

REPORT:	Children's Services Quality Assurance – distribution copy	MONTH:	November 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
	Number of audits completed to accepted standard and uploaded	44	Reduction on 51 in October '21 and slightly below baseline (45)
	Audit completion rate (target 90%)	77%	Reduction on 85% from October '21 and below 90% target.
	Percentage rated Good and Outstanding (short-term target 50%)	34%	Improvement on 25% in October '21 but below new short-term target (50%)
	Percentage rated RI	51%	Below target relative to proportions of Good & Inadequate.
	Percentage rated Inadequate (short-term target 9%)	16%	Improvement on 24% in October '21, but still below new short-term target (9%)
	% of audit actions from previous month within timescale (target of 80%)	28%	Reduction on 32% in October '21 and 43% in September '21; below target (80%).
	Quality of assessment (percentage of assessments evaluated as 'Good' or better)	39%	Improvement on 24% in October '21 but not yet meeting new short-term target (50%).
	SMART planning (percentage of plans evaluated as 'Good' or better)	45%	Improvement on 28% in October '21 and approaching new short-term target (50%).
	Management oversight (percentage of 'Good' or better oversight & supervision)	41%	Improvement on 25% in October '21 but not yet meeting new short-term target (50%).
	Child/young person involvement (aged 4 yrs +) (target of 80%)	39%	Improvement on 31% in October '21 but still well below 80% target.
	Family involvement (target of 80%)	63%	Slight improvement on 61% in October '21 but not yet meeting 80% target.
	Social Worker involvement (target of 95%)	93%	Reduction on 98% in October '21 and 100% in September; slightly below target (95%)
	Team Manager involvement (target of 95%)	100%	Improvement on 94% in October '21 and above target (95%)
	IRO/CP Chair (target of 95%)	95%	Slight reduction on 96% in October, but meets target (95%)

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 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 supports 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 within an expanded QA framework that regularly includes targeted and thematic reviews of identified areas. This has included independent external reviews of, for example: Fostering, the Reviewing Service, the MASH, the quality of decision-making in the CP pathway, and Reunification. Regular internal reviews are also undertaken, 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. Alongside this a monthly service-wide dip sampling regime has until recently been operating to track the embedding of the Practice Fundamentals and support quality improvement at team level.

These diverse points of QA offer a richer picture of the quality of practice in the department, which is increasingly supplemented 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 had somewhat reduced and were below the minimum benchmark target of 45 audits per month. This has been an area of leadership focus resulting in a rise in completion rates in recent months, but it has dropped again this month. Concerted training of auditors and moderators in December 2021 and January 2022 by the QA team should help this to return to expected levels.

The nature of current audit exemption requests highlights the ongoing demands in the system that auditors are competing with. Having this month completed 44 audits to an acceptable standard we are just below the baseline target (45) but remain some distance from our aspiration for 86 audits per month.

To address some of the potential impact of Covid on the quality of our case recording we recently undertook a cross-service case file screening exercise. This has offered considerable insight into the quality of practice and the opportunity to attend to any identified issues. A summary of the preliminary findings from this activity were shared in the August 2021 QA report, and a full reflection is available in the below report. Added to the core auditing, the frequency of dip sampling, thematic and service reviews have remained fairly constant enabling senior leaders to have sufficient understanding of the strengths and areas for improvement for the service.

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."

A central system is in place 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; this allows for changes with immediate relevance to the child/young person's outcomes to be readily addressed 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 Team. The monthly report is also 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 together offer a coherent overview of 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, Practice Fundamentals, and Leadership and Management programme, 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. In those teams undertaking training in Systemic Practice, audit reviews are also being used to embed this new practice approach.

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. Performance in this respect remains variable and below target. This has given inspectors cause to comment at successive monitoring visits.

Priority emphasis is being given to delivering consistent improvement for each child or young person subject to an audit. Locality QA surgeries (akin to, or aligned with, Performance surgeries) have been approved and have been implemented in November 2021. A two-month review deadline has been set for this initiative to be considered by the leadership team.

As the current phase of QA is consolidated, the QA framework is being refreshed in preparation for implementation in the coming year. This review offers an opportunity to incorporate more innovation and systemic thinking into QA in line with the service's adoption of a systemic model of practice. Within this refresh the three ILACS orienting questions will be devolved to more granular levels being reviewed at individual, team and locality levels.

2.0 **Executive summary**

As a rule, improvement in recovering authorities is rarely linear and usually involves some ebb and flow, within an overall positive trajectory. That is, improvement can be seen in certain areas and less so in others; and on occasion there may be lapses in previous improvements. Considerable diligence, persistence and energy are therefore needed to gain, hold and recover the ground of better practice.

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 to this with urgency, grip and an openness to further learning and improvement.

While Gloucestershire is ambitious to deliver the very best services, senior leadership are taking a pragmatic approach. Having sustained the previous short-term AIP targets for practice rated good and inadequate over much of 2021, these were recently revised to aim for 50% of practice rated as Good, and 9% of practice rated as Inadequate. This change in the targets has, however, coincided with considerable contextual pressure meaning the targets have yet to be reached.

The monthly QA reporting that is currently in place needs to be situated in the context of anticipated variability. Quarterly trends are more reliably informative than monthly findings with an emphasis on progressive momentum over time. Nevertheless, the current signals in the system (reported by staff, and through recent performance and QA indicators) demonstrate a turn from the previously positive trajectory. A considerable senior leadership response has been forthcoming from the organisation in response to this, but it will need time to embed.

That the previous targets were consistently secured in what has inarguably been a very challenging period for the department is remarkable; and we celebrate what this represented for those children and families in receipt of an improved service. This evidence of sustained performance and quality improvement allows for confidence in many GCC workers and leaders who proved themselves capable of delivering the expected levels of service needed in a large Local Authority.

That recent performance and quality indicators have shown the system to be straining to sustain the expected levels of practice should not detract from us recognising the resilience, competence and capability within the department and Council as a whole. Rather this should point us to those contextual barriers that are now inhibiting the potential of the service, alongside paying particular attention to the more vulnerable staff and teams that are most in need of support (and proportionate challenge) at this time.

In this respect, system feedback most notably points to: the combined effect of notable rises in workflows and workloads as a result of the emergence of latent demand; the increasing turnover of staff (in line with national workforce movements not solely confined to social work); and the difficulties of social work in the circumstances of an ongoing pandemic. The effect on staff and public alike of the profound tragedies of young Arthur Labinjo-Hughes and Star Hobson is also significant, along with the considerable ripple effects of the death in Gloucester this month of Remarni Crosby.

Gloucestershire is not alone in grappling with these variables as they are similarly reported in many other Local Authorities, though we need to acknowledge their effect on a recovering organisation. As a result, service and corporate leaders have worked closely together within the Council's corporate, fiduciary and political governance arrangements to understand and respond to this challenge: balancing due diligence with timely responding.

This has resulted in considerable investments to support the deployment of additional interim resourcing in permanence teams, extensive case file screening, harmonisation of agency rates to promote recruitment and retention, investment in the reviewing service, and, most recently, an enhanced remuneration to stabilise and grow our safeguarding resources.

Though the consequent recruitment activity is now mobilised, there will still be some delay in translating this investment into capacity in teams. It is therefore essential that strong leadership is to the fore to offer containment and psychological safety. Compassionate and visible leadership that holds the line is needed to reinforce what the service is together capable of, whilst duly acknowledging and responding to the challenges as they arise.

2.1 Quality of Practice

The quality of practice in the department has progressed considerably over the last 24 months. Previously, practice rated as good or better regularly accounted for less than 20% of the quarterly sample. In Q1 2020/21, the rate of practice deemed good or better had increased from 33% to 44%, and then to 38% in Q2 2021/22.

Over the same period, practice rated as inadequate reduced from nearly 40% (Q1 19/20) to 19% (Q1 20/21), to 11% in Q1 21/22, and 10% in Q2 2021/22. Moreover, the previous AIP target of 12% or less of practice being rated as inadequate had been sustained for nine consecutive months.

Given the system signals noted through staff feedback, key performance indicators, and now the last three months of quality assurance we can see a decline in the previous positive trajectory. As noted in the above section, this turn has been identified early and leaders have been mobilising responses to arrest this.

This month, the practice rated as good or outstanding increased from 25% in October to 34%. Whilst this improvement is encouraging it is below our new AIP target of 50% and our previous target of 40%. Practice rated as inadequate has reduced from 24% in October to 16% this month. This is above the level seen over the previous 9 months and exceeds our revised target of 9% and our previous target of 12%.

We continue to closely track the proportion of audited work at the lower end of RI due to learning from previous Ofsted visits and the need to test the reliability of our findings. Monitoring this proportion has proved particularly insightful in relation to trend analysis and

targeted improvement activity in areas of identified/growing vulnerability (e.g., 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 remained relatively stable. When considered alongside the increases in work rated as inadequate, the proportion of overall weaker practice has increased.

Compared with the service profile of 18 months ago, there is still a notable reduction in the spread and frequency of inadequate practice across teams. This is now less frequent and concentrated in particular teams – and notably the progress of teams through the Team Improvement Project (TIP) has been a cause for encouragement. We can, however, see this month that after a long period of there being only one team with significantly concentrated difficulties that this has climbed to 3 teams in recent months. That there are a further 7 teams (up from 4 last month) at risk of joining this list offers further indications of the need to intervene in the most vulnerable teams.

Findings from November and recent months indicate the following notable practice themes:

- a) One of the key themes in weaker practice relates to delay or gaps in recorded practice which will impact on many of the below points. This included: assessments not being up to date following significant changes in circumstances; plans not being up to date; core group/CIN reviews not being written up; visits not yet being written up; delay in LPM paperwork. The impact of these is well-known in terms of accurate recall of information; necessary information being available in an emergency; and delay in delivering interventions to bring about change. There is also an increasing vulnerability when staff turnover is factored in where risk may not be appreciated, and continuity of care is negatively affected.
- b) The quality of assessments had been broadly improving with these becoming more timely, analytical, detailed and confident. The regular use of the Essentials 2.0 prompts and Practice Fundamentals was contributing to this improving practice. The rise in weaker practice in the last 3 months has, however, affected this good progress.

From the rapid review of audits undertaken by the QA team, 2 key themes have been identified: assessments not being up to date; and the assessment not making clear sense of the key issues or barriers to change to meaningfully inform planning/intervention. Most of these latter assessments did use the Essentials Principles to frame risk assessment and analysis but these were not employed as intended, meaning risk and need were not well understood.

Assessments would further be improved with more regular triangulation of evidence and less reliance on parental self-reporting. Input from partners, and more especially, from the child would enhance the quality of assessments, as would evaluation of parents' capacity to make and sustain change. An emphasis on concerning parental behaviours is obscuring more holistic consideration of the expected domains of assessment. Good conceptualisation of available information is further touched on as a concern below in section 2.3 of this report.

- c) The links between assessment and planning need to be improved, alongside the consistency and effectiveness of plans which need to be reliably C-SMART. Some assessments and plans remain too process (rather than outcome) focused.

Some plans are not being developed in a timely way following completion of assessment, ICPC, or entry to care. 'Outline plans' are often created at this point, but recording does not show how these are developed in a timely way with the family/professionals to be C-SMART.

- d) Planning and direct work, whilst improving, are yet to consistently meet the benchmarks set out in the Practice Fundamentals. This includes consistent application of: planned interventions; regular review to prevent drift and to update and adapt interventions; and using this to inform the analysis of impact.

Practitioners are often able to talk to the purpose of their visits, but this was not evident in recordings. Additionally, most children/young people had a safety plan but this either needed greater realism in reducing risk of harm or needed to be amended when not reducing risk of harm.

There are signs of more face to face visiting, but where visiting is undertaken (especially through virtual means) the rationale and impact needs to be more consistently recorded and reflected upon within supervision.

A number of audits identified that children were not seen in a timely way when concerns were raised and that 'direct work' with children did not always focus on the reasons for involvement but looked more to general wellbeing.

Practice needs to better account for the capacity to achieve sustained change, including a 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.

It is recommended that Advanced Practitioners across the service focus on quality improvement work in teams that attends to these points of planning and direct work.

- e) Drift and delay for children and young people remain observable, particularly as a result of changes of social worker. This is likely to be compounded by the reduction in children experiencing regular updates of their plan and analytical review of progression/harm reduction

In some examples of good practice, where there had been changes of social worker, there had been effective leadership by the team manager to maintain, or introduce, some continuity for the child/young person.

- f) There is strategic emphasis on exploitation and children missing from home and care. Direct practice with vulnerable and at-risk young people still needs improvement, 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.

The GSCP task and finish group working on Extra-Familial Harm (EFH), and the recent step in the Reviewing Service to appoint a service manager to lead on EFH offer good drivers to progress this area.

- g) 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. Improvement in this area would undoubtedly support improved assessments of identity for children and young people.
- h) 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, 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.
- i) Improvements is evident 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 to consistently deliver impact. More incisive, contemporaneous supervisory discussions are needed in some cases to understand and respond to children's risks, needs and circumstances.

- j) The offer of Permanence (not only for Children in Care) had improved considerably but in line with the wider downturn in quality this too has shifted. For Children in Care the areas needing improvement include: placement stability and matching; worker stability; stability of educational placement; life story work; use of residential care; family finding; reunification; and transitions to adulthood.

For children not in care, permanence needs to improve in relation to drift/delay and repeat work. Underpinning both is the need for improved understanding and development of the ability to make and sustain changes.

- k) Good relational practice is at the heart of all examples of good practice; yet in the words of our Ambassadors, this is showing “inconsistent improvement”. More is needed for practitioners to analyse and respond to the barriers between services and families that inhibit engagement.

The forthcoming emphasis on systemic and relational practice offers a timely boost in this regard.

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

For children subject to assessment, practice rated as good or better has remained broadly static (from 32% to 33%) having reduced from 59% in the last 4 months. For November, this remains below both our new AIP target (50%), and the previous AIP target (40%). Practice rated as inadequate has reduced (from 27% to 19%) remaining above our new target (9%) and the previous target (12%). Practice at the lower end of the RI judgment has increased. When combined with the reduction of inadequate practice, weaker practice has remained relatively stable.

For children in need of help, practice rated as good or better has remained broadly static (from 23% to 24%) having reduced from 51% in the last 4 months. For November, this remains below our new target (50%), and the previous target (40%). Practice rated inadequate has increased for the 2nd consecutive month (from 14% to 16%) and remains above both the revised and previous AIP targets. Practice at the lower end of the RI judgment has remained broadly static.

For children in need of protection, inadequate practice was as low as 4% (Jan '21 – Mar 21) rising to approximately 14% for much of the remainder of the year. Latterly this group is of particular concern in the face of a sharp rise in safeguarding activity (strategy discussions, s47 enquiries, and numbers of children subject to plans) and concurrent downturn in the quality of practice. Practice rated as good or better for children in need of protection has reduced for the 3rd consecutive month (from 32% to 25%), which is below our revised target (50%) and our previous target (40%). Practice rated as inadequate has increased for the 4th consecutive month (from 24% to 36%), which is above both the revised and old AIP targets (9% and 12% respectively). The level of practice at the lower end of the RI judgment has reduced slightly. Given the inherent vulnerability for this group of children, this weaker practice requires urgently focussed attention.

For children with disabilities, no practice has been identified through audit as inadequate in the last 7 months. Practice rated as good or better has increased for the 2nd consecutive month (from 27% to 30%), although this remains below our revised target (50%), and our previous target (40%). The level of practice in this service area at the lower end of the RI judgement has increased for the 2nd consecutive month but overall, the service is much improved from its position earlier in 2021.

The experiences and progress of children in care and care leavers

For our Children in Care, practice rated good or better has reduced (from 56% to 50%), but this continues to meet our new short-term target (50%). Practice rated as inadequate has increased (from 12% to 16%). This level continues to exceed both our new short-term target (9%) and our previous target (12%). The level of practice at the lower end of the RI judgment has also increased.

For our Care Leavers, practice rated as good or better has increased (from 9% to 25%), having steadily reduced over the last 6 months. Further improvement is needed to meet our new AIP target (50%), and the previous target (40%). Practice rated as inadequate has remained the same, with no inadequate practice being identified through audit in the last 5 months. The level of practice at the lower end of the RI judgment has also reduced.

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. The department has been challenged in the past by Ofsted to increase the pace of improvement; and an improvement trajectory has certainly been evident and was being sustained as required. As a result, the introduction of stretch targets for reduced rates of inadequate (from 12% to 9%) and increased rates of good (from 40% to 50%) were appropriate and in keeping with the ambition for improvement. These have, however, coincided with marked contextual pressure resulting in a decline in both performance and (in the last 3 months) quality.

As identified in section 2 above, organisational leadership has mobilised to respond to this demand. This has included the use of long-standing analytics of latent and rising demand, ongoing performance and quality monitoring, and the use of feedback from staff. This has been used to develop and progress good business cases for additional corporate support which have been responded to favourably by executive leaders.

It is also worth reflecting that during the period of improvement over the last year, certain organisational resilience factors have been developed. These include, for example, the regular recruitment meetings between operational leadership, HR, Academy, and Business Support; the Permanence Project; Strategic Performance meetings; routine senior management meetings; etc. These developments are now proving beneficial and are helping the service to face the present challenges.

Leaders remain committed to providing good and outstanding services and are following a pragmatic step-by-step recovery plan. As has been noted before, the impact on leaders and staff of sustaining this improvement through adversity has been marked. The system, whilst demonstrably more resilient than at any time in the recent past, remains vulnerable and this needs to remain foregrounded in the oversight of improvement. Leadership attention and corporate support therefore remains needed so that the staff and systems delivering this improvement can be sustained and energised. The recent DfE funded coaching programme to leaders at scale through the Staff College, and the resilience workshops provided by Occupational Health are examples of the wellbeing initiatives needing to be sustained.

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 September 2020, there were 6 teams in which inadequate practice was regular. This had reduced to 1 team, until recently, when this has increased to 3. Under the Team Improvement Plan (within the AIP) 14 teams were previously identified for targeted support based on quality and performance concerns. The above findings indicate the success of this intervention. That we are seeing a re-emergence of particularly vulnerable teams has resulted in a revision this month of the Team Improvement Plan.

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.

Corporate commitment to the department remains high with prioritisation in attending to organisation-wide challenges like ICT and working from offices, despite the impact of the Covid Omicron variant. 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 to provide social workers every chance of delivering an effective service.

2.3 QA Methodology

There is a well-established system of case file audits and dip samples that supports the department's self-evaluation. 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. Through assertive leadership, the inclusion of children and families had been improving, but has reduced again in recent months in line with the pressures on the system.

Throughout this month's QA metrics, capacity pressures are noticeable and, as noted above, now clearly correlate with the wider capacity demands in the system.

Audit consistency would be 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. The pairing of auditors and moderators has been favourably received and, along with relevant notifications to Heads of Service about auditor development, offers further support in this regard.

As has been noted this month though by critical friend Steve Hart: the general quality of auditing has reduced in line with the contextual demands. Under pressure, some auditors (not unlike practitioners) have been too expedient in their approach and in so doing have risked moving away from the lived experience of the child/young person. Instead of remaining focused on the child/young person they have attended more to process and task which has blurred their attention to impact. The QA team will communicate with our moderator group at the start of the new year to attend closely to impact statements with auditors; helping those in need to sustain the higher standards of auditing that GCC has shown itself capable of.

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. In line with a refresh of the QA framework 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. 12% - 16%) we have a more ambitious target of 2 audits per team per month (86 audits per month). With 44 audits submitted this month, the number of completed audits is just below the baseline and the completion rate has reduced (from 85% to 77%). This is short of the aspiration of 86 audits which we will continue to reach for through firm exemption oversight and the development of more auditors and moderators. Audit training has taken place in November, with further auditor and moderator training arranged for January 2022.

The current volume of audits provides 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.

As noted above, the department’s foremost reason for auditing is that the child at the heart of each audit receives a better service as a result; yet this remains variable thereby diminishing the impact from audit. The step to move the follow up of audit actions into the monthly locality Quality and Performance meetings should drive performance in this regard and will be reviewed in January by the leadership of the service.

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

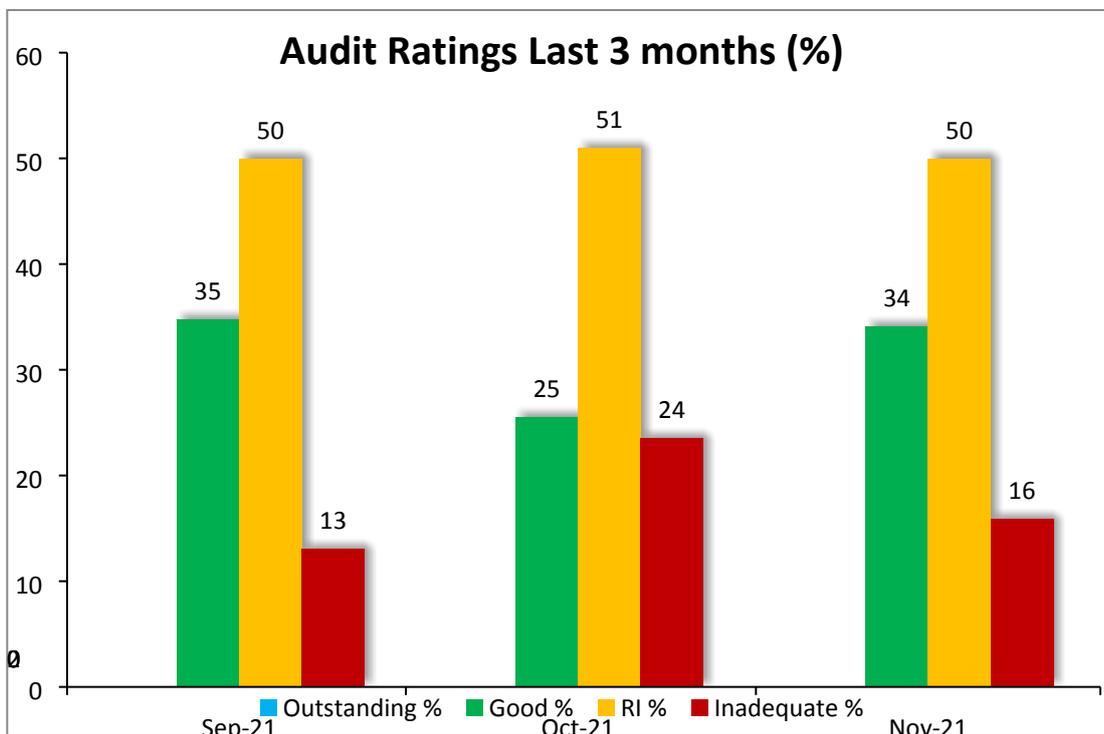
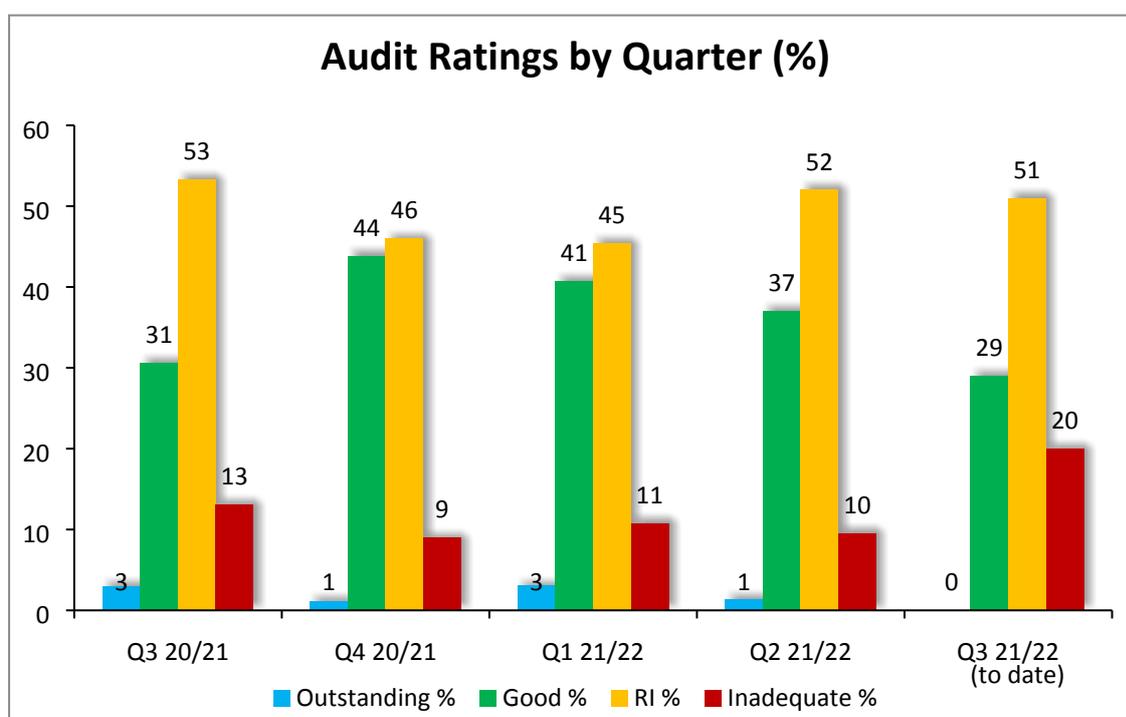


Table 1

Audit ratings by month			
Actual Numbers	Sep-21	Oct-21	Nov-21
Outstanding	1	0	0
Good	16	13	15
Requires Improvement	23	26	22
Inadequate	6	12	7
Total	46	51	44
By percentage			
Outstanding	2	0	0
Good	35	25	34
Requires Improvement	50	51	50
Inadequate	13	24	16

Figure 2



As can be seen in **Figures 1** and **2** above, there has been increase in practice rated good or better, in November, (from 25% to 34%). This improvement is not at the previous levels seen between January and June '21, where this was consistently over 40% of audited practice. This means that the new ambitious target of 50% practice rated good or better has not been met and the previous target of 40% has also not been met. This practice trajectory is also reflected in the quarterly profile, as shown in **Figure 2**. A marked increase in practice rated as good or better was seen in Q4 20/21 (45%), but this has gradually reduced in subsequent quarters to 37% in Q2 21/22 and 29%, so far, in Q3 21/22.

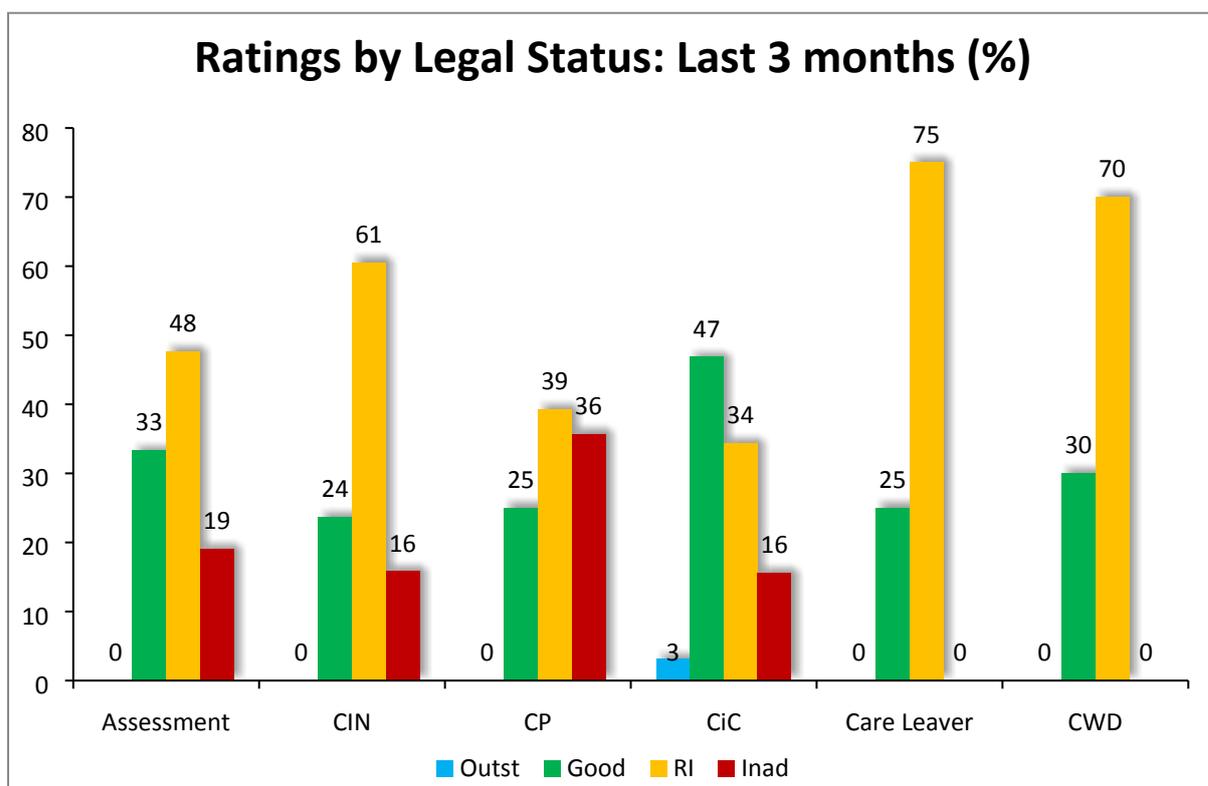
The proportion of inadequate practice has reduced in November (from 24% to 16%). Whilst this improvement is encouraging, it is recognised that quarterly measures are often a more reliable indicator of practice trends. The quarterly profile, highlighted in **Figure 2**, reflects a relatively stable level of inadequate practice, around 10%, between Q4 20/21 and Q2 21/22. So far in Q3 21/22, however, there is a marked increase in this level of inadequate practice (20%), which is above both our previous target (12%) and our new short-term target (9%).

The QA team reviews audits to attend to practice at the lower end of the RI rating and this provides an important indicator of trajectory and a focus for targeted improvement activity. In the past 6 months the increase in lower RI has preceded an increase in inadequate practice. In November, the proportion of this lower RI practice has increased and, when combined with practice rated as inadequate, suggests that levels of weaker practice have not reduced.

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 Status	Sept 2021				Oct 2021				Nov 2021				Totals			
	O	G	RI	In	O	G	RI	In	O	G	RI	In	O	G	RI	In
Assessment	0	4	4	1	0	1	0	3	0	2	6	0	0	7	10	4
CIN	0	4	7	1	0	2	10	5	0	3	6	0	0	9	23	6
CP	0	2	2	2	0	1	6	3	0	4	3	5	0	7	11	10
CiC	1	5	2	2	0	6	6	1	0	4	3	2	1	15	11	5
Care Leaver	0	0	4	0	0	1	3	0	0	2	2	0	0	3	9	0
CWD	0	1	4	0	0	2	1	0	0	0	2	0	0	3	7	0

The profile in **Figure 3** reflects, for children subject to assessment, practice rated as good or better has remained broadly static (from 32% to 33%) having reduced from 59% in the last 4 months. For November, this remains below both our new AIP target (50%), and the previous AIP target (40%). Practice rated as inadequate has reduced (from 27% to 19%) but remains above our new target (9%) and the previous target (12%). Practice at the lower end of the

RI judgment has increased. When combined with the reduction of inadequate practice, weaker practice has remained relatively stable.

For children in need of help, practice rated as good or better has remained broadly static (from 23% to 24%) having reduced from 51% in the last 4 months. For November, this remains below our new target (50%), and the previous target (40%). Practice rated inadequate has increased for the 2nd consecutive month (from 14% to 16%) and so remains above both the revised and previous AIP targets. Practice at the lower end of the RI judgment has remained broadly static.

For children in need of protection, the quality of practice continues to be of concern. Practice rated as good or better for children in need of protection has reduced for the 3rd consecutive month (from 32% to 25%), which is well below our revised target (50%) and our previous target (40%). Practice rated as inadequate has increased for the 4th consecutive month (from 24% to 36%), which is well above both the revised and old AIP targets (9% and 12% respectively). The level of practice at the lower end of the RI judgment has reduced slightly. Given the inherent vulnerability for this group of children, this weaker practice requires focussed attention.

For children with disabilities, no practice has been identified as inadequate in the last 7 months. Practice rated as good or better has increased for the 2nd consecutive month (from 27% to 30%), although this remains below our revised target (50%), and our previous target (40%). The level of practice in this service area at the lower end of the RI judgement has increased for the 2nd consecutive month.

For our Children in Care, previous practice improvements have not been sustained. Practice rated good or better has reduced (from 56% to 50%), but this continues to meet our new short-term target (50%). Practice rated inadequate has increased (from 12% to 16%). This level continues to exceed both our new short-term target (9%) and our previous target (12%). The level of practice at the lower end of the RI judgment has also increased.

For our Care Leavers, practice rated as good or better has increased (from 9% to 25%), having steadily reduced over the last 6 months. Further improvement is needed, however, to meet our new AIP target (50%), and the previous target (40%). It has remained the case for the last 5 months that no inadequate practice has been identified through audit. The level of practice at the lower end of the RI judgment has also reduced.

It is good to see the reversal in inadequate practice in the service for those leaving care but the rate of good practice (which 6 months ago was at 50%) needs to improve.

3.3 Audit Ratings by team

Nineteen 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 remained fairly stable, with 15 (79%) of these teams remaining on this list throughout this period (those highlighted in yellow in the table above). These 15 teams have therefore sustained good quality practice and form the core of those teams where good practice is consistently delivered. These teams should be commended for their progress; and learning about their success factors should be shared more widely.

Three teams have been identified as having had three or more audits rating practice as inadequate in the last six months. Where 6 months ago, this list had successfully reduced to one team, over the last 3 months this has begun to increase. Compared with the 5 teams on this list 12 months ago this remains an improved picture.

3.4 Audit Ratings by Area of Practice

As per **Figures 6** and **7** in this section:

- a) Levels of practice rated good or better have increased in Assessment, Planning, Relational Interventions & Review, and Oversight; with the greatest increase being seen in Planning (from 38% to 47%). All areas of practice have broadly met the previous short-term target (40%), but further improvement is needed for any of these to meet our new target (50%).
- b) Levels of inadequate practice have remained broadly static in all areas, with the exception of Risk Assessment and Response, where a 4% increase was seen (from 12% to 16%). For Assessments, Permanence and Relational Intervention & Review, these levels are meeting our new target (9%)
- c) 9% of Oversight was rated as Inadequate, which reflects a reduction on the 11% of Oversight rated inadequate in the previous 3 months. 16% of audits, however, have identified inadequate practice overall and, further review by the QA team of these audits, reflects a lack of evidence of management grip in addressing the practice concerns, which suggests that levels of inadequate oversight are likely to lie closer to 16%.

Figure 6

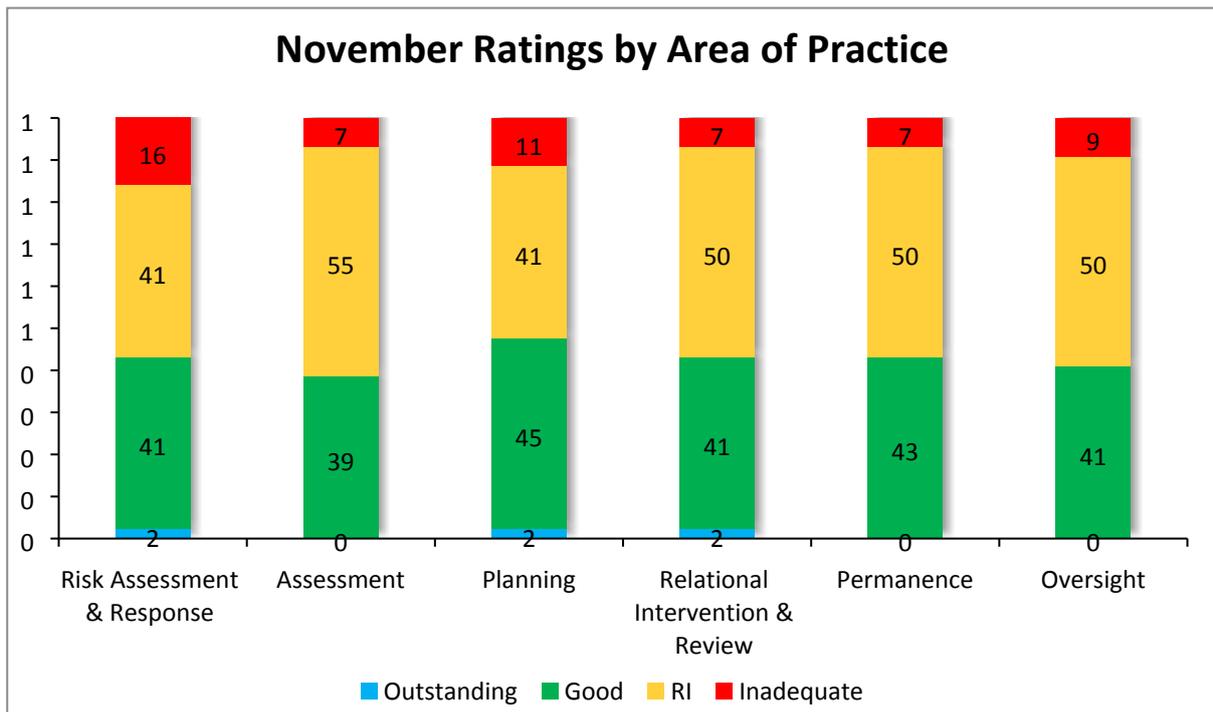
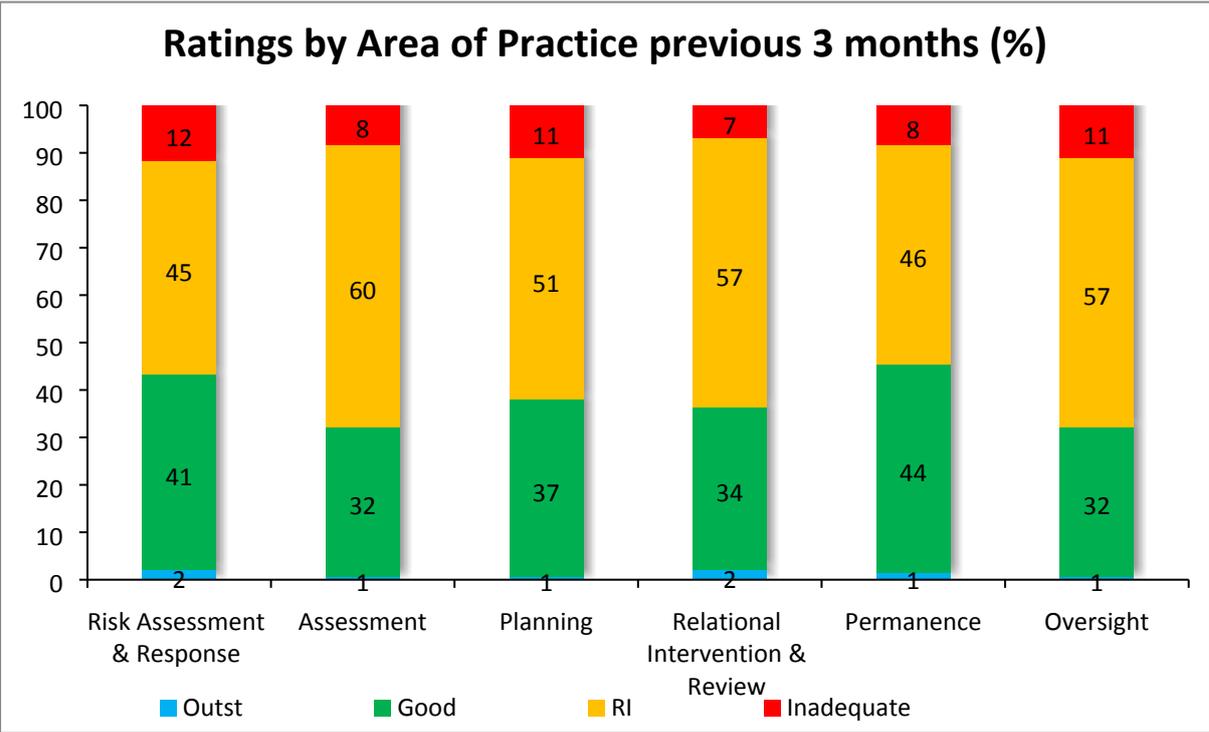


Figure 7



That the above figures do not track the overall rates of good, requires improvement and inadequate suggests some degree of over-optimistic audit rating in the individual audit sections. This view is reinforced in relation to the findings from the case file screening exercise and the evaluation of audit quality (see sections 3.8 and 4.1.1 below).

3.5 Findings from children, young people and families’ feedback in audit

In November, 39% of children and young people (aged 4+) and 63% of parents or carers were spoken to as part of the audit. 71% of children and young people rated their service positively, 7% rated their service negatively and 21% gave a mixed response of some positive and some areas of improvement. 33% of parents/carers rated the service positively, 4% rated their service negatively and 63% gave a mixed response of positive and some areas of improvement.

Within this feedback, positives included:

- a) Young people in our care having the opportunity to explore their story with their social worker to help make sense of important decisions that have been made in their lives and relationships within their family.
- b) For parents, whose children are in our care, having regular updates about how their children are doing and being able to get in touch with their child’s social worker and have a prompt response from them.
- c) Feeling listened to and being involved in decision made in their lives.

Areas for improvement included:

- a) Not having a stable, consistent social worker families can build a relationship with. For a 3rd consecutive month, a number of children, young people, parents and carers noted a high number of changes in social worker recently and that this had been difficult for them.

- b) Children and young people being asked where they would like their social worker to visit them and to have a say in the things that are important to talk about.

3.6 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.

Ordinarily, 10 audits are reviewed each month. This month 7 were reviewed due to one of the Ambassadors being unwell. The key findings were:

- a) In recent months there has been a notable reduction in examples of good relational practice and Language that Cares.
- b) There were 3 (43%) case summaries with a good focus on, and representation of, the child with accessible language.
- c) Two (29%) 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.
- d) Two (29%) offered information about the child, their likes, dislikes, interests and achievements.
- e) Two (29%) used appropriate language and the decision-making could be followed. Three (43%) indicated an appropriate working relationship.
- f) None of the work audited incorporated Language that Cares and used language that avoided jargon and acronyms.

Some of the comments from the Ambassadors in recent months about practice strengths include:

- *"I love this! Case summary is clear and includes information relevant to her regarding why Social Care is working with her. An improvement could be changing to first person."*
- *"The case summary describes the child clearly and includes his ethnicity and religion. It speaks about his likes and dislikes and says what he aspires to be when he is older. It goes on to clearly explain what has happened, but this does not always focus on one child."*
- *"There is evidence that the views of the child are in the plans and in the meetings. It explains throughout the audit that everything that is planned is in the young person's best interests."*
- *"He loves TV, playing with cars and his yo-yo. Enjoys going to drama and dance after school. He would like to be a Police Officer. Stated that he enjoys school and is a very popular child..."*

- *“The young person has experienced a stable relationship with the same social worker for almost a year. There is evidence of regular statutory visits. The young person’s voice is heard and any necessary actions from the visit are clear. The young person has been ‘open and chatty’ demonstrating trust in social worker.”*

These strengths show the good practice potential within the service. As indicated by the Ambassadors’ review, more is needed to increase the frequency of this good work so that it is regular.

Following from work undertaken between the Ambassadors and the QA team, Ambassadors are developing different ways of celebrating practice and sharing the learning from audit with the respective workers, managers, auditors and moderators following their review of the audit. This includes 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 if needed.

3.7 Children of Concern

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

- a) What we are doing to ensure the child / young person is safe?
- b) Assurance that our service offer is appropriate to their needs;
- c) Outlining the next steps to providing a good service to this child/young person.

In November, 7 Child of Concern Notifications were generated. At the time of writing this report, they are all subject to improvement activity under the leadership of the Director of Safeguarding.

Including Children of Concern from previous months, there are currently 42 children or young people being tracked by the QA team until the areas of concern are resolved. One of these is dated back to June 2020. The number of Children of Concern has also been steadily growing (33 in October, 26 in September, 27 in August, 25 in July, 23 in June). This number indicates the rising number of audits rating practice as inadequate alongside it taking longer to confirm the identified concerns have been resolved.

These children continue to be reviewed each month by the interim Director of Safeguarding and Care and are not removed from the tracker until she is satisfied that the quality of practice is at a sufficient level. The rigour and scrutiny afforded to practice rated as inadequate is welcome and in the interests of children and young people.

3.8 Learning from case file screening

In recognition that children and young people’s records were not always fit for purpose and reflecting the quality of work done, a considerable investment was made to screen records at scale across the service. These were not audits, but assurance tests using a quick and simple screening tool which RAG-rated work rather than using the Ofsted grade descriptors.

In total, the records of 2525 children were screened, by locality/service. The outline findings of this were that 25% were rated as Green, 57% as Amber, and 18% as Red. Within these figures there were certain localities where there were concentrations of weaker practice.

While the Ofsted grade descriptors were not applied in this work, there is a high correlation between the rates of work rated as red, amber and green, and our QA findings in relation to Inadequate, RI and Good.

Practice strengths (Green) and areas for improvement (Red) related largely to the same phenomena, and again, align closely with the wider QA findings reported on in this and previous reports; these being:

- a) Management oversight, challenge and direction.
- b) Work reflecting the Essentials 2.0 principles and Practice Fundamentals.
- c) Assessments addressing risk adequately, and young people at risk of extra-familial harms being well understood and responded to.
- d) Children within family groups being responded to as unique individuals.
- e) Identity being well considered (including Equalities, Diversity and Inclusion).
- f) Timely recording of purposeful visiting.
- g) Holistic assessment, rather than preoccupation with prominent parental behaviours of concern.
- h) Coherence between assessments, plans, direct work, review and management oversight.
- i) Reviews attending to progress, analysis of this, and adapting as needed.
- j) Focused interventions, progress being tracked and reviewed, and use of escalation to prevent drift.

Overall, while there is good work (and some outstanding work) the quality of practice remains too variable; nevertheless, within the work rated as Red there were few high-level concerns of unmissed and immediate risk.

This has been an intensive intervention offering opportunities to improve recorded practice and attend to identified strengths and areas for improvement. The Senior Leadership Team should reasonably expect the impact of this exercise to offer quality improvements which should be evident in future QA reports. There are parallels between the closure of actions from case file screening and the closure of actions from audit (including the resolutions of child of concern notices as described in point 3.7 above). As impact from audit is an acknowledged area for improvement for the service, so the follow up on actions from the case file screening should remain a point of emphasis for the service.

3.9 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 month, of the 9 completed audits, 2 (22%) rated practice as good, 6 (67%) rated practice as requires improvement, and 1 (11%) rated practice as inadequate. The findings within these audits were:

- a) Timely uploading of important documents (e.g., DBS checks, supervision agreements, Personal Development Plans, Delegation of Authority) to records remains an ongoing feature for improvement.

- b) Previous audit reports have shown the high value and appreciation placed on foster carer training; however, recent returns have indicated that approximately a third of audits have highlighted the need for carers' attendance at training to improve.
- c) Most foster carer respondents state that the support and supervision they receive from their allocated Supervising Social Worker is excellent. The support group offer and support from fostering Champions remain valued by carers.
- d) Despite an audit rating practice as inadequate, no particular safeguarding concerns have been highlighted in recent months which continues a trend of audits illustrating that safeguarding concerns are not regular.
- e) Concerns have consistently been raised by foster carers about the numbers of Social Worker changes for children and young people, difficulty contacting children's Social Workers, and infrequent visiting. This month, a high number of carers (57%) noted that social workers were not including them in key decision-making nor valuing their views.

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

Of the 6 audits completed in Early Help, 3 (50%) were rated as good, and 3 (50%) were rated as requires improvement.

These audits identified that improvement is needed in taking forward themes that emerged in supervision for reflection in subsequent supervision. Improvement is further needed in delivering timely assessments and plans.

Strengths were identified in relational practice (including effective development of 'safe' space), safety planning, and the quality of assessments.

Practice development remains a standing item in management meetings, and this learning is in turn cascaded through team meetings.

Of the 5 audits completed in Youth Support, 1 (20%) rated practice as outstanding and 4 (80%) rated practice as good.

A consistent feature of this was the strength in engaging young people that had seemed difficult to engage. This impacted on the quality of work within the YST, and opened channels for other professionals (e.g., social workers) to also engage as needed. Further strengths included: some good examples of reflective discussions in supervisions leading to good management oversight; excellent multi-disciplinary working within the YST; and continuing improvement in relation to identity.

Areas for improvement included: consistent reviewing of plans, and consistently good partnership working.

Youth Support continues to invest in improving its approach to QA, and applying the learning from this through team meetings, leadership meetings and practice forums.

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. '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 and validity of audit activity requires ongoing monitoring. 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 developmental feedback and greater opportunity for discussions that incorporate different perspectives. After 6 months together in pairs we have recently changed the pairings. This is to allow for auditors and moderators to benefit from different perspectives in their approach to QA and avoid groupthink.

With this in mind, **Table 5** (below) indicates the ‘moderator effect’ on the ratings of audit. In pursuit of congruence in our evaluation of 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. For this reason, the Academy is tracking those auditors most likely to require support and is working with Heads of Service to support development in this respect.

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

In November, there was a decrease in the downgrading of audits (from 25% to 20%), but for inadequate practice 71% was identified through moderation, which is an increase on the 58% in October. This continues to be a greater than expected moderator effect and too many audits remain reliant upon moderation for inadequate practice to be identified.

Table 5

	Percentage upgraded by moderators	Percentage downgraded by moderators	Percentage Inadequate downgraded by moderator
June 21	0	14	50
July 21	2	20	50
August 21	0	12	75
September 21	0	20	67
October 21	2	25	58
November 21	0	20	71

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 indicative of a healthy, maturing 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. Fundamentally though, the audit offers an opportunity to improve the quality of our service to the child, so whatever dialogue occurs it should promote this outcome.

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 November found the following themes that coincide with previous findings:

- a) There were examples where the auditor and moderator combined well to effectively evaluate the quality of practice for the child/young person.
- b) The understanding of impact in practice, and through audit, is variable and needs improvement to be consistently good. This has been a long-standing issue and can compromise the evaluation and rating of practice. Aligned with this are weaknesses for some auditors in their conceptual understanding (particularly of risk and need).

Auditors need to improve their identification of individual elements of concern and what these mean together and alone.

- c) Completing audits with children, young people and families remains an area for improvement.
- d) Through the window onto practice provided by audit, Steve also commented on the need for management oversight, supervision and grip to be improved. Furthermore, improved attention to the absence or presence of other adults in the home was a recurring theme within this audit sample. Development work is also needed to support staff to differentiate between safety and contingency planning.

The QA team will communicate this learning to moderators (most especially the point about impact), and moderators will work with auditors where the above issues are identified. Steve's feedback is also shared with auditors and moderators for the benefit of learning. The QA team will further work with the respective Heads of Service when enduring issues are identified. Additionally, these points need to be addressed within the forthcoming refresh of the QA framework.

4.1.2 Representation

A sufficient, regular and widespread volume of audit activity is required in order to provide the Authority with a good understanding of its quality of practice in support of the necessary oversight. Whilst a baseline for this is 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).

Having said this, we are deliberately seeking a diverse range of proportionate quality assurance activities so that we are not solely reliant on the findings from core audits to inform our self-evaluation.

In November, the number of completed audits fell just below the baseline target of 45 Audits. A combination of reduced audit completion and rising staff turnover means that 83% of practitioners have had their practice reviewed in the last 6 months.

By increasing the level of auditing, this also increases the potential for more children to benefit from targeted improvements following from an audit of the service to them. Furthermore, 86 audits per month would offer considerable representability in support of our regular self-evaluation.

In November, there was a pool of 99 staff trained in the audit methodology. 73 of these function as auditors, and 26 as moderators. Two moderators are currently involved in supporting new moderators, rather than providing moderation. Four moderators either moderate bi-monthly or at a reduced level each month, two moderators are currently exempt due to absence from work, and one moderator is currently involved in auditing. On this basis, there is current capacity to moderate 56 audits each month. In October one moderator was given a single month exemption by the Director of Children’s Safeguarding; one moderator was unavailable due to illness; and one moderator was unable to moderate due to the late submission of audits.

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 move also offers external objectivity, support and challenge which continue to be welcomed.

Of the 73 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 63 auditors available for monthly auditing. Of the 63 available trained auditors, 6 did not audit in October, due to being bi-monthly auditors, and 1 auditor chose to undertake an additional audit in October. This meant that 58 children were allocated for audit from across all teams in Children’s Social Care.

Following allocation of audit, a further 10 single month exemptions were given by the Director of Children’s Safeguarding and 4 audits were not submitted. This resulted in 44 audits being completed. Of these audits, 15 were submitted late (36%) which is an improvement on the 46% submitted late in October. Late submissions cause considerable disruption in moderator availability, responding to children, and reporting activity. Of the available auditors, in November, we had a completion rate of 77%, which is a reduction on the 85% in October and is below our 90% target. Exemptions from audit require authorisation from the respective director, and nil returns are expected to be followed up by Heads of Service.

All submitted audits in November met the standard for uploading, resulting in 44 completed audits. This means that 77% of the assigned audits contributed towards a representative profile. The 44 audits completed to expected standards is below both the ultimate target of 86 audits per month and the baseline of 45 audits.

Table 6

	Dec. 20	Jan. 21	Feb. 21	Mar. 21	Apr. 21	May. 21	June. 21	July. 21	Aug. 21	Sept. 21	Oct. 21	Nov. 21	Ave
Number audits completed	42	47	42	42	39	49	51	51	49	46	51	44	46

In the last 12 months we have completed on average 46 audits per month. As a proportion of the 4415 children open to Children’s Social Care in October 2021, this 12-month total (553) represents 13% of the service’s activity. Were we meeting our target of 86 audits per month (2 audits per team per month) this would offer representation of 23%.

Although an audit is allocated to every team, the single month exemptions, nil returns and audits not yet ready for submission means that 5 teams (12%) have not been audited in November. In the last three months, there were 2 teams where no audits have been completed, 1 team where one audit was completed and 7 teams where two 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 44 audits completed, 41 (93%) included the social worker and 44 (100%) included the manager. For children with an IRO or CP Chair, 20 (95%) of the audits included the views of their IRO or CP Chair, which is broadly the same as last month (96%). Where these views are not obtained, it 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 that they already have responsibility for. This is in keeping with the statutory monitoring expectation of these staff; and for these children, this will provide a greater opportunity for learning discussions to take place between the operational team and the reviewing service.

39% of children and young people (aged 4+) were spoken to as part of the audit, which is an increase on the 31% obtained in October. 62% of parents or carers were spoken to, which is similar to the 61% obtained in October. Considered together, there remain a number of audits where the voice of children, young people and families have not contributed as needed. 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.

Where views were not obtained, analysis of this feedback highlights that:

- a) 2 (6%) were a child with disabilities which meant they were not able to provide verbal feedback
- b) 7 (21%) were deemed inappropriate to gather views by the auditor. For a number of these, there was not consultation about this with the social worker (as expected).
- c) In 23 (70%) the child/young person or the parent/carer was unreachable, but for a number it was not evident that persistent attempts had been made, as expected
- d) For 1 (3%) the opportunity to gain feedback was declined by the 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 141 audits completed, of which 99 have contained Care Planning Actions. Of these Care Planning Actions:

- a) 12 (12%) have been transferred to the child's plan **on time**;
- b) 8 (8%) have been transferred to the child's plan **late**;
- c) 52 (53%) where the Team Manager has **yet to provide an update**;
- d) 27 (27%) have not yet been transferred to the child's plan. These relate to November audits and so it is likely that a review has not yet taken place.

In addition to this, there are 89 audits completed prior to September 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 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 296 non-care planning actions agreed from audit, of which:

- a) 76 (26%) have been completed **on time**;
- b) 10 (3%) have been completed **late**;
- c) 112 (38%) are **overdue**;
- d) 4 (1%) are **not yet due** to be completed
- e) 94 refer to the November audits (32%) where the Team Manager has yet to provide an update

In addition to this, there are 85 non-care planning actions, from audits prior to September 2021, which are overdue being completed or the team manager has not provided an update.

Compared with the October QAF report, the timeliness of audit action completion has not improved. There also continue 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 ongoing attention and for this reason a proposal for QA surgeries has now been agreed starting in November 2021.

While impact for individual children following audit requires improvement, 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, the leadership and management programme, the Practice fundamentals, and the Essentials 3.0 programme all came about as a direct result of audit findings.

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 and further inform understanding and planning.

There is now considerable alignment between performance and QA reporting and the response by leadership through ongoing development of the AIP which is the key mechanism for driving change.

5.0 Conclusions & Recommendations

It is encouraging that over a particularly demanding period, the previous AIP targets for the proportions of work rated as good and inadequate were consistently achieved. Considering that consistency, and acknowledging the targets relate to children, young people and families in receipt of a better service, it was timely and appropriate that these targets were stretched. That this stretching has coincided with rising pressures should neither detract from the accomplishments to date, nor the need to reach these new targets albeit there are notable challenges to contend with.

A number of practice areas are identified in this report as needing improvement (see section 2.1. a – k). As a result, the following recommendations attend largely to these areas, along with the need to demonstrate improved impact for individual children subject to audit:

- a) This report identifies that rising demand, alongside the turnover of social workers, represent a growing risk to the service's quality of practice. Leadership have already taken steps to enhance the recruitment and retention offer (e.g. the contribution of the Academy, MTFS planning, incentives to attract and retain, market competitiveness, etc.).

The recommendation from the previous report that proactive work be undertaken by the Children's Services Strategic Workforce Planning Group has been picked up by that

- group and is being held as a key priority in multiple leadership meetings (e.g. LTM, SLT, and EIG).
- b) The Children of Concern identified through previous audit activity require urgent resolution of the relevant practice issues.
 - c) Close attention to improvement planning for Child Protection practice is needed:
 - Embed and evidence the use of the Essentials 2.0 risk prompts within the Strategy Discussions.
 - Particular attention to safety planning for children subject to s47 enquiries.
 - Statutory partners to undertake joint s47 enquiries as required under Working Together (2018).
 - Priority training of social workers, managers, and CP chairs supporting children subject to CP plans in the Essentials 3.0 Ability to Change course. Those in the CfSSW Systemic Practice cohorts should benefit from the attention in this training on this area of practice.
 - Continued emphasis by CP chairs on their Quality Assurance Reviews, affirming good practice and escalating concerns about practice as these are identified.
 - CP chairs to attend closely to:
 - o Children subject to repeat interventions being accelerated into proportionate intervention where needed.
 - o The rationale for children remaining on or coming off CP plans is evident at every review with reference to the Essentials 2.0 risk principles.
 - o The child's lived experience is evident in their CP plans.
 - o Emotional harm not being confused with other categories of harm.
 - d) The Permanence project to schedule improvement activity identified in '2.j.' above, taking appropriate account of the evaluation of reunification activity outlined in this report.
 - e) Review of the Care Leaver improvement plan to drive rates of good practice to previous levels for this group.
 - f) Attention by Team Managers and Advanced Practitioners to quality improvement work in their teams to consistently meet the Practice Fundamentals benchmarks for C-SMART planning and direct work.
 - g) Embed the QA surgery proposal in all localities and review impact in 2 months' time within LTM.
 - h) GSCP task-finish group on exploitation to complete and submit strategy on Exploitation/risks outside of the home in accordance with the deadline. This to be aligned with the intra-departmental work on a new pathway, provision and practice for safeguarding young people.
 - i) Continuing emphasis through the Leadership Team Meeting on the implementation of the Social GRACES, Language that Cares, and Life Story work.
 - j) Incorporate into the forthcoming QA review a clear methodology for supporting practice leaders that need to improve their evaluations of practice. This will attend to the themes observed in this report of conceptualisation of available information, constructing impact statements, and reducing over-optimism. This refresh of the framework to also move away from auditors evaluating practice within their own remit.

- k) Conclusion of the actions from the case file screening to be consistently confirmed within the Strategic Performance Meeting.