

<b>Report to:</b>	Overview and Scrutiny Committee (Children's Services and Safeguarding)	<b>Date of Meeting:</b>	Tuesday 28 November 2023
<b>Subject:</b>	Performance and Quality		
<b>Report of:</b>	Assistant Director of Children's Services (Quality Assurance and Safeguarding)	<b>Wards Affected:</b>	(All Wards);
<b>Portfolio:</b>	Children's Social Care		
<b>Is this a Key Decision:</b>	No	<b>Included in Forward Plan:</b>	No
<b>Exempt / Confidential Report:</b>	No		

### Summary:

This report addresses quality assurance and performance headlines in the period August to October 2023. The report is accompanied by a revised 'performance scorecard' which focuses on the Key Performance Indicators highlighted by the Children's Commissioner as examples of 'System Health'. In addition to these headline KPIs report also provides information in respect of the main data sets reported upon in the monthly 'chat' report.

These are similar to the KPIs the Committee has had sight of previously but are more aligned with the focus of the Improvement Board. Relevant data sets are accompanied by a 'trend analysis' which details the direction of travel for that data set (using regional comparators when available) as well as a 'practice analysis' which provides information on any activity taking place around that data set.

### Recommendation(s):

#### That Members note that:

- (1) As performance management capacity increases, data is now beginning to focus on key areas of the service which are driving high or low performance.
- (2) Assessment performance is an area where this level of detail is supporting our understanding.
- (3) The quality assurance section of the report details the findings of audits, amendments to the Quality Assurance Framework as well as the focus of QA activity for the coming period.

### Reasons for the Recommendation(s):

As outlined above.

**Alternative Options Considered and Rejected:** (including any Risk Implications)

N/A

**What will it cost and how will it be financed?**

(A) **Revenue Costs** None Identified

(B) **Capital Costs** None Identified

**Implications of the Proposals:**

<b>Resource Implications (Financial, IT, Staffing and Assets):</b> N/A	
<b>Legal Implications:</b> N/A	
<b>Equality Implications:</b> There are no equality implications.	
<b>Impact on Children and Young People: Yes</b> This report addresses quality assurance and performance headlines for Children Services, in the period August to October 2023.	
<b>Climate Emergency Implications:</b>  The recommendations within this report will	
Have a positive impact	Y
Have a neutral impact	Y
Have a negative impact	N
The Author has undertaken the Climate Emergency training for report authors	Y

**Contribution to the Council’s Core Purpose:**

<p><b>Protect the most vulnerable:</b> Across August, September and October 48 deep dive case audits were completed. Of these, 38 were graded as ‘Requires Improvement to be good’ and 10 as ‘inadequate’. Two of the cases graded as requires improvement were originally graded as ‘good’ but were graded down through moderation. The last three months have seen approximately 80% of work being graded Requires Improvement to be Good and 20% Inadequate.</p>
<p><b>Facilitate confident and resilient communities:</b> It was expected that a focus on ‘cared for’ children would result in higher audit grades, and the return to ‘service wide’ audits would re-balance this to some extent. Following the last Mentoring Visit a far greater percentage of our audits have been moderated (approx. 50%) this high-level acts upon feedback received after this visit, and provides the assurance needed to allow large numbers of managers to engage in quality</p>

assurance.
Commission, broker and provide core services: N/A
Place – leadership and influencer: N/A
Drivers of change and reform: N/A
Facilitate sustainable economic prosperity: N/A
Greater income for social investment: N/A
Cleaner Greener: N/A

### **What consultations have taken place on the proposals and when?**

#### **(A) Internal Consultations**

The Executive Director of Corporate Resources and Customer Services (FD.7426/23) and the Chief Legal and Democratic Officer (LD.5526/23) have been consulted and any comments have been incorporated into the report.

#### **(B) External Consultations**

**None**

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#### **Appendices:**

There are no appendices to this report.

#### **Background Papers:**

There are no background papers available for inspection.

#### **1. Introduction/Background**

The performance Scorecard Provides data and analysis of KPIs identified as illustrative of 'system health'. In Sefton these figures have stood somewhat outside regional or 'statistical neighbour' averages, providing evidence of a system that ran 'hot' and entailed large numbers of families receiving an intervention from Children's Social Care. This high volume of work has an obvious impact on quality as well ensuring that the right families are receiving the right service. The KPIs identified by the commissioner are:

- Referrals received into social care (contacts which assessed as requiring a social care intervention).
- Referrals to social care that were within 12 months of a previous referral (often known as 're-referrals').
- Assessments completed per 10,000 children.
- Assessments completed in 45 working days.
- Children subject to Section 47 enquiries.
- Percentage of agency workers in the workforce.
- Number of children in unregistered or unregulated placements.

With the exception of 'Assessments completed within 45 days', The KPIs identified by the Children's Commissioner are moving to at or near the rates of our statistical neighbours. Analysis in respect of this is provided in the body of the scorecard. In respect assessment completion timescales this remains somewhat below the figure mandated, however in respect of children who are receiving an assessment for the first time (the bulk of assessments) this figure now sits at approximately 90% in timescales.

## **2. Quality Assurance**

Across August, September and October 48 deep dive case audits were completed. Of these, 38 were graded as 'Requires Improvement to be good' and 10 as 'inadequate'. Two of the cases graded as requires improvement were originally graded as 'good' but were graded down through moderation. The last three months have seen approximately 80% of work being graded Requires Improvement to be Good and 20% Inadequate.

The three months prior to August saw less inadequate work being identified (approx. 15%) and a small number of cases graded as good. This pre-August period saw quality assurance focused upon our cared for children, this decision was taken to enable preparation for the July Monitoring Visit (cared for children having received relatively less focused QA attention up to that point). By virtue of their status as 'cared for' children, it would be expected that this cohort would be less at risk than those who found themselves the subject of Child Protection Plans and were felt to be at risk of 'significant harm'.

It was expected that a focus on 'cared for' children would result in higher audit grades, and the return to 'service wide' audits would re-balance this to some extent. Following the last Mentoring Visit a far greater percentage of our audits have been moderated (approx. 50%) this high-level acts upon feedback received after this visit, and provides the assurance needed to allow large numbers of managers to engage in quality assurance. These large numbers can lead to a variance in audit quality; however, this supports the goal of developing a 'learning' culture and is felt to be an important part of the improvement journey.

In addition to increased levels of moderation, the audit process is also supported by training delivered to managers, many of whom have not completed quality assurance before. As of October 2023, 50 people had attended this training which is run by the Practice Improvement Team, and feedback has been positive.

In terms of a direction of travel, the last 6 months have seen approximately 20% of work graded as inadequate, the period before this saw that figure closer to 50%. In May /June

2022 significant 'stocktake' activity across the service revealed very few cases that would not have attracted a grade of inadequate.

As audits cover a period of time in the life of a case (at least 6 months but often longer) it can be seen that recent examples of practice are almost always observed to be the most positive, and as the legacy of poorer practice is removed, quality of observable work improves.

### **3. Observation of Practice**

Practice observations are being assigned each month to observe practice in action, offer feedback and praise and increase opportunity to gain feedback from children, young people, family, and others.

### **4. Dip sample activity**

In addition to the monthly 'line of sight audits' which are undertaken by the growing management audit pool, development of the Quality Assurance Framework will see a programme of focused 'dip sample' audits undertaken informed by Key lines of enquiry identified by performance data. These pieces of quality assurance will be jointly undertaken by the Practice Improvement Managers and operational staff. This model was used for the recent dip sample of assessments which concluded with 'No further action' and the topic below have been highlighted to be completed over the next quarter:

- Re-referrals
- Impact of independent oversight of Child in Need Plans
- Impact of the DA practice Hub

**5. Quality of Assessment** - Practice Improvement Managers are dip sampling assessment work across the service to capture a "before" picture so we can measure the impact of assessment training which is currently being delivered across the service. All training will have been delivered by December 2023. Repeat dip samples are planned for January onwards with input from managers within teams.

### **6. NFA Assessment**

Consideration of 20 recently closed assessments to consider appropriateness of assessment, quality of assessment and intervention given the high number of assessments concluding with NFA (47% as reported by performance data.) Auditors agreed with the outcome of the assessment in the majority of assessments (80%), however, it was not always clear how the worker got to this conclusion, leading auditors to reflect that this could lead to a re-referral and that the reason for the assessment has not been addressed thoroughly. Some strengths were noted to include:

- Management oversight at the point of allocation was clear and purposeful and increased during the assessment period and identified what work needed to be completed.
- Parents were spoken to during the assessment and their views recorded, to include fathers. When they were not spoken to, the reason was recorded.

## **7. Areas to improve:**

- Initial triage from the social worker needs to be recorded, point of allocation, review of file, contact with referrer and family to and assessment plan should be recorded in case notes. Managers oversight and challenge when actions are not completed and ensuring follow up.

## **8. Practice Week**

Was a success with learning events reaching 500 people over the 4 days and positive feedback. Sefton Family members joined 2 events to share their lived experience which provided rich learning and opportunity to build on family participation in the future. We plan to reintroduce quarterly Practice and Performance Meetings with staff close to Christmas allowing for audit findings to be shared and considered alongside data and good practice examples. Direct work resources are being provided to practitioners to support creative direct work which needs to be strengthened. Plan on a Page has been shared with teams and managers with clear focus on 5 aspects of practice.

The quality assurance framework has been reviewed and updated to reflect the improvement journey and make use of an increased ability to access and analyse performance data. This process of review will be ongoing.