

REPORT:	Children's Services Quality Assurance – distribution copy	MONTH:	November 2022
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Quality Assurance: Performance Snapshot

RAG	Measure	Perf	Direction of Travel
	Number of audits completed to accepted standard and uploaded	46	Increase from 28 in Sep to 47 in Oct has been maintained; meets minimum (45)
	Audit completion rate (Target 90%)	74%	Improved from 58% (Sep) and 67% (Oct); further improvement needed to meet 90% target
	Percentage rated Good and Outstanding in current quarter (short-term target 50%)	44%	Decline seen in Q2 22/23 (40% to 34%) has been recovered; approaching 50% target.
	Percentage rated RI (in current quarter)	46%	Below target relative to proportions of Good & Inadequate.
	Percentage rated Inadequate in current quarter (short-term target 9%)	10%	Declined from 7% in Q2 22/23. The last 15 months has seen alternating quarters meeting/missing 9% target.
	Percentage of audit actions from previous month within timescale (target of 80%)	25%	Slight improvement on 23% seen in Oct; below target over last 15 months.
	Quality of assessment in current quarter (percentage of assessments evaluated as 'Good' or better) (short-term target 50%)	47%	Steadily improving over last 15 months (from 34% to 47%); now approaching our 50% target.
	SMART planning current quarter (Percentage of plans evaluated as 'Good' or better) (short-term target 50%)	31%	Reduction since Q1 22/23 (43%) to 33% in Q2 and 31% in current quarter to date; remaining below target (50%).
	Management oversight in current quarter (percentage of 'Good' or better oversight & supervision) (short-term target 50%)	39%	Unsteady improvement over the last 3 quarters (from 32% in Q4 21/22 to 42% in Q2 22/23) to 39% in quarter to date; remains below target (50%).
	Child/young person involvement (aged 4 yrs. +) in current quarter (target of 80%)	24%	Reduced from 33% in Q2 22/23 and 35% in Q1 22/23; remains below target.
	Family involvement in current quarter (Target of 80%)	58%	Improved from 56% in Q2 22/23 but reduced from 66% in Q1 22/23 and remaining below target (80%).
	Social Worker involvement in current quarter (target of 95%)	96%	Target has been consistently met over last 15 months, ranging between 95-100%.
	Team Manager involvement in current quarter (target of 95%)	98%	Increased from 91% in Q2 22/23, returning to previous levels and meeting target.
	IRO/CP Chair involvement in current quarter (target of 95%)	94%	Within tolerance of target which has been consistently met over last 15 months, ranging between 95-100%.

Note: This report favours quarterly reporting profiles which offer more proportionate and representative findings. As November is the 2nd month in the quarter, representation will build as quarter 3 progresses.

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.

The 2022 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 several areas for continued improvement. Following the inspection, the primary areas for continued improvement in our QA approach are closing the loop on actions identified through audits; using the learning from QA to drive improvements; and being ever more ambitious for improvement with work rated as good. Closing the loop on actions from audit remains a challenge for the service despite considerable emphasis on this indicator. There is, however, an improvement in responding to the cases of concern (children in receipt of an inadequate service) reducing from 53 to 43 in the last two months. Credit is due to the Gloucester HoS for resolving all cases of concern in her area of responsibility. Whilst this improvement for the most concerning examples of practice is encouraging, greater responsiveness remains needed to identified improvements for children.

A fundamental refresh of the QA framework will capture these areas for improvement alongside supporting the refreshed improvement plan to deliver consistently good practice.

2.0 Executive summary

In Gloucestershire, the leadership team are aiming for a service that embodies the Council's core values of Accountability, Integrity, Empowerment, Respect, and Excellence. Until recently, the priority was to minimise instances of Inadequate practice, and secondly, to increase the rate of practice rated as Good or better. Following the Ofsted inspection earlier this year, the intention now is to maintain low levels of inadequate practice and generate more consistently good services for children, young people and families.

Over the last 15 months, levels of practice rated as Inadequate have followed a pattern where quarters in which our target (9%) is met have alternated with quarters where this is exceeded (15-20%). Levels of practice rated Good or Outstanding were increasing (from 31% in Q3 21/22 to 40% in Q1 22/23). There was a reduction in practice rated good or better in Q2 22/23 (to 34%), but this seems to be recovering in the current quarter, increasing to 44%.

In addition to the practice ratings described above, we closely track the proportion of audited work at the lower end of RI. This has provided helpful insights in relation to trend analysis and targeted improvement activity in areas of identified vulnerability. Levels of work at the lower end of RI have increased in the current quarter to date. When combining the low-RI work with the levels of inadequate practice, the overall proportion of weaker practice is increasing.

It is worth noting that since the inspection earlier this year, the turnover of practitioners and managers has affected the stability of some teams, their familiarity and consistency with GCC practice expectations (e.g., standards, applications of Essentials, understanding of QA and performance responsibilities), and by extension our QA insights.

The profile from Quarter 3 2021-22 up to the present therefore maintains Ofsted's evaluation that:

"Significant progress has been made in many areas of Gloucestershire's children's services.... However, services for children are not consistently good."

(Ofsted Gloucestershire ILACS report, 2022).

Significant effort is now needed to realise the ambition of offering a consistently good service, and to protect against a return to higher rates of weak practice. This needs particular attention in a context of rising demand impacting on workloads, and simultaneous increased staff turnover, both of which correlate with weaker performance and quality.

As anticipated after the seasonal effect of summer leave, the rate of audits completed has returned to expected levels and at 47 slightly exceeds the target of 45. This supports representative quality assurance, at a reasonable quantum and frequency. Our revised QAF proposes a broader suite of QA activity however this transition will need to be carefully managed if we are to sustain grip and oversight.

Further to a query by the Chief Executive at the previous Continuous Improvement Board, work has been undertaken within the department to align the quality assurance activity within commissioning with this reporting framework. This is taking two forms:

- a) This report will henceforth include a summary of quality assurance activity of commissioned services for children and families – it is expected that this will be iteratively shaped over time from its inception.
- b) The Compliance and Quality Assurance Team (CQAT) is being structurally combined with the Academy's Quality Assurance team to support consistency.

2.1 Quality of Practice

In the last 6 months, 13 (29%) teams have consistently met both QA targets for practice rated as good (50%) and inadequate (9%). 11 teams (24%) present with varying degrees of quality, and the remaining 21 (47%) teams with rates of inadequate and low RI that require further enquiry.

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 following points.
- b) The department is evidently working hard to maximise relational practice and the benefits that follow. Changes in 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 illustrates the challenges for those children and families who have experienced multiple changes in worker.

- c) Improvements are evident in management oversight, 'footprint' and challenge, but more remains needed for this to meet the performance and quality expectations established by the department. More incisive, contemporaneous and reflective supervisory discussions are needed, linked in turn to planning reviews, to better understand and respond to children's risks, needs and circumstances. Reviews of practice by the QA team reinforce the point made by Ofsted that:

"Although supervision is generally timely, it does not consistently provide social workers with time to reflect on the progress they are making for individual children or always give them the added direction they need from their managers. Records are lacking in challenge where there is delay and rarely reflect children's experiences as well as they should."

(Ofsted Gloucestershire ILACS report, 2022).

More specifically, the QA team have noted that supervision and oversight is mostly effective when plans are progressing as they should, or where there is an evident significant event that presents risk of harm. What is working less well is in situations of drift where no clear crisis occurs to mobilise the necessary action.

Where 'change' is being reported, there is a lack analysis of what has led to this or might lead to sustainable change. Improvement is further needed when delay is arising from our own practice or the availability of external services/processes. We are yet to consistently use supervision to consider barriers to engagement/change.

The roll-out of the revised supervision policy (under the Continuing Improvement Plan) remains a priority for the department.

Whilst Ofsted commented positively on the role of IROs and CP chairs, the rate of variability in CP practice indicates that more attention to the quality of our practice between reviews is needed by CP chairs.

- d) The proportion of assessments rated as good or better has gradually increased over the last 5 quarters (from 34% to 47%) although quality 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.

The most common actions to arise from audit are that a child/young person does not have an up-to-date chronology and does not have a genogram on their record. Further, it is not clear how genograms and chronologies are effectively informing our understanding of the families' situations. An absence of either of these two practice tools will diminish our understanding patterns of harm and resilience (both over time and across a family system).

Furthermore, neglect is a prominent reason for social work involvement, but the use of the Graded Care Profile is not yet routinely embedded.

- e) When risk of significant harm to children and young people is identified, threshold decision-making is inconsistent. 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 receive a better-quality response through strategy discussions than those already open to a social worker.

Various formats for risk assessment and planning are being used across the service and consistency in this respect is recommended.

- f) There is a necessary 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.

It is good to see an increase in auditors and moderators attending to this practice, the language being used, and conceptualisation in practice of 'engagement'. Our response to missing episodes remains an area in need of improvement. Even where we are responding with a strategy discussion following 3 missing episodes this is still too process-led and would benefit from more analytical, strengths-based practice to contribute to positive change.

The GSCP task and finish group working on Extra-Familial Harm (EFH) is a positive step along with the prioritisation of this within the Improvement Plan.

- g) The links between assessment and planning need to be improved so that identified issues (especially known needs and risks) track through into effective interventions; and that the plan accords with the analysis of 'what needs to happen to facilitate change'.

Plans need to be reliably C-SMART, with the use of appropriate, succinct language. Focus is needed to ensure that timescales for action completion/review are included in plans. Completed tasks are not routinely removed, meaning they accumulate and confuse planning, leaving parents feeling overwhelmed. Some assessments and plans remain too process (rather than outcomes) focused.

Planning for permanence (especially around CP and CiC) needs to attend to drift and delay; the service needs to look beyond the completion of a plan into the quality of these plans as they support permanence for children.

Feedback from families has highlighted a perennial frustration for some who do not feel sighted on their plans.

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, more regular, and analytical, review of plans is needed to prevent drift and to update/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. Audits are increasingly highlighting purposeful visits but more appears needed in this translating into an effective visit. Additionally, most children/young people have contingency and safety planning when needed. These would be improved with greater realism in reducing risk of harm or amending when not reducing the risk of harm. More co-production of these plans with families will help in these respects. Consistent use of safety planning during s47 enquiries also requires improvement.

A further (and somewhat related) theme is our understanding and involvement of key adults in a child/young person's life. We often know that within the wider network of relationships for the child/young person they have a parent they don't primarily live with, a partner of their parent(s), a close family member who they regularly spend time with. However, we are not routinely exploring/understanding the risks/strengths these relationships create by involving them in assessment, planning and intervention.

Some audits have identified that children are 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. The roll-out of direct work tools through the Ambassador-led 'Big Participation Conversation' has been favourably received but yet to achieve a discernible impact in this respect.

- i) Drift and delay for children and young people remains observable, particularly because of changes of social worker however there is sometimes evidence of the manager providing continuity during these transitions.
- j) Work is needed to better apply diversity, equality, inclusion, and anti-oppressive perspectives to practice. Improvement in this area would undoubtedly support improved assessments of identity for children and young people. The audits in this quarter have highlighted a number of children exploring their gender identity. Our recorded practice (including within audit) is not consistent in using the pronouns these young people identify with. It is also not evident that we have started to think about the complexity/risks/needs related to gender identity even where the audits where this featured also noted mental health needs/risks.

Under the Continuous Improvement Plan, the refresh of the Practice Standards to reflect EDI more prominently is a positive step. The introduction of the Social GRACES is promising and there is evidence in some teams (that have undertaken the Systemic training) of greater consideration of Social GRACES and other systemic concepts.

- k) The offer of Permanence (not only for Children in Care) can improve. It was encouraging to see an increase in audits rating Permanence as good or better in Q1 22/23 and so the reduction in the current quarter to date (from 53% to 47%) would benefit from further exploration. For children remaining in the care of their family, permanence planning would benefit from improved analysis of the capacity to make sustained change, particularly prior to reducing our level of intervention.

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 need better exploration of their family/friends at earlier stages to remain in their current care arrangement safely and sustainably. Timelier Family Group Conferencing would support earlier identification of kinship arrangements and provide an additional layer of safety and security for children, as well as its supportive elements to parents. 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/routinely embedded by the second statutory review. Furthermore, a sufficiency of suitable homes to live in for both 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. For children with disabilities, the availability of additional care services means that some are experiencing delay in receiving the support they, and their family need. This can also impact on the permanence arrangements for these children, within their family.

Efforts to improve the quality of life-story work for children in care have borne fruit, but not yet for all children and young people. Ofsted again helpfully differentiated between better quality life-story work with younger children 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 launch of the 'Every Story Matters' initiative is well-timed in this respect.

The quality of work to support the reunification of children and young people with their families is improving, but more is 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 understand the rationale for decision making. For children where reunification is under way the quality of practice seems better. For children where reunification is being considered (or has not yet been discounted), the timeliness and quality of assessment/planning to inform these permanence decisions is much more variable.

The work being undertaken by the service to interrogate children coded for reunification is welcome in this respect. This will facilitate returns home for those for whom this is beneficial and will offer data cleaning of this important dataset.

Permanence planning around young people's transition into adulthood is also an area of practice requiring improvement. Young people in our care do not routinely build a relationship with their leaving care PA before turning 18, and there seem to be a number approaching 18 without a clear plan for where they will live.

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

For children subject to assessment, practice rated good or better had been steadily improving to 47% in Q1 22/23. This dropped notably in Q2 22/23 to 21% but has increased slightly in the current quarter to date (to 25%). This remains well below target (50%). Practice rated as inadequate had been positively reducing, from 24% (Q3 21/22) to no inadequate practice being identified in Q2 22/23 but has increased in the current quarter to date (to 25%), sitting well above target (9%). Practice at the lower end of the RI judgment has reduced. This maintains an inconsistent profile for our assessment work.

For children in need of help, their quality of service remains variable. Practice rated good or better dropped in Q2 22/23 (from 44% to 21%), but this seems to be recovering in the current quarter with an increase to 41%. Further improvement is needed to meet our target (50%). Practice rated inadequate, however, has also increased in the current quarter (from 3% to 9%) but still within our target. This maintains a pattern of alternate quarters meeting/missing our 9% target. Practice at the lower end of the RI judgment has reduced.

Children in need of protection are also experiencing variability in the quality of their service. Improving levels of practice rated as good or better (from 17% in Q3 21/22 to 35% in Q2 22/23) and are at 33% in the current quarter. This is below our 50% target. Conversely, practice rated as inadequate had been increasing between Q4 21/22 (18%) and Q2 22/23 (24%) but has improved in the current quarter (reducing to 13%). This is encouraging given the necessary emphasis on this area but still remains above target (9%) and is the only area which has been above target consistently over the last 15 months. Practice at the lower end of the RI judgement has increased.

For children with disabilities, practice rated good or better has been increasing over the last 3 quarters, from 22% in Q1 22/23 to 43% in the current quarter to date. This remains below our target of 50% and the 60% of practice rated good or better in this area in Q4 21/22. No practice has been identified as inadequate in the current quarter to date, reducing from 11% in Q1-Q2 22/23, and returning to the levels seen in Q3-Q4 21/22. Practice at the lower end of the RI judgement has, however, increased.

The experiences and progress of children in care and care leavers

For our children in care, previous practice improvements have not been sustained in the current quarter but remain within target. Practice rated as good or better had been increasing from 46% (Q3 21/22) to 61% (Q2 22/23) and have reduced to 53% in the current quarter. Practice rated as inadequate, has been within our 9% target since Q4 21/22 and has remained at 6% in the current quarter to date. Practice at the lower end of the RI judgement has increased.

The quality of our service for Care Leavers is variable. Practice rated good or better has been reducing between Q4 21/22 (50%) and Q2 22/23 (33%) but has increased significantly in the current quarter to date (rising to 76%). With no inadequate practice being identified in Q2 21/22 this has increased to 13% in the current quarter to date, sitting above our 9% target. Lower numbers of audits for Care Leavers may affect the representability of this quarterly variations. Within the refresh of our Quality Assurance Framework, there will be an increase in Quality Assurance activity for young adults receiving a Care Leaving Service. Practice at the lower end of the RI judgement has remained at low levels over the past 12 months.

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. 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:

- a) Retention of staff, particularly experienced, high-performing workers and managers.
- b) The need for a stable and reliable ICT environment for office and remote working.
- c) High 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.
- e) Good quality oversight, supervision and team building (towards a stable and progressive workforce)

Attention to the above is evident in the current drafting of the post-Ofsted improvement plan.

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 consistently 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.

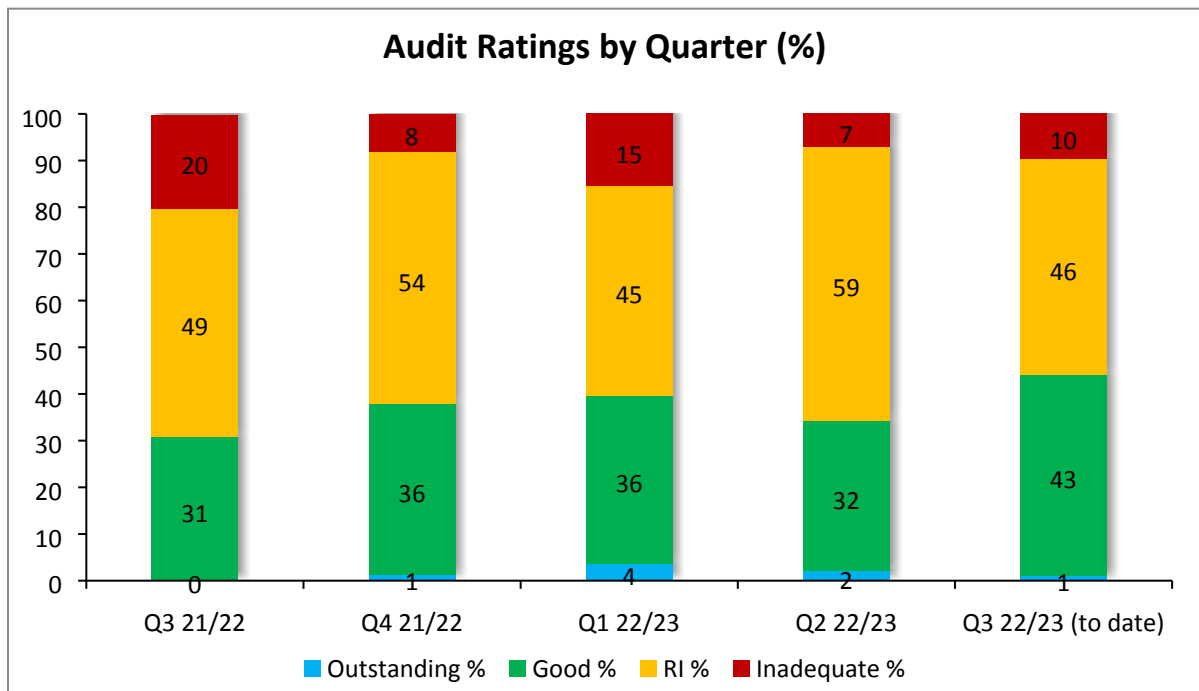
3.0 How are we doing?

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



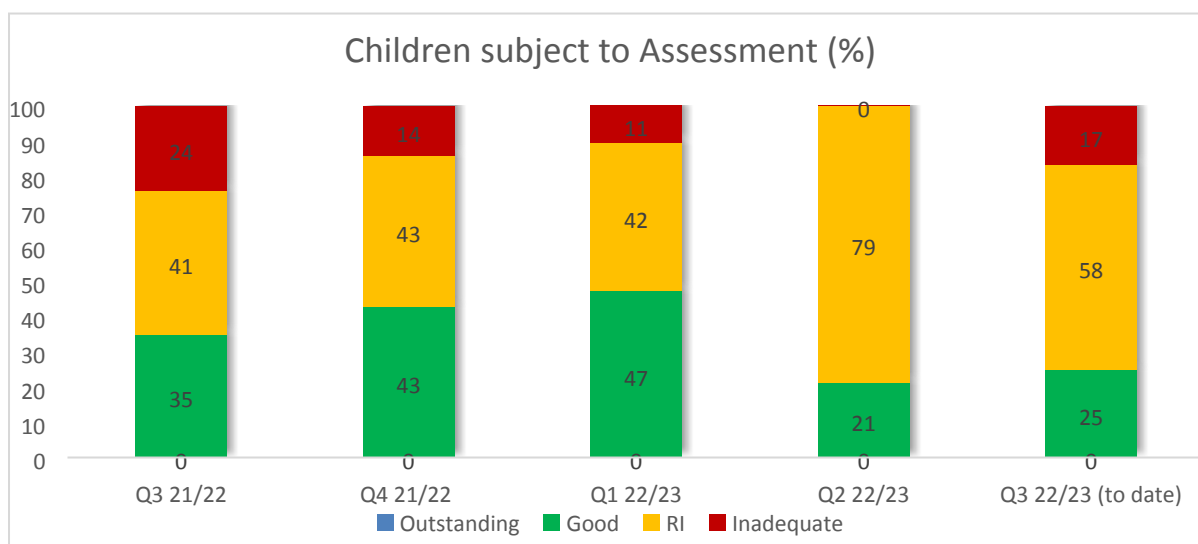
As can be seen in **Figure 1** above, levels of practice rated good or outstanding were increasing (from 31% in Q3 21/22 to 40% in Q1 22/23). There was a reduction in practice rated good or better in Q2 22/23, to 34%, but this seems to be recovering in the current quarter, increasing to 44%. Levels of practice rated as Inadequate have followed a pattern, over the last 15 months, where quarters in which our target (9%) is met have alternated with quarters where this is exceeded (15-20%). This reflects our capacity for practice improvement but suggests that challenges remain in sustaining this.

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. The proportion of work at the lower end of the RI judgment has increased in the current quarter to date. When combining the low-RI work with the levels of inadequate practice, overall weaker practice is increasing.

3.2 Audit Ratings by legal status

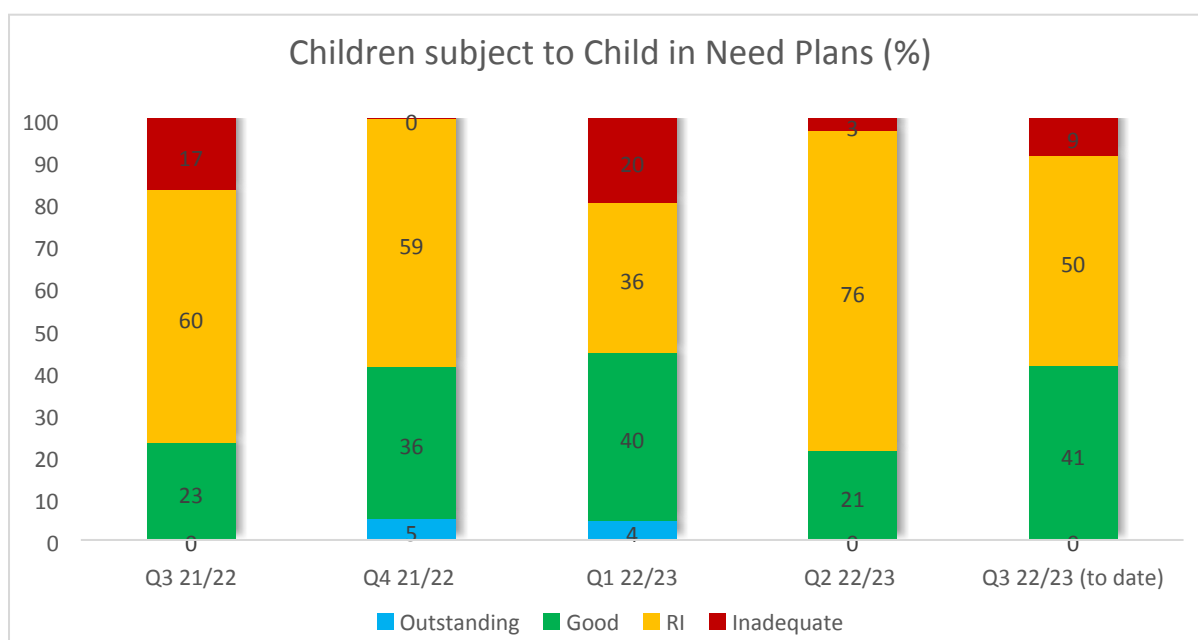
Patterns of audit ratings by child's legal status are reflected below in **Figures 2 - 7**, comparing audit ratings for each legal status, by quarter, over the last 15 months.

Figure 2



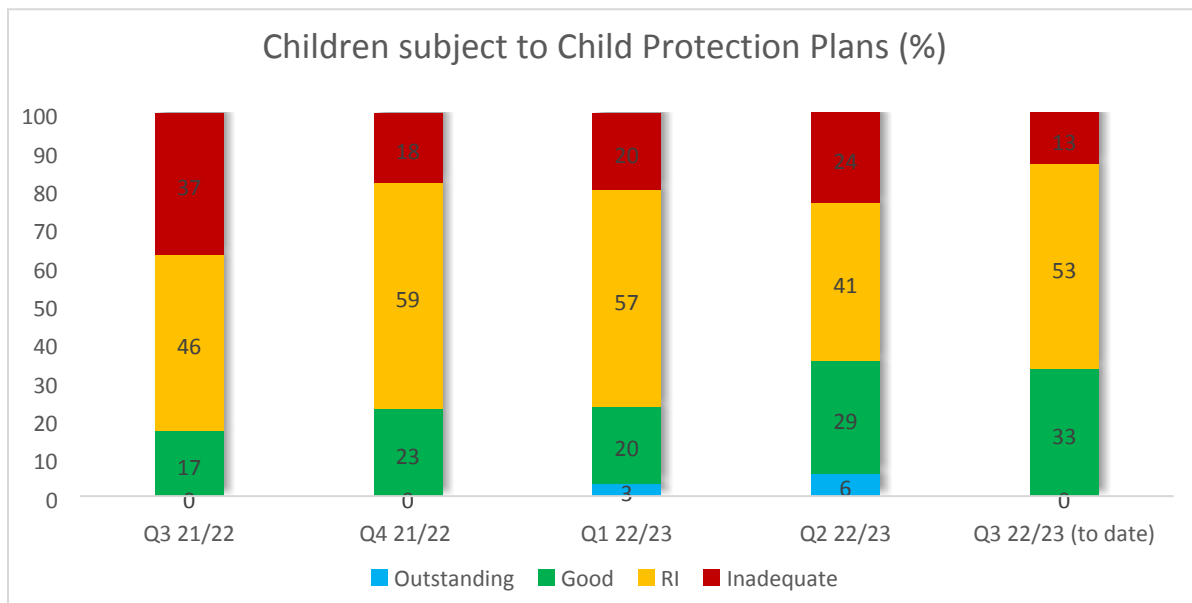
The profile in **Figure 2** reflects that, for children subject to assessment, previous practice improvements have not been sustained. Practice rated good or better had been steadily improving to 47% in Q1 22/23. This dropped notably in Q2 22/23 to 21% but has increased slightly in the current quarter to date (to 25%). This remains well below target (50%). Practice rated as inadequate had been positively reducing, from 24% (Q3 21/22) to no inadequate practice being identified in Q2 22/23 but has increased in the current quarter to date (to 17%), sitting well above target (9%). Practice at the lower end of the RI judgment has reduced.

Figure 3



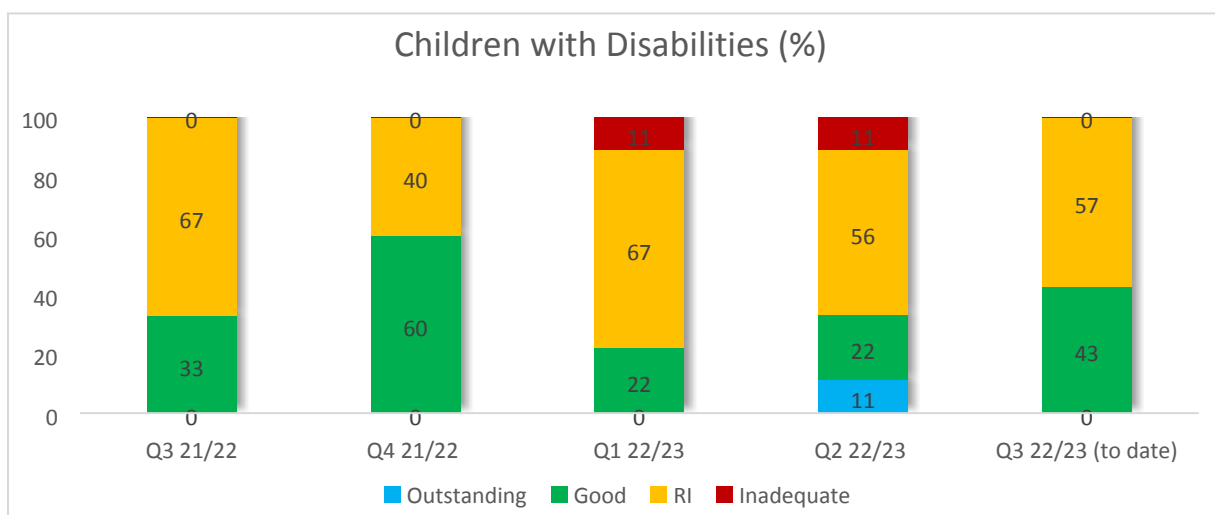
The profile in **Figure 3** reflects that, for children in need of help, their quality of service remains variable. Practice rated good or better dropped in Q2 22/23 (from 44% to 21%), but this seems to be recovering in the current quarter by so far increasing to 41%. Further improvement is needed to meet our target (50%). Practice rated inadequate, however, has also increased in the current quarter (from 3% to 9%), maintaining a pattern of alternate quarters meeting/missing our 9% target. Practice at the lower end of the RI judgment has reduced.

Figure 4



The profile in **Figure 4** reflects that, children in need of protection are also experiencing variability in the quality of their service. Improving levels of practice rated as good or better (from 17% in Q3 21/22 to 35% in Q2 22/23) have not been sustained in the current quarter (reducing to 33%). This is well below our 50% target. Conversely, practice rated as inadequate had been increasing between Q4 21/22 (18%) and Q2 22/23 (24%) but has improved in the current quarter to date (reducing to 13%). Whilst this is encouraging, this remains above target (9%) and is the only area which has been above target consistently over the last 15 months. Practice at the lower end of the RI judgement has increased and combined with practice as inadequate reflects an overall increase in weaker practice. The inherent vulnerability of this group of children, and the key pivot that CP plays within the system to intervene proportionately around risk, means that this weaker practice requires concerted attention.

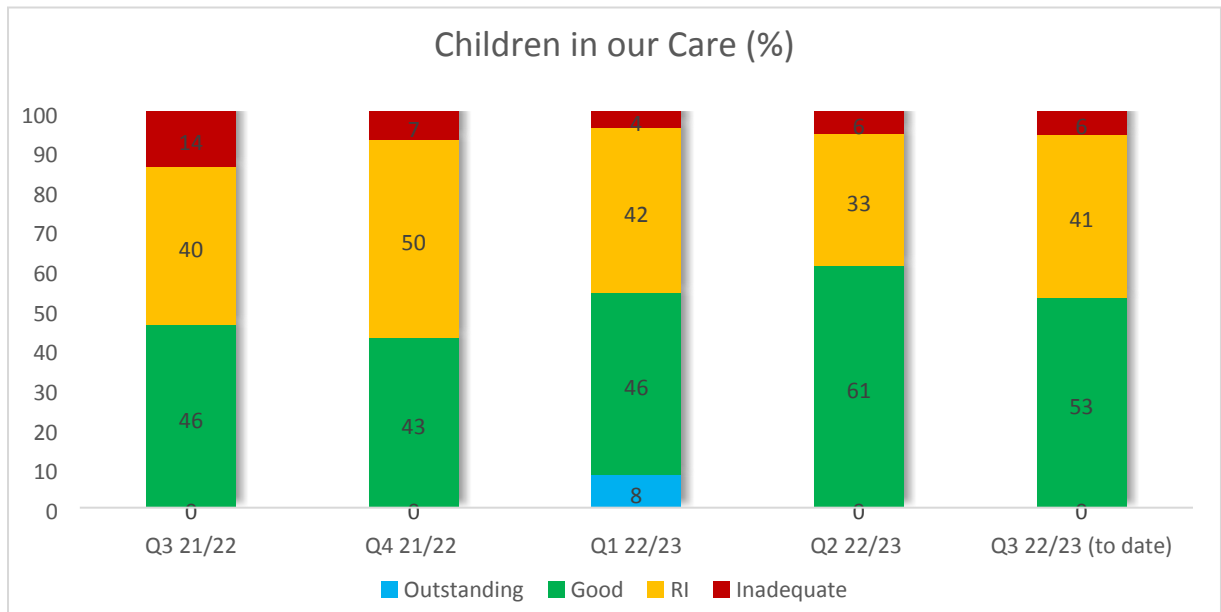
Figure 5



The profile in **Figure 5** reflects that, for children with disabilities, practice rated good or better has been increasing over the last 3 quarters (from 22% in Q1 22/23 to 43% in the current quarter to date). This remains below our target of 50% and the 60% of practice rated good or better in this area in Q4 21/22. It would be helpful to understand what was contributing to this quality of practice so that these improvements can be recovered. No practice has been identified as inadequate in the current quarter to date, reducing from 11% in Q1-Q2 22/23 and returning to the levels seen in Q3-Q4 21/22. Practice at the lower end of the RI

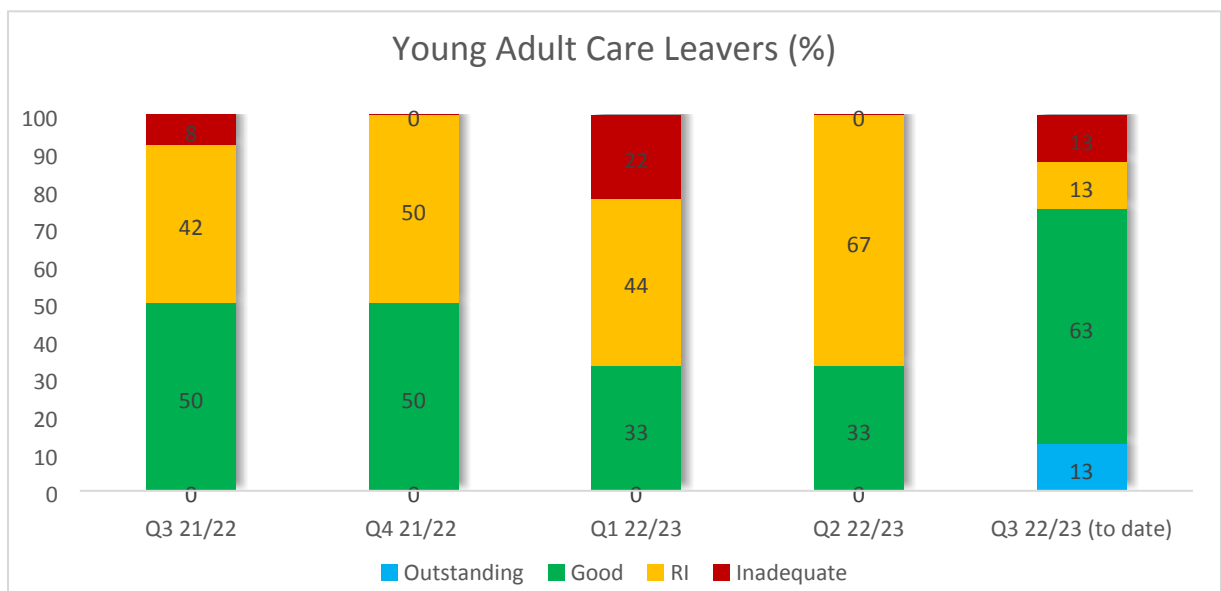
judgement, however, has increased. These practice trends lend weight to the case for remodelling for children with disabilities, as is being outlined under the Transformation planning.

Figure 6



The profile in **Figure 6** reflects that, for children in our care, previous practice improvements have not been sustained in the current quarter but remain within target. Practice rated as good or better had been increasing from 46% (Q3 21/22) to 61% (Q2 22/23) and have reduced to 53% in the current quarter. Practice rated as inadequate, has been within our 9% target since Q4 21/22 and has remained at 6% in the current quarter to date. Practice at the lower end of the RI judgement has increased.

Figure 7



The profile in **Figure 7** reflects that, for our Care Leavers, the quality of their service is variable. Practice rated good or better has been reducing between Q4 21/22 (50%) and Q2 22/23 (33%) but has increased significantly in the current quarter to date (rising to 76%). With no inadequate practice being identified in Q2 21/22, however, this has increased to 13% in the current quarter to date, sitting above our 9% target. Lower numbers of audits for Care Leavers may affect the representability of this quarterly variations. Within the refresh of our Quality Assurance Framework, there will be an increase in Quality Assurance activity for

young adults receiving a Care Leaving Service. Practice at the lower end of the RI judgement has remained at low levels over the past 12 months.

3.3 Audit Ratings by Team.

Thirteen teams (29% of all teams in scope) have met or exceeded the targets for Good (50%) and Inadequate (9%) practice in the last 6 months. Six teams (13% of all teams in scope) are showing variance in practice in the last 6 months. Whilst meeting the old or new targets for practice rated as Good (40% and 50% respectively), there are also indications of weaker practice not meeting target.

Apart from those teams listed above, 18 teams (40% of the teams in scope) have, in the last 6 months, had 40% or more of their audited practice evaluated as weaker (combined Inadequate and low RI). 21 teams (47% of all teams in scope) are displaying a rating of 40% or more of practice rated as 'weaker'; and 18 teams (40%) have been highlighted with high levels of weaker practice in the last 12 months. All of these teams 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

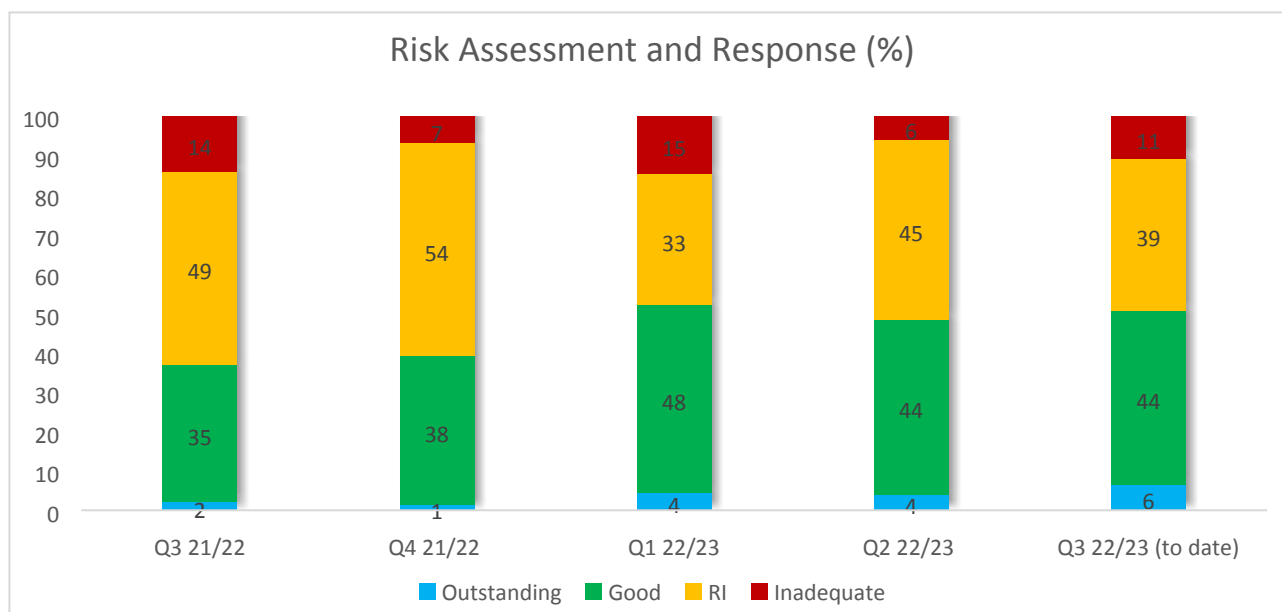


Figure 10

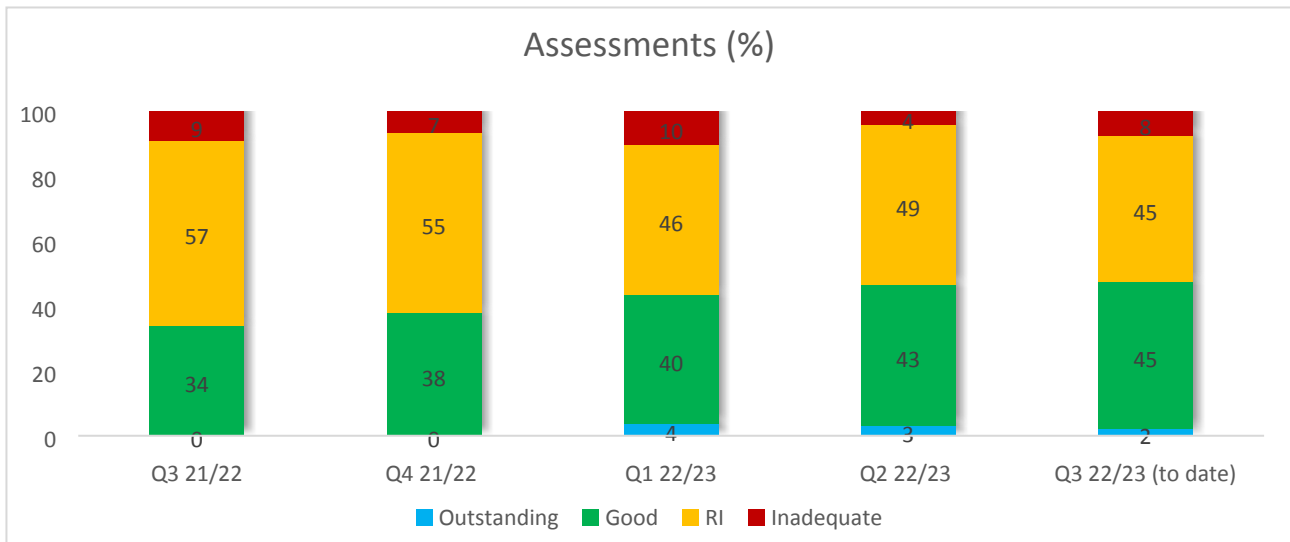


Figure 11

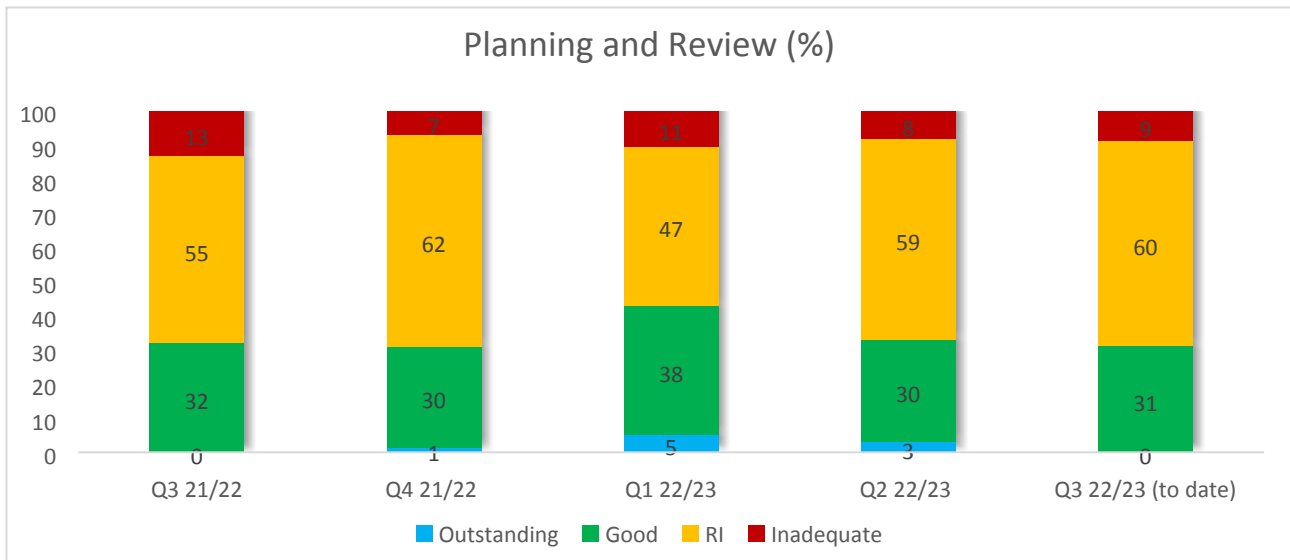


Figure 12

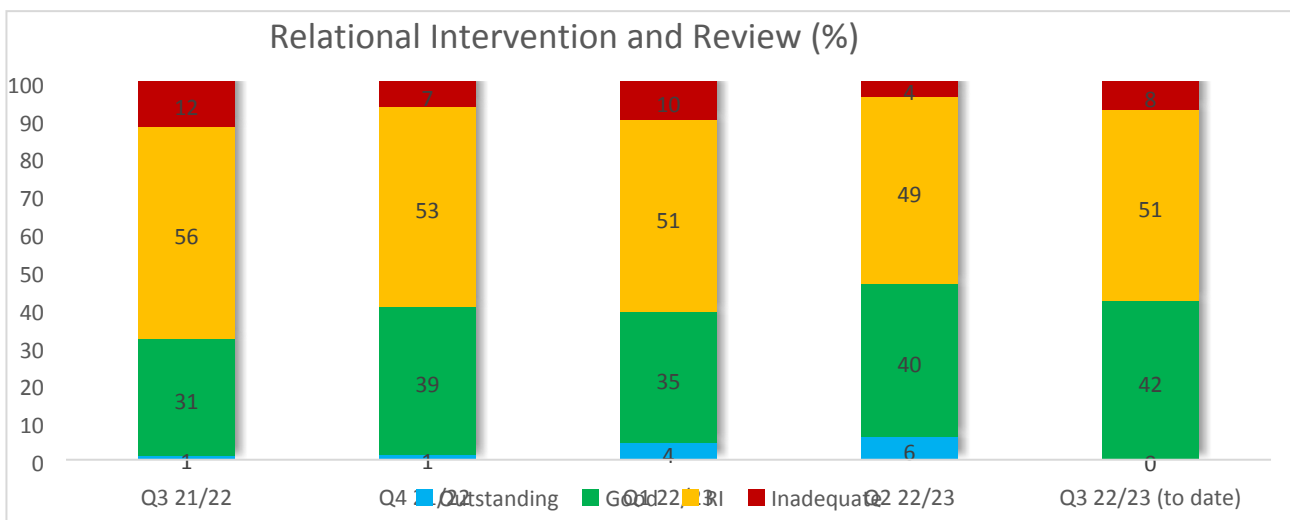


Figure 13

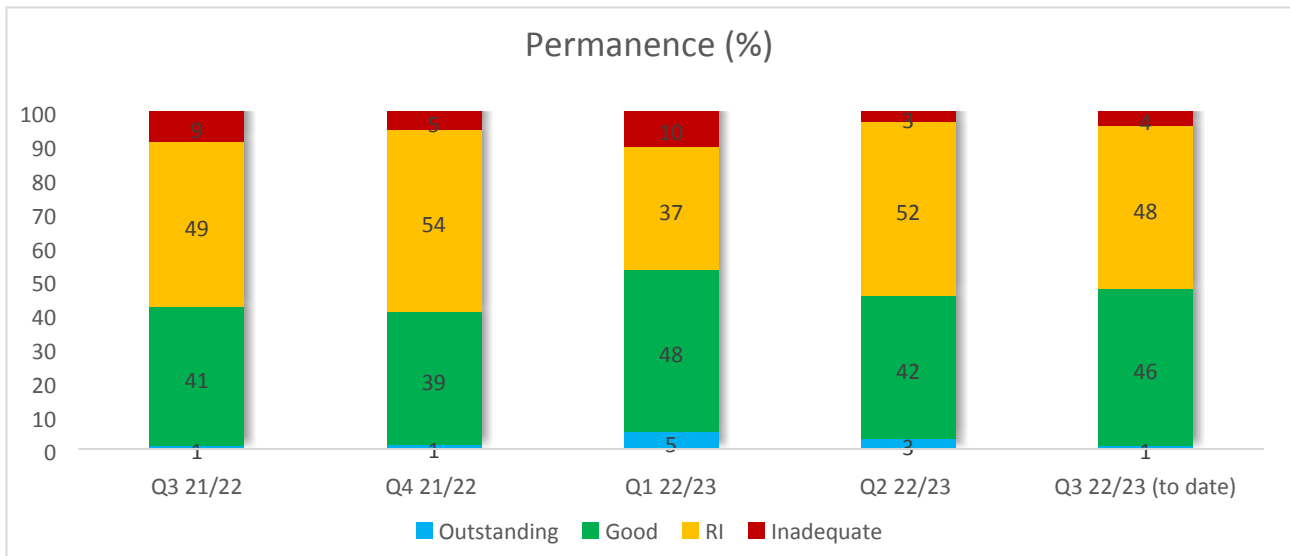
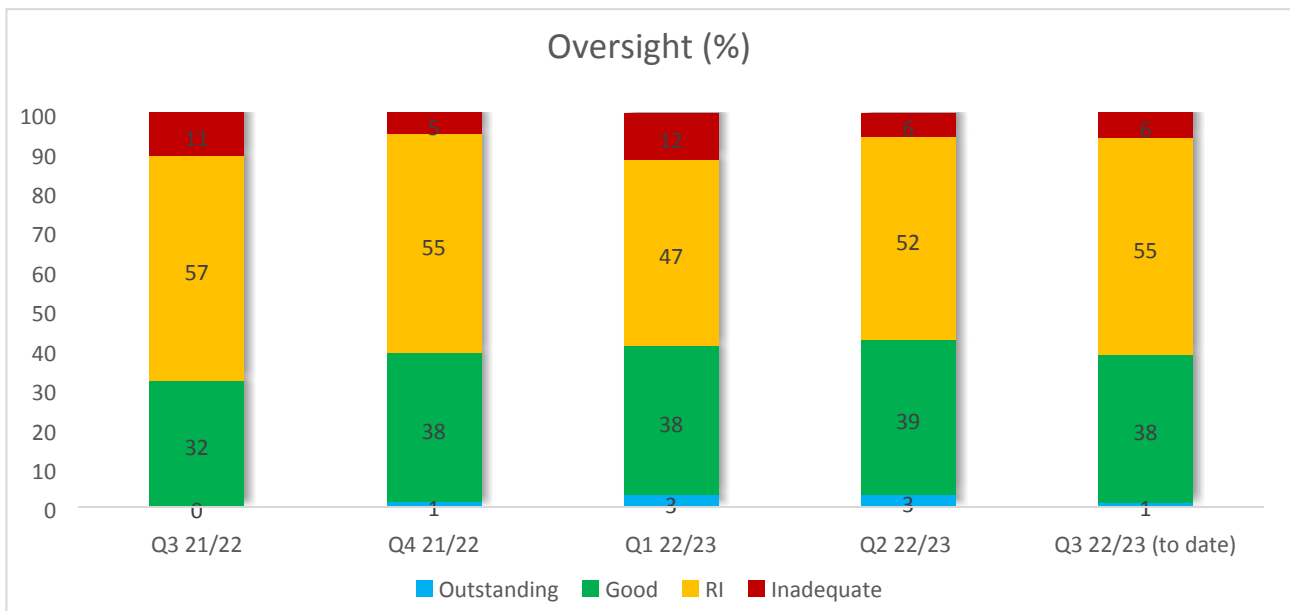


Figure 14



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

- a) Levels of practice rated good or better were increasing across all areas between Q3 21/22 and Q1 22/23. These improvements have been sustained in Risk Assessment & Response (50%) and Assessment (47%).
- b) Levels of practice rated good or better have reduced in all other areas of practice, with the greatest reduction being seen in Planning (from 43% to 31%), which falls well below our target (50%).
- c) Levels of inadequate practice have followed this fluctuating pattern over the past 15 months across a number of areas of practice. This has seen levels of inadequate practice increasing in Risks Assessment & Response (6% to 11%); Assessment (4% to 8%); and Relational Interventions & Review (4% to 8%). In Planning, Permanence and Oversight, however, levels of inadequate practice have not increased in the current quarter to date, maintaining them within our 9% target. These improvements will need to be sustained over a number of months for this progress to be secure.

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

In the current quarter to date, 24% of children and young people (aged 4+) have been spoken to as part of the audit. This reflects a decrease on the 33% spoken to in Q2 22/23. 58% of parents or carers have been spoken to as part of the audit. This is a slight increase on the 56% spoken to in Q2 22/23 but reduced from the 66% spoken to in Q1 22/23 and Q4 21/22.

45% of children and young people rated their service positively; 10% identified only areas for development; and 45% identified both positives and areas for development. 46% of parents/carers rated the service positively; 19% identified only areas for development; and 35% identified both positives 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 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.

In October and November 2023, the Ambassadors have reviewed 16 audits and found:

- a) In 15 (94%) of the audits sampled there was evidence of a reasonable or good relationship between worker and child/young person.
- b) There were 7 (44%) case summaries with a good focus on, and representation of, the child with accessible language. This is in line with the performance in previous months (c. 55%).
- c) Nine (56%) of the practice examples drew through the views of the child and demonstrated direct work to varying degrees. This sustains the improvement seen in previous months in this respect. There still appear to be missed opportunities to propose the use of Mind of My Own with children and young people.
- d) Five (31%) offered information about the child, their likes, dislikes, interests and achievement. This continues to be an area for development with previous months registering at 40% and 30%.
- e) Six (38%) used appropriate language (including Language that Cares) and in 11 (69%) the decision-making could be followed. This is in line with previous months. In a number of children's records acronyms and jargon were used in ways that Ambassadors thought would be confusing for young people to read, which would make it harder for them to understand the reasons behind important decisions being made in their lives.

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

- *Case summary is clear and simple written in clear simple language. It is clear who the young person is, and the case summary is written about the young person. States why social care is working with the young person. Includes relevant information about the family.*

- *Evidence of direct work – Voice in safety planning, school, Photo of direct work with buttons and family, Genogram, chronology. Assessment could not be done but very efficient with direct work.*
- *Case summary starts with I am... states age and why social care is working with them/ the case summary is written from the child and it gives you a very good sense of who they are. States the young person's job and that they are kind, have a good work ethic and is diagnosed with a learning disability. States that the young person is in care.*
- *Details of what was discussed in visits, positives, and aspirations. There is evidence of involvement with the social worker in a pathway plan which is an assessment of her needs. The pathway plan is up to date and relevant to the young person's situation.*
- *There were positives throughout the audit, complimenting on his independence and how much he has grown up. Positives with his girlfriend and her family.*
- *Language is clear and simple. The young person would understand why decisions have been made*
- *The summary states that the young person told her social worker she struggles to trust people as well as that they will often test their boundaries with new people. This shows a sense of the young person and how they form and maintain relationships. There is evidence of a good relationship with the worker*
- *Language that cares has been used 😊*

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 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 based on:

- 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 November, Heads of Service were informed of 3 Cases of Concern. Including Cases of Concern from previous months, there are currently 44 children or young people being tracked by the QA Team, which will continue until the concerns are resolved.

Heads of Service are asked to update the QA Team monthly whether concerns are now resolved, or where they will be undertaking a further review. In November 3 Head of Service updates were provided, all of which identified that concerns had been resolved. The 44 children still requiring monthly Head of Service updates represents a large number and this requires improvement.

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. This report encompasses 19 completed audits. One (11%) rated practice as outstanding, 4 (36%) rated practice as good, 3 (27%) rated practice as requires improvement, and 1 (11%) rated practice as inadequate.

The thematic findings within these fostering audits were:

- a) The 1 audit rated as inadequate did not identify any immediate safeguarding concerns.
- b) Whilst much improved, timely recording and uploading of important documents (e.g., DBS checks, agreements, Personal Development Plans, Delegation of Authority) remains an ongoing focus of work.
- c) Generally, management oversight met expectations, there remain examples where this needs improvement.
- d) The case files rated as good demonstrated a high level of social work practice from Social Workers who have developed a relationship with carers and the children and young people they care for.
- e) Foster carers place a high value on and appreciate the support and training available to them, but a number of Supervising Social Workers need to discuss and record training plans with carers.
- f) Most foster carer respondents state that the support and supervision they receive from their allocated Supervising Social Worker is excellent. Most state that they would recommend fostering for GCC to others.
- g) Concerns have consistently been raised by foster carers about the availability and changes of Social Worker for children and young people.
- h) All foster carers spoken to highlighted that fostering allowances and expenses should be reviewed in line with the cost of living increases.
- i) Foster carers have raised the need for improved information-sharing by the child's social worker at the point of placement. This includes understanding their story, specific needs, and birth family.

The learning from audits about practice development and standards are being incorporated into the revised Fostering Improvement plan. We are currently focussing on three areas of development: Support to Children, Support to Carers and Recruitment and Retention of foster carers.

3.9 **Compliance and Quality Assurance Team (CQAT)**

This team is separate from Placements and Contracts in Commissioning to ensure independence and objectivity. It leads on developing, implementing and monitoring high quality compliance for all existing and new Providers; and offers compliance and Quality Assurance (QA) across the Children and Families Commissioning Hub. It undertakes Due Diligence (DD) of provision not on a GCC commissioned framework and quality assurance to help social workers and commissioners make informed decisions regarding a provider's ability to meet children's needs and be aspirational for them. It will also gather feedback from children and young people, social workers, IROs and multiagency partners to inform its evaluation of provision.

3.9.1 **Scope and Methodology**

Any Children's Residential Home, Independent Fostering Agency or Supported Living Provision with a current GCC Placement commissioned through the DPS or on a spot purchase basis could be in scope for a QA visit. In the current reporting period, the following have been in scope:

Type of Provision	Number of Providers	No. of separate units
Independent Fostering Agencies	42	N/A
Residential	53	88
Supported Living	25	58

Quality assurance activities comprise of visits (announced or unannounced), desktop reviews, and gathering information from professionals and (where possible) young people.

A desktop review may be carried out where concerns have been raised in order to decide whether a full QA visit should be carried out and whether this would be best conducted as an announced or unannounced visit.

Prior to an announced QA visit providers are requested to complete a pre-visit form that covers the following areas:

- Placement information relating to the GCC children and young people with the Provider
- Registration and inspection reports (where Ofsted have made any recommendations the Officer will ask for an update on progress from the Provider).
- Regulated reporting (e.g., s11 reports, regulation 44 reports)
- Dates policies and procedures were last reviewed, and amendments made
- Staffing arrangements
- Supervision arrangements
- Complaints or compliments
- Safeguarding
- Missing Persons
- Independent Visitor Reports (if applicable)
- Accommodation, Health and Safety

In advance of a visit feedback is requested from key professionals such as social workers and IRO's. Through the social worker we also ensure the young person can provide feedback where appropriate. During a visit where a young person is present, we seek to ask their views if they are willing to talk with the officer conducting the visit. Where we do not meet a young person or they do not want to speak with us a feedback form is left for them, to give them a further opportunity to share their views.

3.9.2. Due Diligence

Due Diligence (DD) is completed for any Provider not on the Southwest Leaving Care or Fostering DPS; or any Children's Residential Home not on the Southwest Residential DPS. DD requests usually come from the Placements Team within Commissioning.

Due Diligence can include reviewing key policies of the Provider, evidence of staff training and DBS certificates, insurance certificates, health and safety information and taking up references from other LA's.

Where a Provider is regulated by Ofsted the latest Ofsted report is reviewed as part of the DD and where Ofsted have made any recommendations the Officer will ask for an update on progress from the Provider.

3.9.3 Quality Assurance

The following areas are considered to prioritise QA activity:

- Supported living provision where this is unregulated
- Gloucestershire based provision (visits to out of county settings is dependent on Ofsted ratings and/or concerns that have arisen)

- Feedback received from children, young people or professionals that include concerns
- Providers downgraded to requires improvement or inadequate by Ofsted
- Information included in regulation 44 reports
- Provider has not completed a section 11 self-assessment audit
- Complex cases as directed by HOS for CQAT or the Assistant Director for Integrated Commissioning
- Multiple Placements where the Provider has given the Council immediate cause for concern

3.9.4. Section 11 Self-Assessment Audits

Type of Provider	Number Returned	Number Unreturned
Independent Fostering Agency	23	14
Residential	17	40
Supported Living	19	3

The unreturned s11 reports are tracked by the team and we, as part of our alignment with the broader QA activity, will develop an escalation process that connects with GCC and GSCP governance arrangements.

3.9.5. Reporting Period: July 2022 – September 2022

Activity	RAG Rating – Green (Good)	RAG Rating – Amber (Awaiting Ofsted Inspection or Requires Improvement)	RAG Rating – Red (Inadequate)	Number of children in scope	TOTALS
Due Diligence	6	8	1	27	15
Quality Assurance	2	8	2	44	1

- 29 DD requests sent in quarter
- 22 (76%) of those requests were urgent ones received from Placements, prior to placing a child.
- 54 professional feedback requests were sent to inform provider reviews and 34 (63%) replies were received.
- 16 DD cases remain in progress at end of the quarter
- 14 QA cases are in progress at end of quarter

Themes identified from recent visits:

- Some supported living providers have had insufficient evidence to demonstrate compliance with safer recruitment practices which is being raised with them as part of their improvement planning.
- Some providers report not receiving key paperwork from social workers such as pathway plans, relevant screening tools, and behaviour and risk manager plans.

It has been an exceptionally busy quarter for CQAT primarily due to the increased demand in urgent DD cases.

Providers that received a red RAG rating were required to complete an action plan, meet with CQAT to review progress and they continue to be under review. CQAT have since strengthened the process for this area of work to ensure a consistent approach with Providers.

All actions that come out of DD or QA activity are given timescales in which the Provider should respond. The officer that carried out the activity maintains responsibility to follow up the actions with the Provider through an agreed routine until these are concluded.

Areas that the team are focusing on:

- All red ratings to be formally reviewed and the outcome communicated to Providers.
- Prioritisation of providers by geography.
- Increased QA work.
- Increase the voice of the child or young person in QA activities.

3.10 Families First and Youth Support audit activity

Of the 6 audits completed in Families First, 5 (83%) were rated as good, and 1 (17%) was rated as requires improvement. This QA activity for Early Help does not encompass commissioned Early Help work.

These audits identified that improvement is needed in relation to engaging with fathers (including absent fathers) in assessment and intervention, and in clarifying the interrelationship between Early Help and FFAST (in fostering).

Management oversight was considered a strength in these audits as was the quality of direct work by meeting needs and promoting positive engagement. The timeliness of risk assessments and quality of safety planning continues to require improvement.

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 6 audits completed in Youth Support, all rated practice as good. These audits relate to a range of practices including Youth Justice (2 audits), Health (1 audit), NEET (2 audits), and exploitation and complex engagement (1 audit). The QA team are presently working with colleagues in Youth Support to secure the alignment of their audit tool with HMIP and YJB expectations.

Practice strengths were identified in multi-disciplinary and multi-agency partnership working, and in the prominence of young people's voices. A positive theme coming through these audits is the work with young people about their identity. It is a focus in assessments and therefore influences planning.

The consistency of management oversight is improving but work remains needed in this respect. A theme coming through in some of the audits was the complexity of the issues for some young people, including the impact of numerous care placements on the success of interventions.

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.

Auditors are 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 'groupthink'.

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
Jun 22	0	23	71
Jul 22	3	49	100
Aug 22	3	25	50
Sept 22	4	11	50
Oct 22	2	11	50
Nov 22	7	15	67

In November, there was an increase in the downgrading of audits (from 11 to 15%) and for practice rated as inadequate, 67% were identified through moderation.

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 November centred on the following:

- a) Steve has over some time referenced the impact of the moderator on the quality of audit. Apart from a minority of cases, there continue to be regular examples where the auditor and moderator combine well to effectively evaluate the quality of practice for the child/young person. There are other examples where the level of difference between auditor and moderator perspectives is more noticeable. Steve rightly advises that these differences need to be resolved before these audits are finalised.
- b) Some audits do not evidence how the effectiveness and impact of practice has informed the ratings that have been applied. In some circumstances this is addressed through moderation, but this was not evident in all examples.

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. Some of the difficulties for auditors and (a smaller number of moderators) are persistent and together with Steve we are undertaking a review of this in January 2023 to frame our understanding and determine next steps.

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. 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, 49 audits were completed, which reflects a rise in audit completion that will support a meaningful representation of practice.

In November, there was a pool of 118 staff, trained in the audit methodology. 91 of these function as auditors, and 27 as moderators. Two moderators are currently involved in supporting new moderators, rather than providing moderation. Eight moderate either bi-monthly or at a reduced level each month; 1 moderator has currently resumed auditing; and 2 moderators are currently exempt due to absence from work. On this basis, there is capacity presently to moderate 54 audits each month.

As it takes more time to identify and develop moderators, the current auditor-to-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 91 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 84 auditors available for monthly auditing. Of the 84 available trained auditors, 22 did not audit in November, due to being bi-monthly auditors. 1 auditor was given a monthly exemption by the Director of Children’s Safeguarding and Care, prior to allocation. This meant that 61 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, 3 further single month exemptions were given by the Director of Children’s Safeguarding and Care and 9 audits were not submitted. This resulted in 49 audits being completed. Of available auditors, in November, we had a completion rate of 79%, which is an improvement on the 67% completed in October but remains below the 90% target. 3 audits did not meet the standard for uploading to the child’s record, resulting in 46 completed audits. This means that 74% of the assigned audits contributed towards a representative profile.

Table 2

	Nov. 21	Dec. 21	Feb. 22	Mar. 22	Apr. 22	May. 22	Jun. 22	Jul. 22	Aug. 22	Sept. 22	Oct. 22	Nov. 22	Ave
No. audits completed	44	35	30	44	52	40	44	35	36	51	47	46	40

In the last 12 months we have completed, on average, 40 audits per month. As a proportion of the 4493 children open to Children’s Social Care in November 2022, this 12-month total (504) represents 11% of the service’s activity.

Although an audit is allocated to every team, the single month exemptions, audits not returned and audits not ready for submission means that 7 teams (15%) have not been audited in November. In the last three months, there is 1 team where no audit has been completed, 12 teams where one audit was completed and 9 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 quarter 3 22/23 to date, 93 audits have been completed. 96% of audits included the social worker and 98% included the Team Manager. Where an IRO or CP Chair was working with these children/young people, they were included in 92% 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 current quarter to date, 24% of children and young people (aged 4+) have been spoken to as part of audit, reduced from 33% in Q2 22/23. 58% of parents or carers have been spoken to as part of audit, increased slightly from the 58% in Q2 22/23, but reduced from 66% in both Q1 22/23 and in Q4 21/22. There remain, therefore, many audits where the voice of children, young people and their families have not contributed as needed. Continued rigour is 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 current quarter, where views have not been obtained, analysis of this feedback highlights that:

- a) 23 (24%) 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).
- b) 70 (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.
- c) 3 (3%) declined to provide views when asked.

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, there have been **99** audits completed, of which **78** contained Care Planning Actions.

Of these Care Planning Actions:

- 6 (73%) have been transferred to the child's plan **on time**.
- 4 (5%) have been transferred to the child's plan **late**.
- 46 (54%) where the Team Manager has **yet to provide an update**.
- 29 (34%) have **not yet been transferred to the child's plan**. All of these relate to November audits, where it is likely that a review has yet to take place.

In addition to this, there were 109 audits completed prior to September 2022, 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 November 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 262 non-care planning actions agreed from audit, of which:

- 61 (23%) have been completed **on time**.
- 27 (10%) have been completed **late**.
- 30 (11%) are **overdue**.
- 6 (2%) are **not yet due** to be completed.
- 138 (53%) where the **Team Manager has yet to provide an update** of which 99 were new actions from November audits.

In addition to this, there are 146 non-care planning actions, from audits prior to September 2022, which are overdue being completed or the team manager has not provided an update.

Compared with previous QAF reports, the timeliness of audit action completion has remained at 19%. There are several historic audit actions which have not yet been achieved and 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 was agreed and started 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 54 children and young people whose care plan has been

amended to reflect learning from audit. In addition to this, 244 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 Continuous Improvement Board (CIB), 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 that whilst the service, as a whole, is on an improving trajectory, this improvement remains inconsistent and there are a number of teams from which this inconsistency arises. Discussions about these teams with Heads of Service have confirmed the abiding observation that a confluence of workforce instability and workload demands are the most notable feature underlying this weaker practice. To this can be added the recognition that some managers require support to develop the conditions for consistently high performing teams, and as per the insights of Steve Hart (our independent critical friend), some of our practice leaders are not consistently identifying and rectifying weaker practice.

It is good to see that the Continuous Improvement Plan is attending to the contextual issues of workforce stability, ICT, and workload whilst also looking to the finer elements of practice improvement outlined both in this report and by the inspectorate.

This report therefore recommends action is taken in relation to:

- a) Whilst there is cause for optimism in the improving practice for children in need of protection, rigorous attention remains needed to the quality of this practice.
- b) Watchful oversight for the next 3 months of the quality of practice for those children, young people and families in receipt of an Assessment service.
- c) Better responsiveness from the service in relation to audit findings; including urgent attention by senior managers to resolve the cases of concern; and review outstanding audit actions. Until these indicators of responsiveness are addressed, we leave too many children in need of service improvement we have deemed necessary. The service remains vulnerable to the previously stated challenge from the regulator on this matter.
- d) Reinforcement is needed across the service of the importance to assess and work with capacity to make and sustain change. The roll-out of Systemic Practice and its emphasis on second order thought and change will be helpful in this regard; but it is further recommended that the Academy's 'Ability to Change' offering be rolled out to teams.
- e) The roll-out of the Supervision policy needs to be maintained as a key priority of the Continuing Improvement Plan.
- f) The emphasis on Systemic Practice will be reinforcing the need for workers to use chronologies and genograms well, but it appears that this will need additional emphasis from team managers to support well-rounded assessments. Similarly, team managers and advanced practitioners need to encourage the use of the Graded Care Profile throughout the service where neglect is a feature.
- g) A unified risk assessment and planning format, which incorporates the Essentials risk prompts, is needed across the operational teams.
- h) Continuing integration (structural and reporting) between CQAT and the Academy QA function to continue, with reference to wider syntheses of QA for the department.