

Report of the Strategic Director of Children's Services to the meeting of Overview and Scrutiny Committee to be held on Wednesday 18 January 2023

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Subject:

Quality Assurance and Audit in Children's Social Care

Summary statement:

This report provides an update regarding the quality assurance and audit process in Children's Services.

EQUALITY & DIVERSITY:

There is no direct impact in terms of equality and diversity from this report.

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Portfolio:

Children & Families

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

This report provides an overview of the audit findings relating the quality of social work practice, focusing on the actions being taken to address practice that is requiring improvement or inadequate.

2. BACKGROUND

2.1 Auditing Arrangements

Case file auditing continues to be 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.

We have introduced a bespoke audit and supervision database which enables learning from the audits to be communicated directly to the practitioner and manager. This allows audit actions to be tracked and specific training and support to be identified for individuals. Monthly audits are thematic focusing on a different cohort of children and young people.

Auditing generates themes and learning which are analysed to make recommendations for organisational practice improvement/development. Auditing is also used in service to identify case management issues for individual children. 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.

The audit process is underpinned by a coaching model, with audits being completed alongside practitioners to provide them with an opportunity to reflect on their practice and develop professional competencies to improve their work. Training and guidance is provided to all managers and practice supervisors involved in auditing so as to ensure consistency in our auditing approach. A sample of completed audits are moderated each month at moderation panel 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.

2.2 Audit Outcomes

Early in the year, a decision was taken to step down team managers and practice supervisors from completing this monthly audits due to staffing challenges and capacity. It was agreed that the team manager and practice supervisors needed to focus on ensuring that service delivery was prioritised. This has limited the number of audits completed on a monthly basis. Auditing arrangements resumed with all managers and practice supervisors being part of the monthly programme from September 2022.

The findings of our own audit activity mirrors the outcomes from our various Ofsted monitoring visits in that there is evidence of some good practice identified but that this is not consistent across the service. Key areas for continued improvement identified by audits include the quality of assessments, quality of children's plans, impact of drift and delay (due to changes in the workforce) and quality of supervision.

Audits have 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 have introduced new initiatives to further stabilise our workforce including the ASYE academy and international recruitment alongside working with employment agencies to secure permanent rather than agency staff.

Audits graded as Inadequate are reviewed further by the Quality Assurance Team to ensure that identified actions have been completed to address any gaps or issues to improve the quality of service delivery being provided to our children and families.

Individual outcomes are reviewed and discussed in supervision to ensure that there is a reflective discussion regarding the learning and themes to help identify training of specific one to one support.

To further support practice development and to understand the quality of practice across the district independent auditors were commissioned to completed identified pieces of work to support the improvement work to improve the quality of practice. Ingson are experienced care consultants with backgrounds in the children social care environment as practitioners and managers. Ingson have worked with a variety of Local Authorities and work with the Department for Education.

The focus of the work involved 6 areas of improvement work as summarised below:

2.2.1 Area One: Practice Regarding Child in Need (CiN) and Child Protection (CP) Planning in the Keighley and Shipley Locality

In this piece of work, Ingson evaluated:

- (i) thresholds for CiN or CP planning both at the beginning of the plan and at the current time;
- (ii) the current planning format and to extent to which this facilitated clear, logical, simple and effective planning;
- (iii) current practice in terms of the focus and coherence with which plans are written and the frequency of plan review and revision.

In total 100 plans were reviewed: 50 CiN plans and 50 CP plans.

This work identified strengths in current CiN and CP planning practice, such as the initial threshold decision for both CiN and CP plans. Areas for improvement highlighted that CiN plans in particular tended to drift and to stay open for longer than necessary. A further major finding was that planning formats needed to change and become simpler and more child focused.

The learning from this area of work took place in Summer 2022 with Ingson facilitating workshops on CiN and CP planning practice using the revised and simplified formats. These were rolled out to all areas in Bradford and have been positively received and successful.

2.2.2 Area Two: A Review of 15 Case Closures/Step-downs in the Child and Family Teams in the Keighley and Shipley Locality

In this area of work, Ingson was asked to form an opinion on whether the most recent closure to social care, or step-down to early help services, was justified or not. Ingson identified that closure was justified for 12 children (80%) and not justified for 3 children (20%).

Ingson concluded that the issues identified for the three children was two-fold and linked. Firstly, it was felt that the necessary work had not been completed and/or that improvements noted had not been sustained for a sufficient period. Secondly, the quality of the CiN planning for these children were insufficient and contained for example 'ongoing' timescales which are prone to drift, and actions which were sometimes just a list of tasks for a parent. The learning from this piece of work was included in the workshops that took place during the Summer as highlighted above.

2.2.3 Area Three: An Analysis of 25 Re-Referrals

For this evaluation, Ingson were requested to consider the following matters and associated findings are also given in the table:

Is the most recent referral for the same (or a similar) issue as the previous referral(s)?	Could the front door have completed further checks to prevent the re-referral? Specify briefly.	Is the incident that has led to the re-referral at the threshold for an assessment? Comment briefly	Was the case closed or NFAd too early after the previous referral?	Could have the re-referral have been prevented? Specify briefly.
Yes – 15 (60%) No – 6 (24%) Partially – 4 (16%)	Yes – 1 (4%) No – 24 (96%)	Yes – 24 (96%) No – 1 (4%)	Yes – 16 (64%) No – 9 (36%)	Yes – 13 (52%) No – 12 (48%)

The recommendations pertained mainly to two related issues on the right of the table, e.g. too-early closure of cases after the previous referral and whether the most recent referral could possibly have been prevented.

Ingson highlighted particular emphasis to the risk of adult focus practice and of closing matters too early resulting in the issues of concern not been fully dealt with

at the time of closure. This often led to a quick re-referral for similar issues. It was also recommended that social workers should be more tenacious and persistent in 'negotiating' consent from parents.

These areas of learning have been addressed in the David Thorpe Model which has now been introduced at the Integrated Front Door. The new model has promoted a clear and transparent discussion with referring agencies and practitioners to have informed consent as part of the referral making process by holding conversations to get authentic agreement to promote a positive starting position which is more engaging and respectful. Where the Integrated Front Door do not have consent, we record a clear defensible decision on the child's record. We also take open and honest approach when talking to parents about checks, who, why and parents have a bit more control

2.2.4 Area Four: A Review of 10 Matters Involving Criminal Exploitation (CE)

Review completed to:

- (i) look at the identification of issues of exploitation at the contact and referral stage;
- (ii) to comment on the quality of the actions or planning agreed at the risk assessment meeting (RAM);
- (iii) to evaluate whether these actions had been obviously carried out;
- (iv) to offer a view on the actions in the overarching care plan for the child or young person, particularly in terms of any actions involving CE.

Findings in relation to these areas of enquiry were:

- (i) CE concerns of various kinds were usually noted at the initial contact and referral stage. It was clear from the manager's decision that these concerns identified and highlighted for further action.
- (ii) The actions agreed at the RAM meeting evidenced that meetings had generally been held promptly, but that the meeting notes were long, difficult to follow and lacked a clear narrative. Actions were of mixed quality and there was a pressing need for a simple and clear electronic template to be designed to improve the recording of RAMs and associated actions. This learning was used to design the new forms that have now been embedded into LCS to support with following through on agreed actions in a more consistent approach.
- (iii) Following through on agreed actions in a more consistent approach.
- (iv) There was little connectivity between the issues and actions identified in (a) CE risk assessments and RAMs and (b) the content of the overarching CiN or CP plan for the child. it was therefore recommended that actions regarding any CE issue identified should be included in all CiN or CP plans. There is work underway to streamline this in the case management system and practice.

2.2.5 Area Five: A review of the quality of current practice in Bradford's Care Leavers service.

This area of review concerned the quality of current practice in Bradford's Care Leavers' service. Specifically, focusing on:

- (i) to evaluate the quality of pathway planning and its effectiveness. This area included scrutiny of the format of the current pathway plan and whether any modifications should be made;
- (ii) the presence of the views of young people on casefiles and to their involvement in the pathway planning process;
- (iii) comment on the presence and quality of recorded staff supervision on casefiles to evaluate its effectiveness in ensuring that practice was purposeful and directed towards plan activities and outcomes.

This review evidenced that practice in the Care Leavers' service was generally good and that many young people were receiving a very good service with their own views and voices being recorded well. To improve practice, it was recommended that:

- (i) all pathway plans should be updated to the new format which would lead to improved quality in planning;
- (ii) that greater specificity and clarity should be used in setting planning actions;
- (iii) that supervision recording needed to improve to ensure greater consistency of management direction and oversight;
- (iv) expectations about reflection in supervision should be clarified.

The learning from this review was incorporated into the overall service improvement plan for care leavers which was evidenced in the July 2022 monitoring visit.

2.2.6 Area Six: Practice Evaluation and Management Development Programme

Ingson led and co-facilitated this programme which has been running from July 2022 with eight social work teams across Bradford and a further cohort of six teams has also started the programme very recently. The aim of the programme is to evaluate, celebrate and improve the quality of social work practice across Bradford Children's Services. The programme is guided by the following principles:

- Complete **clarity** about expected standards including testing on a continuous basis whether those standards are being met
- The use of a **systemic approach** that both recognises good practice and identifies and challenges poor practice
- Use of **transparency**, being clear about how teams are doing against the agreed standards so that the whole Department can see progress (or the lack of it)
- **Recognition** of those individuals and teams who are achieving agreed standards consistently; and using the learning from success to assist teams and individuals who are struggling to meet the agreed standards
- Doing **with** and not **unto**

The programme concentrates on the **basics of practice** which are:

- (1) The quality of Child and Family Assessments.
- (2) The quality of Child Protection Enquiries.
- (3) The quality of CiN and CP Plans.
- (4) The Quality of Staff Supervision.
- (5) The Quality of Visits to Children.

Ingson work intensively in a close mentoring relationship with individual team managers to assist them to improve the quality of practice in these areas. This occurs in a series of repeated reviews or rounds – 4 in all – which occur at approximately 8-weekly intervals. In addition to this, performance data is gathered on a range of indicators, e.g. assessments, visits and supervision discussions in timescale. The evaluations of the quality of practice and the performance data evaluations then make up one combined scorecard and overall grading.

This programme, while demanding and exacting, has been extremely well received. The tables below provide in an anonymised form, a summary of progress concerning two of the original teams which have been a part of this programme.

Round	Team 1	Comments
1	INADEQUATE	Practice was particularly poor and performance data was poor
2	INADEQUATE	Evidence of practice improvement. Performance data stayed the same
3	REQUIRES IMPROVEMENT	Evidence of improvement in both practice and in performance data.
4	January 2023	

Round	Team 6	Comments
1	INADEQUATE	Practice mixed. Performance data poor
2	REQUIRES IMPROVEMENT	Practice remains stable. Performance data has improved
3	REQUIRES IMPROVEMENT	Practice remains stable. The performance data improvement from Round 2 has been sustained.
4	January 2023	

2.3 Next Steps

For the Ingson work to complete, with good practice being shared to improve practice improvement, with learning being threaded through individual plans, training plans and system improvement.

To continue to strengthen the quality assurance arrangements with the QA team implementing a long term arrangement to implement a practice evaluation programme throughout all services including Early Help and Fostering.

The Quality Assurance Team to support consistency in thresholds through training and reflective discussions with managers and practice supervisors to ensure that we all have a shared understanding of what good looks like. This will include bench marking activity with managers.

Continue to drive recruitment to achieve stability in the workforce which is contributing to the learning that is consistently evident in the audit reporting.

3. OTHER CONSIDERATIONS

3.1 None.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 None.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 None.

6. LEGAL APPRAISAL

6.1 Effective quality assurance and audit processes support the Local Authority to comply with its statutory duties, including under the Children Act 1989, regarding the protection and welfare of children and young people.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

Not applicable.

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

Not applicable.

7.3 COMMUNITY SAFETY IMPLICATIONS

Not applicable.

7.4 HUMAN RIGHTS ACT

Not applicable.

7.5 TRADE UNION

Not applicable.

7.6 WARD IMPLICATIONS

Not applicable.

7.7 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

Improving practice will improve service delivery for all children and young people.

7.8 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

Not applicable.

8. NOT FOR PUBLICATION DOCUMENTS

8.1 Not applicable.

9. OPTIONS

9.1 Not applicable.

10. RECOMMENDATIONS

10.1 That next steps are endorsed to continue to support practice improvement.

11. APPENDICES

11.1 None.

12. BACKGROUND DOCUMENTS

12.1 None.