

REPORT:	Children's Services Quality Assurance – distribution copy	MONTH:	Nov 2020
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Acknowledgements

Kat Aukett (Director, Youth Support) – report on audits undertaken in Youth Support
 Lisa Long (Service Manager, Permanency and Fostering) – report on audit activity in fostering.
 Lyn Green (Participation Officer, GCC Vulnerable Children's Participation team) – report on Ambassador's review of core audits.
 Steve Hart (Independent consultant) – quality of audits

1.0 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 been formatted against these questions under the paraphrased headings of: 1) '**How are we doing?**'; 2) '**How do we know this?**'. The third question of plans to maintain or improve practice is best answered in the comprehensive reporting of the Accelerated Improvement Plan (AIP). Nevertheless, some mention of improvement activity is made in this report as it relates to the areas identified.

As part of our improvement journey the QA framework has grown from a reliance on core audits, through to a combination of core audits and dip samples, to the point that we are now regularly including additional sources of assurance such as thematic reviews and team/service diagnostics. Once this current phase of QA is consolidated, the QA framework will extend to include: observations of practice and supervision; better use of feedback from children, families and partners (including compliments and complaints); and systematic multi-agency assurance that captures children and young people's journey through services.

2.0 Executive summary

2.1 Quality of Practice

The persistently high rate of inadequate practice reported 24 months ago has reduced markedly through good leadership efforts, albeit not yet at the expected pace or to the target level. Examples of inadequate practice where children are imminently unsafe were previously a regular feature but are now infrequent. More practice has moved from inadequate to Requires Improvement though with the risk of a proportion becoming inadequate without incisive management. The rate of inadequate is close to, but not yet at, the short-term AIP target of 12% and remains variable month to month. This forms part of a wider pool of weaker practice making up just less than half of the work in the system. Randomised sampling of this body of work shows month-on-month variability in the quality of practice that is moving back and forth between inadequate and requires improvement. This is therefore a critical moment for the department where this pool of weaker work needs to be targeted to offer more secure ratings with consistently low levels of inadequate practice.

Services for Care Leavers require some focus following the weakening quality of practice identified through QA over the past 3 months.

The proportion of good practice has been improving in the last 12 months but has been relatively static for the last 3 months and has yet to reach the 40% short-term target within the AIP. A quarter of teams are more consistently delivering good practice but more is needed to work with those practitioners and teams delivering secure RI work to elevate to the standards of good.

The areas of practice calling for particular attention include:

- a) Management oversight
- b) Analysis: conceptualisation available information and understanding the impact of the child/young person's lived experiences and the service offered to them
- c) Drift and delay
- d) Risk assessment and review
- e) Care Planning and Permanence for CiC
- f) Meaningful and Purposeful relational practice (incl. contact with Care Leavers).

The experiences and progress of children in need of help and protection

For children and young people receiving a Child in Need Service (including those with disabilities) the improving practice reflected in the last QAF report has not been sustained. practice rated as good for children and young people with disabilities has reduced from 38%-20% and practice rated as inadequate for CiN has risen from 6%-18%.

Importantly, the DCYPS service has had no inadequate audits this month. This indicates continued success by the leadership of that service through their service improvement plan. It is important though that the standards of good practice for children served by DCYPS are maintained.

This month has seen variance in the rates of good and inadequate practice for children subject to child protection planning. Good practice has reduced from 22% to 17% and inadequate practice has increased from 14% to 20%. This group of children are identified as suffering or likely to suffer significant harm. That 20% (a fifth) of them are also

experiencing a service which is inappropriate or leaving them at risk of harm, is a matter which requires focussed attention. The latest ChAT data shows that Gloucestershire remains an outlier with respect to children entering care for abuse and neglect. Improvements in this practice are therefore likely to offer improved diversion for children from care and is therefore a key priority for the department.

The experiences and progress of children in care and care leavers

Children in Care continue to be the most likely to be in receipt of a better service, with the highest levels of good or better practice (53%, up from 50% in the last QAF report) and the lowest levels of inadequate practice (3%).

The profile for Care Leavers in this report and the previous (Sept-Oct) report represents cause for concern. Previously the area with best quality practice, this has now declined markedly in recent months. In the last 3 months practice rated as inadequate has increased from 27% to 44%. Feedback from GCC Ambassadors and senior managers in leadership meetings indicates this relates to insufficient contact, drift and delay, and ineffective responses to poor outcomes that are impairing transitions to independent adulthood.

2.2 The impact of leaders on social work practice with children and families

Through an exceptionally challenging year leadership has been evident at all levels through the department and children's social care is to be commended for the distance travelled this year.

As noted previously, there remains considerable resolve amongst children's services leadership and senior corporate leaders to achieve the necessary improvements for children and families. Taken together our performance and quality assurance practices provide senior leadership with a good appreciation of the strengths and areas for development across the system. Nevertheless there remains a commitment to improve these feedback loops.

Improvement is evident however we are now at a critical juncture in transitioning the proportion our practice that sits on the inadequate/requires improvement boundary to that which is securely improved and approaching good. This will require consecutive months of low rates of inadequate (at or below the stated targets) with limited examples of relapse.

Too many children, young people and families are yet to benefit from consistently good services. Leaders are explicit that this is not good enough and the ambition to provide good and outstanding services remains undimmed. Despite a strong spirit of perseverance, fatigue is now regularly being reported and it is therefore hoped that the Christmas period offers some respite and opportunity for rest for all members of the department.

Work rated as good continues to be clustered in a fairly consistent group of teams with 11 of these sustaining this for more than 6 months. These managers and their teams are to be commended for this as they demonstrate how this can be achieved in the current system.

There remain 14 teams in which weaker practice is more evident and need additional attention. This is now being responded to through the Team Improvement Plan being led by the interim Director of Safeguarding and Care. At this stage it is too early in the implementation of this to report on impact.

As part of the AIP, work is also underway to address permanence, and re-referrals with service improvement plans for DCYPS, Fostering and IRO/CP Chairs also in place.

To support the necessary improvements, it is imperative that social workers and team managers consistently apply the Practice Fundamentals to their quality control activity in order to secure the expected standards of work at the earliest opportunity. The application of the Practice Fundamentals is now being dip sampled across teams and this needs to be used by team managers to shape practice improvement within their teams.

In terms of impact from audit, many audits demonstrate an impact for children and teams, and QA is certainly influencing organisational improvement activity and the development of certain staff/teams. However, there continue to be occasions where we are not being sufficiently responsive in progressing improvements for individual children identified through audit. Leadership emphasis is required in this regard.

The Academy's leadership and management programme for team managers began in July 2020, with 6 cohorts supporting 56 managers. This programme brings together the DfE's NAAS (National Assessment and Accreditation Scheme) pilot programme in Gloucestershire and our improvement planning. The focus of the programme is on accountability-based leadership; quality of practice (Quality Improvement, Quality Control, and Quality Assurance); shaping the system; power and authority; performance; resource management; and supervision. It further draws together learning from: restorative practice, the previous Oxford-Brookes leadership programme, the regional ADCS leadership programme, and systemic practice to offer a continuous and coherent experience. Feedback from participants is positive and messages are being shared about where and how this learning is being translated into practice as intended. Where there are disconnects between the learning (e.g. about quality control and management oversight) these need to be better explored in supervision and coaching for these managers.

2.3 QA Methodology

There is a well-established system of core and thematic audits that supports a reasonable self-evaluation for the department. Completed (moderated) core audits continue to be largely accurate in evaluating children's experiences and the quality of practice. This however is somewhat diminished in light of the need for improved relational practice both in the field and through audit, and work being needed to improve impact statements. Learning from this has led to a revision in the audit methodology. That is, from January we will be pairing auditors and moderators to build the connections between them towards improved relational auditing. Following reminders for greater inclusion of children and families in audit this is being monitored in the SPQM and if needed will become a mandated function within audit.

The construction of impact statements within audits (and practice as a whole) remains an area for development. These need to be better evidence-based and sufficiently analytical. The areas of impact and analysis have been highlighted in the improvement planning and responded to with the creation of supportive guidance and tools for staff on these items. It would seem though that this is an area to revisit and further develop.

To support a forensic understanding of the development needs and progress of each social worker and team, we would ideally like each social worker to be in receipt of two core audits per year. Audit completion rates were improving, though a period of slippage around August was cause for attention in this area. Completion rates have recovered and now need to be sustained at or above the 90% target that is being achieved.

The available data is highlighting certain auditors whose evaluation of practice more regularly requires adjustment by moderators. These auditors are offered the supportive feedback of moderators and the QA team will attempt to support any identified issues where openings present. The pairing of auditors and moderators will also help to build continuity in development opportunities.

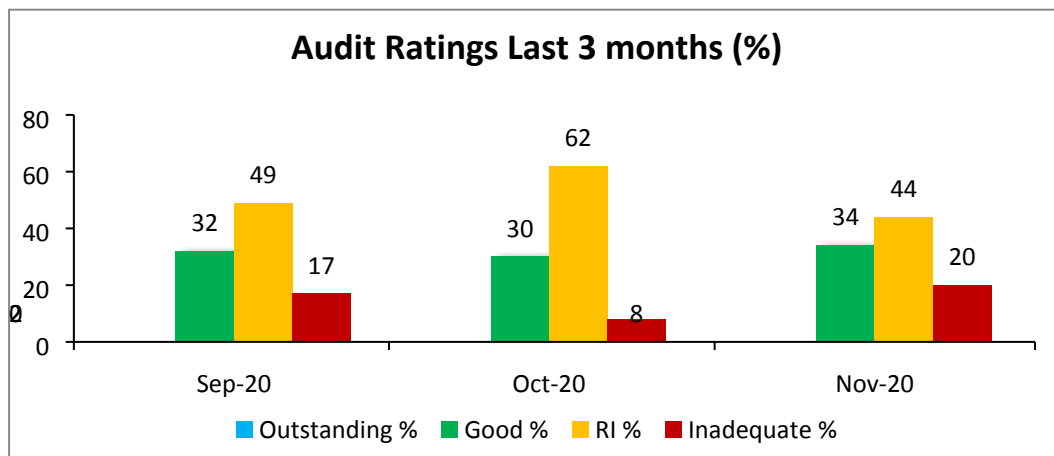
3.0 How are we doing?

3.1 Children’s Social Care core audit activity

The audit methodology reviews the overall quality of practice, implicit to which is an analysis of 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 (**Table 2 and Graph 2**).

Figure 1 - Audit Ratings by month as percentages

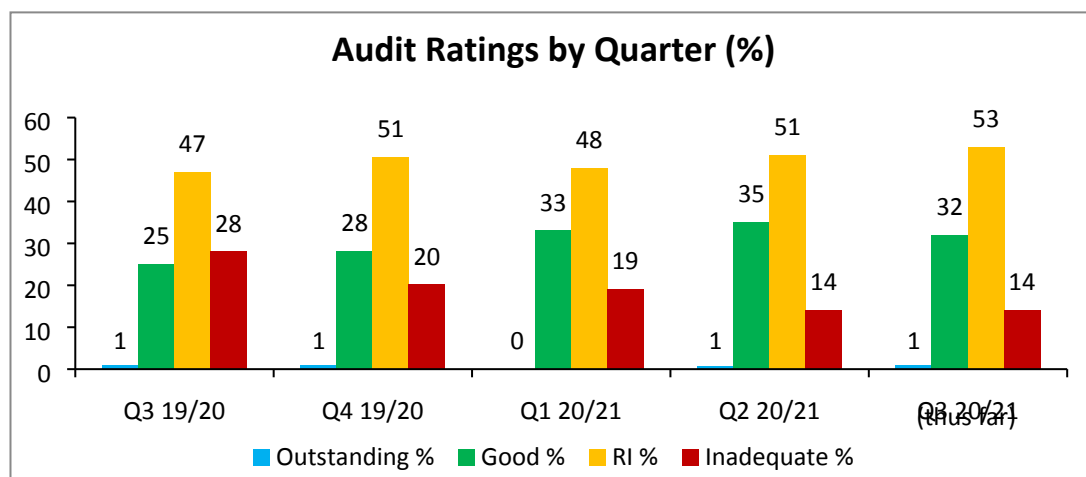


Note, while we have recorded 20% inadequate in November, 1 audit is currently subject to review which may lead to a revised rating of 18% inadequate in November. Until this is confirmed we will refer to the rating of 20% inadequate in this report.)

Table 1

Audit ratings by month			
Actual Numbers	Sep-20	Oct-20	Nov-20
Outstanding	1	0	1
Good	15	15	17
Requires Improvement	23	31	22
Inadequate	8	4	10
Total	47	50	50
By percentage			
Outstanding	2	0	2
Good	32	30	34
Requires Improvement	49	62	44
Inadequate	17	8	20

Figure 2 – Audit ratings by quarter as percentages



Audit results in recent months have been variable. Despite a number of caveats, the August QA report remarked on a noticeably higher rate of good practice (41%) and a very low rate of inadequate practice (5%). In September, the rate of good and outstanding decreased (34%) with the rate of inadequate practice increasing (17%), then in October good decreased (32%) and inadequate decreased (8%). In November the rate of good and outstanding rose (36%) as did the rate of inadequate (20%).

It is not unusual to see monthly variance in our audit results and for this reason we tend to reference **Figure 2** above for quarterly trends. However, the recent variance is greater than that seen previously and indicates an important feature for the department. The previously high and sustained rate of inadequate practice has now been positively disrupted but the proportion inadequate practice has yet to be reduced in line with the target in a sustained way. It is normal in improvement journeys to see this profile of ‘3

steps forwards – 2 back’. The challenge for the department is that this back and forth is taking place across the line of inadequate practice.

This said, **Figure 2** establishes a positive trajectory for the department. With around a third of practice being consistently rated as good and outstanding in the last three months, this is a notable increase on the levels of good and outstanding practice 12 months ago (25%), indicating a positive impetus. **Figure 2**, however, reflects that this impetus for good practice has slowed in the last three quarters. It is worth noting that this period coincides with the onset of CV19 across the country.

It further noteworthy that the fairly stable group of teams with three or more good audits in the last six months makes up between a quarter and a third of the total number of teams. It would seem that it is these consistently good teams that are maintaining the rate of good practice for the department and more is needed to develop the remainder to consistently lift the overall rate of good practice.

As can be seen in **Figure 2** the rate of inadequate practice is nearing the short-term target set for the department under the Accelerated Improvement Plan of 12%. Real energy and focus are needed to reach and secure this target.

This view is further developed by drawing on the findings of the QA team’s rapid review of completed audits. This function responds to previous feedback from the regulator that identified practice that though rated as RI at the time of audit is on the cusp of inadequate or has slipped into the lowest rating since the time of the audit. The findings of this work are as follows:

Of the 50 audits completed in November, 11 (22%) contained practice that, if not addressed through incisive management, could become inadequate. Taken together, the audits rated as inadequate and those describing practice that is vulnerable to becoming inadequate accounted for 42% of the work within the November sample.

Over the last 3 months, this aggregate ‘weak practice’ accounts for 45% of sampled work. During the same period, 33% of the work has been rated as good or better, leaving a 22% remainder that is more firmly established as requires improvement. When compared with the same findings 3 months prior to this, ‘weak practice’ accounted for 45% of sampled work. During the same period, 35% of the work has been rated as good or better, leaving a 20% remainder that is more firmly established as requires improvement. Overall the proportion of ‘weak practice’ is therefore fairly consistent at around 45%.

3.2 Audit Ratings by legal status

Patterns of audit ratings by child’s legal status are reflected below in **Figure 3** and **Table 2**. Due to variances in monthly figures, these are presented as 3 month averages to support representability.

Figure 3

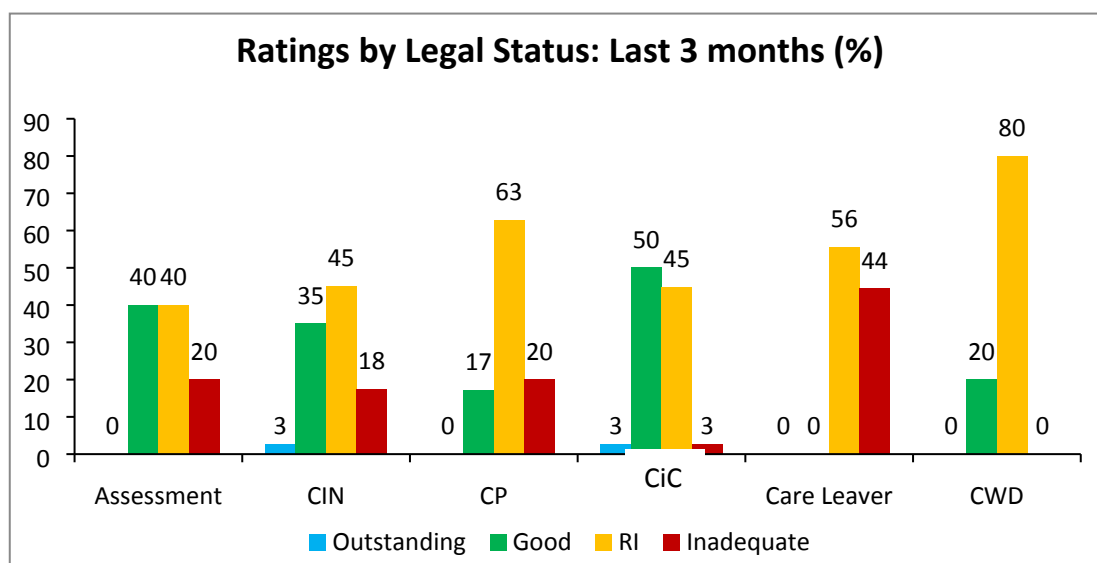


Table 2

Ratings by Status	Sept 2020				Oct 2020				Nov 2020				Totals			
	O	G	RI	In	O	G	RI	In	O	G	RI	In	O	G	RI	In
Assessment	0	2	3	0	0	2	3	3	0	2	0	0	0	6	6	3
CIN	0	6	8	1	0	5	5	0	1	3	5	6	1	14	18	7
CP	0	2	6	4	0	2	9	0	0	2	7	3	0	6	22	7
CLA	1	4	3	1	0	6	8	0	0	9	6	0	1	19	17	1
Care Leaver	0	0	1	2	0	0	3	1	0	0	1	1	0	0	5	4
CWD	0	1	2	0	0	0	3	0	0	1	3	0	0	2	8	0

The profile in **Figure 3** reflects that our Children in Care continue to be the most likely to be in receipt of a better service, with the highest levels of Good or better practice (53%, up from 50% in the last QAF report) and the lowest levels of inadequate practice (3%).

The profile for Care Leavers in this report and the previous (Sept-Oct) report represents cause for concern. Previously the area with best quality practice this has now declined markedly in recent months. In the last 3 months practice rated as inadequate has increased from 27% to 44%. Feedback from GCC Ambassadors and in leadership meetings indicates this relates to insufficient contact, drift and delay, and ineffective responses attending to poor outcomes that impair transitions to independent adulthood.

This month has seen variance in the rates of good and inadequate practice for children subject to child protection planning. Good practice has reduced from 22% to 17% and inadequate practice has increased from 14% to 20%. This group of children are identified as suffering or likely to suffer significant harm. That 20% (a fifth) of them are also experiencing a service which is inappropriate or leaving them at risk of harm, is a matter which requires focussed attention. Further, against the latest ChAT data, Gloucestershire remains an outlier with respect to children entering care for abuse and neglect.

Improvements in this practice are therefore likely to offer improved diversion for children from care and therefore appears to be a key priority for the department.

For children and young people receiving a Child in Need Service (including those with disabilities) the improving practice reflected in the last QAF report has not been sustained, with an 18% reduction in practice rated as good for children and young people with disabilities and a 12% increase in inadequate practice for those subject to Child in Need Plans within Assessment and Safeguarding Teams.

3.3 Audit Ratings by team

20 teams have had three or more audits rating practice as good or better in the last six months. Over the last six months, it is positive that the number of teams in this list has grown from 13 teams in June to 20 teams in November. 11 of these teams have remained on this list throughout this period, suggesting sustained quality practice within these teams. This also suggests that Good practice is clustered around a group of consistent teams. While the number of teams on the list is growing, the core of consistent teams is more static meaning more work is needed to build on teams remaining consistent in delivering good practice.

This month sees four teams added to this list suggesting rising good practice in these teams. No teams have been removed from this list, which suggests that practice improvements have been sustained for a further month in the identified teams.

5 teams were identified as having had three or more audits rating practice as inadequate in the last six months. In June 2020, there were 8 teams identified on this list, of which one team has remained on this list throughout this period. Over this six month period, 13 teams have moved on and off this list, representing 30% of all teams. This suggests a wide range of teams with variable practice within which weak practice is a continuing feature. Nevertheless, the reduction in numbers of teams on this list over the last 6 months aligns with the overall reduction of inadequate practice.

Fourteen teams have been identified within the Team Improvement Plan in relation to identified 'weaker practice' and weaker performance. The managers of those teams are receiving individualised coaching support from an experienced improvement adviser in order to understand and attend to the key barriers to improvement. This initiative is only recently launched so its impact has yet to be realised.

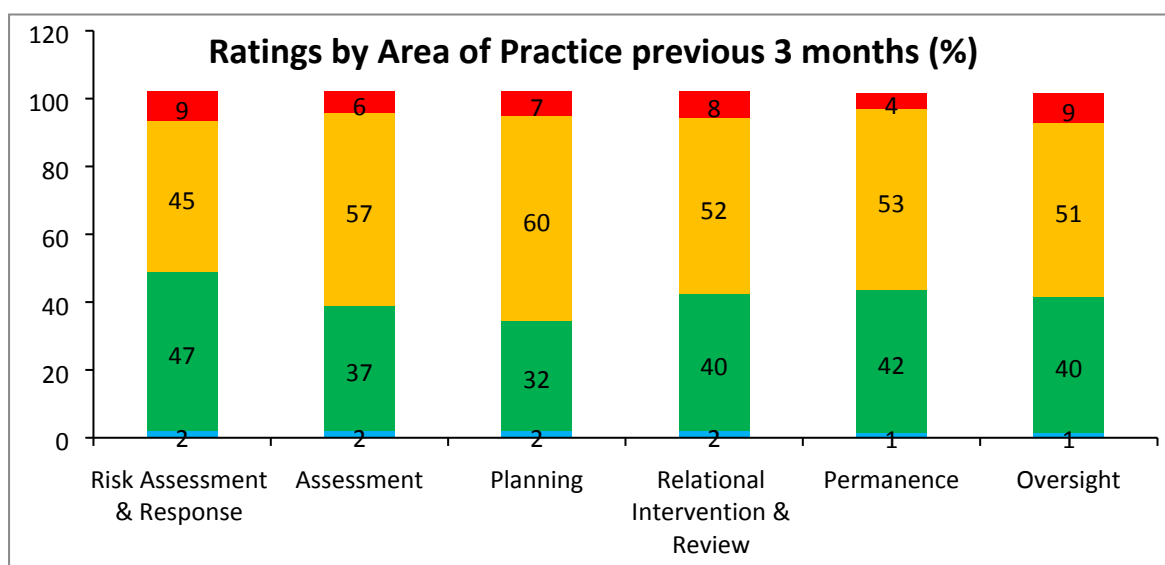
3.4 Audit Ratings by Area of Practice

As per **Figure 5** in this section:

- a) There have been increased levels of both good and inadequate practice across Risk; Assessment; and Oversight, suggesting a greater polarisation of practice in these areas. These areas appear affected by the monthly ratings variance described earlier in this report.
- b) Within Planning and Permanence there has been an increase in inadequate practice and a reduction in good practice. The current focus on permanence planning through the permanence project may be factor in it now being recognised more clearly within audits.

- c) The level of Oversight rated as inadequate is not congruent with the overall levels of inadequate practice identified. The expectation of auditors and moderators is that where there is inadequate practice, the rating for oversight is also deemed inadequate unless there is evidence of exceptional grip that is attending to the key issues. Further evaluation by the QA team has since identified that this expectation is not being consistently applied resulting in some over-optimistic ratings of oversight. Were this data to be revised to reflect the findings of the QA team, management oversight would be the weakest area of practice with 20% of practice being inadequate, as opposed to the 14% identified in November.

Figure 5



Based on previous QA activity and other forms of feedback, senior leadership have identified the following interrelated areas for priority practice improvement:

- a) Management oversight
- b) Analysis, conceptualisation and understanding the impact of the child/young person's lived experiences and the service offered to them.
- c) Drift and delay
- d) Risk assessment and review
- e) Care Planning and Permanence for CiC
- f) Meaningful and purposeful relational practice (incl. contact with Care Leavers).

3.5 Feedback from Social Workers whose practice was rated as good or outstanding

Where practice has been rated as Good in November, the QA team have contacted the allocated social worker to understand factors which have contributed to the good outcomes being achieved for these children and young people. Within this feedback a number of themes emerged:

- a) Developing effective, meaningful relationships with children, young people and their families; and within this, maintaining a focus on the impact on a child/young person of the situation they are living in, as a driver for change.
- b) A relational approach from both team managers and advanced practitioners, who provide clear expectations, meaningful feedback and are available for support and reflection.
- c) Establishing effective partnerships with professionals around children/young people and their families and central to this being regular, clear communication which is both child and outcome focussed.
- d) For children and young people in care, having a stable placement provides a secure base from which other support and intervention can be more effectively provided.

3.6 Findings from children, young people and families' feedback in audit

In the November audits, 10 (20%) children/young people and 20 (40%) parents were spoken to. This is a slight decrease to the 25% and 41% of views obtained in October. 90% of children/young people rated the service positively; 0% rated it negatively; and 10% rated it with some positives and some areas for improvement. 55% of parents rated the service positively; 5% negatively; and 40% with a mixed response.

Within this feedback, positives included social workers who are clear about the concerns and what needs to change, but also demonstrate their belief in the potential for change within a family; social workers giving young people space to talk whilst responding in a way that shows that they have actively listened; social workers who recognised the challenges related to CV19 and found ways to support families despite these.

Areas for improvement included: access to timely minutes from meetings so parents can remember what has been said and what actions have been agreed; social workers who do not clearly explain processes which makes it confusing to know what is happening and when this will be completed by; and not feeling included in important decisions once a child comes into local authority care.

3.7 GCC Vulnerable children and young people's Ambassadors' audit review

The GCC Ambassadors are key contributors to the QA framework through an independent review of a sample of audits. The particular emphasis of this review is on practice that is participative and relational. Whilst Ambassadors are GCC employees, sampled work is still carefully selected 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 needs, 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.

Of the 10 audits reviewed this month, the key findings from Ambassador review were:

- a) There were 2 (20%) case summaries with a good focus on, and representation of, the child through accessible language. Most case summaries clearly outlined our reason for involvement.
- b) Half (50%) of the work reviewed drew through the views of the child to some extent and demonstrated direct work. There were no Mind of My Own statements which indicates missed opportunities to benefit from this application.
- c) 3 (30%) of the audits offered information about the child, their likes, dislikes and interests.
- d) None of the records highlighted the child's positive achievements.
- e) In 3 (30%) audits there was positive and clear language which avoided jargon and acronyms.
- f) In half (50%) there was evidence of a good relationship between worker and child/young person. In the remainder though there was no sense of relationship from the recording.
- g) Evidence of the use of 'Language that Cares' is still lacking in these records.

3.8 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;
- c) and outlining the next steps to providing a good service to this child/young person.

In November, ten Child of Concern Notifications were generated. At the time of writing this report, they are all subject to improvement activity under the leadership of the Director of Safeguarding.

Including Children of Concern from previous months, there are currently 27 children or young people being tracked by the QA team (1 from March; 4 from June; 3 from July; 5 from September; and 4 from October) until the areas of concern have resolved.

3.9 Practice Fundamentals dip sampling

The Practice Fundamentals tool has been introduced across operational children's social care teams since July 2020. This tool is a key Quality Control and Quality Improvement initiative. It builds on the findings through Quality Assurance and the work of the regulator that improvement is required in the fundamentals of practice. These being: **Supervision and Management; Visiting and Direct Work; Assessments; Planning and Review; and Case Recording.**

The intention is that the Practice Fundamentals tool is used by practitioners and managers for the purposes of Quality Control, so that the work they undertake and finalise meets the expected standards. The department has committed to undertake monthly dip sampling work in each team for the purposes of further Quality Assuring the embedding and impact of this tool. The above steps work in accordance with the Quality Improvement – Quality Control – Quality Assurance cycle that is at the heart of our quality framework.

The summary findings from the most recent round of dip sampling highlighted that:

- a) The auditors are familiar with the Fundamentals and where to look for these. This is a good indication that these are landing well in the system and being prioritised as intended.
- b) As the first effort at dip sampling for many of these auditors, the findings are less reliable and feedback is being made available to support their development in this.
- c) Some Advanced Practitioners are applying the learning from their dip samples into relevant quality improvement work in their teams. This good practice needs to be applied across the teams in future iterations of the activity.

3.10 Families First and Youth Support audit activity

In the absence of the Head of Service for Early Help, a report on the audit activity in that service has not been forthcoming this month.

Of the 6 audits completed in Youth Support 1 (17%) indicated practice deemed outstanding, 4 (67%) indicated practice that was rated as Good, with 1 (17%) rating practice as requires improvement. The findings from these were:

- a) The audits identified some of the challenges around engagement in a timely way, through virtual and more remote working methods. The practitioners have had to exhibit commitment and determination in order to gain the same level of engagement that can occur more easily under normal circumstance. However even with these challenges the impact of the positive and trusting relationships continues to come through as a key strength and are evidenced by the feedback from the young people and their families.
- b) Good multi-agency communication and work (including appropriate challenge) resulted in significant and sustained change for young people.
- c) There is evidence of some high quality assessments being completed and then being translated into good and effective plans. This in turn is shown to support more positive impact for young people. However, the audits highlighted a lack of consistency in regard to plans being SMART. There are clear examples of robust SMART planning

and others where this is an area for development. In addition, there are examples of the need to ensure that if a practitioner is away from work due to ill health, that contact is made with young people to make sure that they are aware of who to contact in their named worker's absence.

3.11 Fostering audit activity

The auditing of in-house foster carers' Liquid Logic files has been in place since April 2019 and is a now well-established routine in this service with monthly moderated audits undertaken by staff within the service. This report reviews the findings of this work between January to June 2020, and henceforth will highlight monthly audit findings in the same vein as Early Help and Youth Support.

Of the 6 completed November audits 1 (17%) was good, 4 (67%) required improvement, and 1 (17%) was rated as inadequate.

The identified learning points were:

- a) There were no imminent safeguarding issues identified in this round of audits.
- b) A greater emphasis on the impact on the child needs to be evident on case files in foster carer supervision records, managers' supervision of workers, management decision-making, and reviews. This is being reiterated in manager meetings and team meetings and it is an improving picture. There is a new process in place for family support worker input along with a new referral and evaluation form in place; this is being overseen by a senior family support worker to ensure impact on children and young people is being considered and evidenced across all fostering teams.
- c) A new personal development plan form has been launched and Supervising Social Workers are using with foster carers, but this still needs to be fully embedded with all carers in all teams.
- d) After identifying inconsistencies in the administration of key information six weekly meetings have been introduced with Administration supervisors / manager. This will develop a consistent approach across all teams to uploading documents, fostering panel papers, checks and references, recording attendance on training, support groups, etc. to ensure that practices across the teams are the same.
- e) Findings indicated improvements were needed to team manager / deputy team manager oversight. These staff have now received training from the Head of Service to evidence management oversight and supervision on case records; all workers and managers are now using the relevant supervision template on forms. A reflective discussion about carers should take place on at least a bi-monthly basis or when a significant event takes place and should be clearly recorded on the carers' case file to evidence decision-making, planning and support required.

4.0 How do we know this?

4.1 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.

4.1.1 Audit Accuracy

As the most fundamental element of QA, the accuracy of audits requires ongoing monitoring within a QA framework. Within the GCC audit methodology, accuracy should be arrived at through discourse, debate, negotiation, and collaboration which run throughout good social work. The contributions of each participant (including the child/young person, family, and IRO/CP chair) are all valued and shaped into a completed audit by the collective activity. In this, the moderator acts on behalf of the DCS as arbiter of the overall evaluation.

With this in mind, **Table 3** indicates a continuing moderator effect on the ratings of audit. In systems where auditors undertake work outside of their team, the role of the moderator is expected to have a 10-15% effect on ratings. Where auditors are working more subjectively in their own teams this effect is expected to be greater.

This is not necessarily an indication that auditors do not recognise good or inadequate practice. Whilst this may be the case for a small proportion of auditors; this is more likely to indicate a bias to editorialise or be overly-optimistic about practice and practitioners 'closer to home'. This holds relevance for quality control in day-to-day practice, and for this reason the Academy is tracking those auditors most likely to demonstrate subjectivity as indicated by continuous moderator effect over time. We will offer them support in this and where needed alert their line managers.

In November, there was a slight increase in the downgrading of audits (from 22% to 24%), with 50% of inadequate practice being identified by moderators.

Table 3

	Percentage upgraded by moderators	Percentage downgraded by moderators	Percentage of Inadequate downgraded by moderator
June 20	2	22	40
July 20	2	14	30
August 20	4	16	50
September 20	0	36	88
October 20	0	22	50
November 20	0	24	50

Those auditors who have had a third or more of their work regularly adjusted by moderators over the last 7 months are identified in **Appendix 2**. This indicates where there is a more regular difference between their evaluation and rating of practice and that of the moderators.

An additional element of QA governance is the contribution by external critical friend Steve Hart to reviewing the quality of auditing. Steve's review of completed audits has highlighted that:

- a) as noted in section 3.6 above a substantial proportion of audits are not successfully including child, young person, parents or carers. This is an enduring theme and detracts from the completeness of the process and deprives the service of valuable qualitative data and learning. It also represents an important insight into the department's position on participative practice.
- b) whilst Ofsted verbally noted their appreciation for Gloucestershire's focus on impact in audits, these remain a challenge for a number of our auditors. This makes the endorsement of their judgements more difficult on the basis of a lack of congruency between clear evidence and impact statements. On this basis there is a variance between some auditors' incisive and conceptual abilities where some audits are undertaken to a very high quality whilst some appear to offer over-inflated evaluations and ratings of practice.

The Head of Quality has written to auditors and moderators about a number of these points, and they are being revisited with managers in the current QA module of the leadership and management development programme.

4.1.2 Representation

A sufficient and regular volume of audit activity is required across all social care teams and service elements 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).

Against a stabilising workforce, this target of 2 per team per month allows for nearly every social worker to have their practice reviewed through audit each year. This will support key review and developmental opportunities for them with their managers and supports the tracking of individual progress by the Academy. **Figure 4** (above) highlights the representability of audit activity by team; where over 6 months, the target should result in 12 audits per team.

In November, there was a pool of 91 staff, trained in the audit methodology. 67 of these function as auditors, and 22 as moderators. Two moderators are currently involved in supporting new moderators, rather than providing moderation. Four moderators either moderate bi-monthly or at a reduced level each month, because of alternative quality assurance activity they are involved in and one moderator is currently exempt due to absence from work. On this basis, there is current capacity to moderate 56 audits each month.

As it takes more time to identify and develop moderators, the current auditor-moderator ratio means that there are more auditors than available moderator capacity. To address

this we have been purchasing additional external moderator capacity and this will continue to be the case as the completion rate and auditor numbers grow.

Of the 67 auditors, there are nine who are currently exempt from audit due to their absence from work or being involved in other improvement activity. This means that there are 58 auditors available for monthly auditing. Of the 58 available trained auditors, three did not audit in November, due to being bi-monthly auditors and one auditor chose to be allocated an additional audit. This meant that 56 children were allocated for audit, from across all teams in Children’s Social Care. Exemptions from audit require authorisation from the respective director, and nil returns are expected to be followed up by Heads of Service.

Following allocation of audit, a further three single month exemptions were given by the Director of Children’s Safeguarding and one audit was not submitted. This resulted in 52 audits being completed. Of these audits, 21 were submitted late (39%), which is a slight decrease on the 43% late in October. Late submissions cause considerable disruption in moderator availability, responding to children and reporting activity. Of available auditors, in November, we had a completion rate of 93%, which is a further increase on the 91% completion rate in October and exceeds our 90% target.

Two audits in November did not meet the standard for uploading, resulting in 50 completed audits (1 Outstanding; 17 Good; 22 RI; 10 Inadequate). This means that 89% of the assigned audits contributed towards a representative profile. The 50 audits completed to expected standards remains 36 below the target of 86 audits per month to ensure whole service representation.

Table 4

	Sep. 19	Oct. 19	Nov. 19	Dec. 19	Jan. 20	Feb. 20	Mar. 20	Jun. 20	Jul. 20	Aug. 20	Sept. 20	Oct. 20	Ave
No. audits completed	44	39	35	47	59	55	60	54	57	44	47	50	49

In the 12 auditing months to November 2020 we achieved an average of 47 audits per month. As a proportion of the 3909 children open to Children’s Social Care in October 2020 this 12-month total (571) represents 15% of the service’s activity. This is a reasonable sample towards representation and shows a stable audit programme. Were we following Hampshire CC’s (Ofsted rated as Outstanding) formula of 2 audits per team per month this would result in 86 audits per month which would offer representation of 21%.

Although an audit is allocated to every team, the single month exemptions, nil returns and audits not yet ready for submission means that two teams (5%) have not been audited in November. For reference to those teams with the fewest audits over 6 months please refer to **Figure 4** above.

4.1.3 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 50 audits completed, 49 included the social worker (98%) and all included the manager. It is noted that recording a social worker or manager's views does not necessarily equate to the relational/participative auditing approach expected. Informal feedback from social workers continues to reflect that some do not feel that 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, all of the audits included the views of their IRO or CP Chair, which is an increase to that on the 95% in September. This is a significant improvement and will enable 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.

20% of children/young people were contacted and 40% of parents. 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.

As noted in section 3.6 and 4.1.1 the need to raise participatory/relational auditing practice remains a key requirement for the authority moving forwards. This need has been identified within the Strategic Performance and Quality (SPQM) meeting. As a result, Heads of Service will be reinforcing this point to the auditors in their areas; the SPQM will monitor this for 3 months. Should this not improve the consideration will be given to mandating this function within audits.

4.1.4 Impact from Audit

A key element within our quality assurance programme is to ensure there is an effective and timely response to address issues impacting on children and young people and drive organisational learning.

From January 2020 onwards, audit actions have been separated into Care Planning and Non-Care Planning actions, with the expectation that Care Planning actions are transferred directly into the child's plan and reviewed at each plan update, until the identified outcomes are achieved for the child. The following collaborative process has been agreed:

- **Children in Need/ DCYPS Early Help:** audit actions will be discussed at the next Child in Need review/ TAF meeting and transposed into the care plan. This should allow for the child/young person and family to be included. If they are not attending the review then this needs to be discussed with them beforehand.
- **Child Protection:** the actions will be discussed at the next core group or child protection conference – whichever comes first – and transposed into the CP plan. This should allow for the child/young person and family to be included. If they are not at the core group/conference then this needs to be discussed with them beforehand. If the core group precedes the conference, then the CP chair needs to be made aware of the audit actions relative to care planning, so that their oversight is maintained.

- **Children in Care:** the actions will be discussed with the child/young person by the social worker and then with the IRO. As outcome focussed actions are likely to constitute a change to the care plan, a Child in Care review should be held to consider the proposed action and then included in an updated CLA plan
- **Care Leavers:** the actions from the audit will be discussed with the young person by the social worker and their Pathway Plan updated with them at this point.

Team managers are expected to record on the child's file when care plan actions have been transferred to the child's plan and whether the child, family and IRO/CP Chair have been appropriately involved. They are also expected to maintain oversight of non-care planning actions to ensure timely completion. The QA team maintains an action tracker, which notes updates from Team Managers regarding their oversight of both Care Planning and Non-Care Planning Actions.

Over the last three months, there have been 142 audits completed, of which 127 (89%) contain Care Planning Actions, of which:

- 26 (20%) have been transferred to the child's plan **on time**;
- 12 (9%) have been transferred to the child's plan **late**;
- 33 (26%) are **overdue** being transferred to the child's plan
- 12 (9%) where the Team Manager has **not yet provided an update**
- One (1%) audit had care planning actions transferred to the plan before the child's social service ended
- 43 refer to November audits (34%), where the care planning actions need to be transferred to the child's plan at their next review

In addition to this, there are 30 audits completed prior to September, where the actions have not yet been transferred to the child's plan. These outstanding audits date back to January 2020. Where actions have not been transferred to the child's plan in a timely way, this could reflect a missed opportunity for learning from the audit to make a meaningful difference to the child.

Over the last three months there have been 267 non-care planning actions agreed from audit, of which:

- 82 (31%) have been completed **on time** (in line with the timescales set within the audit).
- 36 (13%) have been completed **late**
- 62 (23%) are **overdue**
- 8 (3%) are **not yet due** to be completed
- One was not completed before the child's social work service ended

- f) 78 (29%) have not yet been confirmed by the Team Manager as completed; 75 of these are new actions from November audits.

In addition to this, there are 49 non-care planning actions, prior to September, which are overdue being completed. For these children, this could represent a missed opportunity to receive a timely and improved service.

From the above it is evident that the service has yet to demonstrate the expected responsiveness to audit opportunities in order to improve practice. While this responsiveness undoubtedly needs to remain a priority, it is important to reflect on the areas where audit has indeed impacted on practice and outcomes for children, young people and families:

- a) Core audits are consistently employed in the evaluation and support offered in the GCC ASYE programme. These can be linked to learning opportunities and practice improvements.
- b) Audits are being used by individual practitioners and teams to reflect and learn about practice improvement.
- c) There are clear changes in direction for practice and improved outcomes for some children as a result of audit; and this is most markedly the case for Children of Concern immediately following audit.
- d) The findings from audit and other forms of QA activity continue to shape the organisation's learning and improvement activity. A key example of this is the development and implementation of the Essentials 2.0 programme which came about as a direct result of audit findings, and from which there is increasing evidence of its impact on practice.

4.2 QA governance

There are a number of forums where the QA report is reviewed and responded to. These include the Children's Services Improvement Board, the Children and Families Overview and Scrutiny Committee, the Children's Senior Leadership Team, and Children's Services Improvement Executive meetings. The monthly Strategic Performance and Quality Meeting allows QA findings to be cross-referenced against improvement activity as performance and the AIP are simultaneously reviewed. There is now considerable alignment between performance and QA reporting and the response by leadership through the AIP which is the key mechanism for driving change.

5.0 Conclusions & Recommendations

The direction of travel for the department remains positive especially when compared with the position 24 months ago. Although improved, the rate of good practice has recently been static and remains below the 40% target of the AIP. Similarly the rate of inadequate is not yet at, the short-term AIP target of 12% and is variable month to month. The latter is part of a wider pool of weaker practice making up just less than half of the work in the system which needs to be targeted to offer more secure ratings with consistently low levels of inadequate practice. Given the variability of practice at the cusp of inadequate and requires improvement, this is a critical juncture for the department's improvement journey.

This report therefore recommends that:

- The work on the Team Intervention Plan, Permanency Project, work on re-referrals and the AIP remain as key focal points for the department.
- The independent review of the promising HRPm practice in the 11-25 teams that was recommended in previous QA reporting is to be progressed.
- SLT / EIG review the need to develop relational practice as identified in this, and previous, reports and that this draws together senior leaders' work on systemic and restorative practice.
- Consideration to be given in the next SPQM to:
 - The quality of practice in relation to risk and planning.
 - Work on improving our responsiveness to audit findings for individual children.
 - Continued monitoring of the inclusion of children and families in audit.
 - Review of the service improvement plan for care leavers in light of a negative QA trajectory in recent months.
- Where there are disconnects between the expectations from the management and leadership programme and observable QA findings (e.g. quality control and management oversight) this needs to be explored through supervision and/or coaching.