

REPORT:	Children's Services Quality Assurance – distribution copy	MONTH:	September 2021
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Quality Assurance: Performance Snapshot

RAG	Measure	Perf	Direction of Travel
Yellow	Number of audits completed to accepted standard and uploaded	46	Above baseline of 45, but below Aug '21 (49) and previous levels (50+).
Yellow	Audit completion rate (target 90%)	77%	Reduction on 80% from August '21 and below 90% target.
Yellow	Percentage rated Good and Outstanding (short-term target 50%)	37%	Remains at same level as August '21 and below new short-term target (50%).
Yellow	Percentage rated RI	50%	Below target relative to proportions of Good & Inadequate.
Red	Percentage rated Inadequate (short-term target 9%)	13%	Increase on 8% in August '21 and below new short-term target (9%).
Red	% of audit actions from previous month within timescale (target of 80%)	43%	Improved from 35% in August '21 and 33% in July '21, but still below target.
Red	Quality of assessment (percentage of assessments evaluated as 'Good' or better)	37%	Remains at same level as August '21 and below new short-term target (50%).
Red	SMART planning (percentage of plans evaluated as 'Good' or better)	37%	Reduction on 49% in August '21 and below new short-term target (50%)
Red	Management oversight (percentage of 'Good' or better oversight & supervision)	37%	Slight increase on 35% in Aug '21, but reduced from 53% in Jun '21 and below new short-term Target (50%)
Red	Child/young person involvement (aged 4 yrs +) (target of 80%)	31%	Reduced from 38% in August '21 and well below 80% target.
Yellow	Family involvement (target of 80%)	61%	Further reduction on 63% and 74% in Aug and July '21 respectively and below target (80%).
Green	Social Worker involvement (target of 95%)	100%	Improvement on 92% in July '21 and above target (95%)
Green	Team Manager involvement (target of 95%)	98%	Improvement on 92% in July '21 and above target (95%)
Green	Independent Safeguarding Reviewing Manager (IRO/CPC) (target of 95%)	100%	Improvement on 85% in Aug '21, returning to levels in May-Jul '21; above target (95%)

1.0 Overview

Under the ILACS framework, the Local Authority's self-assessment is required to answer the following 3 questions:

- 1) What do you know about the quality and impact of social work practice in your local authority?
- 2) How do you know it?
- 3) What are your plans for the next 12 months to maintain or improve practice?

The QA report is formatted against these questions under the paraphrased headings of: 1) '**How are we doing?**'; 2) '**How do we know this?**'. The third question around improvement work is addressed within the comprehensive reporting of the Accelerated Improvement Plan (AIP). Nevertheless, some mention of improvement activity is made in this report as it relates to the areas identified.

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

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

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

In relation to this Ofsted commented that:

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

(Ofsted Monitoring Visit, February 2018)

And:

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

(Ofsted Monitoring Visit, October 2018)

This consistent spine of monthly core auditing has been built upon within an expanded QA framework that regularly includes targeted and thematic reviews of identified areas. This has included independent external reviews of, for example: Fostering, the Reviewing Service, the MASH, the quality of decision-making in the CP pathway, and Reunification. Regular internal reviews are also undertaken looking at, for example: Permanence, Re-

referrals, Health Assessments and Health Passports for Children in Care and Care Leavers, and participation in CiC reviews.

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

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

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

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

(Ofsted Focused Visit, November 2020)

Coinciding with the considerable contextual demands on the department in the first half of 2021, numbers of core audits had somewhat reduced and were below both the minimum benchmark target of 45 audits per month, and the ambitious stretch target of two audits per team per month (86 audits per month). This has been an area of leadership focus resulting in a rise in completion rates, with 52 audits submitted in August and 49 of these completed to an acceptable standard. In September this reduced slightly to 49 submitted, with 46 to an acceptable standard. Following from the September audit exemption requests we can see that this reduction relates directly to ongoing demands in the system. Having completed 46 audits to an acceptable standard we are above the baseline target (45) but some distance from our aspiration for 86 audits per month.

Added to the core auditing, the frequency of dip sampling, thematic and service reviews has remained constant which enables senior leaders to have sufficient understanding of the strengths and areas for improvement for the service.

Within the 2017 Ofsted inspection inspectors also observed:

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

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

The impact from QA in GCC is unmistakable at a strategic level where the monthly report is deemed a top priority by the Executive and Senior Leadership Team. The monthly report is also scrutinised at the Improvement Board, Children and Families Scrutiny Committee, and the Strategic Performance Group. The QA, Performance reporting and the Accelerated Improvement Plan are well-aligned and together offer a coherent overview of how we are doing, how we know this, and what we are doing to improve. QA findings have further been instrumental in the development of the Essentials 2.0, Essentials 3.0 and Practice Fundamentals interventions which continue to impact on practice improvements. Many

Team Managers and Advanced Practitioners report that they are using audit and dip sample findings to support learning and quality improvements.

The above progress is heartening but needs to be held up against our department's foremost reason for auditing: that the child at the heart of each audit receives a better service following from the audit. As is identified in this report, whilst performance in this respect is improving it remains variable and below target. This has given inspectors cause to comment at successive monitoring visits.

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

As the current phase of QA is consolidated, the QA framework is being refreshed in the autumn of 2021 to include: observations of practice and supervision; better use of compliments and complaints; and more explicit incorporation of the available multi-agency QA that captures children and young people's journeys through services. This review offers an opportunity to incorporate more innovation and systemic thinking into QA in line with the service's adoption of a systemic model of practice.

2.0 Executive summary

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

Monthly reporting therefore needs to be situated in the context of some anticipated variability. Quarterly trends are more reliably informative than monthly findings with an emphasis on progressive momentum over time. In Gloucestershire, the leadership are aiming for excellence for children, young people, families and communities; firstly, by minimising instances of inadequate practice, and secondly by increasing the rate of practice rated as good or better. The potential for weak practice will remain even in the best organisations, and the challenge for leadership is to respond to this with urgency, grip and continuous learning and improvement.

While Gloucestershire is ambitious to deliver the very best services, the senior leadership are taking a pragmatic approach. Having sustainably achieved the previous short-term AIP targets for practice rated good and inadequate, these have been revised to 50% of practice rated as Good, and 9% of practice rated as Inadequate.

That the previous targets were consistently secured in what has inarguably been a very challenging period in the department's recent history is remarkable. Indications in recent months though are showing that the system is straining to sustain the expected levels of practice, performance, and also QA activity. This is likely as a result of the ongoing impact of Covid on operations, the considerable recent influx of work (including concentrated need/risk), rising staff turnover, and cumulative fatigue.

2.1 Quality of Practice

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

Over the same period, practice rated as inadequate has reduced from nearly 40% (Q1 19/20) to 19% (Q1 20/21), to 11% in Q1 21/22 and 10% in Q2 2021/22. Moreover, the previous AIP target of 12% or less of practice being rated as inadequate has been sustained for the last nine months. It is therefore hoped that the rise of inadequate to 13% in September is an outlier, but it does need to be considered in the context of the current organisational pressures.

This month, the practice rated as good or outstanding remained at 37% for a second month which is below our new AIP target of 50% and just short of our previous target of 40%. Practice rated as inadequate at 13% is above both our revised target (9%) and our previous target (12%).

We continue to track the proportion of audited work at the lower end of RI closely due to learning from previous Ofsted visits and the need to test the reliability of our findings. Monitoring this proportion has proved particularly insightful in relation to trend analysis and targeted improvement activity such as the Team Improvement Project. Whilst improvement overall is evident, in the last 3 months the proportion of work at the lower end of RI has increased slightly; when considered alongside the reductions in work rated as inadequate the proportion of weaker practice remains broadly static.

Compared with the service profile of 18 months ago, there is a notable reduction in the spread and frequency of inadequate practice across teams. This is now much less frequent and concentrated in particular teams. The reduction in those teams with a higher likelihood of inadequate practice through the Team Improvement Project (TIP) has enabled a shift in focus towards those where weaker practice is more evident. This coaching-oriented project is supporting not only practice improvements and contributing to the professional development of team leaders and team members.

Findings from September and recent months indicate the following practice themes:

- a) The quality of assessments is broadly improving with these becoming more timely, analytical, detailed and confident. The regular use of the Essentials 2.0 prompts and Practice Fundamentals are contributing to this improving practice. In recent months, there are signs that the pressure from rising demand is impacting on the quality of practice in Assessment teams, requiring close monitoring.

Assessments would be improved with more regular triangulation of evidence and less reliance on parental self-reporting. Input from partners, and more especially, from the child would enhance the quality of assessments.

- b) The links between assessment and planning need to be improved alongside the consistency and effectiveness of plans, which need to be reliably C-SMART. Some assessments and plans remain too process (rather than outcome) focused.
- c) Planning and direct work, whilst improving, are yet to consistently meet the benchmarks set out in the Practice Fundamentals. This includes consistent application of: planned interventions; updating and adapting interventions and plans; using this to inform the analysis of impact; and better use of safety plans.

Where visiting is undertaken through virtual means the rationale and impact needs to be more consistently recorded and reflected upon within supervision.

Practice needs to better account for the capacity to achieve sustained change, including a fuller consideration of the history of the child and family. To use Systemic Practice terminology: first-order change is prominent in and through the service, and this needs to develop to 'second-order' intrinsic change to deliver more enduring positive outcomes.

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

- d) Drift and delay for children and young people remain observable, particularly as a result of changes of social worker. This is likely to be compounded by the reduction in children experiencing regular updates of their plan and analytical review of progression/harm reduction
- e) There is notable strategic emphasis on exploitation and children missing from home and care. Practice with vulnerable and at-risk young people can still improve, particularly in relation to engagement and risk (including multi-agency risk arrangements). The emphasis of this practice needs to attend to the important areas of missing and exploitation, but not to the exclusion of other contextual features. Adolescent mental ill health, antisocial and offending behaviours, substance misuse, self-harm, harmful sexual behaviours, intimate partner violence, and other relevant risks to young people need progression.

The GSCP task and finish group working on Extra-Familial Harm offers a good driver alongside the internal service project being led by the interim Director of Safeguarding and Care.

- f) Work is needed to better apply diversity, equality, inclusion and anti-oppressive perspectives to practice. The introduction of the Social GRACES is promising but the impact of this has yet to be evidenced.
- g) Strategy discussions would benefit from better application of the Essentials 2.0 risk prompts, and children subject to s47 Enquiries should consistently have accompanying safety plans. Similarly, Initial Child Protection Conferences would benefit from consistent and explicit application of the risk prompts including reference to protective factors in the life of the child and family.
- h) Improvements in management oversight and the footprint and challenge of IROs and CP chairs are evident. More is needed for this to meet the expectations established in the Practice Fundamentals and consistently deliver impact. Nevertheless, these improvements portray the benefit of the support to frontline managers through the offers of coaching, the leadership & management programme, targeted team improvement, and work with the IRO/CP teams on escalation.
- i) The offer of Permanence (not only for Children in Care) has improved considerably over the last 6-10 months. Nevertheless, there are notable areas for improvement in this regard, including: placement stability and matching; worker stability; practice knowledge about permanence; life story work; use of residential care; family finding; permanence practice with older children; timely and planned admissions to care (including attention to children in proceedings); consistent challenge from the reviewing service; reunification practice; and attending to service structures.
- j) Good relational practice is at the heart of all examples of good practice; yet in the words of our Ambassadors, this is showing “inconsistent improvement”. The forthcoming emphasis on systemic and relational practice will be a timely boost in this regard.

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

For children subject to assessment, there is a mixed picture of practice. Practice rated as good or better has reduced again (from 50% to 41%), which is below our new AIP target (50%), but remains above the previous AIP target of 40%. Practice rated as inadequate has reduced slightly (from 15% to 14%) which remains above our new target (9%), and the previous target (12%). Practice at the lower end of the RI judgment, however, has reduced.

For children in need of help, practice rated as good or better has reduced for the 2nd consecutive month (from 41% to 38%) which is below our new target (50%), and the

previous target (40%). Practice rated inadequate has remained stable (at 5%) which is well below both the revised and previous AIP targets. Practice at the lower end of the RI judgment has increased for the 2nd consecutive month.

For children in need of protection, practice improvements have not been sustained. Practice rated as good or better for children in need of protection has reduced (from 44% to 35%), which below our revised target (50%) and also below our previous target (40%). Practice rated inadequate has increased for the 2nd consecutive month (from 13% to 15%) and so is outside both the revised and old AIP targets (9% and 12% respectively). The level of practice at the lower end of the RI judgment has also increased for the 2nd consecutive month. Given the inherent vulnerability for this group of children, this weaker practice requires focussed attention.

For children with disabilities, no practice has been identified as inadequate in the last 5 months. Practice rated as good or better, however, has reduced for the 2nd consecutive month (33% to 23%), sitting well below both our revised target (50%), and our previous target (40%). The level of practice at the lower end of the RI judgement has increased.

The experiences and progress of children in care and care leavers

After a recently improving trajectory, September, offers a mixed picture for our Children in Care. Practice rated good or better has increased from 53% to 58%, sitting well above our new short-term target (50%). Practice rated inadequate, however, has also increased (from 11% to 15%). This exceeds both our new short-term target (9%) and our previous target (12%). There has been a reduction in the levels of practice at the lower end of the RI judgment, some of which could be attributable to the increase in practice rated inadequate.

For our Care Leavers, practice rated as good or better has reduced for a 5th consecutive month (from 18% to 9%), which is well below our new AIP target (50%), and the previous target. Practice rated as inadequate has also reduced for the 3rd consecutive month, with no inadequate practice being identified through audit, in the last 3 months. Six months ago, the rate of inadequate practice for care leavers was 33% and was a significant outlier; that this rate is now meeting the renewed target for inadequate is an encouraging feature. However, six months ago the rate of good practice with care leavers was at 44% and the drop to 9% is of concern as is the continued increase in work rated at the lower end of RI. Senior management have localised most of the practice and performance concerns for care leavers to specific teams where targeted improvement planning continues. This appears to be addressing the rate of inadequate as needed but particular attention is needed to lift the standard for practice to be consistently good.

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

Taken together, our performance and quality assurance practices provide senior leadership with an appreciation of the strengths and areas for development across the system. The department has been challenged in the past by Ofsted to increase the pace of improvement; and improvement is certainly evident and has been sustained as needed for the last 6 months. The stretch targets for reduced rates of inadequate and increased rates of good proposed earlier in this report are an appropriate next step even though they coincide with considerable operational demands.

The department has faced a number of notable challenges in recent months, including the impact of COVID-19, ICT difficulties, and pressure to improve. Whilst anticipated for some time through effective analytics, latent demand is now evidently impacting on the service. That the quality of practice sustainably met the previous AIP targets was a remarkable accomplishment. Leadership has been evident at all levels through the department and this report continues to note that children's social care should be commended for the distance travelled in these uniquely challenging times.

Leaders remain committed to providing good and outstanding services and are following a pragmatic step-by-step recovery plan. Nevertheless, the impact on leaders and staff of sustaining this improvement through adversity has been marked. Leadership attention and corporate support remains needed so that the staff and systems delivering this improvement can be sustained and energised as needed.

The system remains fragile and this needs to remain foregrounded in the oversight of improvement. Since the AIP targets have been refreshed with new stretch targets the service has had difficulty meeting these consistently. Reports from the field, performance reporting, and availability for QA activity all indicate the difficulties in sustaining the energy and capacity needed for improvement.

Work rated as good continues to be clustered in a fairly consistent group of teams. These managers and their teams are to be commended for this as they demonstrate how this can be achieved in the current system.

In September 2020, there were 16 teams in which inadequate practice was regular. This has reduced to 2 teams in the last 3 months. Under the Team Improvement Plan (within the AIP) 14 teams were previously identified for targeted support on the basis of quality and performance concerns. The above findings indicate the success of this intervention. This progress is now allowing us to look within the TIP (and more broadly) beyond the concentration of inadequate practice to where practice deemed at the lower end of RI appears more likely.

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

In order to support and secure the necessary improvements, it is imperative that social workers and team managers consistently apply the Practice Fundamentals to their quality control activity in order to secure the expected standards of work at the earliest opportunity. The application of the Practice Fundamentals is dip sampled across teams to enable team managers to shape practice improvement within their teams.

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

2.3 QA Methodology

There is a well-established system of case file audits and dip samples that supports a reasonable self-evaluation for the department. Completed (moderated) audits continue to be largely accurate in evaluating children's experiences and the quality of practice. This had been previously diminished through the limited inclusion of children and families in audit. Through assertive leadership, the inclusion of children and families had been improving, though more remains needed as can be seen in the dip in this performance in recent months.

Throughout this month's QA metrics, capacity pressures are noticeable. These may be especially marked this month due to the effect of annual leave on the availability of auditors to undertake audits; and auditors being able to engage with children, families, managers and IRO/CP chairs. However, the indicators within QA have been showing this strain for some months and as noted above now clearly correlate with the wider capacity demands in the system.

Audits would be further improved by some auditors focussing on their conceptualisation of available evidence and better articulating impact for children and young people. The areas of impact and analysis have been highlighted in the improvement planning and responded to with the creation of supportive guidance and tools for staff. The pairing of auditors and moderators has been favourably received and offers further support in this regard. Also, action is being taken with Heads of Service to identify staff in need of further support in this regard.

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

While a baseline of 45 audits per month would offer sufficient representation (c. 12% - 16% per annum) we have a more ambitious target of 2 audits per team per year (86 audits per month). With 51 audits submitted this month, the number of completed audits has remained in range. However, as we enlarged the pool of auditors, audit completion rates have dipped under the 90% target (77% in September). Overall, this is still short of the aspiration of 86 audits which we will continue to reach for through firm exemption oversight and the development of more auditors and moderators.

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

- a) Management ownership and investment in understanding and improving the quality of practice in their teams, and for each practitioner, should result in high completion levels.
- b) It would offer more resilient and detailed representations of the quality of practice by practitioner, team and service area.

As noted above, the department's foremost reason for auditing is that the child at the heart of each audit receives a better service as a result; yet this remains variable. A proposal to attend to this is currently with Heads of Service for finalisation before being submitted to directors.

3.0 **How are we doing?**

3.1 **Children's Social Care core audit activity**

The audit methodology reviews the overall quality of practice, implicit to which is an analysis of the impact of that practice for the child/young person. Better ratings should therefore be directly correlated to better outcomes for children.

Patterns of audit ratings are reflected below over the last three months (**Figure 1** and **Table 1**) and by quarter over the last 15 months (**Table 2** and **Graph 2**).

Figure 1

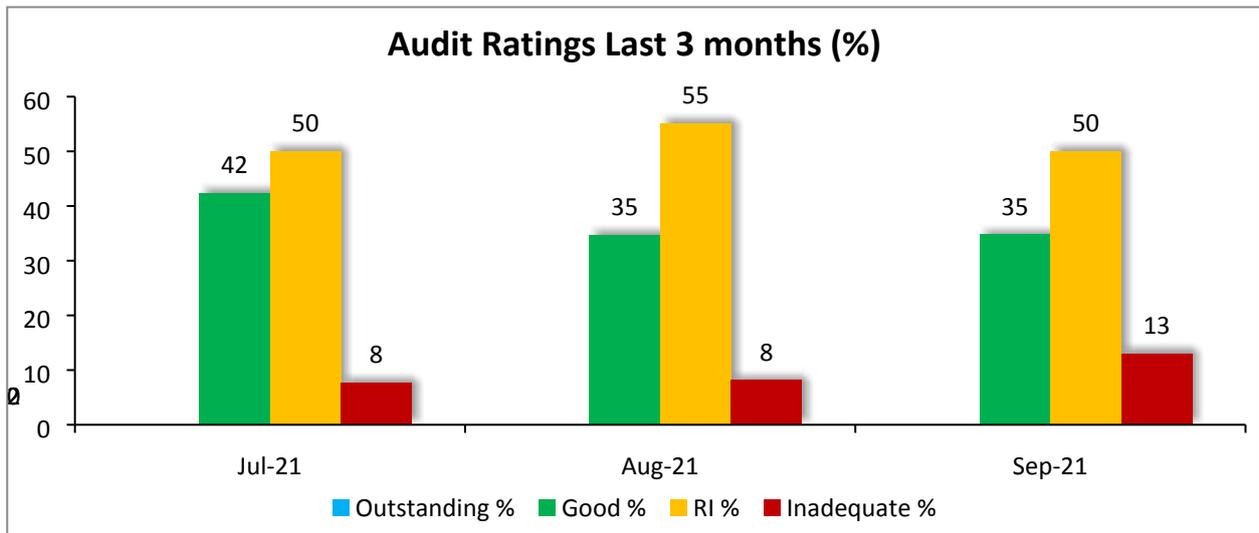
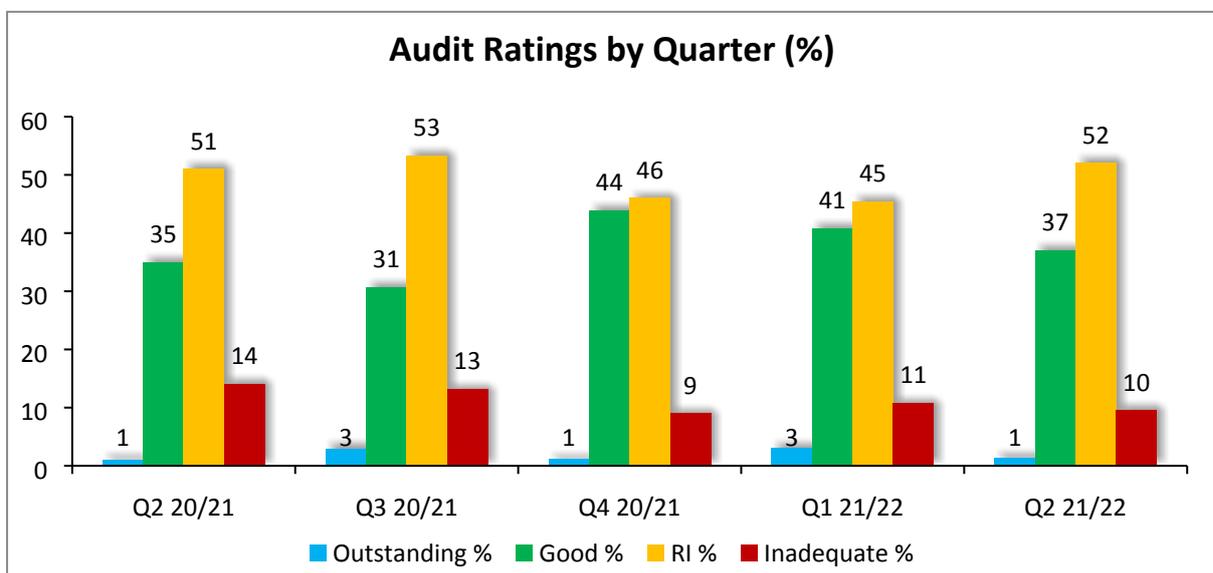


Table 1

Audit ratings by month			
Actual Numbers	July-21	Aug-21	Sep-21
Outstanding	0	1	1
Good	22	17	16
Requires Improvement	26	27	23
Inadequate	4	4	6
Total	52	49	46
By percentage			
Outstanding	0	2	2
Good	42	35	35
Requires Improvement	50	55	50
Inadequate	8	8	13

Figure 2



As can be seen in **Figures 1 and 2** above, in September practice rated good or better has remained stable at 37%. The previous levels of practice rated good or better being consistently over 40% has not been sustained for the 2nd consecutive month. This means that the new ambitious target of 50% practice rated good or better has not been met and the previous target of 40% has also not been met. This practice trajectory is also reflected in the quarterly profile, as shown in **Figure 2**. A marked increase in practice rated as good or better was seen in Q4 20/21 (45%), but this has gradually reduced in subsequent quarters to 38% in the current quarter.

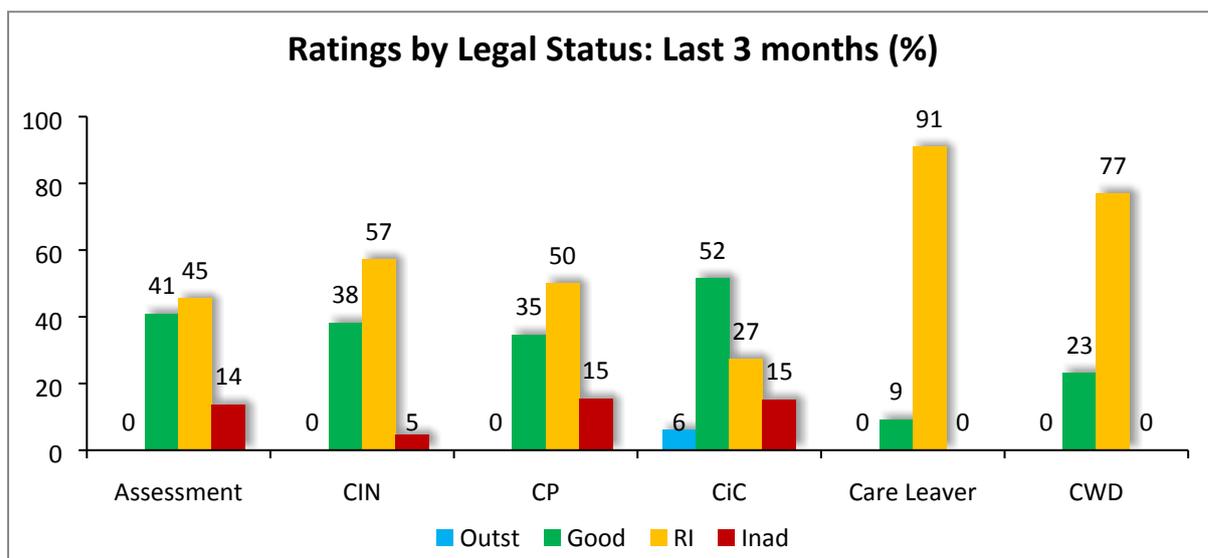
The proportion of inadequate practice has increased in September (from 8% to 13%), which is above both our new target (8%) and our previous target (12%). The quarterly profile, however, highlighted in **Figure 2**, reflects relative stability in levels of inadequate practice around 10% in the last 3 quarters. After reducing the proportion of inadequate practice from previously very high levels, the rate of reduction has slowed in the last four quarters.

The QA team reviews audits to attend to practice at the lower end of the RI rating and this provides an important indicator of trajectory and a focus for targeted improvement activity. In September, the proportion of this lower RI practice has reduced slightly, but when combined with the increase in inadequate practice, the overall level of weaker practice has remained relatively stable. This weaker practice continues to require focussed attention given it is below the levels of expected practice for children and young people and will impact on them accordingly.

3.2 Audit Ratings by legal status

Patterns of audit ratings by child’s legal status are reflected below in **Figure 3 and Table 2**. Due to variances in monthly figures, these are presented as 3-month averages to support representability.

Figure 3



Ratings by Status	July 2021				Aug 2021				Sept 2021				Totals			
	O	G	RI	In	O	G	RI	In	O	G	RI	In	O	G	RI	In
Assessment	0	3	1	0	0	2	5	2	0	4	4	1	0	9	10	3
CIN	0	8	7	1	0	4	10	0	0	4	7	1	0	16	24	2
CP	0	2	8	1	0	5	3	1	0	2	2	2	0	9	13	4
CIC	0	6	4	2	1	6	3	1	1	5	2	2	2	17	9	5
	0	1	3	0	0	0	3	0	0	0	4	0	0	1	10	0
CWD	0	2	3	0	0	0	3	0	0	1	4	0	0	3	10	0

The profile in **Figure 3** reflects that for children subject to assessment, there is a mixed picture of practice. Practice rated as good or better has further reduced (from 50% to 41%), which is below our new AIP target (50%), but remains above the previous AIP target of 40%. Practice rated as inadequate has reduced slightly (from 15% to 14%), but this remains above our new target (9%), and above the previous target (12%). Practice at the lower end of the RI judgment, however, has reduced.

For children in need of help, practice rated as good or better has reduced for the 2nd consecutive month (from 41% to 38%) which is well below our new target (50%), and also below the previous target (40%). Practice rated as inadequate has remained stable (at 5%) which is well below both the revised and previous AIP targets. Practice at the lower end of the RI judgment has increased for the 2nd consecutive month.

For children in need of protection, practice improvements have not been sustained. Practice rated as good or better has reduced (from 44% to 35%), which is well below our revised target (50%) and also below our previous target (40%). Practice rated inadequate has increased for the 2nd consecutive month (from 13% to 15%) and so continues to be outside both the revised and old AIP targets (9% and 12% respectively). The level of practice at the lower end of the RI judgment has also increased for the 2nd consecutive month. Given the inherent vulnerability for this group of children, this weaker practice requires focussed attention

For children with disabilities, no practice has been identified as inadequate in the last 5 months. Practice rated good or better, however, has reduced for the 2nd consecutive month (33% to 23%), sitting well below both our revised target (50%), and our previous target (40%). The level of practice at the lower end of the RI judgement has increased.

In September, a mixed picture has been seen for our Children in Care. Practice rated good or better has increased from 53% to 58%, sitting well above our new short-term target (50%). Practice rated inadequate, however, has also increased (from 11% to 15%). This exceeds both our new short-term target (9%) and our previous target (12%). There has been a reduction in the levels of practice at the lower end of the RI judgment, some of which could be attributable to the increase in practice rated inadequate.

For our Care Leavers, practice rated as good or better has reduced for a 5th consecutive month (from 18% to 9%), which is well below our new AIP target (50%), and the previous target. Practice rated as inadequate has also reduced for the 3rd consecutive month, with no inadequate practice being identified through audit in the last 3 months. Six months ago the rate of inadequate practice for care leavers was 33% and was a significant outlier; that this rate is now meeting the renewed target for inadequate is an encouraging feature. However, six months ago the rate of good practice with care leavers was at 44% and the

drop to 9% is of concern as is the continued increase in work rated at the lower end of RI. Senior management have localised most of the practice and performance concerns for care leavers to specific teams where targeted improvement planning is ongoing. This appears to be addressing the rate of inadequate as needed but particular attention is needed to lift the standard for practice to be consistently good.

3.3 Audit Ratings by team

Twenty teams have had three or more audits rating practice as good or better in the last six months. This sees two teams being added to this list, suggesting rising good practice in these teams. One team is no longer on this list which would be good to discussing this at a locality level to understand any barriers to this good practice being sustained.

Over the last six months, the number of teams on this list has remained fairly stable, with 11 of these teams remaining on this list throughout this period. These 11 teams have therefore sustained good quality practice and form the core of those teams where good practice is consistently delivered. All of these teams should continue to be commended for their progress; and learning about the success factors within these teams should be shared more widely.

Two teams have been identified as having had three or more audits rating practice as inadequate in the last six months. Over the last six months, the list of teams where inadequate practice has been more frequently identified through audit has consistently featured two or fewer teams. This is reflective of the reduced levels of inadequate practice across Children's Services. As a service, this is a notable improvement on the 16 teams identified on this list 12 months ago; none of which remain on this list now. This indicates that the collective targeted improvement work in these teams has been impacting positively.

Following work by the QA team to review audits identifying weaker practice, 26 teams were identified where 40% (or more) of all audits in the last 6 months returning a rating of inadequate or low RI. This list is now a principal source of insight for the refreshed Team Improvement Plan.

3.4 Audit Ratings by Area of Practice

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

- a) Levels of practice rated good or better have reduced across all areas, with the greatest reduction being seen in Relational Intervention & Review (from 49% to 34%).
- b) Our new short-target (50%) has not been met in any area of practice, although 49% of Permanence Planning was identified as good or better, which is just outside of this target.
- c) Levels of inadequate practice have increased across all areas, with the greatest increases being seen in Risk Assessment & Response (5% to 11%) and Planning (7% to 13%). Relational Intervention and Review is the only area of practice where our new short-term target (8%) has been met, increasing from 5% to 7%.
- d) The increase in inadequate practice in Planning is congruent with the findings of September Practice Fundamentals dip samples, which reflected 27% of files not yet evidencing Practice Fundamentals of Planning and Review.

Figure 6

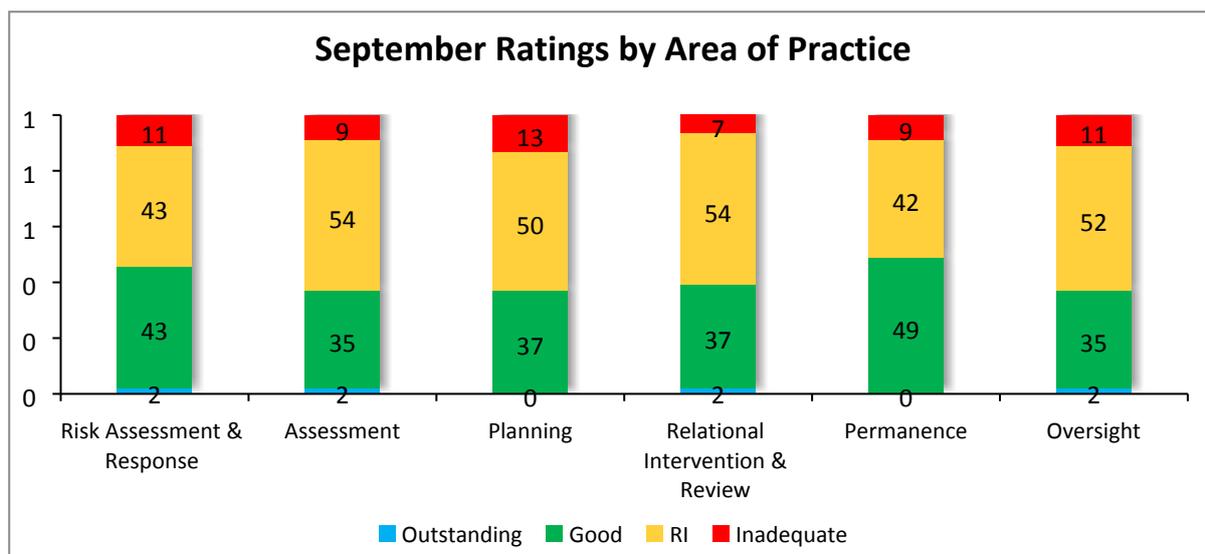
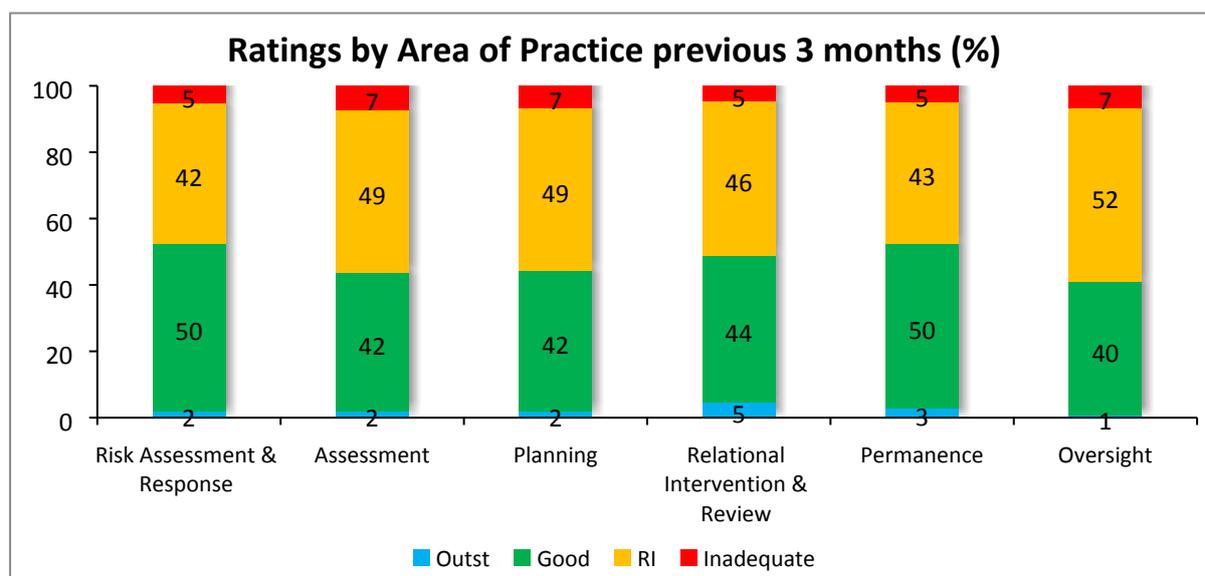


Figure 7



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

In the September audits, 31% of children and young people (aged 4+) were spoken to and 61% of parents or carers. 73% of children and young people rated the service positively and 27% gave a mixed response of some positive and some areas of improvement. 30% of parents/carers rated the service positively and 70% gave a mixed response of positive and some areas of improvement.

Within this feedback, positives included:

- a) Having a social worker who takes the time to listen to children, finds out what is important for them and uses this in the plans being made.
- b) Supporting families to access services from partner agencies, including additional school support, access to CAMHS and support with Housing applications.

- c) A child who felt safer because their social worker had helped her feel comfortable to talk about her worries and then worked with her mum and dad so that things changed at home.

Areas for improvement included:

- a) Not having a stable, consistent social worker families can build a relationship with. A number of young people and parents noted a high number of changes in social worker recently and this had been difficult for them.
- b) Young people, in our care, approaching 18 years old (or having recently turned 18) and not being clear about where they would be living or what support they would have. This feedback was also provided by a number of carers for young people in our care.
- c) The social worker not involving a family in developing their plan, meaning that the plan had things they felt were not true and other actions which were not helpful. The plan was also not shared with them until the social worker had left GCC and so they didn't know what was being said about them.

3.6 **GCC Vulnerable children and young people's Ambassadors audit review**

GCC Ambassadors are key contributors to the QA framework through their monthly independent review of a sample of audits. The particular emphasis is on practice that is participative and relational. Whilst Ambassadors are GCC employees, sampled work is still carefully selected to avoid conflicts of interest and to ensure information is protected as needed.

Ambassadors look for evidence of the voice of the child and their relationship with the social worker. They look for clear evidence that the worker knows the child/young person and presents a picture of who that child is: including their needs, views, wishes and feelings. They are also reviewing whether work has been recorded in a way that the child / young person can understand if they decided to access their records in the future.

Of the 10 audits reviewed this month, the key findings from Ambassador review were:

- a) There were 4 (40%) case summaries with a good focus on, and representation of, the child with accessible language. This measure varies considerably month-on-month and the i.e. 90% (April), 70% (May), 40% (June), 60% (July), and 80% (August).
- b) Five (50%) of the practice examples drew through the views of the child and demonstrated direct work to varying degrees. This is in keeping with recent levels of this practice. There appear to be missed opportunities to propose the use of Mind of My Own with children and young people.
- c) Three (30%) offered information about the child, their likes, dislikes, interests and achievements. This has not sustained a recently improving trajectory; i.e. 30% (May), 40% (June), and 60% (July), and 70% (August).
- d) Six (60%) used appropriate language and the decision-making could be followed. This does not maintain the improving trend in recent months; i.e. 50% (April), 70% (May), 60% (June), and 80% (July and August). Seven (70%) indicated an appropriate working relationship which is line with previous months.
- e) Seven (70%) of the work audited incorporated Language that Cares which is line with previous months.

Some of the comments from the Ambassadors about practice strengths included:

- *“Case summary is clear, detailed and updated. Included the family but is focussed on the young person. Says ‘My name is...’ and describes the young person.”*
- *“There is a photo of the child. I really got a sense of who the child was because it spoke about her likes and dislikes in a very child focussed way. I loved how it spoke about her aspirations when they grow up and spoke positively “kind to everyone” It was very clear why services were involved and did not lose focus on the whole family.”*
- *“The child’s views are within their Education Plan and PEP. It is clear the views of the child in the meeting. The worker has done direct work to get these views.”*
- *“Language is clear and simple, reasons behind decisions have been explained clearly and simply.”*
- *“I did not see any jargon, it was simple language and very clear why decisions had been made.”*
- *“Yes, child friendly language, positive describing child, lovely and simple to read.”*

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

Following from work undertaken between the Ambassadors and the QA team, Ambassadors are now working on ways to share the learning from audit with the respective workers following their review of the audit. This includes a conversation with the worker to discuss 3 strengths of practice, 3 areas for improvement, and offer support to improve the use of the Mind of My Own app if needed.

3.7 Children of Concern

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

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

In September, 6 Child of Concern Notifications were generated. At the time of writing this report, they were all subject to improvement activity under the leadership of the Director of Safeguarding.

Including Children of Concern from previous months, there are currently 26 children or young people being tracked by the QA team until the areas of concern are resolved. One of these is dated back to June 2020. The number of Children of Concern has also been steadily growing (27 in August, 25 in July, 23 in Jun, 18 May) suggesting that the rate of resolving identified concerns for these children is slowing. There is now additional oversight of these outstanding child of concern notifications, with all notifications having had a review by the assistant director of children’s safeguarding in the last month. This increased oversight is aimed at resolving these concerns with greater expedience, and the pace of resolution has quickened this month as a result.

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

3.8 Practice Fundamentals dip sampling

The Practice Fundamentals tool has been introduced across operational children's social care teams since July 2020. This tool is a key Quality Control and Quality Improvement initiative. It builds on the findings through Quality Assurance and the work of the regulator that improvement is required in the fundamentals of practice. These being: **Supervision and Management; Visiting and Direct Work; Assessments; Planning and Review; and Case Recording.**

The intention is that the Practice Fundamentals tool is used by practitioners and managers for the purposes of Quality Control, so the work they undertake and finalise meets the expected standards. The department has committed to undertake monthly dip sampling work in each team for the purposes of further Quality Assuring the embedding and impact of this tool. The above steps work in accordance with the Quality Improvement – Quality Control – Quality Assurance cycle that is at the heart of our quality framework.

From the most recent round of dip sampling 246 records related to Planning and Review, 4 primary findings emerge.

- a) A combination of low completion rates (54%) and higher than expected moderator effect (46%) may mean that the dip sample findings are not fully representative of Planning and Reviewing across the service.
- b) A greater proportion of children and young people are benefitting from quality actions and outcomes being identified in their assessments, with these being drawn into their subsequent planning.
- c) 23% of records reviewed reflected plans not being updated regularly or being reflective of the child/young person's current situation.
- d) Of those plans that were up to date 19% did not contain an updated analysis to understand the difference being made for the child/young person or whether risk of harm was reducing for them. In more than half of plans, the analysis of plan progression required improvement.

Locality-relevant feedback from the QA team is provided to Heads of Service on a monthly basis to enable them to provide support to their practitioners (this includes recommendations to improve practice).

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

3.9 Fostering audit activity

The auditing of in-house foster carers' files is a now well-established routine with monthly moderated audits undertaken by staff within the service.

Of the 8 completed September audits, 1 (13%) was rated Good, 6 (75%) were rated as RI; and 1 (13%) was rated as Inadequate. This sustains the improvement in quality in Fostering reported on in last month's report.

The identified key learning points were:

- a) Timely uploading of documents to records remains an ongoing feature for improvement; though some improvement was noted in the recording of supervision agreements and up-to-date case summaries.
- b) Previous audit reports have shown the high value and appreciation placed on foster carer training; however, in the last two months 37% of the audits indicated that carers' attendance at training needed improvement.

It has been noted that some foster carers are dissuaded by online sessions. This is being considered within the training offer and face-to-face support groups are resuming this month.

- c) 88% of foster carer respondents said that the support and supervision they receive from their allocated Supervising Social Worker is excellent. The support group offer and support from fostering Champions remain valued by carers.
- d) Whilst 1 case was rated as inadequate no particular safeguarding concerns were highlighted. This continues a trend of audits illustrating that safeguarding concerns are not regular.
- e) Concerns continue to be raised by foster carers about the numbers of Social Worker changes for children and young people, difficulty contacting children's Social Workers, and infrequent visiting.

3.10 Dip sample of Re-referrals

Following indications within the September performance information that indicated certain outlier effects, a dip sample of the 73 children who had three or more referrals in the last twelve months was undertaken. A random selection of 10 (14%) was reviewed and where the child was part of a sibling group the group was considered as one child.

The summary findings of this were:

- a) All re-referrals made by partner agencies were appropriate.
- b) Referral decisions were triaged in a consistent and timely manner by the MASH/SPA.
- c) Six out of ten (60%) previous referrals were not progressed in accordance with the nature and level of the child's presenting needs and risks as indicated by the detail of the referral circumstances. The following themes and issues were identified:
 - Insufficient consideration of the child and family history
 - Professional over optimism.
 - Impact of re-referrals on outcomes for children not sufficiently explored.
 - Decisions based on an adult focussed understanding of the issue.
 - Optimism about parent's capacity to make and sustain change.
 - Inappropriate assessment of risk threshold, for example escalation to Section 47.
- d) Quality of supervision and management over sight was sometimes superficial, overly task focussed and only considered the immediate presenting need and/or risk without wider consideration of: previous referrals; lack of understanding about the cumulative impact of neglect; lack of understanding about exploitation and risk to children and young people outside the home as well as a lack of professional curiosity.
- e) Six out ten (60%) re-referrals highlighted professional optimism which raised concerns about the appropriateness of the intervention, capacity to change and an understanding about the ability to sustain changes over time.

- f) Analysis about the children's lived experience was not sufficiently well-evidenced, in particular for children who had experienced continuing and long-term abuse and neglect.
- g) Risk assessment tools were not evidenced to inform the assessment and planning for the child. This is especially concerning in respect of re-referrals relating to neglect.
- h) Previous interventions were not considered sufficiently well in relation to impact and outcome for the children. For example, when stepped down from child protection planning there was a lack of robust analysis, especially in relation to the impact of domestic violence and neglect.
- i) There was insufficient evidence of robust step down planning and robust closure summaries including information sharing with children and families, relevant other agencies, for example schools that the children continued to attend.
- j) There was a lack of evidence of cultural competence and equality, diversity and inclusion in re-referrals.

The above findings align closely with those from core auditing, dip sampling and case file reviewing team. As such their relevance is reinforced, and they together offer some assurance of the integrity of our self-evaluation systems.

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

Of the 3 audits completed in Early Help, 1 (33%) was rated as good, and 2 (67%) were rated as requires improvement.

As in previous months, these audits highlighted that the use of hypothesising needs to be a regular feature in supervision to promote curiosity, and that the transition from working alongside the social worker to holding lead professional responsibility needs improving. The quality of direct work being undertaken is improving, largely informed by positive working relationships with children, young people and families.

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

Of the 5 audits completed in Youth Support, one (20%) rated practice as Outstanding, 3 (60%) rated practice as Good, and 1 (20%) rated practice as requires improvement.

The joined-up approach of the different teams within the YST is clearly evidenced and the benefits of this demonstrated with excellent outcomes for young people. Of particular note is the outstanding audit, which was a complex case open to the community and youth justice team. An excellent assessment, with high quality analysis, identifying priority areas, recognised the need for joint work from specialist practitioners. This was arranged and throughout the intervention robust communication maintained, which resulted in the young person receiving a timely and unified service. This is also evident in other audits this month. Also apparent is the benefit of full-involvement of the young person and their family in developing the assessment and plan.

Work around identity is clear in the files, management oversight is strong in the majority of the audits undertaken but this area continues to be reinforced by senior leadership. Theory is regularly used to underpin the work undertaken. There are many examples of this, where the learning from training and development undertaken is directly reflected in the recordings.

The one RI audit is in relation to a student placement and has provided good learning regarding the oversight and management of such placements.

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

4.0 How do we know this?

4.1 Children's' Social Care Audit methodology

There is a basic expectation that every Advanced Practitioner, Team Manager and Senior Manager undertakes an audit each month; one director electively audits. 'Standing exemptions' to audit apply to those that are moderating the audits of their colleagues, those working 0.5fte or less (who audit alternate months), those on extended absences, and those in the MASH, who undertake MASH QA activity on alternate months. All exemptions require sign-off from the respective Director.

4.1.1 Audit Accuracy

As the most fundamental element of QA, the accuracy and validity of audit activity requires ongoing monitoring. Within the GCC audit methodology, accuracy should be arrived at through discourse, debate, and collaboration which run throughout good social work. The contributions of each participant (including the child/young person, family, and IRO/CP chair) are all valued and shaped into a completed audit. In this, the moderator acts on behalf of the DCS as arbiter of the overall evaluation.

As of February 2021, auditors have been matched with specific moderators with the aim of providing more consistent developmental feedback and greater opportunity for discussions considering different perspectives. After 6 months together in pairs we have recently changed the pairings. This is to allow for auditors and moderators to benefit from different perspectives in their approach to QA and avoid groupthink.

With this in mind, **Table 5** (below) indicates the 'moderator effect' on the ratings of audit. In pursuit of congruence in our evaluation of practice we expect the moderators to have a 10-15% effect on ratings. Where auditors are working more subjectively in their own teams this effect is expected to be greater.

This is not necessarily an indication that auditors do not recognise good or inadequate practice. Whilst this may be the case for some auditors, this is more likely to indicate a bias to editorialise, be overly-optimistic about practice that is 'closer to home', or demonstrate the dissonance between known versus recorded practice. Nevertheless, this holds relevance for quality control in day-to-day practice. For this reason, the Academy is tracking those auditors most likely to require support, and is working with Heads of Service to support development in this respect.

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

In September, there was an increase in the downgrading of audits (from 12% to 20%) and for practice rated as inadequate, 67% was identified through moderation. For audits overall, this reverses the improvement seen last month, where the moderator effect was in keeping with our target. With regard to inadequate practice, too many audits remain reliant upon moderation for this to be identified.

Table 5

	Percentage upgraded by moderators	Percentage downgraded by moderators	Percentage Inadequate directed by moderator
April 21	2	29	40
May 21	0	18	67
June 21	0	14	50
July 21	2	20	50
August 21	0	12	75
September 21	0	20	67

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

We are increasingly seeing greater degrees of dialogue and challenge around completed audits, where differences of views are being attended to through discussion between auditors, moderators and managers. This is a sign of a healthy, mature system where we can reflect on differences in our perspectives of practice. This discourse is valued but, against the significance of the moderator effect, we need to be cautious that this challenge is evidence-led and does not erode the effectiveness of our moderator contributions. Fundamentally though, the audit offers an opportunity to improve the quality of our service to the index child, so whatever discourse occurs it should result in this outcome.

An addition 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 September found the following themes that coincide with previous findings:

a) Examples of strong auditing, such as:

- Four of the seven audits sampled (57%) *"...benefited greatly from auditors and moderators working in ways that have added great insight and added value to the children's circumstances. Different writing styles do not detract from their overall effectiveness and I would be very surprised if the social workers, PAs and team managers who receive them do not see them as a resource that will drive the standards of their work higher."*
- *"This is an excellent audit where the auditor and moderator have combined to encapsulate the first-class work that has been carried out and from which [the child] has benefited."*
- *"This audit has been conducted well and the auditor and moderator have combined well to identify and respond to the many issues with reasoned and acceptable argument. Although succinct the audit is comprehensive, and issues are drawn out and the auditor articulates well and clearly where there are dilemmas that need to be resolved."*
- *"This is a complex audit, and it is without question that the auditor has been diligent in identifying the issues."*
- *"This is a really good audit of a very complex and potentially highly vulnerable young woman and her unborn infant. Characterised by thoughtful appreciation of the work that has been carried out and supplemented by the usual high quality and insightful observations of the moderator, it feels like the audit outcome will make a real and positive contribution to the future work..."*

b) Some auditors have difficulty identifying key issues to inform the evidence and experience of the child (impact). This influences the reliability of the judgements they then present. Some audits are not engaging as fully as needed with the contributions of

social workers and managers when these differ from the dominant narrative arising through audit.

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

4.1.2 Representation

A sufficient, regular and widespread volume of audit activity is required to provide the Authority with a good understanding of its quality of practice to enable the necessary oversight. Whilst a baseline for this is set at 45 audits per month, Gloucestershire has set itself an ambitious stretch target of 86 audits per month (i.e. 2 audits per team per month).

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

Within the last 3 months, the baseline target of 45 audits has been exceeded and in the last 6 months, nearly all practitioners have had their practice reviewed through audit. This supports key review and developmental opportunities for them. By increasing the level of auditing, this would also increase the number of children who can benefit from targeted improvements following from audit. Furthermore, 86 audits per month would offer considerable representability in support of our regular self-evaluation. **Figure 4** (above) highlights the representability of audit activity by team; where over 6 months, the target should result in 12 audits per team.

In August, there was a pool of 104 staff, trained in the audit methodology. 76 of these function as auditors, and 26 as moderators. Two moderators are currently involved in supporting new moderators, rather than providing moderation. Five moderators moderate either bi-monthly or at a reduced level each month, two moderators are currently exempt due to absence from work, and one moderator is currently involved in auditing. On this basis, there is capacity to moderate 55 audits each month. In September two moderators were given a single month exemption by the Director of Children's Safeguarding.

As it takes more time to identify and develop moderators, the current auditor-moderator ratio means that there are more auditors than available moderator capacity. To address this, we have been purchasing additional external moderator capacity and this will continue to be the case as the completion rate and auditor numbers grow. This move also offers external objectivity, support and challenge which continue to be welcomed.

Of the 76 auditors, there are 9 who are currently exempt from audit due to their absence from work or being involved in other improvement activity. This means that there are 67 auditors available for monthly auditing. Of the 67 available trained auditors, three did not audit in September, due to being bi-monthly auditors. 4 auditors chose to undertake an additional audit each, in September and 1 auditor was given an exemption by the Director of Children's Safeguarding. This meant that 67 children were allocated for audit from across all teams in Children's Social Care. Exemptions from audit require authorisation from the respective director, and nil returns are expected to be followed up by Heads of Service.

Following allocation of audit, a further 17 single month exemptions were given by the relevant Director and 1 audit was not submitted. This resulted in 49 audits being completed. Of these audits, 23 were submitted late (47%), which is an increase on the 31% submitted late in August. Late submissions cause considerable disruption in moderator availability, responding to children, and reporting activity. Of the available

auditors in September, we had a completion rate of 77%, which is a reduction on the 81% in August and below the 90% target.

There were 3 audits in September that did not meet the standard for uploading, resulting in 46 completed audits. This means that 72% of the assigned audits contributed towards a representative profile. The 46 audits completed to expected standards is below the ultimate target of 86 audits per month, but above the baseline of 45 audits.

Table 6

	Oct. 20	Nov. 20	Dec. 20	Jan. 21	Feb. 21	Mar. 21	Apr. 21	May. 21	June. 21	July. 21	Aug. 21	Sep. 21	Ave
Audits completed	50	50	38	42	47	42	42	39	49	51	49	46	45

In the 12 months we have completed on average 45 audits per month. As a proportion of the 4339 children open to Children’s Social Care in September 2021, this 12-month total (545) represents 13% of the service’s activity. Were we following Hampshire CC’s (Ofsted rated as Outstanding) formula of 2 audits per team per month this would result in 86 audits per month which would offer representation of 24%.

(See Appendix 1 for a list of those with Exemptions, Late Returns, Nil Returns, and audits not meeting expected standards.)

Although an audit is allocated to every team, the single month exemptions, nil returns and audits not yet ready for submission means that 11 teams (24%) have not been audited in September. In the last three months, there were 6 teams where two audits have been completed. For reference to those teams with the fewest audits over 6 months please refer to **Figure 4** above. **Table 7** below reflects those teams that have less than three audits completed in the last 3 months.

Table 7

Team	No of audits	Team	No of audits
11-25 Gloucester South Team 2	2	Cotswolds Safeguarding Team 2	2
Gloucester Safeguarding Team 7	2	Stroud Safeguarding Team 1	2
TACS *	2	Under 11’s Team 1	2

* Auditing in TACS is different to other teams due to low numbers and turnover of families meaning auditing becomes repetitive and redundant if repeated too frequently.

4.1.3 Participative Auditing

The audit methodology is intended to be delivered as a collaborative exercise with social workers. Without this collaboration the accuracy of audits is diminished, as is the opportunity for learning and ownership of any subsequent recommendations.

Of the 46 audits completed, all included the social worker and 45 (98%) included the manager. For children who have an IRO or CP Chair, all of the audits included the views of their IRO or CP Chair, which sees an increase to the last two months. Where these views are not obtained, this makes it more difficult for IRO’s and CP Chairs to support learning and improvement from audit and to reflect on the improvements needed in their own practice. Where CP Chairs and IRO’s are completing audits, they are now allocated children or young people who are allocated to them. For these children, this will provide a greater opportunity for learning discussions to take place between the operational team and the reviewing service.

31% of children and young people (aged 4+) were spoken to as part of the audit, which is a reduction on the 38% obtained in August. 61% of parents or carers were spoken to, which is a slight reduction on the 63% gathered in August. Considered together, there remain a number of audits where the voice of children, young people and families have not contributed as needed. Continued rigour is therefore required from both auditors and moderators to make best use of all possible contributions. This can be strengthened by improved planning by auditors at the point of audit allocation.

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

- a) 2 (5%) were a child with disabilities which meant they were not able to provide verbal feedback
- b) 7 (17.5%) were deemed inappropriate to gather views by the auditor. For a number of these there was not consultation about this with the social worker (as expected).
- c) In 26 (65%) the child/young person or the parent/carer was unreachable, but in a number of examples it was not evident that persistent attempts had been made, as expected
- d) In 5 (12.5%) the opportunity to gain feedback was declined by the parent or child

4.1.4 Impact from Audit

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

Audit actions are separated into Care Planning and non-Care Planning actions, with the expectation that Care Planning actions are transferred directly into the child's plan and reviewed at each plan update, until the identified outcomes are achieved for the child. The following collaborative process has been agreed:

- **Children in Need/ DCYPS Early Help:** audit actions will be discussed at the next Child in Need review/ TAF meeting and transposed into the care plan. This should allow for the child/young person and family to be included. If they are not attending the review then this needs to be discussed with them beforehand.
- **Child Protection:** the actions will be discussed at the next core group or child protection conference – whichever comes first – and transposed into the CP plan. This should allow for the child/young person and family to be included. If they are not at the core group/conference then this needs to be discussed with them beforehand. If the core group precedes the conference, then the CP chair needs to be made aware of the audit actions relative to care planning, so that their oversight is maintained.
- **Children in Care:** the actions will be discussed with the child/young person by the social worker and then with the IRO. As outcome focussed actions are likely to constitute a change to the care plan, a Child in Care review should be held to consider the proposed action and then included in an updated CLA plan
- **Care Leavers:** the actions from the audit will be discussed with the young person by the social worker and their Pathway Plan updated with them at this point.

Team managers are expected to record on the child's file when care plan actions have been transferred to the child's plan and whether the child, family and IRO/CP Chair have been appropriately involved. They are also expected to maintain oversight of non-care planning actions to ensure timely completion. The QA team maintains an action tracker, which notes updates from Team Managers regarding their oversight of both Care Planning and Non-Care Planning Actions.

Over the last three months, there have been 146 audits completed, of which 104 have contained Care Planning Actions. Of these Care Planning Actions:

- a) 16 (15%) have been transferred to the child's plan **on time**;
- b) 12 (12%) have been transferred to the child's plan **late**;
- c) 43 (41%) where the Team Manager has **yet to provide an update**;
- d) 31 (30%) have not yet been transferred to the child's plan. 30 of these relate to August audits and so it is likely that a review has not yet taken place.

In addition to this, there are 72 audits completed prior to July 2021, where the actions have not yet been transferred to the child's plan or the team manager has not provided an update on their transfer. These audits date back to January 2020.

Where actions have not been transferred to the child's plan in a timely way, this could reflect a missed opportunity for learning from the audit to make a meaningful difference to the child.

Over the last three months there have been 198 non-care planning actions agreed from audit, of which:

- a) 95 (48%) have been completed **on time**;
- b) 31 (16%) have been completed **late**;
- c) 64 (32%) are **overdue**;
- d) 7 (4%) are **not yet due** to be completed
- e) For 1 (1%) the **social work service was ended** before the action was completed

In addition to this, there are 61 non-care planning actions, from audits prior to June 2021, which are overdue being completed or the team manager has not provided an update.

Compared with the August QAF report, the timeliness of audit action completion has not improved. There also continues to be a number of historic audit actions which have not yet been achieved, which are therefore unlikely to make a meaningful difference to the child's situation. Responsiveness to audit for individual children requires ongoing attention and for this reason a proposal for QA surgeries has now been agreed starting in November 2021.

While impact for individual children following audit requires improvement, audit remains influential in the following areas:

- Core audits are consistently employed in the evaluation and support offered in the GCC ASYE programme. These can be linked to learning opportunities and practice improvements.
- Audits are being used by individual practitioners and teams to reflect and learn about practice improvement.
- There are clear changes in direction for practice and improved outcomes for some children as a result of audit; and this is most markedly the case for Children of Concern immediately following audit.
- The findings from audit and other forms of QA activity continue to shape the organisation's learning and improvement activity. A key example of this is the development and implementation of the Essentials 2.0 programme, the leadership and

management programme, the Practice fundamentals, and the Essentials 3.0 programme all came about as a direct result of audit findings.

4.2 QA governance

There are a number of forums where the QA report is considered including the Children's Services Improvement Board, the Children and Families Overview and Scrutiny Committee, the Children's Senior Leadership Team, and Children's Services Improvement Executive meetings. The monthly Strategic Performance and Quality Meeting also allow QA findings to be triangulated against improvement activity and performance and feed into the refresh. A monthly meeting also takes place between the Director (Safeguarding and Care) and the Head of Quality to review the QA findings to inform understanding and planning.

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

5.0 Conclusions & Recommendations

It is encouraging that over a particularly demanding period, the previous AIP targets for work rated as good and inadequate were consistently achieved. That these targets relate to children, young people and families in receipt of a better service makes it appropriate that these be stretched. That this stretching has coincided with rising demand should neither detract from the accomplishments to date, nor the need to reach these new targets albeit there are notable demands on the system at this time.

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

- a) This report identifies that the rising demand, alongside the turnover of social workers, represent a growing risk to the service's quality of practice. Leadership have already taken steps to raise the recruitment and retention offer (e.g. the contribution of the Academy, MTFS planning, incentives to attract and retain, market competitiveness, etc.). The recommendation from the previous report that proactive work be undertaken by the Children's Services Strategic Workforce Planning Group has been picked up by that group and is being held as a key priority in multiple leadership meetings (e.g. LTM, SLT, and EIG).
- b) The Children of Concern ordinarily require urgent resolution of identified practice issues and it is good to see renewed vigour in this area this month. Based on recent performance this vigour needs to be sustained so that timely and effective outcomes are realised for these children.
- c) Close attention to improvement planning for Child Protection practice is needed:
 - Embed and evidence the use of the Essentials 2.0 risk prompts within the Strategy Discussions.
 - Particular attention to safety planning for children subject to s47 enquiries.
 - Statutory partners to undertake joint s47 enquiries as required under Working Together (2018).
 - Priority training of social workers, managers, and CP chairs supporting children subject to CP plans in the Essentials 3.0 Ability to Change course. Those in the CfSSW Systemic Practice cohorts should benefit from the attention in this training on this area of practice.
 - Continued emphasis by CP chairs on their Quality Assurance Reviews, affirming good practice and escalating concerns about practice as these are identified.

- CP chairs to attend closely to:
 - o That children subject to repeat interventions are accelerated into proportionate intervention where needed.
 - o The rationale for children remaining on or coming off CP plans is evident at every review with reference to the Essentials 2.0 risk principles.
 - o The child's lived experience is evident in their CP plans.
 - o Emotional harm not being confused with other categories of harm.
- d) The Permanence project to schedule improvement activity identified in '2.i.' above, marking closely the evaluation of Reunification outlined in this report.
- e) Review of the Care Leaver improvement plan to drive rates of good practice to previous levels for this group.
- f) Attention by Team Managers and Advanced Practitioners to quality improvement work in their teams to consistent meet the Practice Fundamentals benchmarks for C-SMART planning and direct work.
- g) Embed the QA surgery proposal in all localities and review this in 2 months' time in LTM.
- h) GSCP task-finish group on exploitation to complete and submit strategy on Exploitation/risks outside of the home in accord with the deadline. This to be aligned with the intra-departmental work on a new pathway, provision and practice for safeguarding young people.
- i) Continuing emphasis through the Leadership Team Meeting on the implementation of the Social GRACES, Language that Cares, and Life Story work.
- j) Incorporate into the forthcoming QA review a clear methodology for supporting practice leaders that need to improve their evaluations of practice. This will attend to the themes observed in this report of conceptualisation of available information, constructing impact statements, and reducing over-optimism. This refresh of the framework to also move away from auditors evaluating practice within their own remit.