

# Operational Guide to Audit Programme in Tower Hamlets Early Help for Families



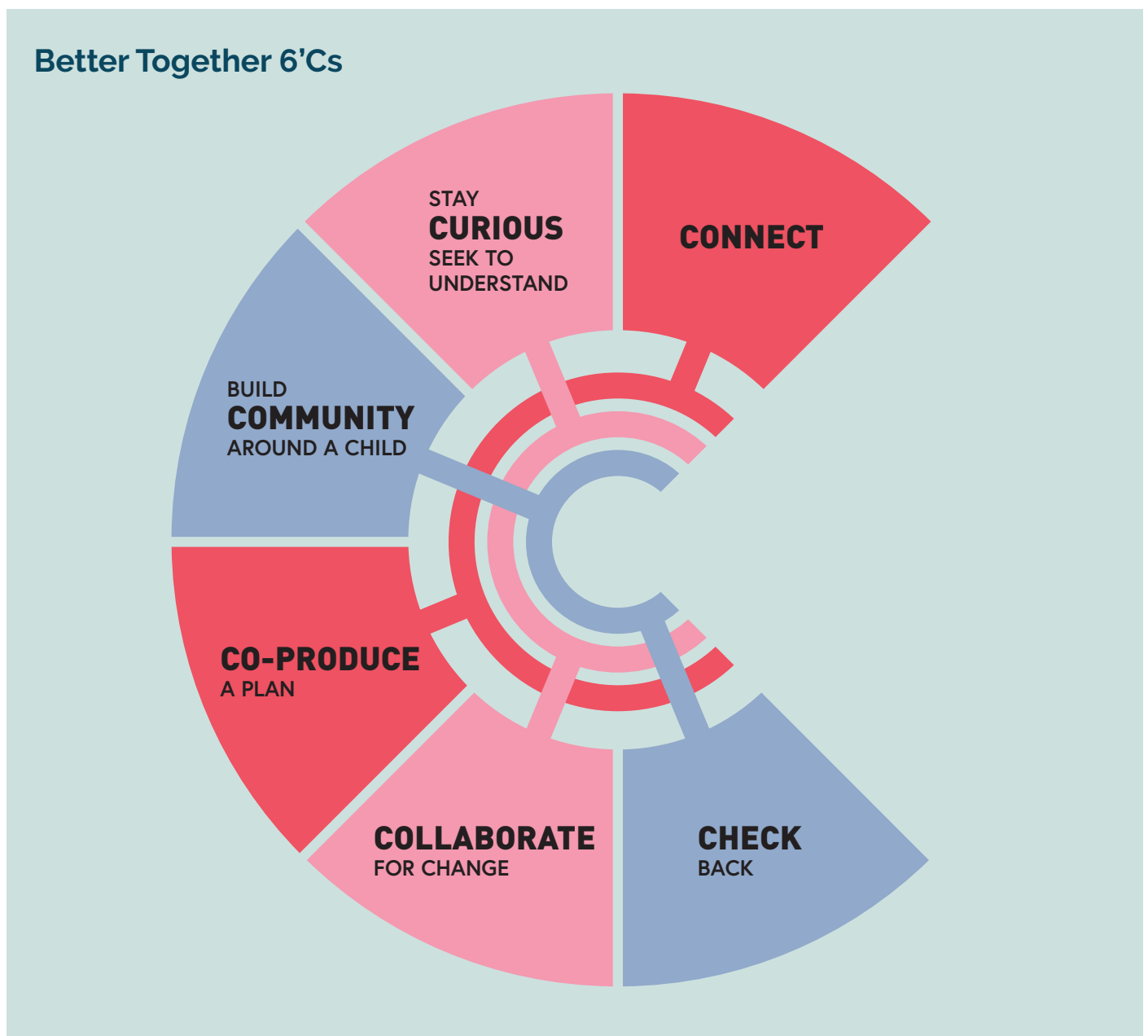
# Induction

This is an operational guide for auditors, moderators, senior managers and frontline staff to the audit process in Tower Hamlets Early Help.

The auditing activity in LB Tower Hamlets is called "Understanding our Practice". This document supports the "Quality Assurance Framework – Tower Hamlets"

## Practice Framework- "Better Together" (6 C's), Our Pledges, and Shared Behaviours

Our audit template "Understanding our Practice" has been aligned with our Practice Framework "Better Together" / Pledges and is aimed to support 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.



## Our Pledges



## Families Pledge

<p><b>We welcome all families and support children</b></p>	<p><b>We are inclusive and reach out to families beyond our physical centres</b></p>	<p><b>We are here to help you – no problem is too small</b></p>	<p><b>We will work with you to shape the service your community needs</b></p>
<p>We will welcome and accommodate all families into our Service</p> <p>We will not judge or discriminate, and we will consider your unique needs</p> <p>Our Children and Family Centres will be open to all children (from ages 0-19, or up to 25 with SEND)</p> <p>Our Children and Family Centres will have easy-to-understand information about how to access services available</p>	<p>We will make the time to hear what is important to you and have that at the core of what we do</p> <p>We will provide clear information on the services and support we offer, which you can access easily</p> <p>Our Service will have both physical presence and a strong online offer</p> <p>We will have a stronger presence in the community and build on relationships</p> <p>We will use clear and simple language which is easy to understand and provide information in different languages</p>	<p>We will provide a welcoming, safe environment for you</p> <p>You will be acknowledged, seen, and listened to</p> <p>You will be treated equally and fairly</p> <p>We will provide a safe space for you to talk privately where your child also has an opportunity to play</p> <p>We will ensure that you feel comfortable and included whilst being in our centres</p> <p>We will be clear about what you can expect from us and when we will get things done</p>	<p>We will empower you to use your voice to shape the services we offer</p> <p>We will be open to consistent feedback</p> <p>We will ensure that you are kept informed of how your feedback has been considered and implemented – you said, we did</p> <p>We will provide opportunities for you to share your views – what you have enjoyed, felt was helpful, has made a difference as well as the ways that we can improve</p>

Our values and our principles underpin these Behaviours, but it is our behaviour that shows this in practice in our work with families, children and young people. This is how we deliver our service to families and is what everyone can expect.

### **Have a can-do attitude.**

Always willing to go the extra mile, avoid "not my problem" Work together to find solutions. We deliver what we promise. We will be tenacious in our efforts to enable families to thrive.

*Families:* When you present to a Family Hub the first person you speak to finds what you need or who you need to speak to, even if it is not a service offered in the hub.

*Professionals:* We will work to find solutions and offer the best help.

### **Provide a warm welcome.**

We will be trauma informed – recognising the importance of why someone is behaving a particular way.

*Families:* We will offer you an environment which feels safe. A clearly marked reception, staffed by someone happy to see you.

*Professionals:* We will consider neurodiversity and are flexible and open in our responses

### **Be empathetic and respectful.**

From the first contact throughout your involvement with services.

*Families:* We will try to understand your perspective and always treat you with respect.

*Professionals:* Even if we do not agree, we will treat each other with kindness and compassion and work to understand the other person's position.

### **Be inclusive.**

This includes Equalities, Diversity and Inclusion and means taking an anti-racist approach.

*Families:* Information will be available in community languages. We will ensure interpreters are offered to you where appropriate.

*Professionals:* When we produce information, we will consider how it is made accessible to the whole community.

### **Be perceptive and curious.**

Actively aware of the sub context, we want to know what is really going on for families. We will be open to new ideas.

*Families:* You can expect us to be interested in you, we will remain professionally curious.

*Professionals:* We will look beyond the initial question a family presents with, asking more and checking in

### **Build trust.**

Genuine, authentic, sincere and working to build connections with the families and individuals we work with. We know it takes time to build trust and we will be patient.

*Families:* You will see that we are taking action and doing what we say we will do.

*Professionals:* We will trust one another's professional judgement. We will feel able to challenge and accept challenge

### **Help each other as colleagues.**

We will embed a positive team culture.

*Families:* You can be confident that we will work together to achieve the best possible outcomes for you.

*Professionals:* We will think about when you should refer on and when it might be better to ask a colleague for advice or a second opinion

## Audit grading definitions 'at a glance'

### 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.

## Audit Cycle:

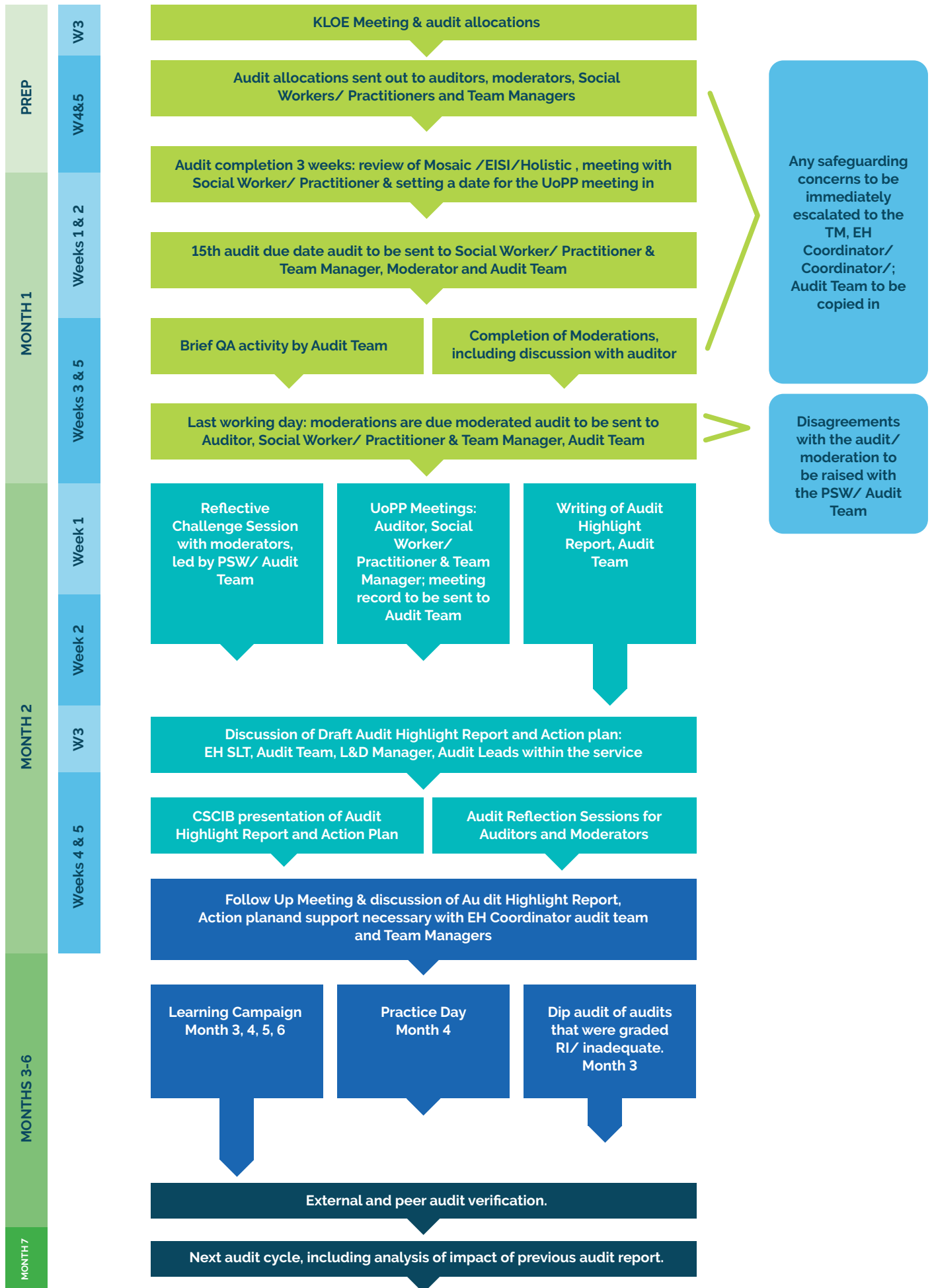
B19 service are being audited bimonthly, the aim will be for each service to be audited within Early Help:

- EH Hub
- Early Intervention
- B19/SWISS/ School Social Workers
- Breaking the Cycle
- Community Engagement
- Resettlement Team
- Baby Feeding Team

## The Audit Programme – how this works:



# Audit Cycle- Step by step over six months





# Key Lines of Enquiry (KLOE) and selection of cases:

## KLOE meeting/Pre-audit:

Two weeks before the audit starts, the Head of Service and Early Help Coordinator(s) of the service that audit cycle will focus on with audit team to review the data performance, 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 for the audits and dip samples and select relevant cases using the child level data sheets.

Within a week of the KLOEs meeting, the audit team will identify the cases and allocate a team manager to complete the audit and distribute the list to the Head of Service.

Auditors must have completed training with the Audit Team in respect to auditing and be independent of the team in which the work is situated with no direct involvement in the case.

## Distribution and completion of audits and dip samples:

### *Completion of dip samples:*

Dip samples are completed by the audit team and by other auditor in agreement with head of service/EH Coordinators. These are quick dip samples of the case records only to test out specific areas of practice in the child's journey e.g. closures, step downs, supervision, direct work etc. The quality assurance lead completes a report on the key findings and send to head of service for sign off. They will then also share with relevant EH Coordinators.

### *Audits*

Once the head of service, EH Coordinator and Divisional Director have approved the KLOE, the children and young people are 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. 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 key lines of enquiry 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 EH Coordinators and ask for permission to be exempt. Only the Head of Service can give such permission and will then share this with the Audit Team.



## Auditors: Full Audit



## Auditors: Shorter Version (Quality of Early Help Assessments)



## Completion of collaborative auditing:

- In doing “with”, is the expectation that the auditors will with the practitioner and/or manager to review the case together. This should be a conversation about the whole family, discussing all the children as well as parents, their strengths, aspirations and needs. The auditor should also review the written records.
- The auditor should seek to highlight as much what has gone well in the intervention as much as what could be improved.
- The auditor will reach out to the relevant family members for feedback on their experience of the work, and how it met the Family Pledges
- The 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.
- 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 case, the auditor should use their professional judgement, and be clear on the reasoning for their decisions. Grades should be discussed with the practitioner and clearly set out the rationale for their decision.

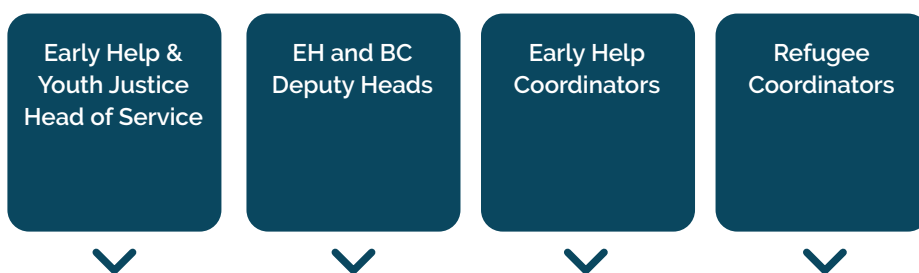
- The auditor should reflect with the practitioner on what the areas of good practice that need to be replicated as well as what could have been done better. Often meaningful recommendations are more likely to involve identifying creative or innovative approaches in relationship-based work to facilitating 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 – “auditor noted how the practitioner worked well to consider the needs of all the children in the family”; the auditor feedback that the family had spoken of how the work done by the practitioner had led to an improvement of school attendance”, or “practitioner to explore genogram with the family to understand family history, relationships, narratives and roles.”
- The Audit Team will track completion and progress of all audits and keep EH SLT and informed.

## Moderation:

Once completed the audit needs to be sent to the allocated moderator, 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 Practitioner and Team Manager can start working on recommendation actions.
- The moderator can start the moderation.

## Moderators



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 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.

## **Improvement & Learning: UoPP (Understanding Our Practice Progression) Meeting**

### **Purpose**

The purpose of these meetings is to use audit in an interactive and dynamic way to facilitate learning and practice development. All audits 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 an improvement plan, that is 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 EHA, TAF, TAC plan. 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 EH Coordinator Lead or Head of Service.

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

All audits graded as RI and above 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:

<b>The audit was graded good or outstanding.</b>	<ul style="list-style-type: none"><li>- Where work is graded Good or Outstanding Understanding our Practice Progression Meeting will take place to reflect on the areas of positive learning and success. Even in Good or Outstanding work there may be areas that can be further strengthened to increase outcomes, reflection and learning.</li><li>- It will be recorded on file that an UoPP meeting has taken place (the content shall not be recorded) and the Record of the UoPP Meeting will be sent to the TM/SW and EH Coordinator Lead.</li></ul>
<b>The audit was graded requires improvement.</b>	<ul style="list-style-type: none"><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 (the content shall not be recorded) and the record of the UoPP Meeting will be sent to the TM/SW and EH Coordinator Lead.</li><li>- EH Coordinator Lead 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 EH Coordinator Lead. to address, with the Head of Service of Early Help.</li></ul>

## The audit was graded inadequate

- Where the quality of practice is deemed Inadequate (IA) by the auditor, the Practitioner, Team Manager, EH Coordinator Lead, Audit Manager and Head of Service for Early Help should be notified immediately by the auditor. The allocated moderator will complete the moderation within 1 day.
- The Team Manager will address urgent issues identified within 2 working days or sooner of the moderated outcome.
- 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.
- It will be recorded on file that an UoPP meeting has taken place (the content shall not be recorded) and the Record of the UoPP Meeting will be sent to the TM/SW, EH Coordinator Lead and Head of Service.
- The EH Coordinator Lead will track and monitor the progress of the plan to ensure that the work is progressing to Good/ Outstanding.
- After 6 weeks the EH Coordinator Lead 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 Early Help and Divisional Director.
- Following the initial meeting, the relevant EH Coordinator Lead will track progress and report on a weekly basis to the Head of Service Early Help, and Audit Manager to ensure a line of sight is maintained and that work is progressing.

## Escalation

If the EH Coordinator Lead 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/ Head of Service of Early Help to make a final decision.

## Reflective Challenge Discussion with moderators

- A moderation meeting will take place with the moderators which the Head of Service and Audit Team will lead and facilitate. The purpose of the moderation meeting is twofold:
  - to benchmark the audits and agree consistency of grading.
  - and to agree the core findings from the practice in the cohort.
- This is a reflective challenge session about the key learning and findings emerging from the audits. These findings will inform the audit findings report to the boards. The Audit Team will write the final report, based on the evidence discussed in the meeting and the moderated audits. Although it will be informed by the moderators group the final report will be owned by the Audit Team.
- The Audit Team will also make a record of the grades on a spread sheet for tracking of recommendations, containing the following information.

Practitioner	Moderated grade
Team	Recommendations/ actions
Auditor	If UoPP meeting has taken place
Moderator	Whether a reaudit will be required
Initial Grade	

## Reporting to Boards

The Audit Team will provide a report on the findings from audit based on a review of the moderated cases and the findings by the auditors and moderators to the following boards:

- Early Help SLT
- Early Help Board
- Children Social Care Improvement Board

The 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.
- any systemic issues that have arisen
- Feedback from service users or children
- Feedback from practitioners
- any areas that need more exploration/challenges to the service
- a plan for improvement with the service and the audit team

A second report of "10 key practice points" will be written for front line 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 both the local authority's Self-Assessment and Early Help Self-Assessment.

### ***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, Early Help Coordinator Lead. It will be the responsibility of the HoS and Early Help Coordinator Lead to discuss and address any delay and drift with the allocated Practitioner and their manager.

### **Learning Campaign**

Following the audit cycle in month 1, Audit Team, L&D, EHPC, the Head of Service, Early Help Coordinator lead, and audit leads within the service agree an "audit action plan" to develop and embed good practice in the service.

To achieve this, the Audit team in collaboration with Learning Academy and the Early Help Coordinator/ 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 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.

### **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.

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

In the following audit cycle, the audit team 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 audit team will provide a report on the impact of follow up action to the CSCIB/boards. If the 10% have not consistently improved, the audit team may repeat the exercise on all the work that fell below good to provide a comprehensive report to the CSCIB/boards in respect to action to be taken.

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



### ***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 sessions.

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.

(An external independent quality assurance mechanism to verify the impact of the process is to be clarified)

### ***Appendices***

- "Understanding our Practice" - Audit Tool
- Audit Grading Criteria
- UoPP meetings