

# Operational Guide to Audit Programme in LB Tower Hamlets Children’s Social Care:

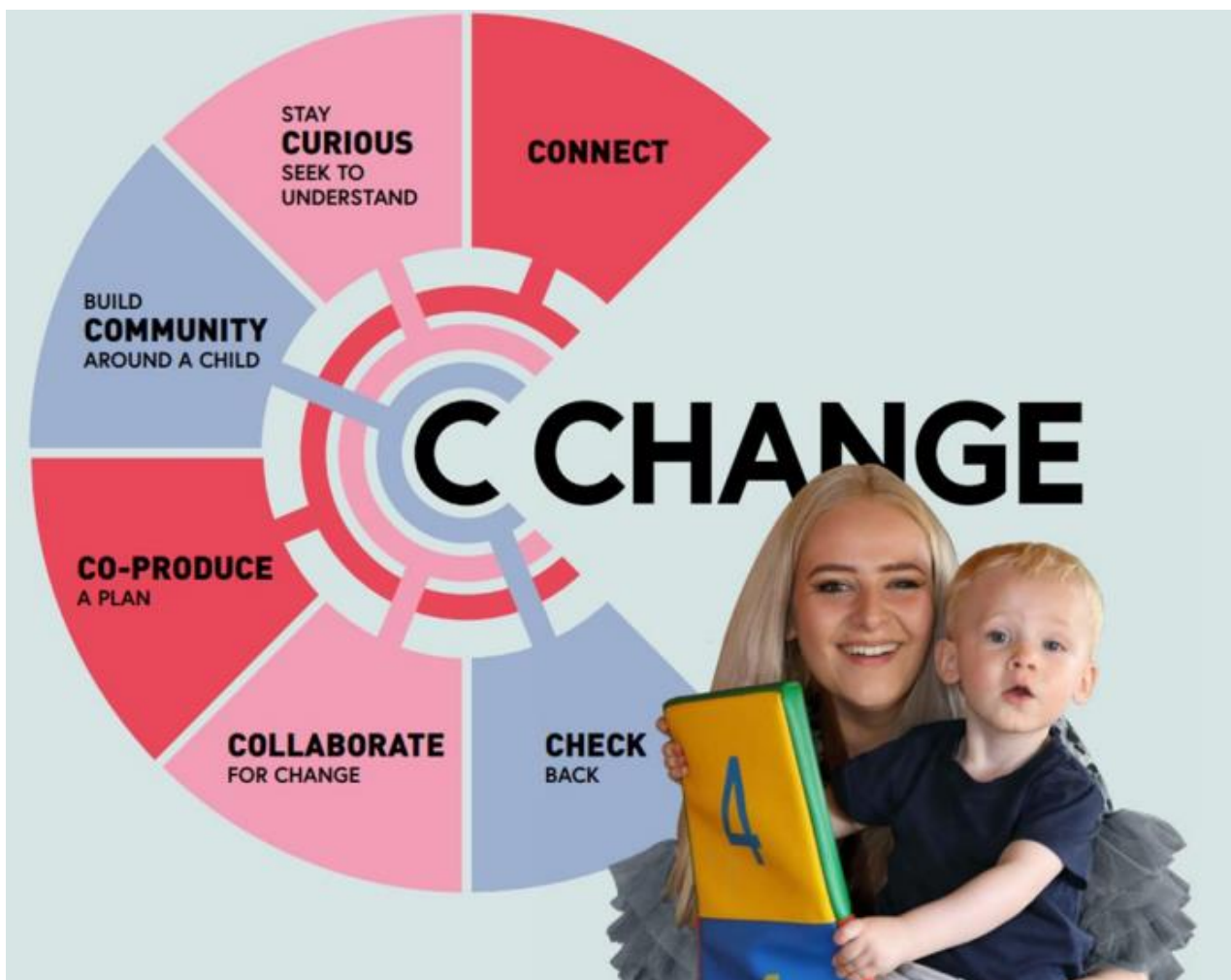
This is an operational guide for auditors, moderators, senior managers and Social Worker/ practitioners to the audit process in LB Tower Hamlets Children’s Social Care. The auditing activity in LB Tower Hamlets is called “Understanding our Practice”. This document supports the “Quality Assurance Framework – Tower Hamlets”.

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## 1. “Better Together” Framework and the 6 C’s

Our audit template “Understanding our Practice” has been aligned with our Practice Framework “Better Together” and is aimed to support Social Workers/ Practitioners, auditors and moderators in strengthening, and developing a deeper, understanding of practice expectations and the impact of intervention on children and families when undertaking audits.



## 2. Audit grading definitions” at a glance” (high level)

**Outstanding:** The work meets good consistently in all points AND that there is something outstanding in the work e.g., exceptionally effective direct work that achieves extraordinary results, a particularly thorough and sophisticated assessment of complex issues that helps give clarity and direction to the work, etc.

**Good:** the work consistently meets the criteria for good set out in the audit tool.

- The child and family are receiving good support.
- Thresholds are applied appropriately; step up/down, escalation and closure.
- Relationship based direct work is evident and purposeful.
- The work is of a consistent high standard and is making a difference to children, young people and families.
- Risk is managed well.
- Management oversight is effective and driving the work
- There is no drift or delay; any deficits in the work are minor and do not have an impact on children or outcomes.
- Assessments are comprehensive, analytical and make appropriate recommendations that inform well the targeted help in plans.
- Agencies are used well to inform plans and support families.

**Requires Improvement to be Good:** the work falls below the standards set in the criteria for good in the audit tool, but there are no serious or widespread failures that lead to the child experiencing harm or risk of harm or detrimental impact on their health, wellbeing or development.

**Inadequate:** the work is below the criteria for good, and there are serious failures that lead to the child experiencing harm or being at risk of harm, or other detrimental impact on their health, development or wellbeing.

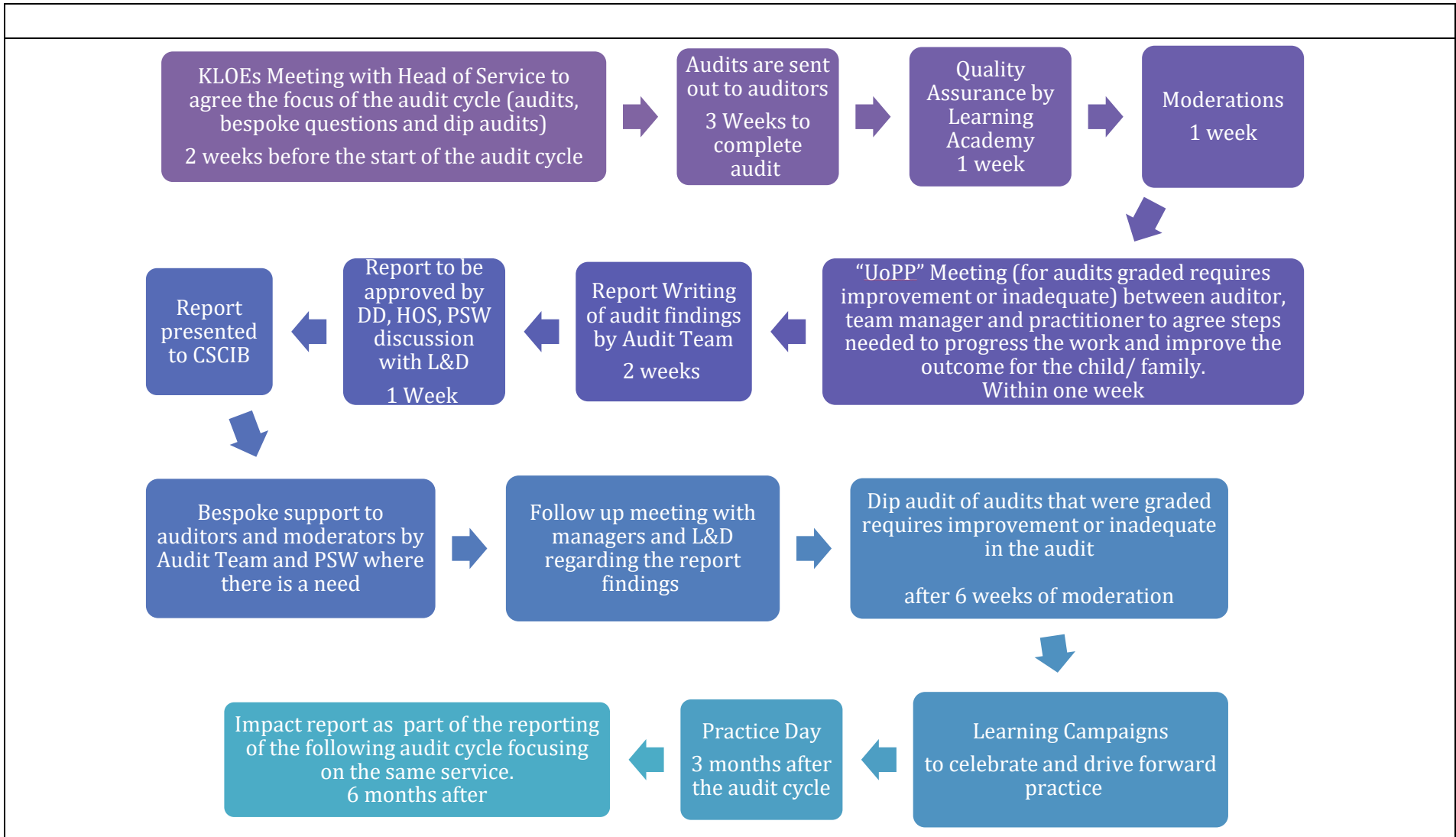
## 3. Audit Cycles

Audit cycles currently focus on the services of

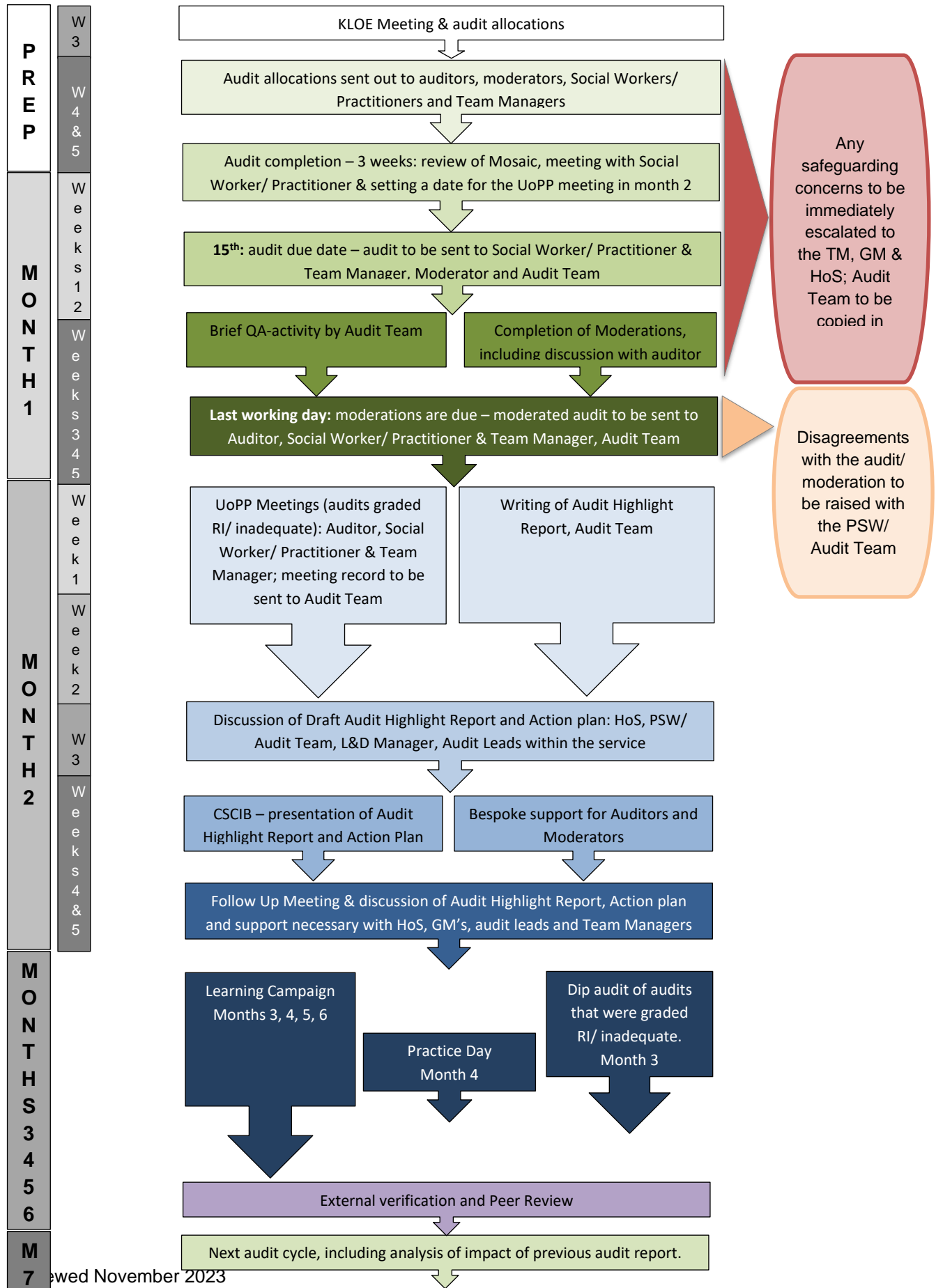
- Multi Agency Support Team (MAST) and Assessment & Intervention (A&I) – “Frontdoor”
- Family Support and Protection (FSP) and Children with Disabilities (CWD)
- Children Looked After (CLA) and Through Care Service (TCS)

Each service will be audited on a six-monthly, rolling basis.

#### 4. Audit cycle overview process



## 5. Audit cycle - step by step, over 6 months



## **6. Key lines of enquiry (KLOE) and selection of work for audits**

### **KLOE meeting**

Two weeks before the audit starts, the Head of Service and Group Manager(s) of the service that the audit cycle will focus on will meet with the Learning Academy (PSW and Audit Team), the Group Manager of Child Protection Chairs (CPC) and Independent Reviewing Officers (IRO), as well as the two audit leads (Team Managers identified by the HoS to support the audit cycle and learning campaign) of the relevant service.

They will review the data performance, and CHaT, escalations from IRO's or CPC's, feedback or complaints from workers, or service users, or any other soft intelligence. They will use the Ofsted grade descriptors to complete their own self-assessment of

- what is going well (areas of strength)
- what they are concerned about (areas for development)
- and which areas they need more information and assurance.

As a result of this discussion, they will identify key lines of enquiry (KLOE) for the audits and dip samples and select relevant children using the child level data sheets.

Within a week of the KLOE's meeting, the Learning Academy will identify the children/ young people and complete the allocations for full audits. The list will be distributed to the Head of Service and Group Manager(s), copying in the Head of the Learning Academy to confirm.

### **Selection of children/ young people for audit**

The Audit Team will select a minimum of **40** children/ young people for full audit by Team Managers, and a minimum of 20 children/ young people for audit by Advanced Practitioners. The Audit Team will also choose between **10 to 15** children/ young people for dip sample per key line of enquiry.

Auditors must have completed training with the Audit Team in respect of auditing and be independent of the team in which the work is situated with no direct involvement in the work, i.e., they must not be the allocated CPC or IRO.

### **Record keeping by the Audit Team**

The Audit Team will keep a spreadsheet of allocations, grades and findings from audits and moderation; the following information will be included (this is not an exhaustive list, and it may require amending over time):

- Name of social worker,
- Team and Team Manager's name
- Names of Auditor and Moderator
- Child's details: name, mosaic number, DOB, age, ethnicity; type of outcome chosen for audit.

## MONTH ONE:

### 7. Distribution and completion of audits and dip samples

#### Completion of dip samples

Dip samples are completed within the Learning Academy and by other auditors in agreement with their HoS/ GM, i.e., Child Protection Chairs, IRO's. These are quick dip samples of the records only to test out specific areas of practice in the child's journey e.g., closures, step downs, return home plans etc. The quality assurance audit officer completes a report on the key findings and sends them to the Audit Officer and Principal Social Worker for sign off. They will then also be shared with the relevant Heads of Service.

#### Audits (Team Managers and Advanced Practitioners)

Once the Head of Service has confirmed the children/ young people selected for audit and list of auditors, the Audit Team will email the audit allocations to all auditors and moderators, together with the relevant audit tool. Social Workers and Practitioners whose work has been selected for audits will be informed via email on the same day, their Team Managers will be copied into the email.

The email will set out the KLOE's and direct auditors to consider and comment specifically on these areas in their audits.

If an auditor is unable to complete an audit, they need to discuss this with their Head of Service and ask for permission to be exempt. Only the Head of Service can give such permission and will then share this with the Direct and with the Audit Team.

#### Completion of audits

- It is the expectation that the auditor meets with the social worker/ practitioner to discuss the journey of the child and the work that has been undertaken. This should be a conversation about the child, the planning and the difference any support/ intervention has made to improving outcomes. The auditor should also review the written records.
- The social worker/ practitioner should complete their own section in the audit to show how they have applied the practice model. (See relevant section in the audit). This should be tested in the discussion as part of a reflective discussion between the auditor and social worker/ practitioner.
- The auditor should include reference to the guidance notes at the end of the audit tool to consider all the relevant areas. The key focus however should be on the quality of the relationship, the way in which the worker has sought to understand the unique strengths and context of the child and his or her family, their community, and the effectiveness of the intervention and support in improving outcomes. The auditor should also contact the family or child, if possible and appropriate, and record their feedback.
- In grading the work, the auditor should use their professional judgement and refer to the **grading criteria** (at the end of the audit tool). The auditor needs to provide sufficient evidence in their findings to support the chosen grading and be clear on the reasoning and rationale for their decisions. Grades should be discussed with the social worker/ practitioner.
- The auditor should reflect with the social worker/ practitioner on what is needed to achieve better outcomes for the child/ young person. The auditor should provide an improvement plan for any work that does not meet good. Often meaningful recommendations are more



likely to involve identifying creative or innovative approaches in relationship-based work to facilitating change, rather than completing processes, e.g. such as recommending, that the chronology is updated. All recommendations should be recorded as a SMART action.

- For example – “social worker/ practitioner and team manager to undertake a reflective supervision with a consultant social worker/ group supervision within ten days to unpick family dynamics and identify more effective strategies to overcome disengagement with the child in need plan” or “social worker/ practitioner to explore genogram with the family to understand family history, relationships, narratives and roles.”
- Once completed the audit needs to be sent to the allocated moderator, Social Worker/ practitioner and their Team Manager, with the Audit Team being copied into the email:
  - the Audit Team will briefly quality assure the audit to check completion.
  - The Social Worker/ Practitioner and Team Manager can start working on recommendation actions.
  - The moderator can start the moderation.
- The Audit Team will track completion and progress of all audits in order to be able to keep the auditor, HoS and PSW informed.

### Moderation

- Initial quality assurance of the audit is completed by the Audit Team to ensure that the audit has been completed to a sufficient standard. If it hasn't (e.g., the audit lacks analysis, hasn't been completed correctly, is inconsistent in its grading, has missed parts of the key lines of enquiry, recommendations do not address the issues identified) then it will be returned to the auditor and copied to the auditor's Head of Service, and a timescale given for rectification.
- It is the expectation that **all** completed audits will be moderated by the last working day of the audit month (month one).
- The moderator will review that the audit has evaluated the quality of work in sufficient depth and that the evaluation of practice is accurate. The moderator will also ensure that recommendations meaningfully address what is needed to improve the work. It is expected that the moderator seeks a discussion with the auditor to share their findings and view, particularly when they are not in agreement with the auditor's grades or findings. The moderator will note any disagreement in the audit form, explaining their rationale, as well as any other notes about the practice. This will be sent back to the auditor, social worker/ practitioner and team manager for reflection and learning. The Audit Team needs to be copied into the email.
- **If a moderator assesses that an audit does not meet the required standard**, in line with our restorative values, the moderator in the first instance shall have a curious conversation with the auditor with a view to helping them improve the quality of the audit. The possible scenarios could be:
  1. The audit is pretty scant with one liner: Moderators shall have a 'curious conversation' and support or challenge as necessary.
  2. Some sections are incomplete or gradings missing etc: Usually the audit team would check each audit to make sure all sections are completed. However, if for any reason it has escaped their QA process, moderators shall again contact the auditor and ask them to complete the relevant sections as soon as possible.



3. There is a lot of text, but it does not provide evidence for grading and impact on child/family: Moderators shall have a conversation with the auditor to help them consider the 'Grading Criteria (on the audit form)' and undertake remedial action within their audit.
4. An audit has been undertaken without contacting the practitioner: Moderators to contact the Audit team in the Academy and they are likely to invalidate the audit (if they can redeem the situation they will assist to do so).
5. Despite a conversation with the auditor, the audit remains of poor quality: Moderators to contact the Audit Team and they will look into the matter and consider possibilities of further training, coaching or appropriate support for the auditor.
6. Under no circumstances are moderators expected to re-audit the file. However, they shall have supportive conversations and provide appropriate feedback to auditors and avoid emails as the first response wherever possible.

## **8. Data collation from audits by the Audit Team (following moderations)**

The Audit Team will input all relevant information from completed audits and moderations into the allocation spreadsheet; including:

- All gradings: by auditor and by moderator
- Findings: from auditor and moderator, incl. feedback from families and practitioners
- Identified actions and recommendations
- Record of UoPP meetings

This information will be used for the writing of the Audit Highlight report.

## **9. Additional information sharing upon completion of the audit cycle**

The Audit Team will share information as following:

- With the Performance Team for the monthly MI scorecard: overview of audits allocated, completed and moderated including both gradings and whether feedback from families and practitioners was obtained
- With IRO's/ CP Chairs: identify if an IRO/ CP Chair is involved with the child and share the audit report accordingly, copy the group manager in (as of Sept 23):
- With other internal services: identify if audits indicated the involvement of any of the following internal services and share the audit reports accordingly (as of Sept 23):
  - Youth Justice Service
  - Edge of Care
  - Positive Change
  - Exploitation Service
  - Eva Armsby Family Centre

## MONTH TWO

### 10. Improvement & Learning: UoPP (Understanding our Practice Progression) Meeting and learning from good and outstanding audits

Upon completion of the audit cycle, the Audit Team will email all auditors who completed an **audit and gave a grading of requires improvement or inadequate** to remind them to arrange the UoPP meeting and share the record with the Social Worker/ Practitioner, their Team Manager, the Head of Service where required (see below) and the Audit Team.

#### Purpose

The purpose of these meetings is to use audit in an interactive and dynamic way to facilitate learning and practice development. All audits graded as Requires Improvement and Inadequate will be supported by an UoPP Meeting, to celebrate and reflect on strengths whilst learning from what worked well. It will also aim to further strengthen the planning, reflection and intervention of the work to achieve further impactful practice and increased outcomes for the child. The specific output will be linked to the audit improvement plan, and an opportunity to consider, based on the outstanding actions identified in the audit, if the original grade can be increased based on progress since. The meeting should not produce a second standalone plan, but wherever possible integrate proposed actions from the audit into the existing plan for the child such as a care plan, or Child Protection plan. For children on a Child Protection Plan this might require the convening of a Core Group or a review conference if significant changes are needed. For a child in care or a care experienced young adult (aged 16 and over) this might require a new statutory Review Meeting. The UoPP meeting does not supersede existing forums for planning, but the thinking might inform them.

#### Who should attend?

The key professionals (relevant to the child/ young person) who should attend as a minimum are the Team Manager, the Social Worker/other allocated practitioner, and the original auditor. If there was a change of grading by the moderator, it may be helpful to also consider inviting the moderator to be part of the meeting. Where appropriate the IRO or CP Chair and the Group Manager or Head of Service.

Where the moderated grading is Inadequate the discussion will be led by the Audit Manager with the attendance of the Head of Service. However, work responsibility and overall decision making remains with the service and Team Manager who are allocated.

All audits graded as RI will be chaired by the Auditor. The role of the chair will be to guide the discussion to ensure that it is reflective, and strengths based whilst providing focus on any areas of concern or areas to develop to raise the grade and outcomes for the child.

### When should the meeting take place?

The meetings should take place within a week (or 5 working days) of the audit being moderated and in line with the following guidelines:

<p><b>The audit was graded inadequate</b></p>	<ul style="list-style-type: none"> <li>• Where the quality of practice is deemed Inadequate (IA) by the auditor, the Practitioner, Team Manager, Head of Service, Audit Manager and Head of Service for the Learning Academy should be notified immediately by the auditor. The allocated moderator will complete the moderation within 1 day.</li> <li>• The Team Manager will address urgent issues identified within 2 working days or sooner of the moderated outcome.</li> <li>• The Audit Manager will convene an UoPP Meeting with the relevant professionals within 3 working days of the completed moderation. The UoPP Meeting will agree the steps that need to be taken and develop a SMART plan to improve outcomes.</li> <li>• It will be recorded on file that an UoPP meeting has taken place (<b>the content shall not be recorded</b>) and the Record of the UoPP Meeting will be sent to the TM/SW and Head of Service, and the Audit Team copied in.</li> <li>• The Head of Service will track and monitor the progress of the plan to ensure that the work is progressing to Good/Outstanding.</li> <li>• After 6 weeks the Head of Service will with the TM/SW convene a further UoPP Meeting to check on the progress of work and the effectiveness of the Improvement Plan. The Audit Manager will be updated on the progress of actions in addition to the Head of Service for the Learning Academy and Divisional Director.</li> <li>• Following the initial meeting, the relevant Head of Service will track progress and report on a weekly basis to the Divisional Director, Learning Academy Head of Service and Audit Manager to ensure a line of sight is maintained and that work is progressing.</li> </ul>
<p><b>The audit was graded requires improvement</b></p>	<ul style="list-style-type: none"> <li>• Where the quality of practice is deemed requires improvement by the auditor, the Practitioner, Team Manager and auditor will need to meet as part of the UoPP meeting.</li> <li>• The UoPP Meeting will agree and develop a SMART plan to improve outcomes.</li> <li>• It will be recorded on file that an UoPP meeting has taken place (<b>the content shall not be recorded</b>) and the record of the UoPP Meeting will be sent to the TM/SW and Head of Service, and the Audit Team copied in.</li> <li>• The Head of Service will drive progress of the work in supervision with the TM and record actions to do so to ensure a line of sight.</li> <li>• After 6 weeks the work will be re-audited by the Audit Team to consider the impact and progress of work undertaken. If the work is still deemed to require improvement it will be referred to the relevant Head of Service to address, with the Head of Service of the Learning Academy notified.</li> </ul>
<p><b>The audit was graded good or outstanding</b></p>	<ul style="list-style-type: none"> <li>• Where work is graded good or outstanding, opportunities to further understand our practice and support progression will take place to reflect on the areas of positive learning and success through group supervision and/ or as part of the service day following the audit cycle. Even for good</li> </ul>

	<p>or outstanding work there may be areas that can be further strengthened to improve outcomes, reflection and learning.</p> <ul style="list-style-type: none"> <li>• It will be recorded on file that a discussion as part of group supervision has taken place and the record of the discussion will be sent to the TM/SW and Head of Service, and the Audit Team copied in.</li> </ul>
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## 11. Escalation

### **If there is a disagreement with the grading**

If the Head of Service for the service being audited, the Team Manager and the social worker/ practitioner are not in agreement with the moderation, they will discuss this with the moderator. If it cannot be resolved, then the moderated audit will be sent to the Audit Team/ PSW to make a final decision.

### **If there are concerns about the audit process/ experience of the audit**

If the practitioner/ Social Worker has concerns about the way the audit was conducted, they should discuss this with their manager in the first instance and consider if it may be helpful for the manager to have a discussion with the auditor, and/ or to ask for a three way meeting between the auditor, practitioner/ Social Worker and the team manager (the Audit Team needs to be made aware of it). The aim of the discussion is to offer an opportunity for the practitioner to share their experience with the auditor and attempt to resolve concerns. If this does not reach an outcome that is agreeable by all, the Audit Team should be alerted and will then consider offering a more formal meeting between the practitioner/ Social Worker and the auditor. The meeting will be conducted in the spirit of restorative practice and will focus on allowing all sides to be heard, share their experience and how it impacted on them. It will explore jointly what needs to happen next to resolve the disagreement/ conflict. The Audit Team will also consider any learning from such situations for the auditing activity.

## 12. Report to the CSCIB

- The Audit Team will provide a report on the findings from audits to CSCIB (Children Social Care Continuous Improvement Board), based on a review of the moderated audits and the findings by the auditors and moderators, including dip audit reports.
- This report will set out:
  - grades compared to previous audit cycles
  - changes in moderation of grades
  - impact of audits in the last cycle
  - the rationale behind and findings from the KLOEs
  - set out strengths and areas for development from key thematic areas of practice (according to the ILACS grade descriptors)
  - any systemic issues that have arisen
  - Feedback from families and children/ young people
  - Feedback from social workers/ practitioners
  - a plan for improvement with the service and the Learning Academy
- A second report of “10 key practice points” will be written for practitioners.
- The CSCIB will take forward any service level improvements as part of the improvement plan, and track improvement at the next audit cycle.
- The audit reports will help form the basis of the local authority’s Self-Assessment.

### **13. Bespoke support for auditors and moderators**

- The Audit Team will offer a bespoke and graduated support to auditors and moderators following each cycle for whom a developmental need is identified audits.
- This is hoped to make better use of the time of the Audit Team to offer support & challenge where required.
- This also aims to empower auditors and moderators to have richer conversations and will contribute to their ongoing learning.
- Any such support will be approached in the spirit of strengthening and developing practice.

## **MONTH THREE**

### **14. Dip audits of audits that were graded RI/ inadequate in month 1**

Audits that were graded requires improvement or inadequate in the audit cycle (month 1) will be put forward for a brief dip audit 6 weeks later.

This dip audit will be completed by the Audit Team.

The timing of this dip audit will fall in line with the dip audits undertaken as part of the subsequent audit cycle.

The purpose of these dip audits is to review and monitor progress of the actions that have been agreed in the UoPP meeting and to highlight if there has been any delay.

The findings of this dip audit will be shared with the HoS, Group Managers and PSW.

It will be the responsibility of the HoS and Group Managers to discuss and address any delay and drift with the allocated Social Worker/ Practitioner and their manager.

## **MONTHS FOUR, FIVE, SIX**

### **15. Learning Campaign**

Following the audit cycle in month 1, the Learning Academy (PSW, Audit Team, L&D) and the Head of Service/ Group Manager/ audit leads within the service agree an “audit action plan” to develop and embed good practice in the service.

To achieve this, the Learning Academy and the Head of Service/ audit leads will deliver a workshop session with the team managers to talk through the agreed themes, strengths and areas for practice development that emerged from the audits.

Following this, the Learning Academy and audit leads will develop a learning campaign that considers the celebration of good and outstanding practice, and that also focuses on practice areas that have been identified by the audit report as requiring strengthening and development.

The Learning Campaign could include different approaches, such as formal training, sessions at “Learning Wednesday”, service days, to name just a few.

## **16. Practice Days**

Practice Day is an opportunity for leaders to observe practice and to seek feedback from children and families. It is also a learning exercise to enable practitioners and leaders to reflect together in practice.

Practice Day takes place in month 4, following the audit cycle (month 1).

Whilst a specific date will be chosen as Practice Day, everyone will be encouraged to be flexible and use the entire week in which Practice Day falls, to engage in the activity. This should allow practitioners and leaders to find a mutually suitable time to arrange a practice observation.

The group of Senior Leaders (Group Manager, Head of Service, Director, etc.) will be divided into two groups and each group will be asked to participate in alternating Practice Days.

The Audit Team will select around 8 to 10 practitioners whose work was audited in the preceding audit cycle. They will be paired up with a Senior Manager each and will be asked to arrange a suitable opportunity for the senior manager to observe “live” practice.

The observer should endeavour to also seek brief feedback from the child/ family following the observation, where appropriate.

It is the expectation for the observer to give verbal feedback to the practitioner as soon as possible following the observation. Written feedback, using the Microsoft Feedback form, must be submitted by the observer within 5 days. The feedback form is structured around the “6 C’s”. The Audit Team will share the written feedback with the practitioner and their Manager upon receipt.

The feedback from Practice Day will be analysed by the Audit Team and incorporated in the forthcoming audit report, under the section “impact of audits from the previous audit cycle”.

## **Month 6**

### **17. 6-month re-audit of 10% of work**

In the following audit cycle, the Learning Academy will reallocate at least 10% of audited work that fell below good back to auditors to review whether the work has now reached good. This will involve a review of the file record and discussion with the social worker and the team manager. The moderation will be done as usual.

The Learning Academy will provide a report on the impact of follow up action to the CSCIB. If the 10% have not consistently improved, the Learning Academy may repeat the exercise on all the work that fell below good to provide a comprehensive report to the CSCIB in respect to action to be taken.

If any work has not improved by 4 months, the work will be escalated by the Learning Academy to the Divisional Director and reported to the CSCIB to understand the reasons why not and to take a fresh approach.

### **18. Continuous cycle of improvement**

The next cycle of audits will track progress and improvement and refine the goals to be set for the next learning campaign.

If there is not enough improvement, then the CSCIB will focus on understanding what the underlying causes are for a lack of improvement in the preceding 6 months.

## 19. Appendices

- “Understanding our Practice” - Audit Tool, including Audit Grading Criteria: [Understanding our Practice TM Better Together Audit Tool - reviewed Sept 23.docx](#)
- UoPP meeting template: [Understanding our Practice Progression Meeting Template.docx](#)
- QA Framework: [Quality Assurance Framework SFD reviewed September 2023.pdf](#)