

## **Report of the Strategic Director of Children's Services to the meeting of Overview and Scrutiny Committee to be held on 3<sup>rd</sup> March 2021**

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**AY**

**Subject:**

**Quality Assurance and Audit in Children's Social Care**

**Summary statement:**

**This report provides an overview of the quality assurance and audit process in Children's Services.**

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**Overview & Scrutiny Area:**  
**Children's Services**



## **2. BACKGROUND**

### **2.1 Case file audit**

2.1.1 Case file auditing is an essential part of our quality assurance arrangements. Regular and in depth case file audits are a meaningful and useful method for understanding the experiences of our children and young people whilst examining practice against agreed Practice Standards, guidance, policy, and procedures.

2.1.2 The activity in this report relates to formal audit activity. This therefore does not reflect the routine quality-assurance that is conducted on a day to day basis by managers, practice supervisors and specialist workers such as Child Protection Chairs and Independent Reviewing Officers across the service, for example the need for most reports completed by social workers to be signed off by a Team Manager or higher before completion.

### **2.2 The purpose of audit**

2.2.1 Auditing provides a measurable assurance to senior management as to the impact our involvement has on children and families.

2.2.2 Auditing generates themes and learning which is analysed to make recommendations for organisational practice improvement/development.

2.2.3 Auditing is used in service to identify case management issues for individual children.

2.2.4 Feedback from auditing also provides information to identify learning needs and commission appropriate training and develop a learning culture by providing staff with an opportunity for in-depth reflection on their work.

### **2.3. Bradford's audit model**

2.3.1 Every month, Children's Services managers and Practice Supervisors complete case file audits. The audit case is allocated to managers via the central audit team, this ensures that managers will not audit work within their own team. Cases are selected by the QA and Audit team at random but within agreed parameters i.e. cases closed in the last 6 months, step up cases, cases where neglect is a risk factor etc. QA & Information Officers also undertake themed audits to understand practice in respect of a specific process, such as strategy meetings or for a group with specific needs. For example, children who have been referred because of concerns of domestic abuse. Themed audits are used particularly to explore and support organisational development and learning for the workforce.

2.3.2 The audit process is underpinned by a coaching model, with audits being completed

alongside social workers to provide them with an opportunity to reflect on their practice and develop professional competencies to improve their work.

2.3.3 Training and guidance is provided to all managers involved in auditing so as to ensure consistency in our auditing approach. A sample of completed audits are moderated each month to ensure quality and consistency in the auditing process. The moderation process allows the QA & Audit Team to monitor the grading quality of all audits, whilst providing in-depth support for auditors to develop their confidence.

2.3.4 The monthly audit format has recently been revised to measure performance against 9 key elements of practice, to increase focus on children's outcomes and to particularly reflect on:

- Timely identification, response and reduction of risk and need
- Assessments are timely, comprehensive, analytical and of good quality
- Plans and reviews drive progress towards positive outcomes
- Children and young people's voices and lived experience are at the centre of everything we do
- Families are appropriately engaged in the work
- Partner professionals around the family work collaboratively to improve children and young people's lives
- Management oversight ensures decision making is effective, proportionate and timely, and standards of work are good.
- Case records are correct and up to date
- Impact: how have we made a difference to the child or young person's life?

2.3.6 Alongside the routine monthly auditing programme there are additional formal audits undertaken within the service based on identified needs or areas warranting further enquiry or assurance. Examples of this include the routine multi-agency audit of referrals conducted at the Integrated Front Door and recent additional audit activity focussing on the response to referrals relating to children aged less than two during the pandemic.

## **2.4 Reporting**

2.4.1 Audit findings are presented to the Children's Social Care Management Team for action planning and cascading lessons learnt to frontline staff.

2.4.2 Audit findings are collated into a detailed, monthly report that is presented to the Improvement Board.

2.4.3 The monthly report is also shared with the Principal Social Worker so that identified strengths and learning can be incorporated into the training plan.

## **2.5 Quality Assurance & Audit Service**

- 2.5.1 It is important to note that the QA and Audit team sits outside the direct line management of the social work teams so as to provide independence.
- 2.5.2 As part of service improvement, case file audit functions for the Early Help service, YOT and Fostering will move to this team to ensure consistency whilst providing an understanding of the child's journey.
- 2.5.3 The team is newly reconfigured and will comprise a manager, 3 FTE auditors and business support. Recruitment is currently in progress.
- 2.5.4 A database has been commissioned to allow all quality assurance data to be held together, to enable better oversight and tracking. It will facilitate deeper analysis of audit findings and provide a single point of access for managers to review audit findings and supervision records for their teams.

## **2.6 Audit outcomes**

- 2.6.1 We can see that the quality of our audit activity is improving, with fewer audits being challenged and fewer grades being changed after moderation. This is being supported by a new, permanent QA Manager.
- 2.6.2 The findings of our own audit activity mirror the findings of our recent Ofsted Assurance Visit in that whilst good and even outstanding practice is identified, this is not consistent across the service. Key areas for continued improvement include the quality of assessments and the quality of children's plans.
- 2.6.3 Based on our recent audit activity we know that the quality of contacts made to the front door has improved and this indicates that thresholds are more widely understood across the children's workforce. This means that fewer cases are unnecessarily escalated into statutory child protection services. It is intended that as the early help offer and the role of Lead Practitioner is strengthened in Bradford this will support further improvement.
- 2.6.4 We have also identified that in the vast majority of cases the response to referrals is appropriate and timely, with good recording of the referral and response at our Integrated Front Door.
- 2.6.5 We have identified that despite a national concern about the increased vulnerability of children aged under two during the pandemic, we have not experienced a significant increase in Bradford. A focussed audit considered over 300 children referred to the service during the pandemic and identified timely and appropriate responses.
- 2.6.6 In 2018 Ofsted raised concern about the number of children referred to children's social care who were being inappropriately escalated into statutory child protection

procedures with Strategy Meetings being held unnecessarily. The recent audit of children under two identified that the children who had been referred did need a social care service and where a Strategy Meeting was convened, this was believed to be appropriate in all cases. Again this suggests improved identification of risk and appropriate application of thresholds.

2.6.7 Audit has confirmed that changes in social worker can impact the quality and in particular the timeliness of intervention. The stability of the workforce is a high-focus area for children’s social care and in particular the recruitment of experienced social workers. This is a challenge for all Local Authorities given the number of experienced workers who move into management or specialist posts, or who choose to work for an employment agency. These workers are in short supply and there is a great deal of regional competition. Nonetheless we are introducing new mechanisms to try to further stabilise our workforce including placing advertisements in professional publications and media and also working with employment agencies to secure permanent rather than agency staff. This work is underpinned by a new Workforce Development Strategy that is in the final stages of completion.

2.4.1 To address the learning identified in audits and improve the quality of our work with children and families, a focused approach of learning will be launched from March 2021. This will be a stepped approach to learning focusing on key areas to build good practice, whilst developing knowledge and confidence. The details of the programme are set out in Appendix 1.

## 2.5 The next steps

2.7.1 To drive practice improvement we need to embed a systematic approach that focusses on the key areas of work. We will do this by applying a focused lens on key areas of practice and provide staff with the opportunity to receive support and apply the learning. We know that our colleagues welcome a “step approach” to building good practice to develop their knowledge and confidence.

2.7.2 The following programme of focused learning will be delivered during the next 6 months.

<b>Month</b>	<b>Area of Practice Improvement</b>
March 2021	<b>Case Recording</b>
April 2021	<b>Case Summary</b>
May 2021	<b>Chronologies</b>
June 2021	<b>Voice of the child</b>
July 2021	<b>Effective working relationships with parents, carers and</b>

	<b>professionals</b>
August 2021	<b>Assessments</b>

2.7.3 Each month will be supported by a range of activities to embed learning for practitioners:

- Weekly bite size learning sent every Monday to all teams. Colleagues will be asked to reflect on the practice issue for that month. This will be done using various mediums such as webinars, videos, podcasts, statements, quotes and activities to promote curiosity and learning. This will be short and snappy with activities being no longer than 10 – 15 minutes.
- The monthly Learning and Practice bulletin will have a practice focus on the area of improvement.
- The Practice Supervisors will lead discussions / reflective sessions in the practice team meeting each month – the material will be provided by the workforce and learning service to promote discussion and explore issues identified by the team. It will also provide a forum to embed the practice standards as well as any relevant practice guides.
- During the month, the Practice Supervisor will complete a reflective discussion with each person in the team on the practice issue for that month This session will involve the Practice Supervisor and the worker looking at case files together, including one the worker has identified which they consider reflects good practice. To prepare for the session, practice supervisors will dip sample 2 – 3 cases prior to the session to identify themes or issues to inform the discussion. This will help to identify any staff that may need additional support; these staff can be prioritised to attend further training.

2.7.4 To embed this approach, the following will happen:

- Monthly Practice Supervisor sessions.
- Practice supervisors having minimum caseloads to complete the required reflective discussions.
- Head of Service/Service Manager dip-sampling on a monthly basis a small sample of cases to measure the impact of activity around the focused area of practice. The impact of this focused activity will also be monitored through the monthly audit activity that will continue as business as usual.

2.7.5 The support and the training offered to managers will mirror the schedule for practitioners and will be led by Service Managers and Heads of Service, supported

by the Learning and Development service:

- Learning sessions led by Service Managers and Heads of Service to ensure that managers have a clear understanding of the practice issue – review of practice standards and practice guides so that they are able to effectively quality assure with professional challenge when standards are not met.
- Reflective conversations – promoting a child centred approach. A series of coaching questions will be provided as examples to promote discussions that enable learning and professional curiosity.
- Dip sampling – promoting improved understanding regarding the quality of work prior to supervision.

2.7.6 At the end of each month, the team managers will provide an appraisal of their team in terms of what has worked well and what the outstanding challenges are so that any further support required can be implemented whilst recognising and sharing any examples of good practice.

2.7.7 Learning and Development service will offer support by providing training and material for each practice issue.

2.7.8 It is expected that this focused approach to learning will support colleagues to develop their understanding of what “good practice” looks like whilst improving the quality of service we provide to our children and young people. The impact of this training will be measured through the formal monthly audit alongside the informal dip sampling and QA processes in each team.

### **3. OTHER CONSIDERATIONS**

3.1 None.

### **4. FINANCIAL & RESOURCE APPRAISAL**

4.1 N/A

### **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

5.1 N/A

### **6. LEGAL APPRAISAL**

6.1 N/A

### **7. OTHER IMPLICATIONS**

#### **7.1 EQUALITY & DIVERSITY**

7.1.1 N/A

## **7.2 SUSTAINABILITY IMPLICATIONS**

7.2.1 N/A

## **7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

7.3.1 N/A

## **7.4 COMMUNITY SAFETY IMPLICATIONS**

7.4.1 N/A

## **7.5 HUMAN RIGHTS ACT**

7.5.1 N/A

## **7.5 TRADE UNION**

7.6.1 N/A

## **7.6 WARD IMPLICATIONS**

7.7.1 N/A

## **7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)**

7.8.1 N/A

## **7.9 IMPLICATIONS FOR CORPORATE PARENTING**

7.9.1 N/A

## **7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

7.10.1 N/A

## **8. NOT FOR PUBLICATION DOCUMENTS**

8.1 NA

## **9. OPTIONS**

9.1 N/A

## **10. RECOMMENDATIONS**

10.1 The panel are respectfully recommended to note the changes to the QA and Audit team and support the ongoing work to strengthen this service.

**11. APPENDICES**

11.1 Appendix 1 - Case File Audit Tool Social Work Services

**12. BACKGROUND DOCUMENTS**

12.1 None