

REPORT:	Children's Services Quality Assurance – distribution copy	MONTH:	May 2021
AUTHORS:	Rob England (Head of Quality, Children's Services) Sam Haines (Quality Assurance & Advanced Practice Manager)		
SPONSOR:	Andy Dempsey (Director of Partnerships and Strategy)		

Quality Assurance: Performance Snapshot

RAG	Measure	Perf	Direction of Travel
Yellow	Number of audits completed to accepted standard and uploaded	39	Reduction on Apr '21 (42) and below previous levels (50).
Red	Audit completion rate (target 90%)	68%	Same as Apr '21; 11 below the minimum of 45 and well below 90% target.
Green	Percentage rated Good and Outstanding (short-term target 40%)	47%	Increased from 33% in Apr '21; now above short-term target.
Green	Percentage rated RI	46%	Within target range relative to proportions of Good & Inadequate.
Green	Percentage rated Inadequate (short-term target 12%)	8%	Improved from 12% in Apr '21; within short-term target (12%).
Red	%age of audit actions from previous month within timescale (target of 80%)	22%	Marked reduction from 40% in Apr 21' and well below target.
Green	Quality of assessment (percentage of assessments evaluated as 'Good' or better)	49%	Improved from 43% in Apr '21, now closer to 50% in Jan '21
Yellow	SMART planning (percentage of plans evaluated as 'Good' or better)	38%	Improved from 29% in Apr '21; closer to 41% in Mar '21.
Green	Management oversight (percentage of 'Good' or better oversight & supervision)	56%	Improved from 43% in Apr '21 but not yet returned to 64% seen in Jan '21
Red	Child/young person involvement (aged 4 yrs +) (target of 80%)	47%	Improvement on 38% last month but below 80% target.
Green	Family involvement (target of 80%)	82%	Improvement on 67 % in Apr '21; target now met (80%).
Green	Social Worker involvement (target of 95%)	95%	Same as Apr' 21; within target (95%)
Green	Team Manager involvement (target of 95%)	95%	Reduction on 98% in Apr '21; but still within target (95%)
Green	Independent Safeguarding Reviewing Manager (IRO/CPC) (target of 95%)	100 %	Improved from 95% in Apr '21, returning to 100% seen in Mar '21

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.

In 2017 GCC Children's Social Care were judged to be Inadequate by Ofsted. Whilst some positive features were remarked upon, a number of significant concerns were raised about the quality of practice, and leadership of the service. Amongst these concerns the regulator remarked that:

"Quality assurance processes are underdeveloped; and are not sufficiently well targeted or purposeful in identifying key weaknesses in practice. Audit activity has been limited, and findings from audits have not been collated effectively or used sufficiently well to drive improvement in children's services." Ofsted recommended that GCC "Implement a system so that findings from reviews, audits, staff surveys, complaints and serious case reviews, and feedback from children, parents and carers, are collected, analysed, systematically actioned and regularly evaluated".

Since this inspection outcome, GCC has invested considerably in Quality Assurance to build a system that offers reliable and representative findings that support continuous learning and improvement. With the ongoing assistance of ex-SHMI Steve Hart we have incrementally developed auditors and moderators whose work can be relied upon within monthly reporting.

In relation to this Ofsted commented that:

The local authority has continued to develop its quality assurance framework. It is comprehensive and focused on improving outcomes for children. There is a well-established cycle of casework audits and the local authority has both reduced the number of staff undertaking audits and provided appropriate training. As a result, the majority of audits seen on this visit were of good quality and accurately evaluated children's experiences.

(Ofsted Monitoring Visit, February 2018)

And:

"The local authority has established a cycle of auditing activity to consider specific areas of practice as well as individual casework audits that are increasingly being used to identify practice deficits and target improvements. The quality of audits seen on this inspection were good and accurately evaluated children's experiences"

(Ofsted Monitoring Visit, October 2018)

This consistent spine of monthly core auditing has been built upon with the QA framework expanding to regularly include targeted and thematic reviews of identified areas. This has included independent external reviews of, for example: Fostering, the Reviewing Service, the MASH, and the quality of decision-making in the CP pathway. Regular internal reviews are also undertaken looking at, for example: Permanence, Re-referrals, Health Assessments and Health Passports for Children in Care and Care Leavers, and participation in CiC reviews.

Since the 2017 inspection we have also developed QA capability and reporting arrangements in Youth Support, Early Help and Fostering which contribute to our monthly QA reports. A monthly service-wide dip sampling regime is also in place to track the embedding of the Practice Fundamentals.

These diverse points of QA offer a rich picture of the quality of practice in the department, which is increasingly being added to with the learning from Rapid Reviews, Local Child Safeguarding Practice Reviews and Multi-agency audits as picked up between the Improvement Board and Gloucestershire Safeguarding Children's Partnership (e.g. Referrals to the Front Door). In May 2020, we revised our Quality Assurance and Performance Framework to reflect this wider range of assurance activity.

This has led to further affirmation by Ofsted of the QA approach through successive monitoring visits, most recently noted as:

"A well-developed quality assurance framework means that senior leaders also have access to accurate, reliable and up-to-date information about the quality of practice on a team-by-team, locality-by-locality basis. Allied to their openness to external challenge, including, for example, through the Partners in Practice programme, this means that senior leaders are better able to forensically target their improvement activity."

(Ofsted Focused Visit, November 2020)

Coinciding with the considerable contextual demands on the department in the first half of 2021, numbers of core audits have somewhat reduced and are below both the minimum benchmark target of 45 audits per month and the ambitious stretch target of two audits per team per month. This will impact on the representability of the findings but due to diligent distribution of auditor capacity nearly all teams continue to receive monthly audits.

When discussing auditing with other Local Authorities, the current numbers of audits in Gloucestershire do not suggest we are a significant outlier in terms of the volume of audits undertaken. Added to which, the frequency of dip sampling, thematic and service reviews has remained constant which enables senior leaders to have sufficient understanding of the strengths and areas for improvement for the service. Nevertheless, we are ambitious in our audit targets for good reasons so directors are attentive to requests for exemption from core audits and are applying stringent measures to this in efforts to improve the numbers of core audits undertaken each month. Similarly, the Social Work Academy continues to train moderators and auditors, drafting them into the QA framework.

Within the 2017 Ofsted inspection inspectors also observed:

"A lack of a robust system to ensure that actions from case audits are consistently completed results in continuing drift and delay for children."

Since 2018, a central system has been implemented that follows up each month with team managers on the actions and recommendations from audit. We have also adapted our audit tool to differentiate between care planning actions and case recording 'housekeeping' actions so that changes with immediate relevance to the child/young person's outcomes can be best facilitated through their care plans.

The impact from QA in GCC is unmistakable at a strategic level where the monthly report is deemed a top priority by the Executive and Senior leadership. The monthly report is scrutinised at the Improvement Board, Children and Families Scrutiny Committee, and the Strategic Performance Group. The QA, Performance reporting and the Accelerated Improvement Plan are well-aligned and offer a coherent approach to reporting on how we are doing, how we know this, and what we

are doing to improve. QA findings have further been instrumental in the development of the Essentials 2.0, Essentials 3.0 and Practice Fundamentals interventions which continue to impact on practice improvements. Many Team Managers and Advanced Practitioners report that they are using audit and dip sample findings to support learning and quality improvements.

The above progress is heartening but needs to be held up against our department's foremost reason for auditing: that the child at the heart of each audit receives a better service following from the audit. As is identified in the below report, outcomes in this respect remain variable and have given inspectors cause to comment at successive monitoring visits. Delivering consistent improvement for each child or young person that is the subject of an audit needs priority emphasis.

As the current phase of QA is consolidated, the QA framework will be refreshed in the autumn of 2021 to include: observations of practice and supervision; better use of compliments and complaints; and more explicit incorporation of the available multi-agency QA that captures children and young people's journeys through services.

2.0 **Executive summary**

Improvement in recovering authorities is rarely a linear process and usually involves some ebb and flow, but in an overall positive 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 therefore 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; firstly, by minimising instances of inadequate practice, and secondly by increasing the rate of practice rated as good or better. The potential for weak practice will remain even in the best organisations, and the challenge for leadership is to respond with urgency, grip and an intent for continuous learning and improvement.

While Gloucestershire is ambitious to deliver the very best services, the senior leadership are taking a pragmatic approach. They 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.

This report shows this to be the sixth consecutive month where the short-term target has been met for the rate of practice deemed Inadequate. Four of the last six months have seen the department reach its AIP target of 40% or more of audits rating practice as Good or better. The exceptions to this were April '21 (33%) and December '20 (34%).

We have been closely monitoring performance in hope that it would meet the AIP targets for six consecutive months to demonstrate that the improvements were being secured. That the targets for inadequate have been consistently met, and those for good largely met (or met within tolerance) is a significant marker. Moreover, that these targets have been achieved in what has inarguably been the most difficult six months in the department's recent history is remarkable. Staff throughout the service should be commended for their efforts and directors have been acknowledging this in recent all-staff communications. Nevertheless, a specific note about this achievement in the face of adversity from the most senior Council leaders would mean a great deal to the staff throughout the service.

Nevertheless, we can and must do better. For this reason it is recommended that the department again stretches itself and reduces the AIP target for audits rating practice as inadequate to 9%. Whilst we would like to stretch the target for good, we need this to consistently meet the stated

target for another 3 months before this is revised up. This is not without recognising though that in the last 3 months the rates of weaker practice and feedback from the workforce are indicating some strain in sustaining the current positive momentum.

2.1 Quality of Practice

The quality of practice in the department has progressed considerably over the last year. The rate of practice deemed Good or better increased from 33% in quarter 1 '20/21 to 45% in quarter 4 '20/21 and 39% in quarter 1 '21/22. Practice rated as Inadequate reduced from 19% to 9% and 10% in the same period. Moreover, the AIP target of 12% or less of practice being rated as Inadequate has been sustained for the last six months consecutively. Against prevailing contextual demands this is a commendable achievement for all involved.

We track the proportion of audited work at the lower end of RI closely due to learning from previous Ofsted visits and our own reviews of the reliability of our findings. Monitoring this proportion has proved particularly insightful in relation to trend analysis and targeted improvement activity such as the Team Improvement Project. Whilst improvement overall is evident, in the last 3 months the proportion of work at the lower end of RI has increased. Of particular relevance in this regard is the increase in this weaker practice in our Child Protection and Child in Care practice (see below). These areas of Safeguarding and Permanence are of crucial importance in the experience of children, young people and families in Gloucestershire, and by extension the standing of the service.

The reduction in those teams with a higher likelihood of inadequate practice through the Team Improvement Project (TIP) has enabled a shift in focus towards those where weaker practice is more likely. This coaching-oriented project is supporting not only practice improvements but also includes support and development to team leaders and team members.

Findings reported on below indicate the following practice themes to be aware of:

- a) The quality of assessments is broadly improving with these becoming more timely, analytical, detailed and confident. The regular use of the Essentials 2.0 prompts and Practice Fundamentals are contributing to this improving practice.
- b) The links between assessment and planning need to be improved alongside the consistency and effectiveness of plans, with work being needed for these to be reliably C-SMART.
- c) Drift and delay for children and young people remain observable, particularly as a result of changes of social worker.
- d) Direct work is increasingly utilising the Essentials 2.0 prompts with benefits following. More remains needed from social workers as direct agents of change to deploy deeper, evidence-informed, best practice interventions that promote healing and positive change for children, young people and families.
- e) There is notable strategic emphasis on exploitation and children missing from home and care. Practice with vulnerable and at-risk young people can still improve though, particularly in relation to engagement and risk (including multi-agency risk arrangements). The emphasis of this practice needs to attend to the important areas of missing and exploitation, but not to the exclusion of other contextual features. Adolescent mental ill health, antisocial and offending behaviours, substance misuse, self-harm, harmful sexual behaviours, intimate partner violence, and other relevant risks to young people need progression.

- f) Work is needed to better apply diversity, equality, inclusion and anti-oppressive perspectives to practice. The introduction of the Social GRACES is promising but the impact of this has yet to be evidenced.
- g) Strategy discussions would benefit from better application of the Essentials 2.0 risk prompts, and children subject to s47 Enquiries should consistently have accompanying safety plans. Similarly, Initial Child Protection Conferences would benefit from consistent and explicit application of the risk prompts including reference to protective factors in the life of the child and family.
- h) Practice needs to better account for the capacity to make and sustain change, including by fuller consideration of the history of the child and family. To use Systemic Practice terminology: first-order change is prominent in and through the service, and this needs to develop to 'second-order' intrinsic change to deliver more enduring positive outcomes.
- i) Improvements are being seen in management oversight and the footprint and challenge of IROs and CP chairs. More is needed for this to meet the expectations established in the Practice fundamentals and consistently deliver impact. Nevertheless, these improvements portray the benefit of the support to frontline managers through coaching, the leadership & management programme, and targeted team improvement.
- j) The offer of Permanence (not only for Children in Care) has improved considerably over the last 6-10 months. Nevertheless, there are notable areas still being targeted for improvement in this regard, including: placement stability and matching; worker stability; practice knowledge about permanence; 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.
- k) Good relational practice is at the heart of all examples of good practice; yet in the words of our Ambassadors, this is only showing "inconsistent improvement". The forthcoming emphasis on systemic and relational practice will be a timely boost in this regard.

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

Previously reported improvements for children subject to assessment have not been sustained in this reporting window. There has been a reduction in practice rated good (from 44% to 35%) which is now outside of the AIP target (40%) and a minimal increase in practice rated inadequate (from 11% to 12%). There has, however, been a reduction in the proportion of audits that indicate practice at the lower end of the RI judgement.

Children in need of help have this month seen an improvement in the quality of their service. Practice rated as good or better has increased (from 38% to 46%), which exceeds the short-term AIP target. The level of inadequate practice has remained at 5%, which is well within the short-term AIP target (12%). There has also been a slight reduction in the proportion of audits that indicate practice at the lower end of the RI judgement.

For children in need of protection, there have been further reductions in the level of practice rated good or better (from 28% to 23%) and a further increase in the level of inadequate practice (from 16% to 18%). For these children and young people, practice is now well outside of our short-term AIP targets. There has been little change in the proportion of audits identifying work at the lower end of the RI judgement. This continued concentration of weak practice in our safeguarding work requires urgent and focused leadership intervention.

For children with disabilities, practice rated good or better has slightly increased (from 33% to 36%), with further improvement required to meet our short-term AIP target. Practice rated inadequate has reduced minimally (from 8% to 7%). There has been a notable rise in audits identifying practice at the lower end of the RI judgement.

Safety planning, when used, is protective for children, but this has yet to be a consistent practice. CP planning is improving and is more child and outcomes-focused. Some plans remain too adult-focused but this practice is much reduced in recent months. Based on the available performance and QA information there is a strong case that decision-making at s47s requires improvement. Better application of the Essentials 2.0 risk principles and analysis of the level of risk have been highlighted as needing improvement. The effect of the current decision-making is a high level of s47 activity that may be seen as over-interventionist and inefficient; both of which impact on children and families, and the department.

The experiences and progress of children in care and care leavers

Our Children in Care are receiving a mixed service. Practice rated as good or better has increased from 44% to 49% and our short-term AIP target has now been met consistently over the last 6 months. Practice rated as inadequate, however, has increased for a 3rd consecutive month, from 8% to 10% and the proportion of practice at the lower end of RI has also increased over the last 6 months. Whilst these levels of weaker practice are within our AIP target, this negative trajectory needs to be arrested.

For our Care Leavers, practice rated as good or better has reduced from 64% to 58%, although this remains well within the short-term AIP target. Practice rated as Inadequate has remained fairly static (from 18% to 17%), a rate which continues to be of concern and will no doubt be explored during inspection. Over the last 3 months the proportion of practice for Care Leavers at the lower end of RI has also increased. Senior management have localised most of the practice and performance concerns for care leavers to specific teams where targeted improvement planning is in place to attend to these concerns.

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

Taken together our performance and quality assurance practices provide senior leadership with an appreciation of the strengths and areas for development across the system. Improvement is evident and has been sustained as needed for the last 6 months. Stretch targets for reduced rates of inadequate and increased rates of good now seem a suitable step.

The department has faced a number of considerable challenges in recent months. That the quality of practice has met the AIP targets is therefore a remarkable accomplishment. Leadership has been evident at all levels through the department and children's social care should be commended for the distance travelled in these uniquely challenging times. Leaders remain committed to providing good and outstanding services and are following a pragmatic step-by-step recovery plan. Nevertheless, the impact on leaders and staff of sustaining this improvement through adversity has been marked. Leadership attention and corporate support remains needed so that the staff and systems delivering this improvement can be sustained and energised as needed.

The system remains fragile though and this needs to remain foregrounded in the oversight of improvement.

Work rated as good continues to be clustered in a fairly consistent group of teams. 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 1 team in the last 3 months. 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 indicate the success of this intervention. This progress is now allowing us to look within the TIP (and more broadly) beyond the concentration of inadequate practice to where practice deemed at the lower end of RI appears more likely.

As part of the AIP, work is also underway to address permanence, and re-referrals along with service improvement plans for DCYPS, Fostering, and IRO/CP Chairs. There are indications that these improvement plans are contributing to progress though more is needed to see them through to completion.

In order to support and secure 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 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.

Corporate commitment to the department remains high with the department being prioritised in attending to organisation-wide challenges like ICT, PPE, and an incremental return to offices. Considerable financial and political investment has also been made in the service, with continued commitment by corporate colleagues to respond to issues of capacity and resourcing and provide social workers every chance to deliver effective services.

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 had been previously diminished through the limited inclusion of children and families in audit. As this inclusion of children and families is now a mandated function of audit we have started to see participation improve, though more is needed.

Audits would be further improved by some auditors focussing on their conceptualisation of available evidence and better articulating impact for children and young people. 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. The pairing of auditors and moderators has been favourably received and offers further support in this regard. Also, action will be taken with Heads of Service following this report to identify staff in need of further support in this regard.

As highlighted in this and previous reports, the objectivity of audit can potentially be compromised by the practice of auditors auditing their own work. The potential for bias with this approach is usually corrected through external moderation which has been broadly successful. The current approach was adopted to improve ownership and highlight the opportunity to address issues found through audit at the stage when work is first completed and approved as part of our quality control arrangements. In line with a refresh of the QA framework in the autumn of this year we will return to auditors reviewing work outside their immediate area of responsibility.

While a baseline of 45 audits per month would offer sufficient representation (c. 16% per annum) we have a more ambitious target of 2 audits per team per year. Audit completion rates were previously meeting the 90% target but have dipped considerably recently. Though we have met

the minimum baseline as a 12-month average, but only once (February '21) in the last 6 months have we met the minimum of 45 audits.

The current volume of audits still makes available good evidence to support self-evaluation however it should be improved for the following reasons:

- a) Management ownership and investment in understanding and improving the quality of practice in their teams, and for each practitioner, should result in high completion levels.
- b) It would offer more resilient and detailed representations of the quality of practice by practitioner, team and service area.
- c) Incomplete audits and those receiving exemptions are not lightly arrived at given the scrutiny on this. The current rate of exemptions and incomplete audits has coincided with the considerable contextual pressure faced by the department that has been noted above. This is therefore a further signal of considerable pressure in the system and barriers faced by managers to completing assigned tasks. This needs to be closely monitored as it is neither desirable nor sustainable for reasons wider than audit.

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

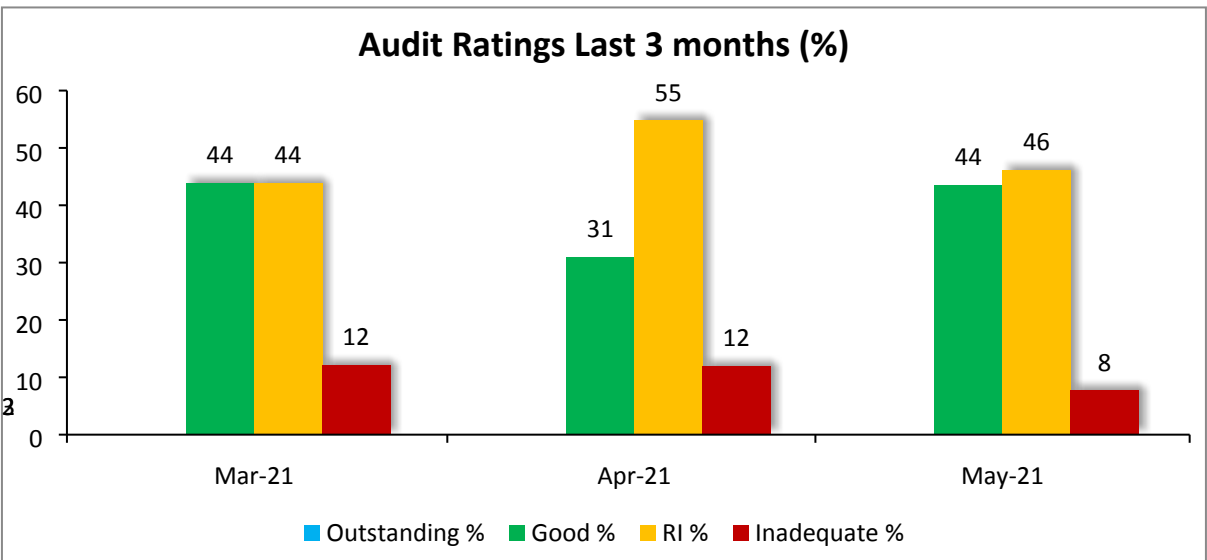
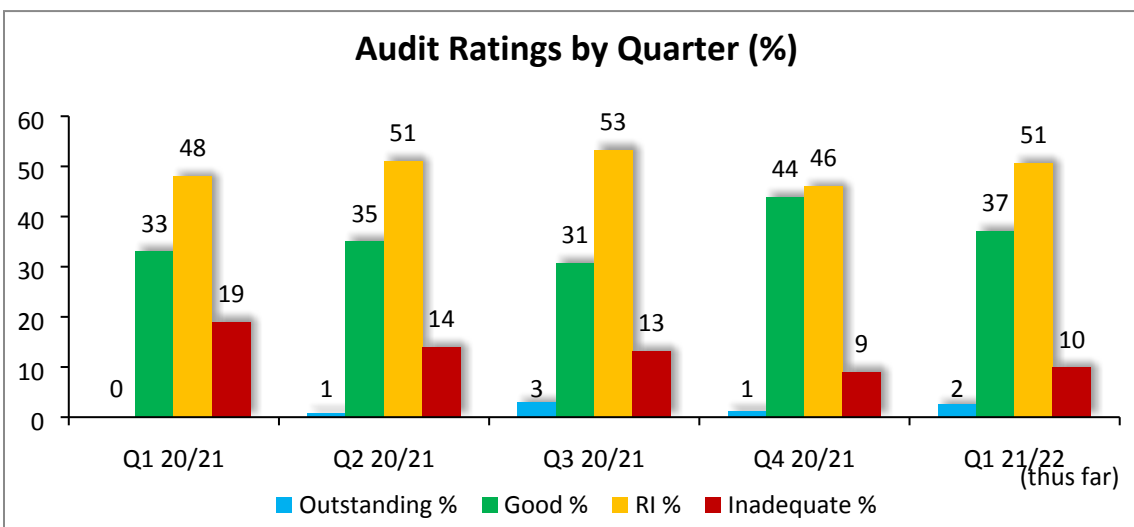


Table 1

Audit ratings by month			
Actual Numbers	Mar-21	Apr-21	May-21
Outstanding	0	1	1
Good	18	13	17
Requires Improvement	18	23	18
Inadequate	5	5	3
Total	41	42	39
By percentage			
Outstanding	0	2	3
Good	44	31	44
Requires Improvement	44	55	46
Inadequate	12	12	8

Figure 2



As can be seen in **Figures 1 and 2** above, in May there was an increase in practice rated as good or better, from 33% to 47%. This reflects a return to levels which exceed our short-term AIP target (40%). In May, there was also a reduction in the level of inadequate practice (from 12% to 8%). This reflects our short-term AIP target having now been met for the past 6 months and provides some confidence in the security of these practice improvements. The QA team reviews audits to attend to that which at the lower end of the RI rating. The proportion of this lower RI practice has increased this month and bears continued monitoring.

The quarterly profiles highlighted in **Figure 2** demonstrate continuous improvement, with steady reductions and improvements in the rate of practice rated as inadequate and good (or better) respectively. Quarter 1 of this year – which coincided with the most acute recent pressures on the department – shows a very slight decline since the notable gains in Quarter 4 but these remain in range of the AIP targets. Nevertheless, this decline also bears continued monitoring as we do not want to see a reversal of the positive trend.

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

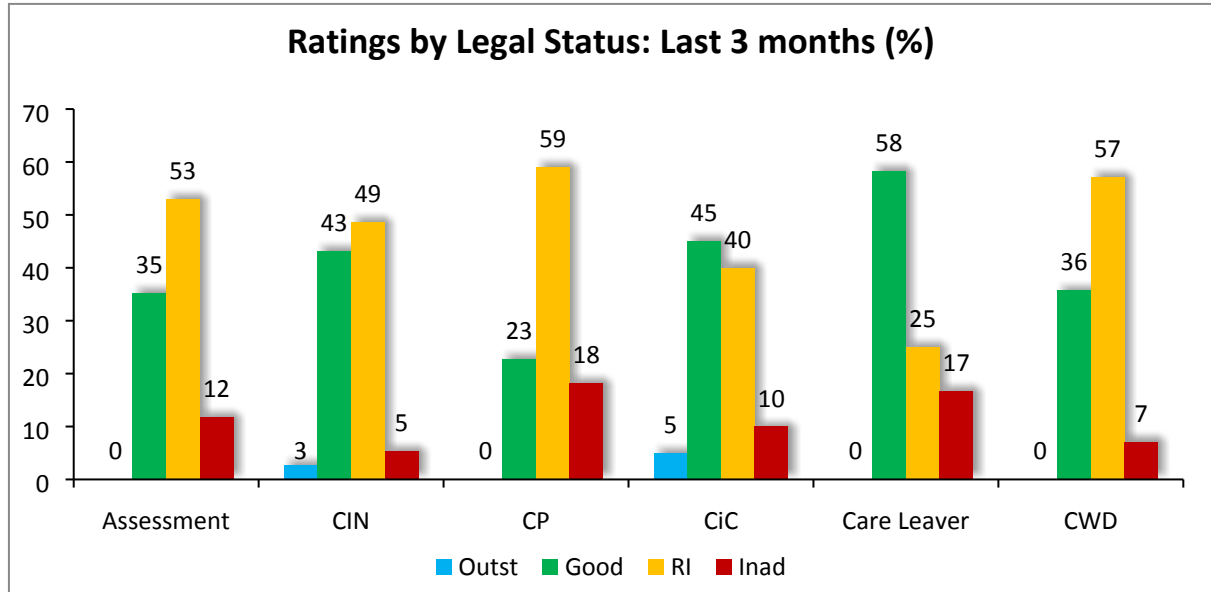


Table 3

Ratings by Status	Mar 2021				Apr 2021				May 2021				Totals			
	O	G	RI	In	O	G	RI	In	O	G	RI	In	O	G	RI	In
Assessment	0	3	2	0	0	1	4	1	0	2	3	1	0	6	9	2
CIN	0	7	8	1	0	3	6	0	1	6	4	1	1	16	18	2
CP	0	1	1	2	0	2	8	2	0	2	4	0	0	5	13	4
CLA	0	3	3	1	1	4	2	1	0	2	3	0	1	9	8	2
Care Leaver	0	2	1	1	0	2	1	0	0	3	1	1	0	7	3	2
CWD	0	2	3	0	0	1	2	1	0	2	3	0	0	5	8	1

The profile in **Figure 3** reflects that previously reported improvements for children subject to assessment have not been sustained in this reporting window. There has been a reduction in practice rated good (from 44% to 35%) which is now outside of the AIP target (40%) and a minimal increase in practice rated inadequate (from 11% to 12%). There has, however, been a reduction in the proportion of audits that indicate practice at the lower end of the RI judgement.

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Our Children in Care are receiving a mixed service. Practice rated as good or better has increased from 44% to 49% and our short-term AIP target has now been met consistently over the last 6 months. Practice rated as inadequate, however, has increased for a 3rd consecutive month, from 8% to 10% and the proportion of practice at the lower end of RI has also increased over the last 6 months. Whilst these levels of weaker practice are within our AIP target, this negative trajectory needs to be arrested.

For our Care Leavers, practice rated as good or better has reduced from 64% to 58%, although this remains well within the short-term AIP target. Practice rated as Inadequate has remained fairly static (from 18% to 17%), a rate which continues to be of concern. Over the last 3 months the proportion of practice for Care Leavers at the lower end of RI has also increased. Senior management have localised most of the practice and performance concerns for care leavers to specific teams where targeted improvement planning is in place to attend to these concerns.

3.3 Audit Ratings by team

Seventeen 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 has fluctuated between 18 and 20, with 9 of these teams remaining on this list throughout this period. These 9 teams have therefore sustained good quality practice and form the core of a cluster of teams where good practice is consistently delivered. All of these teams should continue to be commended for their progress; and learning about the success factors within these teams should be shared more widely.

One team has been identified as having had three or more audits rating practice as inadequate in the last six months. As a service, this is a notable improvement on the 8 teams identified on this list 12 months ago; none of which remain on this list now. This indicates that the collective targeted improvement work in these teams has been impacting positively.

Following work by the QA team to review audits identifying weaker practice, the 25 teams are identified with 40% (or more) of all audits in the last 6 months returning a rating of inadequate or practice that is at the lower end of RI. This list is now a principal source of insight for the refreshed Team Improvement Plan.

3.4 Audit Ratings by Area of Practice

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

- a) Improvements have been seen within: Risk Assessment & Response; Assessment; Relational Interventions & Review; Permanence; and Oversight. For all of these, our short-term AIP targets, for Good and Inadequate practice, have been met both in April and in the previous 3 months, suggesting these improvements are more secure.

- b) Particular practice strengths are seen in Risk Assessment & Response. Inadequate practice has reduced from 8% to 5% and practice rated good or better has increased from 45% to 56%. This needs to be counterpointed with the findings in this report of rising rates of weaker practice for children subject to CP planning. The findings of the section 47 dip sample, reflected in April's QA report, also need to be recognised; these recognised improvements in practice, but also noted improvement needed in relation to the use of the essentials 2.0 risk prompts in strategy discussions and the use of safety planning for children between strategy discussion and ICPC.
- c) Practice improvement is also reflected in Oversight, with inadequate practice reducing from 9% to 5% and practice rated good or better increasing from 40% to 56%. These improvements could reflect the impact of focussed efforts to support frontline managers through: coaching; the leadership & management programme; and targeted team improvement. These improvements need to be considered alongside the recent Practice Fundamentals dip samples of Oversight and Supervision, where a moderated sample found 52% of practice not yet meeting minimum expectations.
- d) Improvement continues to be needed in relation to the quality and effectiveness of planning. Levels of inadequate practice have reduced in planning (from 8% to 3%) but levels of practice rated good or better remains just below our short-term AIP target, at 38%. This is further supported by the findings of Practice Fundamentals dip sampling (see section 3.9 below) which indicates planning not meeting expectations has remained static since January '21 at a rate of 31% with examples of good practice reducing in this same period. The quality of planning and review is also likely to impact on the effectiveness of permanence planning and levels of repeat work, where other reporting indicates room for improvement.

Figure 5

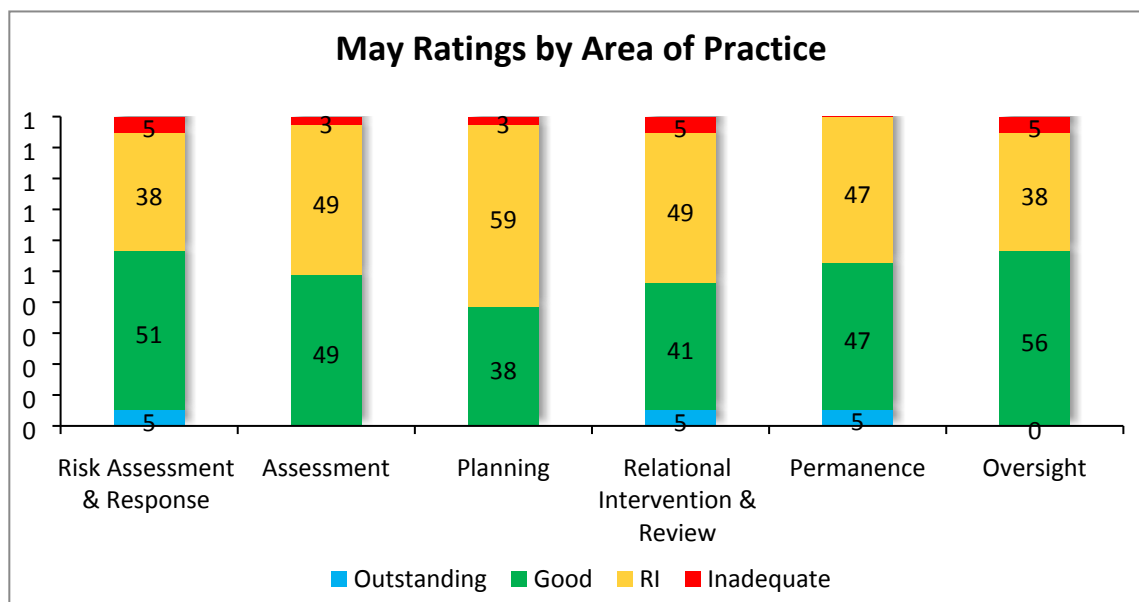
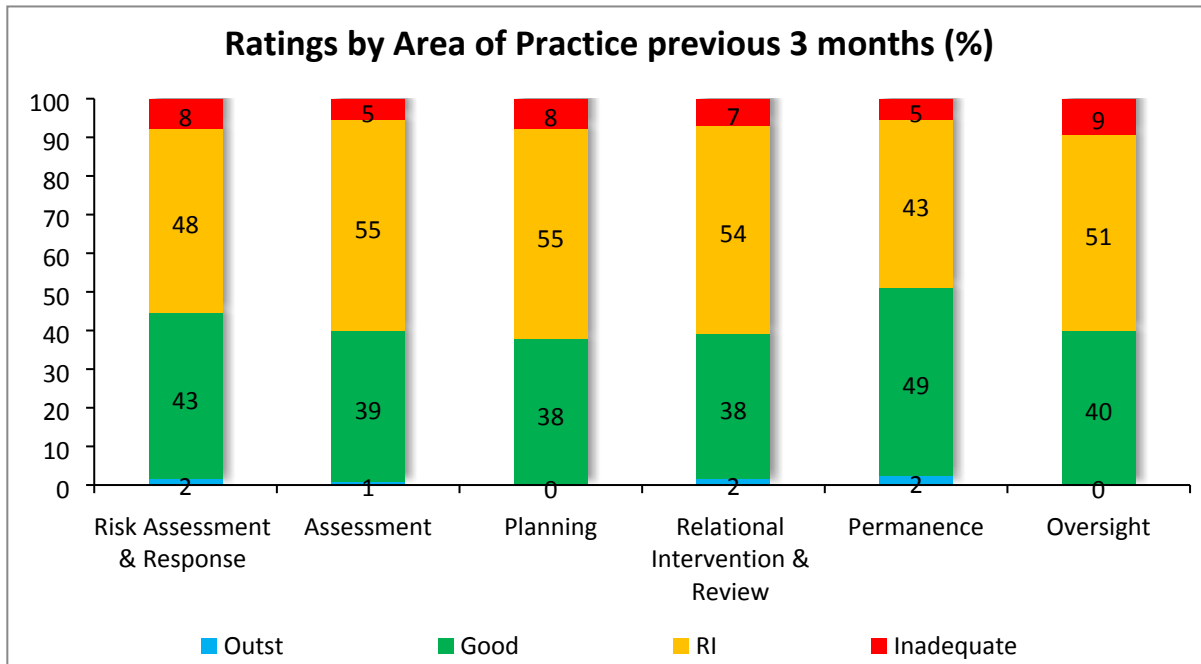


Figure 6



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

Where practice has been rated as Good, the QA team have contacted the allocated social workers to understand those factors that have contributed to the good outcomes being achieved for these children and young people.

As in previous QA reports, the primary factors supporting effective practice are the quality of relationships established with children and young people; their parents and/or carers; the network of professionals also supporting children and young people; and the relationship between practitioners and their manager/supervisor. These relationships have created the environment where meaningful discussion can take place, leading to a deeper, more holistic understanding of the child's lived experience and allowing for more effective collaboration in the implementation of planning, intervention and review. As noted in previous reports, it is valuable that the pointers for good practice align well with systemic practice which is being introduced incrementally to the department.

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

As part of the May audits, 33% of children and young people (aged 4+) were spoken to and 82% of parents or carers. 62% of children and young people rated the service positively and 38% rated it with some positives and some areas for improvement. 59% of parents/carers rated the service positively, 31% identified both positives and areas needing improvement and 9% identified only areas needing improvement. Within this feedback, positives included:

- a) Social workers who are easy to talk to, take the views of families seriously, and advocate on behalf of what they need
- b) Social workers who help parents to understand the impact of their situation on their children and then recognising when change is being made and the difference this is making.

c) Social workers who follow actions through with other services, until the right support is in place.

Areas for improvement included:

- a) Tasks on children's plans being completed in the timeframes agreed.
- b) Social workers spending more time getting to know children and young people, as well as talking to their parents/carers.
- c) Now that Covid restrictions are lifting and children are back at school, for social workers to visit families more consistently in their homes, or see children at school, rather than continuing with phone or video calls.

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 5 (50%) case summaries with a good focus on, and representation of, the child with accessible language. This is a reduction on the 90% in February and 70% in April.
- b) Six (60%) of the practice examples 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, interests and achievements which is an improvement on the 30% in March and 40% in April.
- d) Six (60%) used appropriate language and the decision-making could be followed which was an improvement on the 50% in the March '21 report, but a reduction on the 70% in April. 8 (80%) indicated an appropriate working relationship which improves on previous months.
- e) Improvement is needed in the use of Language that Cares; in planned purposeful and creative direct work; in drawing through the child / young person's views in all key documents and meetings; and in being more child-centred through effective relationship-building.

We also met this month with the Ambassadors that undertake audits and they shared the following from their experience of reviewing audits:

- a) Improvement is present but remains inconsistent.
- b) Records consistently miss out on the child or young person's likes, dislikes, hobbies, achievements, their personality and a description of them meaning it is difficult to gain a sense of who they are.

- c) Workers continue to use too many acronyms and some social work language that would make a record difficult to understand.
- d) Evidence of purposeful direct work remains limited.
- e) There continue to be missed opportunities to employ the Mind of My Own application.
- f) Auditors and moderators are increasingly picking up on Language that Cares.
- g) The turnover of social workers for many social workers is noticeable.

Following from this meeting Ambassadors will be incorporating a telephonic/video call follow up with the worker following a review of the audit. In this they will have a conversation with the worker to discuss 3 strengths of practice, 3 areas for improvement, and offer support to improve the use of the Mind of My Own app.

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 May, four Child of Concern Notifications were generated (3 audits rating practice as inadequate with an additional Notification being raised following review of audits by Steve Hart). 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 18 children or young people being tracked by the QA team, until expected levels of practice are realised (1 x June '20; 3 x January '21; 1 x February '21; 4 x March '21; 5 x April '21; and 4 x May '21). The rigour and scrutiny now being afforded to practice rated as inadequate is welcome and timely resolutions remain a priority.

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 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 220 records related to Planning are:

- a) A stable completion rate of 65% means that a number of teams do not benefit from the learning that arises from Practice Fundamentals dip samples. This also means that the findings presented within this report, may not be fully representative of the quality of Planning and Reviewing across the service. Heads of Service are made aware of those dip samples which are not completed.
- b) The reliability of findings within these Practice Fundamentals dip samples is improving. There is greater congruence between the dip sampler's evaluation of practice and the rating they apply. There is also an increasing percentage of ratings upheld through moderation. There remains, however, around 10-15% incongruence in the application of ratings, and 48% of ratings that were not upheld through moderation which is a greater than expected moderator effect. Variability in the reliability of findings seems to be clustering around a smaller group of dip samplers and targeted support would be of benefit, for these practitioners. This would not only improve the overall reliability of dip sample findings, but also the effectiveness of QA-QC-QI mechanisms within these individual teams. This is a similar reflection to the support needed by certain auditors highlighted in section 4.1.1 below.
- c) Good practice examples of Planning and Reviewing, once moderated, reduced from 28% in January '21 to 22% in May '21. Examples of practice not meeting expectations were static between January '21 and May '21 at 31%.
- d) Plans are more consistently using the analysis within assessment in order to formulate appropriately focussed actions and analysis in plans and these are being more consistently developed with families.
- e) The oversight of the Reviewing Service was identified as good practice in 60% of plans for children subject to child protection or child in care plans.
- f) The review and development of planning over time requires improvement. This will influence the effectiveness of planning and could lead to drift and delay.

Feedback from the QA team is provided to Heads of Service on a monthly basis, to enable them to provide support to practitioners in their areas (this includes recommendations to improve practice).

Meetings have also been held between Heads of Service and the QA Team to consider how this practice can be established with more consistency. In most localities Advanced Practitioners are meeting monthly with their Service Manager to consider how the learning from dip samples can be applied within their teams. Other localities have identified specific teams or practitioners requiring targeted support. This will include an opportunity to refresh their understanding of the Practice Fundamentals and Essentials 2.0 principles which continues to be delivered by the Social Work Academy.

3.10 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.

Of the 8 completed May audits, 1 (13%) was rated as Outstanding; 3 (38%) were rated as Good; 3 (38%) were rated as RI; and 1 (13%) was rated as Inadequate. This is an improvement on the previous report where 80% were rated as RI, and 20% as inadequate.

The identified learning points were:

- a) The case file rated as inadequate included actions for DBS checks to be completed for extended family members who regularly visit the foster home. These family members are, however, not left alone with children or young people in the foster home. There was also an action for a risk assessment to be updated in respect of a young person who had recently moved to the foster home. The Team Manager has agreed short timescales for both actions and has followed up, adding management oversight to Liquidlogic.
- b) All of the carers that responded (6 out of 6) stated that they received good or excellent support from their Supervising Social Worker and the CAMHS therapists. Carers would like to see the children's social workers more regularly and have them be more contactable.
- c) In a minority of cases, updated recording was observed; e.g. up-to-date signed supervision agreements, safe care policies, updated Personal Development Planning, Delegation of Authority documents, and in one case a necessary Form F. This practice is improved on previous months and managers have already directed the necessary completions where indicated and continue to work with administrators to support this.
- d) Whilst the picture is improving, the service continues to attend to the emphasis needed on the impact on the child. As in previous months this continues to be reiterated in manager and team meetings; and is being monitored in the Fostering Service Action Plan.

3.11 Feedback from Moderators

As moderators oversee all audits they hold a rich body of knowledge about the quality of practice and auditing in the service. This being so, the QA team met with moderators this month to learn from them about their reflections on these areas. This resulted in a rich discussion and affirmed the quality of our pool of moderators who are a great asset to the service. The principal reflections were:

Observations of QA:

- a) Moderators remarked on there being very good auditors in the system whose contribution is becoming more readily visible and consistent. Some auditors need support to develop their evaluation of practice.
- b) We need to remain vigilant that the audit does not become merely a task or output to be completed within a routine process. This leads to mechanistic practice both within the audit and in response to its findings.
- c) Ratings of inadequate continue to activate defensiveness which can obscure the child and meeting their needs.
- d) The pairing of auditors and moderators is resulting in beneficial collaboration and learning opportunities but relationships are still being built in this new approach.
- e) There is a continued need to maintain the child at the centre of the audit with a deeper appreciation of the impact of their lived experience.
- f) Work remains needed to get auditors to think about their ratings.

- g) It would be helpful to create opportunities for moderators, auditors and social workers to come together to reflect on the learning from audits and confirm how actions will be progressed.

Observations of Practice:

- a) More regular good work is being observed in assessments with these being timelier, confident, detailed, and the application of Essentials 2.0 and Practice Fundamentals being more evident. Assessments are increasingly analytical rather than descriptive.
- b) We are sometimes missing key areas of risk or need between assessment and planning which is limiting sustainable change. More effective interventions with children and families are also called for to prevent superficial change that does not endure.
- c) Drift and delay remain observable, often as a result of changes of social worker.
- d) Practice with vulnerable young people can improve particularly in relation to engagement and risk management (including where risk transects the risk management processes of social care, health and youth justice).
- e) The quality of C-SMART planning is improving but this is not yet consistently meeting expected standards.
- f) There is sometimes a disconnect between recorded management oversight and what's happening 'on the ground'.

3.12 Equalities, Diversity and Inclusion (undertaken by Rob Tyrrell, PSW)

Previous enquiry and dip sampling had identified that issues of culture and identity were identified and addressed within GCC social work involvement only to a limited extent. This area of a child's story was rarely being effectively evidenced in assessments and plans.

In addition to service wide discussion on promotion of diversity in social work practice, in late 2020 staff attended 4 virtual webinars which introduced and explored the '*Social GRRRAACCEEESSS*' (Social GRACES) as a tool for identifying and considering the impact and relevance of identity and experience.

It was expected that all participants committed to using the Social Graces tool as an integral part of assessment, planning, intervention and reviewing practice alongside the Practice Fundamentals and that this was a clear feature of recording.

A further dip sample aimed to identify if there was any development of an effective direct work practice and language for assessment that better identified the diverse experiences of children, following the webinars and service wide sharing of resources.

This sample found that there was limited evidence of additional attention to culture, identity, protected characteristics or experiences of racism or discrimination within assessments, recording or supervision. This applied to all case files, whether or not practitioners had attended the specific webinars.

Additional discussions took place with Advanced Practitioners and Team Managers about opportunities available to utilise these resources to better identify cultural and identity needs and experiences. Individual examples were noted of how the Social GRACES were seen as a positive tool for more confident dialogue and consideration of diversity.

Feedback indicated that staff, supported and encouraged by Managers, are receptive to identifying and evidencing an inclusive approach – however a repeating question has been ‘how’ this should be done. This may indicate that continued attention is required to both how ‘further actions’ are embedded into and reviewed following development sessions, and how Advanced Practitioners are equipped to encourage and prioritise team-based responses to service wide development needs and resource provision.

The report outlining this work, and work around Language that Cares and Life Story work, is proceeding to the Leadership Team Meeting in June '21 from which actions will follow and be tracked in that domain.

3.13 Families First and Youth Support audit activity (Kat Aukett, director of Youth Support)

The Early Help Service is currently focussed on the enhancing its performance management arrangements which is beginning to provide senior leader with a greater insight into step up and down activity for example. Future developments will focus on quality through a programme of case file auditing.

Of the 4 audits completed in Youth Support, 2 (50%) rated practice as good, and 2 (50%) rated practice as requires improvement. Audit numbers were reduced due to absences from work and turnover in key posts.

The Youth Support audits highlighted good practice in addressing the identity of a young person alongside motivational features of behaviour. There was also evidence of good analysis and triangulating information from multiple sources in assessment, leading to robust planning.

Joint working with young people was sometimes good, but not consistently so. Where joint working was not as coherent as expected it resulted in drift for young people. Management oversight is more evident in young people’s records but the quality of recording by practitioners has prompted management input in this area.

There continues to be good practice in good communication and relational practice with young people.

Learning from audit in Youth Support is translated through management and team meetings. As a result, this month focused work on management oversight is being undertaken.

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 Director.

4.1.1 Audit Accuracy

As the most fundamental element of QA, the accuracy of audits requires ongoing monitoring in a QA framework. Within the GCC audit methodology accuracy should be arrived at through discourse, debate, 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. In this, the moderator acts on behalf of the DCS as arbiter of the overall evaluation. As of February 2021, auditors have been matched with specific moderators with the aim of providing more consistent development feedback and greater opportunity for relational discussions considering different perceptions of practice.

With this in mind, **Table 3** indicates the ‘moderator effect’ on the ratings of audit. In pursuit of congruence in our evaluation of quality practice we expect the moderators 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 some auditors this is more likely to indicate a bias to editorialise, be overly-optimistic about practice that is ‘closer to home’, or demonstrate the dissonance between known versus recorded practice. Nevertheless, this holds relevance for quality control in day-to-day practice, and for this reason the Academy is tracking those auditors most likely to require support.

In light of the above, the findings about congruence in the Practice Fundamentals dip sampling, and in line with the feedback from Steve Hart (see below), support is evidently needed for some auditors to better apply objective, evidence-informed and well-conceptualised evaluations of practice. The QA team have agreed with Heads of Service that we will identify these auditors, cross reference them with the lead for the Team Improvement Plan, and share the findings of this with Heads of Service. Heads of Service will then be able to develop relevant supports for these staff.

In terms of the subjectivity that arises from auditing work within one’s own team, this is being redressed in the autumn with a refresh of the QA framework. Until this point we will continue to rely on moderators militating against this factor.

In May, there was a decrease in the downgrading by moderators of audits (from 29% to 18%). Of the three audits rating practice as inadequate, two were identified by moderators. This maintains the trend that too many audits are requiring moderators to identify practice as inadequate.

Table 4

	Percentage upgraded by moderators	Percentage downgraded by moderators	Percentage Inadequate downgraded by moderator
December 20	3	18	50
January 21	0	26	100
February 21	2	23	100
March 21	2	19	80
April 21	2	29	40
May 21	0	18	67

External review of our audits (including feedback from the inspectorate and experienced consultants) is that the contribution of our moderators and a strong moderator effect upholds the rigour and reliability of our audits.

We are increasingly seeing greater degrees of dialogue and challenge around completed audits, where differences of views are being attended to through discussion between auditors, moderators and managers. This is a sign of a healthy, mature system where we can reflect on differences in our perspectives of practice. This discourse is valued but, against the significance of the moderator effect, we need to be cautious that this challenge is evidence led and does not erode the effectiveness of our moderator contributions.

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 7 completed audits from May (a sample of 18%) found:

- a) In the October 2020 Ofsted Monitoring Visit, Ofsted verbally noted their appreciation for Gloucestershire's focus on impact in audits indicating good progress in this respect. Nevertheless, suitably capturing the lived experience and impact of services for children and young people is an area we want to keep improving through effective analysis and conceptualisation, seeing situations through the lens of the child, and confident use of language that evaluates peers. Not only will this influence the judgements formed in audit but it may also be a feature of the day-to-day leadership of practice.
- b) Auditors and moderators are displaying an acceptable level of determination, and in most cases the determination is greater than an acceptable level. Good auditors and moderators consistently hit the mark and others are striving hard to do so. A subset of auditors is affected by issues of capability, perception, conceptualisation and writing skills in delivering consistently good audits.
- c) It is good to see the improving inclusion in audit of children and families as it adds richness of the audit. Where this can be done at the earliest stage in the audit it will enrich the lines of enquiry pursued in the audit itself.

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. Whilst a baseline for this could be set at 45 audits per month, Gloucestershire has set itself an ambitious stretch target of 86 audits per month (i.e. 2 audits per team per month).

Whilst recent performance is below 45 audits per month, this target of 2 per team per month would allow for nearly every social worker to have their practice regularly reviewed through audit each year. This will in turn support key review and developmental opportunities for them. It would also increase the number of children who can benefit from targeted improvements following from audit. Furthermore, 86 audits per month would offer considerable representability in support of our regular self-evaluation. **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 May, there was a pool of 101 staff, trained in the audit methodology. Seventy-four of these function as auditors, and 27 as moderators. Two moderators are currently involved in supporting new moderators; four moderators either moderate bi-monthly or at a reduced level each month, because of alternative quality assurance activity they are involved in. Two moderators are currently exempt due to absence from work. On this basis, there is current capacity to moderate 59 audits each month; this will grow over the next few months as the new moderators increase their capacity. In May, one moderator was given a single month exemption from quality assurance activity.

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 74 auditors, there are 11 who are currently exempt from audit due to their absence from work or being involved in other improvement activity. This means that there are 63 auditors available for monthly auditing. Of the 63 available trained auditors, 3 did not audit in May, due to being bi-monthly auditors, and 9 single month exemptions were given prior to allocation. One auditor chose to undertake an additional audit in May. This meant that 52 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 5 single month exemptions were given by the Director of Children’s Safeguarding and 4 audits were not submitted. This resulted in 41 audits being completed. Of these audits, 12 were submitted late (21%), which is a slight increase on the 19% late in April. Late submissions cause considerable disruption in moderator availability, responding to children, and reporting activity. Of the available auditors, in May, we had a completion rate of 68%, which remains the same as April ‘21 and is well below the 90% target.

There were 2 audits in May that did not meet the standard for uploading, resulting in 39 completed audits. This means that 65% of the assigned audits contributed towards a representative profile. The 39 audits completed to expected standards remains 11 below a minimum benchmark of 45, and 47 below the target of 86 audits per month to ensure whole service representation.

Figure 4

	Jun. 20	Jul. 20	Aug. 20	Sept. 20	Oct. 20	Nov. 20	Dec. 20	Jan. 21	Feb. 21	Mar. 21	Apr. 21	May. 21	Ave
No. audits completed	49	54	40	44	50	50	38	42	47	42	42	39	45

In the 12 auditing months to May 2021 we have done on average 45 audits per month. As a proportion of the 3792 children open to Children’s Social Care, this 12-month total (555) 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 27%.

Although an audit is allocated to every team, the single month exemptions, nil returns and audits not yet ready for submission means that 10 teams (23%) have not been audited in May. In the last three months, there was 1 team where no audit was completed, 5 teams where one audit was completed and 10 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. Without this collaboration the accuracy of audits is diminished, as is the opportunity for learning and ownership of any subsequent recommendations.

Of the 39 audits completed, 37 included the social worker (95%), and 37 (95%) included the manager. For children who have an IRO or CP Chair, 100% of the audits included the views of

their IRO or CP Chair which maintains the improvement seen in the last two months. 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.

47% of children and young people (aged 4+) were spoken to as part of the audit and 82% of parents or carers were contacted. For parents and carers, this is a 15% increase, and for children a 9% improvement on views gathered in April '21. There therefore remain a number of audits where the voice of children, young people and families has not contributed as need. Continued rigour is therefore required from both auditors and moderators to make best use of all possible contributions. This can be strengthened by improved planning by auditors at the point of audit allocation. Given the improving but still low number of children and young people's views gathered in May, further review will be undertaken by the QA team to understand any patterns which are creating barriers to participation.

Early analysis of this feedback highlights that:

- a) 4 (25%) were children with disabilities which meant they were not able to provide verbal feedback
- b) 7 (44%) were where it was deemed inappropriate to gather views by the auditor, but only in one of these examples was there consultation with the social worker (as required)
- c) 3 (19%) were the child/young person was unreachable (with a range of 2; 3 and 5 attempts to seek views)
- d) 2 (13%) the views were declined by the parent or child

4.1.4 Impact from Audit

The primary purpose of our QA is to ensure that its findings drive effective and timely improvements for children and young people, and secondly to drive organisational self-awareness, learning and change.

Audit actions are 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 123 audits completed, of which 97 have contained Care Planning Actions. Of these Care Planning Actions:

- 18 (19%) have been transferred to the child's plan **on time**;
- 8 (8%) have been transferred to the child's plan **late**;
- 38 (39%) where the Team Manager has **yet to provide an update**;
- 31 (32%) have not yet been transferred to the child's plan. 28 of these relate to May audits and so it is likely that a review has not yet taken place.
- 2 (2%) have been closed before actions have transferred to the child's plan

In addition to this, there are 63 audits completed prior to March 2021, where the actions have not yet been transferred to the child's plan or the team manager has not provided an update on their transfer. 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 218 non-care planning actions agreed from audit, of which:

- 72 (33%) have been completed **on time**;
- 23 (11%) have been completed **late**;
- 44 (20%) are **overdue**;
- 4 (2%) are **not yet due** to be completed
- 75 (34%) are **yet to be confirmed by the Team Manager** as completed. 12 of these actions refer to audits completed prior to May.

In addition to this, there are 86 non-care planning actions, from audits prior to March 2021, which are overdue being completed or the team manager has not provided an update.

Compared with the April QAF report, audit actions have been completed in a less timely way. There also continues to be a number of historic audit actions which have not yet been achieved, which are therefore unlikely to make a meaningful difference to the child's situation. Responsiveness to audit for individual children requires urgent attention. This said audit remains influential in the following areas:

- 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.
- Audits are being used by individual practitioners and teams to reflect and learn about practice improvement.
- 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.
- 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 considered including 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 allow QA findings to be triangulated against improvement activity and performance and feed into the refresh. A monthly meeting also takes place between the Director (Safeguarding and Care) and the Head of Quality to review the QA findings to inform understanding and planning.

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 AIP targets for practice rated as Good and Inadequate respectively have now been achieved for a sustained period. Whilst this has been challenging, particularly over the last 3 months, it also indicates an opportunity to stretch the department with more ambitious targets. Alongside this the shift away from improved practice within Safeguarding and Children in Care require considerable attention to arrest.

It is recommended that in addition to items outlined in the Accelerated Improvement Plan that attention is given to:

- a) Ongoing support to be given to leaders (in terms of both opportunities for recovery and developing resilience) to empower support for their teams.
- b) Close attention to improvement planning for Child Protection practice:
 - Completion of the initial steps to standardise the Essentials 2.0 risk prompts within the Strategy Discussion template.
 - Particular attention to safety planning for children subject to s47 enquiries.
 - Development and implementation of coherent support and risk management for at-risk young people.

- Priority training of CP chairs and social workers, managers supporting children subject to CP plans in the Essentials 3.0 Ability to Change course.
 - Continued emphasis by CP chairs on their Quality Assurance Reviews, affirming good practice and escalating concerns about practice as these are identified.
- c) The Permanence project to continue to report progress in the identified areas for improvement.
- d) Attention by managers to C-SMART planning to identify any development needs for staff. Where these arise the team Advanced Practitioner to revisit the Essentials 2.0 planning materials with these staff and support ongoing improvements.
- e) Continued emphasis on the completion of assigned audits and the training of new auditors and moderators.
- f) That service managers implement monthly QA panels in their respective service areas. These need to include 3 key items:
- The existing discussions with APs about learning and improvement action from the Fundamentals dip samples.
 - Learning discussions with workers and managers whose work was audited that month confirming next steps on actions from audit.
 - Follow up on the completion of actions agreed in previous months to confirm closure. The QA team would liaise with the panels to update central action tracker.
- g) The most senior Council stakeholders to write to Children's social care staff commending them for the achievement of meeting the AIP targets through 6 very challenging months.
- h) Revise the AIP targets for the percentage of practice rated as Inadequate to 9% with ongoing monitoring of the rate of Good with a view to increasing this to 55% following sustained delivery of the target for Good.
- i) The QA team have agreed with Heads of Service that we will identify these auditors, cross reference them with the lead for the Team Improvement Plan, and share the findings of this with Heads of Service. Heads of Service will then be able to develop relevant supports for these staff.
- j) Continuing corporate and operational planning to attend to reported ICT disruptions that affect quality, performance and morale.
- k) In anticipation of the implementation of Systemic Practice, Advanced Practitioners to champion the role of social workers as direct agents of change using best practice interventions with children, young people and families.
- l) A coherent framework attending to support and risk management for vulnerable young people that attends to missing, exploitation and the wider range of risks faced by vulnerable young people.
- m) Continuing emphasis through the Leadership Team on the implementation of the Social GRACES, Language that Cares, and Life Story work.