

REPORT:	Children's Services Quality Assurance - Distribution copy	MONTH:	March 2022
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Quality Assurance: Performance Snapshot

RAG	Measure	Perf	Direction of Travel
Yellow	Number of audits completed to accepted standard and uploaded	44	Increased from 30 in Feb '22; just below baseline (45)
Red	Audit completion rate (Target 90%)	67%	Increased from 54% in Feb '22, back to levels seen in Dec and Nov '21; remains below 90% target.
Red	Percentage rated Good and Outstanding in current quarter (short-term target 50%)	37%	Increase on 31% in Q3 21/22 but reduced from 38% Q2 & 44% Q1; below 50% target.
Yellow	Percentage rated RI (in current quarter)	54%	Below target relative to proportions of Good & Inadequate.
Green	Percentage rated Inadequate in current quarter (short-term target 9%)	8%	Improvement on 20% in Q3 21/22, returning to previous levels; 10% in Q2 and 11% in Q1. Meets target (9%)
Red	Percentage of audit actions from previous month within timescale (target of 80%)	31%	Reduction on 37% in February '22 and 35% in December '21; below target (80%).
Red	Quality of assessment in current quarter (percentage of assessments evaluated as 'Good' or better)	38%	Improvement on 34% in Q3 21/22, returning to previous levels (40% Q2 and 43% Q1); below 50% target
Red	SMART planning current quarter (Percentage of plans evaluated as 'Good' or better)	31%	Similar to 32% in Q3 21/22, reduced from 42% in Q2 and 37% in Q1; below 50% target.
Red	Management oversight in current quarter (percentage of 'Good' or better oversight & supervision)	39%	Improvement on 32% in Q3 and 36% in Q2 21/22, but below 51% seen in Q1 and our 50% target
Yellow	Child/young person involvement (aged 4 yrs. +) in current quarter (target of 80%)	49%	Improvement on 34% and 35% in Q3 and Q2 respectively; remains below 80% target.
Yellow	Family involvement in current quarter (Target of 80%)	62%	Improved from 58% in Q3 21/22, returning towards 66% and 77% seen in Q2 and Q1; below 80% target
Green	Social Worker involvement in current quarter (target of 95%)	97%	Fluctuated between 95% and 97% over last 4 quarters: all within 95% target
Green	Team Manager involvement in current quarter (target of 95%)	96%	Similar to 97% in Q3; 95% in Q2; and 98% in Q1; all within 95% target
Green	IRO/CP Chair involvement in current quarter (target of 95%)	100%	Improved from 97% in Q3; 95% in Q2; and 98% in Q1; all within 95% target

Note:

The reporting window outlined in this report was notably impacted on by the Ofsted Inspection in February 2022. Due to the focus on the inspection by leaders of practice (those undertaking auditing and moderating) it was agreed that audit completion would be suspended for the end of January and through the period of inspection, leading to a limited return of 30 audits in February. Whilst 44 audits were completed in March, the overall number of audits in Q4 21/22, may make findings less representative than previous quarters. As such the current quarter findings need to be interpreted within caution.

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 department's improvement planning which is reported on elsewhere. 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 with significant concerns raised about the reliability and impact of quality assurance processes. Successive Ofsted visits to GCC marked an improving trajectory in the rigour, depth, breadth and reliability of the QA framework. The recent Ofsted ILACS remarked of our QA that:

"The local authority has strengthened its quality and performance management arrangements, providing senior leaders with a good understanding of the quality and impact of practice."

And:

"The auditing of practice takes place on a regular basis and is supported by an effective moderation process. Senior leaders have provided staff with a clear picture of what good practice looks like and of what is expected of them."

The above offers cause for ongoing optimism in our approach to QA, though there remain some areas for continued improvement. Following this inspection, the primary areas for continued improvement in our QA approach are closing the loop on actions identified through audits; following through learning from QA to drive improvements; and being even more ambitious for improvement with work rated as good.

A fundamental refresh of the QA framework, informed by the above areas for improvement and findings from the inspection, is now underway. This will support the refreshed improvement plan in seeking to move beyond requires improvement towards the delivery of consistently good practice.

2.0 Executive summary

In Gloucestershire, the leadership are aiming for excellence for children, young people, families, and communities. The first priority has been to minimise instances of inadequate practice, and secondly to increase the rate of practice rated as good or better. The improvement trajectory indicates that the first priority has been progressed well, though

exceptional contextual pressures in the previous quarter arrested this improvement. Early indications are that this improvement trajectory is being restored and now meeting target. Similarly, quarterly data points to improvements in practice rated as good though this has yet to meet target.

The potential for weak practice will remain even in the best organisations. The challenge for leadership is to respond to this with urgency, grip and an openness to further learning and improvement.

Importantly though, following sustained improvement the emphasis in GCC is now moving to securing consistently good services. Given the downturn in quality in quarter 3, and relative sample sizes in quarter 4, we are interpreting the current improvement with caution and want to see this sustained into the next quarter, to consider this as secure.

2.1 Quality of Practice

The quality of practice in the department had progressed considerably over the last 24 months. Examples of good (and sometimes outstanding) practice are more regular, however, more is needed for this standard of practice to be consistent.

In the quarter practice rated as good or outstanding has been 37% which is an increase on the 31% seen in Q3 21/22 but below our target of 50%. Practice rated as inadequate in the last quarter accounts for 8% of audits. This is an improvement on the 20% in Q3 21/22, returning to levels in previous quarters of 21/22; and now meets our target of 9%.

We continue to closely track the proportion of audited work at the lower end of RI. This has proved particularly insightful in relation to trend analysis and targeted improvement activity in areas of identified/growing vulnerability. In the past 6 months, an increase in lower RI has preceded an increase in inadequate practice. In the last 3 months, the proportion of work at the lower end of RI has been increasing, supporting the view that recent improvements in practice be interpreted with caution.

Consistently good practice is clustered in 5 teams; outside of which a picture of variability predominates.

Findings from 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 impacts on many of the below points. This also correlates with the findings of reducing timeliness in key performance indicators within our performance reporting.
- b) The department is evidently working hard to maximise relational practice and the benefits that follow. Changes in children's workers continue to impact on the development of trusted and effective working relationships, and the continuity of help, protection and care.

There is a correlation between effective interventions with families and the feedback of children and families of having a positive, helpful relationship with their worker. Feedback conversely indicates how hard it is for those children and families who have experienced multiple changes in worker.

- c) Improvements are evident in management oversight, 'footprint' and challenge of IROs and CP chairs. More is needed for this to meet the performance and quality expectations established by the department. More incisive, contemporaneous supervisory discussions are needed to better understand and respond to children's risks, needs and circumstances.

Ofsted positively connoted the role of IROs and CP chairs, but more remains needed from these officers to consistently drive practice improvements through their oversight and grip.

- d) The quality of assessments remains variable. The regular use of the Essentials 2.0 prompts and Practice Fundamentals contribute to practice improvements. Timely completion of assessments, and incisive analysis through good conceptualisation and triangulation of information are noted as areas for improvement.
- e) When risk of significant harm to children and young people is identified, threshold decision-making has yet to become consistent. Application of the Essentials 2.0 risk prompts, and timely progression of concerns is needed. Emphasis on quality outcomes from strategy discussions remains an area in focus. Ofsted helpfully differentiated children not open to the service as likely to receiving a better quality response through strategy discussions than those already open to a social worker.
- f) There is relevant strategic emphasis on exploitation and children missing from home and care. Direct practice with vulnerable and at-risk young people 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, peer-on-peer abuse, 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 are positive steps in this area.

- g) The links between assessment and planning need to be improved, alongside plans being reliably C-SMART. Focus is needed to ensure that timescales for action completion/review are included in plans. Some assessments and plans remain too process (rather than outcome) focused.

The Essentials 2.0 Risk review principles are being used more regularly to analyse progression of planning. Where these are used, analysis is impact focussed and supports timely, effective decision making. Overall though, regular review of plans is needed to prevent drift and to update and adapt interventions as needed. This further needs to be used well to establish the capacity to change of those being worked with to inform timely and proportionate intervention.

- h) Practitioners are often able to talk to the purpose of their visits, but this is not always evident in recordings. Additionally, most children/young people had a safety plan but this either needed greater realism in reducing risk of harm or amending when not reducing the risk of harm. Consistent use of safety planning during s47 enquiries also requires improvement.

Some audits have 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.

- i) Drift and delay for children and young people remain observable, particularly because 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 progress.
- j) Work remains needed to better apply diversity, equality, inclusion and anti-oppressive perspectives to practice. The introduction of the Social GRACES is promising but the impact is yet to be evidenced. Improvement in this area would undoubtedly support improved assessments of identity for children and young people. The refresh of the Practice Fundamentals to reflect EDI more prominently is a good step.
- k) The offer of Permanence (not only for Children in Care) can improve. For children remaining in the care of their family, permanence planning would benefit from improved

analysis of the capacity to make and sustain change. A lack of evidence-based analysis in this area is a common feature in children requiring repeat social work interventions and unplanned entries into care. These children would also benefit from wider family/friends support being explored at earlier stages, both in supporting the child to safely and sustainably remain in their current care arrangement and also to confirm suitable alternative carers within the family, should this be required. A number of children moving into kinship care arrangements are doing so with temporary agreement whilst further assessment is completed.

Permanence planning is not regularly embedded by the second statutory review. Furthermore, a sufficiency of suitable homes to live in for children in our care and those leaving our care remains a key challenge for the service. Some children in stable long-term placements wait too long to be matched.

Efforts to improve the quality-of-life story work for children in care have borne fruit but not for all children and young people, and more improvement is needed. Ofsted again helpfully differentiated between better quality life-story work with younger children in care than for those in care for many years. Furthermore, the quality of later-life letters does not provide a sensitive, accessible and meaningful account for these children.

The quality of work to support the reunification of children and young people with their families is improving but more remains needed to fully assess the situation (including the use of the NSPCC risk tool). When children are being considered by the court, the quality of reunification work is generally better. Plans to support children at home need to use language and outcomes specific to the child/young person. Recording of relevant documentation (e.g., parenting assessments or legal meetings) is too often missing making it difficult to follow decision making.

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

For children subject to assessment, practice rated as good or better has increased (from 35% to 43%), returning to levels seen in Q1 and Q2 20-21, but it remains below our target (50%). Practice rated as inadequate has reduced (from 24% to 14%) but remains above our new target (9%). Practice at the lower end of the RI judgment is increasing for the 2nd consecutive quarter.

For children in need of help, practice rated as good or better has increased (from 23% to 41%), having been reducing over the previous two quarters, but remains below our target (50%). There was no inadequate practice identified for these children in Q4 21-22, reducing from 17% in the previous quarter. Practice at the lower end of the RI judgment, however, has increased meaning there has been little change in overall levels of weaker practice.

For children in need of protection, the effectiveness of practice is improving somewhat. Practice rated as good or better has increased slightly (from 17% to 23%) but remains well below both our new target (50%). Practice rated as inadequate has reduced (from 37% to 18%) but remains above our target (9%). The level of practice at the lower end of the RI judgement has remained relatively stable, meaning an overall reduction in weaker practice. Whilst these improvements are encouraging, the inherent vulnerability of this group of children and the notable rise in numbers of children on CP plans, means that this weaker practice requires continued attention.

For children with disabilities, no practice has been identified through audit as inadequate over the last 3 quarters. Practice rated as good or better has increased (from 33% to 60%), which exceeds our target (50%). The level of practice, in this service area, at the lower end of the RI judgement has also reduced. Overall, the service is much improved from its position at the beginning of 2021.

The experiences and progress of children in care and care leavers

For our children in care, practice rated as good or better has reduced for the 2nd consecutive quarter (from 46% to 43%); thereby falling below our target (50%). Practice rated as inadequate has also reduced though (from 14% to 7%), having been increasing over the previous two quarters. This now meets our new target (9%). Practice at the lower end of the RI judgment has reduced.

For our Care Leavers, practice rated as good or better remains stable at 50% which is a substantial improvement on the 9% seen in Q2 21/22. This maintains our new target (50%). No inadequate practice has been identified for our Care Leavers in Q4 21/22, reducing from 8% in Q3 21/22. The level of practice at the lower end of the RI judgement has also reduced. While these ratings are positive, too many care leavers do not have a Personal Advisor (PA) allocated in a timely way. Some pathway plans need to be updated when the young person's circumstances change.

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. These occupy positions of prominence in strategic reporting and planning forums and contribute to coherent improvement activity.

Organisational leadership has mobilised to respond to the identified contextual pressures and the downturn in the quality of practice in quarter 3. Leaders remain committed to providing good and outstanding services and our recent Ofsted judgement reflects this.

Key pressure points for the service remain as have been highlighted in previous QA reports, including:

- a) Retention of staff, particularly experienced, high performing workers and managers.
- b) The need for a stable and reliable ICT environment to operate in from offices and remotely.
- c) High and rising numbers of children and young people needing support from the service.
- d) The availability of suitable homes and families for children and young people to be matched to.

Attention to the above will be needed in the post-Ofsted planning to ensure that progress is sustained, and relapse avoided.

The quality of supervision and oversight (by managers, IROs and CP chairs) is improved, but is not yet consistently good and so more remains needed in this respect. As can be seen in section 3.3 below, most social work teams exhibit inconsistencies in the quality of their work. Considerable focus is needed to support the managers of these teams to deliver more reliably good services.

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.

As has been noted for some time, 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 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 highlighted in this and previous reports, the objectivity of audit can potentially be compromised by the practice of auditors auditing their own work. Auditors have reported that they value auditing work in their areas of responsibility, but the anticipated ownership of consequent actions, learning and improvement has yet to follow, as highlighted by the regulator. This understanding is informing a current refresh of our Quality Assurance Framework.

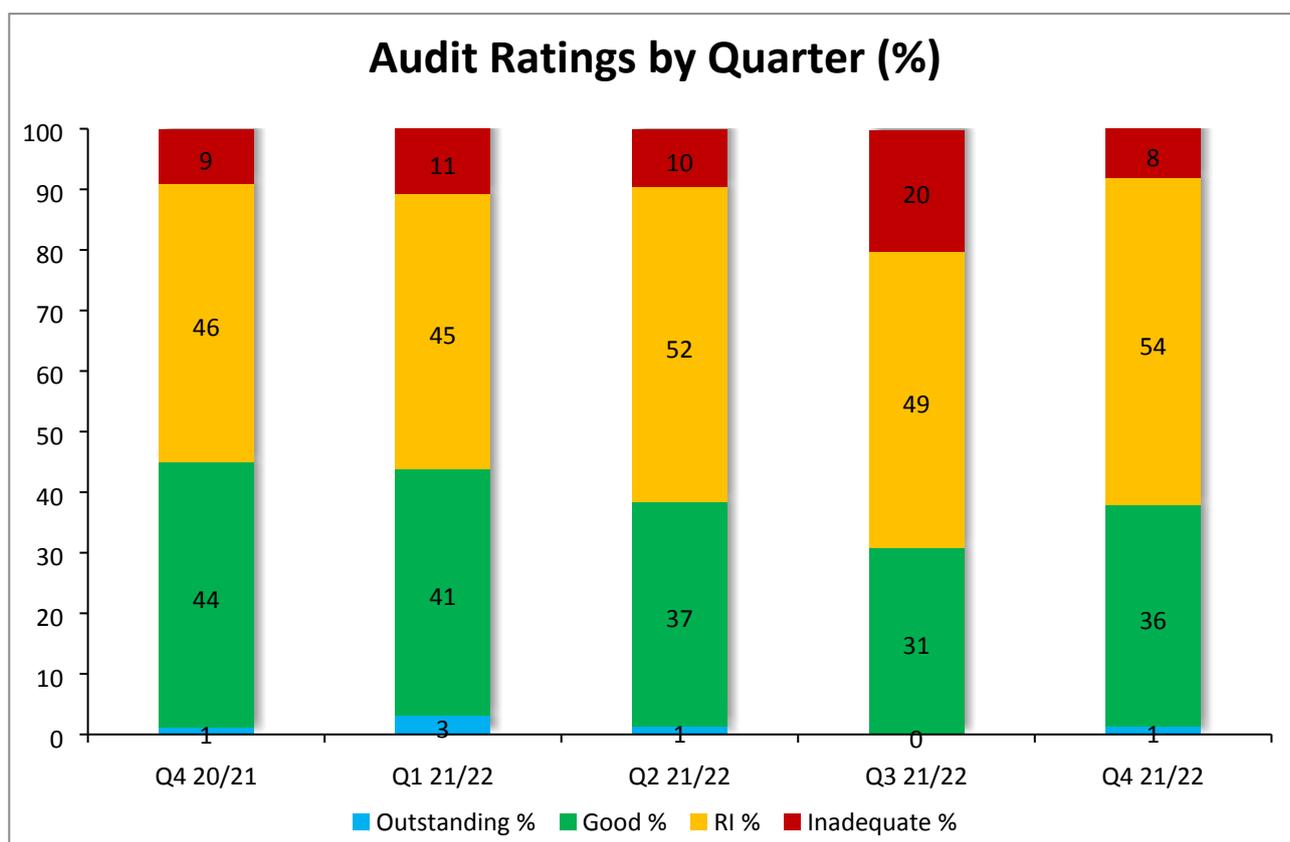
3.0 How are we doing?

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, by quarter over the last 15 months

Figure 1



As can be seen in **Figure 1**, levels of practice rated good or better have been steadily reducing over the last 12 months, from 45% in Q4 20/21 to 31% in Q3 21/22. The increase seen in Q4 21/22 (up to 36%) should be noted with some cautious optimism, as the reduced number of audits undertaken affects representability. Further improvement is needed to achieve our new target of 50% practice being rated good or better.

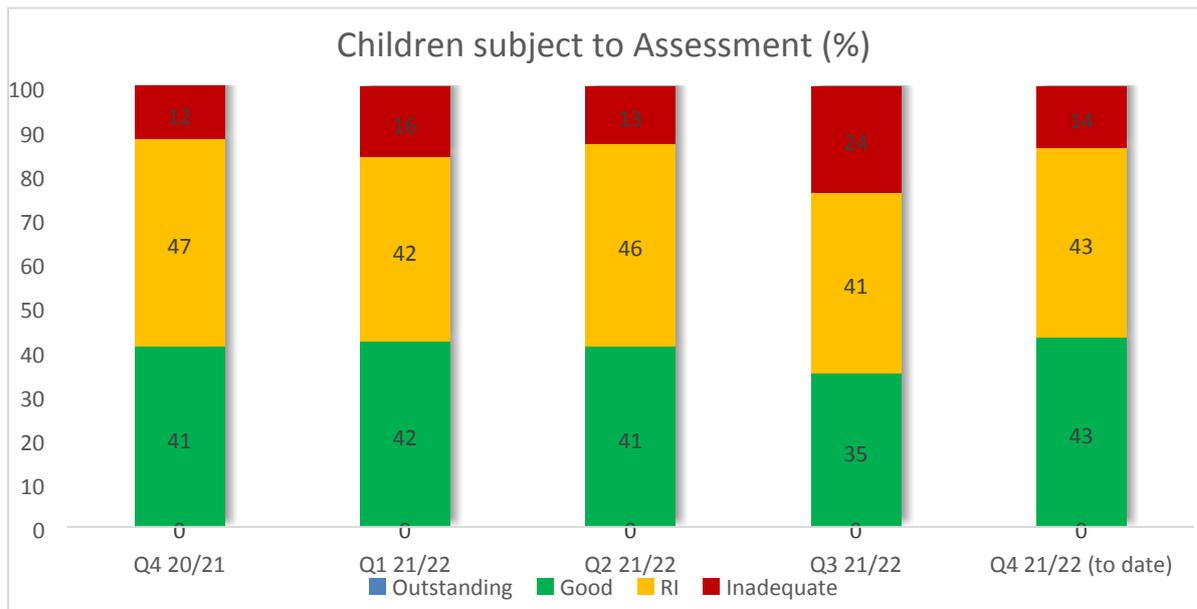
The stabilising of inadequate practice around 10% from Q4 20/21 to Q2 21/22 was not sustained in Q3 21/22, doubling to 20%. The return of this measure to 8% in Q4 21/22 is cause for cautious optimism.

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 an increase in lower RI has preceded an increase in inadequate practice. In the last 3 auditing months, the proportion of this lower RI practice has been increasing.

3.2 Audit Ratings by legal status

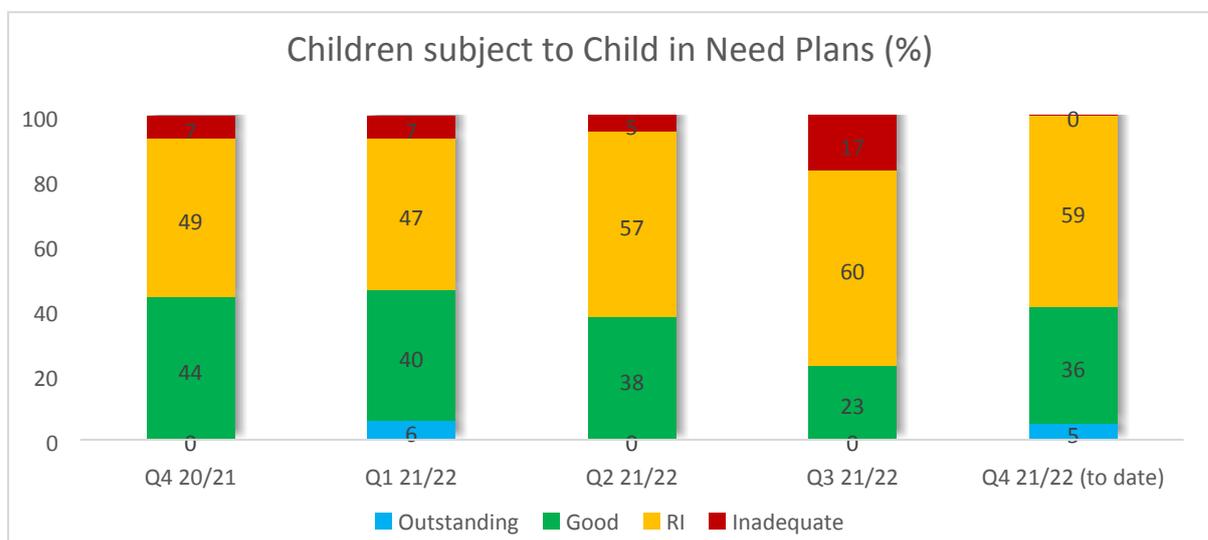
Patterns of audit ratings by child’s legal status are reflected below in **Figures 2 - 7**, comparing audit ratings for each legal status, by quarter, over the last 15 months.

Figure 2



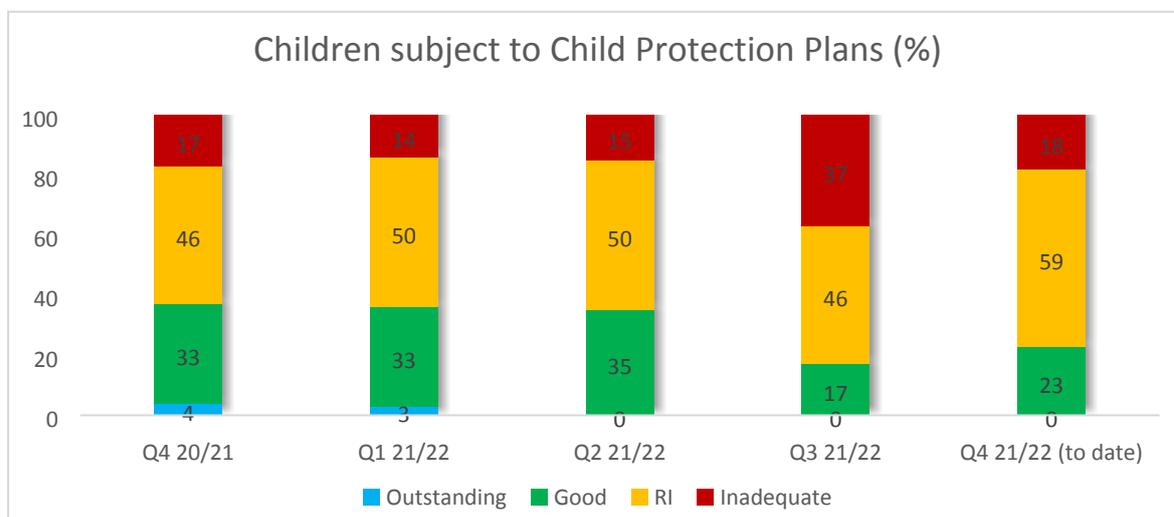
The profile in **Figure 2** reflects, for children subject to assessment, practice rated as good or better has increased (from 35% to 43%), returning to levels seen in Q1 and Q2 20-21, but it remains below our target (50%). Practice rated as inadequate has reduced (from 24% to 14%) but remains above our new target (9%). Practice at the lower end of the RI judgment is increasing for the 2nd consecutive quarter.

Figure 3



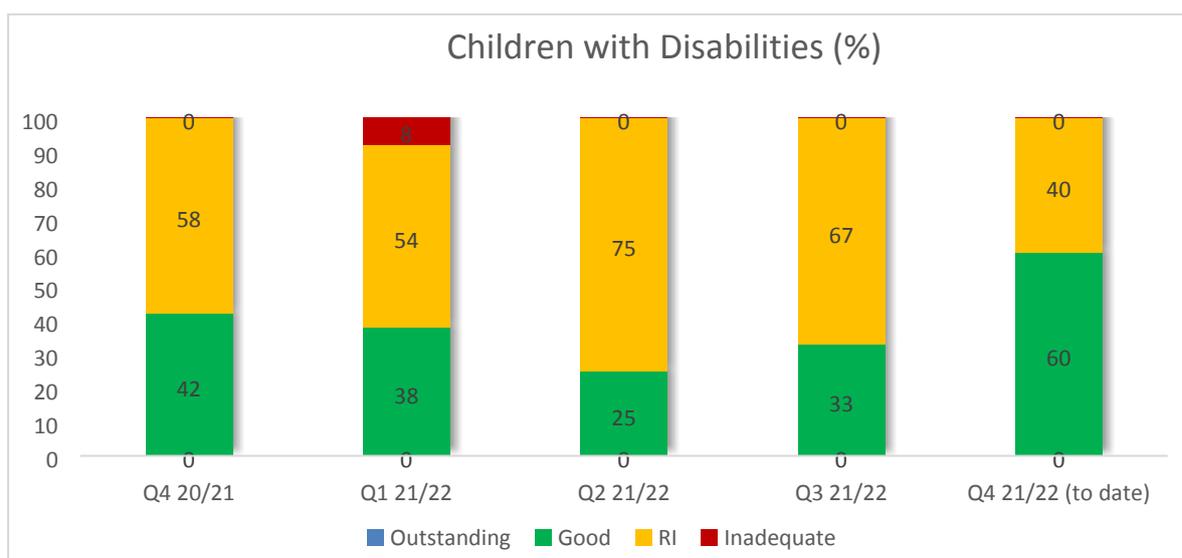
The profile in **Figure 3** reflects, for children in need of help, practice rated as good or better has increased (from 23% to 41%), having been reducing over the previous two quarters, but remains below our target (50%). There was no inadequate practice identified for these children in Q4 21-22, reducing from 17% in the previous quarter. Practice at the lower end of the RI judgment, however, has increased meaning there has been little change in overall levels of weaker practice.

Figure 4



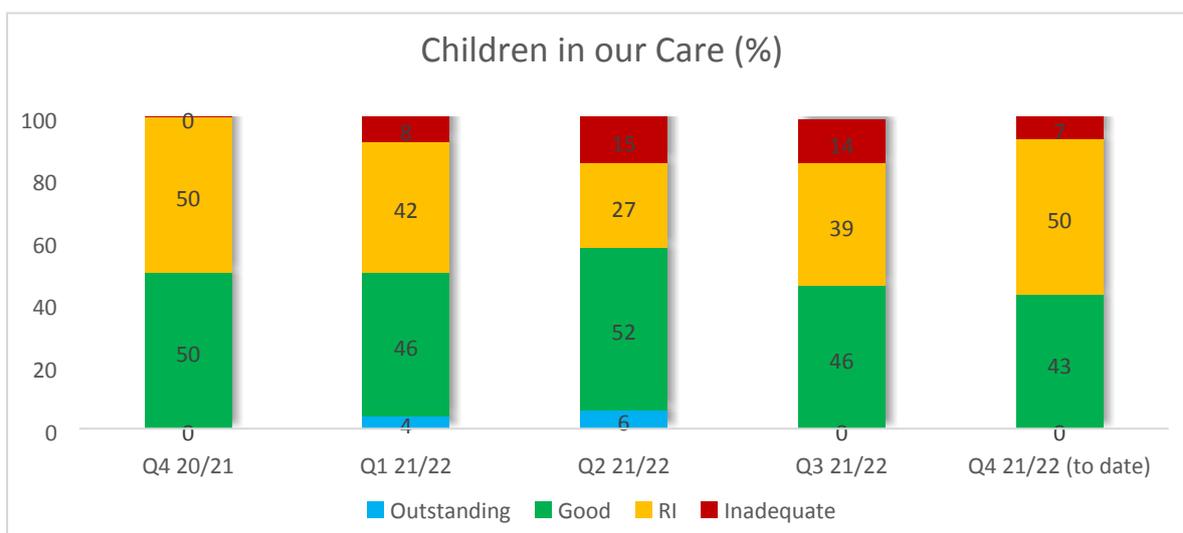
The profile in **Figure 4** reflects, for children in need of protection, the effectiveness of practice is improving somewhat. Practice rated as good or better has increased slightly (from 17% to 23%) but remains well below both our new target (50%). Practice rated as inadequate has reduced (from 37% to 18%) but remains above our target (9%). The level of practice at the lower end of the RI judgement has remained relatively stable, meaning an overall reduction in weaker practice. Whilst these improvements are encouraging, the inherent vulnerability of this group of children and the notable rise in numbers of children on CP plans, means that this weaker practice requires continued attention.

Figure 5



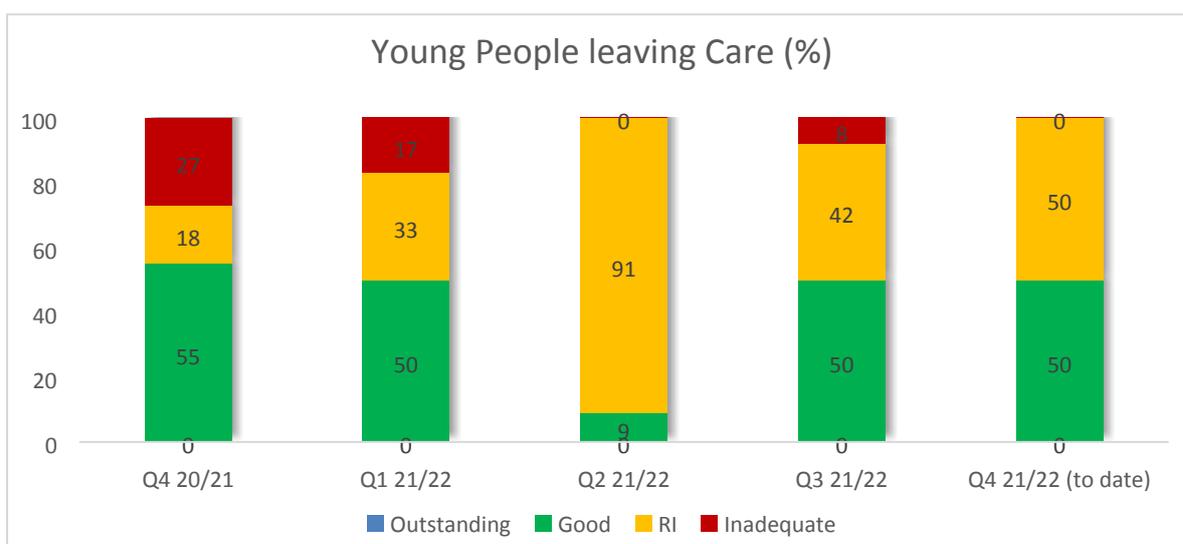
The profile in **Figure 5** reflects, for children with disabilities, no practice has been identified through audit as inadequate over the last 3 quarters. Practice rated as good or better has increased (from 33% to 60%), which exceeds our target (50%). The level of practice, in this service area, at the lower end of the RI judgement has also reduced. Overall, the service is much improved from its position at the beginning of 2021.

Figure 6



The profile in **Figure 6** reflects, for our children in care, practice rated as good or better has reduced for the 2nd consecutive quarter (from 46% to 43%); thereby falling below our target (50%). Practice rated as inadequate has also reduced though (from 14% to 7%), having been increasing over the previous two quarters. This now meets our new target (9%). Practice at the lower end of the RI judgment has reduced.

Figure 7



The profile in **Figure 7** reflects, for our Care Leavers, practice rated as good or better remains stable at 50% which is a substantial improvement on the 9% seen in Q2 21/22. This maintains our new target (50%). No inadequate practice has been identified for our Care Leavers in Q4 21/22, reducing from 8% in Q3 21/22. The level of practice at the lower end of the RI judgement has also reduced.

3.3 Audit Ratings by team

Six teams (14% of all teams in scope) have met or exceeded the targets for Good (50%) and Inadequate (9%) practice in the last 6 months. A further 6 teams (14%) are showing variance in practice in the last 6 months. Whilst meeting the old or new targets (40% and 50% respectively) for practice rated as Good, there are also indications of weaker practice not

meeting target. Four teams (10%) have no practice rated as inadequate but they have not met the old or new targets for (40% and 50% respectively) for practice rated as Good.

Apart from those teams noted above, the remaining 26 teams (62%) have, in the last 6 months, had 40% or more of their audited practice evaluated as weaker (combined Inadequate and low RI).

32 teams (74% of all teams in scope) are displaying a rating of 40% or more of practice rated as 'weaker'; these would benefit from further enquiries by operational leads.

3.4 Audit Ratings by Area of Practice

Patterns of audit ratings by area of practice over the last 15 months are reflected below in Figures 9-14, .

Figure 9

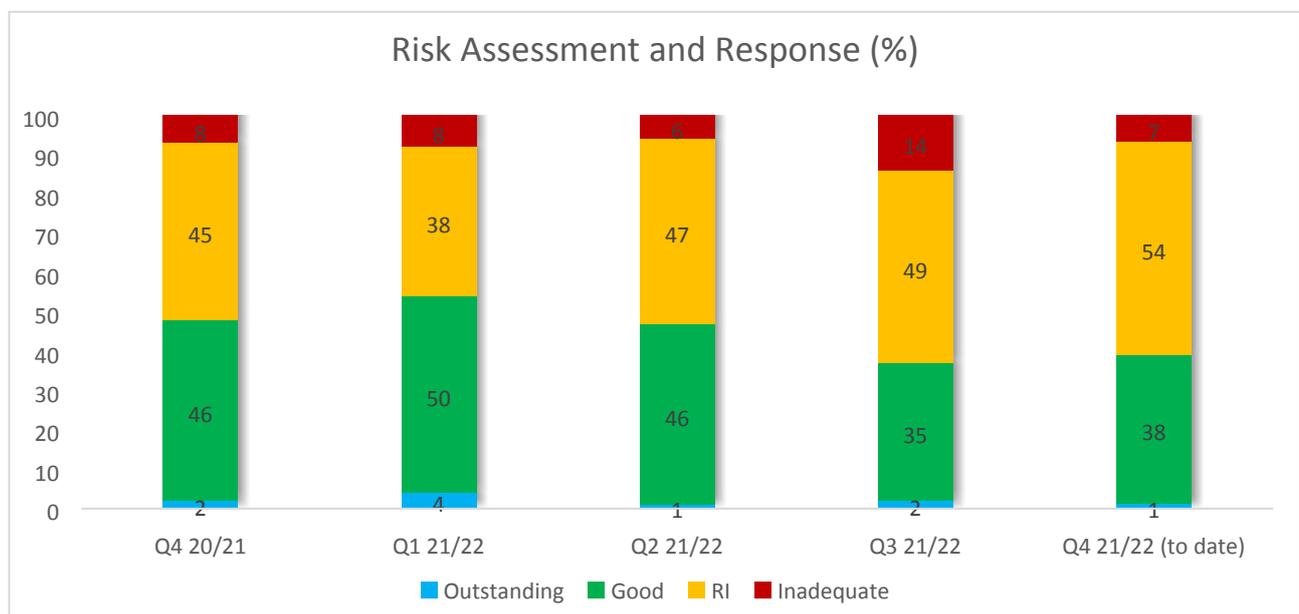


Figure 10

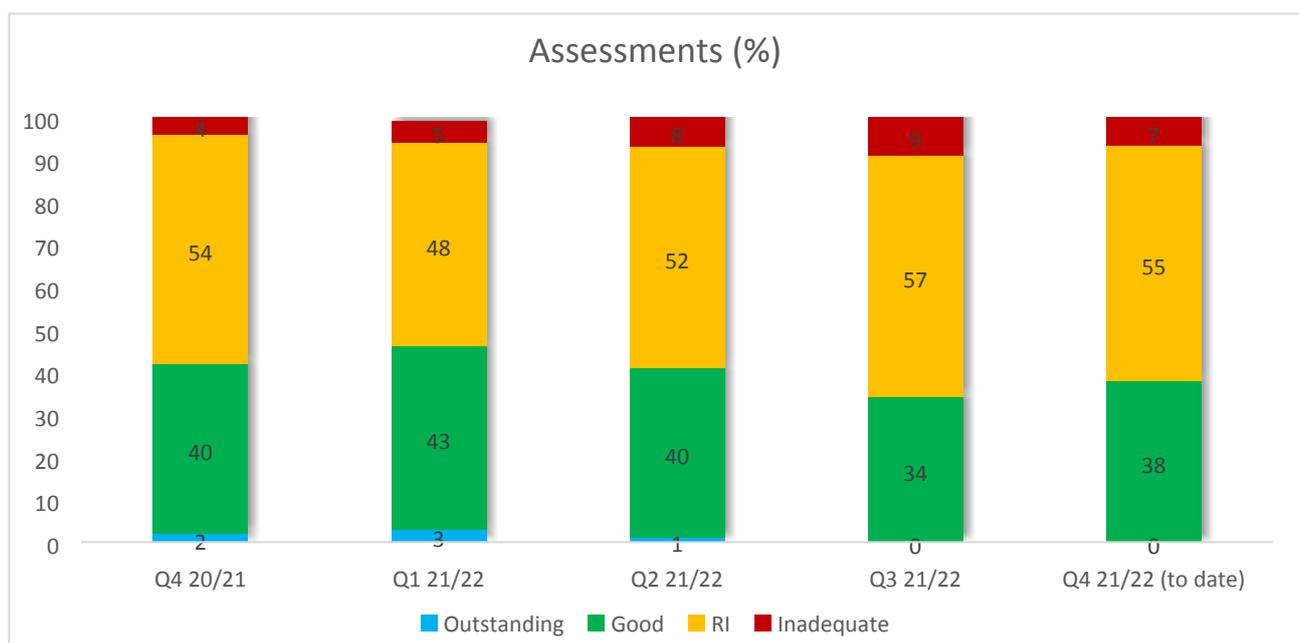


Figure 11

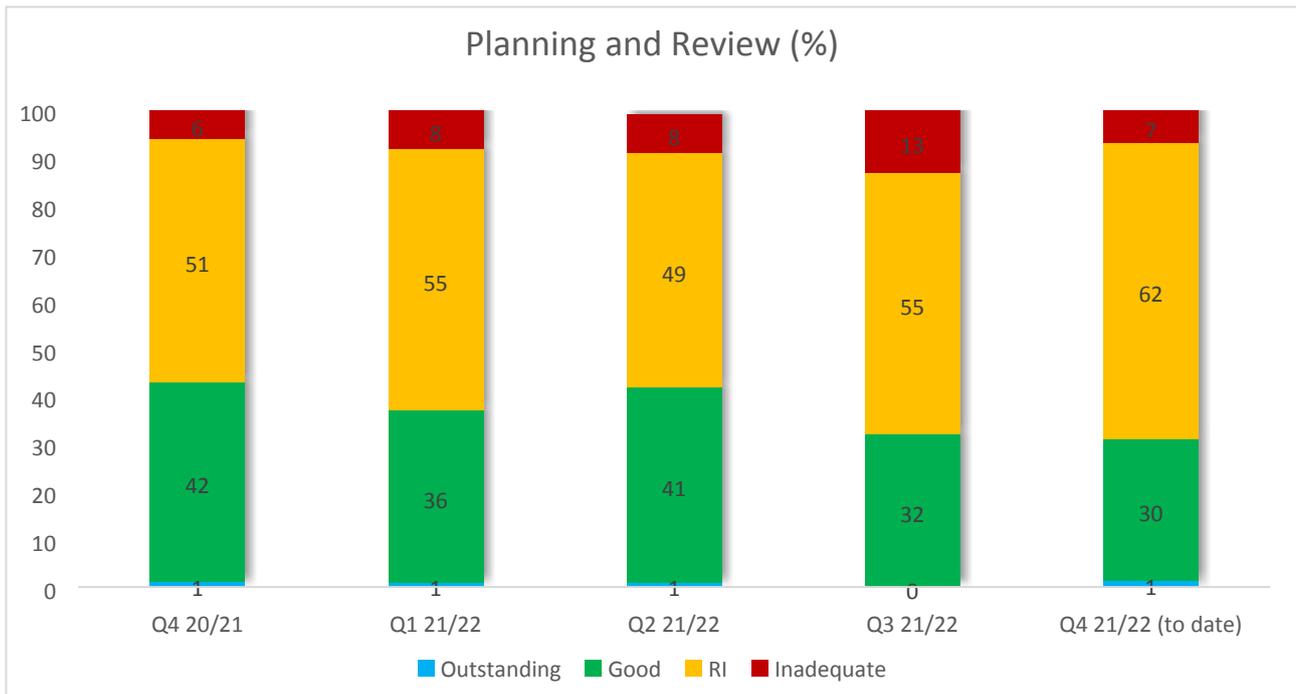


Figure 12

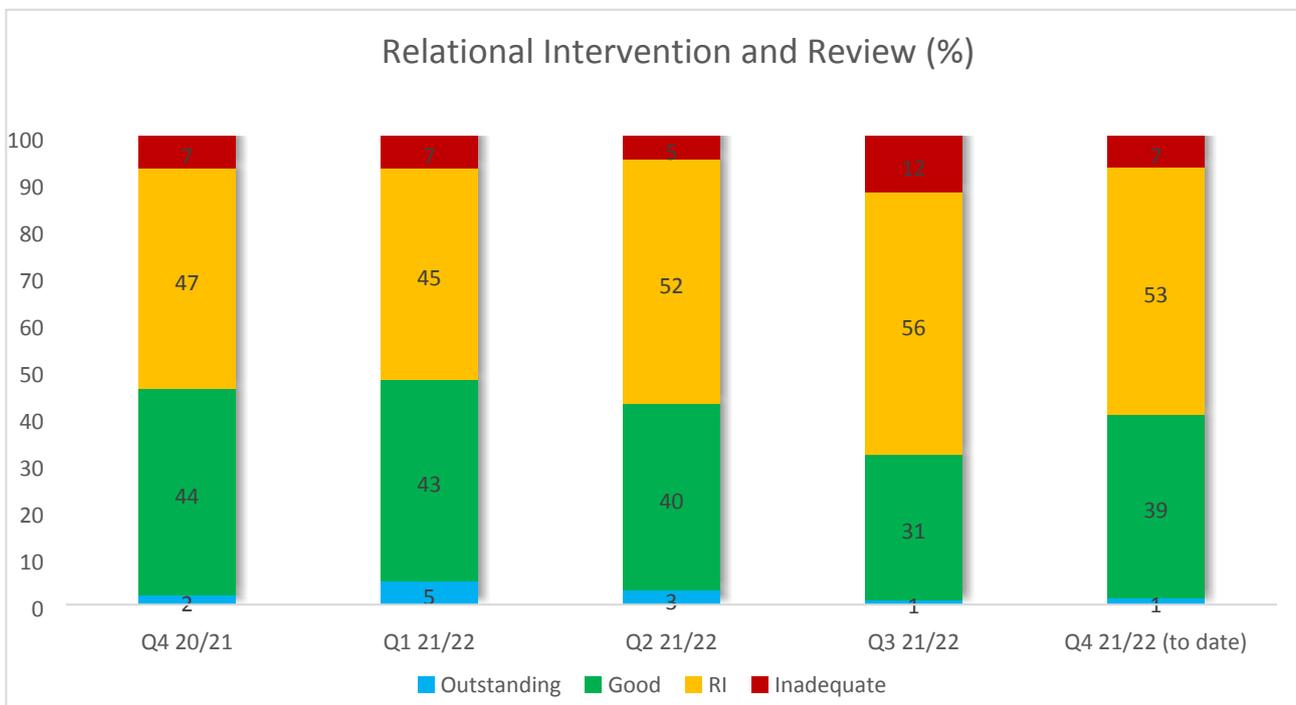


Figure 13

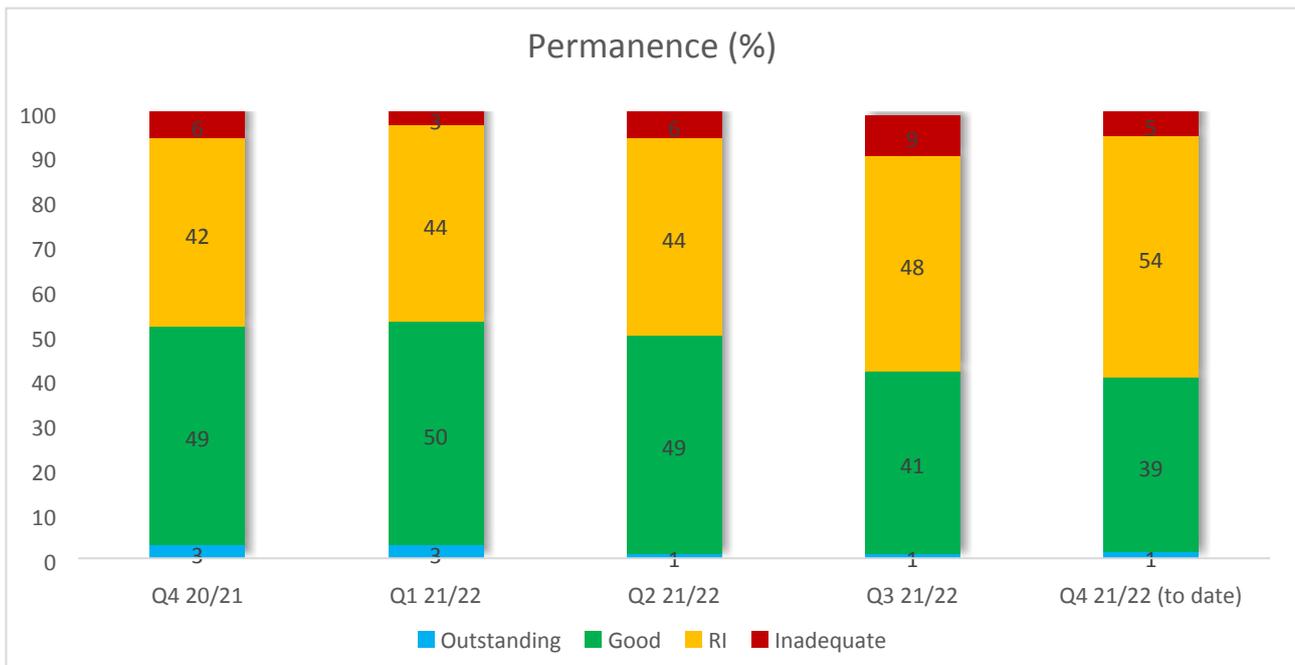
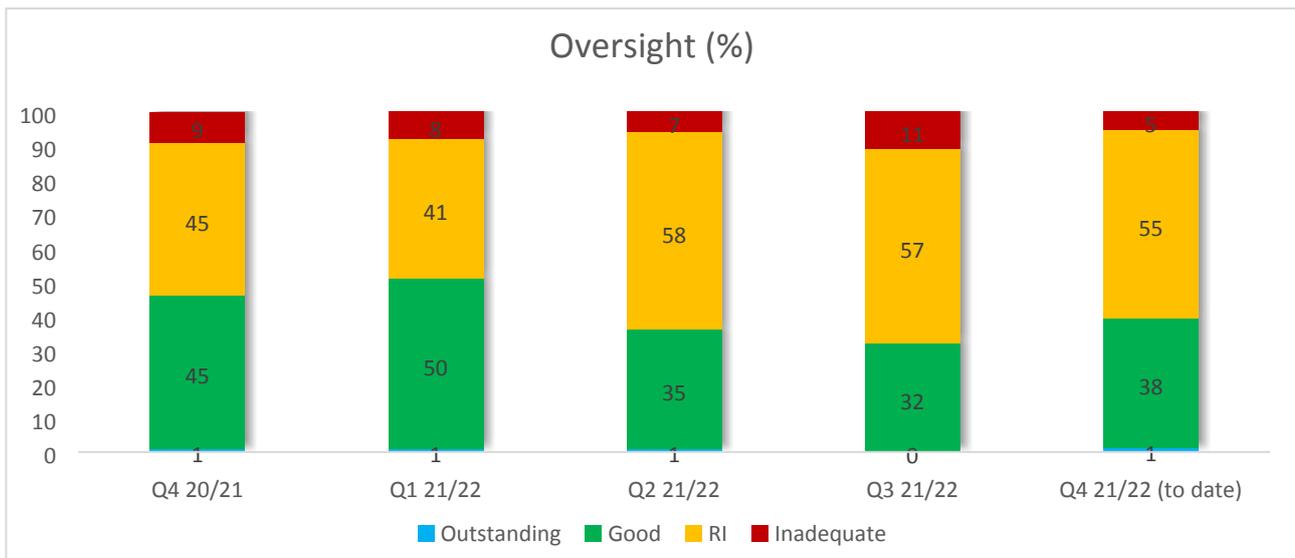


Figure 14



The profiles in **Figures 9-14** suggests that:

- In the last quarter, levels of practice rated good or better have increased all areas other than Permanence and Planning, where levels have remained stable. The greatest improvements have been seen in Oversight (from 32% to 39%) and in Relational Intervention and Review (from 32% to 40%).
- Our current target of 50% practice being rated good or better has yet to be reached in any area of practice.
- In the last quarter, levels of inadequate practice have reduced across all areas with the greatest reductions being seen in Risk Assessment & Response (from 14% to 7%), Planning (from 13% to 7%) and Oversight (from 11% to 5%). Our target of 9% or less inadequate practice has been achieved across all areas of practice.

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

In the last quarter, 49% of children and young people (aged 4+) and 62% of parents or carers were spoken to as part of the audit. This is an improvement on the 34% and 58% spoken to in Q3 21/22. 62% of children and young people rated their service positively, 12% identified clear areas for improvement and 27% identified both strengths and areas for development. 39% of parents/carers rated the service positively, 11% identified clear areas for improvement and 50 % identified both strengths and areas for development.

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 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 could understand should they decide to access their records in the future.

The Ambassadors review 10 audits each month, the key findings this month were:

- a) There were 3 examples (30%) of a reasonable or good relationship between worker and child/young person, a sustained reduction from the 70% in December 2021.
- b) There were 6 (60%) case summaries with a good focus on, and representation of, the child with accessible language. This is much improved on the decreased rates pre-Christmas 2021.
- c) Five (50%) of the practice examples drew through the views of the child and demonstrated direct work to varying degrees. This is an improvement on the 40% in the previous month and returns to the 50% in December. There still appear to be missed opportunities to propose the use of Mind of My Own with children and young people.
- d) Three (30%) offered information about the child, their likes, dislikes, interests and achievements – this maintains a reducing trajectory on previous months.
- e) Seven (70%) used appropriate language (including Language that Cares) and the decision-making could be followed. This improves on previous months and returns to the 70% reported in December.

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

- *Case summary is updated and clear, written to the child and explains why social care are working with them. Liquid Logic is very honest, description of young person and aspirations.*
- *Case summary is clear and written to the child. Explains why Social Care is working with them. Describes the young person as very friendly, talkative, and insightful in their experiences.*
- *Views of the young person was heard throughout the single assessment. Views in visits.*

- *Views from the young person are stated very clearly. There is evidence of the young person's views from visits. Direct work is in documents, case notes and in assessments, Allows a clear view of their wishes and feelings.*
- *Reasons behind decisions are clear and explained simply. Language is child friendly. No acronyms and no labels.*

3.7 **Cases of Concern**

The service to a child or young person is raised as a Case of Concern when, through audit, inadequate practice is identified. It has now been agreed that Heads of Service are best placed to maintain oversight of Cases of Concerns until these have been resolved, with the resolution of concerns being determined on the basis of:

- We are assured that the child/young person is safe;
- We are assured that an appropriate plan has been established to address the concerns for the child/young person, which are being progressed with appropriate grip/oversight.

In March, Heads of Service were made aware of 3 Cases of Concern. Including Cases of Concern from previous months, there are currently 49 children or young people being tracked by the QA team, until the areas of concern are resolved. Two Cases of Concern date back to January 2021.

Heads of Service are asked to update the QA Team monthly whether concerns are now resolved, or where they will be undertaking further review. In March, Head of Service updates were provided for 3 cases of concern; where 1 found that concerns were resolved and 2 continue to be subject to Head of Service oversight.

3.8 **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.

Audits in fostering were suspended in March for post-Ofsted consolidation.

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

Of the 5 audits completed in Early Help, 3 (60%) were rated as good, and 2 (40%) were rated as requires improvement.

These audits identified that improvement is needed in the quality of analysis, and application of timescales within supervision/management oversight to inform timely ongoing interventions. It was also noted that forward planning at the point of closure needs to improve, as does the clear mitigation of identified risks.

Practice strength was identified in inclusive practice with children and families in meetings, timeliness of assessments and visits, and multi-agency working. The quality of direct work is improving as a result of developing relational practice.

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

Of the 5 audits completed in Youth Support, 4 of the 5 (80%) rated practice as Good, and 1 (20%) rated practice as Requires Improvement to be Good.

The audits maintain the practice strength of engagement with young people, and the need for persistence in this is highlighted.

The benefit of the integrated nature of the Youth Support Team offered good use of other specialist practitioners within the YST to gain engagement and build confidence. A noted feature of the audits is the trauma experienced by young people being supported by the service, and how this impacts on their behaviours and needs.

Improvement is noted in sustaining continuity from previous assessments and historical information.

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 other 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 change these pairings to allow for auditors and moderators to benefit from different perspectives in their approach to QA and avoid group-think.

With this in mind, **Table 1** (below) indicates the 'moderator effect' on the ratings of audit. In pursuit of congruence in our evaluations 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 a minority of 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 working with Heads of Service to support their development.

In terms of the subjectivity that arises from auditing work within one's own team, this will be considered within the refresh of the QA framework. In the interim, we will continue to rely on moderators' objectivity in counteracting the potential for bias.

Table 1

	Percentage upgraded by moderators	Percentage downgraded by moderators	Percentage Inadequate downgraded by moderator
September 21	0	20	67
October 21	2	25	58
November 21	0	20	71
December 21	0	29	57
February 22	3	33	67
March 22	5	18	100

In March, there was a decrease in the downgrading of audits (from 33% to 18%). For inadequate practice, 100% were identified through moderation, which is an increase on the 67% in February. This continues to be a greater than expected moderator effect and too many audits remain reliant upon moderation for inadequate practice to be identified.

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.

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 March found the following themes that coincide with previous findings:

- a) Steve repeatedly references the impact of the moderator on the quality of audit. There continue to be examples where the auditor and moderator combine well to effectively evaluate the quality of practice for the child/young person.
- b) The understanding of impact in practice, and through audit, remains variable and needs improvement to be consistently good. Aligned with this are weaknesses for some auditors in their conceptual understanding (particularly of risk and need).
- c) In two examples of audit, Steve identified commendable relational work by the social worker with the respective families.

The QA team have raised the points about impact and conceptualisation with moderators, who are working with auditors where the above issues are identified. Steve's feedback is also shared directly with auditors and moderators for the benefit of their 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 distributed volume of audit activity is required to provide the Authority with a good understanding of its quality of practice in support of the necessary oversight. The baseline for this is set at 45 audits per month though Gloucestershire has 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 March, 44 audits were completed, which is just outside of the baseline of 45 audits. This follows a series of months where lower audit numbers were completed and will support increasing representation if sustained in subsequent months.

In March, there was a pool of 112 staff, trained in the audit methodology. 86 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, three moderators were involved in alternative auditing activity, and another four were not available to moderate due to absence from work. On this basis, there was capacity to moderate 37 audits in March.

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 86 auditors, there are 7 who are currently exempt from audit due to their absence from work or being involved in other improvement activity. This means that there are 79 auditors available for monthly auditing. Of the 79 available trained auditors, 13 did not audit in March, due to being bi-monthly auditors and 3 auditors were given an exemption by the Director of Children’s Safeguarding prior to allocation. This meant that 63 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 12 audits were not submitted. This resulted in 46 audits being completed. Of the available auditors, in March, we therefore had a completion rate of 70%, which is an increase on the 54% in February but remains below the 90% target.

There were 2 audits in March that did not meet the standard for uploading, resulting in 44 completed audits. This means that 67% of the assigned audits contributed towards a representative profile. The 44 audits completed to expected standards is below the ultimate target of 86 audits per month, but only just below the baseline of 45 audits

Table 2

	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Feb.	Mar.	Ave
No. audits completed	39	49	51	51	49	46	51	44	35	30	44	44

In the last 12 months we have completed on average 44 audits per month. As a proportion of the 4500 children open to Children’s Social Care in February 2022, this 12-month total (533) represents 12% 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 March. In the last three auditing months (excluding January), all teams have had at least one audit completed. There are 4 teams where one audit was completed and 16 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.

In the last quarter, 74 audits have been completed. 97% of audits included the social worker and 96% included the Team Manager. Where an IRO or CP Chair was working with these children/young people, they were included in 100% of audits. Where CP Chairs and IRO's are completing audits, they are now allocated children or young 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.

In the last quarter, 49% of children and young people (aged 4+) and 62% of parents or carers were spoken to as part of the audit. This is an improvement on the 34% and 58% spoken to in Q3 21/22. Whilst these increases are positive for individual children and families, there remain several 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.

In the last quarter, where views have not been obtained, analysis of this feedback highlights that:

- a) 2 (4%) were a child with disabilities which meant they were not able to provide verbal feedback
- b) 9 (18%) 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 36 (73%) 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 2 (4%) the opportunity to gain feedback was declined by the child or parent/carer

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 auditing months (December -March), there have been 109 audits completed, of which 80 have contained Care Planning Actions. Of these Care Planning Actions:

- 7 (9%) have been transferred to the child's plan **on time**.
- 6 (8%) have been transferred to the child's plan **late**.
- 23 (29%) where the Team Manager has **yet to provide an update**.
- 10 (13%) where the care plan update is **not yet due**
- 34 (43%) have **not yet been transferred to the child's plan**. 37 of these relate to March audits and so it is likely that a review has not yet taken place.

In addition to this, there are 94 audits completed prior to December 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 progress. These audits date back to March 2020. There are also 7 audits, where the social work service was ended prior to actions being completed. 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 226 non-care planning actions agreed from audit, of which:

- 73 (27%) have been completed **on time**.
- 46 (17%) have been completed **late**.
- 35 (13%) are **overdue**.
- 4 (2%) are **not yet due** to be completed
- 1 child's **social work service has ended** before audit actions have been completed.
- 107 refer to March audits (23%) 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 December 2021, which are overdue being completed or the team manager has not provided an update. There are a further 6 audits where the social work service was ended prior to actions being completed.

Compared with the February QAF report, the timeliness of audit action completion has declined (from 27% to 24% being completed on time). There also continue to be several 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 March 2022.

Whilst it is important that these outstanding audit actions are progressed, it is also noted that, in the last six months, there are 73 children and young people whose care plan has been amended to reflect learning from audit. In addition to this, 385 actions have been completed for children and young people, because of learning from audit. This is likely to represent positive difference for each of these children and young people.

While impact for individual children following audit continues to require 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 because 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 several 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. The outcome of the recent Ofsted inspection has highlighted the need to further develop our QA arrangements in support of the journey from 'requires improvement' to 'good'.

5.0 Conclusions & Recommendations

This report highlights a degree of improvement in the quality of practice sampled over the January-March period. This improvement needs to be considered in the light of the reduced sample size and anticipated variability in our monthly reporting. As such, whilst informative and broadly positive, these findings are not definitive.

The findings within this report are likely to be most helpful/insightful when considered in the context of the verbal and written feedback from the recent Ofsted inspection. As with the previous QA report, the sole recommendation of this report is that its principal findings are brought together with the Ofsted feedback (received during the inspection and in the finalised

report) to inform future improvement planning and further development of our quality assurance framework.

It is encouraging to note that the findings within this report align well with the verbal feedback from the regulator during the inspection, as such the synthesis of the two should be relatively harmonious.