

<b>REPORT:</b>	<b>Children's Services Quality Assurance – distribution</b> copy	<b>MONTH:</b>	<b>June 2023</b>
<b>AUTHORS:</b>	<b>Claire Lawton</b> (Head of Quality) <b>Sam Haines</b> (Academy Service Manager) <b>Carmel Porter</b> (Quality Assurance Manager)		
<b>SPONSOR:</b>	<b>Rob England</b> (Acting Assistant Director for Integrated Commissioning – Children, Young People and Families)		

### Quality Assurance: Performance Snapshot

RAG	Measure	Perf	Direction of Travel
Yellow	<b>Number of audits completed to accepted standard and uploaded</b>	42	Has remained just under baseline (45) over last 6 months, reduced from 47 in Oct '22.
Yellow	<b>Audit completion rate</b> (Target 90%)	88%	Steady increase from 71% in Jan '23 and now approaching target (90%)
Yellow	<b>Percentage rated Good and Outstanding</b> in current quarter (short-term target 50%)	43%	Improvement from 44% to 55% in last 15 months has not been sustained in this quarter, falling below target (50%).
Yellow	<b>Percentage rated RI</b> in current quarter	49%	Broadly within target relative to proportions of Good and Inadequate.
Green	<b>Percentage rated Inadequate</b> in current quarter (short-term target 9%)	3%	Within target over the last 12 months, reduced from 15-20% in the previous 12 months.
Red	<b>Percentage of audit actions from previous month within timescale</b> (Target of 80%)	40%	Improved from the 29% in Q4 22/23, but remains well below target. The number of overdue audit actions, however, continues to reduce from 131 to 118.
Yellow	<b>Quality of assessment</b> in current quarter (percentage of assessments evaluated as 'Good' or better) (short-term target 50%)	45%	The improving trajectory of 44% in Q1 to 52% in Q4 22/23 and has not been sustained in Q1 23/24, falling below target (50%).
Red	<b>SMART planning</b> in current quarter (Percentage of plans evaluated as 'Good' or better) (short-term target 50%)	32%	The improvement seen from 33% in Q2 22/23 to 45% in Q4 22/23, has not been sustained in the Q1 23/24 and sits well below target.
Yellow	<b>Management oversight</b> in current quarter (percentage of 'Good' or better oversight & supervision) (short-term target 50%).	49%	Steadily improving over last 15 months from 41% in Q1 22/23, and now approaching our target (50%) in Q1 23/24.
Red	<b>Child/young person involvement (aged 4 yrs. +)</b> in current quarter (target of 80%).	37%	Steadily improving from 28% in Q3 22/23. Further improvement needed to meet 80% target.
Red	<b>Family involvement</b> in current quarter (Target of 80%).	63%	Previous improvement (from 56% Q2 to 71% in Q4 22/23) has not been sustained in Q4 23/24; and remains below target.
Green	<b>Social Worker involvement</b> in current quarter (target of 95%)	99%	Target has been consistently met over last 18 months.
Green	<b>Team Manager involvement</b> in current quarter (target of 95%)	100%	Improved from 91% in Q2 22/23 and exceeding target (95%) over the last 3 quarters.
Green	<b>IRO/CP Chair involvement</b> in current quarter (target of 95%)	100%	Improved from 93% seen in Q2-Q4 22/23, returning to previous consistently high levels.

**Note:** This report favours quarterly reporting profiles which offer more proportionate and representative findings. Core audit activity was paused in June 2023, to focus on quality assurance activity arising from our JTAI. This report, therefore, reflects the aggregated findings of April and May audits.

## 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 separately. 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 but we continue to challenge ourselves on closing out actions from audit, where performance has yet to meet expectations.

The recent refresh of the QA framework now means that this report will include more diverse QA activities. These include reports on bi-annual Practice Weeks, regular reporting from the QA work of CP chairs and IROs, QA on commissioned placements for children, and aggregated learning from the Strategic Learning (QA) Group.

## 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 in February 2022, the intention now is to maintain low levels of inadequate practice and generate more consistently good services for children, young people, and families.

**The trajectory of practice rated as inadequate has stabilised in the last 12 months and is now offering a far more consistent trend where the target (9% or less) has been met, with 3% inadequate practice identified in this quarter.** Levels of practice rated Good or Outstanding had been steadily increasing over the last 15 months and exceeded the 50% target in Q4 22/23. Unfortunately, this has fallen slightly below target (to 48%) in Q4 23/24.

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.

When combining low RI and Inadequate scores, the increase in 'weaker practice' seen in Q4 22/23 has been maintained at 35% in Q1 23/24, with the majority of this arising from practice identified as low RI. Whilst it is encouraging that this is not translating into inadequate practice, we are aware that greater consistency is required.

It is undoubtedly positive that diverse QA feedback loops are being created and offering a more rounded view of practice which in turn aids our confidence in self-evaluation.

## 2.1 Quality of Practice

Findings from recent months indicate the following notable practice themes:

- a) Observable and reportable practice is usually better than **recorded practice**. Areas of practice development relates to delay or gaps in recorded practice. There does seem to be a correlation between quality recording (including regular reflection and analysis) and interventions being more purposeful, effective and making a positive difference in the lives of children, young people and their families.
- b) 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. Analysis of change (in line with our systemic principles of first and second order change) would notably improve supervisory oversight.

The revised supervision policy (under the Continuing Improvement Plan) has now been in place for 3 months and a sample of supervision records have been reviewed by the QA team and the findings from this are set out in section 3.6 below. These findings mirror the themes detailed above, which provides positive assurance in the reliability of audit findings. Positively it was found that, **where the systemic prompts were used** to frame supervisory conversations, the **quality of decision making and subsequent practice with children and families improved**. More work is needed to embed these systemic prompts consistently across supervisory conversations.

- c) The proportion of **assessments** rated as good or better was steadily increasing between Q1 and Q4 22/23 (from 44% to 52%), but this has reduced to 45% in Q1 23/24, suggesting that the quality of assessments remains variable.

The majority of assessments involve appropriate information gathering from the child, primary carer and key professionals. The quality of understanding, however, is being impacted by a lack of change analysis and what this means for the risk of harm and planning/intervention.

There continues to be a theme of key adults and/or agencies not being included in assessments - this is typically non-resident parents; partners of parents; and agencies working with these groups of adults. Our audits focus on the 'single assessment' as the primary form of assessment, rather than how our evolving understanding is captured and analysed between formal assessment points. It is also often noted that practitioners have a more sophisticated understanding of children and young people's needs and circumstances than is reflected on their file.

Themes within outstanding audits reflect a strong focus on collaboration with young people/key family members and assessment being used as an intervention rather than just an information-gathering exercise.

The use of up-to-date chronologies and genograms remains an area for improvement, both to inform current assessment and intervention and also at the conclusion of social work services. Furthermore, neglect is a prominent reason for social work involvement, but the use of the Graded Care Profile is not yet routinely embedded.

- d) When risk of significant harm to children and young people is identified, **threshold decision-making** is generally consistent. Where delays in decision-making have been noted, this is strongly correlated with overall weaker practice, with this being both a contributing and causative factor.

Agreeing impactful interventions as a result of threshold-decision-making remains an area for improvement, especially when a social work service is no longer applicable because of level of need or withdrawal of consent. There is also lack of evidence of coordination with other relevant risk management mechanisms (e.g., MAPPA/MARAC) which, for example, does not align with the volume of Domestic Abuse activity within the service.

The format for risk assessment and planning has yet to be standardised across the service with a working group having formed to progress this.

- e) 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 forming effective working relationships and working with safe uncertainty around risk of harm (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.
- f) The quality of **planning** is not yet consistently good and levels of planning rated good or better has reduced in the most recent quarter (from 45% to 32%). There is not always a consistent thread through from assessment, planning, intervention, supervision and review.

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 can 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 address 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.

Step-down and exit planning can be strengthened to reduce the need for repeat work. There are some situations where a child/young person's social work service is ending with an analysis that re-referral to children's social care is likely, without evident step-

down planning with the family and multi-agency network to consider how this likelihood can be reduced.

Most children/young people have contingency and safety planning when needed. These would be improved with greater realism about reducing the risk of harm or amending when risk of harm is not reducing. More co-production of these plans with families will help in these respects. Consistent use of effective safety planning during s47 enquiries also requires improvement.

These patterns of inconsistent quality of plans have been identified over a sustained period of time. To better understand this inconsistency a dip sample of planning (as seen through audits) was undertaken in June. These dip sample findings are set out in section 3.5 below. Whilst the above themes featured within a number of plans requiring improvement, no specific factors presented as having a stronger impact on the effectiveness of planning. Within Outstanding planning, however, the relational engagement of those involved in delivering the plan (child/young person, parents, carers, professional network) was a necessary feature in the plan being effective and progress being made for the child/young person. This suggests that a focus on engagement will be critical in establishing consistency in planning that makes a meaningful difference in the lives of children and young people.

- g) Audits are increasingly highlighting intentional **visiting** but more appears needed in translating this into effective visiting. That is, in our better-quality visits there is a purposeful balance of direct work with parents and children/young people that includes change interventions and observations of family life to understand the difference interventions are making. This is not established practice across our visiting and interventions with families.

Some audits have identified that children are not seen in a timely way when concerns were raised and that the subsequent visiting frequency is not reviewed to respond to emerging needs. Greater consistency is also needed in '*direct work*' with children focusing on the understanding their lived experience in the context of the reasons for our involvement.

- h) 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. Recent audits have highlighted several 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 mental health needs/risks have been identified.

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 (where practitioners and managers have undertaken Systemic training) of greater consideration of Social GRACES and other systemic concepts.

- i) **Communication** between social workers and foster carers or commissioned providers of homes for children needs to improve. This includes sharing assessments, plans, risk assessments and other key information.
- j) The offer of **Permanence** can improve. This is not only for children in our care, as those remaining in the care of their family need a better analysis of the family's capacity to make sustained change, particularly prior to reducing our level of intervention.

Children on the edge of care need better exploration of their family/friends to remain within their family networks 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.

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. Reunification that is driven by a lack of alternative placement availability is an area of particular concern. Whilst these examples are not large in volume, there are examples where circumstances appear to have inclined us towards reunification which we would not have ordinarily done if we had an alternative option.

Permanence planning around young people's **transition into adulthood** requires 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. Furthermore, for our care leavers, their key workers in supported accommodation arrangements do not always appear clearly as a stakeholder in the team around the young person.

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

**For children subject to assessment, the improvement in their quality of service has been maintained.** Following a substantial drop-in practice rated good or better in Q2 22/23 (from 47% to 21%), this has been recovered and built upon; increasing to 63% in Q1 23/24 and reflecting a pattern comfortably above target (50%). **There has also been no inadequate practice identified for these children in the last 2 quarters**, which is improved from the 12% identified in Q3 22/23. Practice at the lower end of the RI judgment has increased slightly in Q1 23/24, but remains below the levels of weaker practice seen in Q3 22/23.

**For children in need of help, their quality of service remains variable.** Practice rated good or better had been improving, from 21% in Q2 to 51% in Q4 22/23, but has reduced in Q1 23/24 to 35%. This falls well below our 50% target. **Practice rated as inadequate, however, has been within our 9% target for 4 consecutive quarters.** Practice at the lower end of the RI judgement has increased, which mirrors the pattern of variability in quality of service for these children.

**For children in need of protection, their quality of service remains variable.** Over the last 15 months, practice rated good or better has alternated between improving in one quarter and reducing again in the subsequent quarter. **Overall, levels of stronger practice have increased over this time (from 23% to 39%),** but regular dips in quality suggest a need for further consistency in this improvement. Practice rated as inadequate has also been highly variable in this period, falling within our 9% target in one quarter and then rising above this in subsequent quarters. Whilst we might expect levels of practice rated good or better to increase, when levels of inadequate practice reduce, this has not been the case. This unexpected pattern would benefit from further enquiry, particularly given the inherent

vulnerability for those receiving a child protection service. Practice at the lower end of the RI judgement has reduced over the last 3 quarters.

For children with **disabilities**, the practice improvements that declined in Q4 22/23, have been recovered in Q1 23/24. **Practice rated good or better has increased from 17% to 80% and practice rated inadequate has reduced from 33% to none being identified** in this most recent quarter. The lower volume of auditing for children with disabilities means that longitudinal measures are more likely to represent sustained practice change for these children and so it is encouraging that, overall, this is a positive trajectory over the last 15 months. Practice at the lower end of the RI judgment has reduced in the most recent quarter.

### **The experiences and progress of children in care and care leavers**

For our **children in care**, practice improvements have halted slightly in the most recent quarter, **but remain within levels that meet our improvement targets**. Practice rated good or better, has reduced slightly from 74% in Q4 22/23, to 71% in Q1 23/24, but continues to reflect a high number of children receiving an effective service that is making a positive difference in their lives. Practice rated as inadequate has increased from none identified in Q4 22/23 to 7% in Q1 23/24, which remains within our 9% target and maintains the trend of this being met over the last 15 months. Practice at the lower end of the RI judgement has also increased in Q1 23/24 and reflects a polarity in stronger and weaker practice for our children in care.

The above is also somewhat reflected in the QA reporting from the IRO team which, in June 2023, saw a reduction in good practice (from 69% to 60%), but also saw inadequate practice remain relatively stable, at 2%. Given the challenges for the department in providing all children in care with good homes we need to be careful to not inflate our estimations of practice in this area. Added to which, we continue to support a small group of young people in unregistered supported living arrangements which would most likely attract an automatic rating of inadequate. These patterns have also been noted in IRO progress checks, with reductions noted in the quality of care-planning and only 41% of young people in our care being assessed as having achieved permanence.

For our **Care Leavers**, the quality of their service appears to be improving. **Practice rated good or better has increased from 33% (in Q1 22/23) to 50% in Q1 23/24**. There was also a particularly high level of practice rated good or better identified in Q3 23/24, at 84%. Levels of inadequate practice have been more variable over the last 15 months. Some quarters have shown high levels (22% in Q1 22/23 and 14% in Q4 22/23), but **no inadequate practice was identified in Q2 22/23 or most recently in Q4 23/24**. Practice at the lower end of the RI judgement has also been variable over this period, showing similar reductions in the most recent quarter. Lower levels of core auditing for Care Leavers may affect the representability of these quarterly variations and so additional quality assurance activity is being developed for them, through the Strategic Quality Practice Group.

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

Some teams are navigating considerable pressures, and this is reflected in the experience of staff in these areas. In the main, however, staff express high levels of commitment, pride, passion, and good morale. Practitioners and managers have a good knowledge and understanding of the children, young people, and families they support. Mostly, there is an open, learning culture and it is positive that we find evidence of systemic approaches taking hold in a number of places across the service. Staff describe leaders at all levels as approachable.

The notable variance between good and weak practice for children subject to child protection plans indicates improved oversight is needed by managers and CP chairs of the quality of practice for these children.

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.

### 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.

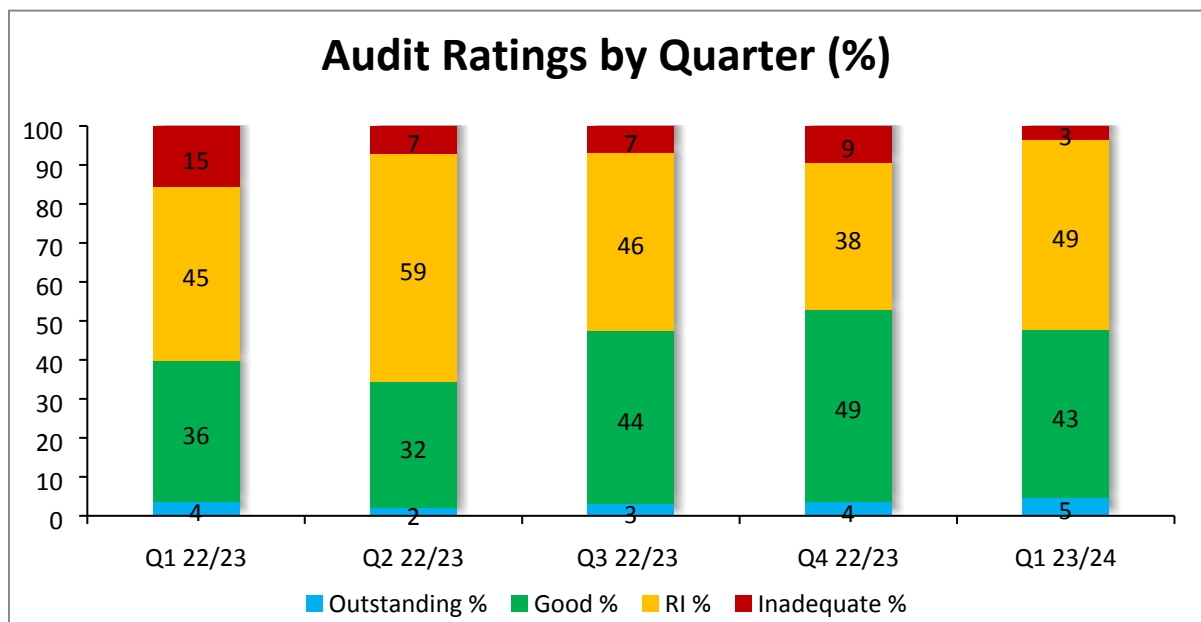
### 3.0 How are we doing?

#### 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, our target of 9% inadequate practice has been met or exceeded for 4 consecutive quarters and sits at encouraging low levels (3%) in Q1 23/24. The steady improvements in practice rated good or better, however, have not been sustained in Q1 23/24, reducing from 53% to 48% and sitting slightly below target (50%).

The QA team reviews audits to address practice at the lower end of the RI rating and this provides an important indicator of trajectory and a focus for targeted improvement activity.

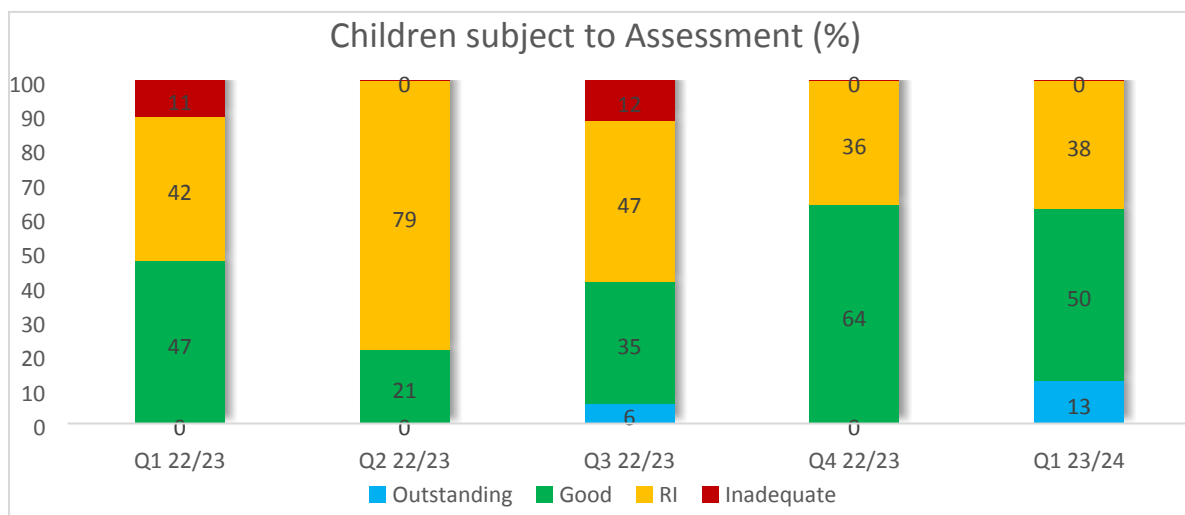


Levels of work at the lower end of the RI judgment had begun to reduce in Q4 22/23, but have increased again in Q1 23/24. When combined with levels of inadequate practice, levels of weaker practice continue to be variable.

### 3.2 Audit Ratings by legal status

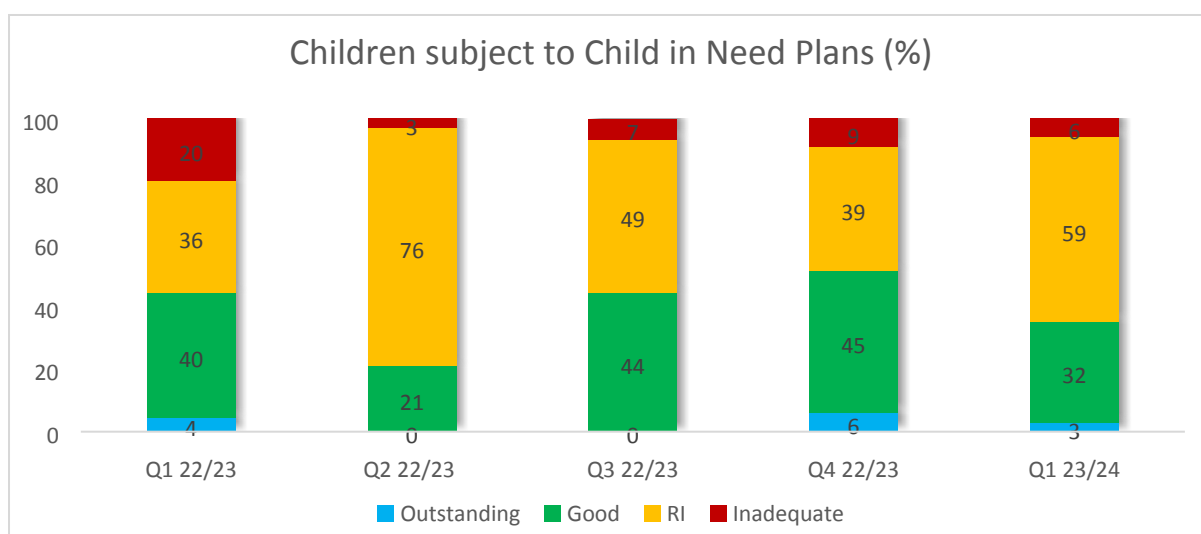
Patterns of audit ratings by child’s legal status are reflected below in **Figures 2 - 7**, comparing audit ratings for each legal status, by quarter, over the last 15 months.

**Figure 2**



The profile in **Figure 2** reflects that, for children subject to **assessment**, the improvement in their quality of service has been maintained. Following a substantial drop-in practice rated good or better in Q2 22/23 (from 47% to 21%), this has been recovered and built upon, increasing to 63% in Q1 23/24 and reflecting a pattern comfortably above target (50%). There has also been no inadequate practice identified for these children in the last 2 quarters, which is improved from the 12% identified in Q3 22/23. Practice at the lower end of the RI judgment has increased slightly in Q1 23/24, but remains below the levels of weaker practice seen in Q3 22/23.

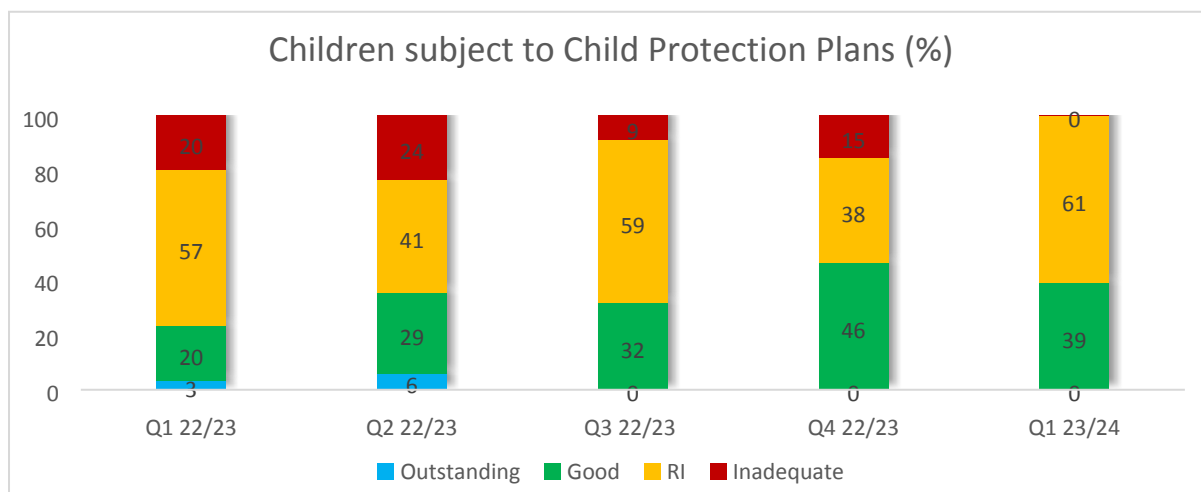
**Figure 3**



The profile in **Figure 3** reflects that for children in need of help, their quality of service remains variable. Practice rated good or better had been improving, from 21% in Q2 to 51% in Q4 22/23, but has reduced in Q1 23/24 to 35%. This falls well below our 50% target. Practice rated as inadequate, however, has been within our 9% target for the last 4 consecutive

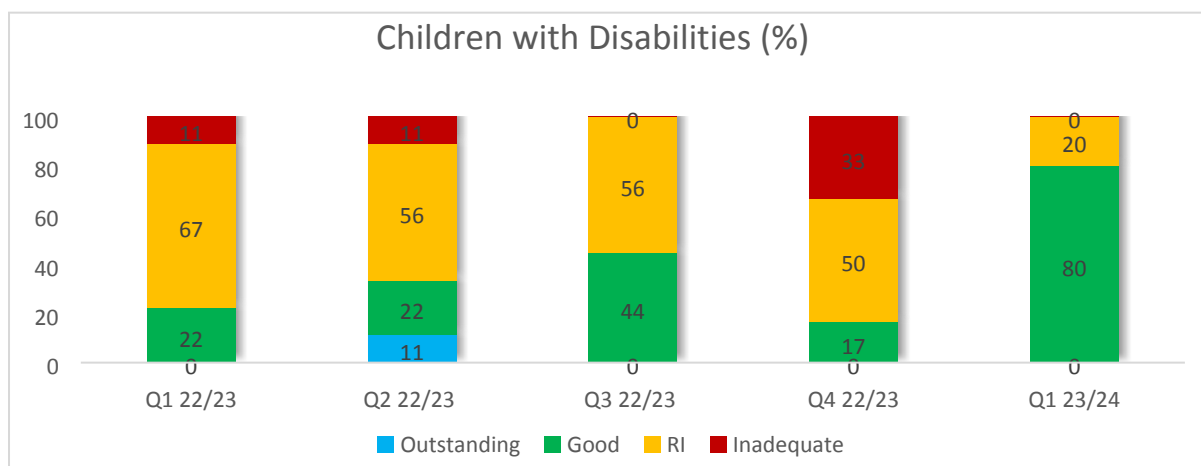
quarters. Practice at the lower end of the RI judgement has increased, which mirrors the pattern of variability in quality of service for these children.

**Figure 4**



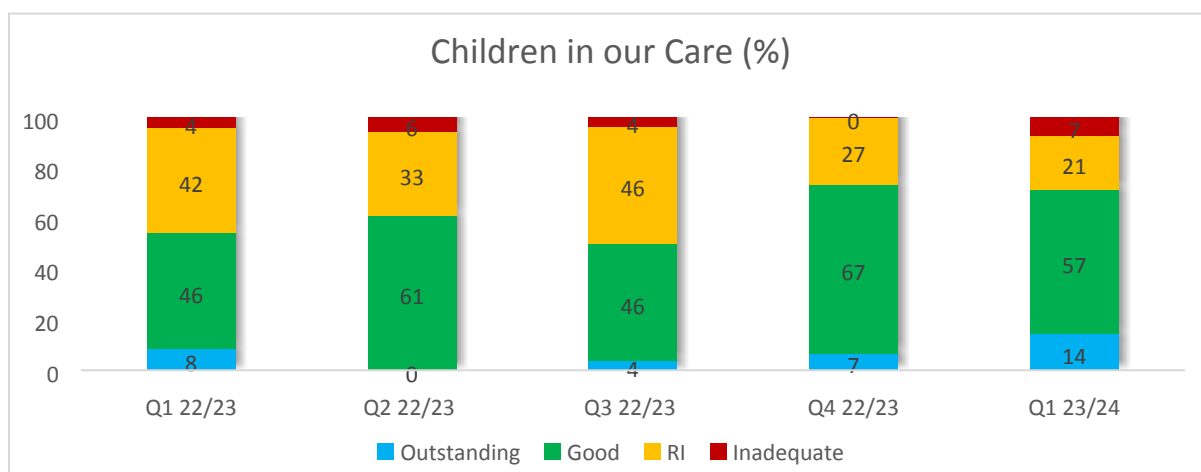
The profile in **Figure 4** reflects that, for our children in need of protection, their quality of service remains variable. Over the last 15 months, practice rated good or better has alternated between improving in one quarter and reducing again in the subsequent quarter. Overall, levels of stronger practice have increased over this time (from 23% to 39%) Practice rated as inadequate has also been highly variable in this period, falling within our 9% target in one quarter and then rising above this in subsequent quarters. Whilst we might expect levels of practice rated good or better to increase, when levels of inadequate practice reduce, this has not been the case. Practice at the lower end of the RI judgement has reduced over the last 3 quarters.

**Figure 5**



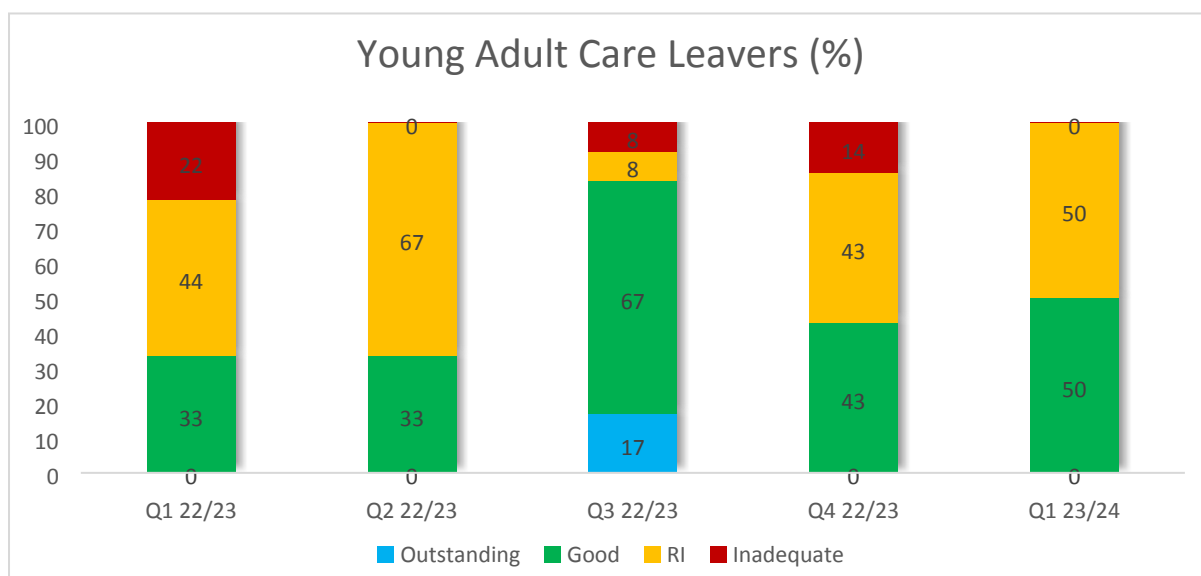
The profile in **Figure 5** reflects that, for children with disabilities, the practice improvements that declined in Q4 22/23, have been recovered in Q1 23/24. Practice rated good or better has increased from 17% to 80% and practice rated inadequate has reduced from 33% to none being identified in this most recent quarter. The lower volume of auditing for children with disabilities means that longitudinal measures are more likely to represent sustained practice change for these children and so it is encouraging that, overall, this is a positive trajectory over the last 15 months. Practice at the lower end of the RI judgment has reduced in the most recent quarter.

**Figure 6**



The profile in **Figure 6** reflects that, for our children in care, practice improvements have halted slightly in the most recent quarter, but remain within levels that meet our improvement targets. Practice rated good or better, has reduced slightly from 74% in Q4 22/23, to 71% in Q1 23/24, but continues to reflect a high number of children receiving an effective service that is making a positive difference in their lives. Practice rated as inadequate has increased from none identified in Q4 22/23 to 7% in Q1 23/24, which remains within our 9% target and maintains the trend of this being met over the last 15 months. Practice at the lower end of the RI judgement has also increased in Q1 23/24 and reflects a polarity in stronger and weaker practice for our children in care.

**Figure 7**



The profile in **Figure 7** reflects that, for our **Care Leavers**, the quality of their service appears to be improving. Practice rated good or better has increased from 33% (in Q1 22/23) to 50% in Q1 23/24. There was also a particularly high level of practice rated good or better identified in Q3 23/24, at 84%. Levels of inadequate practice have been more variable over the last 15 months. Some quarters have shown high levels (22% in Q1 22/23 and 14% in Q4 22/23), but no inadequate practice was identified in Q2 22/23 or most recently in Q4 23/24. Practice at the lower end of the RI judgement has also been variable over this period, showing similar reductions in the most recent quarter. Lower levels of core auditing for Care Leavers may affect the representability of these quarterly variations and so additional quality assurance activity is being developed for them, through the Strategic Quality Practice Group.

### 3.3 Audit Ratings by Team

Twenty-two teams (49% of teams in scope) have met or exceeded the targets for Good (50%) and Inadequate (9%) practice in the last 6 months. Seven teams (16% of all teams in scope) are showing variance in practice in the last 6 months. Whilst meeting the old targets for practice rated as Good (40%), there are also indications of weaker practice not meeting target.

Apart from those teams noted above, thirteen teams (29% 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). Fifteen teams (33% of all teams in scope) are displaying a rating of 40% or more of practice rated as 'weaker'; and 9 teams (20%) 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 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.

Heads of Service were informed of 3 new Cases of Concern. Including Cases of Concern from previous months, there are currently 6 children or young people being tracked by the Quality Assurance Team, which will continue until the concerns are resolved.

Heads of Service are asked to update the Quality Assurance Team monthly whether concerns are now resolved, or where they will be undertaking a further review, and a date is requested for action. Twenty-five Cases of Concern were reviewed by Heads of Service, with 22 being confirmed as resolved and 3 being subject to ongoing Head of Service oversight. This reflects a significant increase in Head of Service oversight of Cases of Concern and an encouraging increase in the number for whom concerns have now been resolved. Of the 6 cases of concern still subject to Head of Service oversight, two are for children where concerns remain unresolved from March 2022 and October 2021 and therefore require urgent attention.

### 3.5 Dip Sample Activity in relation to Planning

Recent QAF reports have reflected slower and inconsistent improvement with respect to the quality of plans. Planning rated as good or better was at 33% in Q1 23/24, compared to 45-50% for all other areas of practice. A dip sample of plans audited between February and April 2023, has therefore been undertaken to better understand this. Fifty-four audits which identified planning as requiring improvement and 5 audits which identified planning as outstanding were reviewed, to consider the factors that had led to this rating being applied.

Within the 54 plans requiring improvement, there was not a strong pattern of factors that contributed to this rating being applied, with the highest correlation being that 39% of these plans were not SMART. This suggests that the 61% of plans that were SMART, did not in itself result in effective planning that made a positive difference to the child/young person's situation. The report suggests that whilst the structure of written plans being specific, measurable, achievable, relevant and timely is important, compliance with these principles is

not sufficient to result in the good or better planning that children and young people to make a positive difference to their situation.

The dip sample also found that when evaluating planning, auditors attended to a range of forms of planning (care planning, permanence planning, safety planning and contingency planning) and that the absence of one or more of these formed a primary rationale for planning requiring improvement. This could suggest that a higher standard is being set for the presence of expected plans, rather than the overall effectiveness and impact that collective planning is making in the child/young person's situation.

Within the 5 plans rated as Outstanding, the dip sample found that auditors' evaluation gave greater focus to the impact of planning in terms of progress for the child/young person, rather than the procedures of planning had consistently met standards, with 80% identifying the impact of this progress as the primary rationale for rating as Outstanding. Within these, the active engagement of parents, carers and the professional network within developing, progressing and reviewing the plan was also associated with the plan being effective in achieving meaningful change for the child, in 80% of plans reviewed. Whilst these findings arise from a smaller sample of audits, they align with the foundation of our Systemic Practice framework, that lasting change occurs in the context of effective relationships; and our aspiration towards Family-Led Decision Making.

The findings of this dip sample will be considered at the next Strategic Quality Practice Group in August, where recommendations and practice improvement actions will be confirmed.

### **3.6 Dip Sample Activity in relation to Supervision**

In January 2023, the Gloucestershire Children's Social Care Supervision Policy was revised to align with the implementation of Systemic Practice within Children's Services. To understand how effectively this has been implemented into core supervisory practice, a dip sample of supervision records has been undertaken and will be repeated by the QA Team on a quarterly basis for the next 12 months, to review the continued progress and impact of implementing a systemic model of supervisory conversations and records.

Twenty-five files were reviewed from across all Children's Social Care localities and included children/young people receiving a service in the stages of Assessment; Child in Need; Child Protection; Child in Care; Young Adult Care Leavers.

The dip sample found that:

- 68% of files reviewed met the expected standards for supervision frequency; with this more consistently met within assessment (100%) and child in need (80%) services, than within child protection (57%) and child in care (43%) services.
- 72% of actions agreed in supervision had clear timescales established and 60% of these actions were subsequently reviewed.
- The Anchor principles were consistently embedded within supervisory records, with 84% of files reviewed effectively using these as a framework for recording.
- The agreed Systemic Prompts were used explicitly within 28% of files reviewed and a further 36% demonstrated some evidence of systemic concepts informing the analysis developed and actions established within supervision. This suggests that Systemic Practice is informing supervisory conversations in 64% of cases reviewed.
- Where the agreed Systemic Prompts were explicitly utilised, this provided a greater depth of analysis, a clearer rationale for quality decision making and was correlated with improved practice with, and outcomes for, the children and young people concerned.
- A greater use of systemic ideas was seen informing May supervision records, than was seen in February supervision records, which suggests increasing use as the policy is being embedded across teams, alongside a broader programme of Systemic Practice implementation.

The findings of this dip sample will be considered at the next Strategic Quality Practice Group in August, where recommendations and practice improvement actions will be confirmed.

### 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 their last review of audits, the Ambassadors found a reduction in the quality of relational practice:

- a) In 43% of the audits sampled there was evidence of a reasonable or good relationship between worker and child/young person. This is reduced from 67% in previous months.
- b) 29% of the sample offered case summaries with a good focus on, and representation of, the child with accessible language. This is a notable reduction on previous months (c.67%)
- c) 29% of the sample drew through the views of the child and demonstrated direct work. This is reduced from the 75% seen in recent months and there still appears to be missed opportunities to propose the use of Mind of My Own with children and young people.
- d) 29% offered information about the child, their likes, dislikes, interests and achievement. This reflects a reduction on previous improvements (from 30% to 50%).

More positively, the Ambassadors found that 71% used appropriate language (including Language that Cares) which is an improvement on the 50% seen in previous months. In 100% the reasons for decision-making were easy to understand. In some 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, but this was reduced from previous months.

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

- *Notes of conversations held during visits are recorded in a way of 'you said' using direct quotes from the young person. Young person enjoys living with her grandparents and appears to have a good relationship with her social worker. Notes are detailed, with regular communication.*
- *The child's summary has a section which are direct quotes from the young person. I can really get a picture of what the young person is like, what they enjoy and how they like to be supported. There is a good summary of G in this moment, and this will be good for G to look back in the future. There is a whole section on G's needs right now. The 'Brief History' section provides enough detail for G to understand why she is in care, but also does not go into unneeded detail. Other family members are mentioned when in relation to G. The language is understandable and clear.*

- *There is evidence of good quality visits to J where different direct work tools are used to capture her wishes and feelings. The hot air balloon for change exercise was used well with her and her mum. J's views, as well as both of her parents, are included in the assessment.*
- *Child will most definitely understand why decisions have been made, and she already does as she has done work with her social worker on this. Language is clear and simple with limited acronyms and uses language that cares throughout. Child or wider family have not been labelled at all.*
- *The language is clear, and I believe that E would be able to understand the decisions made about him. The record goes into detail around decisions and why Social Care is involved.*

### 3.6 **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. In June 2023, 7 audits were completed in fostering: 14% rated practice as good, 72% rated practice as requires improvement; and 14% rated practice as inadequate. Compared to April and May audits, this represents a reduction in good practice and an increase in weaker practice.

The thematic findings within these fostering audits were:

- a) The inadequate practice identified related to a lack of foster carer recording, which had been persistent over some time. Within all audits, the foster carers were identified as being attuned to the needs of the children/young people in their care and able to advocate for them well.
- b) Much of the practice requiring improvement resulted from a need for more timely recording, uploading and sharing of completed documents with carers. These include delegation of authority, child's care plan, views of children living in the home, actions from health and safety checks, supervision agreements and records, personal development plan of foster carers, up to date DBS checks). This remains an ongoing focus of improvement work within the service.
- c) Foster carers place a high value on and appreciate the support and training available to them. All those spoken to described the support from their supervising social worker as good or excellent; 80% described online training available as good or excellent; and 60% stated that they would recommend our service to those interested in fostering.
- d) Foster carers have identified that they appreciate communication from a team manager when their supervising social worker has extended absence from work and that this does not happen in all instances.

The learning from audits about practice development and standards are being incorporated into the revised Fostering Improvement plan. There is a current focus on two areas of development: fostering service development and performance / quality assurance.

A review of learning from audits over the last 12 months has been included in the Fostering Annual Report, which is shared with foster carers and all staff in the service. A 'You Said-We Did' newsletter continues to be produced to reflect the response to feedback received from foster carers.

### 3.7 **CP Team – QA reporting**

CP chairs undertake regular QARs (Quality Assurance Reviews) to monitor the progress of the child's plan and outcomes between CP conferences. The following offer the collective findings from these QARs in Q1 23/24:

- a) 58% of children reviewed had been visited within expected timescales, reduced from 75% in Q4 22/23. Most indicate consideration of the child's lived experience and that children are being seen alone for their views to be understood.
- b) A relatively high proportion of plans (55%) have yet to provide a good service in reducing the identified risks and achieve positive outcomes.
- c) 71% of the practice reviewed saw the actions of partner agencies progressing the CP plan; an improvement on the 66% in Q4 22/23.
- d) There is improving appropriate use of the pre-birth protocol for unborn babies subject to CP Plans (79%) and child exploitation tools (67%).
- e) The Quality of Care tool continues to be used too infrequently (reduced from 32% to 27%) when neglect is a feature.

### 3.8 IRO team – QA reporting

IROs undertake regular progress checks to monitor the progress of the child's plan and outcomes between child in care reviews. The following offer the collective findings from these progress checks in May and June 2023:

- a) In May, 69% of practice was rated by IRO's as good or better, 28% was rated as requiring improvement and 2% was rated as inadequate. In June, there was a reduction in practice rated good or better (69% to 60%) and an increase in practice rated as requiring improvement (28% to 39%). Practice rated as inadequate has remained relatively stable at 2%.
- b) In May 100% of checks involved consultation with the social worker, reducing to 92% in June. Around a quarter involved the carer, child/young person and parent(s) in May, increasing to around half in June.
- c) In May 82% of children reviewed received timely statutory visits, reducing from 94% in April. This had been somewhat recovered in June, increasing to 92%. In May and June, all files reviewed evidenced the child's wishes and feelings being gathered within visits. For May progress checks this also reflected the child's lived experience being considered, with this being seen in 98% of files reviewed in June.
- d) In May and June, around 90% of IRO progress checks highlighted that the child was settled in their current home and was regularly seeing the important people in their life.
- e) In May, 94% of children reviewed had been offered advocacy or an independent visitor. This was reduced in the June progress checks (to 81%), but both reflect an increase on the 78% seen in April.
- f) In May, 50% of child's records reviewed reflected evidence of life story work being undertaken. This was reduced in June progress checks (to 45%), but both reflect an increase on the 40% seen in April. This still reflects a majority of children and young people who do not seem to be benefitting from life story work with a trusted adult.
- g) There are indicators that progression of care/pathway planning could be declining. In June, 67% of children reviewed had an up-to-date plan, reduced from 83% in May; 72% of plans were making a positive difference to outcomes for the child, reduced from 78% in May and 83% in April; 48% of plans had evidence of actions being progressed, reduced from 61% in May; and only 41% were assessed as having achieved permanence, which was also at this level in May.

### 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 new and existing Providers. 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 also gathers feedback from children and young people, social workers, IROs and multiagency partners to inform its evaluation of provision.



### **3.9.1 CQAT: 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.

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 CQAT: 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 CQAT: 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 CQAT Reporting Period: January 2023 – March 2023**

In this reporting period, it is recognised that there has been a reduction in quality assurance activity, due to a reduction in staffing within the team and a lower number of Due Diligence (DD) requests being received.

- 16 DD requests received in quarter.
- 6 (38%) of those requests were urgent ones received from the Placements team in GCC Commissioning
- 6 DD checks remain ongoing at the end of the quarter and 4 were closed without being completed, either at the request of the provider or because no information was received from the provider
- Of the 9 DD checks completed in this quarter, 4 (44%) were rated as green, 3 (33%) as amber, and 2 (22%) as red.
- Of the 2 QA checks undertaken both were rated as amber. There are no QA checks in progress at the end of the quarter.
- 2 professional feedback requests sent, with both receiving responses

The demand for CQAT's oversight remains consistent with previous reporting quarters. Urgent due diligence requests have accounted for half of the Placement Team's referrals, and providers about which concern has been raised dominate the quality assurance activity.

Any provider that cannot evidence compliance with safer recruitment at a quality assurance visit receives a red RAG rating. Providers that receive a red RAG rating are required to complete an action plan, meet with CQAT to review progress, and continue under review until the concerns are resolved. CQAT have since strengthened the process for this area of work to ensure a consistent approach with Providers.

Areas that the team are focusing on:

- Reviewing the implications of reduced staffing resource within CQAT to refocus future priorities
- In the short-term, priority will be given to the completion of Due Diligence, with additional QA checks being paused.
- Any red ratings continue to be formally reviewed and the outcome communicated to the respective providers.
- DD will continue to be prioritised based on:
  - where concerns are shared
  - supported accommodation provider, and
  - the geography of providers, as in-county and neighbouring-county providers are more likely to be used on a continuous basis.
- Continued review of the changes arising from the new regulatory framework for Supported Living Accommodation, being introduced by Ofsted

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

[This QA activity for Early Help does not encompass commissioned Early Help work via Children and Families' centres.]

Of the 4 June audits completed in **Families First**, 1 (25%) was rated as good and 3 (75%) were identified as requiring improvement. This reflects a decrease on the 57% identified as good or better in April 2023.

Areas for improvement included: plans and reviews being co-produced with families and the support network around them; the good understanding of children’s assessed needs and circumstances known by the practice team being captured on the child’s record; and the management oversight of assessment and plans capturing the needs and lived experience of the child.

Practice strengths included: effective working relationships being established with families to understand whole family needs; good direct work being undertaken with children to understand their needs and experiences; timely interventions that involve working alongside the whole family.

Of the 5 May audits completed in **Youth Support**, 4 (80%) rated practice as Good or better; and 1 (20%) was identified as requiring improvement.

These audits relate to a range of practices as follows:

Area of Practice	Number of Audits	Overall Judgement
Youth Justice and community	1	Outstanding
Exploitation and Complex Engagement Team	2	1 Good; 1 Requiring Improvement
Not in Education, Employment or Training Team	1	Good

For the audit where outstanding practice was identified, the young person benefited from a timely and comprehensive assessment; meaningful analysis that informed clear planning; and regular reviews which resulted in positive progress in their life.

Consistent practice strengths were identified in: effective inter-agency communication and effective relationships being established with families and young people, which was also reflected in the feedback they gave within audits. There were a number of high-quality risk assessments that were subject to regular, effective review. This practice was not seen consistently across the service. There were also a good practice examples of identity work being completed with a young person and incorporated into their plan. Variable practice was seen in maintaining communication with young people when a change in worker was required; and in the quality of recording on young people’s records.

#### 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 on alternate months and uses their interim months to facilitate reflective team discussions to take forward practice learning from this quality assurance activity. Two directors also elect to contribute to core auditing. ‘Standing exemptions’ to core auditing apply to those that are moderating the audits of their colleagues, those on extended absences, and those involved in alternative Quality Assurance activity which contributes to service wide evaluation of our service. All other exemptions require sign-off from the Director of Children’s Safeguarding and Care.

##### 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 12 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.

**Table 1**

	Percentage upgraded by moderators	Percentage downgraded by moderators	Percentage Inadequate downgraded by moderator
Nov 22	7	15	67
Dec 22	3	10	0
Jan 23	2	17	100
Feb 23	2	19	33
Apr 23	0	16	0
May 23	2	17	67

In May, there was a very slight increase in the downgrading of audits, from 16% to 17%. Overall, this shows a fairly consistent percentage of audits being downgraded of between 16% and 19% since January 2023; which is only slightly above expected levels. 67% of practice rated as inadequate was identified through moderation, which suggests that the majority of inadequate practice through this additional layer of quality assurance.

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** in reviewing the quality of auditing. Steve's review of a sample of completed audits from this quarter centred on the following:

- a) Steve has consistently referenced the impact of the moderator on the quality of audit. 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 has highlighted high quality moderation across the sample he reviewed.
- b) Steve has noted that some audits continue to lean towards a descriptive narrative of events in the child's life and practice processes that have been followed, rather than an evaluation of the effectiveness and impact of this practice. This is being highlighted by moderators, but there remain some where the level of evaluation is limiting the learning that can be drawn from the audit.

- c) Steve continues to highlight that a large of audits would improved by the development of quality impact statements, so that these provide a clearer insight into the lived experience of the child or young person concerned and the difference that practice is making in their life.

The QA team have raised the points about evaluation of practice and the development of impact statements 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, with feedback to be provided to the Director of Children’s Safeguarding and Care.

#### 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 May, 42 audits were completed, which remains slightly below the baseline of 45 audits. There is currently a pool of 101 trained auditors (with, on average, 46 being available to audit each month) and 23 trained moderators with a capacity to moderate 49 audits each month. In April, 20 new auditors were trained and joined the monthly auditing pool from May. This means that we now have sufficient in-house moderator capacity and as such are reducing our use of external moderation. Some of this external moderation will be maintained to offer additional objectivity, support and challenge, which continue to be welcomed.

In May, 48 audits were allocated across all social work teams. Of these, 2 auditors were subsequently given an exemption by the Director of Children’s Safeguarding and Care; 2 additional audits were not returned; and 2 audits did not meet the standard for uploading to the child’s record. This has resulted in 42 completed audits and means that 88% of the assigned audits contributed towards a representative profile.

**Table 2**

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Apr-23	May-23	Ave
No. audits completed	40	44	35	36	28	47	46	40	42	43	44	42	41

In the last 12 months we have completed, on average, 41 audits per month. As a proportion of the 4229 children open to Children’s Social Care as of April, this 12-month total (487) represents 12% of the service’s activity.

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 (11%) have not been audited in May. In the last 6 months, all teams have benefitted from at least one audit. There is 1 team where only one audit has been completed and 4 teams where 3 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 Q1 23/24, 86 audits have been completed. All audits have included the Team Manager (100%) and all except one have included the Social Worker (99%). Where an IRO or CP Chair was working with these children/young people, their views were included in 100% of audits, an increase from 93% in Q4 (22/23).

In Q1 23/24, 37% of children and young people (aged 4+) have been spoken to as part of the audit. This reflects a slight increase on the 34% spoken to in Q4 22/23. 63% of parents or carers have been spoken to as part of the audit. This is a decrease on the 71% spoken to in Q4 22/23. For children, young people, parents and carers, levels of inclusion in audit remain well below target (80%). 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 Q1 23/24, 71% of children and young people spoken to rated their service positively, 8% identified only areas for development and 21% identified both positives and areas for development. 58% of parents/carers rated the service positively; 8% identified only areas for development; and 34% identified both positives and areas for development.

Where the views of children, young people, parents and carers have not been obtained, analysis of this feedback highlights that:

- a) 11 (35%) 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 is expected).
- b) 17 (55%) 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 (10%) 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 oversight to ensure this loop is closed is provided by the team manager, Service Managers receive weekly updates, and Heads of Service receive monthly updates.

Over the last 3 auditing months there have been 129 audits completed, of which 99 contained Care Planning Actions.

#### **Of these Care Planning Actions:**

- a) 20 (19%) have been transferred to the child's plan **on time**;
- b) 24 (23%) have been transferred to the child's plan **late**;
- c) 19 (19%) where the Team Manager has **yet to provide an update**;

- d) 41 (41%) have not **yet been transferred to the child's plan**, with 34 (34%) relating to May audits and so it is likely that a review has not yet taken place;

In addition to this, there are 17 audits completed prior to February 2023, where the actions have not yet been transferred to the child's plan or the team manager has not provided an update on their transfer. These audits date back to December 2021. 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 269 non-care planning actions agreed from audit, of which:

- a) 96 (36%) have been completed **on time**;
- b) 60 (22%) have been completed **late**;
- c) 15 (6%) are **overdue**;
- d) 4 (1%) **not yet due** to be completed
- e) 4 (1%) have **not been completed** before the child's service ended
- f) 90 (34%) where the Team Manager has **yet to provide an update**. 62 of which are from May audits.

In addition to this, there are 32 non-care planning actions, from audits prior to February 2023, which are overdue being completed or the team manager has not provided an update. These audits date back to November 2020.

Compared with previous QAF reports, the timeliness of audit action completion has improved (from 24% to 36%). Whilst welcomed, this leaves a majority of children and young people who are not receiving a timely response to audits undertaken for them. This suggests that the locality-based QA surgeries established in March 2022 are not having the intended effect in taking learning forward from audit for children, young people, and families. The refreshed Quality Assurance Framework has seen auditors moving to alternate monthly auditing from April 2023, with the focus of their non-auditing month being to progress learning from their previous audit within their teams and for the individual child or young person. This could include how audit actions are being progressed. The impact of this will be reviewed in subsequent QA reporting.

Whilst it is important that these outstanding audit actions are progressed, it is also noted that, in the last six months, there are 126 children and young people whose care plan has been amended to reflect learning from audit. In addition to this, 396 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 operational improvement planning which is the key mechanism for driving change.

## 5.0 Conclusions & Recommendations

This report describes a service that, as a whole, is on an improving trajectory which is yet to be fully secured due to the underlying vulnerability caused by a number of teams with ongoing inconsistency of practice. Discussions about these teams with Heads of Service support the hypothesis that simultaneous workforce instability and workload demands are the most notable features 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. Conversely, it is evident that certain managers have developed team cultures that foster high performance, quality and stability and they should be commended for this.

Considering the above findings, and learning from comparator sites, the following are recommended as the improvement priorities with greatest relevance to the quality of practice:

- a) Workforce stability and optimal retention of good staff and managers.
- b) Appreciation and learning from those teams with consistently good performance and quality and simultaneously attention to those teams where there are consistent performance and quality difficulties.
- 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.
- d) Continued roll-out of Systemic Practice as the cohering approach for the service.
- e) The current roll-out of the Supervision policy needs to be maintained as a key priority of the Continuing Improvement Plan. Learning from the recent dip sample of Supervision records to be considered within the next Strategic Quality Practice Group.
- f) The Academy to drive improvements in the application of diversity, equality, inclusion and anti-oppressive practice.
- g) Despite numerous and varied attempts to support staff with the quality of plans this continues to be an area requiring further work. Learning from the recent dip sample of Planning Themes to be considered within the next Strategic Quality Practice Group.



- h) Social workers need to be reminded of the importance of building relationships and sharing key documents and information with foster carers and those working in supported accommodation.
- i) The sufficiency strategy to deliver more suitable homes for children in our care and care leavers.
- j) Life story work to be more regularly applied. Whilst there will be reasonable exceptions to this these should be in the minority.
- k) An emphasis remains needed to increase the quality and regularity of reunification work for children in our care.
- l) Consideration is needed by senior managers of the ongoing requests by some staff to be able to have regular (i.e., more often than not) access to team spaces to promote psychological safety, resilience (individual and team), and learning.