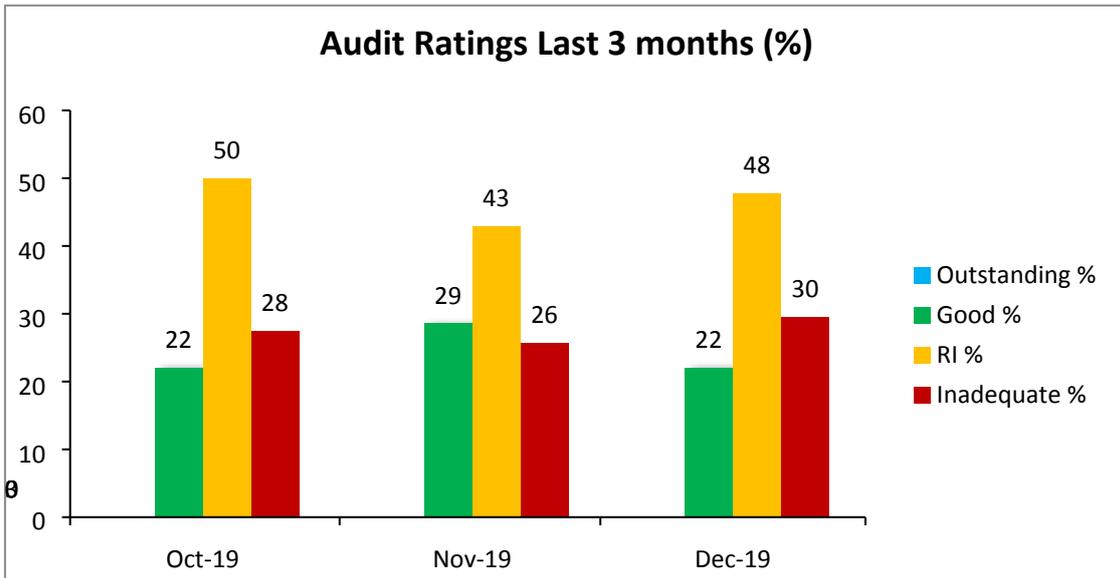
There has been a decrease in practice rated as good in December (22% from 29%), and an increase in practice rated as inadequate (30% from 26%). In the last 3 months, around a quarter (26%) of the work audited has been found to be good, and similarly around a quarter (27%) has been rated as inadequate. As per **Figure 2** below, there is a trajectory over 12 months of a gradual and steady improvement in the rate of good practice. Over the same period, there was an initial marked decline from a particularly high rate of inadequate practice. This improvement trend has not been sustained in the last 2 quarters where the rate of inadequate practice has remained relatively static at 24% and 28% respectively.

Of the 44 audits completed in December, 11 (25%) contained practice that, if not addressed through incisive management could become inadequate. Taken together, the audits rated as inadequate and those describing practice that has the potential to become inadequate accounted for 55% of the work within the December sample, as well as 55% of the work in the 3 months from October to December. This suggests that a significant proportion of the system is not as responsive to improvement efforts as needed; whilst simultaneously a smaller proportion of the system is demonstrating greater responsiveness and recovery.

**Figure 2**



**Audit Ratings by Quarter (%)**

**Table 2**

| Audit Rating by quarter | | | | | |
|---|---|---|---|---|---|
| **By percentage** | Q3 18/19 | Q4 18/19 | Q1 19/20 | Q2 19/20 | Q3 19/20 |
| Good % | 15 | 12 | 17 | 23 | 25 |
| RI % | 62 | 59 | 47 | 53 | 47 |
| Inadequate % | 23 | 38 | 36 | 24 | 28 |

## 1.2 Audit Ratings by legal status

Patterns of audit ratings by child's legal status are reflected below in **Figure 3.** Due to variances in monthly reporting on legal status, this will now be presented as 3 month averages to support representability. Please note that in relation to the below, the actual numbers of Disabled Children and Young People (CWD) are too low (5) over the 3 month period to determine the representability of the findings.

**Figure 3: Ratings by Legal Status for 3 months as a percentage**
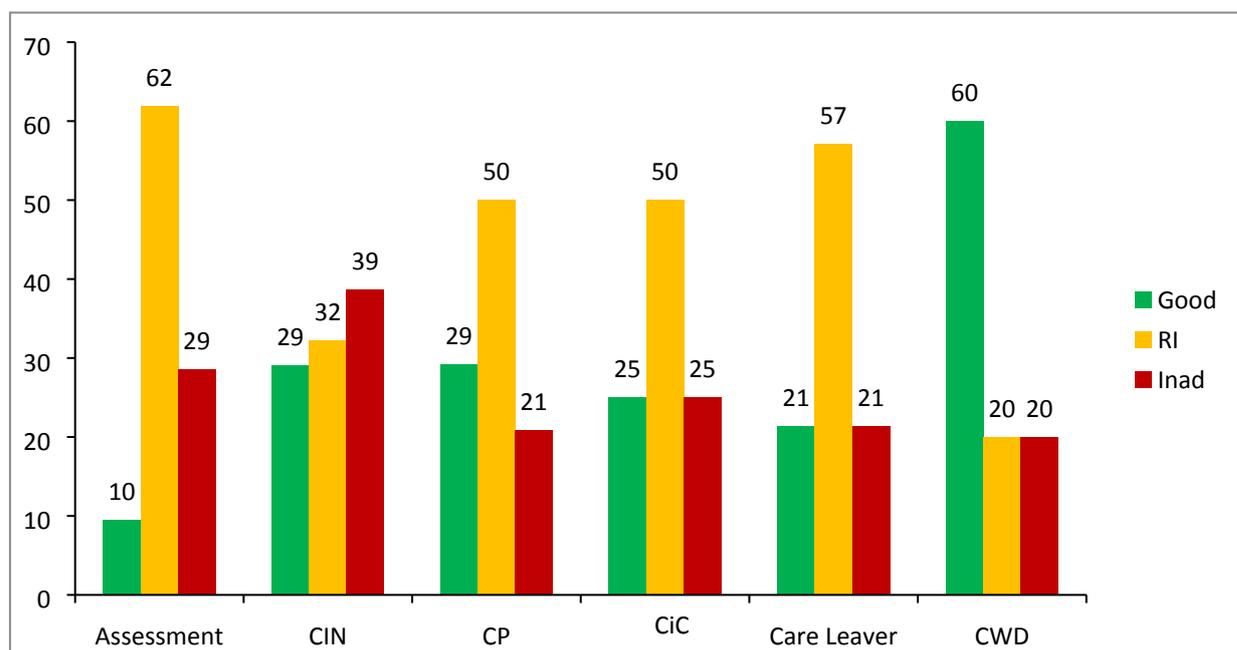


**Table 3**

| Ratings by Status | October | | | November | | | December | | | Totals | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Numbers** | **Good** | **RI** | **Inad.** | **Good** | **RI** | **Inad.** | **Good** | **RI** | **Inad.** | **Good** | **RI** | **Inad.** |
| Assessment | 1 | 4 | 2 | 1 | 3 | 2 | 0 | 6 | 2 | 2 | 13 | 6 |
| CIN | 3 | 2 | 3 | 1 | 3 | 4 | 5 | 5 | 5 | 9 | 10 | 12 |

| CP | 2 | 3 | 1 | 2 | 5 | 0 | 3 | 4 | 4 | 7 | 12 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CLA | 0 | 5 | 2 | 4 | 2 | 3 | 2 | 5 | 1 | 6 | 12 | 6 |
| Care Leaver | 2 | 5 | 2 | 1 | 2 | 0 | 0 | 1 | 1 | 3 | 8 | 3 |
| CWD | 1 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 3 | 1 | 1 |

Against the profile in **Figure 3**, it appears that children subject to CP plans are most likely to receive practice rated as good (29%), and least likely to receive practice rated as inadequate (21%). Previously an area of better practice, Children in Care and Care Leavers are experiencing more practice rated as inadequate, at 25% and 21% respectively. Children within the assessment process and those subject to a CiN plan are most likely to be in receipt of weak practice; however there is also a high rate (29%) of good practice for CiN in the last 3 months. **Figure 3** highlights that there continues to be variable practice across the system and recovery in practice is not yet consistent.

Further work may be needed in relation to the evaluation of practice in Assessment teams where work may be incomplete not as a feature of poor practice but because it is too early in our contact with the child/young person and has yet to be finalised. This bears further monitoring.

## 1.3  Audit Ratings by team

Nine teams have had three or more audits rating practice as good in the last six months, and 7 teams were identified as having had three or more audits rating practice as inadequate in the same period.
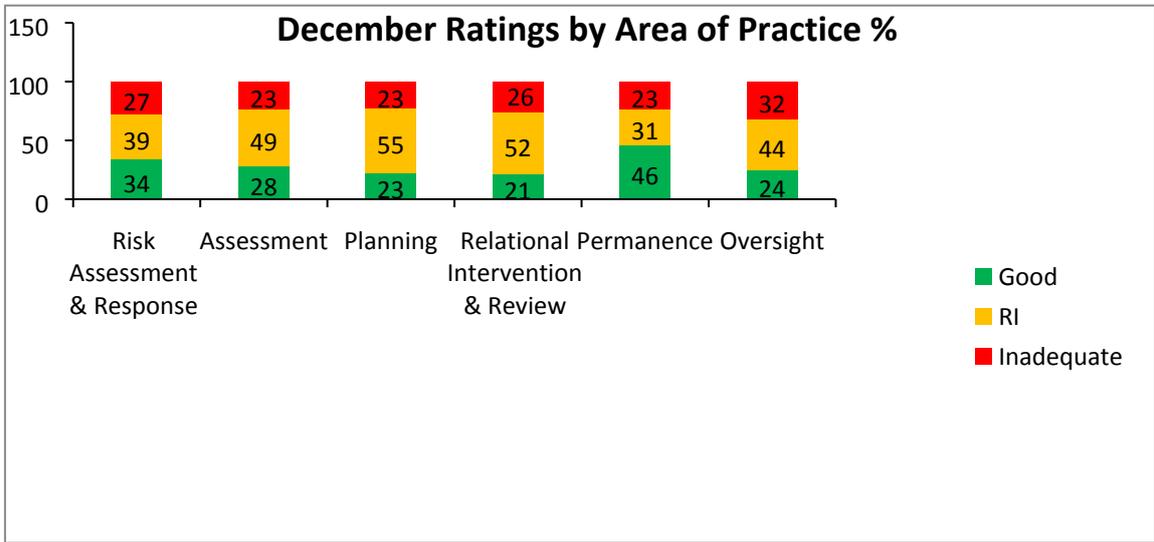
## 1.4  Audit Ratings by Area of Practice

Ratings by area of practice are reflected below in **Figure 5** for December and for the last three months in **Figure 6**.
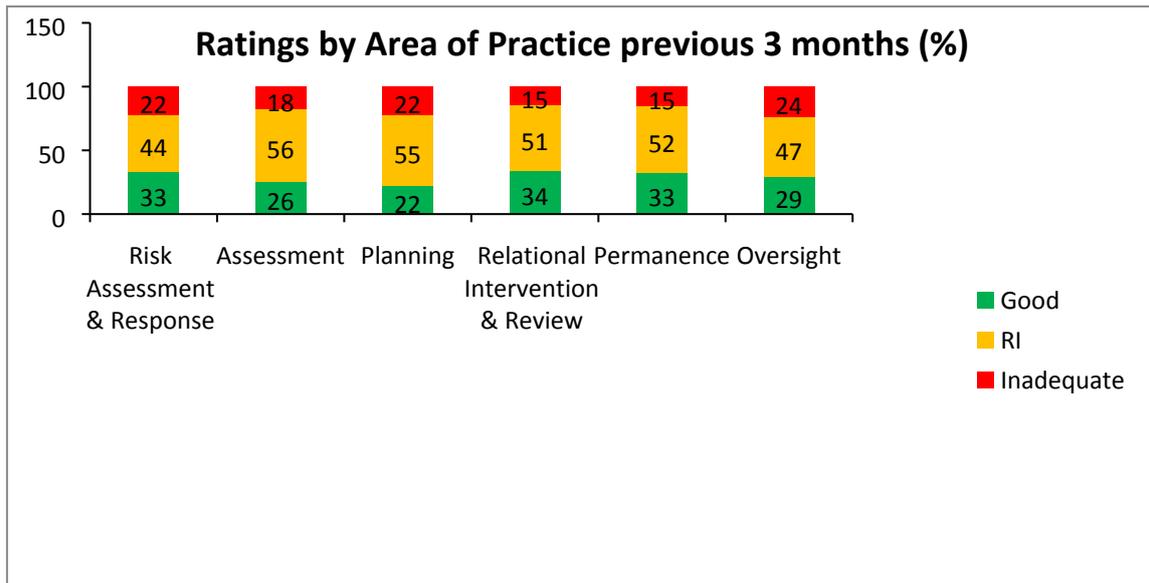
The figures in this section demonstrate that:

a) Compared with the last 3 months, there is a level of good practice being sustained in relation to our Assessment and Response to Risk; Assessment; and Planning. Comparatively, the quality of our relational practice and management oversight have dipped. Practice on permanence has improved; however, information from other sources (e.g. use of s20, timely legal proceedings, regulated placements, and placement stability) indicates that continued improvement is needed relative to permanence.

b) Levels of inadequate practice have mostly risen by about 5% across the areas of practice (with the exception of planning). The quality of oversight remains the area in greatest need of improvement.

**Figure 5**

## December Ratings by Area of Practice %

| Area of Practice | Good | RI | Inadequate |
|---|---|---|---|
| Risk Assessment & Response | 34 | 39 | 27 |
| Assessment | 28 | 49 | 23 |
| Planning | 23 | 55 | 23 |
| Relational Intervention & Review | 21 | 52 | 26 |
| Permanence | 46 | 31 | 23 |
| Oversight | 24 | 44 | 32 |

Legend:
- Good (green)
- RI (yellow)
- Inadequate (red)

**Figure 6**



Deeper analysis of these fundamentals of practice has highlighted that improvement is needed in the following areas:

a) Assessment and analysis:
   - Insufficient information-gathering, or bias in gathering information.  This includes:
     - o over-reliance on the self-reporting of parents/carers;
     - o limited gathering of information from multi-agency partners; and
     - o limited inclusion of children/young people's voice especially in relation to lived experience and impact.
   - Lack of triangulation, synthesis, and conceptualisation of the available information.
   - Lack of continuity from assessments into plans.

b) Risk-assessment and threshold decision-making:
   - Not identifying emergent risk, or not maintaining attention on all risks once they have been identified.
   - Unclear focus on what constitutes 'significant harm'.
   - Unclear rationale, without underpinning evidence, to support assertions of 'likelihood'.
   - Taken together, the vulnerabilities in asserting 'significant harm' and/or likelihood compromise the reliability of risk assessment, management and threshold decisions.

c) Planning:
   - Plans being overly parent/carer focused.
   - Plans needing a greater focus on outcomes for the child / young person.
   - Absence of timescales in plans that contribute to drift, delay and diminished accountability.
   - Where plans are not leading to expected improvements for children we do not routinely see practice that is adaptive, creative and well-informed to adjust planning towards better outcomes.
   - Over-optimism and/or risk aversion in planning.

d) Interventions:
   - An over-reliance on process and process points (e.g. strategy discussion, ICPC, LPM) as primary interventions; sometimes to the exclusion of evidence-based/informed practice that would facilitate and test change.

The GCC Ambassadors have also begun to support the QA framework through an independent review of a sample of audits with a particular emphasis on practice that is participative and relational. Whilst Ambassadors are GCC employees, work is still carefully selected and samples prepared to avoid conflicts of interest and to ensure information is protected as needed.

Ambassadors look for evidence of the voice of the child and evidence of the relationship the social worker has with them. They look for clear evidence that the worker knows the child/young person and presents a picture of who that child is: including their need, views, wishes and feelings. They are also reviewing whether work has been written in a way that the child / young person can understand if they decided to access their records in the future.

The key findings from this month's Ambassador review are:

a) Some examples of good work were identified including: engaging, relational practices; good direct work; affirmative language in case summaries; regular visits; and opportunities for young people's voice to come through in recordings.

b) Areas for improvement included: 'Mind of My Own' statements were not recorded; there was not evidence of work to involve advocacy services; work does not reflect children/young people's achievements; the involvement of young people in meetings is not well-reflected.

c) A well-described picture of the child/young person emerged in some records but this was inconsistent.

## 1.5 Feedback from Social Workers whose practice was rated as Good

Where practice has been rated as Good in December, the QA team contacted the allocated social worker to understand factors which have contributed to good outcomes being achieved. This feedback has been given to the Principle Social Worker who is co-ordinating examples of good practice across Children's Social Care. Themes within this feedback included:

a) A focus on strengths-based relational practice and making time to engage with and understand children, young people and families.

b) Understanding family systems and how the views and experiences of all family members impact on each other; then using this to inform assessment, planning and intervention. Included in this is a thorough understanding of parents' life experiences and how this impacts on their current parenting and engagement with services.

c) Being persistent in understanding and addressing barriers to engagement and having reflective spaces to think about different ways of working with families if change is not being seen. For two young people, good co-ordination with Youth Support Services was central to this.

## 1.6 Findings from children, young people and families' feedback

In the December audits, 10 (23%) children/young people and 27 (61%) parents were spoken to. 60% of children/young people rated the service positively; 10% negatively and 30% rated it with some positives and some areas for improvement. 67% of parents rated the service positively; 11% negatively; and 22% with a mixed response.

Positives included better outcomes for children and families, and accounts of engaging, compassionate and inclusive relational practice. Areas for improvement related largely to

trustworthiness, reliability, frequency of contact, delayed meetings and decisions, and effective communication between social workers, children, young people and families.

## 1.7 Children of Concern

Child of Concern Notifications are generated for any child or young person audited as receiving an inadequate service. This involves a review of the concerns for the identified child or young person created by the QA Team, with a response provided by the Operational Team regarding:

a) what we are doing to ensure the child / young person is safe?

b) assurance that our service offer is appropriate to their needs; and

c) outlining the next steps to providing a good service to this child/young person.

In December, thirteen Child of Concern Notifications were generated. At the time of writing this report, all have been resolved. This is an improvement on the 10 from last month, and the 20 from the month before that.

## 1.8 Early Help and Youth Support audit activity

Of the 5 completed audits in Early Help, all identified practice as RI; and of the 6 completed in Youth Support, all identified practice as good. These audits demonstrate continued good relational practice in both services. Good engagement techniques were demonstrated in Youth Support, but further there was recognition of how persistent engagement efforts enabled young people to feel valued and aware of how to access support when ready.

Areas for improvement included: the timeliness of assessment, quality of analysis and C-SMART planning.

## 2.0 How do we know this?

## 2.1 Children's' Social Care Audit methodology

There is a basic expectation that every Advanced Practitioner, Team Manager and Senior Manager undertakes an audit each month; one director electively audits each 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. All exemptions require sign-off from the respective Operations Director.

### 2.1.1 Audit Accuracy

As the most fundamental element of QA, the accuracy of audits requires ongoing monitoring within a QA framework. The role of moderators continues to play a significant role in maintaining the accuracy of our audits. To this end, 'moderator effect' provides an insight into the accuracy of our auditors' ratings of practice.

**Table 4** 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 December, there was a decrease in the downgrading of audits (from 24% to 19%). Practice rated as inadequate by moderators

showed a change in downgrading activity from 78% to 31%.  Although improved, the current moderator effect continues to reflect inconsistency in identifying good and inadequate practice by some auditors.  This will undoubtedly have a bearing on quality control activity within teams, and indicates that the accuracy of Gloucestershire's audit programme remains quite reliant on the moderators' understanding of good and inadequate practice.

**Table 4**

|  | %age upgraded by moderators | %age downgraded by moderators | %age of Inadequate downgraded by moderator |
|---|---|---|---|
| August 19 | 0 | 18 | 29 |
| September 19 | 0 | 21 | 50 |
| October 19 | 0 | 30 | 64 |
| November 19 | 2 | 24 | 78 |
| December 19 | 0 | 19 | 31 |

Completed audits are reviewed each month by the Head of Quality and the QA manager.  A further sample of 7 audits (2 Good, 3 RI, 2 Inadequate) are reviewed by critical friend and ex-Ofsted inspector Steve Hart.  The findings of this, as captured by Steve Hart, are:

Most audits continue to be clearly written, though some this month were not as strong as in previous months.  Some auditors find it a challenge to confine themselves to evidence and impact, being likely to stray into giving advice within the body of the audit.

Challenges remain for some in writing appropriately focused impact statements, which do not help the reader gain a sense of the child/young person's lived experience or the impact of practice deficits/benefits on the child. In some cases this is not translated into a considered judgement.

Audits nearly all include the contributions of a professional closely associated with the case.  This is good practice.  The picture in relation to parent/carer and child/young person contributions to audit is not so encouraging.

The accuracy of 2 of the 7 (29%) audit ratings was questioned in this exercise.  These appeared over-optimistic, process-oriented, and insufficiently underpinned by the necessary evidence and impact statements.  Some moderator changes to audits are supported by Steve, but there are others where he advises moderators to be more assertive in challenging judgements that are not sufficiently supported by evidence and impact statements.

Three key improvement areas identified by Steve are:

a) "Evidence though captured, did not consistently enough translate to well-argued impact statements….  The consequence of not fully grasping the impacts meant that judgements were inflated and opportunities for affecting the quality of the child's experience of services through well-constructed recommendations were lost."

b) Not all auditors and moderators are engaging sufficient conceptual skill.  Unless "auditors and moderators fully grasp the significance of the evidence before them and use that material to understand the child's experience, then impact statements and judgements always run the risk of being inaccurate."

c) Audits in previous months have been beginning to demonstrate the consistent application of judgement criteria and an understanding of what 'good looks like'.  This was less so in December.  In cases where evidence of practice and operational management were very obviously clear judgements were usually secure. "In others, particularly those where

evidence was not understood or properly aggregated, judgements were less reliable, and some were easily challengeable." Conceptual skills are a significant part of this issue, added to which auditors and moderators would benefit greatly from using the ILAC criteria to support their judgements.

It will take some time before we can be clear whether the concerns raised this month reflect a more concerning trend about the general quality of audits. However, we can be confident that we are beginning to better identifying areas of audit and moderation practice where we can target improvement efforts.


## 2.1.2 Representation

A sufficient and regular volume of audit activity is required in all teams and for all groups otherwise this limits the Authority's understanding and oversight of the quality of practice and service provision in these areas. The target to achieve this in Gloucestershire is 86 audits per month (i.e. 2 audits per team per month).

In December, there was a pool of 109 staff, trained in the audit methodology. 85 of these function as auditors, and 24 as moderators; with two additional external (ex-Ofsted) moderators. Two moderators are currently involved in supporting new moderators, rather than providing moderation. One trained moderator has a standing exemption at this time and two moderators are completing one moderation per month, to enable alternative quality assurance activity in the fostering service.

For effective operations, the moderator to auditor ratio should be 1:3 meaning there should now be capacity to moderate 67 audits, should moderators not be given an exemption.

Of the 85 auditors, there are 10 who are currently exempt from audit due to their absence from work or being involved in other improvement activity. This means that there are 75 auditors available for monthly auditing. Further training of 10 auditors took place in January. These auditors will enter the auditor pool in February. Additional external moderation is being commissioned to enable the training of new auditors. Further activity is underway to identify internal moderators to enable the necessary volume of audit activity.

Of the 75 available trained auditors, five did not audit in December due to being bi-monthly auditors; and nine were granted an exemption and so were not allocated an audit. One auditor was allocated an additional audit. This meant that 62 children were allocated for audit, from across all teams in Children's Social Care.

Following allocation of audit, a further thirteen single month exemptions were given by the Director of Children's Safeguarding; three audits were not submitted; three audits did not meet the standard to be ready for submission; and one November audit was resubmitted in December. This resulted in 44 audits completed to expected standards. Of these audits, 14 were submitted late (21%), which impacts on effective and timely moderation. This is, however, an improvement on the 57% late in November.

Taking account of those auditors who fall under the 'standing exemption or bi-monthly exemption' rule, in December, we had a completion rate of 70%, which is below the 90% target but an increase on the 61% completion rate in November. Exemptions require authorisation from the respective director, and nil returns are expected to be followed up by Heads of Service. The optional exemptions scheme has now been revoked by the Director of Children's Service.

**Table 5**

|  | Jan-19 | Feb-18 | Mar-19 | Apr-19 | May-19 | Jun-19 | July-19 | Aug-19 | Sep-19 | Oct 19 | Nov 19 | Dec 19 | Ave |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No. audits completed | 58 | 52 | 48 | 47 | 42 | 40 | 50 | 45 | 44 | 39 | 39 | 47 | 46 |

In the 12 months to December '19 we have done on average 46 audits per month.  As a proportion of the 3704 December 2019 this 12-month total (551) represents 15% of the service's activity.  Were we realising our target of 86 audits per month this would offer representation of 28%.

(See Appendix 1 for a list of those with Exemptions, Late Returns, Nil Returns, and audits not meeting expected standards.)

Although an audit is allocated to every team, the single month exemptions, nil returns and audits not yet ready for submission means that seven teams (16%) have not been audited in December. **Table 6** below reflects teams who have only been audited once in the past three months. This will have an impact on the understanding of practice within these teams.

**Table 6**

| Team | No. of audits completed |
|---|---|
| 11-25 Cheltenham Team 2 | 1 |
| Cheltenham Assessment Team 2 | 1 |
| Cheltenham Safeguarding Team 2 | 1 |

### 2.1.3  Participative Auditing

The audit methodology is intended to be delivered as a collaborative, exercise with social workers.   Without this collaboration the accuracy of audits is diminished, as is the opportunity for learning and ownership of any subsequent recommendations.

Of the 44 audits completed, 39 included the social worker (89%) and, 40 included the manager (91%). It is noted that recording a social worker or manager's views does not necessarily equate to the relational/participative auditing approach expected.  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, 60% of audits included 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. Where CP Chairs and IRO's are completing audits, they are now allocated children or young people who are allocated to them. For these children, this will provide a greater opportunity for learning discussions to take place between the operational team and the reviewing service.

23% of children/young people were contacted and 61% of parents.  As noted by Steve Hart, this leaves a significant number whose views have not been gathered, which limits their voice in support arrangements and reduces opportunities to inform our learning. It is accepted that some circumstances will prohibit the gaining of feedback (age of the child, availability of the

parent, etc.) but more rigour is required to make best use of all possible contributions. This could be strengthened by improved planning at the point of audit allocation.

## 2.1.4   Impact from Audit

A key element within our quality assurance programme is to ensure that there is an effective and timely response to address 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 a total of 544 actions resulting from audit, plus 98 outstanding actions from May 2018. These 98 actions relate to 74 children, for whom, this probably represents a missed opportunity to receive a timely and improved service.

At the time of writing, 37% of audit actions are overdue; 15% were completed late; 23% were completed on time, and 25% are not yet due. Completion rates compared with November (29%) show that actions this month are being completed in a less timely way.

A further factor which contributes to effective and timely response to audit, is the finalisation of the audit itself by the auditor following moderation. At the time of writing, 1 audit (May), 1 (July), 1 (September), 2 (October) and 5 (November) had yet to be finalised following moderator feedback (see Appendix 1 for details).

## 2.2   Early Help and Youth Support methodology

Eight audits were allocated within the GCC Early Help delivery teams with 5 (63%) being completed.

100% of the 6 allocated audits in Youth Support were completed.

The GCC QA team within the Academy are now reviewing the Early Help and Youth Support audits and supporting development in these service areas. Some of the auditing and moderation was of a good quality – though work is needed to better differentiate evidence and impact statements.

## 2.3   QA governance

As noted in previous QA reports, recent inspection results in neighbouring authorities rated as good have highlighted the value of a specific strategic forum in which QA and performance findings are shaped into planned activity and reviewed on a regular (monthly) basis.

In Gloucestershire, the QA report is considered in a number of forums and whilst some actions follow from these, it is not of the type described above. This would be improved by having a formalised arrangement whereby senior operational managers meet to jointly develop recommendations from QA findings and follow these through in a set review format. A decision on this proposal has yet to be made.

**3.0    What are we doing about it?**

**3.1    Children's Social Care**

**3.1.1    Improving Practice**
Essentials sessions have continued to be offered through January 2020.   The up-to-date figures for attendance at Essentials are:

a)   Completed all 3 modules          65%
b)   Completed 2 modules           10.5%
c)   Completed 1 module            6.5%
d)   Not completed any modules     18%

A service wide dip sample of all practitioners' compliance with the Essentials Principles is being completed in January. The learning from this will be shared in the next QA report.

Development and delivery of the following Academy learning modules has been signed off by the Children's Services Leadership Team: Domestic Abuse, Neglect, Parental Substance Misuse, Parental Mental Health, Child Sexual Abuse, and Parental Capacity to Change. These will be aligned with the Essentials principles and launched with a similar methodology which has been so positively received.  Activity on Neglect is already being deployed into teams under a Neglect Action Plan for 2020.

The GSCE business unit manager is also meeting with locality teams to share the learning from Serious Case Reviews / Safeguarding Practice Reviews; and joint work continues to be undertaken between the Consultant (Improvement), Principal Social Worker and colleagues from commissioning to offer targeted coaching support to identified operational teams. This includes identifying inhibiting/facilitating factors to improvement within these teams and working with them to support recovery.

**IRO-CP service:**
Following the 6th Ofsted Monitoring Visit in April 2019, considerable work was undertaken in the CP service which led to a month-on-month improvement in the team's performance.  This reached the level of good and outstanding LA's in June and July 2019, but was not sustained with an impact on the performance, quality and morale of the service.  One reason for this relates to high numbers of ICPCs where Gloucestershire is an outlier compared with statistical neighbours and the England average.  A second reason relates to emergent conditions within the CP service itself.  These conditions have led to a thorough internal and external review of the service (Dec-Jan) and the implementation of an urgent improvement plan.  The findings of this diagnostic activity will be presented in the next QA report.  Nevertheless, the improvement activity now in place includes the following:

a)   Management oversight of all requests for strategy discussions/meetings;

b)   Head of Service oversight of all requests to convene an ICPC;

c)   Head of Service oversight of all children subject to CP plans for 12 months or more;

d)   Implementation of a new protocol for single and multi-agency responses to children on second and subsequent CP plans;

e)   Review of multi-agency safeguarding training to reinforce the expectations of partners in Child Protection.

f)   Developmental work with Chairs around threshold decision-making and effective planning;

g)   Revision of workload and workflow arrangements within the CP team;

h) Work to re-shape the service;

i) Individual development plans for staff;

j) Renewed performance oversight.

**Role of the Advanced Practitioners:**
The role of the Advanced Practitioners (APs) as coaches and drivers of practice in teams was revisited in a collaborative event facilitated by the Academy in January. Attendance at this was good and it provided APs and Team Managers the opportunity to revisit the role profile and consider how best to use the role to drive practice in teams and across the department. Feedback, received directly and via social media, highlighted many positives from this activity and this will be continued through the monthly AP forum meetings. The Academy is currently compiling the various inputs from the day and will share these back with the Leadership Team along with a proposed action plan to progress the refreshed role.

**Children in Care:**
The departmental leads for Children in Care are driving work to secure increasing management grip of the use of s20, reunification, and the use of unregulated and unregistered placements. The impact of this should become increasingly apparent through February and March as these interventions take effect.

### 3.1.2 Representation from audit
During January, the Academy has trained a further 10 auditors. Additional external moderator capacity is being commissioned to provide transitional support for this increased auditor pool.

As much as possible (within the constraints of exemptions and nil returns), audits continue to be allocated so that every social worker's practice is audited at least once every 6 months.

The targeted diagnostic work that has been undertaken for DCYPS, fostering, EDT and CP, will continue to be scheduled in the coming year to maximise the representability of our QA findings, and consequent improvement activity.

### 3.1.3 Accuracy of audits and participation
The accuracy of auditing continues to be tested by the QA team through the monthly review of all audits, by the Head of Quality, the Quality Assurance Manager, and a sample by Steve Hart. This month's findings about the accuracy of audits indicates continued monitoring of this fundamental of QA is needed.

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 also be distributed on a monthly basis.

A recall day for auditors and moderators with Steve Hart that was set for January had to be postponed and has been re-set for the has been set for the 27th February within which conceptualisation, impact, recognising good practice and participation in audit will be emphasised.

### 3.1.4    Impact from audit
Case file screening reviews and locality QA panels will continue to promote remedial solutions to previously identified weaknesses in practice.  The QA team will continue to provide an independent tracker of actions from audit to support the closure of these by managers.

We have furthermore introduced a change within auditing that should see some actions from audit being lifted into children and young people's care plans to further embed the impact of audit on outcomes for children.

## 3.2    Early Help and Youth Support

Within Early Help and Youth Support, work is being undertaken to focus on the timely completion of assessments and continuity into plans.  Furthermore, the good practice identified in Youth Support in relation to engaging young people is being shared more widely in the service.  Audit findings continue to be reviewed at practitioner, management and senior management levels.

## 4.0    Conclusions & Recommendations

Children's Social Care are currently engaged in high levels of improvement activity.  It is evident from the QA findings that this is being responded to well by certain workers and teams.  As previously reported though, improvements in practice are yet to be consistently embedded and the pace of change is slow.  The department remains some distance from the objective set out in the AIP of fewer than 10% of audits returning an inadequate rating.  Whilst the current interventions to raise the standard of practice are having some effect, this has yet to impact on the persistently high rate of weaker practice.

As outlined in section 1.4 of this report, the issues underlying practice weaknesses relate to the building blocks that underpin the practice fundamentals.  As has been previously reported, weaknesses in conceptualisation, communicating impact in the lived experience of children, and differentiating between good and inadequate practice compound this.

It is not yet clear if these deficits are a function of gaps in recording or are representative of issues of competence.  Where this is being identified through audit or other oversight and feedback mechanisms, we strongly recommend the application of accountability-based leadership.  This will need developmental work with the leadership, and across the department, to mitigate against this being perceived as oppressive and discriminatory.  As an extension of this we recommend the introduction of strengths-based, individual development plans to progress the identified issues.  The current activity to focus advanced practitioners on practice improvement in teams must be maintained and would be well suited to supporting this proposal of individual development plans.

For those individuals and teams that are demonstrating more secure improvement in their practice, the Academy will present them with further development opportunities in line with the emerging curriculum and Social Work England expectations of practice.

A number of ongoing initiatives to improve the quality of practice are under way (see section 3 above).  It is recommended that these be kept under review and included in a governance setting that oversees Quality and Performance reporting and improvement planning.

Audits in GCC Children's Social Care remain mostly accurate; with work to be done to secure the conceptualising of evidence and impact, and articulating an understanding of good and inadequate practice.  More audits need to be completed to ensure that all service elements are represented; and more audits need to include the contributions of children, young people,

families, and IRO/CP chairs.  Steps are in place to secure these areas of improvement in the QA methodology, and these need to be reviewed for effectiveness.

Demonstrating a consistent impact from audit remains less secure despite considerable investment in this area.  This remains a key challenge for operational teams and requires continuing leadership emphasis by team managers.