REPORT:	Children's Services Quality Assurance – distribution copy	MONTH:	Jan 2020
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Quality Assurance: Performance Snapshot

RAG	Measure	Perf	Direction of Travel
🟧	**Number of audits completed to accepted standard and uploaded**	42	Increased marginally from Dec '20 (41) but below previous levels (50).
🟧	**Audit completion rate** (target 90%)	86%	This is an improvement on 73% in Dec '20.
🟩	**Percentage rated Good and Outstanding** (short-term target 40%)	48%	Improved by 14% from previous.
🟩	**Percentage rated RI**	43%	Meeting target.
🟩	**Percentage rated Inadequate** (short-term target 12%)	10%	Slight improvement on previous month (11%); much improved on 20% in Nov '20.
🟥	**%age of audit actions from previous month within timescale** (target of 80%)	35%	Reduced performance from the 48% rating in Dec '20.
🟩	**Quality of assessment** (percentage of assessments evaluated as 'Good')	50%	Considerably improved performance fro the 35% rating in Dec '20.
🟧	**SMART planning** (percentage of plans evaluated as 'Good')	45%	Improved from the 32% rating in Dec '20.
🟩	**Management oversight** (percentage of 'Good' oversight & supervision)	64%	Much improved from the 41% rating in Dec '20.
🟥	**Child/young person involvement** (target of 80%)	31%	This is an improvement on the 16% in Dec '20.
🟥	**Family involvement** (target of 80%)	52%	This is an improvement on the 41% in Dec '20.
🟩	**Social Worker involvement** (target of 95%)	100%	This sustains the 100% performance in Dec '20.
🟩	**Team Manager involvement** (target of 95%)	100%	This is an improvement on the 95% in Dec '20.
🟩	**Independent Safeguarding Reviewing Manager (IRO/CPC)** (target of 95%)	100%	This is an improvement on the 92% in Dec '20.

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 formatted against these questions under the paraphrased headings of: 1) '**How are we doing?**'; 2) '**How do we know this?**'. The third question around improvement work is addressed within 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 core reliance on case file audits, through to a combination of 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. As 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

Improvement in recovering authorities is rarely a linear process and usually involves some ebb and flow in a progressive direction. That is, improvement can be seen in certain areas and less so in others, and on occasion there may be lapses in the improvement that has been achieved. Considerable diligence, focus and energy are therefore needed to gain, hold and recover the ground of better practice.

Monthly reporting needs to be situated in the context of some variability which is anticipated. Quarterly trends are more reliably informative than monthly findings and the emphasis needs to be on progressive momentum over time. In Gloucestershire, the leadership are aiming for excellence for children, young people, families and communities by minimising instances of inadequate practice. The potential for weak practice will remain even in the best of organisations and the challenge for leadership is to respond with urgency, grip and an intent to learn and improve.

While Gloucestershire is ambitious to deliver the very best services, the senior leadership are taking a pragmatic approach. SLT have set short-term targets under the Accelerated Improvement Plan (AIP) of 40% of practice being rated as good or outstanding and 12% of work rated as inadequate. Indications in recent months are that we are increasing the frequency of being at or within tolerance of meeting these targets which is cause for optimism. Once these targets are secured then more ambitious targets will be set, planned for and worked towards.

2.1   Quality of Practice

The trajectory of practice remains positive for January and for the first time the short-term AIP targets for the proportions of Good and Inadequate practice have been met. Examples of inadequate practice where children are imminently unsafe were previously a regular feature of auditing activity but are now infrequent. The persistently high rate of inadequate practice previously reported continues to reduce through good leadership efforts, and is at 10% for December, with more practice moving from Inadequate to Requires Improvement.

Until recently, much of the shift in the rate of Inadequate practice has been into practice that can be described as weak Requires Improvement. This has constituted a pool of weaker practice (combined weak RI and Inadequate) that has held a stable rate of 45% for a considerable time. A significant reduction in the rate of weaker practice (to 36%) in January '21 follows the reduction to 35% in Dec '20. This is a significant development in the improvement journey and further evidence of a positive trajectory where weak practice that had previously proved difficult to shift has been sustainably disrupted.

Considerable vigour is now required in the drive towards sustained reductions in this weaker practice. 18 teams with the greatest likelihood of weak practice have been identified through this report and are in receipt of attention.

The proportion of practice rated as good or outstanding has improved in the last 12 months but has remained relatively static for the last 3 quarters (33%, 36%, and 34%). The January result of 48% practice rated as good is a welcome improvement and achieves the 40% short-term AIP target.

The quality of planning for children across the service remains an area of focus. This is too often not up-to-date, C-SMART, or adapting to needs/risks. This is being picked up in a focused Heads of Service meeting in the coming weeks.

Furthermore, review of QA findings has highlighted that supervision (and the recording of supervision) demonstrates inconsistent practices across the service and work is needed to reaffirm the department's expectations of supervision.

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

Children subject to assessment have seen an improvement in the quality of work audited in January. Inadequate practice has dropped from 21% to 9%; however the rate of practice rated as good has reduced from 43% to 36%.

The quality of practice for children in need of help has been relatively static, with a slight increase in good practice (25% to 27%) but also a slight increase in inadequate practice (22% to 24%). This level of inadequate practice is above our short term AIP target (12%) and suggests continued improvement activity is required for these children and young people.

The service continues to see relatively high levels of re-referrals and its monthly review of this has indicated a number of issues. These predominantly include: early help provision and partnership behaviours; interfaces between MASH and locality managers; overreliance on parental reporting (particularly around domestic abuse); and safeguarding

of adolescents. It is important to note that these findings manifest most often in relation to shorter-term work within the Assessment teams.

It is positive that in light of the above findings about partnership practices that statutory partners have, within the Improvement Board, committed to collaborating on referral practices.

Children and young people in need of protection have seen a further increase in the level of good practice (20% to 28%) but have also seen an increase in inadequate practice (10% to 14%) to be slightly above the short-term AIP target.

Children with disabilities have seen little change in the level of inadequate practice (10% to 9%) but have seen a notable increase in good practice (10% to 27%).

The experiences and progress of children in care and care leavers

Children in Care continue to receive the highest levels of practice with, once again, no audits identifying inadequate practice. Furthermore, practice rated as good has increased from 51% to 62%. This is undoubtedly positive but needs to be aligned with the identified improvements needed for children in care. These include: placement stability and matching; practice knowledge about permanence; performance reporting; use of residential care; family finding; permanence practice with older children; timely and planned admissions to care (including attention to children in proceedings); consistent challenge from the reviewing service; reunification practice; and service structures.

Services for care leavers remain vulnerable, in that although there has been an increase in good practice (0% to 14%) there has also been an increase in inadequate practice (38% to 43%).

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

Leadership has been evident at all levels through the department and children's social care should continue to be commended for the distance travelled in exceptionally challenging times. Leaders remain committed to providing good and outstanding services and are following a pragmatic step-by-step recovery plan. As previously reported, fatigue due to the enduring nature of Coved, along with improvement and transformation activity, remains a concern and it is good to see continued attention to promoting resilience, wellbeing and care.

There nevertheless 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.

Improvement is evident and it is good to see progress in reducing the proportion of our practice that sits on the inadequate/requires improvement boundary. Moving this to practice which is securely improved and increasingly good is the next step. This will need to be accompanied by low rates of inadequate practice (at or below the stated targets) through consecutive months with limited examples of relapse.

Work rated as good continues to be clustered in a fairly consistent group of teams with 11 teams 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.

In July 2020, there were 9 teams wherein inadequate practice was regular. This has now reduced to 2 teams. This progress is now allowing us to look beyond the concentration of inadequate practice to where 'weaker practice' is concentrated. In this respect 18 teams are identified for continued attention in this regard.

Under the Team Improvement Plan (within the AIP) 14 teams were previously identified for targeted support on the basis of quality and performance concerns. The above findings are encouraging in relation to the progress of many of these teams, and it is recommended that the Team Improvement Planning attention be refreshed with a renewed focus on the 18 teams identified through this report, some of whom were within the previous 14 teams identified.

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. There are indications that these improvement plans are contributing to progress though more is needed to see them to completion.

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 secure the expected standards of work at the earliest opportunity. The application of the Practice Fundamentals is now being dip sampled across teams to enable team managers to shape practice improvement within their teams.   Consistent use of these findings to drive intra-team quality improvement work has yet to be achieved.

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 professional development of certain staff/teams. However, there continue to be too many 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. This programme will run into the spring of 2021 with a focus 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. We have recently included in this leadership programme 2 sessions delivered by the Institute for Family Therapy which further the overall introduction to systemic practice within the department. Feedback from participants is positive and messages are being shared about where and how this learning is being translated into practice. It is also positive that we are now able to progress the wholesale coaching offer for these managers with DfE support.

2.3   QA Methodology

There is a well-established system of case file audits and dip samples that supports a reasonable self-evaluation for the department. Completed (moderated) audits continue to be largely accurate in evaluating children's experiences and the quality of practice. This is somewhat diminished through the limited inclusion of children and families in audit.

The inclusion of children and families is now a mandated function of audit and is being monitored through the Strategic Performance and Quality Meetings.

Audits would be further improved by some auditors attending to their conceptualisation of available evidence and better articulating impact for children and young people. For some time we have recognised that the construction of impact statements within audits (and practice as a whole) whilst much improved remains an area for ongoing development. 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.

As highlighted in this report, the quality of audit is further compromised by the practice of auditors auditing their own work. Any imbalance in this is usually corrected through moderators, and whilst it was intended to improve ownership and impact from audit this has been variably successful. For this reason it is recommended that this practice be reconsidered with a return to auditors reviewing work outside their immediate area of responsibility.

To support a forensic understanding of the development needs and progress of each social worker and team, we aim for each social worker to be in receipt of two core audits per year. Audit completion rates were meeting the 90% target but have dipped considerably in December and January. Based on similar results in December 2019 this could be a seasonal factor but will need to be monitored closely.

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 recent practice of pairing of auditors and moderators for 6 month periods will also help to build continuity in development opportunities. Nevertheless we again recommend a review of this with a possible targeted intervention to follow.

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**).
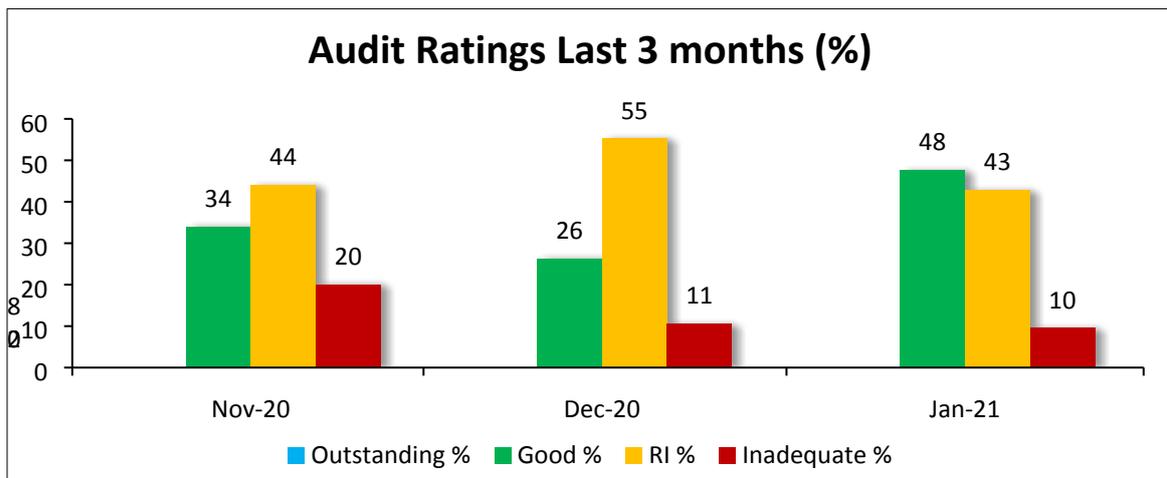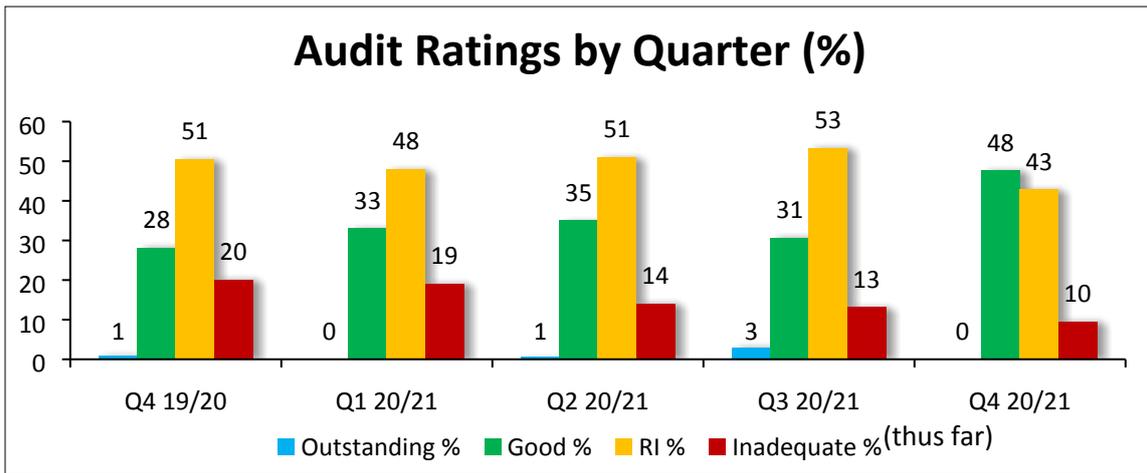
Figure 1

Audit Ratings Last 3 months (%)

Table 1

Audit ratings by month			
Actual Numbers	Nov-20	Dec-20	Jan-21
Outstanding	1	3	0
Good	17	10	20
Requires Improvement	22	21	18
Inadequate	10	4	4
Total	50	38	42
By percentage			
Outstanding	2	8	0
Good	34	26	48
Requires Improvement	44	55	43
Inadequate	20	11	10

Figure 2

Audit Ratings by Quarter (%)

As can be seen in **Figures 1 and 2** above, there has been a steady increase in the level of practice rated as good or better in the last 12 months, from 26% (Q3 19/20) to 34% (Q3 20/21), with this being further affirmed in the 48% of audits rated as good in January. There has also been a steady reduction in inadequate practice, with January '21 seeing a second month in a row where inadequate practice has been below 12% and therefore meeting the short-term AIP target.

Of the 42 audits completed in January, 11 (26%) were rated as RI but with aspects of practice weaknesses that border upon inadequate. Taken together, the audits rated as inadequate and those identified as weaker RI account for 36% of the work within the January sample. This sustains for a second month (35% in December '20) a notable reduction in this pool of weaker practice which was previously static at c. 45%. This supports the indication seen in the previous QAF report that we are beginning to see sustained improvement in this pool of weaker practice which is essential for secured improvement.

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.

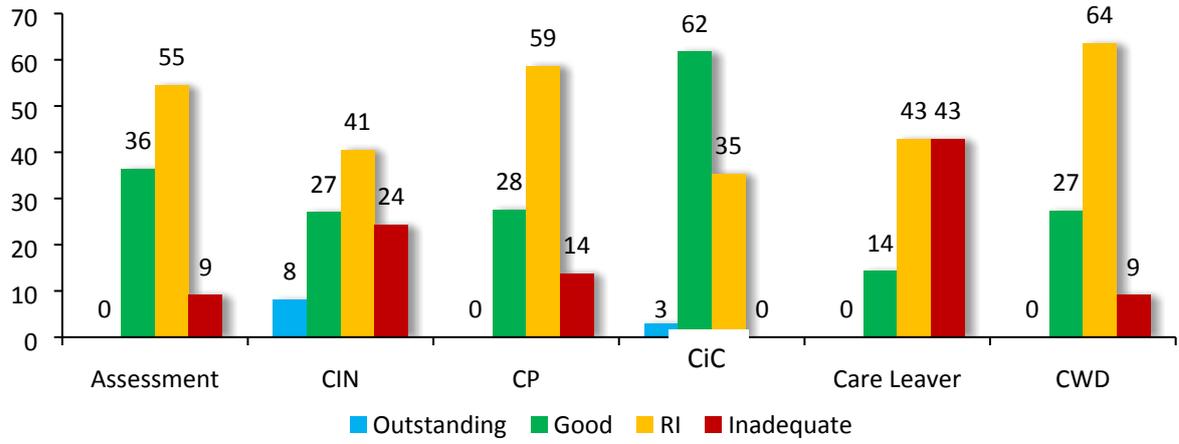**Figure 3**

Ratings by Legal Status: Last 3 months (%)

Outstanding | Good | RI | Inadequate

- Assessment: 0, 36, 55, 9
- CIN: 8, 27, 41, 24
- CP: 0, 28, 59, 14
- CiC: 3, 62, 35, 0
- Care Leaver: 0, 14, 43, 43
- CWD: 0, 27, 64, 9

Table 2

Ratings by Status	Nov 2020				Dec 2020				Jan 2021				Totals			
Numbers	**O**	**G**	**RI**	**In**	**O**	**G**	**RI**	**In**	**O**	**G**	**RI**	**In**	**O**	**G**	**RI**	**In**
Assessment	0	2	0	0	0	2	2	0	0	0	4	1	0	4	6	1
CIN	1	3	5	6	2	1	6	2	0	6	4	1	3	10	15	9
CP	0	2	7	3	0	2	5	0	0	4	5	1	0	8	17	4
CLA	0	9	6	0	1	5	4	0	0	7	2	0	1	21	12	0
Care Leaver	0	0	1	1	0	0	1	1	0	1	1	1	0	1	3	3
CWD	0	1	3	0	0	0	2	1	0	2	2	0	0	3	7	1

The profile in **Figure 3** reflects that there has been good improvement in practice for children subject to assessment. That is, inadequate practice has dropped from 21% to 9%; however the rate of practice rated as good has reduced from 43% to 36%.

The quality of practice for children in need of help has been relatively static, with a slight increase in good practice (25% to 27%) but also a slight increase in inadequate practice (22% to 24%). This level of inadequate practice is above our short term AIP target (12%) and suggests continued improvement activity is required for these children and young people.

Children and young people in need of protection have seen a further increase in the level of good practice (20% to 28%) but have also seen an increase in inadequate practice (10% to 14%) to be slightly above the short-term AIP target.

Children in Care continue to receive the best quality of service with, once again, no audits identifying inadequate practice. Furthermore, practice rated as good has increased from 51% to 62%. This is undoubtedly positive but needs to be aligned with the recognition of improvement needed in services for children in care – most particularly highlighted in the later section of this report summarising the findings from the Permanence report.

Services for care leavers remain vulnerable, in that although there has been an increase in good practice (0% to 14%) there has also been an increase in inadequate practice (38% to 43%). It is of note that due to audits which have not been completed (as a result of agreed exemption or not returned), there has been a reduced number of audits for Care Leavers in the last 3 months, which means that individual audit outcomes will have a greater effect on overall percentages.

Children with disabilities have seen little change in the level of inadequate practice (10% to 9%) but have seen a notable increase in good practice (10% to 27%).

3.3 Audit Ratings by team

Eighteen teams have had three or more audits rating practice as good or better in the last six months. Over the last six months, the number of teams on this list increased from 16, rising to 20 in November, and has been at 18 for the last two months. 11 of these teams have remained on this list throughout this period, indicating sustained quality practice

within these teams. This also suggests that good practice is clustered around a group of consistent teams and it may be helpful to consider what we can learn from this practice to support service wide improvements.

Two teams were identified as having had three or more audits rating practice as inadequate in the last six months. This is the second consecutive month where there are 2 teams on the above list. This is a notable improvement on previous months where, in July 2020, there were 9 teams identified on this list. None of these teams remain on this list now, indicating that the targeted improvement work in these teams may be starting to impact positively on these teams.

In relation to the work by the QA team to identify weaker RI practice, 18 teams are identified where audits have identified a concentration of weaker RI and inadequate practice in the last 6 months.

3.4 Audit Ratings by Area of Practice

As per **Figures 5** and **6** in this section:

a) Good practice has increased across all areas of practice, with the greatest improvements being seen in Intervention & Review (21% increase) and Oversight (19% increase). This supports the overall pattern of sustained increases in levels of good practice.

b) Inadequate practice has reduced in Risk Assessment & Response, Assessment and Intervention & Review, with the greatest reduction being seen in the quality of assessments (9% to 2%).

c) The promising findings from core audit in relation to Planning and Permanence need to be considered alongside the areas for improvement in relation to Planning and Permanence outlined elsewhere in this report.
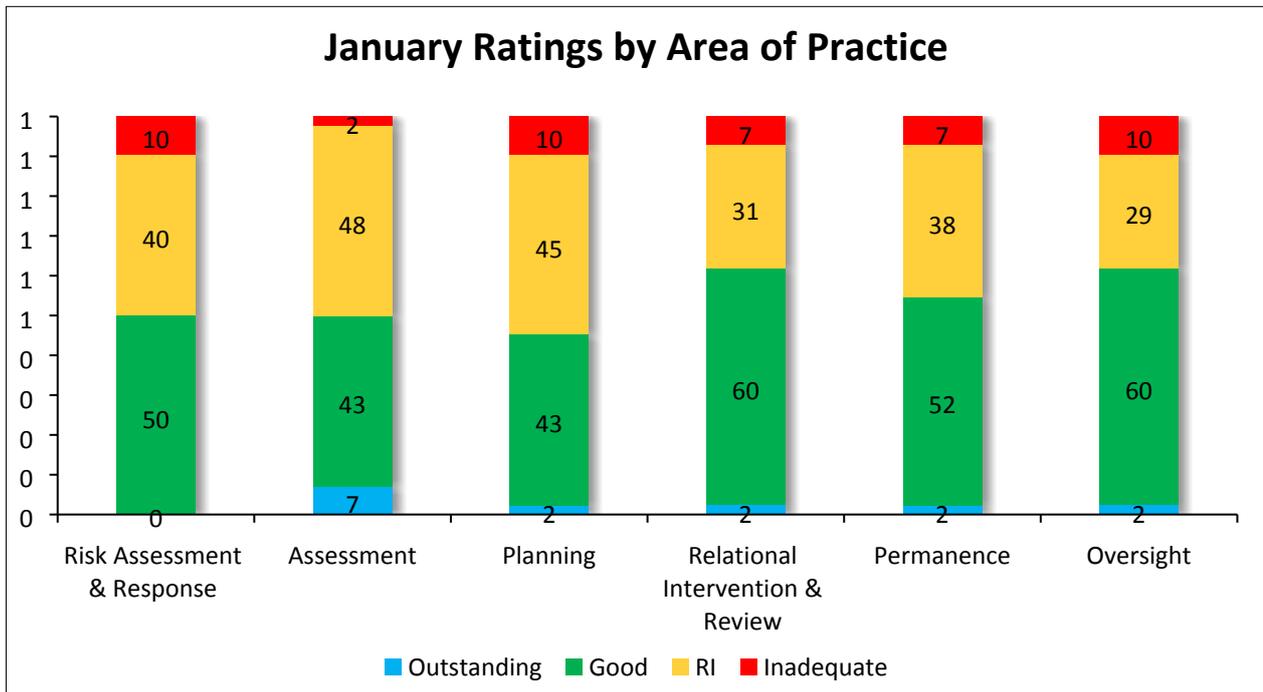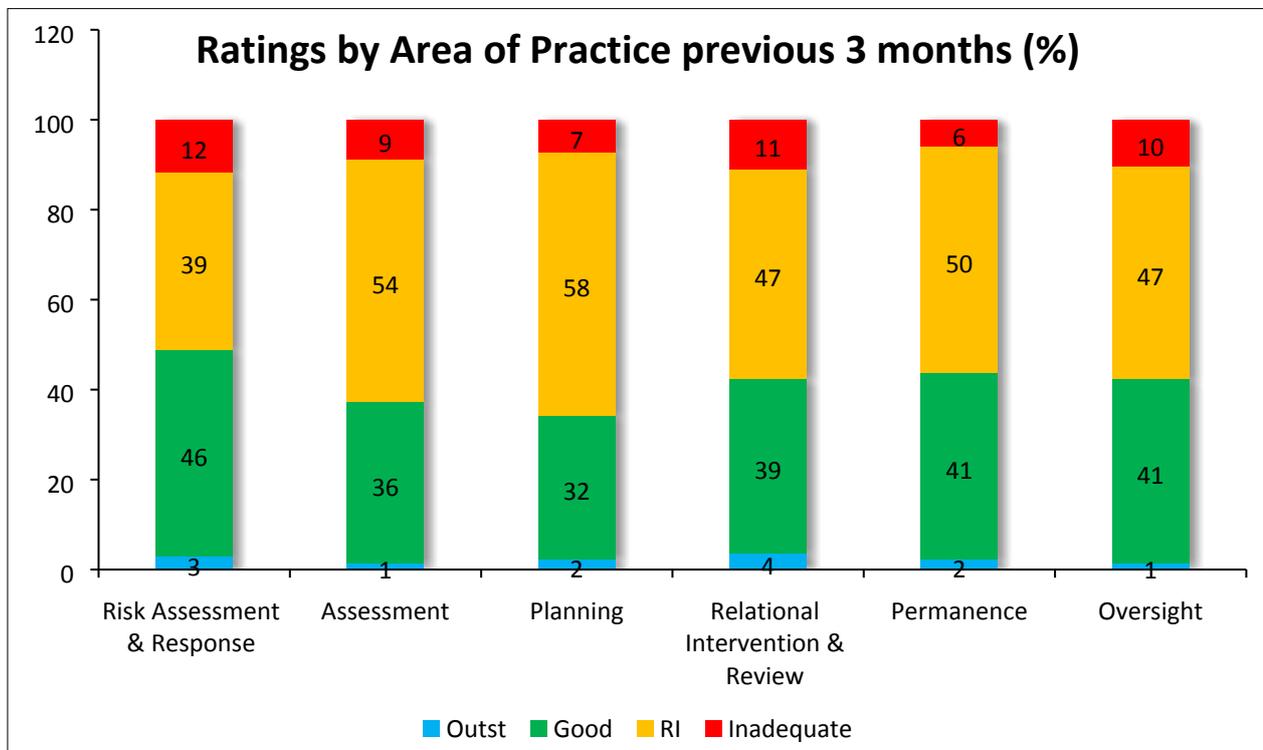
Figure 5

January Ratings by Area of Practice

	Outstanding	Good	RI	Inadequate
Risk Assessment & Response	0	50	40	10
Assessment	7	43	48	2
Planning	2	43	45	10
Relational Intervention & Review	2	60	31	7
Permanence	2	52	38	7
Oversight	2	60	29	10

Figure 6

Ratings by Area of Practice previous 3 months (%)

	Outst	Good	RI	Inadequate
Risk Assessment & Response	3	46	39	12
Assessment	1	36	54	9
Planning	2	32	58	7
Relational Intervention & Review	4	39	47	11
Permanence	2	41	50	6
Oversight	1	41	47	10

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

Where practice has been rated as Good in January, 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 relationships with families and the professionals around them, which allow a clearer understanding of the child's situation to develop. This sets the foundation for a shared understanding of what needs to change, the available strengths and resources to support change, and what is getting in the way of the family making change.

b) Reflective spaces to develop multiple perspectives and hypotheses about a child's situation and what is needed to support change. Team managers and Advanced Practitioners who could provide this reflection, challenge and curiosity were central to this.

c) Where children or young people needed to live away from their family, having alternative carers available that could meet their needs well (this included wider family and available well-matched foster carers).

It is of note that these themes are rooted in the tenets of Systemic Practice that are being introduced to GCC children's social care.

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

In the January audits, 13 (31%) children/young people and 22 (52%) parents were spoken to. Of these 13 children/young people, 79% rated the service positively and 23% rated it with some positives and some areas for improvement. Of the 26 parents/carers spoken to, 55% rated the service positively; 9% rated it negatively; and 36% with a mixed response.

Within this feedback, positives included being involved in plans and decision making; discussing the change that is happening helps parents to see the difference this is making; and clear communication so families know what is happening and why.

Areas for improvement included: change of social workers making it harder to form trusting relationships; process-oriented work rather than having a clear purpose that is linked to improving family life; and a focus on deficits without recognising anything that is going well.

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

GCC Ambassadors are key contributors to the QA framework through their monthly independent review of a sample of audits. The particular emphasis 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 their relationship with the social worker. 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 recorded 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 6 (60%) case summaries with a good focus on, and representation of, the child with accessible language. This is an improvement on the 40% of well-written case summaries from the December '20 report.

b) Seven (70%) of the audits reviewed drew through the views of the child and demonstrated direct work to varying degrees. There appear to be missed opportunities to propose the use of Mind of My Own with children and young people.

c) Five (50%) offered information about the child, their likes, dislikes and interests.

d) Seven (70%) used appropriate language and the decision-making could be followed. 5 (50%) demonstrated language that cares. 6 (60%) indicated an appropriate working relationship.

e) Overall, 4 audits (40%) were rated by the Ambassadors as good, 4 (40%) as adequate, and 2 (20%) as requires improvement.

Ambassadors will recognise the 4 workers whose audits they rated as Good by sending them an 'Ambassador Appreciation Certificate.'

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

In January, four Child of Concern Notifications were generated and all are subject to improvement activity under the leadership of the Director of Safeguarding and Care.

Including Children of Concern from previous months, there are currently 21 children or young people being tracked by the QA team until the areas of concern have resolved. (1 x March; 3 x June; 1 x July; 2 x September; 3 x October; 5 x November; 2 x December; and 4 x January).

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 findings from the most recent round of dip sampling related to Planning and Reviewing are:

a) Dip samples are mostly identifying the presence and absence of the practice fundamentals in work; however, more is needed to accurately rate the quality of work against the available evidence.

b) In relation to the latest dip sample on Planning and Review evidence was less forthcoming though. This indicated over-optimism in the evaluation of planning and reviews.

c) A high proportion of plans sampled needed improvement in relation to:
    -   timely plans (as opposed to delayed or copied-forwards planning);
    -   C-SMART planning
    -   not addressing lack of progress over time

d) Following moderation, 31% of the work reviewed would not meet expectation, 41% would partially meet expectation and 28% would be examples of good practice.

e) There remain a number of samples not undertaken each month as expected with a 61% (35/57) return rate.

f) There are some examples of good practice where APs and Team Managers are using the findings from these dip samples to concentrate on practice improvements in their teams but this is not yet consistent. Heads of Service are to work with the respective service and team managers to see that quality improvements are following from the dip sample findings.

g) Between the September '20 and January '21 dip samples of Planning and Review there is little evidence of change to the quality of this practice. This is not congruent with other feedback about improvements in the quality of planning. This indicates improvement needed in the application of the standards for planning and review both in practice and in QA.

Following the previous dip sample of Management Oversight and Supervision (December 2020), the QA team found considerable variability in the quality of supervision recordings. Further investigation into this in January identified a diversity of approaches being used to reflect discussions taking place within supervision. In a number of supervision records,

large amounts of information are copied forward, making it unclear what information was discussed within a particular supervision session and what sense was made of this.

Feedback from team managers is that some are not clear what framework they ought to be using for supervision. As a result supervision records reflect a mixed use of the anchor principles, risk assessment or review principles, and management oversight principles. All of these principles could present effective frameworks for reflective and proactive supervision and there are examples where the principles are being utilised in this way. There are other examples where key features of these principles are not considered or appear with minimal detail and, in these examples, the supervision appears notably weakened.

There also seem to be differing perspectives on whether each supervision record should be an in-depth reflective space or whether good practice can arise from a combination of reflective supervision and action tracking.

Due to changes in personnel, a majority of team managers have yet to undertake supervision training within GCC. 'Supervision' is the final module in the current management and leadership programme, and alongside developments in Systemic Practice this offers an opportunity to revisit the GCC expectations of supervision. The forthcoming work to help Advanced Practitioners to develop their supervisory skills offers another opportunity to embed the expectations for the department.

3.10 **Families First and Youth Support audit activity**

Due to changes in the Head of Service leadership of 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 4 (67%) indicated practice deemed Good and the remaining 2 (33%) rated practice as requires improvement. The findings from these were:

a) Improvement was identified in timely contact which was an area of focus for the service following previous audits.

b) There is evidence of good practice around planning and the appropriate sharing of plans with young people. One example included work by the Speech and Language Therapist with the worker to ensure that the way the plan was written was meaningful to the young person.

    Having noted the positive around planning, there is a continued need to reinforce the expectation that plans are SMART and that timescales are incorporated into them.

c) These audits highlighted good recording and management oversight.

d) Work is needed for more aspirational discussions with young people and a need for more robust exit planning.

e) The positive relationships that have consistently been a feature of QA reporting in Youth Support are maintained. This includes ensuring consistency of support should a worker be off for an extended period.

As a result of the above findings, individual, team and leadership discussions about these findings are held across Youth Support, and the findings inform further training and development in the service. They are also promoting the practice of self-audit which is a promising approach.

3.11 **Fostering audit activity**

The auditing of in-house foster carers' files is a now well-established routine 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 7 completed December audits 3 (43%) were good, 4 (57%) required improvement, and none rated as inadequate. This is a marked improvement on the previous month where 17% were good, 50% RI and 33% inadequate.

The identified learning points were:

a) A greater emphasis on the impact on the child continues to be needed in the service. As in previous months this continues to be reiterated in manager and team meetings. 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.

b) Updated personal development plan forms are becoming evident on files and at annual reviews. Continued emphasis is being placed on this to establish consistent practice.

c) After identifying inconsistencies in the administration of key information, six weekly meetings are continuing with administration supervisors / manager. These 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.

d) Team and deputy team managers have been given guidance on how to follow up on actions from audit. This includes steps for recording on Liquid Logic and direction for follow-up discussions in supervision.

e) File audits are a standing agenda item in team meetings and are used to identify and celebrate good practice. The internal service audit report is further shared across the service so that there is a service-wide overview of the findings each month.

3.11 **Permanence Project report**

A permanence project was established in September 2020 as a response to two key drivers:

a) A need to improve practice and performance in achieving permanence for all looked after children, this having been highlighted as an area of development by Ofsted.

b) Consolidation of baseline data and profiling of the child in care population to inform budgetary forecasting and to help frame commissioning priorities.

As part of the project a series of twelve senior management Permanence Review Panels were held with heads of service over the course of December 2020 and January 2021. Each service area was subject to scrutiny via this process with individual case discussions for:

a) All children below the age of fourteen; and

b) Older children without a permanence plan; or

c) Older children with a plan for reunification.

Approximately five hundred children have been subject to review as part of the permanence project.

The key findings from this seminal piece of work are:

a) Whilst there are a number of learning points following the panel programme (see below), at its conclusion there was a measured sense of reassurance that, for the majority of the children in our care, permanence had either been achieved or was imminently achievable.

   Gloucestershire benefits from a number of committed social workers and dedicated foster carers who have worked together to ensure that most of children in care are living in a stable and nurturing family environment where they have the emotional security of knowing that it will be their home into adulthood.

b) There remain though a number of Gloucestershire's children in care who have yet to secure stable and certain living arrangements as is borne out by poor placement stability performance.

   Also, good outcomes are often being achieved more by good fortune and the work of individuals rather than by a system that routinely delivers this for every child in care.

c) Practice Knowledge

   There is a variable level of understanding about the principles and importance of permanence across the service. It is unclear whether there is sufficient comprehension of the need for a child to know for certain where and with whom they will be living throughout their childhood and the benefits of the emotional security that this brings to a child. The most striking knowledge gap relates to children who are the subject of ongoing care proceedings where there is an over-reliance on court direction for permanence rather than on our developing compelling care planning applications to court.

   The review panels saw evidence of late in the day decision making for children just prior to final hearings with the attendant risk of permanence planning becoming reactive rather than proactive.

d) Performance Reporting and Data

There are significant gaps in performance data and reporting in respect of permanence. At present there is no way of knowing if permanency planning meetings are being held in a timely manner and what percentage of children in our care have achieved permanence.

Similarly, accurate records of children who have been formally matched with their long-term foster carers needs improvement. The permanence trackers currently in place in respect of adoption and long-term fostering are not sufficiently robust. They lack detail, are incomplete and are not an effective vehicle that drives effective care planning.

e) Residential Care

There is a growing number of children in residential care with a younger age profile. Quite aside from the significant financial implications of this, residential care is not always being used appropriately as a placement of choice as part of the longer term care plan. There is a lack of differentiation between the children for whom residential care is an end destination and those for whom it should be a time limited therapeutic intervention as part of a plan to return to the care of a family.

f) Family Finding

The practice of bespoke family finding for children requiring long term foster carers is not well developed. Targeted recruitment of specific carers for profiled children and emphasis on long term fostering needs to improve. There has been some success in identifying long term foster carers for children in care from commissioned independent fostering agency providers with budgetary implications needing to be factored into the financial profile.

g) Permanence Policy

The current Permanence Policy is broadly fit for purpose and is sufficiently clear on the requirements for good permanence planning. However, there is something of a grey area regarding expectations in permanence planning for older children with matching limited to those aged fourteen and below and informal celebration events held for older children.

h) Placement Disruption

Practice in respect of placement disruption is inconsistent and not well embedded. More is needed for placement disruption meetings to be convened in a timely manner to support carers and mobilise additional support prior to disruptions occurring. Best use is not being made of the resources available within Edge of Care Services (DPST) to provide focused, intensive support at points of crisis. On a related note, the observation from the reviewing service is that children's unmet emotional health and well being needs are the most frequent causal factor in placement disruptions linking back to an inability to access sufficient support from Child and Adolescent Mental Health Services.

i) Planning of Care Admissions

Regrettably, there are a number of relatively young children within care who have already experienced significant placement instability and for whom permanence is hard to achieve. There would be value in some further analysis of this cohort of children as they are not attaining good outcomes and this cohort is driving the increasing use of higher tariff placement options such as residential care. The observational evidence would indicate that there is a causal link between poorly planned initial experiences of care at the point of admission and subsequent placement disruption due to a diminishing ability for the child to make healthy and secure attachments.

j) Reviewing Service

Independent reviewing officers have not until recently been sufficiently assertive in challenging drift in permanence planning. There is some evidence, however, that this is starting to happen with an increased use of the escalation process constructively which is an encouraging sign of a developing organisational culture that is more open and responsive to professional challenge.

k) Court Orders

With a small number of exceptions, the review panels found that the use of voluntary Section 20 care was being applied judiciously and in an appropriate manner with younger children. There are however, some children who are remaining at home on Care Orders for longer than is necessary before revocation is applied for. In a small number of instances, there are delays in restoring matters to the courts when Placement Orders need to be revoked when it has not been possible to place children for adoption.

l) Reunification

The service's approach to reunification needs more rigour and urgency. Plans for children to return to their families are too frequently seen as a vague long-term aspiration without a clear programme of intervention with timescales that are in line with the newly published reunification policy. As a result, some children are remaining in care longer than is necessary or missing the opportunity to return home altogether.

m) Service Structures

It was noticeable how complicated care planning had become for some sibling groups, even when living within the same fostering household. Care management had become split across different social work teams and allocated social workers. The divide between the 0-11 and 11-25 permanence teams does not support timely, child centred and efficient practice.

3.11 Re-referrals report

Monthly dip sampling exercises continue in all localities to address the enduring performance concern about re-referrals. There was a slight improvement from November

2020 but re-referral rates have remained high in December and the rolling twelve-month target remains five percentage points above target.

The main findings around re-referrals are:

a) Most localities referred to issues relating to early help. The two recurrent aspects were:
   - ineffective intervention of early help due to non-engagement, and

   - a lack of access to services due to waiting lists in children's centres.

b) Some re-referrals are being triggered by misplaced anxiety on the part of partner agencies even when early help or other agencies are appropriately involved.

c) The majority of re-referrals are arising from work within the assessment teams rather than children who have received longer term CiN/CP support.

d) Three-month referral back discussions between MASH and Locality managers are still not happening on all cases.

e) Some large family groups are involved. This may be suggestive of the impact of CV19 on large family groups.

f) Recurring acknowledgement that with families where the concern relates to domestic abuse we are still taking the parental narrative without respectful challenge.

g) Evidence of private law proceedings coming back to us was mentioned by three of the Localities.

h) Increasing volumes of re-referrals in respects of adolescents where there are concerns about risk of exploitation. There is a sense that the wider partnership is unclear as to how this should be dealt with.

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. As of February 2020, auditors have been matched with specific moderators, with the aim of providing more consistent development feedback and greater opportunity for relational discussions, relating to difference in evaluation of practice.

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.

Whilst we seek to mitigate against the subjectivity of auditors reviewing their own work, this represents a vulnerability that is further elaborated on below within this section.

In January, there was a slight increase in the downgrading of audits (from 18% to 24%) and a notable increase in practice rated as inadequate by moderators (from 50% to 100%).

Table 3

	Percentage upgraded by moderators	Percentage downgraded by moderators	Percentage of Inadequate downgraded by moderator
August 20	4	16	50
September 20	0	36	88
October 20	0	22	50
November 20	0	24	50
December 20	3	18	50
January 21	0	24	100

An additional element of QA governance is the contribution of an external critical friend Steve Hart to reviewing the quality of auditing. Steve's review of 7 completed audits from November (a sample of 17%) found:

a) The quality of auditing this month has attracted Steve's attention, and again the central issues of conceptualisation and articulation of impact remain in need of development.

b) This being so, Steve has questioned the benefit of auditors auditing work they are responsible for (i.e. 'marking their own homework'). Despite best efforts, this will also have a subjective component that can compromise the accuracy of audit findings.

The reasons this 'self-auditing' practice has been maintained has been to:

- support the ownership of core auditing; and to
- improve the translation of findings into impact for individual children and quality improvements across the team.

Qualitative and quantitative feedback from the system indicates that the ownership for audit has indeed improved.   There are two key contra-indicators for this practice though.   Firstly, our data on impact from audit demonstrates little improvement in impact from audit for individual children.   Secondly, our moderator effect data (see **table 3** above) has been fairly static and indicates no real improvement in the objectivity of auditors.

In light of the above, the current practice of auditors auditing work they are responsible for needs to be revisited. This needs to consider whether the benefit (or intended benefit) outweighs the issues represented in auditor's accuracy and the ongoing reliance on moderator effect for finalising reliable audits.

4.1.2 **Representation**

A sufficient, regular and widespread volume of audit activity is required to provide the Authority with sufficient understanding and oversight of its quality of practice. 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.

In January, there is a pool of 90 staff, trained in the audit methodology; 63 of these function as auditors, and 27 as moderators. Two moderators are currently involved in supporting new moderators, rather than providing moderation.   Four moderators moderate bi-monthly or at a reduced level each month because of other QA responsibilities; and one moderator is currently exempt due to absence from work. On this basis, there is current capacity to moderate 60 audits each month, this will grow over the next few months as we have increased the new moderators capacity in January. Alongside this, 16 new auditors were trained in January, who will enter the pool of auditors from February.

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. This offers additional external objectivity, support and challenge which continues to be welcomed.

Of the 63 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 53 auditors available for monthly auditing. Of the 53 available trained auditors, 3 did not audit in January, due to being bi-monthly auditors, 1 single month exemption was given prior to allocation and 1 auditor chose to be allocated an additional audit. This meant that 50 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 five single month exemptions were given by the Director of Children's Safeguarding and two audits were not submitted. This resulted in 43 audits being completed. Late submissions cause considerable disruption in moderator availability, responding to children, and monthly reporting. Of the 43 completed audits, 9 were submitted late (21%), which is an improvement on the 39% late in December.

Of available auditors, in January, we had a completion rate of 86%, which is an increase on the 73% completion rate in December but remains below the 90% target.

There was 1 audit in January that did not meet the standard for uploading, resulting in 42 completed audits. This means that 84% of assigned audits contributed towards a representative profile. The 42 audits completed to expected standards remains 44 below the ambitious target of 86 audits per month.

	Dec. 19	Jan. 20	Feb. 20	Mar. 20	Jun. 20	Jul. 20	Aug. 20	Sept. 20	Oct. 20	Nov. 20	Dec. 20	Jan. 21	Ave
Number audits completed	41	56	52	58	49	54	40	44	50	50	41	42	48

In the 12 auditing months to January 2021 we have done on average 48 audits per month. As a proportion of the 3747 children open to Children's Social Care in January 2021 this 12-month total (571) represents 15% of the service's activity. 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 28%.

Although an audit is allocated to every team, the single month exemptions, nil returns and audits not yet ready for submission means that 8 teams (18%) have not been audited in January. In the last 3 months, there were 3 teams where one audit was completed and 7 teams where 2 audits have been completed.

4.1.3 Participative Auditing

The audit methodology is intended to be delivered as a collaborative, exercise with social workers. Of the 42 audits completed, all included the social worker and the manager (100%). It is noted that recording a social worker or manager's views does not necessarily equate to the relational/participative auditing approach expected. When audits are not completed with the participants it diminishes their accuracy, is unlikely to promote a shared understanding of the learning from audit, and leaves some feeling done 'To'.

For children who have an IRO or CP Chair, 100% of the audits included the views of their IRO or CP Chair, which is an increase to that on the 92% in December. Where these views are 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.

31% of children/young people were contacted and 52% of parents/carers. This is a positive increase to the 16% and 41% of views obtained in December, but still leaves a significant number whose views have not been gathered. This 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.

As of February 2020 audits will not be considered complete, and therefore ready for moderation, without the views of the child/young person and their parents/carers, unless there are exceptional reasons where this not possible.

4.1.4 Impact from Audit

A priority from our QA is to ensure that the findings drive effective and timely improvements for children and young people, and secondly to drive organisational learning and change.

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**: 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**: 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:** 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 125 audits completed, of which 108 (86%) contained Care Planning Actions. Of these Care Planning Actions:

a) 20 (19%) have been transferred to the child's plan **on time**;

b) 13 (12%) have been transferred to the child's plan **late**;

c) 15 (14%) are **overdue** being transferred to the child's plan;

d) 27 (25%) where the Team Manager has **not yet provided an update;**

e) 33 refer to January audits (31%), where the care planning actions need to be transferred to the child's plan at their next review.

In addition to this, there are 43 audits completed prior to November, where the actions have not yet been transferred to the child's plan or a team manager has not provided an update. These outstanding audits date back to January 2020. Where actions have not been transferred to the child's plan in a timely way.

Over the last three months there have been 225 non-care planning actions agreed from audit, of which:

a) 80 (36%) have been completed **on time**

b) 26 (12%) have been completed **late**

c) 36 (16%) are **overdue**

d) 19 (9%) are **not yet due** to be completed

e) 61 (27%) have not yet been confirmed by the Team Manager as completed. These are all new actions from January audits.

In addition to this, there are 67 non care planning action from audits prior to November which are overdue being completed.

The timeliness of completing audit actions remains similar to the levels to those reflected in the December '20 QA report and so responsiveness to audit remains an undoubted priority. This said, audit remains influential in the following areas:

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 and the Practice Fundamentals. These came about as direct results of audit findings, and from which there is increasing evidence of their 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 also allows QA findings to be triangulated against improvement activity and performance and feed into the refresh. 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**

In January, the quality of practice has, for the first time, met the short-term AIP targets of 40% Good and 12% Inadequate (48% and 10% respectively). The rate of inadequate practice remains part of a wider pool of weaker practice making up 36% of audited work. It is positive that along with the December rate of weak practice (35%) this is the first time we are seeing this rate of weaker practice reduce from its persistent level of 45%. This work needs to be targeted to offer more secure ratings with consistently low levels of inadequate practice.

This report therefore recommends that in addition to the work being focused on through the Accelerated Improvement Plan that attention is also given to:

a)   Targeted intervention with the 18 teams where weak practice is most persistent.

b)   Renewed intervention around planning.

c)   Work to support consistent understanding and application of the department's expectations around supervision.

d)   Close attention to our improvement planning for care leaving practice.

e)   Support to be given to leader (in terms of both opportunities for recovery and developing resilience) to empower their support for their teams.

f)   A review of the practice of auditors reviewing practice they are responsible for.

g)   Continued oversight from the SPQM of:
      -   the inclusion of children and families in audit.
      -   auditors with 4+ audits re-rated by moderators.

h)   Specific work on helping practitioners and managers to identify and articulate impact on children remains needed. The longevity of this need indicates that a priority intervention is needed to support this practice improvement.