SOCIAL CARE, HEALTH AND WELL BEING CABINET BOARD

Social Care Health and Wellbeing Cabinet Board

30th November 2017

REPORT OF THE HEAD OF COMMISSIONING, SUPPORT AND DIRECT SERVICES – A. THOMAS

SECTION C – MATTER FOR MONITORING

WARD(S) AFFECTED: ALL

TITLE OF REPORT

CHILDREN AND YOUNG PEOPLE SERVICES – 2ND QUARTER (2017-18) PERFORMANCE REPORT

Purpose of Report

The purpose of the attached documentation is to advise Members of Performance Management Information within Children and Young People Services (CYPS), for the 2nd Quarter Period (April 2017 – September 2017); the Monthly Key Priority Indicator Information (September 2017) and Complaints Data (April 2017 – September 2017).

Executive Summary

A new set of statutory Welsh Government Indicators for CYPS were introduced for 2016-17 and are contained in this report. Comparison data for these Performance Indicators will become available over time. In addition, this report contains the CYPS Key Performance Indicators, which were previously agreed by Members at the Children, Young People and Education (CYPE) Committee on 28th July 2016.

Background

1. Following agreement by Members at CYPE on 28th July 2016, the Quarterly Performance Monitoring Report has been revised, enabling Members to monitor and challenge more specific areas of performance within CYPS. The report also takes into account a change in reporting obligations to Welsh Government in terms of the statutory performance indicators.

Financial Impact

2. Not applicable.

Equality Impact Assessment

3. None Required

Workforce Impacts

4. Not applicable

Legal Impacts

5. This progress report is prepared under:

    i) Local Government (Wales) Measure 2009 and discharges the Council's duties to "make arrangements to secure continuous improvement in the exercise of its functions".

    ii) Neath Port Talbot County Borough Council Constitution requires each cabinet committee to monitor quarterly budgets and performance in securing continuous improvement of all the functions within its purview.

Risk Management

6. Not applicable

Consultation

   7. No requirement to consult

Recommendations

   8. Members monitor performance contained within this report

Reasons for Proposed Decision

   9. Matter for monitoring. No decision required

Implementation of Decision

   10. Not Applicable

List of Appendices

   11.

Section 1 - Performance Management Information within Children and Young People Services for the Period (April 2017– September 2017).

Section 2 – Monthly Key Priority Performance Indicator Information (position as at September 2017)

Section 3 - Highest Average Caseloads Graph (June 2012 – September 2017)

Section 4 – Complaints and Compliments Data (April 2017 – September2017)

Section 5 – Overview of Quarter 2 Quality Assurance Audits (July 2017 – September 2017)

List of Background Papers

None

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Section 1: Quarterly Performance Management Data and Performance Key

2017-2018 – Quarter 2 Performance (1ˢᵗ April 2017 – 30ᵗʰ September 2017)

Note: The following references are included in the table. Explanations for these are as follows:

(PAM) Public Accountability Measures – a revised set of national indicators for 2017/18. Following feedback from authorities the revised performance measurement framework was ratified at the Welsh Local Government Association (WLGA) Council on 31 March 2017. These measures provide an overview of local government performance and how it contributes to the national well-being goals. This information is required and reported nationally, validated, and published annually.

All Wales - The data shown in this column is the figure calculated using the base data supplied by all authorities for 2016/2017 i.e. an overall performance indicator value for Wales.

(Local) Local Performance Indicator set by the Council and also includes former national data sets (such as former National Strategic Indicators or Service Improvement Data – SID's) that continue to be collected and reported locally.

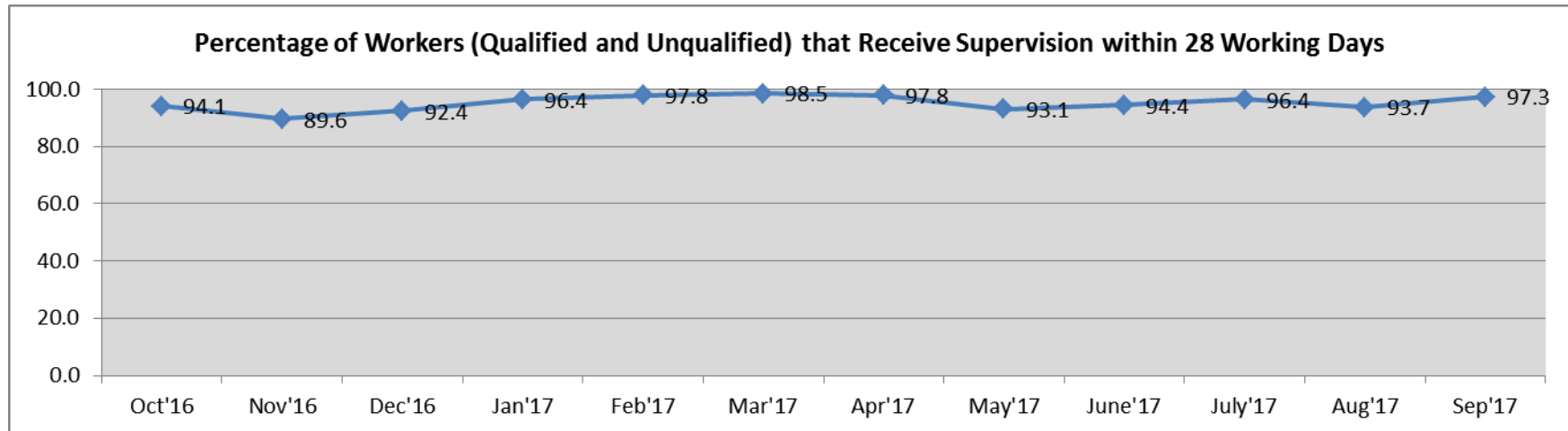|	Performance Key
☺	Maximum Performance
↑	Performance has improved
↔	Performance has been maintained
v	Performance is within 5% of previous year's performance
↓	Performance has declined by 5% or more on previous year's performance - Where performance has declined by 5% or more for the period in comparison to the previous year, an explanation is provided directly below the relevant performance indicator.
–	No comparable data (data not suitable for comparison / no data available for comparison)
	No All Wales data available for comparison.

Social Care – Children's Services

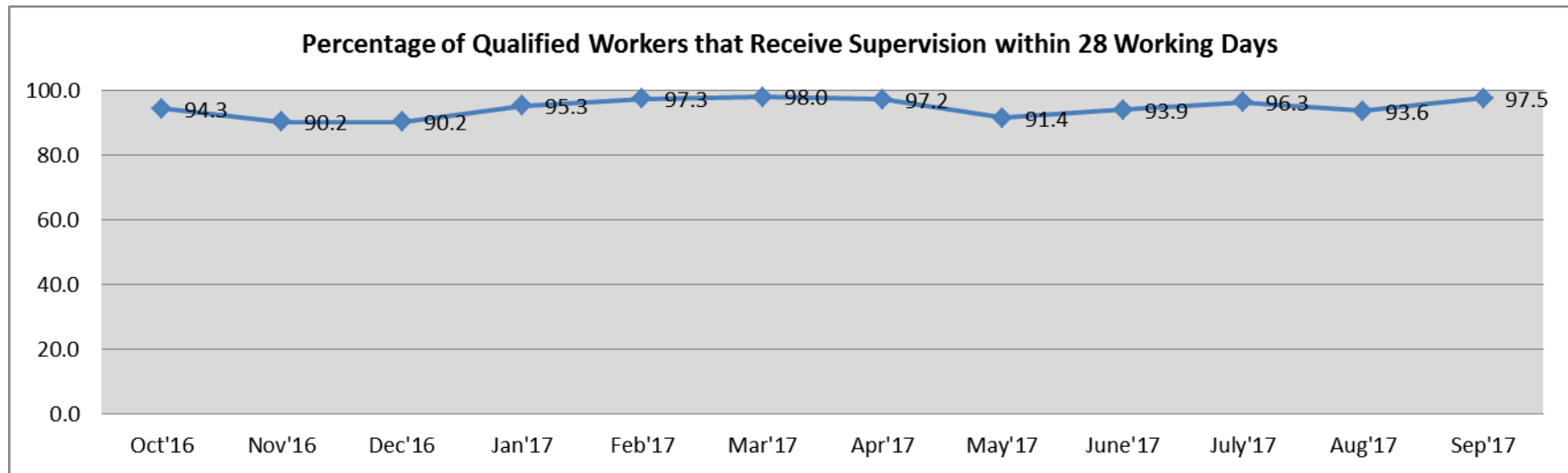| No	PI Reference	PI Description	2015/16 Actual	2016/17 Actual	All Wales 2016/17	Quarter 2 2016/17	Quarter 2 2017/18	Direction of Improvement
1	PI 24	The percentage of assessments completed for children within 42 days from point of referral	n/a - new	97.6% (1197 out of 1226)	90.8%	99.5% (631 out of 634)	97.8% (2799 out of 2861)	V
2	PI 25	The percentage of children supported to live with their family	n/a - new	60.9% (598 out of 982)	69.2%	67.2% (716 out of 1,065)	61.9% (623 out of 1006)	↓
		This PI is subject to regular fluctuation. Over the last 12 months, despite a decrease in overall caseload numbers, the LAC population has remained relatively steady, resulting in a smaller number of children being supported to live at home						
3	PI 26	The percentage of Looked After Children returned home from care during the year	n/a - new	14.8% (78 out of 527)	13.6%	Reported Annually (Populated by WG)		—
4	PI 27	The percentage of re-registrations of children on the local authority Child Protection Register	n/a - new	7.8% (18 out of 230)	6.3%	6.0% (7 out of 117)	6.6% (8 out of 122)	V
5	PI 28	The average length of time (in days) for all children who were on the Child Protection Register during the year	n/a - new	233.1 days	245.1 days	226 days	312.2 days	↓
		This performance indicator is subject to regular fluctuation. Children will remain on the Child Protection Register for as long as is deemed necessary by a multi-agency of professionals and this will all depend on the circumstances and nature of each individual child's case. Therefore, the average length of time each child has been on the Child Protection Register at the point they are discharged will be different, meaning that this indicator will fluctuate significantly over time.						
6	PI 29a	The percentage of children receiving the core subject indicators at key stage 2	n/a - new	59.2% (29 out of 49)	56.5%	Reported Annually (Populated by WG)		—
7	PI29b	The percentage of children receiving the core subject indicators at key stage 4	n/a - new	17.5% (10 out of	14.2%	Reported Annually (Populated by WG)		—

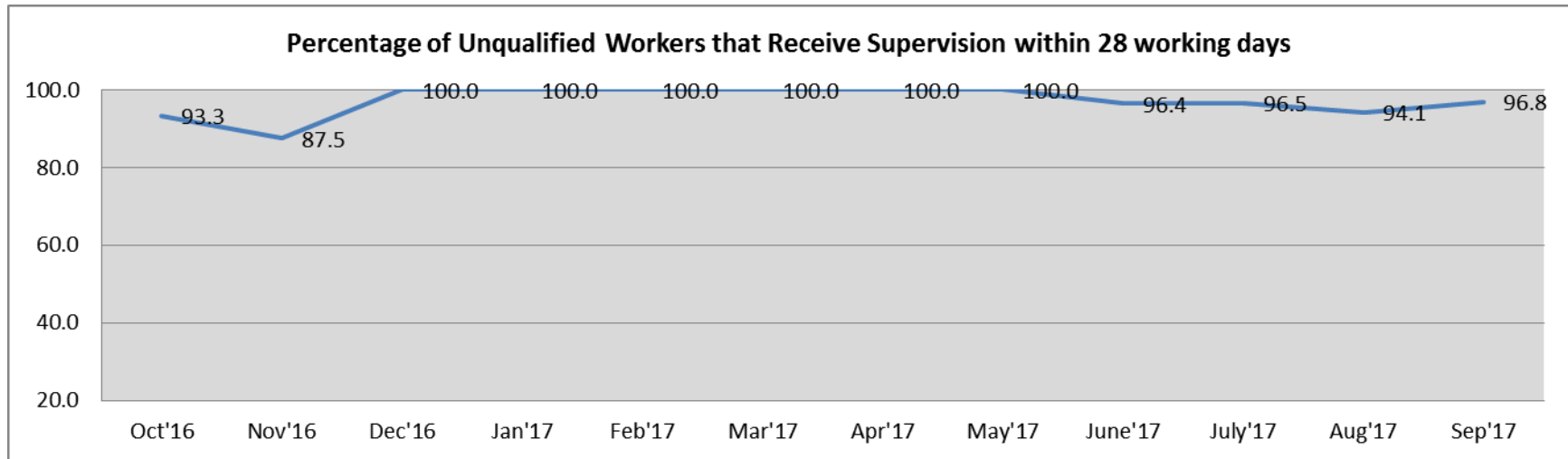|				57)			
8	PI 30	The percentage of children seen by a dentist within 3 months of becoming looked after	n/a - new	8.8% (3 out 34)	59.4%	Reported Annually	—
9	PI 31	The percentage of Looked After Children at 31st March registered with a GP within 10 working days of the start of their placement	99.3%	99.5% (183 out of 184)	91.7%	Reported Annually	—
10	PI 32	The percentage of children looked after at 31 March who has experienced one or more change of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the 12 months to 31 March.	9.4%	10.2% (22 out of 215)	12.7%	Reported Annually	—
11	PI 33 (PAM)	The percentage of children looked after on 31 March who has had three or more placements during the year.	8.8%	4.4% (17 out of 384)	9.8%	Reported Annually (Populated by WG)	—
12a	PI 34	The percentage of all care leavers who are in education, training or employment continuously for 12 months after leaving care	n/a - new	63.0% (29 out of 46)	52.4%	Reported Annually	—
12b	PI 34	The percentage of all care leavers who are in education, training or employment continuously for 24 months after leaving care	n/a - new	44.8% (13 out of 29)	47.1%	Reported Annually	
13	PI 35	The percentage of care leavers who have experienced homelessness during the year	n/a - new	1.1% (3 out of 271)	10.6%	Reported Annually	—

Section 2 - Key Priority Performance Indicators September 2017

- **Priority Indicator 1 – Staff Supervision Rates**

Percentage of Workers (Qualified and Unqualified) that Receive Supervision within 28 Working Days

	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The % of Qualified and Unqualified Workers that receive Supervision within 28 working days	**94.1**	**89.6**	**92.4**	**96.4**	**97.8**	**98.5**	**97.8**	**93.1**	**94.4**	**96.4**	**93.7**	**97.3**
Number of workers due Supervision	**135**	**144**	**145**	**140**	**139**	**134**	**135**	**145**	**142**	**138**	**144**	**152**
Of which, were undertaken in 28 working days	**127**	**129**	**134**	**135**	**136**	**132**	**132**	**135**	**134**	**133**	**135**	**148**

Percentage of Qualified Workers that Receive Supervision within 28 Working Days

	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The percentage of Qualified Workers that receive Supervision within 28 working days	**94.3**	**90.2**	**90.2**	**95.3**	**97.3**	**98**	**97.2**	**91.4**	**93.9**	**96.3**	**93.6**	**97.5**
Number of workers due Supervision	**105**	**112**	**112**	**107**	**110**	**98**	**107**	**116**	**114**	**109**	**110**	**121**
Of which, were undertaken in 28 working days	**99**	**101**	**101**	**102**	**107**	**101**	**104**	**106**	**107**	**105**	**103**	**118**

Percentage of Unqualified Workers that Receive Supervision within 28 working days

|	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The percentage of Unqualified Workers that receive Supervision within 28 working days	**93.3**	**87.5**	**100**	**100**	**100**	**100**	**100**	**100**	**96.4**	**96.5**	**94.1**	**96.8**
Number of workers due Supervision	**30**	**32**	**33**	**33**	**29**	**31**	**28**	**29**	**28**	**29**	**34**	**31**
Of which, were undertaken in 28 working days	**28**	**28**	**33**	**33**	**29**	**31**	**28**	**29**	**27**	**28**	**32**	**30**

- **Priority Indicator 2 – Average Number of Cases held by Qualified Workers across the Service**

As at 30th September 2017	Workers, including Deputy Team Managers					
Team	Available Hours	FTE Equivalent	Team Caseload	Highest Worker Caseload	Lowest Worker Caseload	Average Caseload per Worker
Cwrt Sart	469.0	**12.7**	121	16	2	**9.5**
Disability Team	495.5	**13.4**	191	23	5	**14.3**
LAC Team	386.0	**10.4**	165	18	7	**15.8**
Llangatwg	481.0	**13.0**	164	13	11	**12.6**
Sandfields	360.0	**9.7**	111	14	7	**11.4**
Route 16	271.0	**7.3**	47	11	8	**6.4**
Dyffryn	395.0	**10.7**	110	16	6	**10.3**
Intake	499.0	**13.5**	90	14	1	**6.7**
Totals	3,356.50	90.7	999			
Average Caseload - CYPS				15.6	5.9	**11.0**

Please Note:

1. The above figures include cases held by Deputy Team Managers and Part-Time Workers.
2. The 'Available Hours' do not include staff absences e.g. Sickness, Maternity, Placement, unless cover is being provided.

- **Priority Indicator 3 – The Number of Social Worker Vacancies (including number of starters/leavers/agency staff/long-term sickness), Disciplinaries and Grievances across the Service**
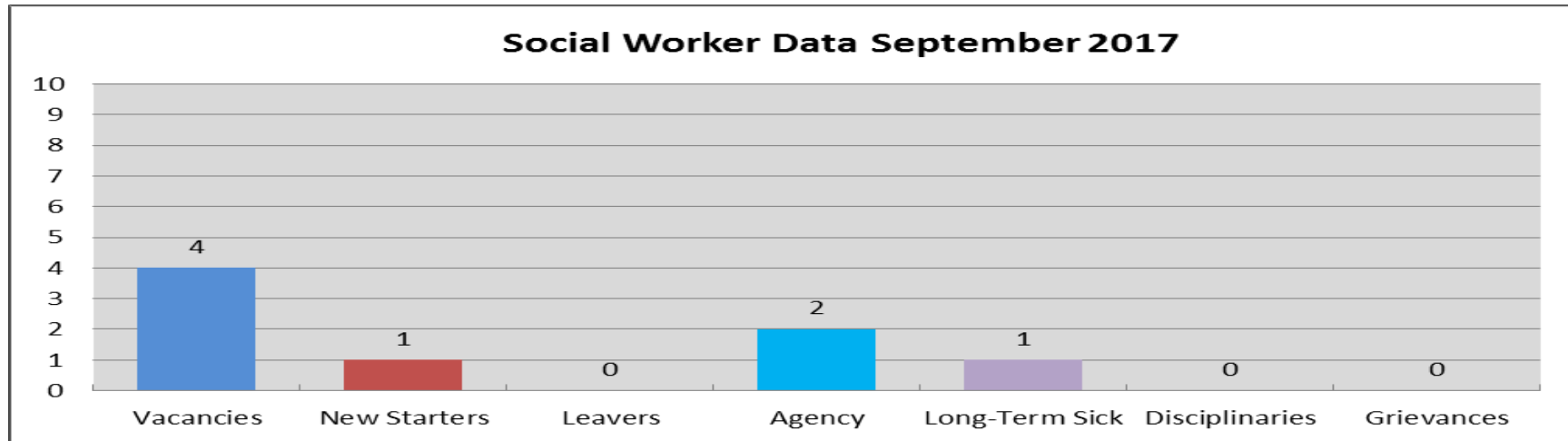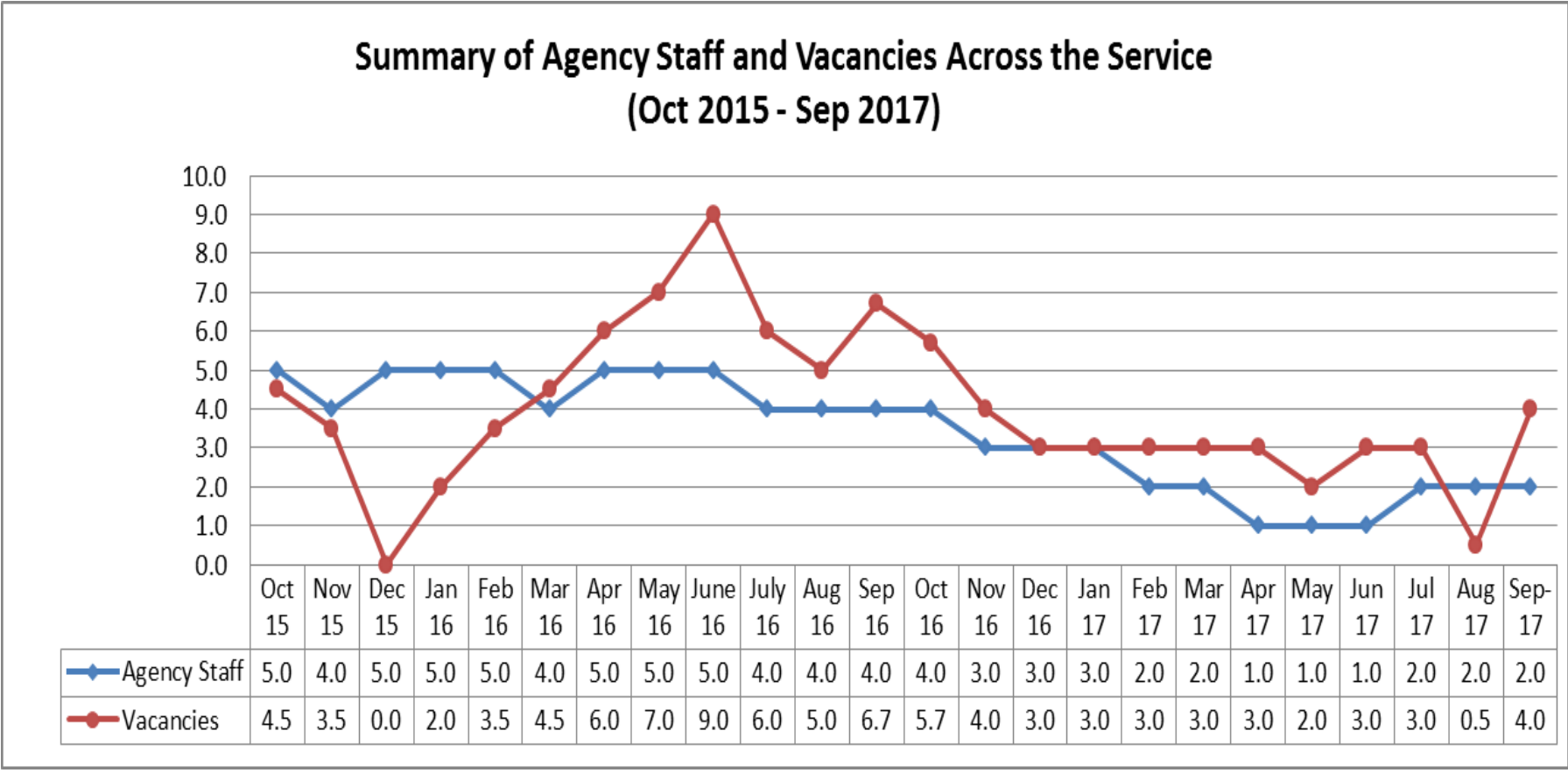

	Team Manager	Deputy Manager	Social Worker	Peripatetic Social Worker	IRO	Consultant Social Worker	Support Worker	Total
Vacancies			3		1			4
New Starters			1					1
Leavers								0
Agency			1		1			2
Long-Term Sick			1					1
Disciplinaries								0
Grievances								0

Agency Workers:

1 - Conference and Review Service – covering maternity

1 – Fostering Team – covering sickness rehabilitation

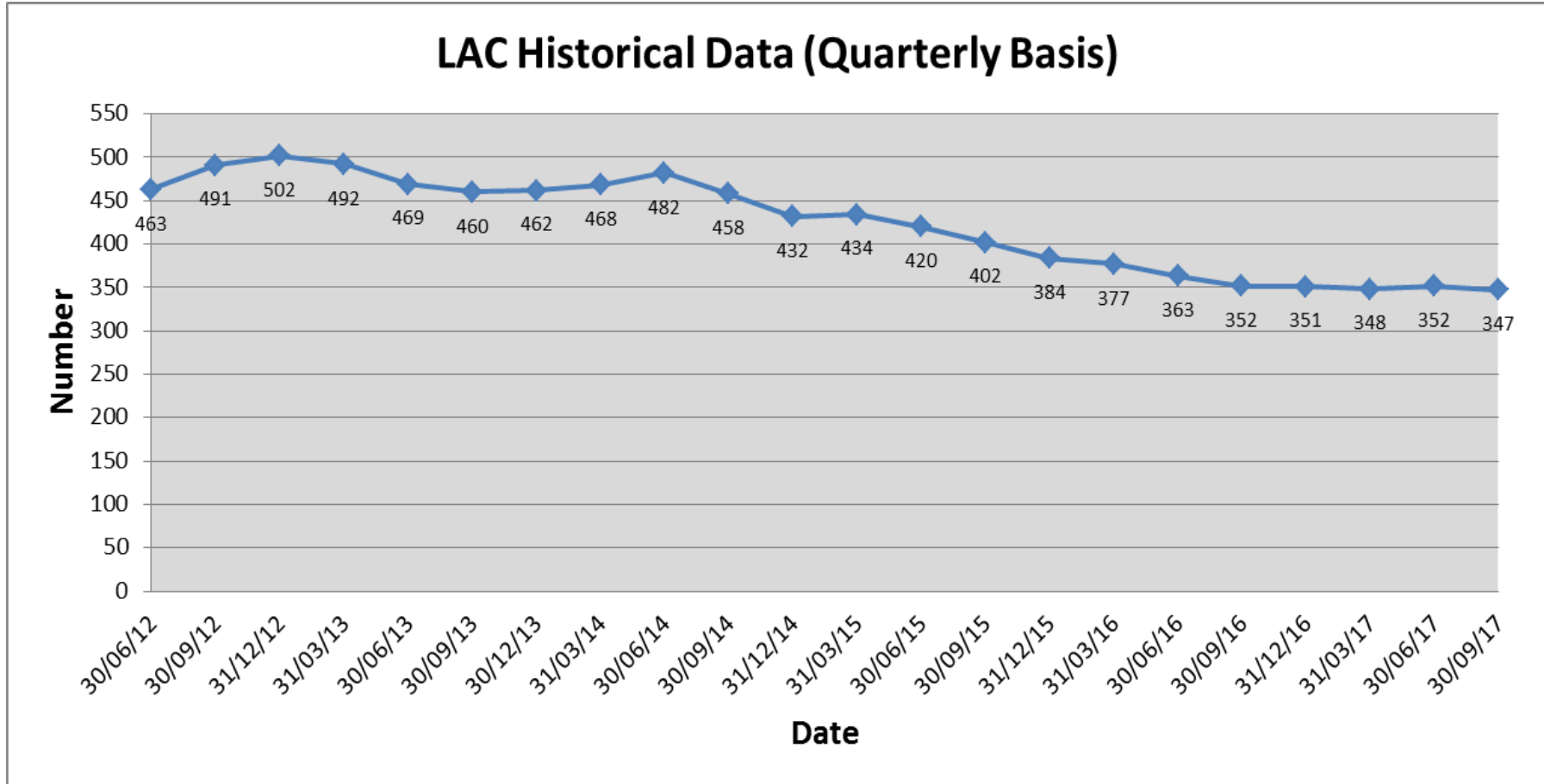## Summary of Agency Staff across the Service October 2015 – September 2017

Summary of Agency Staff and Vacancies Across the Service (Oct 2015 - Sep 2017)

	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	June 16	July 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep- 17
Agency Staff	5.0	4.0	5.0	5.0	5.0	4.0	5.0	5.0	5.0	4.0	4.0	4.0	4.0	3.0	3.0	3.0	2.0	2.0	1.0	1.0	1.0	2.0	2.0	2.0
Vacancies	4.5	3.5	0.0	2.0	3.5	4.5	6.0	7.0	9.0	6.0	5.0	6.7	5.7	4.0	3.0	3.0	3.0	3.0	3.0	2.0	3.0	3.0	0.5	4.0

- **Priority Indicator 4 – Thematic reports on the findings of Case File Audits (reported quarterly)**

    There is an audit programme in place which facilitates the scrutiny of various aspects of activity within Children and Young People Services. A summary of the Audit activity undertaken during the period 1st July – 30th September 2017 is provided in **Section 4** of this report.

- **Priority Indicator 5 – Number of Looked After Children (Quarterly)**

LAC Historical Data (Quarterly Basis)

Date	Number
30/06/12	463
30/09/12	491
31/12/12	502
31/03/13	492
30/06/13	469
30/09/13	460
30/12/13	462
31/03/14	468
30/06/14	482
30/09/14	458
31/12/14	432
31/03/15	434
30/06/15	420
30/09/15	402
31/12/15	384
31/03/16	377
30/06/16	363
30/09/16	352
31/12/16	351
31/03/17	348
30/06/17	352
30/09/17	347

LAC as at 30/09/2017 = 347

- **Priority Indicator 6 – The Number of children who have been discharged from care and subsequently re-admitted within a 12 month period.**
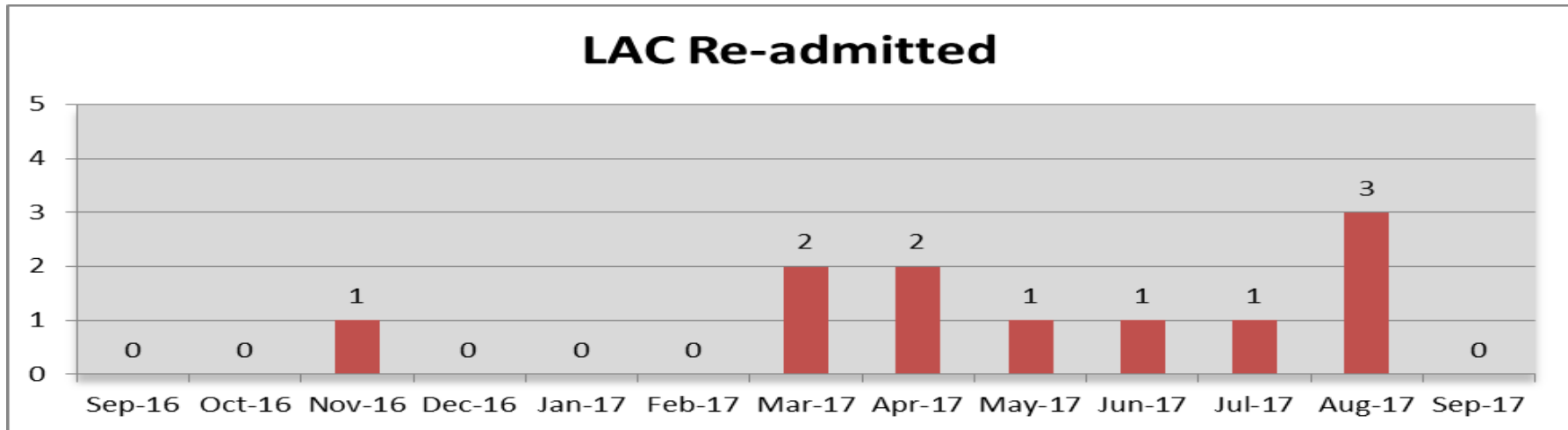
LAC Re-admitted

Date	Number Re-admitted
October 2016	0
November 2016	1
December 2016	0
January 2017	0
February 2017	0
March 2017	2
April 2017	2
May 2017	1
June 2017	1
July 2017	1
August 2017	3
September 2017	0

Reason for July 2017 re-admission into care within 12 months of being discharged: -

- There were some difficulties with Child A's previous placement from 06.06.17 onwards and this arrangement broke down on the 12.06.17. Child A's identified plan has always been to stay in long term foster care as it wasn't possible for Child A to return to family on a permanent basis following the recent placement breakdown. Subsequently a suitable placement was identified for Child A and moved there on the 04.07.17.

Reason for August 2017 re-admissions into care within 12 months of being discharged: -

- Siblings Child "A" and Child "B" went into respite on December 12th 2016 for 2 nights, due to their brother's birth at home and parents' inability to care for all 3 children at time. Following completion of a parenting assessment and Parent Assessment Manual (PAM) assessment the local authority issued care proceedings. The court granted an Interim Care Order in respect of all three children on August 22nd 2017 and the subsequent Final Court Hearing on August 30th 2017, the Judge granted Care and Placement Orders. The LA's plan for all three children is one of adoption, which was ratified by Agency Decision Maker on August 10th 2017.

- Child "C" was re-admitted into care on 07.08.2017 due to being arrested for threats against the family. Originally respite was agreed for a period of a few nights, as respite care was part of his care plan to support the family due to the child's destructive and challenging behaviour. On 08.08.17 upon attending resource panel following the incident, his status changed to LAC as advised by the Principal Officer. He remained in respite until the 1.09.17 where parents withdrew their consent and he returned home.
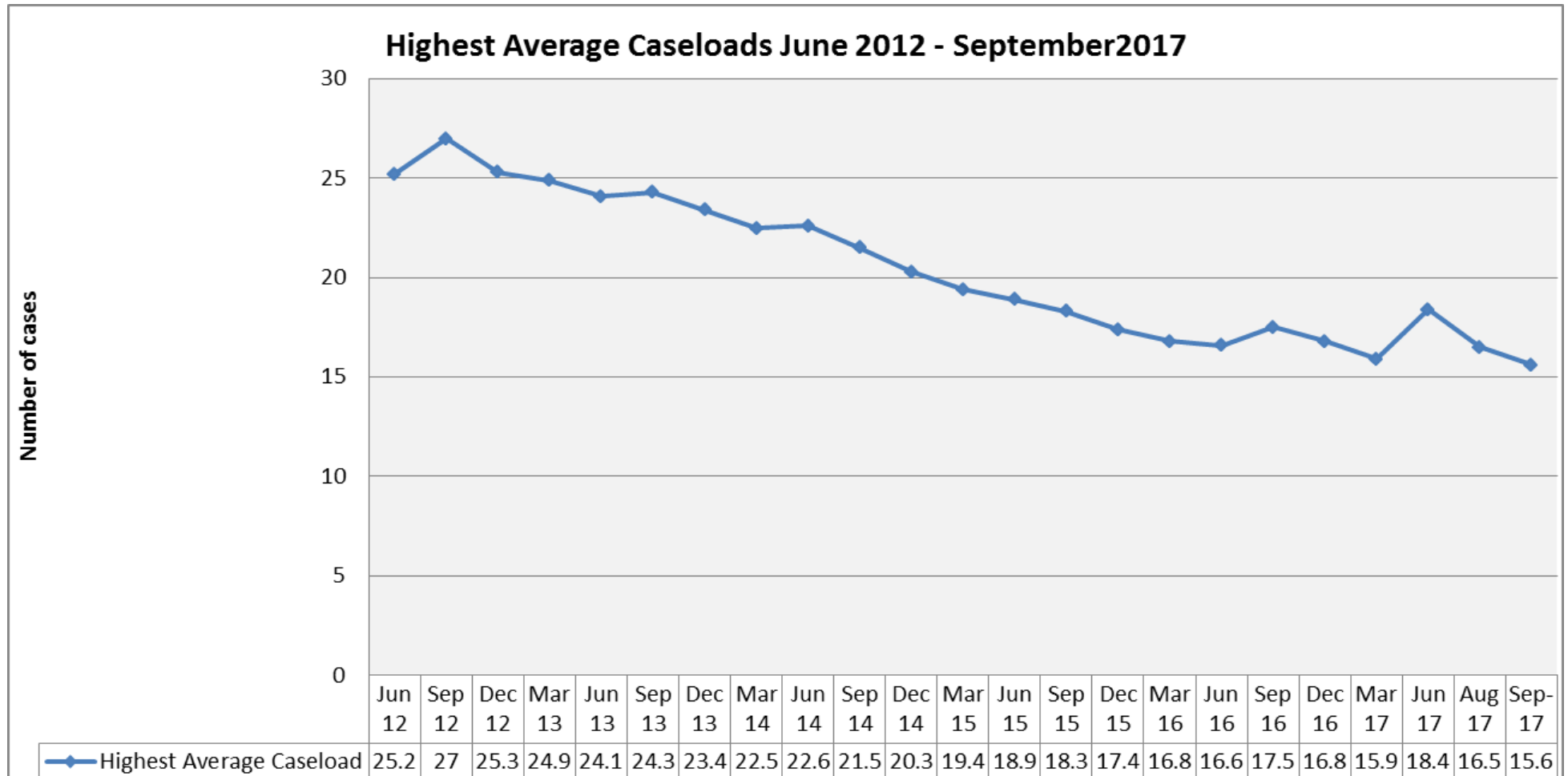
- **Priority Indicator 7 – The Number of Cases 'Stepped Down / Stepped Up' between Team Around the Family (TAF) and CYPS**

Number of Cases 'Stepped Down' to TAF / 'Stepped Back Up' to CYPS

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Cases Stepped Down	8	10	12	7	7	14	19	9	13	19	8	8
Cases Stepped Up	10	6	5	3	3	13	4	7	4	11	8	6
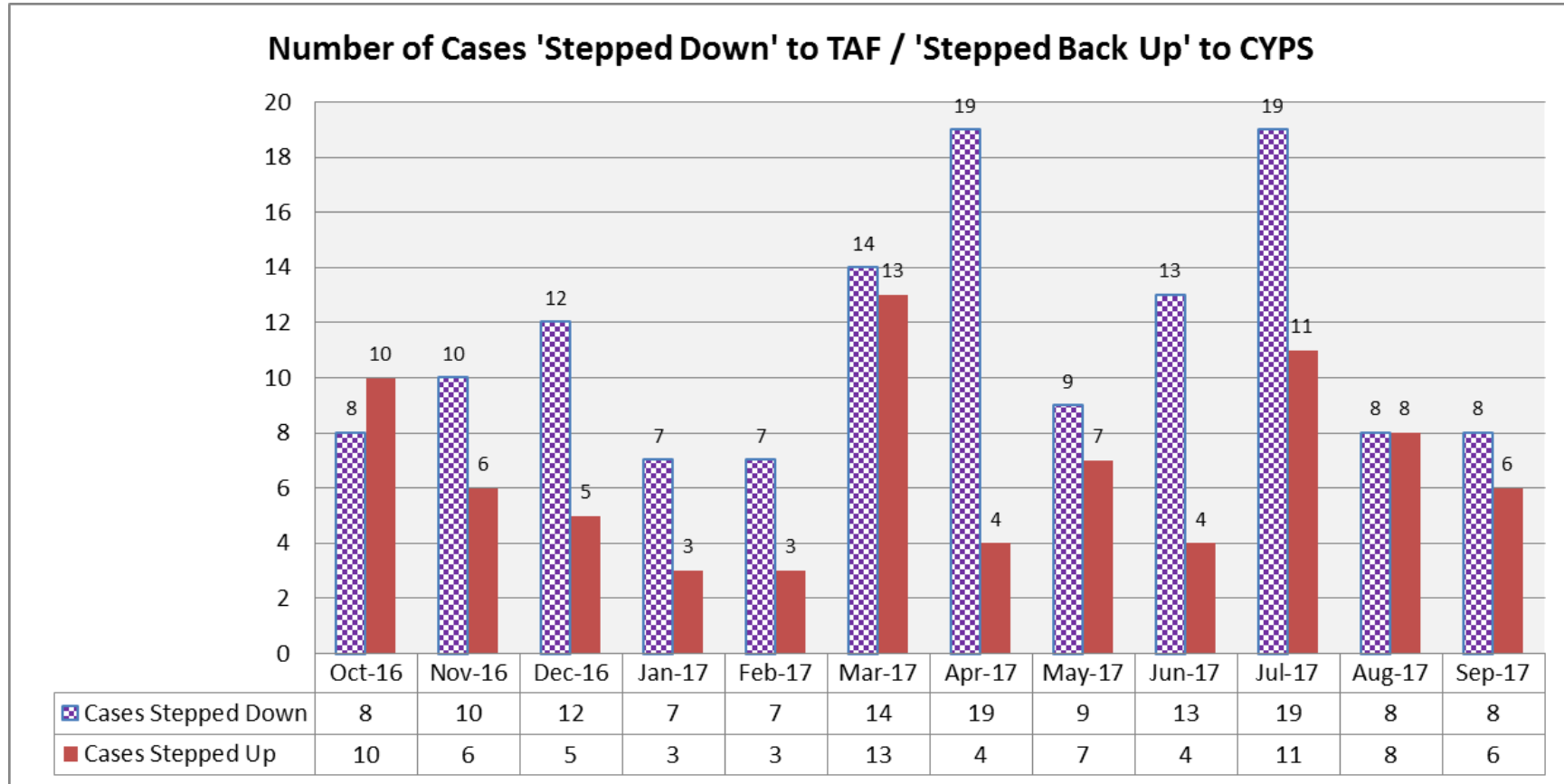
- **Priority Indicator 8 – The percentage of Team Around the Family cases that were closed due to the achievement of a successful outcome in relation to the plan: –**

Percentage of case closures with successful outcome in relation to the TAF Action Plan
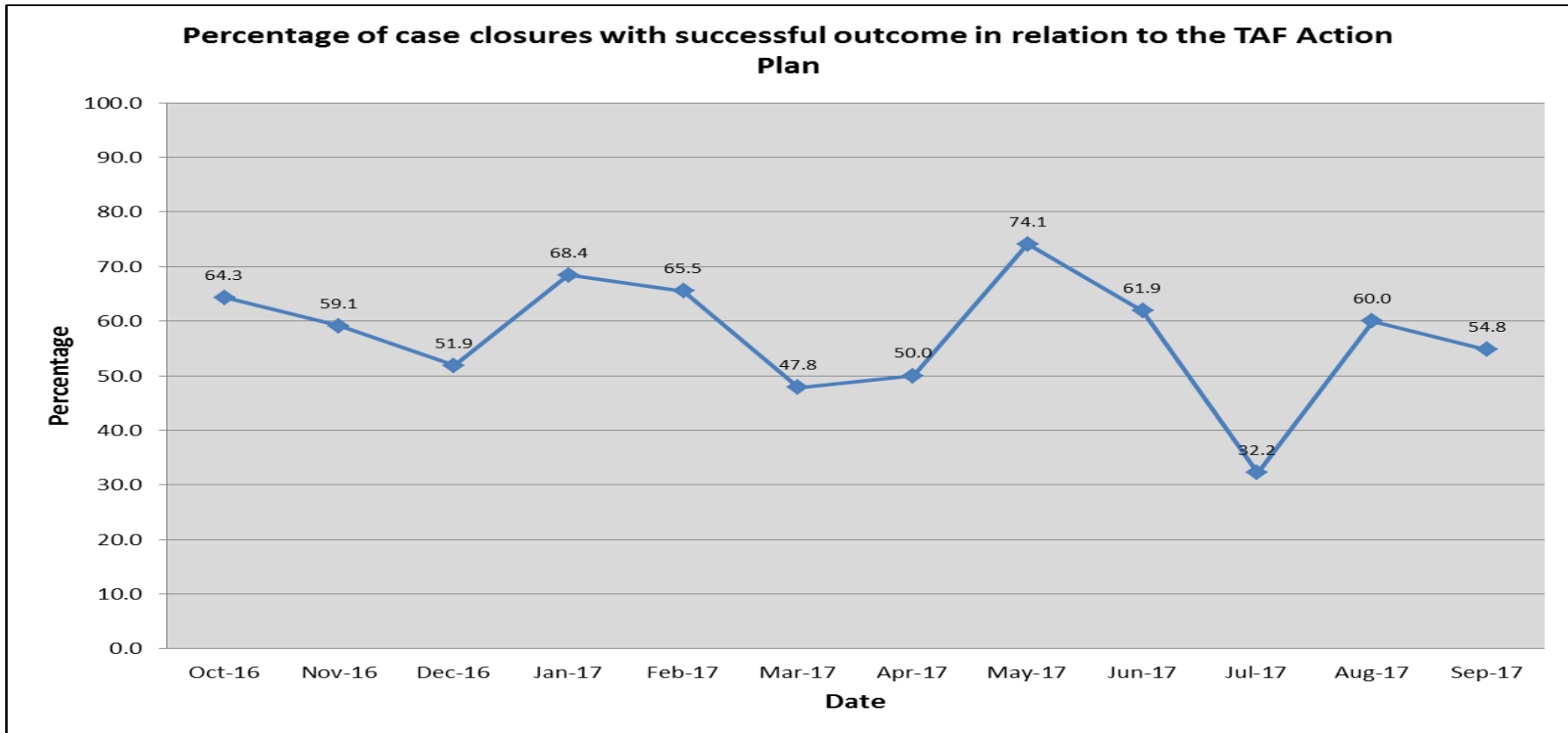
Section 3 – Highest Average Caseloads (Qualified Workers): June 2012 – September 2017

Highest Average Caseloads June 2012 - September 2017

Number of cases

	Jun 12	Sep 12	Dec 12	Mar 13	Jun 13	Sep 13	Dec 13	Mar 14	Jun 14	Sep 14	Dec 14	Mar 15	Jun 15	Sep 15	Dec 15	Mar 16	Jun 16	Sep 16	Dec 16	Mar 17	Jun 17	Aug 17	Sep-17
Highest Average Caseload	25.2	27	25.3	24.9	24.1	24.3	23.4	22.5	22.6	21.5	20.3	19.4	18.9	18.3	17.4	16.8	16.6	17.5	16.8	15.9	18.4	16.5	15.6

Section 4: Compliments and Complaints – Social Services, Health & Housing – Children's Services ONLY

2017-2018 – Quarter 2 (1st April 2017 – 30th September 2017) – Cumulative data

		Performance Key
	↑	Improvement : Reduction in Complaints / Increase in Compliments
	↔	No change in the number of Complaints / Compliments
	v	Increase in Complaints but within 5% / Reduction in Compliments but within 5% of previous year.
	↓	Increase in Complaints by 5% or more / Reduction in Compliments by 5% or more of previous year.

No	PI Description	Full Year 2016/17	Quarter 2 2016/17	Quarter 2 2017/18	Direction of Improvement
	Total Complaints - Stage 1	19	12	12	↔
1	a - Complaints - Stage 1 upheld	7	2	2	
	b - Complaints - Stage 1 not upheld	4	1	2	
	c - Complaints - Stage 1 partially upheld	2	1	2	
	d - Complaints - Stage 1 other (incl. neither upheld/not upheld; withdrawn; passed to other agency; on-going)	6	8	6	

No	PI Description	Full Year 2016/17	Quarter 2 2016/17	Quarter 2 2017/18	Direction of Improvement
2	**Total Complaints - Stage 2**	**2**	**1**	**1**	↔
	a - Complaints - Stage 2 upheld	**0**	**0**	**0**	
	b - Complaints - Stage 2 <u>not</u> upheld	**1**	**1**	**1**	
	c- Complaints - Stage 2 partially upheld	**1**	**0**	**0**	
3	**Total - Ombudsman investigations**	**0**	**0**	**0**	↔
	a - Complaints - Ombudsman investigations upheld	-	-	-	
	b - Complaints - Ombudsman investigations <u>not</u> upheld	-	-	-	
4	**Number of Compliments**	**23**	**11**	**4**	↓

Narrative
Stage 1 – the number of complaints received during the 2nd quarter 2017/18 (when compared to 2016/17) remain at the same levels of **12**. The Complaints Team will continue to monitor future quarters to ascertain any trends.

Stage 2 – levels remain the same as the previous year at **1** during the first two quarters; there continues to be a stronger emphasis on a speedier resolution at 'local' and 'Stage 1' levels.

Compliments – the number of compliments have seen a decrease, the Complaints Team will continue to raise the profile for the need to report such incidences.

Section 5: Quality Assurance Audit Overview Report (1st July 2017 – 30th September 2017)

Quarter 2 – Audit Overview Report

Quality Assurance Audits

Quality Assurance Audits take place on a monthly basis within Children and Young People Services. This report gives an overview of the thematic audits undertaken in quarter 1, what is working well, what we will improve and by what methods. An audit sub group meets weekly to monitor progress and create thematic audit tools for use each month. Each tool devised is circulated and ratified at the Children's Services Managers Group prior to audits being completed. Audit days take place once a month in the Quays IT room with team managers collectively auditing and analysing themes arising.
At the end of each audit day attendees are asked to fill out a basic feedback form which rates aspects of the day itself and the audit tool used, along with suggestions for improvements and any general comments. Feedback from auditors attending the audit day has been very positive over the 2nd quarter in relation to the venue, facilities and audit tools used.

Audits Completed

During this quarter there have been three thematic audits completed.

Audit Theme	Month Completed	Cases Audited
Placement Breakdown/Move	July 2017	26
Outcome Focussed Plans	August 2017	56
Personal Outcomes	Sept 2017	54

During this quarter in addition to the above thematic audits undertaken by team managers/deputy managers, we have also undertaken an additional audit with social workers from across the different teams in Children and Young People Services. In these audits the focus is on the audit experience gained by the attending social worker. Over the last 18 months as we have implemented across the service outcome focussed plans in line with the Social Services and Wellbeing Act 2017, and we took the opportunity to involve social workers in auditing the new outcome plans created across the service. We have found that the process of looking at a number of different plans written by different social workers/support workers has provided them with a unique viewpoint of understanding what an effective plan looks like as well as auditing plans which they felt could be improved. Every social worker who has attended one of these sessions feels that as a result of these peer reviews their own practice will or has improved.

What are we doing well?

We've identified through the audit process what is working well and have highlighted many good working practices evident across the Social Services IT System.

In the Placement Breakdown/Move audit we found that:

- In all of the cases audited there was evidence of good management oversight either through supervision, case consultations or through the placement referral records
- In 92% of the cases audited a LAC review was held within 28 days of the move, this is a high percentage given that 61% of the cases it took over 7 days to instigate the change of circs which would notify the IRO. This demonstrates that there is good communication between the social worker and IRO when there is a change of placement
- Auditors felt that there was good evidence of the child/young person's wishes and feelings being documented
- Auditors felt that there were clear risks identified with good actions taken quickly where needed
- There were placement referral records in over two thirds of the cases audited, however we need to be clear that for all moves there must be a PRR in existence.

In the Outcome Focussed Plans audit we found that:

- In 94% of the cases audited the plan was appropriately updated at each review point e.g. LAC review, CP Conference, Core Group, etc
- In 91% of the cases, auditors felt the plans were child focussed, this is 13% increase since the previous audit
- The plans were clearly outcome focussed and not service led in 94% of the cases audited, this is a 21% increase from the previous audit
- Appropriate risks and strengths were identified in 93% of the cases audited which is a 5% increase from the previous audit
- In 89% of the cases audited it was clear what needed to happen to progress the plan, this is an increase of 30%
- 91% of the cases audited had a wellbeing category identified with 65% having a score, in the previous audit this was a combined question which resulted in 62% of the cases having a category *AND* scoring
- In 72% of the cases audited there was evidence of parent/carer views, this is an increase of 8% from the previous audit
- Of the initial child protection conference cases audited 71% of these plans were developed at the first core group, this is a massive 46% increase from the previous audit.

In the Personal Outcomes audit we found that:

- It is evident from the audit that teams were making good attempts to create personal outcomes on the child/young person's case file
- In 85% of the cases audited the outcomes were personalised and related to the individual's personal circumstances
- In 67% of the cases audited the personal outcomes were focussed on helping the child/young person
- In 93% of the cases audited it was felt that the outcomes were not over complicated
- Out of the cases where there were closed personal outcomes 75% of those were closed as the personal outcome was achieved

- In 77% of the cases audited the personal outcomes were reflected in the outcome plan with 73% evidencing that service provisions had been put in place to help achieve them
- In 80% of the cases audited it was evident that the local authority was supporting the individual to achieve their personal outcomes

What will we improve?

1. For placement breakdown/unplanned move cases, they will be scrutinised within panel wherever possible where there are moves/breakdowns
2. When there is a change of placement we will ensure the timely submission of the change of circumstance
3. Strengthen the links between the Fostering IT system and the Childrens IT system
4. Revise the placement breakdown/unplanned move audit tool to include a question on the child/young person's wishes and feelings when this audit is repeated
5. Where possible provide specific foster carer training to help support placements
6. We will improve on the circulation rate of the child/young person outcome plans
7. We will improve the number of child/young person comments on the outcome plan although this has improved from the previous audit
8. We will ensure that parties to the plan is routinely completed on the outcome plan
9. We will increase the number of reviews on personal outcomes
10. We will ensure that all aspects of the personal outcome system is completed
11. A higher number of the personal outcomes will be focussed on changing a behaviour
12. We will be more specific when creating personal outcomes and will not generalise
13. We will assist practitioners in identifying the difference of personal and plan outcomes

How will we do this?

- Through developing the IT system to reflect and record the information we want to evidence

- By changing, communicating and reinforcing to staff processes and procedures to follow
- By holding training sessions for staff on specific areas of the system where new processes have been introduced
- By direct feedback on individual cases to the responsible team manager and case worker
- By looking at the way we encourage engagement and participation of children, young people and their parents/carers
- Through circulation of audit tools to all practitioners to enable them to have an understanding of the areas auditors are looking at which will become evident in future audits on the same topic
- By discussing and ratifying proposed changes and improvements through the Practice Improvement Group which is attended by a representative from all teams
- By circulating the thematic audit reports to all staff for their information
- By having a transparent quality assurance audit process in place which is responsive to suggestion and change

What have we learnt?

In this second quarter from each of the audits undertaken we have identified clear areas in each of the audit themes that we will improve, work is being undertaken to achieve this and will be guided by the Quality Assurance Group. The Quality Assurance Group is responsible for allocating lead officers to complete actions and for reviewing the progress of these actions. We have evidenced in the completed audit tools on individual cases good working practices and embedded principles within the service.

This placement breakdown/unplanned move audit has revealed good working practices and some areas we can improve. Resoundingly, all cases that were audited have shown that there was regular and good management oversight of these cases. This audit has given a valuable insight into the good work that is being done across the service; case managing teams, IRO's and Fostering and has highlighted areas that we can improve on to ensure we are doing everything we can to support Looked After Children in their placements.

In the Outcome Plan audit we have learnt that considerable progress has been evidenced since the previous audit undertaken in March 2017 and this should be shared as evidence of the effective change in working practices towards the new Social

Services and Wellbeing Act that are now embedding across the service. We have seen a marked improvement in many of the areas highlighted in the March audit which needs to be shared with the whole service as recognition of what has been achieved.

The Personal Outcome audit revealed that it is evident that workers across the service are making good efforts at identifying and recording personal outcomes. However, we need to ensure that the outcomes are regularly and consistently reviewed to be meaningful indicators of progress towards an individual achieving their personal outcomes. It was good to evidence that in a high majority of the cases that the local authority was supporting individuals in achieving their personal outcomes. There is a Team Manager and Performance Management Group that meets bi-weekly and part of the group's remit is to focus on audit actions that are ratified in the Quality Assurance Group, this is a succinct process which is currently working well to proactively driving forward the changes.

To promote reflective learning within the service, the good practice and areas for improvement identified within each audit and the individual case file audit forms will be shared with the appropriate Team Managers and the workers involved in the case, this is done either on a 1:1 basis or through group sessions.

Next Steps?
Our effective auditing process is identifying key themes on good practice and areas we will improve, post audit we have mechanisms in place for following through on actions identified. Actions identified from each audit are transferred to an audit action register whereby individual actions are discussed and agreed at each Quality Assurance Group, this allows us to monitor desired outcomes and progress. This gives a transparent view on the service, what we recognise is working well, what we will improve, how we will do it and when it will be in place. All audit tools and reports are disseminated to the teams within Children and Young People Services, this provides staff with information on good practice and areas for improvement, it also provides a visual audit tool for staff that can be referenced in the everyday tasks completed.
As the audit process is well established across Children and Young People Services, the Quality Assurance Group will also be taking forward lessons learned from other sources such as the citizen survey, staff survey and the complaints received.

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