



SUPPLEMENTARY 4

THE EXECUTIVE

Tuesday, 22 December 2009

Agenda Item 13a Project SAFE (Pages 1 - 22)

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THE EXECUTIVE

22 DECEMBER 2009

REPORT OF THE CORPORATE DIRECTOR OF CHILDRENS SERVICES

This report is submitted under Agenda Item 13. The Chair will be asked to decide if it can be considered at the meeting under the provisions of Section 100B(4)(b) of the Local Government Act 1972 as a matter of urgency in order to avoid unnecessary delay in approving the Council’s response to actions proposed by Ofsted.

Title: Project SAFE	For Decision
<p>Summary:</p> <p>Project SAFE was implemented following the annual unannounced inspection of children’s contact, referral and assessment services by Ofsted, which took place on 18 and 19 November 2009. The inspection highlighted a number of strengths, some areas for development and one area of priority action which was as follows:</p> <p style="padding-left: 40px;">”Management oversight and decision making in relation to CP practice are insufficiently precise, leading to poor practice on some cases and resulting in the guidance in 'working together to safeguard children' not being adhered to. For example decisions about contacts and referrals are not always made within prescribed timescales, the recording of decision is sometimes unclear and risks to children in need of protection are not always being carried out and written up in line with procedures.”</p> <p>Following the inspection Project SAFE was immediately introduced. The project incorporates four main work strands which are central to ensuring a consistently SAFE service for Barking and Dagenham’s most vulnerable children. The four work strands are as follows:</p> <div style="border: 1px solid blue; padding: 5px; margin-bottom: 10px;"> <p>S • Systems. Accurate factual approach follows procedures, checked by managers</p> </div> <div style="border: 1px solid blue; padding: 5px; margin-bottom: 10px;"> <p>A • Accountability. Robust recording, timeliness and evidence for decisions</p> </div> <div style="border: 1px solid blue; padding: 5px; margin-bottom: 10px;"> <p>F • Family Focus (child and parent views recorded)</p> </div> <div style="border: 1px solid blue; padding: 5px;"> <p>E • Effective actions, intervention rather than repeat assessment</p> </div> <p>Under each work strand are a number of priority actions that are being addressed by the Local Safeguarding Children’s Board (LSCB) Partnership. Coordination and tracking of the work of Project SAFE is pulled together under the SAFE Action Plan. Progress toward SAFE targets is routinely and regularly monitored using the SAFE Action Plan.</p> <p>Successful implementation will contribute to positive outcomes for vulnerable children and young people, as well as facilitating successful outcomes of future external inspections.</p> <p>In addition to the recent unannounced inspection and in accordance with the Ofsted inspection framework the Council will also have to undergo a detailed announced</p>	

inspection across children's safeguarding. A notification period of 10 days will be given prior to the inspection. The inspection could occur at any time, and will seek as a priority to assess whether the highlighted 'Priority Action' mentioned above has been met.

Wards Affected: None.

Recommendation(s)

The Executive is recommended to note the report and agree implementation of Project SAFE.

Reason(s)

To ensure that the Council is able to meet its statutory requirements to provide a safe robust service to the most vulnerable children living in Barking and Dagenham.

Implications

Financial

There are no additional costs attached to the implementation programme.

Legal

The SAFE Action Plan has been implemented to ensure all Safeguarding procedures for vulnerable children are operating in accordance with the Children Act 1989, the Children Act 2004 and the statutory guidance document 'Working Together to Safeguarding Children' 2006. Project Safe is a necessary requirement in light of the recent annual unannounced inspection under section 138 of the Education and Inspections Act 2006.

Contractual

No specific implications.

Risk Management

The work streams and underlying actions identified in the SAFE Action Plan evidence how the Local Safeguarding Children's Board (LSCB) Partnership is working toward delivering services which consistently meet the statutory requirements laid out in 'Working Together to Safeguarding Children' 2006. The Action Plan will be monitored via a number of council and multi agency based fora including, LSCB, Children' Trust, CMT and Children's Services DMT and Safeguarding and Rights SMT.

Staffing

Project SAFE will be delivered within the existing staffing base and will require partner agencies to review ways of working in order to maximise opportunities for closer and more integrated ways of delivering services. Work around Total Commissioning and Think Family will play a key role in the design and delivery of future services.

Customer Impact

Enhanced services for contact, referral and assessment of vulnerable children will build greater public confidence in the ability of welfare agencies to protect vulnerable children living in Barking and Dagenham.

Safeguarding Children

The successful delivery of Project SAFE will ensure that vulnerable children across Barking and Dagenham are adequately safeguarded by all responsible agencies in

accordance with statutory requirements. High risk situations in the community which lead to the involvement of Level 3 Children's Services for contract, referral and assessment will be effectively managed within enhanced agency protocols that cut across agencies and place the child and family at the centre of services response.

Crime and Disorder

Delivery on Project SAFE will ensure more robust and efficient working relationships with both police and youth offending services.

Property/Assets

No specific implications.

Options appraisal

- (i) Do nothing - This would not be possible due to the legal and statutory obligations placed on the Council.
- (ii) Implement and deliver on task Project SAFE. This option is preferred because it requires joint working and strategic cooperation of both Council staff and partner agencies and holds the 'family' as its focus.

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1. Background

- 1.1 In March 2009, Ofsted launched a new inspection framework entitled 'Ofsted Inspects'. The framework explained that all Local Authority Children's Services departments would be subject to two inspections, one announced and one unannounced. Barking and Dagenham received its unannounced inspection of Contact, Referral and Assessment Services on 18 and 19 November 2009.
- 1.2 The inspection highlighted a number of strengths, some areas for development and one area of priority action which was as follows:

'Management oversight and decision making in relation to CP practice are insufficiently precise, leading to poor practice on some cases and resulting in the guidance in 'working together to safeguard children' not being adhered to. For example decisions about contacts and referrals are not always made within prescribed timescales, the recording of decision is sometimes unclear and risks to children in need of protection are not always being carried out and written up in line with procedures.'
- 1.3 Following the inspection project SAFE was immediately introduced. The project incorporates 4 main work strands which are central to ensuring a consistently SAFE service for Barking and Dagenham's most vulnerable children. The 4 work strands under SAFE have been highlighted above.
- 1.4 Under each work strand are a number of priority actions that are being addressed by the Local Safeguarding Children's Board (LSCB) Partnership. Project SAFE was

officially launched by the Director Children's Services at the Local Safeguarding Children Board on 10 December 2009. Coordination and tracking of the work of Project SAFE is pulled together under the SAFE Action Plan. Progress toward SAFE targets will be routinely and regularly monitored using the SAFE Action Plan. The project SAFE Action Plan can be found in Appendix 1.

- 1.5 In addition to the Ofsted Inspections CMT commissioned the services of an independent auditor to undertake a mock inspection, both announced and unannounced, to assist in the process of preparation for the genuine Ofsted inspection. Coincidentally, the unannounced mock inspection took place only one week prior to the genuine Ofsted unannounced inspection. The formal letter from Ofsted feeding back on the findings from the unannounced inspection can be found in Appendix 2.
- 1.6 The findings from the mock inspection have been provisionally fed back to the Director Children's Services and the Chief Executive, the presentation of these findings can be found in Appendix 3.

2. Report detail

- 2.1 There are a number of key overarching actions under each of the work strands. These are currently as follows:

Systems:	10 actions
Accountability:	7 actions
Family Focus:	1 actions
Effective Actions:	2 actions

- 2.2 All are of equal importance and will require the co-operation and ownership across all of the Local Safeguarding Children's Board Partner agencies. Successful implementation will require close monitoring and scrutiny of the Action Plan. Updated reporting will be channelled through the following routes;

- LSCB Update Report-quarterly
- Children's Trust-Biannual Report
- LSCB Performance Management Committee -quarterly
- Safeguarding Updates for Leader and Lead Member-quarterly
- CMT-Biannual Report
- S&R SMT weekly agenda.
- 1-2-1 supervision discussion as standing item for DCS, DD & SRMT Management Groups
- Targets & direction influences Service Plans, Team Plans and Individual Staff Objectives.

3. Links to Corporate and other Plans and Strategies

- 3.1 The information in this report is in line with:

- The Children and Young People's Plan
- The Council Plan
- Statutory Children Act Guidance

4. Consultees

4.1 The following were consulted in the preparation of this report:

Councillor R Gill, Cabinet Member for Education and Children's Wellbeing
Corporate Management Team
Children's Services Divisional Management Team
Local Safeguarding Children Board
Safeguarding and Rights Senior Management Team
Fiona Taylor, Acting Legal Partner, Safeguarding & Partnerships
Shenis Hassan, Group Manager, Children's Services Finance, Corporate Finance

5. Background Papers Used in the Preparation of the Report:

The Project SAFE Action Plan
The Ofsted Feedback Letter
Summary of Findings: Presentation by Independent Consultant
(Jane Shuttleworth)
Statutory Guidance: Working Together to Safeguard Children.

6. List of appendices:

Appendix 1: The SAFE Project Action Plan
Appendix 2: The Ofsted Feedback Letter
Appendix 3. Summary of Findings: Presentation by Independent Consultant
(Jane Shuttleworth)

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Childrens Services - SAFE Action Plan								
Action Plan Updated 07.12.09								
	Back to Action Cover Sheet	Go to OFSTED Letter						
		Go to Consultants Slides						
Item	Issue	Required action to progress	Required Outcome	Performance Target	Identified lead/s	Monitoring Lead	Evidence of Improvement / Update @ 15.12.09	Deadline
<p>PRIORITY ACTION: Management oversight and decision making in relation to CP practice are insufficiently precise, leading to poor practice on some cases and resulting in the guidance in 'working together to safeguard children' not being adhered to. For example decisions about contacts and referrals are not always made within prescribed timescales, the recording of decision is sometimes unclear and risks to children in need of protection are not always being carried out and written up in line with procedures.</p>								
<p>DEVELOPMENT AREA: SYSTEMS. Actual factual approach follows procedures, checked by managers.</p>								
1a	Partnership Working: Ensure ALL agencies are fully conversent with their requirements as per Working Together to Safeguard Children.	POLICE: Refocusing of resources to assess risks on MERLINS.	Assessment Service receives relevant and appropriate police notifications. Successful introduction of MALTs. Multi-agency audit identifies clear management sign off /input on all CP cases.	Low % of MALTs sending Merlins to the Assessment Service.	DCI Ellie O'Connor	LSCB Performance Committee. Intergrated Family Services Board.	Safe launched @LSCB on 10.12.09. Multi Agency Planning Meeting held on 12.12.09. MALTsin Place as of 04.01.10.	Jan-10
1b	Partnership Working: Ensure ALL agencies are fully conversent with their requirements as per Working Together to Safeguard Children.	Address the no. Health Visitors in the Workplace.	Health Visiting Services link to Serious Case Review Findings. Evidence of health scrutiny in place. Multi-agency audit identifies clear management sign off /input on all CP cases.	Increase in the no. of CAFs & MARFs from Dec 09 baseline.	Jacqui Van Rossum	LSCB Performance Committee	Meeting Between Divisional Director S&R and Managing Director CHS confirmed	Mar-10
1c	Partnership Working: Ensure ALL agencies are fully conversent with their requirements as per Working Together to Safeguard Children.	Ensure all casework supervision is recorded immediately on the child's file. Ensure system for recording non casework supervision is robust & accessible, kept by manager. PM issues are recorded & built into the audit process..	Link to IMR process. YOT systems strengthened, robust and compliant with Working Together. Multi-agency audit identifies clear management sign off /input on all CP cases.	Junior MAPP style forum in operation. Consistent info sharing between YOS & S+R	Glynis Rogers	LSCB Performance Committee	Initial Approach re JMAPP underway.	Mar-10

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1d	Partnership Working: Ensure ALL agencies are fully conversent with their requirements as per Working Together to Safeguard Children.	HOUSING: How do housing flag NOTIFY's with AS?	Housing systems strengthened, robust and compliant with Working Together. Evidence of management sign off on key decisions.	Southwark judgement operational. Increase in NOTIFY referrals to CS.	Steven Clarke	LSCB Performance Committee	Independent Management review with RK&C will address notify issues. Meeting re Southwark Judgement due mid Jan 10.	Mar-10
1e	Partnership Working: Ensure ALL agencies are fully conversent with their requirements as per Working Together to Safeguard Children.	ADULTS: Scrutinise existing reciprocal protocols for ensuring vulnerable adults and children are always flagged up to statutory Social Care Service.	Both AS Staff and Adult Social Care Staff are familiar and practising requirements of working together. Evidence of management sign off on key decisions.	CAF. 'Think Family' agenda understood & implemented by Adults and CS. NELFT CP Protocol operational. Increase in CAF usage across Adult Services from Dec 09 baseline.	Glynis Rogers	LSCB Performance Committee	Proposals to progress Total Commissioning/ Think Family re Safeguarding Agenda made at meeting on 14.12.09. Review Meeting to be held in Feb 2010.	Mar-10
DEVELOPMENT AREA: SYSTEMS CONTINUED: Actual factual approach follows procedures, checked by managers.								
2	Better integrate CAF implementation.	Clear objectives to be set for AS CAF adviser. Performance against these to be monitored.	Understood Process for CAF sign posting in place & fully operational.	50% of referrals not meeting threshold care supported for CAF.	CAF Lead & GM Assessment	LSCB Performance Committee	CAF advisors in post. Workshop re procedures booked for Jan 2010.	Dec-09

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3	Develop staff understanding of link between CAF & CIN.	Implement School Head Teacher Training	To establish close links with the MALTs.	Increased use of CAF take up across schools.	DCS, Head of Integrated Family Services & CAF Lead.	LSCB Performance Committee	All head teachers have been informed of the expectation as of 17.11.09. Increase in S11 presented to LSCB on 10.12.09	Feb-10
4	Support all staff to move toward one system (ICS). Discontinue the use of SWIFT. (OFSTED)	All practice procedures to be mapped, & re-launched to staff with clear recording guidance. ICS implementation to be completed. IT problems to be resolved.	All SW Staff and Management using one system. SWIFT icon to be removed from all desktops. Evidence of management sign off on key decisions.	100% of staff use ICS	ICS Project Board. Named IT Lead TBC	LSCB Performance Committee	ICS Project Board held on 10.12.09. Implementation & training plan of roll out in assessment team in place. ICS operational in A.S by 22.01.10. Will be rolled out across rest of service following review of AS.	Jun-10

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5	Improve Supervision Recording (OFSTED)	Ensure all casework supervision is recorded immediately on the child's file. Ensure system for recording non casework supervision is robust & accessible, kept by manager. PM issues are recorded & built into the audit process..	Clearly evidenced PDP available for scrutiny. Feeds into appraisal process. Our final appraisal can be linked back to PDP. Tested via unannounced audits by SR - SMT Staff Group.	100% of staff	S&R SMT, GM Quality, Audit and Reviews. Learning & Development	LSCB Performance Committee	New Supervision templates in place. Development sessions for Practice Managers in place. Learning & Development have set up management training for S&R managers.	Feb-10
6	Ensure reliability of IT System (OFSTED)	IT system issues to be resolved. Specifically ICS system, bandwidth difficulties, system freeze problems.	Strengthened IT infrastructure that can support the business needs of front line social work services. Accompanied by robust and effective contingency strategies in the event of failure.	In Place	ICS Project Board & Read of Resources	LSCB Performance Committee	Regular reporting from corporate IT to ICS Project Manager is underway. Improved diagnostic process in place to identify problems & implement solutions.	Feb-10
<p>DEVELOPMENT AREA: ACCOUNTABILITY: Robust recording, timeliness and evidence for decisions</p>								
7	Monitor multi agency involvement in the Core Assessment Process	Monitor MA Involvement in CA via the strategic audit and the LSCB MA Audit.	Solid evidence of integrated MA involvement in Assessments	100%	LSCB, Pol & Perf Team, GM Assessments	LSCB Performance Committee	Workshop planned for Jan 2010.	Feb-10

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8a	Ensure case tracking system fully manages risks (Immediate Solution) (OFSTED)	Implement Log book system in AS immediately. No cases to be held by Practice Managers.	An at a glance overview of current work. Confident Practice Managers.	In Place	GM Assessment Service	LSCB Performance Committee	In place within Assessment Service. Will run review impact at Performance SMT 21.01.10.	Dec-10
8b	Ensure case tracking system fully manages risks (Permanent Solution) (OFSTED)	Link practice to IT solution & monitor each component of referral, duty & assessment process via ICS and PM Team	An at a glance overview of current work. Confident Practice Managers.	In Place	GM AS, ICS Implementation board, Pol & Planning Team	LSCB Performance Committee	In place within Assessment Service.	Jan-10
9a	Ensure referral decisions are made within 24 hours and outcomes fed back to referrers (Immediate Solution) (OFSTED)	On-going tracking (weekly) by Ass. Man. Team. Daily 4pm check to be introduced of all outstanding referrals	Robust system for responding to all referrals and referrers. Audits find evidence of letter sent to referrers	100%	Assessment Service Management Team	LSCB Performance Committee	New Duty system in place within Assessment Service ensures all referrals are reviewed within 24 hours. Will be monitored via QA audits.	Dec-10
9b	Ensure referral decisions are made within 24 hours and outcomes fed back to referrers (Long term solution) (OFSTED)	Introduce monthly Practice Manager Development Sessions. Merlins to return to Police for vetting before reaching the AS.	As above. Re-location of Merlins will free up capacity to deal with core business. Audits find evidence of letter sent to referrers	100%	Assessment Service Management Team, CAF Lead	LSCB Performance Committee	GM liaising with police re: partnership work.	Jan-10

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9c	<p>Ensure that the process for Contacts-referrals-Initial Assessments is compliant with Working Together , that Initial Assessments are not terminated, that children are seen SW/and or identified professional and that timescales of 7days are maintained.</p>	<p>New local procedure to be drawn up. Daily monitoring of activity through front door is carried out by managers.</p>	<p>Fully compliant Initial Assessments are evidenced through audit and monitoring. Quality audits identify high percentage of excellence and good IAs and percentage improvement in referrals to IAs and timescales is evident.</p>	<p>15%-09/10</p>	<p>GM Assessment Service</p>	<p>S&R SMT</p>	<p>New procedure in place. However there is a reduction in the performance of referrals to completed IAs following the inspection with performance approximately at 10% following data cleansing exercise. Systems are in place to improve on this. However this year's performance will be significantly year start target due to the recording issues.</p>	<p>Mar-10</p>

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<p>DEVELOPMENT AREA: ACCOUNTABILITY CONTINUED: Robust recording, timeliness and evidence for decisions</p>								
10	Strengthen inclusiveness of Service Planning Process	Review SP Process to strengthen staff engagement in process.	2011 process evidences greater involvement. Team Meeting minutes evidence discussions on Service Planning. Staff have a grounded sense of direction of travel & their contribution to that. Team Service Plans to be discussed in S&R GM Supervision with D.D	Annual Staff Survey measures awareness at > 70%	S&R SMT	LSCB Performance Committee	Divisional Director launched Project SAFE to all GM's, TM's & DTM's at briefing on 03.12.09. Divisional Director will be briefing staff on 22.12.09. DCS Briefing all CS workforce Jan. Service Plans 2010/11 to incorporate SAFE.	Jun-10
11	Ensure there is a key policy and procedure in place regarding where to record key documents.	Policy is formulated & agreed by SMT. Training to be rolled out and included in induction packs for new staff.	All staff are using the same recording method.	100% compliance	Service Development Officer	LSCB Performance Committee	S&R staff not to use 'p' drive was communicated in staff briefing on 04.12.09. ICS Project will be fully implemented June 2010. 2 board meetings have been convened. (minutes are available)	Jun-10

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<p>DEVELOPMENT AREA: FAMILY FOCUS: Parent & Child's views recorded</p>								
12	Ensure that the voice of the child and parents (THINK FAMILY) are evidenced clearly in SW recording.	GM to work with TM to raise in SW supervision, importance of and monitoring of views of child and parents. Increased staff training.	Increased scrutiny via Audit. SMT members to sample 2 cases a month.	100% compliance	GM Assessment Service, GM Quality Audit & Reviews	LSCB Performance Committee	To be built into Audit Methodology for Feb audit.	Mar-10
<p>DEVELOPMENT AREA: EFFECTIVE ACTIONS: Intervention rather than repeat assessments</p>								
13	Improve quality of CA and IA, to minimise re-referral rates & to avoid delays in service provision. (OFSTED)	re-evaluation and re-issue of expected standards of Assessment. PM to sign off as complete only if standard reached.	Robust system of good quality assessments & signposting.	Continued decrease in re-referral rates. Improved performance on assessment targets.	GM Assessment Service, GM Quality Audit & Reviews	LSCB Performance Committee	Build into audit methodology for Feb audit. Will be reviewed at S&R SMT performance on 21.01.10.	Mar-10
14	Address areas of poor performance and non compliance. (OFSTED)	Re-issue expectations around practice & data recording, offer training where required. Follow disciplinary procedures where required. Build evidence from audit and other areas of non compliance.	Improvement of performance across the service. Evidenced by fewer complaints (1), more compliments (2) and reduced sickness (3).	Improved performance of all 3 components	S&R SMT	LSCB Performance Committee	HR have established regular monthly meetings with AS management to address absense issues. Complaints team briefed on SAFE at staff briefing. Compliance manager to attend S&R SMT on quarterly basis.	Mar-10


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15	Strengthen decision making to minimise likelihood of re-referral.	Re-evaluation and re-issue of expected standards. (OFSTED)	Embed consistent effective practice across AS. Workshop to be delivered with key staff & performance localities. AS Practice Managers undergo targeted performance and professional development.	Continued decrease in re-referral rates	S&R SMT	LSCB Performance Committee	Workshop booked Jan 2010. Development sessions for Practice Managers booked.	Jan-10

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17 December 2009

Ms Helen Jenner
Corporate Director of Children's Services
London Borough of Barking and Dagenham
Town Hall
1 Town Square
Barking
IG11 7LU

Dear Ms Jenner

Annual unannounced inspection of contact, referral and assessment arrangements within the London Borough of Barking and Dagenham Council children's services


This letter contains the findings of the recent unannounced inspection of contact, referral and assessment arrangements within local authority children's services in the London Borough of Barking and Dagenham which was conducted on 18 and 19 November 2009. The inspection was carried out under section 138 of the Education and Inspections Act 2006. It will contribute to Ofsted's annual review of the performance of the authority's children's services, for which Ofsted will award a rating later in the year.

The inspection identified one area for priority action and a number of areas for development, which are detailed below.


The inspection sampled the quality and effectiveness of contact, referral and assessment arrangements and their impact on minimising the incidence of child abuse and neglect. Inspectors considered a range of evidence, including: electronic case records; supervision files and notes; observation of social workers and senior practitioners undertaking referral and assessment duties; and other information provided by staff and managers. Inspectors also spoke to a range of staff including managers, social workers, other practitioners and administrative staff. I am grateful to you and your staff for your help and the time given during this inspection.

From the evidence gathered, the inspection identified a number of areas where the contact, referral and assessment arrangements were delivered satisfactorily in accordance with national guidance, in particular:

- Clear inter-agency thresholds for access to social care services have been agreed by all statutory and voluntary partners and are applied consistently by the assessment teams.



INVESTOR IN PEOPLE




- The Local Safeguarding Children Board has good processes in place to monitor performance across agencies. The Board has effectively informed social care staff of the lessons learnt from a recent serious case review.
- The referral and assessment service has sufficient resources to meet the demand for services for the children and young people referred to it.
- Staff report that morale is high. They feel well supported by their managers and demonstrate a strong desire to continuously improve the services they offer to children and families.

From the evidence gathered, the following strengths and areas for development were also identified:

Strengths
<ul style="list-style-type: none"> Equality and diversity issues are effectively considered within assessments and, where English is not a first language, interpreters are used appropriately. The Emergency Duty Team arrangements are well co-ordinated with those of the assessment teams and provide a well resourced, robust and effective out of hours service for children and their families. Children and carers are regularly and appropriately consulted about service provision. In particular, this has impacted positively on the use of the Common Assessment Framework (CAF) and the work of the Local Safeguarding Children Board where the Young People's Safety Group discusses safeguarding matters and makes suggestions about improvements to services. Multi-agency partnerships led by the Children's Trust are successful, particularly in relation to the implementation of the CAF. Effective inter-agency working also ensures children receive timely support from appropriate agencies.
Areas for development
<ul style="list-style-type: none"> Although the timeliness of initial and core assessments is in line with that in similar authorities, the quality of assessments is too variable. Children's views are not always fully considered; most assessments do not show where the evidence for analysis comes from; and too often case plans following core assessments lead to further unnecessary assessments and a delay in service provision.

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- The percentage of referrals that go on to be initial assessments at 20% is well below the percentage achieved by statistical neighbours. Inspectors found some referrals that should have led to initial assessments but did not do so, even though work was undertaken to ensure that the child was safe.
- While management oversight of individual cases is adequate, the quality assurance system does not support the systematic audit of key front line processes.
- The content of staff supervision and decisions by management is not recorded in sufficient detail to ensure staff performance issues can be properly addressed.
- Practice managers are carrying too many cases and therefore have insufficient capacity to oversee effectively the work of the social work teams. This results in insufficient challenge of social workers and variability in the quality of the service being offered to children and their carers.
- The infrastructure supporting the Integrated Children's System is insufficiently robust; it breaks down when overloaded and loses information about children. A solution is being developed but is not yet in place. Local arrangements mean that the Integrated Children's System is complex to operate with information being stored in four different domains. Training had not ensured that all staff are competent to operate the system and are able to find all relevant information about children when they need it.
- Reports from the police about domestic violence do not contain a risk assessment, thus making it difficult for the children's service to prioritise quickly whether a service should be provided to the family.

This visit has identified the following area for priority action.


Area for priority action
<ul style="list-style-type: none"> • Management oversight and decision making in relation to child protection practice are insufficiently precise, leading to poor practice on some cases and resulting in the guidance in 'Working Together to Safeguard Children' not being adhered to. For example, decisions about contacts and referrals are not always made within prescribed timescales; the recording of the decisions is sometimes unclear; and visits to children in need of protection not always being carried out and written up in line with procedures.

3



The area for priority action identified above will be specifically considered in any future inspection of services to safeguard children within your area.


Yours sincerely



Heather Brown
Divisional Manager, Social Care Safeguarding

Copy: Rob Whiteman, Chief Executive, London Borough of Barking and Dagenham.
Simon Hart, Chair of London Borough of Barking and Dagenham Safeguarding Children Board.
Clir Rocky Gill, Lead Member for Children's Services, London Borough of Barking and Dagenham.
Andrew Spencer, Department for Children, Schools and Families.

4

<div style="text-align: center;">  <p>INDEPENDENT AUDIT OF SAFEGUARDING WITHIN CHILDREN'S SERVICES IN BARKING AND DAGENHAM</p> <p>Feedback to Chief Executive 8th December 2009</p> <p>JANE SHUTTLEWORTH CONSULTANCY LTD</p> </div>	<div style="text-align: center;"> <p>4 STRANDS OF WORK</p> <table border="1"> <thead> <tr> <th>Strand</th> <th>Item</th> <th>Date</th> <th>Feedback</th> </tr> </thead> <tbody> <tr> <td>Strand 1</td> <td>CAF</td> <td>19th, 20th, 28th and 30th October</td> <td>Initial feedback to managers and CAF Advisors on 13th Nov.</td> </tr> <tr> <td>Strand 2 with Helen Oliver</td> <td>Safeguarding, Quality and Review Service</td> <td>17th, 18th, 19th November</td> <td>Initial feedback to managers & reviewing officers on 24th Nov</td> </tr> <tr> <td>Strand 3 with Gavin Jugmohun</td> <td>Mock unannounced</td> <td>10th November</td> <td>Initial feedback to managers and team on 13th November</td> </tr> <tr> <td>Strand 4 with Helen Oliver & Gavin Jugmohun</td> <td>(Mini) Mock Announced</td> <td>25th, 26th, 27th November 1st December</td> <td>Not fed back yet</td> </tr> </tbody> </table> <p>Jane Shuttleworth Consultancy Ltd</p> </div>	Strand	Item	Date	Feedback	Strand 1	CAF	19th, 20th, 28th and 30th October	Initial feedback to managers and CAF Advisors on 13th Nov.	Strand 2 with Helen Oliver	Safeguarding, Quality and Review Service	17th, 18th, 19th November	Initial feedback to managers & reviewing officers on 24th Nov	Strand 3 with Gavin Jugmohun	Mock unannounced	10th November	Initial feedback to managers and team on 13th November	Strand 4 with Helen Oliver & Gavin Jugmohun	(Mini) Mock Announced	25th, 26th, 27th November 1st December	Not fed back yet
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<p style="text-align: center;">STRAND 2 SAFEGUARDING, QUALITY AND REVIEW SERVICE</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Positive</p> <ul style="list-style-type: none"> ▪ Some skilled and committed IROs/chairs ▪ Some good child centred chairing practice ▪ 100% CPP reviews on time ▪ Quarterly audits but wanted to check - impact on practice – how independent? ▪ Like the conflict resolution and safeguarding alerts process but wanted a bit more information ▪ Named IRO for each CIC ▪ Good training available for IROs/chairs </td> <td style="width: 50%; vertical-align: top;"> <p>Areas for development</p> <ul style="list-style-type: none"> ▪ Need specific regular management information report for the team ▪ Develop policy and standards for involving children and young people ▪ Need further clarity about differences between suggestions, recommendations, decision and accountability. ▪ Need to ensure outcome – not only task focused – plans. ▪ Produce a summary report on findings from quarterly audit ▪ Involve children and young people and parents and carers in quarterly audit ▪ Annual feedback from TMs, SWs, CYP, other agencies ▪ Update local CP and Reviewing Service policies and procedures annually </td> </tr> </table> <p style="text-align: right; font-size: small;">Jane Shuttleworth Consultancy Ltd</p>	<p>Positive</p> <ul style="list-style-type: none"> ▪ Some skilled and committed IROs/chairs ▪ Some good child centred chairing practice ▪ 100% CPP reviews on time ▪ Quarterly audits but wanted to check - impact on practice – how independent? ▪ Like the conflict resolution and safeguarding alerts process but wanted a bit more information ▪ Named IRO for each CIC ▪ Good training available for IROs/chairs 	<p>Areas for development</p> <ul style="list-style-type: none"> ▪ Need specific regular management information report for the team ▪ Develop policy and standards for involving children and young people ▪ Need further clarity about differences between suggestions, recommendations, decision and accountability. ▪ Need to ensure outcome – not only task focused – plans. ▪ Produce a summary report on findings from quarterly audit ▪ Involve children and young people and parents and carers in quarterly audit ▪ Annual feedback from TMs, SWs, CYP, other agencies ▪ Update local CP and Reviewing Service policies and procedures annually 	<p style="text-align: center;">STRAND 2 FURTHER INVESTIGATION</p> <ul style="list-style-type: none"> • Annual review of the provision of IRO service • One person doing both IRO and CP conference chair functions - what are other LAs doing? • Using information from the completed review forms completed by children and young people • Using external pool of people – who, when? • Are there team standards • Intend to have a closer look at data – including national and statistical neighbour averages. <p style="text-align: right; font-size: small;">Jane Shuttleworth Consultancy Ltd</p>
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<p style="text-align: center;">STRAND 2 – BRIEF</p> <ul style="list-style-type: none"> • Compliance with London child protection procedures and statutory IRO Guidance – need to double check London procedures and check what happens in other authorities • Quality of decision making in CP and CiC – seems fine • Effectiveness of multi-agency engagement – not sure – need monitoring information • Are children’s views understood and taken into account (during reviews) – this varies • Persons responsible for implementing review recommendations are identified – yes – also about ensuring a difference is made • Failure to review cases or problems with implementing care plan is brought to the attention of managers – yes <p style="text-align: right; font-size: small;">Jane Shuttleworth Consultancy Ltd</p>	<p style="text-align: center;">STRAND 3 – MOCK UNANNOUNCED INSPECTION OF REFERRAL AND ASSESSMENT</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Positives</p> <ul style="list-style-type: none"> ▪ Everyone seemed purposeful and committed ▪ A supportive environment ▪ Experienced referral officers taking calls ▪ Qualified SWs undertake all assessments ▪ Some good core assessments- reflect equality and diversity issues - some evidence of CYP involvement ▪ Initial case conference reports seen had an analysis of risk ▪ Use of research evidence in some assessments ▪ Some good responses which meet needs and made a positive difference ▪ Liked the Children’s Services Induction checklist ▪ Staff receiving supervision on case work (just about) – brief notes on case files ▪ Good links with EDT on the day ▪ Managers encourage feedback from staff ▪ Other agencies have links into assessment team </td> <td style="width: 50%;"></td> </tr> </table> <p style="text-align: right; font-size: small;">Jane Shuttleworth Consultancy Ltd</p>	<p>Positives</p> <ul style="list-style-type: none"> ▪ Everyone seemed purposeful and committed ▪ A supportive environment ▪ Experienced referral officers taking calls ▪ Qualified SWs undertake all assessments ▪ Some good core assessments- reflect equality and diversity issues - some evidence of CYP involvement ▪ Initial case conference reports seen had an analysis of risk ▪ Use of research evidence in some assessments ▪ Some good responses which meet needs and made a positive difference ▪ Liked the Children’s Services Induction checklist ▪ Staff receiving supervision on case work (just about) – brief notes on case files ▪ Good links with EDT on the day ▪ Managers encourage feedback from staff ▪ Other agencies have links into assessment team 	
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<div data-bbox="215 1310 316 1415" data-label="Image"> </div> <div data-bbox="215 1444 284 2056" data-label="Section-Header"> <p>STRAND 3 – MOCK UNANNOUNCED INSPECTION OF REFERRAL AND ASSESSMENT</p> </div> <div data-bbox="327 1332 657 2072" data-label="List-Group"> <p>Areas for Development</p> <ul style="list-style-type: none"> ▪ Need a case tracking system ▪ Don't think decisions on referrals always being made to 24 hour timescale ▪ Need to get it right first time in responding to children in need who might be at risk of significant harm ▪ Avoid practice managers holding cases ▪ Partnership working on case work appears patchy ▪ Demonstrate that you understand what needs to be done and are doing it ▪ Avoid delays in completing lower priority work and maintaining up to date electronic records including writing up assessments ▪ Need specific management information for the team ▪ Develop formal protocol for dealing with CAF referrals </div> <div data-bbox="694 1579 715 1814" data-label="Text"> <p>Jane Shuttleworth Consultancy Ltd</p> </div>	<div data-bbox="207 571 295 1254" data-label="Section-Header"> <p>STRAND 3 FURTHER INVESTIGATION</p> </div> <div data-bbox="319 459 638 1254" data-label="List-Group"> <ul style="list-style-type: none"> • Still need to do a detailed check of all management information • Staff have high case loads – 22-28 cases but would like to see breakdown on this – what's the mix? – are they all active – is there active case management • Supervision – not fully recorded and does not appear to follow council procedures • Some slowness and difficulties accessing IT systems • Management decision making – who and when? • Do not think referrers always get prompt feedback as cases left in the trays • Did not see a completed initial assessment? • Need some clarification on IAs - what is a "duty initial assessment" - and on terminated and completed IAs. • Does guidance set out differences between contacts/referrals • Merlins </div> <div data-bbox="646 795 670 1254" data-label="Text"> <p>(NB. Not done a slide on Your Brief for Strand 3)</p> </div> <div data-bbox="662 728 686 996" data-label="Text"> <p>Jane Shuttleworth Consultancy Ltd</p> </div>
<div data-bbox="750 1366 845 2083" data-label="Section-Header"> <p>STRAND 4 (mini) MOCK ANNOUNCED INSPECTION OF SAFEGUARDING AND CiC</p> </div> <div data-bbox="869 1265 1284 2072" data-label="List-Group"> <p>Positives (but only done quick analysis)</p> <ul style="list-style-type: none"> ▪ Good supportive environment and people presented as very "can-do" despite pressures ▪ Some good case work – some SWs presented complex case work really well – use of research evidence to support decision making ▪ Some good involvement of CYP - Young People's Safety Group – Skittle & CiC groups ▪ MALTs have potential – like SW involvement – using Think Family approach – filtering the police referrals ▪ Some very good early intervention and targeted services ▪ Good fostering and adoption service ▪ Pit Stop – early days but seems to have potential – cost? ▪ Good access to CAMHs support ▪ Some good partnership working with Police, health agencies, 3rd sector on CT & LSCB ▪ LSCB independent chair valued </div> <div data-bbox="1276 1523 1300 1803" data-label="Text"> <p>Jane Shuttleworth Consultancy Ltd</p> </div>	<div data-bbox="750 571 845 1254" data-label="Section-Header"> <p>STRAND 4 (mini) MOCK ANNOUNCED INSPECTION OF SAFEGUARDING AND CiC</p> </div> <div data-bbox="869 448 1252 1243" data-label="List-Group"> <p>Areas for Development (but only done quick analysis)</p> <ul style="list-style-type: none"> ▪ Back to basics on policies and procedures – need to happen on time and in right order – chronologies – CP care planning process ▪ Inconsistent application of thresholds – sometimes takes too long to get in front door ▪ Need to be able to evidence effective partnership working – input to core assessments – attendance at core groups and reviews ▪ Care plans need to be more purposeful – focus on what needs to change – more family friendly – CiC more holistic plans ▪ All services and teams to receive specific management information reports ▪ Make sure LSCB stays on the case about practice issues – police referrals raised at April away day ▪ Reduce case loads in Care Management and CiC teams – check move on ▪ More consistency from chairs/IROs </div> <div data-bbox="1276 716 1300 974" data-label="Text"> <p>Jane Shuttleworth Consultancy Ltd</p> </div>

**STRAND 4
HAVE LOTS OF OUTSTANDING QUESTIONS
INCLUDING:**

- Still need to have a thorough look at management information – check the story behind the data – can I ask for trend and comparative data?
- Need to see what's around on VFM
- Checking to do on CiC - education stats for CiC out of borough – school attendance - CiC attainment including HE - PEPs
- Follow up on work planned with 50 vulnerable families
- Check out effectiveness of LSCB – process vs outcomes
- Children's Trust looks effective – check this out
- Some queries about judgements made during quality audits
- Didn't cover Learning to Live team

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NEXT STEPS

- Meetings/phone calls with members
- Produce mock announced initial notes which will draw on work done in all 4 strands – still to check Ofsted reports
- Agree dates for mock announced feedback to senior managers and others involved with the review
- Reviewing systems and practice – initial access and assessment workshop planned for 21st January
- Agree today how all the work will be written up – 1 day allocated for this – will be no time for follow up
- Check – how should I feedback on the experiences of the mock inspectors
- Think all of the above can be done within allocation of 25 days
- NB. Big thank you to Helen and Gavin

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