Barking & Dagenham

Notice of Annual Meeting of the

ASSEMBLY

to be held on Tuesday, 27 April 2021
commencing at 7:00 pm
Meeting to be held virtually

To all Members of the Council of the London Borough of Barking and Dagenham

Date of publication: 19 April 2021

Chris Naylor
Chief Executive

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Please note that this meeting will be webcast, which is a transmission of audio and video over the internet. Members of the public who attend the meeting and who do not wish to appear in the webcast will be able to sit in the public gallery on the second floor of the Town Hall, which is not in camera range.

To view the webcast click here and select the relevant meeting (the weblink will be available at least 24-hours before the meeting).

AGENDA

1. **Apologies for Absence**

2. **Minute's Silence in Memory of HRH Prince Philip, Duke of Edinburgh**

   The Chair will ask all Members to observe a minute's silence in memory of HRH Prince Philip, Duke of Edinburgh who sadly passed away on 9th April 2021 at the age of 99.

3. **Declaration of Members' Interests**

   In accordance with the Council's Constitution, Members are asked to declare any interest they may have in any matter which is to be considered at this meeting.

4. **To confirm as correct the minutes of the meeting held on 3 March 2021 (Pages 3 - 9)**

5. **Minutes of Sub-Committees - To note the minutes of the JNC Appointments, Salaries and Structures Panel held on 19 March 2021 (Pages 11 - 13)**

6. **Leader's Statement**

   The Leader will present his statement.

7. **Appointments to the Political Structure and Other Bodies 2021/22 (Pages 15 - 21)**

8. **Members' Allowances Scheme 2021/22 (Pages 23 - 32)**

9. **Response to LGO Complaint ref 18018324 (Pages 33 - 105)**

10. **Local Safeguarding Children Partnership Annual Report 2019/20 (Pages 107 - 144)**

11. **Children's Social Care Annual Self Evaluation 2021 (Pages 145 - 193)**

12. **Motions**

    There are no motions.

13. Questions With Notice

There are no Questions with Notice.

14. Any other public items which the Chair decides are urgent

15. To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.

Private Business

The public and press have a legal right to attend Council meetings such as the Assembly, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended). ***There are no such items at the time of preparing this agenda.***

16. Any confidential or exempt items which the Chair decides are urgent

Barking & Dagenham

Our Vision for Barking and Dagenham

ONE BOROUGH; ONE COMMUNITY; NO-ONE LEFT BEHIND

Our Priorities

Participation and Engagement

- To collaboratively build the foundations, platforms and networks that enable greater participation by:
  - Building capacity in and with the social sector to improve cross-sector collaboration
  - Developing opportunities to meaningfully participate across the Borough to improve individual agency and social networks
  - Facilitating democratic participation to create a more engaged, trusted and responsive democracy
- To design relational practices into the Council's activity and to focus that activity on the root causes of poverty and deprivation by:
  - Embedding our participatory principles across the Council's activity
  - Focusing our participatory activity on some of the root causes of poverty

Prevention, Independence and Resilience

- Working together with partners to deliver improved outcomes for children, families and adults
- Providing safe, innovative, strength-based and sustainable practice in all preventative and statutory services
- Every child gets the best start in life
- All children can attend and achieve in inclusive, good quality local schools
- More young people are supported to achieve success in adulthood through higher, further education and access to employment
- More children and young people in care find permanent, safe and stable homes
- All care leavers can access a good, enhanced local offer that meets their health, education, housing and employment needs
- Young people and vulnerable adults are safeguarded in the context of their families, peers, schools and communities

- Our children, young people, and their communities' benefit from a whole systems approach to tackling the impact of knife crime
- Zero tolerance to domestic abuse drives local action that tackles underlying causes, challenges perpetrators and empowers survivors
- All residents with a disability can access from birth, transition to, and in adulthood support that is seamless, personalised and enables them to thrive and contribute to their communities. Families with children who have Special Educational Needs or Disabilities (SEND) can access a good local offer in their communities that enables them independence and to live their lives to the full
- Children, young people and adults can better access social, emotional and mental wellbeing support - including loneliness reduction - in their communities
- All vulnerable adults are supported to access good quality, sustainable care that enables safety, independence, choice and control
- All vulnerable older people can access timely, purposeful integrated care in their communities that helps keep them safe and independent for longer, and in their own homes
- Effective use of public health interventions to reduce health inequalities

Inclusive Growth

- Homes: For local people and other working Londoners
- Jobs: A thriving and inclusive local economy
- Places: Aspirational and resilient places
- Environment: Becoming the green capital of the capital

Well Run Organisation

- Delivers value for money for the taxpayer
- Employs capable and values-driven staff, demonstrating excellent people management
- Enables democratic participation, works relationally and is transparent
- Puts the customer at the heart of what it does
- Is equipped and has the capability to deliver its vision

MINUTES OF ASSEMBLY

Wednesday, 3 March 2021
(6:00 - 8:10 pm)

PRESENT

Cllr Elizabeth Kangethe (Chair)
Cllr Faruk Choudhury (Deputy Chair)

Cllr Andrew Achilleos
Cllr Saima Ashraf
Cllr Simon Bremner
Cllr Laila M. Butt
Cllr Josie Channer
Cllr Irma Freeborn
Cllr Rocky Gill
Cllr Jane Jones
Cllr Donna Lumsden
Cllr Giasuddin Miah
Cllr Adegboyega Oluwole
Cllr Moin Quadri
Cllr Chris Rice
Cllr Paul Robinson
Cllr Faraaz Shaukat
Cllr Phil Waker
Cllr Dorothy Akwaboah
Cllr Abdul Aziz
Cllr Princess Bright
Cllr Evelyn Carpenter
Cllr John Dulwich
Cllr Cameron Geddes
Cllr Kashif Haroon
Cllr Eileen Keller
Cllr Olawale Martins
Cllr Dave Miles
Cllr Glenda Paddle
Cllr Foyzur Rahman
Cllr Lynda Rice
Cllr Darren Rodwell
Cllr Dominic Twomey
Cllr Maureen Worby
Cllr Sanchia Alasia
Cllr Toni Bankole
Cllr Sade Bright
Cllr Peter Chand
Cllr Edna Fergus
Cllr Syed Ghani
Cllr Amardeep Singh Jamu
Cllr Mohammed Khan
Cllr Mick McCarthy
Cllr Margaret Mullane
Cllr Simon Perry
Cllr Tony Ramsay
Cllr Ingrid Robinson
Cllr Muhammad Saleem
Cllr Lee Waker

APOLOGIES FOR ABSENCE

Cllr Emily Rodwell

53. Declaration of Members' Interests

There were no declarations of interest.

54. Minutes (27 January 2021)

The minutes of the meeting held on 27 January 2021 were confirmed as correct.

55. Death of Former Councillor George Shaw

The Assembly noted the sad passing on Sunday 14 February of former Councillor and Freeman of the Borough, George Henry Shaw.

Members paid tribute to Mr Shaw's significant contribution to the Borough throughout his life and especially during his 31 years as a councillor, where he was affectionately known as 'Mr Housing'.

The Assembly held one minute's applause in memory of Mr Shaw.

56. Leader's Statement

The Leader of the Council presented a verbal statement updating the Assembly on a range of matters since the last meeting:

Budget Announcement: The Leader expressed dismay that the Government's budget announcement earlier in the day had again only offered the minimum for working people and did nothing to resolve the under-funding of local government.

Thames Freeport: One of the key areas for Barking and Dagenham addressed in the budget announcement today was the go ahead for the Thames Freeport, which would be brought to fruition with joint working between the Council, Ford Motor Company and other partners.

Culture, Arts and Creative Centre: The Council was working with the Mayor of London to launch a £33m project to build a cultural, arts and creative centre in the Thames Ward area which had the potential to create 250 new jobs in the Borough.

Domestic Abuse Commission: The Council's Domestic Abuse Commission report was set to be formally launched at an online event on Wednesday 10 March at 5.45pm. The Commission, chaired by Polly Neate, CEO of Shelter, had put forward a range of proposals as to how domestic abuse could be tackled in the Borough by addressing the very cultural roots which lay at its heart. Most important of all, the Commission's report reflected the voices of survivors of domestic abuse and the various communities that make up the borough. The key message from the Commission was 'We believe you'.

The launch also coincided with the start of Women's Empowerment Month which had a wide programme of activities throughout March despite the lockdown.

Becontree Forever – launched on centenary of Becontree Estate: The Council had unveiled plans to mark the 100th anniversary of the Becontree Estate through the launch of 'Becontree Forever', which would include a programme of art, architecture and infrastructure.

Investors in People - Gold Accreditation: The Council had recently been officially recognised as a 'Gold Investor in People' organisation, which was a reflection of the commitment shown by the Council and its staff and even more rewarding given the significant additional pressures stemming from the COVID-19 pandemic over the last 12 months.

COVID-19: The Borough had recently passed the sad milestone of 500 COVID-related deaths and the Cabinet Member for Social Care and Health Integration gave an update to the Assembly on the latest issues.

On a more positive note, the Cabinet Member advised that the case rate was now at 85 per 100,000 and while that represented significant progress, it was stressed that residents should not to be complacent and should continue to follow the national guidance regarding staying indoors as much as possible and wearing a mask and social distance when out and about.

The Parsloes Surgery, Hobart Road, Dagenham and Broadway Theatre in Barking Town Centre were the main vaccination centres in the Borough and the Council

had recently provided a bus to GP colleagues for pop-up clinics in various places across the borough.

57. Appointments

There were no appointments.

58. Budget Framework 2021/22 and Medium Term Financial Strategy 2021/22 to 2024/25

The Cabinet Member for Finance, Performance and Core Services presented a report on the Council's Budget Framework 2021/22 and Medium Term Financial Strategy 2021/22 to 2024/25.

The Cabinet Member advised that the Council had incurred significant costs with regard to the response to COVID-19 and supporting residents through the pandemic and, whilst Government grant funding had been received to cover some of that expenditure, it would take the Council a number of years to recover from the full cost of COVID-19, especially on the back of 10 years of austerity cuts by the Government. However, he remained confident that despite all the difficulties, the Council would once again deliver a balanced budget and his message to residents was that the Council was on their side and would continue to do everything possible to protect the most vulnerable, build more truly affordable homes, create new jobs, provide more job opportunities for residents, particularly the young, and promote social responsibility and civic pride.

The Cabinet Member also alluded to the Government's budget announcement and expressed his disappointment that the additional £20 for those in receipt of Universal Credit was only announced today, when it could have been made much sooner to put residents' minds at rest. The Government's offer of a mere 1% pay rise to NHS staff was also an insult to all those who had gone above and beyond to keep people safe.

The Cabinet Member highlighted some of the key achievements over the last year, the Medium Term Financial Strategy forecasts and the Council's future investment plans which would help to fund essential Council services going forward. The Assembly noted, however, that against the backdrop of COVID-19 expenditure and in order to deliver the Council's vision and aspirations, it would be necessary to increase the level of Council Tax for 2021/22 by the maximum (unrestricted) levels of 1.99% for general services and 3% for social care. Those increases equated to an average annual rise of £64.11 for those living in a 'Band D' property. The Greater London Authority had also announced an increase of 9.5% to its precept, which covered support services such as the London Fire Brigade and the Metropolitan Police, meaning that the overall Council Tax charge for a Band D property would increase by a total of £95.70 to £1,712.57.

The Cabinet Member referred to the outcome of the public consultation on the draft budget proposals which was carried out in January, with residents being supportive of the Council's plans to continue to support its most vulnerable residents. There was also clear support for increased street cleansing, improvement to parks and leisure facilities, support for local businesses and efforts to tackle anti-social behaviour and grime crime in the Borough. He also

commended the scrutiny of the budget proposals by the Overview and Scrutiny Committee and other backbench Members who were present at the meeting on 26 January 2021.

During the debate, several Members commented on the Government's budget announcement which would impact hardest on ordinary, working people and expressed concerns that the real impact of health inequalities from COVID-19 would be seen across the population for many years to come.

In accordance with paragraph 10.3.2 of Part 2, Chapter 3 of the Council Constitution, the budget was put to a recorded vote and was **agreed** as follows:

For: Councillors Achilleos, Akwaboah, Alasia, Ashraf, Aziz, Bankole, Bremner, P Bright, S Bright, Butt, Carpenter, Chand, Channer, Choudhury, Dulwich, Fergus, Freeborn, Geddes, Ghani, Haroon, Janu, Jones, Kangethe, Keller, Khan, Lumsden, Martins, McCarthy, Miah, Miles, Mullane, Paddle, Perry, Quadri, Rahman, Ramsay, C Rice, L Rice, I Robinson, P Robinson, D Rodwell, Shaukat, Twomey, L Waker, P Waker and Worby (46)

Against: None (0)

Abstain: None (0)

(Note: Councillors Gill, Oluwole and Saleem were temporarily unavailable during the vote)

The Assembly **resolved** to:

(i) Approve a base revenue budget for 2021-22 of £174.326m, as detailed in Appendix A to the report;

(ii) Approve the adjusted Medium Term Financial Strategy (MTFS) position for 2021-22 to 2024-25 allowing for other known pressures and risks at the current time, as detailed in Appendix B to the report, including the revised cost of borrowing to accommodate the capital costs associated with the implementation of the MTFS;

(iii) Note the observations made by the Overview and Scrutiny Committee at its meeting on 26 January 2021 in respect of the Cabinet's savings and growth proposals for 2021/22 and beyond and the outcome of the public consultation on the budget proposals, as set out in section 14 of the report;

(iv) Approve the budget savings and growth proposals for 2021/22 and beyond, as detailed in section 8 and Appendix C to the report;

(v) Delegate authority to the Chief Financial Officer, in consultation with the Cabinet Member for Finance, Performance and Core Services, to finalise any contribution required to or from reserves in respect of the 2021-22 budget, pending confirmation of levies and further changes to Government grants prior to 1 April 2021;

(vi) Approve the Statutory Budget Determination for 2021-22 as set out at

Appendix D to the report, which reflects an increase of 1.99% on the amount of Council Tax levied by the Council, an Adult Social Care precept of 3.00% and the final Council Tax proposed by the Greater London Assembly (9.5% increase), as detailed in Appendix E to the report;

(vii) Note the update on the current projects, issues and risks in relation to Council services, as detailed in sections 8-10 of the report;

(viii) Approve the Council's draft Capital Programme for 2021-22 totalling £399.105m, of which £30.845m are General Fund schemes, as detailed in Appendix F to the report;

(ix) Approve the Flexible Use of Capital Receipts Strategy as set out in Appendix G to the report;

(x) Note the update on Dedicated Schools Funding and approve the Local Funding Formula factors as set out in section 13 and Appendix H to the report; and

(xi) Note the Chief Financial Officer's Statutory Finance Report as set out in section 15 of the report, which includes a recommended minimum level of reserves of £12m.

(Standing Order 7.1 (Chapter 3, Part 2 of the Council Constitution) was suspended at this juncture to enable the meeting to continue beyond the two-hour threshold).

59. Treasury Management Strategy Statement 2021/22

The Cabinet Member for Finance, Performance and Core Services presented the draft Treasury Management Strategy Statement (TMSS) for 2021/22 which, in accordance with the requirements of the Local Government Act 2003, set out the Council's borrowing, investment and funding plans for the year ahead. The report was considered and endorsed by the Cabinet at its meeting on 15 February 2021.

The Cabinet Member highlighted that there was a significant expected increase in debt of £950m relating to the portfolio of housing schemes within Be First. Nearly 4,400 properties were being delivered for residents through Be First, which would also bring additional income to the Council through the Council Tax.

The Cabinet Member also referred to the potential to deliver another 9,000 new homes in the next decade, which would need significant funding. To that end, the Cabinet Member advised that he was aware that there was not limitless access to funds and, therefore, the Council were being prudent with investments.

The Assembly **resolved** to adopt the Treasury Management Strategy Statement for 2021/22 and, in doing so:

(i) Noted the current treasury position for 2021/22 and prospects for interest rates, as referred to in sections 4 and 8 of the report;

(ii) Approved the Annual Investment Strategy 2021/22 outlining the investments that the Council may use for the prudent management of its

investment balances, as set out in Appendix 1 to the report;

(iii) Approved the Council's Borrowing Strategy 2021/22 to 2023/24, as set out in Appendix 2 to the report;

(iv) Noted that the Capital Strategy 2021/22, incorporating the Investment and Acquisitions Strategy, shall be updated and presented for approval in April 2021;

(v) Approved the Capital Prudential and Treasury Indicators 2021/22 to 2023/24, as set out in Appendix 3 to the report;

(vi) Approved the Minimum Revenue Provision Policy Statement for 2021/22, representing the Council's policy on repayment of debt, as set out in Appendix 4 to the report;

(vii) Approved the Operational Boundary Limit of £1.70bn and the Authorised Borrowing Limit of £1.80bn for 2021-22, representing the statutory limit determined by the Council pursuant to section 3(1) of the Local Government Act 2003, as referred to in Appendix 4 to the report; and

(viii) Delegated authority to the Finance Director, in consultation with the Cabinet Member for Finance, Performance and Core Services, to proportionally amend the counterparty lending limits agreed within the Treasury Management Strategy Statement to consider the increase in short-term cash held from borrowing.

60. Pay Policy Statement 2021/22

TThe Cabinet Member for Finance, Performance and Core Services presented the Council's draft Pay Policy Statement for 2021/22, in accordance with the requirements of the Localism Act 2011, which represented the expected position at 1 April 2021.

The Cabinet Member advised that the draft Statement had been considered and endorsed by the Cabinet at its meeting on 15 February 2021 and the Cabinet had also agreed to apply the uplift in the London Living Wage with effect from 9 November 2020, which increased the minimum hourly rate of pay for staff from £10.75 to £10.85 per hour.

The Assembly **resolved** to approve the Pay Policy Statement for the London Borough of Barking and Dagenham for 2021/22 as set out at Appendix A to the report, for publication on the Council's website with effect from April 2021.
The Cabinet Member for Finance, Performance and Core Services presented the Council's draft Pay Policy Statement for 2021/22, in accordance with the requirements of the Localism Act 2011, which represented the expected position at 1 April 2021.

The Cabinet Member advised that the draft Statement had been considered and endorsed by the Cabinet at its meeting on 15 February 2021 and the Cabinet had also agreed to apply the uplift in the London Living Wage with effect from 9 November 2020, which increased the minimum hourly rate of pay for staff from

£10.75 to £10.85 per hour.

The Assembly **resolved** to approve the Pay Policy Statement for the London Borough of Barking and Dagenham for 2021/22 as set out at Appendix A to the report, for publication on the Council's website with effect from April 2021.
he Cabinet Member for Finance, Performance and Core Services presented the Council's draft Pay Policy Statement for 2021/22, in accordance with the requirements of the Localism Act 2011, which represented the expected position at 1 April 2021.

The Cabinet Member advised that the draft Statement had been considered and endorsed by the Cabinet at its meeting on 15 February 2021 and the Cabinet had also agreed to apply the uplift in the London Living Wage with effect from 9 November 2020, which increased the minimum hourly rate of pay for staff from £10.75 to £10.85 per hour.

The Assembly **resolved** to approve the Pay Policy Statement for the London Borough of Barking and Dagenham for 2021/22 as set out at Appendix A to the report, for publication on the Council's website with effect from April 2021.

61. Motions

There were no motions.

62. Questions With Notice

There were no questions with notice.

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MINUTES OF
JNC APPOINTMENTS, SALARIES AND STRUCTURES PANEL

Friday, 19 March 2021
(12:31 - 1:03 pm)

Present: Cllr Darren Rodwell (Chair), Cllr Saima Ashraf, Cllr Elizabeth Kangethe, Cllr Donna Lumsden, Cllr Dominic Twomey and Cllr Maureen Worby

12. Declaration of Members' Interests

There were no declarations of interest.

13. Private Business

It was resolved to exclude the public and press from the remainder of the meeting by reason of the nature of the business to be discussed which included information exempt from publication by virtue of paragraph 1 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended).

14. New Senior Leadership Management Arrangements

Further to Minute 12 of the meeting held on 7 April 2020, the Acting Chief Executive presented a report on proposed new senior leadership management arrangements following the return of the Chief Executive from his secondment to Birmingham City Council on 8 March 2021.

During the Chief Executive's secondment, the Chief Operating Officer and Deputy Chief Executive became the Acting Chief Executive while the Director for Law and Governance became the Acting Deputy Chief Executive. The return of the Chief Executive from secondment provided the ideal opportunity to reflect on the Council's organisational transformation and the preparations for a new Corporate Plan in 2022.

Stemming from those considerations, it was proposed that the Chief Executive focused his efforts in the coming 18 months on developing the Council's strategic response to the recovery from COVID, including the sponsorship of strategic priorities and engagement with Government and key partnerships. The Chief Executive would continue to remain accountable for the effective running of the organisation as the Head of Paid Service, although the day-to-day discharge of the operational responsibility would be delegated to the proposed Managing Director role, which would replace the current post of Chief Operating Officer. The Chief Executive would also be available to support mutually beneficial national or regional activity on a commercial basis, bringing a revenue stream into the Council. In that regard, it was noted that prior to any agreements being entered into, typically in the form of a Memorandum of Understanding, the proposals would be presented to a JNC Panel for approval.

The Acting Chief Executive then advised on further proposed changes to the Senior Leadership Team and amendments to senior roles, which included:

- The redesignation of the post of Director of Law and Governance to Strategic

Director, Law and Governance, with the postholder also deputising in the absence of both the Chief Executive and Managing Director;
- The redesignation of other senior Director posts;
- The creation of the post of Commissioning Director, Care and Support, in place of the post of Commissioning Director, Children's Care and Support;
- The creation of the post of Director, Strategy and Culture, in place of the post of Director, Strategy and Participation;
- The formal designation of the Finance Director as the Council's Chief Financial Officer (Section 151 Officer);
- The creation of new Director-level posts under the management of the Strategic Directors of Community Solutions and My Place respectively, to strengthen the senior management arrangements and enhance capacity in key areas of service delivery and support to local residents.

In response to questions, the Acting Chief Executive advised that while there were additional costs stemming from the proposals, they would be mitigated by income generated from the plans for the Chief Executive to support external national and regional activities.

The Cabinet Member for Finance, Performance and Core Services also advised that the new structure, if approved, would be kept under review to ensure that it was delivering the intended objectives.

The Panel **resolved** to:

(i) Note the ending of Chris Naylor's secondment to Birmingham City Council and his return as Chief Executive (and Head of Paid Service), effective from 8 March 2021, and the greater focus of his role on leading the Council's strategic response to the recovery from the COVID-19 pandemic and supporting mutually beneficial national and regional activity;

(ii) Note the cessation from 22 March 2021 of the interim senior leadership arrangements and honoraria payments approved by Minute 12(ii) of the meeting on 7 April 2020;

(iii) Approve the creation of the post of Managing Director at grade CO7 (£156,558) plus an honorarium of £12,000, in recognition of the postholder's line management responsibilities for the Senior Leadership team, day-to-day discharge of operational functions on behalf of the Chief Executive and designation as Deputy Chief Executive, and on the appointment to that post the subsequent deletion of the post of Chief Operating Officer (grade CO7);

(iv) Approve the redesignation of the post of Director of Law and Governance to Strategic Director, Law and Governance and the regrading of the post from CO5 (£130,862) to CO6 (£143,683), in recognition of the postholder's responsibilities as statutory Monitoring Officer, deputising in the absence of both the Chief Executive and Managing Director and the additional responsibilities for Community Safety and Enforcement not previously recognised;

(v) Approve the redesignation of the following posts (with no consequential grading implications):

(a) Director, People and Resilience to Strategic Director, Children and Adults;
(b) Director, Inclusive Growth to Strategic Director, Inclusive Growth;
(c) Director, Community Solutions to Strategic Director, Community Solutions;
(d) Director, My Place to Strategic Director, My Place;

(vi) Approve the creation of the post of Commissioning Director, Care and Support, under the line management of the Strategic Director, Children and Adults, at grade CO4 (£118,497), and on the appointment to that post the subsequent deletion of the post of Commissioning Director, Children's Care and Support (grade CO2);

(vii) Approve the creation of the post of Director, Strategy and Culture at grade CO4, who shall be designated the Council's Senior Information Risk Owner and Statutory Scrutiny Officer, and on the appointment to that post the subsequent deletion of the post of Director, Strategy and Participation (grade CO4);

(viii) Agree that the post of Finance Director be formally designated as the Council's Chief Financial Officer (Section 151 Officer) and regraded to CO4 (from CO3);

(ix) Note the Strategic Framework Leadership structure for the areas of 'Prevention, Independence and Resilience', Inclusive Growth', 'Participation and Engagement' and 'Well-Run Organisation';

(x) Approve the creation of the posts of Director of Community, Participation and Prevention and Director of Support and Collections at grade CO2, under the line management of the Strategic Director, Community Solutions;

(xi) Approve the creation of the posts of Director of Homes and Assets Management and Director of Public Realm at grade CO2, under the line management of the Strategic Director, My Place;

(xii) Note that the net effect of the proposals, together with associated non-JNC level changes, would result in a projected pressure of a maximum of £239,000 which would need to be managed during 2021/22 and provided for in the budget for 2022/23;

(xiii) Note the additional line management changes stemming from the proposals, as set out in the report; and

(xiv) Note the arrangements for the formal consultation with affected staff and the appointment / assimilation / recruitment proposals for posts, as detailed in sections 11 and 12 of the report, and delegate authority to the Chief Executive to approve the assimilation of relevant officers into the posts referred to above where they meet the criteria for assimilation as set out in the Council's employment policies and procedures.

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ANNUAL ASSEMBLY

27 April 2021

Title: Appointments to the Political Structure and Other Bodies 2021/22	
Report of the Strategic Director of Law and Governance	
Open Report	**For Decision**
Wards Affected: None	**Key Decision:** No
Report Author: Alan Dawson, Head of Governance & Electoral Services	**Contact Details:** E-mail: alan.dawson@lbbd.gov.uk
Accountable Strategic Leadership Director: Fiona Taylor, Strategic Director of Law & Governance	

Summary

The Assembly is responsible for appointments to the political structure and various other internal and external bodies, except those reserved to the Leader and/or Cabinet Members.

Appendix 1 to this report shows the proposed appointments for the 2021/22 municipal year relating to Council committees and other internal and external bodies which are the responsibility of the Assembly. The appointment of the Mayor for 2021/22 will be dealt with at the meeting of the Ceremonial Council which will immediately follow this meeting of the Assembly.

As this meeting is taking place prior to the Thames ward by-election on 6 May 2021, it is also proposed that the Chief Executive be authorised to approve the appointment of the newly elected councillor to any vacant positions on committees, which would otherwise have to wait until the next meeting of the Assembly on 21 July 2021.

Recommendation(s)

The Assembly is recommended to:

(i) Approve the appointments to various Council committees and other internal and external bodies, as set out in Appendix 1 to the report, and

(ii) Delegate authority to the Chief Executive, in consultation with the Leader of the Council, to approve the appointment of the new Thames ward councillor, to be elected on 6 May 2021, to vacant positions on Council committees.

Reason(s)

To meet the statutory and constitutional requirements and to ensure relevant positions are appointed to.

1. Introduction and Background

1.1 Part 2, Chapter 4 of the Constitution sets out the Assembly's responsibilities in respect of appointments to the political structure and various other internal and external bodies.

1.2 The appointments meet statutory and constitutional requirements and ensure the Council is able to proceed with the business reserved to the committees.

1.3 The nomination process for the various positions to which appointments are required for the municipal year 2021/22 is dealt with through party groups which, for Barking and Dagenham, is just the Labour Group.

2. Proposal and Issues

2.1 Attached at Appendix 1 is the provisional schedule of nominations from the Labour Group for the 2021/22 municipal year in respect of appointments which the Assembly has responsibility for appointing to. These appointments relate to main Council committees and other internal and external body meetings.

2.2 Any changes / additions to the information contained in the appendix will be reported at the meeting.

2.3 The Labour Group has agreed not to fill all seats on Council committees to which the Assembly makes appointments to allow the new Thames ward councillor, who will be elected on 6 May 2021, to take up at least one position on a Council committee. In normal circumstances any such appointment would require the approval of the Assembly. However, as the next meeting is not until 21 July 2021 it is proposed that the Chief Executive be authorised, in consultation with the Leader, to approve the new councillor's appointment to appropriate vacant positions to enable that individual to participate as a formal Member in relevant meetings as soon as possible.

3. Options Appraisal

3.1 Any delay in reappointing Members to the various meetings and other bodies puts the normal decision-making process and business of the Council at risk.

4. Consultation

4.1 Consultation has taken place with Members and officers as appropriate.

5. Financial Implications

Implications completed by Katherine Heffernan, Head of Service Finance

5.1 There are no financial implications associated with this report. This concerns the annual appointment of elected Members to Boards and Committees. Where an appointment carries an allowance the financial impact of this is set out in another report to this meeting.

6. Legal Implications

Implications completed by Dr Paul Feild, Senior Governance Lawyer

6.1 The Assembly is a meeting of full Council for the purposes of Section 8 and Schedule 2 of the Local Government Act 1972. This meeting of the Assembly is the annual meeting where the Council decides on the overall political structure and makes the necessary appointments.

6.2 Part 2 (the Articles) of the Council's Constitution sets out the membership requirements and terms of reference for the various Council committees. The appointments in this report meet statutory and constitutional requirements and ensure the Council is able to proceed with the business reserved to each committee.

6.3 As appointments to vacant committee positions is an Assembly function, and there will be a considerable time gap between the Thames Ward by-election on 6 May 2021 and the next Assembly being some ten weeks later, it is proposed in this report that the Assembly delegate the power to appoint on this occasion to the Chief Executive pursuant to section 101(1) Local Government Act 1972, so as to enable the new Member to take a full part in the Council's business straight away.

Public Background Papers Used in the Preparation of the Report: None

List of appendices:

- **Appendix 1 -** Nominations to main Council committees and other internal and external body meetings 2021/22

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APPENDIX 1

Main Council Committee Appointments – May 2021

Committee	Appointments Required	Nominations
Assembly	**Chair** **Deputy Chair**	Chair – Cllr Kangethe Deputy Chair – Cllr Choudhury
Audit and Standards Committee	**Chair** **Deputy Chair** **Plus 6 additional members**	Councillors P. Bright (Chair), Oluwole (Deputy Chair), Bremner, Channer, Freeborn, Khan and Miah (1 vacancy)
Health Scrutiny Committee	**Chair** **Deputy Chair** **Plus 4 additional members**	Councillors P. Robinson (Chair), Lumsden (Deputy Chair), Aziz, Chand, Oluwole and C. Rice.
JNC Panels	**6 non-Cabinet members** (to form a pool)	Councillors Kangethe, Keller, Lumsden, Martins, Oluwole and P. Waker
Licensing & Regulatory Committee	**Chair** **Deputy Chair** **Plus 8 additional members**	Councillors Quadri (Chair), Shaukat (Deputy Chair), Alasia, Chand, Haroon, Miah, Oluwole, Paddle, L Rice and L. Waker
Overview & Scrutiny Committee	**Chair** **Deputy Chair** **Plus 8 additional members**	Councillors Jones (Chair), Akwaboah (Deputy Chair), Alasia, Bankole, Lumsden, Martins, Perry, I. Robinson, P. Robinson and P. Waker
Pensions Committee	**1 vacancy**	Councillor Miah
Personnel Board	**Chair** **Deputy Chair** **Plus 7 additional members** (to form a pool)	Councillors Bremner (Chair), E. Rodwell (Deputy Chair), Butt, Jones, Keller, Miles, Rahman, I. Robinson and P. Waker

Committee	Appointments Required	Nominations
Planning Committee	**Chair** **Deputy Chair** **Plus 6 additional members** (Cabinet Members for Regeneration & Social Housing and Finance, Performance & Core Services automatically appointed as ex-officio voting members)	Councillors Saleem (Chair), Dulwich (Deputy Chair), Alasia, Choudhury, Freeborn, Haroon, Martins and Rahman. Councillors Geddes and Twomey

Other Internal / Outside Body Appointments – May 2020
(Appointments are for one year unless otherwise stated)

Body / Committee	Appointment required	Nominations
Admissions Forum	**1 vacancy**	Councillor Bankole
Chadwell Heath Community Trust Board	**3 Councillors**	Councillors Jamu, Khan and Perry
East London Waste Authority	**1 Councillor** (plus Cabinet Member for Public Realm automatically appointed)	Councillor Akwaboah Councillor Ghani
Employee Joint Consultative Committee	**5 Councillors** plus Cabinet Member for Finance, Performance & Core Services automatically appointed	Councillors Ghani, Jones, Saleem, Shaukat and Worby Councillor Twomey

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ANNUAL ASSEMBLY

27 April 2021

Title: Members' Allowances Scheme 2021/22	
Report of the Leader of the Council	
Open Report	**For Decision**
Wards Affected: None	**Key Decision:** No
Report Author: Alan Dawson, Head of Governance & Electoral Services	**Contact Details:** Email: alan.dawson@lbbd.gov.uk
Accountable Strategic Leadership Director: Fiona Taylor, Strategic Director of Law and Governance	

Summary:

This report sets out proposals in relation to Members' allowances for the 2021/22 municipal year.

Following a review of the Members' Allowances Scheme in 2018, which resulted in allowance levels increasing for the first time in 10 years, it is proposed that all basic and special responsibility allowances (SRAs) continue to remain at the levels agreed by the Assembly on 18 July 2018.

Recommendation(s)

The Assembly is recommended to:

(i) Agree that no increase be applied to Members' basic and special responsibility allowances for the 2021/22 municipal year; and

(ii) Adopt the Members' Allowances Scheme 2021/22 at Appendix A to the report, to be effective from 28 April 2021.

Reason(s)

To accord with the Local Authorities (Members' Allowances) (England) Regulations 2003.

1. Introduction and Background

1.1 The Local Authorities (Members Allowances) (England) Regulations 2003 require local authorities to make an annual scheme of allowances.

1.2 In setting its annual scheme, the Council must have regard to any recommendations of an independent remuneration panel (IRP). The exceptions to this requirement are where allowances are to be increased in accordance with an

approved index or where no increase is proposed, subject to a review every four years.

1.3 In June 2014, the Council disbanded its own IRP due to a number of the Panel Members stepping down and the decision was taken that, from that point, the Council would have regard to the London Councils Independent Remuneration Panel (LCIRP) recommendations when considering its annual allowances. The LCIRP was established by London Councils in 2001 to exercise the function on behalf of London Boroughs and produces a report every four years, the latest being its 2018 report.

1.4 At the Annual meeting on 23 May 2018, the Assembly agreed an interim Members' Allowances Scheme for 2018/19 which kept the majority of allowances at the same levels since 2008/9. The changes to the Scheme were confined, at that time, to the SRAs relating to those roles that were revised / introduced as a direct result of the new Council governance and committee structure arrangements that had been approved by the Assembly at its 28 February and 23 May 2018 meetings.

1.5 It was also noted at the Annual meeting that a further review of allowances would be carried out during the year. The purpose of the review was to properly assess the impact of the new governance arrangements, Members' new responsibilities under those arrangements and the appropriate level of allowances having regard to the recommendations of the LCIRP Report 2018 and benchmarking against all other London Boroughs' allowances.

1.6 That review report was presented to an extraordinary meeting of the Assembly on 18 July 2018. The Assembly acknowledged that the basic allowance paid to all councillors had remained frozen since 2008/09 at £10,006 and SRAs were also at the same levels as they were 10 years previously, except for the interim changes agreed at the 23 May 2018 meeting. With that in mind and having regard to the LCIRP recommendations and the benchmarking data, the Assembly agreed to increase the basic allowance from £10,006 to £11,000 and to increase the SRAs payable to a range of Chair and Deputy Chair positions, Cabinet Members and the Leader and Deputy Leader positions. The combined effect of the changes resulted in an increase of £149,000 to the Members' Allowances budget, giving a total budget of £987,000.

1.7 The Members' Allowances Scheme forms part of the Council Constitution (Part 6).

2. Proposal and Issues

2.1 Following the 2018 detailed review of the Members' Allowances Scheme, it is proposed that the basic allowance and SRAs continue to remain at those levels for the foreseeable future. It is anticipated that the next review will be undertaken in 2022, following the publication of the next LCIRP report.

2.2 Furthermore, there are no proposed changes to the positions that shall qualify for a special responsibility allowance or the rates applicable to travelling, subsistence and other allowances.

2.3 The proposed Members' Allowances Scheme for 2021/22 is set out at **Appendix A**.

3. Options Appraisal

3.1 As the detailed review of the Scheme was only undertaken in 2018 and the intention is for the existing Scheme to continue until at least 2022, no alternative options have been considered for 2021/22.

4. Consultation

4.1 The proposals in this report have been discussed with relevant Cabinet Members and officers.

5. Financial Implications

Implications completed by: Katherine Heffernan, Head of Service Finance

5.1 The Members' Allowances budget for 2021/22 is £987,000 and is sufficient to meet all projected costs during the year. Any proposed increase in allowances would need to be funded within the current budget through other efficiencies, such as reducing the number of positions attracting an SRA, or via an approved growth bid or additional funding.

6. Legal Implications

Implications completed by: Dr Paul Feild, Senior Governance Lawyer

6.1 The Local Authorities (Members Allowances) (England) Regulations 2003 require local authorities to make an annual scheme of allowances, which must be approved by the Assembly.

Public Background Papers Used in the Preparation of the Report:

- London Councils Independent Panel Report "The Remuneration of Councillors in London 2018" (https://www.londoncouncils.gov.uk/who-we-are/about-us/financial-information/leadership-and-expenses/remuneration-councillors-london)
- "Members' Allowances Scheme 2018/19" report to Assembly 23 May 2018 (Minute 10) (https://modgov.lbbd.gov.uk/Internet/ieListDocuments.aspx?CId=179&MId=9404&Ver=4)
- "Revised Members' Allowances Scheme 2018/19" report to Extraordinary meeting of the Assembly 18 July 2018 (Minute 19) (https://modgov.lbbd.gov.uk/Internet/ieListDocuments.aspx?CId=179&MId=10257&Ver=4)

List of appendices:

- **Appendix A** – Proposed Members' Allowance Scheme 2021/22

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APPENDIX A

Members' Allowances Scheme 2021/22

The Council of the London Borough of Barking and Dagenham, pursuant to the Local Authorities (Members' Allowances) (England) Regulations 2003 ("the Regulations"), hereby makes the following scheme.

1. Introduction

1.1 The Members' Allowances Scheme ("the Scheme") is approved each year by the Assembly at its annual meeting. The Assembly shall have regard to any recommendations made by an independent remuneration panel before making or amending the Scheme, except where allowances are to be increased in accordance with an approved index or where no increase is proposed, subject to a review every four years.

2. Types of Allowances

2.1 The allowances payable are:

a) Basic Allowance;
b) Special Responsibility Allowance;
c) Co-opted Members' Allowance;
d) Travelling and Subsistence Allowance;
e) Dependants' Carers' Allowance;
f) Other allowances as described in the Scheme.

3. Effective Date

3.1 This Scheme has effect from 28 April 2021.

4. Definitions

4.1 "Approved duties" means attendance by a Councillor or Co-opted Member at any:

a) formally convened meeting of any committee or body to which the individual has been appointed or nominated by the Authority, including any sub-committees or working parties thereof;
b) conference, training session and presentation organised by or on behalf of the Authority which the individual is required to attend;
c) meeting with a Strategic or other Director where the Councillor's attendance has been requested in writing or by e-mail or where the Councillor is a member of the Cabinet.

4.2 "Co-opted Member" means any co-opted, added or independent Member of a Committee or other body to which this scheme relates regardless of whether or not the Co-opted Member receives a Co-opted Members' Allowance.

5. Basic Allowance

5.1 A Basic Allowance shall be paid to each Councillor in accordance with Appendix 1 to this Scheme.

6. Special Responsibility Allowances

6.1 Special Responsibility Allowances shall be paid in accordance with Appendix 1 to this Scheme.

6.2 Where a Councillor would otherwise be entitled under the Scheme to more than one Special Responsibility Allowance, the entitlement shall only be to the highest allowance.

6.3 In the event of a person receiving a Special Responsibility Allowance being absent or substantially unable to act for a period of at least three months, the Council may resolve to reduce the level of Special Responsibility Allowance payable to that person and instead resolve to pay the allowance, or part of it, to any person appointed as a deputy or vice-chair for such period as it determines.

7. Travelling and Subsistence Allowances

7.1 Travelling and subsistence allowances in respect of Approved Duties undertaken by Councillors and Co-opted Members are payable in accordance with Appendix 1 to this Scheme.

7.2 The provisions relating to eligibility to Travelling and Subsistence Allowances apply only to Approved Duties undertaken outside the Borough. Councillors and Co-opted Members are not permitted to claim Travelling and Subsistence Allowances for any activities undertaken within the Borough.

8. Dependants' Carers' Allowances

8.1 Dependants' Carers' allowances in respect of Approved Duties undertaken by Councillors and Co-opted Members are payable in accordance with Appendix 1 to this Scheme.

8.2 The carers' allowance may be claimed towards the cost of care for children or other dependants within the household who have a recognised need for care.

8.3 The allowance will not be payable to a member of the immediate family or household.

8.4 The maximum period of the entitlement will be the duration of the approved duty and reasonable travelling time.

9. Co-opted Members

9.1 Co-opted Members shall be paid in accordance with Appendix 1 to this Scheme.

10. School Appeal Panel Members

10.1 School Appeal Panel (Admissions and Exclusions) members shall be entitled to an allowance as set out in Appendix 1 to this Scheme but shall not be eligible to receive travelling, subsistence or Dependants' Carers' allowances.

11. National Insurance and Income Tax

11.1 Payment of allowances shall be subject to such deductions as may be statutorily required in respect of national insurance and income tax.

12. Local Government Pension Scheme (LGPS)

12.1 In accordance with the Local Government Pension Scheme (Transitional Provisions, Savings and Amendment) Regulations 2014, Councillors are not eligible to be members of the LGPS.

13. Renunciation

13.1 A Councillor and/or Co-opted Member may, by notice in writing to the Chief Executive, elect to forgo all or any part of his/her entitlement to an allowance under this Scheme.

14. Payments and Claims

14.1 Payment of Basic and Special Responsibility Allowances shall be made in instalments of one-twelfth of the amounts specified on a monthly basis, unless other arrangements are agreed.

14.2 Where an individual takes office part way through a year, a proportionate part of any applicable allowance is payable, unless the allowance is a Special Responsibility Allowance for serving on a committee which is appointed for a period of less than a year.

14.3 The Council may determine that an allowance or a rate of allowance will not come into effect until a date other than the effective date of this Scheme. In such circumstances, the alternative date that the allowance shall be payable from shall be specified in Appendix 1 to this Scheme.

14.4 Claims for travelling, subsistence and dependants' carers' allowance should be completed monthly and no later than three months from the date that the expenditure was incurred.

15. Councillors who are Members of another Authority

15.1 Any Councillor who is also a Member of another Authority shall only receive allowances from one Authority in respect of the same duties.

15.2 In such instances, the Councillor shall be required to nominate the Authority from whom he/she wishes to receive the allowance(s) and advise the Chief Executive accordingly.

16. Record of Allowances Paid

16.1 A record of the payments made by the Authority to each Councillor and Co-opted Member shall be maintained and published in accordance with the Regulations.

17. Publication of Scheme

17.1 As soon as practicable after the making or amendment of this Scheme, arrangements shall be made for its publication within the Authority's area in accordance with the Regulations.

Appendix 1

London Borough of Barking and Dagenham
Schedule of Allowances for 2021/22

Type	**Allowance** (per annum unless otherwise stated)
BASIC ALLOWANCE (for all Councillors)	£11,000
SPECIAL RESPONSIBILITY ALLOWANCES	
Leader of the Council	£46,429
Deputy Leader(s) of the Council	£25,535
Other Cabinet Members	£19,000
Chair, Overview and Scrutiny Committee	£10,000
Deputy Chair, Overview and Scrutiny Committee	£5,000
Chair, Planning Committee	£8,000
Deputy Chair, Planning Committee	£4,000
Chair, Assembly Chair, Audit and Standards Committee Chair, Health Scrutiny Committee Chair, Licensing and Regulatory Committee Chair, Pensions Committee Chair, Personnel Board Chair, Policy Task Group Member Champions	£5,000
Deputy Chair, Assembly Deputy Chair, Audit and Standards Committee Deputy Chair, Health Scrutiny Committee Deputy Chair, Licensing and Regulatory Committee Deputy Chair, Pensions Committee Deputy Chair, Personnel Board Deputy Chair, Policy Task Group	£2,500
Leader(s) of the Minority Groups	£342 per seat (with a minimum of £1,110 per Leader)

Type	**Allowance** (per annum unless otherwise stated)
Mayor's Allowance (payable under section 3(5) of Part I of the Local Government Act 1972)	£12,000
CO-OPTED MEMBERS' AND OTHER ALLOWANCES	
Independent Adviser (to Audit and Standards Committee for audit functions)	£500 per meeting
Independent Persons (to Audit and Standards Committee for standards functions)	£500
School Appeal Panel Members (Admissions and Exclusions)	£20 per session (up to four hours)
TRAVELLING ALLOWANCES	
Mileage Rates	• Car: 45p per mile • Motorcycle: 24p per mile • Bicycle: 20p per mile
SUBSISTENCE ALLOWANCES	
Meal Allowances	• Breakfast (away between 7.00am and 11.00am) - £4.92 • Lunch (away between 12.00 noon and 2.00pm) - £6.77 • Tea (away between 3.00pm and 6.00pm) - £2.67 • Evening (away between 7.00pm and 11pm) - £8.35
Overnight (continuous period of 24 hours involving absence overnight)	• Normal - £79.82 • Greater London, AMA Annual Conference or other approved Association conferences - £91.04
DEPENDANTS' CARERS' ALLOWANCE	£10.20 per hour

ANNUAL ASSEMBLY

27 April 2021

Title: Response to LGO Complaint ref 18018324	
Report of the Cabinet Member for Finance, Performance and Core Services	
Open Report	**For Information**
Wards Affected: Chadwell Heath	**Key Decision:** No
Report Author: Rebecca Nunn, Consultant in Public Health for Inclusive Growth	**Contact Details:** Tel: 07592 033966 E-mail: rebecca.nunn@lbbd.gov.uk
Accountable Director: Matthew Cole, Director of Public Health	
Accountable Strategic Leadership Director: Elaine Allegretti, Strategic Director, Children & Adults	

Summary

The Local Government and Social Care Ombudsman (LGO) investigated a complaint against the London Borough of Barking & Dagenham (reference number: 18 018 324) and returned their final report on 15th January 2021 (Appendix 1). The complainant (referred to as Mrs D) complains the Council failed to take appropriate action after she raised concerns of a cancer cluster in her neighbourhood in April 2018.

The LGO upheld the complaint and provided a number of recommendations for the London Borough of Barking and Dagenham to undertake. The Council acknowledges fault and accepts responsibility. All of the recommendations have been actioned by the council, including a stage 1 investigation of the potential cancer cluster in line with Public Health England guidance (Appendix 2). This investigation found no evidence of a potential cancer cluster or of environmental contamination in the area stated. Measures have also been taken to prevent this situation from happening again.

The report was discussed with the resident on 10/03/2021 and it was agreed that the investigation would not progress to stage 2 due to lack of evidence that a cancer cluster was present. The summary report was finalised (Appendix 3) and shared with the resident on 18/03/2021.

Recommendation

The Assembly is recommended to note the LGO report and actions taken in response to the complaint findings.

Reason(s)

The council has accepted fault and acted upon the recommendations of the LGO in order to improve the way in which we service our residents. The new process for dealing with enquiries will allow all residents to have their concerns dealt with in a timely and

appropriate way to improve service-user experience and satisfaction with our service. It will also mean that any resident reports of this nature are dealt with quickly, residents are given answers to their concerns, and the council is able to take any necessary actions to protect health. Internal awareness of public health duties has obviously improved due to their role in Covid, but further action will be taken to promote the wider role of public health across the council.

1. Introduction and Background

1.1 The Local Government and Social Care Ombudsman (LGO) investigated a complaint against the London Borough of Barking & Dagenham (reference number: 18 018 324) and returned their final report on 15th January 2021 (final report as Appendix 1). The complainant (referred to as Mrs D) complains the Council failed to take appropriate action after she raised concerns of a cancer cluster in her neighbourhood in April 2018. She did not receive responses on a number of occasions, the Council only provided a stage 2 response after the complainant went to the LGO, and then she was wrongly signposted to the Environment Agency.

1.2 The Council acknowledges fault and accepts responsibility.

1.3 The LGO upheld this complaint and gave the following recommendations for completion by the Council within three months of the date of this report (15/01/2021) in that it should:

- provide the personal remedy it has offered Mrs D, which is to investigate her reports of a cancer cluster and pay her £750 to recognise the distress, uncertainty and confusion its faults have caused her.

- develop a procedure detailing its expectations for teams dealing with reports of non-infectious disease clusters. The procedure should:
  - be written to run alongside Guidance issued by Public Health England;
  - ensure there is no 'wrong door' to reports of this kind;
  - note the need for careful record keeping.

- consider how it can use this report and the new procedure, to raise internal awareness of its public health duties; and

- consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. (Local Government Act 1974, section 31(2), as amended).

2. Proposal and Issues

2.1 The Council acknowledges fault and accepts responsibility for this complaint. The council agrees to the LGO recommendations and has actioned them. The steps taken in response to the LGO's recommendations are listed in the table below.

LGO recommendations and status of action

Recommendation	Actions	status
Payment of £750	PO raised, payment requested.	Complete
Investigate reports of a cancer cluster	Stage 1 investigation report – complete Completed report discussed with resident via phone on 10/03/2021. Agreement reached with resident to stop investigation at this stage and send her the report.	Complete
Develop a procedure detailing its expectations for teams dealing with reports of non-infectious disease clusters	Procedure developed and agreed with Environmental health – complete Process agreed and implemented with contact centre – ongoing	In progress
Consider how it can use this report and the new procedure, to raise internal awareness of its public health duties	To be further discussed at Internal leadership forums.	In progress
Consider the report (at its full Council, Cabinet or other appropriately delegated committee of elected members) and confirm within three months the action it has taken or proposes to take	Booked for assembly on 27th April 2021 (this is after the 3 months deadline but it has been agreed with the LGO)	In progress – booked in
Publish notice of this in the local paper	Communications team will do this – wording and budget code were supplied.	Complete

Prevention of future occurrence

2.2 To prevent this situation from happening again, a provisional process for handling of non-infectious disease reports has been drafted and agreed with Environmental Health. This will be agreed and enacted with customer contact services to ensure that any calls of this nature are appropriately directed, addressed and responded to in a timely manner. Environmental Health and Public Health will continue to work together to ensure that all reports are investigated and responded to in an appropriate and timely manner.

Cancer Clusters

2.3 A cancer cluster occurs when there are more cases of the same type (or similar types) of cancer than expected are diagnosed in a group of people, geographic area and/or period of time. Although most cancer clusters occur by chance, it is not uncommon for people to be concerned that cancer clusters are caused by exposure to a cancer-causing agent in the environment. Many apparent non-infectious disease clusters have no cause but in rare cases, clusters may be related to community based external sources (e.g. common environmental exposures).

2.4 Real clusters that are proven to be associated with an environmental or occupational carcinogen are extremely rare. Even if there are more people with one type of cancer in a community than might be expected, this does not necessarily mean that they were all caused by a cancer-causing agent in the environment.

2.5 People who are born after 1960 have a one in two lifetime risk of cancer – this means that one in two people in this age group will develop cancer at some point in their life (before they reach 85). This risk can vary in people depending on their family history and lifestyle (e.g. occupation, smoking, diet, etc).

2.6 In Barking and Dagenham, seeing cancer is not unusual, especially with our high smoking rates and industrial heritage. Barking and Dagenham has higher rates of prostate cancer, lung cancer and 'all cancers' when compared to England as a whole.

Investigating clusters

2.7 The Health and Social Care Act 2012 specifies that one of the public health duties of local authorities is the responsibility, led by their DPH, to investigate reports of non-infectious disease clusters. We are required to follow the Public Health England guidance for investigating non-infectious disease clusters from potential environmental causes (Appendix 2).

2.8 The Stage 1 investigation, which is to gather vital information, develop rapport with reporter and confirm or disprove the suspicion of a cluster, has been completed. The potential outcomes which can occur from Stage 1 are:

1. If contact with the reporter of the cluster results in both you and the reporter being satisfied that no further investigation is necessary, **STOP** further investigation, and prepare a summary report for the reporter and communicate your conclusions as appropriate to all parties involved.
2. If the reporter is not satisfied, but the information suggests that the cluster is not of public health importance, **STOP** further investigation, and prepare a report, communicate your conclusions as appropriate to all parties involved.
3. If from public health point of view, **further investigation** is required, **PROCEED** to stage 2a.

2.9 Unless there are commonalities in the types of cancer and the exposures, it is highly unlikely that this would progress to Stage 2a.

3. Options Appraisal

3.1 Following previous assurance board discussion on this matter on 11th February 2021, Public Health have taken advice from a Consultant in Communicable Disease Control at the London Public Health England Health Protection branch and from the Public Health England National Cancer Registration and Analysis Service (PHE NCRAS).

3.2 Public Health have then undertaken a Stage 1 investigation (following PHE guidance) and found no evidence of a cancer cluster in this MSOA and no evidence of environmental contamination which could be linked to cancer.

3.3 The results of the investigation were as follows:

Environmental health report

- This report concluded that there were **no records suggesting that this land had been contaminated or was unsuitable for residential occupation**, the land had previously been open fields before the houses were built between the first and second world wars.
- The report also looked at 2020 modelled annual average concentrations of Nitrogen Dioxide (NO2), and Particulate matter (PM10 and PM2.5) and found that in the Woodlands Avenue area that the 3 major air pollutants that are measured were **not exceeding limits** set in the UK.

Public Health England

- To determine whether there is evidence of a cluster in the Lower Super Output Area (LSOA) in question, Public Health England National Cancer Registration and Analysis Service (PHE NCRAS) has interrogated the national cancer registry data for the last 10 available years (2008 – 2018).
- These results show that, without age standardisation, the actual (crude) rates of cancer in the LSOA of interest are lower than the England average, as the population in this LSOA is younger than on average in England.
- The age standardised rates are higher in the LSOA of interest than the age standardised rate in Barking and Dagenham, but this difference is not statistically significant. This means that it is very unlikely that the rates in the LSOA in question are actually higher or lower than the rates in Barking and Dagenham as a whole
- Public Health England National Cancer Registration and Analysis Service also reviewed the distribution of types of tumour in this LSOA. The distribution that they found did not suggest a cluster. The most common cancers in this LSOA were breast, prostate, colorectal and lung, which are the four most common cancers in England as a whole. The distribution of these tumours broadly resembled the distribution of types of tumour that is expected in England as a whole.
- Based on the analysis done, Public Health England National Cancer Registration and Analysis Service reported that the data suggests that there

is **no evidence of a cancer cluster** in this LSOA and that cancer rates in this area were not significantly different to those of the rest of Barking and Dagenham. **They recommended that further investigation was not necessary**.

Outcome

3.4 The report was discussed with the resident on 10/03/2021 and it was **agreed that the investigation would not progress to stage 2 due to lack of evidence that a cancer cluster was present**. This is option 1 in PHE's suggested outcomes from a stage 1 investigation "*If contact with the reporter of the cluster results in both you and the reporter being satisfied that no further investigation is necessary, **STOP** further investigation, and prepare a summary report for the reporter and communicate your conclusions as appropriate to all parties involved.*" The summary report was finalised (Appendix 3) and shared with the resident on 18/03/2021. As yet, we have received no response from the resident.

4. Consultation

4.1 This matter was discussed in internal leadership groups and with the Cabinet Member for Health and Wellbeing to agree steps for addressing the LGO's complaint findings.

4.2 This matter was discussed at Assurance board on 11th February 2021, who gave agreed next steps for investigation of the potential cancer cluster and feedback on steps being taken to address the other complaint findings.

4.3 The matter was again put to assurance board on 8th April 2021 following completion of the Stage 1 investigation. They endorsed the Director of Public Health's recommendation to stop the investigation (in line with Public Health England guidance for investigating non-infectious disease clusters from potential environmental causes) following findings from the Public Health England National Cancer Registration and Analysis Service and Environmental Health and a discussion with the resident, and the other actions being taken to address the LGO's other recommendations.

5. Financial Implications

Implications completed by Philippa Farrell – Head of Service Finance:

5.1 The LGO recommendations outlined at 2.1 in the report are being met from existing Public Health Services resources. The Council has paid the sum of £750 as compensation to the complainant on the recommendation of the Local Government and Social Care Ombudsman (LGO). The payment was funded from existing resources of the Public Health Services.

6. Legal Implications

Implications completed by: Dr. Paul Feild, Senior Governance Lawyer

6.1 The Councils Constitution (Part 2 Chapter 4 (xvi)) provides that the Assembly shall receive reports and recommendations from the Ombudsman and Government or other Inspectorates.

6.2 The Local Government Ombudsman was established by the Local Government Act 1974. Its role is to investigate complaints about 'maladministration' and 'service failure' by councils and certain other bodies. This includes individuals, organisations or companies providing services on the Council's behalf. The Ombudsman will also consider whether any fault has had an adverse impact ('injustice'). If fault has caused an injustice, the Ombudsman will make a report as in this case which the Council must consider and provide evidence to that effect that it has done so and it shall confirm to the Ombudsman within three months the action it has taken or proposes to take.

6.3 In this report the fault has been identified and accepted by officers and a proposed way forward identified and action taken.

7. Other Implications

7.1 **Risk Management -** Steps have been taken to ensure that something similar doesn't occur again (including a process for handling of non-infectious disease reports and discussions on how awareness of the public health role and duties can be increased internally).

7.2 **Staffing Issues -** No impact on staffing levels. The only change for staff will be the process by which enquiries and reports about potential disease clusters will be handled. This process will be clearer, with designated responsible staff in Public Health and Environmental Health to deal with enquiries.

7.3 **Corporate Policy and Equality Impact –** There will no specific impacts on groups with protected characteristics. The new process for dealing with enquiries will allow all residents to have their concerns dealt with in a timely and appropriate way to improve service-user experience and satisfaction with our service. It will also mean that any resident reports of this nature are dealt with quickly, residents are given answers to their concerns, and the council is able to take any necessary actions to protect health.

7.4 **Health Issues -** The impacts of actions taken should have a positive impact upon any residents contacting the council to report potential clusters of non-infectious disease, as these reports will be handled smoothly and by the right department, avoiding a repeat of this situation in this future.

Public Background Papers Used in the Preparation of the Report:

- United Kingdom and Ireland Association of Cancer Registries (UKIACR) - Factsheet: Cancer Clusters (June 2017) - https://www.ukiacr.org/sites/ukiacr/files/file-uploads/publication/UKIACR%20Cancer%20Cluster%20Factsheet.pdf

List of appendices:

- **Appendix 1 -** Local Government Ombudsman final complaint report (LGO 2021)
- **Appendix 2 -** Guidance for investigating non-infectious disease clusters from potential environmental causes (Public Health England 2019)
- **Appendix 3 -** Potential Cancer Cluster Investigation report

Local Government & Social Care OMBUDSMAN

Report by the Local Government and Social Care Ombudsman

Investigation into a complaint against London Borough of Barking & Dagenham (reference number: 18 018 324)

15 January 2021

The Ombudsman's role

For more than 40 years the Ombudsman has independently and impartially investigated complaints. We effectively resolve disputes about councils and other bodies in our jurisdiction by recommending redress which is proportionate, appropriate and reasonable based on all the facts of the complaint. Our service is free of charge.

Each case which comes to the Ombudsman is different and we take the individual needs and circumstances of the person complaining to us into account when we make recommendations to remedy injustice caused by fault.

We have no legal power to force councils to follow our recommendations, but they almost always do. Some of the things we might ask a council to do are:

- apologise
- pay a financial remedy
- improve its procedures so similar problems don't happen again.

Section 30 of the 1974 Local Government Act says that a report should not normally name or identify any person. The people involved in this complaint are referred to by a letter or job role.

Key to names used

Mrs D	The complainant

Report summary

Environmental Services & Public Protection & Regulation

Mrs D complains the Council failed to take appropriate action after she raised concerns of a cancer cluster in her neighbourhood.

Finding

Fault found causing injustice and recommendations made.

Recommendations

We recommend that, within three months of the date of this report, the Council should:

- provide the personal remedy it has offered Mrs D, which is to:
  - investigate her reports of a cancer cluster;
  - pay her £750 to recognise the distress, uncertainty and confusion its faults have caused her.
- develop a procedure detailing its expectations for teams dealing with reports of non-infectious disease clusters. The procedure should:
  - be written to run alongside Guidance issued by Public Health England;
  - ensure there is no 'wrong door' to reports of this kind;
  - note the need for careful record keeping.
- consider how it can use this report and the new procedure, to raise internal awareness of its public health duties; and
- consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. ***(Local Government Act 1974, section 31(2), as amended)***

The Council has accepted our recommendations.

The complaint

1. The complainant, whom we shall refer to as Mrs D, complains that:
   - the Council did not respond to her reports of a cancer cluster in her neighbourhood;
   - over a few months she chased a response to her first contact, but did not receive one;
   - after not receiving a response to her contacts, she complained. But the Council only provided a stage two response after she complained to us; and
   - the stage two response wrongly signposted her to the Environment Agency.

Legal and administrative background

The Ombudsman's role and powers

2. We investigate complaints about 'maladministration' and 'service failure'. In this report, we have used the word 'fault' to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. We refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. ***(Local Government Act 1974, sections 26(1) and 26A(1), as amended)***

Local authority public health duties

3. The Health and Social Care Act 2012 gave upper tier and unitary authorities new responsibilities to improve the health of their populations. This built on existing public health duties. It also introduced the role of Director of Public Health (DPH), who are the lead officers for health in local authorities.

4. One of the public health duties of local authorities, such as the Council, is the responsibility, led by their DPH, to investigate reports of non-infectious disease clusters.

Public Health England's *Guidance for investigating non-infectious disease clusters from potential environmental causes*

5. The stated aim of Public Health England's (PHE) Guidance is to help local authorities and local public health authorities investigate reports of non-infectious disease clusters. It recommends a systematic, integrated, staged approach for responding to reports.

6. The Guidance recommends:
   - the first step is to screen the enquiry. This includes gathering information from the enquirer;
   - an investigation should have three tracks (health, exposure and communication), progressed in parallel;
   - a follow up telephone contact with the enquirer should be arranged;
   - a written response should follow at the end of an investigation; and
   - the DPH should end their investigation if they conclude that the cluster is not of public health importance.

How we considered this complaint

7. We produced this report after examining relevant documents and speaking to the complainant.

8. We gave the complainant and the Council a confidential draft of this report and invited their comments. The comments received were taken into account before the report was finalised.

What we found

What happened

9. Mrs D lives in a residential neighbourhood in the Borough. In April 2018 she made five requests to the Council (one from her and the rest on behalf of neighbours), about a cluster of cancer cases in their area. She asked for an investigation into a possible link. The Council says a 'system error' meant it did not deal with these requests in the usual way.

10. Mrs D telephoned the Council at the end of April asking what action it planned to take. In response to our enquiries, the Council says its Contact Centre passed the enquiries to its Health and Safety Team and closed the case. It has no records of this action.

11. In July, Mrs D again telephoned the Council, as she had not heard anything. The Council's officer sought to find out who to refer the enquiry to. The Council says its Customer Resolution Team usually ensures either it or the relevant team calls the enquirer back. But its stage one complaint response accepted it did not call Mrs D back. It apologised.

12. Although the Customer Resolution Team has not kept any records, it seems it sent Mrs D's July contact to the Council's environmental protection inbox. An Environmental Health Officer saw this email. He checked that team's records and concluded there was no record to suggest land contamination in the area where Mrs D lives. He sent an email to another officer advising it was a public health matter. However the Council says '…this was not passed on to the Director of Public Health in a timely way.'

13. In October, as she had not heard anything, Mrs D complained. The Council's November stage one complaint response advised Mrs D her first contact did not reach its Health and Safety Team due to an administrative error. And it did not deal with her follow up contacts correctly, due to the original error. It recognised it should have identified these errors. It apologised.

14. The Council says its complaints team did not monitor whether its Environmental Health team provided Mrs D with a follow up response, as it expected would happen. Instead it closed the complaint.

15. In November the Council's Environmental Health team sent a report to its Director of Public Health with a covering email. The email advised the DPH of Mrs D's contact and its research about land contamination. In response to our enquiries, the DPH says he did not take any further action, as none was requested.

16. The DPH says he remembers the Director with responsibility for the Environmental Health team contacted him a couple of weeks later. He suggested the DPH could carry out a small study into Mrs D's reports. The Council has not sent me any record of this discussion, made at the time. No part of the Council took any further action about the suggested study.

17. In December 2018, Mrs D asked the Council to escalate her complaint. In March 2019, Mrs D complained to us, as she had not heard from the Council. We asked it to provide Mrs D with a stage two response. The Council says the lack of records hampered the response, which it did not complete until June. In the stage two response it advised Mrs D:

- '…due to the unusual nature of your request, Contact Centre staff did not know who to route the enquiry to'; and
- '…the Council is not able to assist with your enquiry or able to open an investigation into the quality of the air. We would recommend that this is best directed to the Environment Agency.'

18. Mrs D contacted the Environment Agency who advised it did not deal with the matters she had raised. It referred her to the Council's 'Health and Safety department'.

19. Mrs D complained again to us. Our enquiries were delayed by a pause in our casework due to the COVID-19 pandemic. After we could make enquiries, the Council responded to advise us of the following.

- Its Contact Centre did not have any procedure to follow when receiving enquiries like Mrs D's.
- It accepted it was expected to follow PHE's Guidance.
- It had not developed a procedure to use alongside the Guidance.
- 'We now know a different approach should have been taken from the start. We accept the case was not given the level of attention it required, and communication continued to be a problem at all levels. Information was not shared with a wide enough audience from July 2018 onwards and medical evidence was not collected in the way the policy requires. The lack of oversight, failure to record key decisions and provide Mrs [D] with regular updates, caused undue stress during a period of recovery.'
- 'We accept officers failed to collect information about risks and health in parallel, determine if a link exists, and then communicate this to the parties affected.'
- 'To prevent a similar problem arising in the future, we plan to issue front line staff with guidance that sets out the role each service plays from inception to making decisions, and the timescales involved.'
- It proposed to write to Mrs D to gather information in a way it accepted it should have done earlier.
- It accepted it could have done more in 2018 and 2019 to allay Mrs D's fears. It missed the opportunity to put that right when she complained. To remedy the undue distress, uncertainty and confusion, it advised it would like to make a payment to Mrs D of £750.

Analysis

20. The Council has important public health duties; often, as here, led by its DPH. We are concerned from the evidence seen there is a lack of understanding in the Council of its DPH's duties to investigate reports of possible non-infectious disease clusters.

21. After some delay, the complaint was passed to the DPH's office. But no plan was agreed and no team took ownership of the issue.

22. Mrs D's two-stage complaint did not resolve these faults, as it should have done. It took six months from Mrs D's request to escalate her complaint, for the Council to provide a stage two complaint response.

23. It was only in response to our enquiries that the Council provided a response that referenced the PHE Guidance. It was only then, over a year after Mrs D's enquiry, that it proposed an action plan. At this stage it recognised its fault and the injustice this would have caused Mrs D. It proposed a personal remedy for Mrs D. It also proposed action to prevent a recurrence of the faults raised by this complaint.

Conclusions

24. We uphold each of Mrs D's complaints.

- The Council did not respond to her enquiries, as it should have done. It did not follow PHE's Guidance.
- The Council did not resolve the matter when Mrs D chased a response. It delayed referring the matter to its DPH.
- When the Council did make a referral to its DPH, neither his team nor the referrer progressed an investigation.
- The Council's complaint responses did not resolve the matter.
- Mrs D had to complain to us before the Council provided its stage two complaint response.
- The stage two response incorrectly referred Mrs D to the Environment Agency.

Recommendations

25. The Council must consider the report and confirm within three months it has taken the agreed actions. The Council should also consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. ***(Local Government Act 1974, section 31(2), as amended)***

26. We welcome that, in response to our enquiries, the Council proposed action to remedy the injustice it had identified. The Council should be commended on that response. Our view is its offer of a personal remedy to Mrs D is an appropriate response to the injustice the faults caused.

27. We recommended that, within three months of the date of this report, the Council should:

- provide the personal remedy it has offered Mrs D, which is to:
    - investigate her reports of a cancer cluster;
    - pay her £750 to recognise the distress, uncertainty and confusion its faults have caused her.
- develop a procedure detailing its expectations for teams dealing with reports of non-infectious disease clusters. The procedure should:
    - be written for its use to run alongside Guidance issued by Public Health England;
    - ensure there is no 'wrong door' to reports of this kind;

- note the need for careful record keeping.

- consider how it can use this report and the new procedure, to raise internal awareness of its public health duties.

28. The Council has accepted our recommendations.

Decision

29. We uphold the complaint. The Council has agreed to our recommendations so we have completed our investigation.

Public Health England

Protecting and improving the nation's health

Guidance for investigating non-infectious disease clusters from potential environmental causes

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Contents

Executive summary

Clusters of diseases may be identified and reported to Local Authorities or Public Health England (PHE) by concerned citizens or health care professionals. Potential clusters may be groups of people or cases with apparent similar infections (eg flu, measles) or non-infectious diseases such as cancers, chronic diseases, congenital anomalies or unusual illnesses and other chronic diseases. Many apparent non-infectious disease clusters have no cause. In rare cases, clusters may be related to community based external sources eg common environmental exposures.

PHE routinely responds to reports of disease clusters. For infectious diseases, public health practitioners investigate outbreaks on a regular basis. This investigation follows a well-established process based on regional, national and international guidance. For non-infectious diseases (or infectious diseases without person-to-person transmission), disease specific cluster guidance has been developed for particular situations, eg Legionnaires disease, cancer clusters or congenital anomalies. Generic guidelines for non-infectious environmental hazards (NIEH) and chemical incidents were attempted some years ago through UK wide consensus working with Consultants in Communicable Diseases (CCDCs). There is now a need for up to date PHE guidance to assist practitioners and organisations involved in these investigations. This guidance is therefore proposed to help investigate any clusters of non-infectious diseases including clusters of unusual illnesses not covered by existing guidelines.

Exposures to contaminants in the environment may occur from the atmosphere, water, soil, land, or consumer products and can be physical, chemical or radiological in nature. Such environmental exposures can be the cause of sickness, ill-health and disease. Methods for linking such exposures to potential health effects are outlined. Sources of information and data that may be utilised for cluster investigations are summarised.

Similarly to existing guidelines in the United States (US) and the Netherlands, the present guidance is based on a staged approach with comprehensive steps within each stage. The stages begin with the original report of a putative cluster and continue until the final conclusion has been reached. The stepwise approach starts with Stage 1 – a screening process to make a decision on whether the report of a cluster is warrants further investigation. Stage 2 involves the assessment of both the health outcomes and exposure validation, resulting in communication on risk perceptions. Stage 3, if reached, involves an aetiological investigation with quantitative analysis of the relationship between the environmental exposure and the health outcomes. Excellent communication between all parties involved is essential at all stages.

Investigating potential clusters can be difficult and time-consuming and a systematic, integrated approach is needed for responding to such clusters. Reports of potential clusters require a public health response and often further investigation. In addition to having epidemiological and statistical investigations, it is important to understand the social dimensions of a cluster: the community's perception of risk, potential legal ramifications and the role or influence of the media. Addressing communication activities at each stage of the cluster investigation and developing and maintaining community relationships and trust will help the credibility and understanding of the investigation.

The guidance describes some resources that can be utilised to aid cluster investigations such as computer software packages, GIS and mapping. The importance of regular communication and reporting results throughout the investigation is highlighted and some examples of enquiries show the type of situations where this guidance can be used. The guidance also suggests membership of disease cluster investigation teams, and the various roles and responsibilities of such.

This draft was prepared by members of the Environmental Epidemiology Group, Centre for Radiation, Chemical and Environmental Hazards, along with colleagues in the Environmental Hazards and Emergency Department, Field Services (National Infections Service), National Cancer Registration and Analysis Service, Knowledge and Intelligence Teams (Health Improvement Directorate) of PHE, also with colleagues from the Small Area Health Statistics Unit, Imperial College London. We have consulted many experts in epidemiology, health protection, cancer statistics and cluster investigations in the drafting of this guidance.

We welcome comments and suggestions in improving this first version and the guidance, especially feedback on the practical use of implementing this guidance when exploring clusters in practice. We have developed an online survey to capture comments and feedback. Please access the survey here: https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=llKImm420

We are looking to include more examples of real-world case studies of cluster investigations with an environmental exposure, either substantiated or not. Please also let us know of any additional useful references or grey literature that are missing. Please also feedback any comments to tony.fletcher@phe.gov.uk

Acknowledgements

The authors would like to thank the following individuals, departments, services and organisations in developing this guidance and providing feedback on its application and use:

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- Colleagues in the Small Area Health Statistics Unit (SAHSU), MRC-PHE Centre for Environment and Health, Imperial College, London
- Colleagues in the Knowledge and Intelligence Teams and the National Cancer Registration and Analysis Service, Health Improvement Directorate, PHE
- Field Services, National Infections Service, PHE
- Health Protection Teams of PHE Centres, PHE Operations Directorate
- Dr David Irwin, Consultant in Communicable Disease Control, East of England Health Protection Team
- Dr Nick Young, Consultant in Health Protection, PHE South-West

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Background and justification

This guidance is proposed to help investigate all clusters of non-infectious diseases including clusters of unusual illnesses. Unusual illness is defined as an illness in which signs and symptoms do not fit any recognisable clinical picture or the illness has a known cause but is not usually expected to occur in the UK or in the setting where it was observed (PHE, 2014a,b, HPA, 2010).

Clusters of diseases may be identified and reported to Local Authorities (LA) or Public Health England (PHE) by concerned citizens or health care professionals. With regards to non-infectious diseases, potential clusters may be groups of people or cases with apparent similar cancers, chronic diseases, congenital anomalies or of unusual illnesses (MMWR, 1990). Many apparent disease clusters have no cause. In rare cases, clusters may be related to community based infections or external sources, eg common environmental exposures.

Investigating potential clusters can be difficult and time consuming and a systematic, integrated approach is needed for responding to such situations. Reports of potential clusters require a public health response. In addition to having epidemiological and statistical investigations, it is important to understand the social dimensions of a cluster (Wright and Rogers, 2014, MMWR, 1990). Investigations of potential clusters should take into account the community's perception of risk, the potential legal ramifications of reported clusters and the influence of the media. This will help in developing and maintaining critical community relationships and trust, which in turn, will help assist the cluster investigation.

PHE and previously, the Health Protection Agency (HPA), has for years responded to reports of disease clusters and prepared guidelines for public health practitioners investigating outbreaks of infectious diseases and for the investigation of unusual illness (HPA, 2010). PHE updated this guidance and it is now standard procedure for PHE Centres to follow this guidance in responding to infectious disease clusters (PHE, 2014a). Some regions also have more localised guidance that they follow, for example see PHE South East Centre's (2014b) Joint Outbreak/Incident Control Plan.

Specific cluster guidance has been developed for certain diseases, eg PHE Guidance for Legionnaires disease (PHE 2016), cancer clusters (UKIACR, 2017), and congenital anomalies (Eurocat, 2018). Generic guidelines for non-infectious environmental hazards (NIEH) and chemical incidents (Irwin, et.al.1999) were attempted some years ago through UK wide consensus

working with Consultants in Communicable Diseases (CCDCs). However, agreed PHE guidelines for investigating non-infectious disease cluster enquiries were previously unavailable. It was therefore necessary to develop guidance and operating procedures to assist practitioners and organisations involved in these investigations.

This guidance is primarily to be used where there is a suspected chemical exposure, but other exposures may also be relevant, including noise, ionizing and non-ionizing radiation. Concern about possible radiation involvement in a cluster of cancers led to the Black Report (Black, 1984) and the formation of the Committee on Medical Aspects of Radiation in the Environment (COMARE) in 1985. The first report of COMARE (1986) investigated the possible increased incidence of cancer in West Cumbria concerned with releases from Sellafield in the 1950s. The first and subsequent COMARE reports – 10th (Bridges, 2005), 11th (Elliott 2006) and 14th (Elliott 2011), focused mainly on childhood cancers and leukaemias including clusters of these conditions. These reports recommended surveillance and monitoring, and the need to develop appropriate methods for cluster analysis in relation to radiation exposure. Given the potential for very long time periods between exposure and disease occurrence (up to many decades) and that potentiality radiation-induced diseases have many causes, making a link (should one exist) can be difficult. This is also true for some chemical risks with long latency. However, this guidance document can be informative for the process of investigating possible clusters of disease in relation to any environmental exposure.

The guidance is based on a staged approach with detailed steps within each stage. The stages begin with the original contact of a report of a potential cluster and continue until the final public health conclusion has been reached. It is important to note that although the guidance contains stages, the boundaries between these stages are not fixed; stages may be combined or worked on consecutively with others. It is important to use local judgement and discretion in furthering the investigation.

Guidance for cluster investigation

Overview of guidance

Local public health authorities are responsible for leading and coordinating cluster investigations. It is expected that the local Director of Public Health (DPH) will conduct the investigation in consultation with a number of relevant stakeholders and expert collaborators. The establishment of an Incident Management Team (IMT) will need to be considered at the appropriate stage. Membership of the IMT may want to consider the appropriate cluster investigation team roles considered in Appendix A. Both the need to establish an IMT and its membership will vary from cluster to cluster and will be determined by the DPH in consultation with the Consultant in Health Protection (CHP) / CCDC in Public Health England Centres (PHECs). Appendix B contains details of suggested roles and responsibilities of the members of an IMT/cluster investigation team and Appendix C contains a real-life example of an enquiry that can trigger the need for a cluster investigation. Appendix D provides links to sources of data that could be required for a cluster investigation.

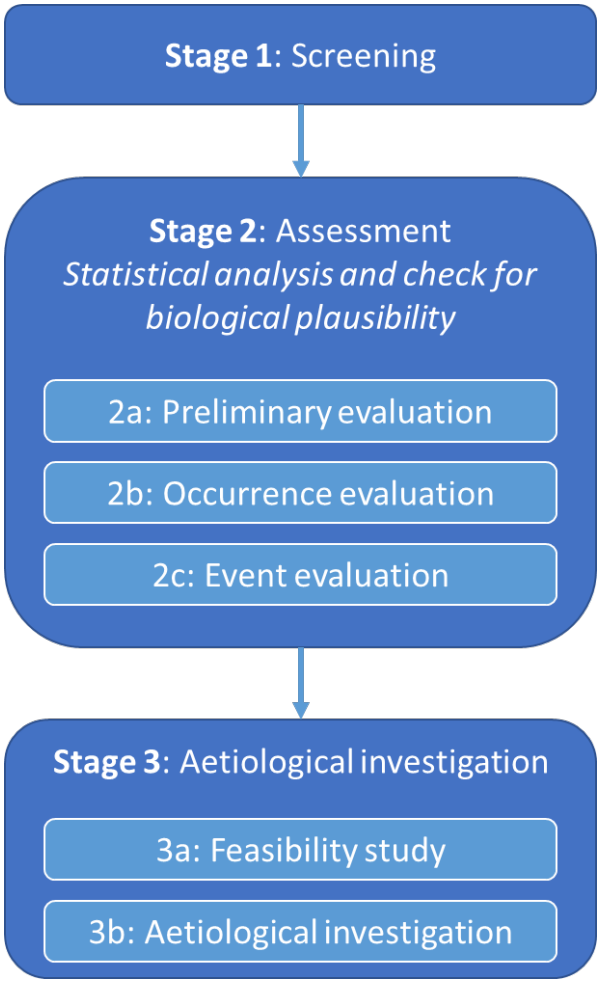
Throughout a cluster investigation it is important to consider 3 tracks. These are, **health**, **exposure** and **communication**, and to progress them in parallel. The relationship between health and exposure must be considered at all stages as well as in the communication aspects of the work (Kreis et al, 2013).

This cluster investigation guidance comprises of 3 distinct stages involving **screening**, **assessment**, and **aetiological investigation**. Screening assesses the need to investigate. Assessment involves both occurrence evaluation and event evaluation involving statistical analysis and checks for biological plausibility. Aetiological investigation can involve a feasibility study of the potential exposure response relationship. The stages are broken down as follows:

For each of the stages, the guidance provides an indication of the purpose and suggested steps and expected outcomes.

At the end of each stage, a decision must be made about whether to proceed further or not, and consideration must be given to the communication of the results of the decision to the public and interested parties.

Figure 1 (page 12) provides an overview of the cluster investigation process proposed in this guidance. In summary, the 3-stage process is as follows:



Definitions

Several definitions of **'cluster'** have been proposed. Three useful definitions are reported below:

1. A cluster is defined as an unusual aggregation, real or perceived, of health events that are grouped together in time and space and that are reported to a health agency (MMWR, 1990).
2. A disease cluster is defined as an aggregation of relatively uncommon events in space and/or time that are believed or perceived to be greater than that could be expected by chance (PHE 2014a, HPA, 2010).
3. The European Eurocat Working Group on the Management of Clusters and Environmental Exposure Incidents (EUROCAT 2003) defined a cluster of congenital anomaly as 'an aggregation of cases of congenital anomaly in time and/or space which appears to be unusual'. In this definition, 'space' can be the place of residence, or the location used for a common activity, eg workplace.

Steps of a cluster investigation

Overview of the process – flowcharts

The process of a cluster investigation can be described as a series of data gathering and synthesis exercises, going through a stepwise methodological process examining material and reporting on findings at every stage. Figure 1 below shows the process of cluster investigation that is described in this guidance. This shows the whole process from start to the conclusion of the investigation.

Figure 2 shows the Stepwise Cluster Approach, adapted from guidance developed by the Health Council of the Netherlands (2001). This follows a linear fashion that is easy to follow and steps can be addressed in turn, starting with Step 1- establishing the facts. The initial or detailed evaluation is expanded to show that at each step both investigations into relevant exposures and disease clusters are needed. It also shows the investigation tracks of health, exposure and communication occurring in parallel.

Figure 1: Process of cluster investigation

*Communication should occur throughout the process from start to conclusion

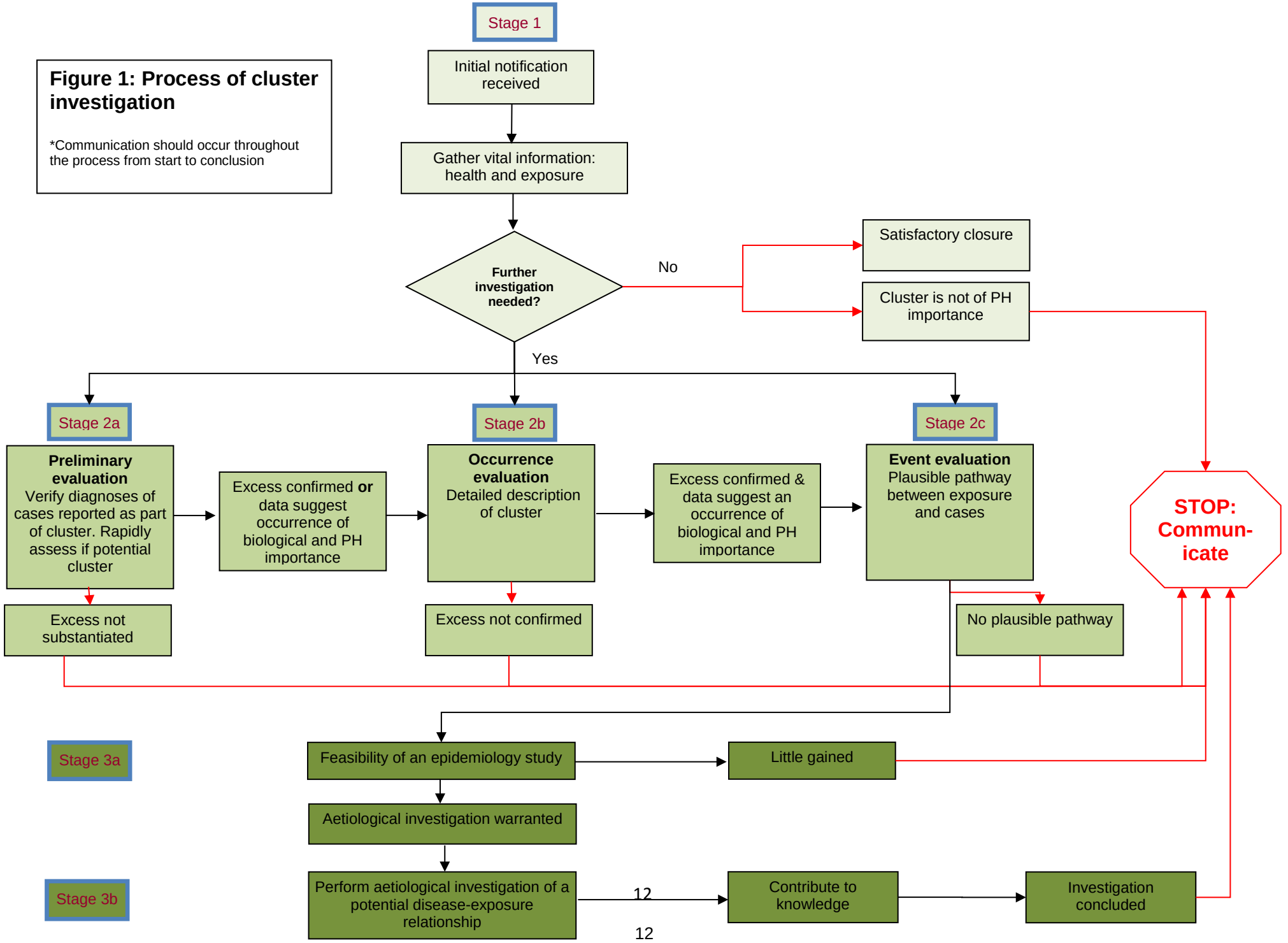
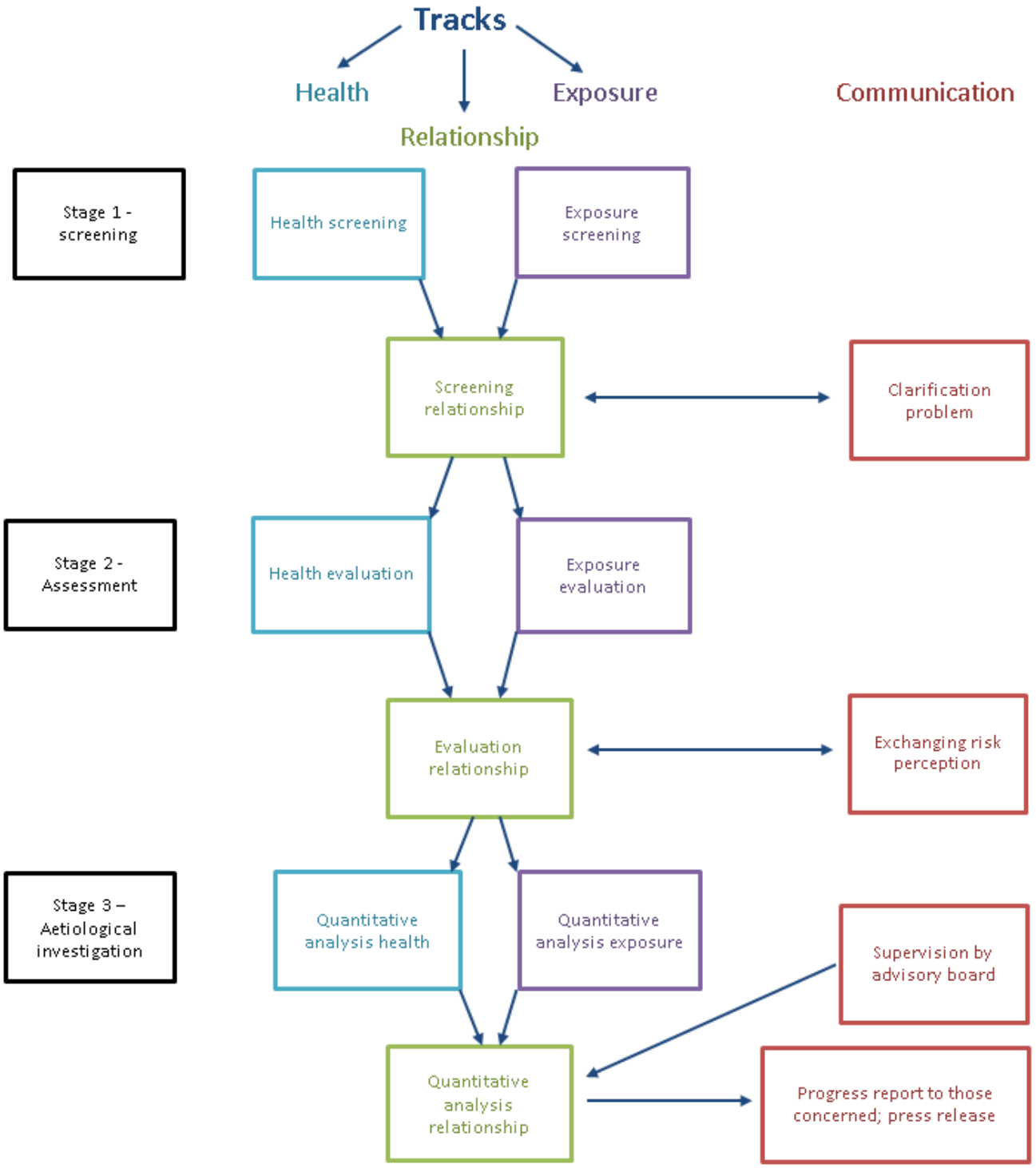
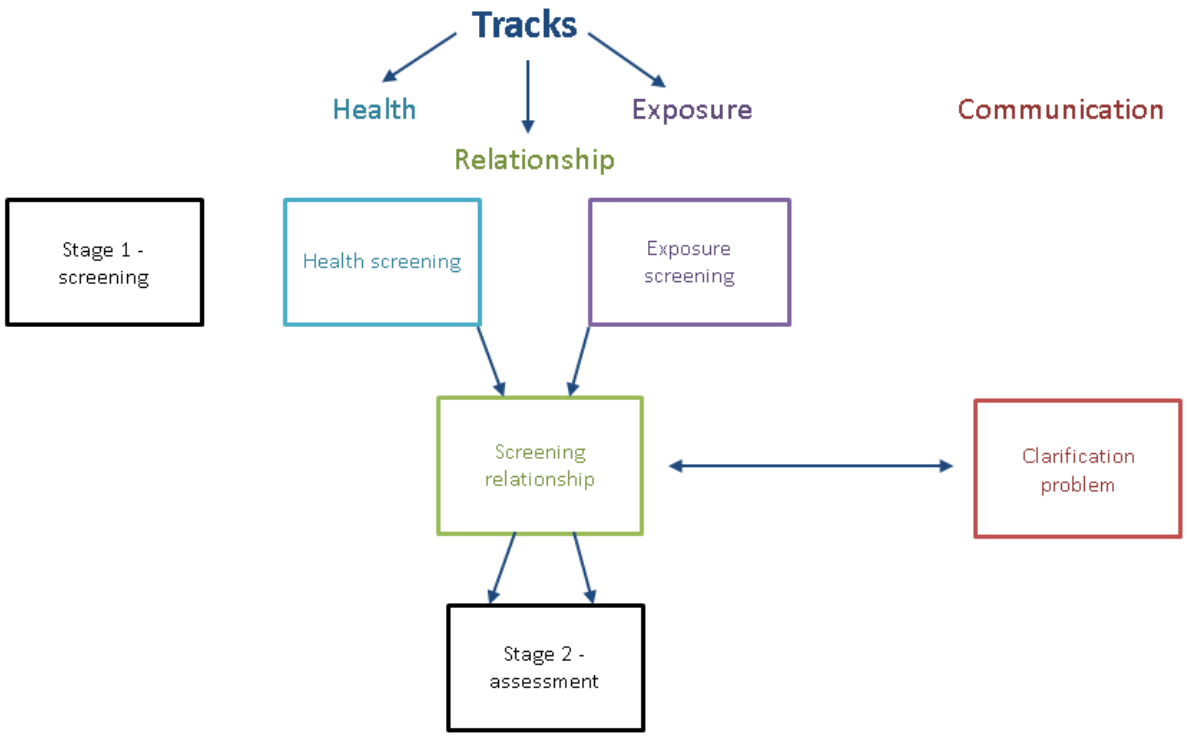


Figure 2: Overview of the staged Stepwise Cluster Approach, showing parallel tracks of health, exposure assessment and communication. Adapted from guidance developed by the Health Council of the Netherlands (2001).



Stage 1: Screening

Screening stage flowchart



Purpose

To gather vital information

To develop rapport with the person(s) who reports a possible cluster

To confirm/disprove the suspicion of a cluster

Steps

i. Gather identifying information on the enquirer, unless anonymity is requested: name, address, telephone number, email, and organization affiliation, if any. If anonymity is requested, advise the enquirer that the inability to follow up this will hinder further investigation.

ii. Gather initial data on the potential cluster: suspected health event(s), suspected exposure(s), number of cases, geographic area of concern, time period of concern, and how the caller learned about the cluster.

iii. Obtain identifying information on persons affected (if possible) or enquire about the source from where this information can be obtained: name, sex, age (or birth date, age at diagnosis, age at death), occupation, ethnic origin, diagnosis, date of diagnosis, date of death, address (or approximate geographic location), telephone number, length of time in residence at site of interest, contact person (family, friend), method for contact, and physician contact.

iv. The following need to be considered:

   a. Diseases like cancer are common. However, cancers are of different types and have different risk factors. There is a one in two lifetime probability of developing a cancer in those born after 1960 in the UK[1]. The risk increases with age, and cases among older persons are less likely to be true clusters.

   b. Major birth defects are less common than cancer but still occur in 1%-2% of live births[2].

   c. Length of time in residence is important to determine if a potential exposure may have resulted in the cluster, because of the length of time between exposure and diagnosis.

   d. Cases that occurred among persons now deceased may not be helpful in linking exposure to disease because of the lack of information on exposure and the role of possible confounding factors.

   e. Rare diseases may occasionally 'cluster' in a way that is statistically significant, but such an occurrence may be a statistical phenomenon and not of public health importance. However, it may be part of the natural history of the disease, related to as yet unrecognised or unestablished risk factors, eg leukaemia may show apparent clusters that may be related to viral illness triggers.

   f. Potential relationships can exist between cases:

      - This might be genetic. Cases may be related, in an extended family suggesting a potential for important genetic components
      - Cases might have had infections at the same time (eg mothers might all have had swine flu in pregnancy and children might develop leukaemia a few years later)
      - Or they might have similar exposures in common
      - Occupational exposures are often important.

v. Request further information on cases, obtain more complete data, and plan a follow-up email/telephone contact with the reporter of the cluster, as needed.

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[1] http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/lifetime-risk#heading-Zero

[2] MacDonald, P.D.M (2012) Methods in Field Epidemiology, Chapter 13, Investigating non-infectious health events in Public Health Practice, p268, Jones Bartlett Learning, Massachusetts.

vi. If required, further clinical information on cases may be acquired from clinicians or appropriate registries.

vii. Follow-up telephone call or contact with the caller should be arranged.

viii. Assure the reporter that he or she will receive a written response (often, the written response (email) simply confirms what has already been communicated by telephone).

ix. Maintain a log of initial contacts, whether they are made in writing, by telephone, or in person. The log should include the date, time, caller identification, information given, health event, exposure, and geographic area. Follow-up contacts should be logged as well, with a brief note as to purpose and result. Local authority complaint/contacts databases or PHE's Health Protection Teams (HPTs) HPZone case management system, PHE CRCE's CIRIS database, or other logging system may be used for this purpose. Each organisation should record all events involving them on their own databases.

x. Make sure to have the reporter's consent before entering personal details in a database. Please ensure that ethical and personal data information rules and regulations are adhered to, such as the Data Protection Act (1998)[3], General Data Protection Regulation (2018)[4], Corporate Information Governance[5] and Caldicott guidelines.

xi. Notify the relevant communications department about the enquiry.

Outcomes

If at step 'vii/viii' results in **satisfactory closure**, i.e. both you and the reporter are satisfied that no further investigation is necessary, **STOP** further investigation, and prepare a summary report for the reporter and communicate your conclusions as appropriate to all parties involved.

If the reporter is not satisfied, but the information suggests that the cluster is not of public health importance, STOP further investigation, and prepare a report, communicate your conclusions as appropriate to all parties involved.

If from public health point of view, **further investigation** is required, **PROCEED** to stage 2a.

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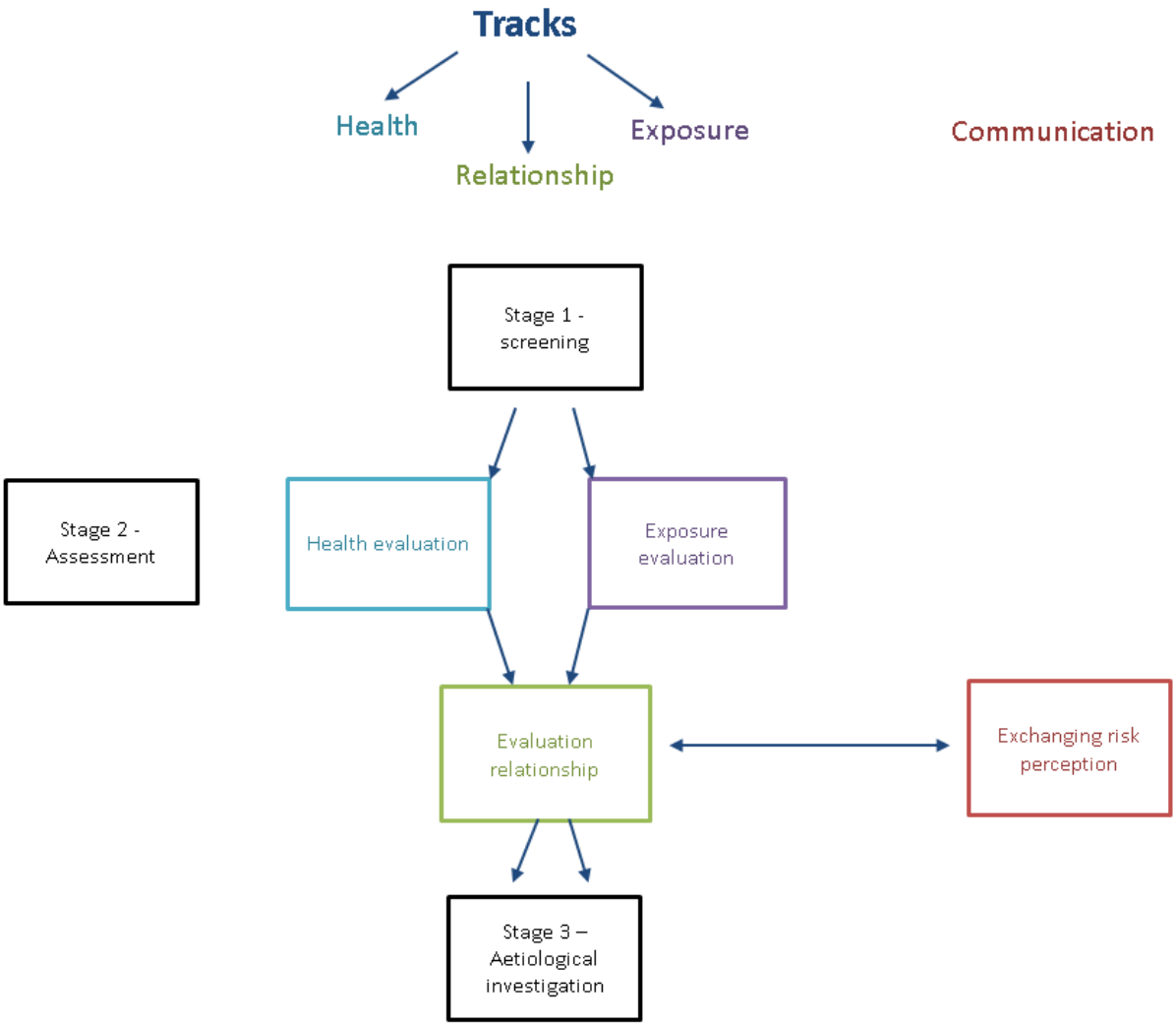
[3] https://www.legislation.gov.uk/ukpga/1998/29/contents

[4] https://www.eugdpr.org/

[5] PHE Information Governance Policy, March 2015. Available on PHEnet.

Stage 2: Assessment (statistical analysis and check for biologic plausibility)

Assessment stage flowchart



Purpose

To initiate and implement a mechanism to evaluate whether an excess has occurred (stages 2a and 2b)

To find out whether the excess can in principle be linked aetiologically to an exposure (stage 2c)

Stages 2a, 2b and 2c are often interrelated and may occur in parallel. Flexibility is required in conducting this part of the investigation and it is important to recognise that a linear approach is may not be possible.

Stage 2a: Preliminary evaluation

Purpose

To verify the diagnosis of cases reported as part of the cluster

To rapidly assess from available data whether an excess number of cases has occurred

Information from the initial contact, possibly with augmentation from other sources, is used to perform a calculation of **observed** versus **expected** occurrence. Cluster identification could be visual (through the production of maps and GIS) or through links to statistical programs such as SaTScan or through the Rapid Inquiry Facility (RIF). The RIF (see Resources section below, page 26) or SaTScan (see below, page 27), or other mapping software can be used to confirm whether there is a statistically significant excess of cases in the selected population.

Steps

i Verify the diagnoses of the cases reported during the initial contact. This may be achieved by contacting the GPs or specialist medical professionals treating patients with the medical condition, or querying disease registers.

ii Determine the appropriate space-time properties (i.e. geographic area and the time period) in which to study the cluster.

iii Prepare a case definition based on available information at hand. Case definitions can be narrow or expanded. A narrow case definition focuses on the most unusual or most coherent group of diseases reported to affect the population of concern. An expanded case definition would likely include a larger number of diseases that were each likely to be related to one another by a common cause. A case definition should include consideration of the time period in question and spatial extent (Time, Place and Person attributes).

iv Determine inclusion criteria for which cases will be included in the analysis. Some cases may need to be excluded from the analysis because they occurred outside the geographic area or the time period decided on for case definition, or because the health event for the case differs from that of other cases. A helpful step may be to tabulate frequencies of health events and examine related descriptive statistics.

v Further Information on expected number of cases may be obtained from expert bodies, such as PHE's Local Knowledge and Intelligence Service (LKIS), NHS Digital or ONS. For cancer registry data (National Cancer Registration and Analysis

Service (NCRAS)6), National Congenital Anomaly and Rare Disease Registration Service (NCARDRS)7 contact PHE's LKIS8.

vi Determine an appropriate reference population and calculate the number of cases expected. The number of cases observed should be compared to the number of cases expected and occurrence rates (or other statistics) calculated for the cluster. This is in order to identify whether or not an excess number of cases has been identified. The reference population could be regional, national or international depending on the geographical extent of the cluster area, on the prevalence of the disease, and on data availability.

vii If the number of cases is sufficient, and if a denominator is available (eg population of a community, number of children in school, or number of employees in a workplace), calculate rates or ratios (eg occurrence rates, standardised morbidity/mortality ratios, or proportional mortality ratios). Compare the calculated statistic with that for the reference population to assess significance. Chi-square tests, z-score test and Poisson regression are commonly used techniques for comparing proportions. DsPH teams may require support from the local PHE Field Services or the PHE LKIS to undertake analysis and interpret findings.

*Although an **advisory group** can be helpful at any point in the process, it may be of particular importance at this point. The occurrence evaluation may vary considerably in size and content; consensus on the appropriate level of effort will facilitate acceptance of the results.*

Outcomes

If cases are verified and if there appears to be evidence of an **excess and the data suggest an occurrence of biological cause and the excess is of public health importance, PROCEED** to Stage 2b, which may already be under way.

If some (or all) of the cases are not verified and an **excess is not substantiated, STOP** further investigation and respond to the reporter, outlining findings and advising that further evaluation is not warranted. Communicate your conclusions as appropriate to all parties involved.

If some of the cases are **not verified** but the data suggest an occurrence of biological and public health importance, **CONSIDER INITIATING** OR **CONTINUING** to Stage 2b. A decision to proceed further at this point should not be based solely on an arbitrary criterion for statistical significance.

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[6] https://www.gov.uk/guidance/national-cancer-registration-and-analysis-service-ncras
[7] https://www.gov.uk/guidance/the-national-congenital-anomaly-and-rare-disease-registration-service-ncardrs
[8] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/supporting-information/contact-us

Stage 2b: Occurrence evaluation

Purpose

To obtain a more detailed description of the cluster to determine if an excess has occurred through active case finding. To interact with the community, and to conduct descriptive epidemiology

To determine, through active case finding, if an excess has occurred

To interact with the community, and to conduct descriptive epidemiology.

The occurrence evaluation is meant to define the characteristics of the cluster, often requiring a field investigation. This evaluation begins with a **written protocol** that outlines information on data collection, the methods to be used, and the plan of analysis (including a timeline). The main product should be a detailed description of the cluster. Up to and including this stage, the need for resources is expected to be relatively small.

The disease mapping and risk analysis functionalities of the RIF may be used at this stage to help plan appropriate analysis; to provide descriptive statistics of the study area; and to map these, the populations at risk and any potential sources of exposure.

Steps

i. Identify and verify all potential cases within the defined geographic and temporal boundaries.
ii. Identify the appropriate databases for both numerator and denominator and their availability.
iii. Identify statistical and epidemiological procedures to be used in describing and analysing the data.
iv. Perform a review of the literature, (eg health literature, chemical fact sheets, toxicological assessments etc.), and consider the epidemiological and biologic plausibility of the purported association (if a suspected source has been put forward).
v. Assess the likelihood that an event-exposure relationship may be established.
vi. Assess community perceptions, reactions, and needs.
vii. Complete the proposed descriptive investigation.

*Although an **advisory group** can be helpful at any point in the process, it will be of particular importance from this point. The occurrence evaluation may vary considerably in size and content; consensus on the appropriate level of effort will facilitate acceptance of the results.*

Outcomes

If an **excess is confirmed and the data suggest an occurrence of biological and public health importance, PROCEED** to Stage 2c.

If an **excess is not confirmed, STOP** the investigation and report the findings to the reporter. Communicate your conclusions as appropriate to all parties involved.

If excess is not confirmed but data suggest an occurrence of biologic and public health importance, consider proceeding to Stage 2c.

Stage 2c: Event evaluation

Purpose

To determine whether there is a plausible pathway between a potential exposure to a known hazard and the cases.

The risk analysis features of the RIF could be used if a potential source of exposure is identified.

Steps

If an exposure to a particular hazard is suspected:

i. Ascertain potential exposure to infectious or chemical or radiological hazards
ii. Carry out a hazard identification for all hazards suspected. The following details should be considered:

    Classification of alleged hazard: toxicity (eg carcinogenic, teratogenic, mutagenic), half-life, status (eg in use or banned).

    Quantification: Potential exposure v. threshold of effect

    Plausibility: Latency period

    Feasibility: Potential pathway and distance from alleged cases in cluster

    Complexity factor: Multiple potential hazards
iii. Establish if the potential hazard identified has previously been linked to the disease.
iv. If no link has been identified, verify potential pathways from known exposure to all cases via detailed literature search and other means, potential pathways from known exposure to all cases
v. Consider the cluster as ‘unexplained’ if none of the above hazards can be plausibly suspected.

If an exposure to a particular hazard is still suspected:

vi. Carry out a literature search to consider potential aetiologies. PHE library services may help conduct this.

vii. Consult and discuss with relevant experts – CRCE, environmental epidemiology, toxicology unit, clinicians, academics, etc.

viii. Research the local environment; find out about the locality/site, discuss with the local authority Environmental Health Practitioners, research the history of the site, etc.

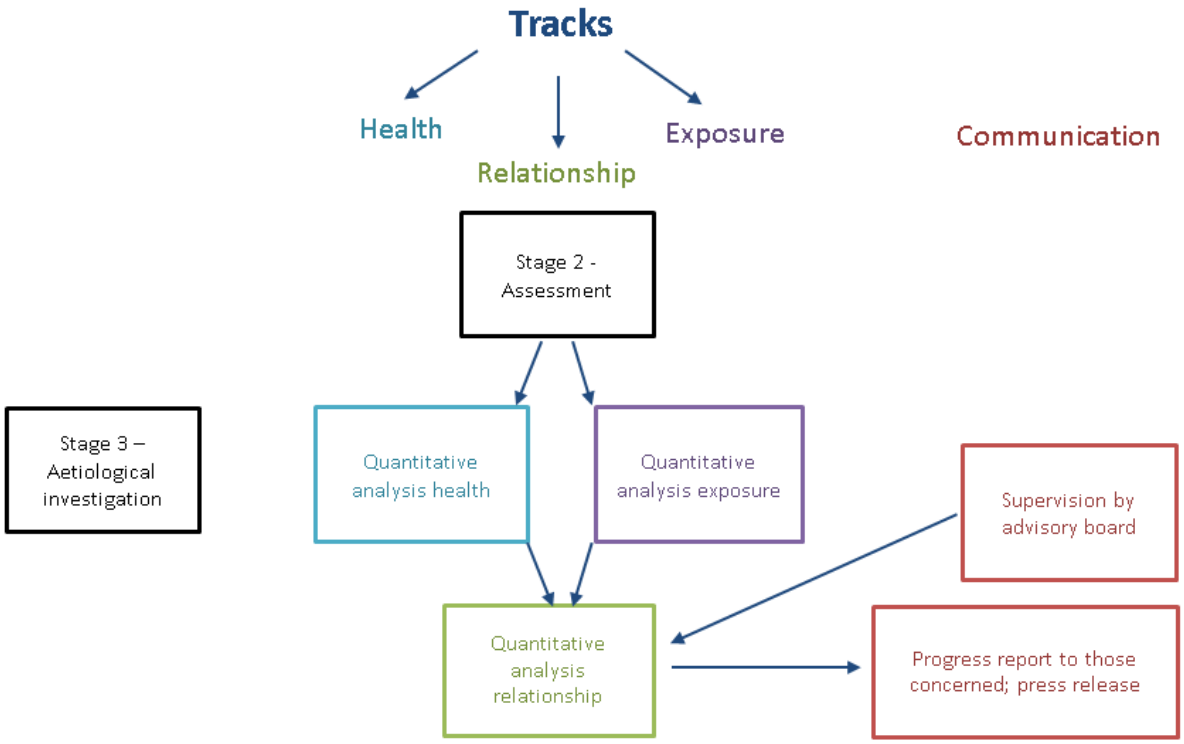
Outcomes

If there is a plausible pathway between exposure and cases, **PROCEED** to stage 3a.

If there is no plausible pathway between exposure and cases, **STOP** the investigation and report findings to the original reporter. Communicate your conclusions as appropriate to all parties involved.

Stage 3: Aetiological investigation

Aetiological investigation stage flowchart:



Stage 3a: Feasibility study

Aim

To determine the feasibility of performing an epidemiological study linking the health event and a putative exposure.

The feasibility study examines the potential for relating the cluster to some exposure(s) of concern. All of the options for geographic and temporal analysis should be considered, including the use of cases that were not part of the original cluster and are of a different geographic locality or time period. In some instances, the feasibility study may provide answers to the basic issue. For example, a national investigation of a particular type of industry could potentially help to identify a health risk and to confirm a suspected disease cluster near a specific plant. In many cases, the evidence from such investigations is often not definitive and debates about health risks may remain for long periods of time. Good communications are therefore essential.

Steps

i. Consider the public health significance of the disease, ability of an epidemiological study to provide definitive results and resources available.

ii. Review the detailed literature search with particular attention to known and putative causes of the outcome(s) of concern.

iii. Determine whether there are sufficient resources to conduct the study. **It may not be feasible for the local authority to conduct an in depth aetiological study. In such circumstances, universities or other research institutes may be an appropriate organisation to carry out the study.**

iv. Consider the appropriate study design, with attendant costs and expected outcomes of alternatives (eg, a consideration of sample size, the appropriateness of using previously identified cases, the geographic area and time period concerned, and the selection of controls).

v. Determine what data should be collected on cases and controls, including physical and laboratory measurements.

vi. Determine the nature, extent, frequency of, and the methods used for, environmental measurements.

vii. Delineate the logistics of data collection and processing.

viii. Determine the appropriate plan of analysis, including hypotheses to be tested and power to detect differences; assess the epidemiological and policy implications of alternative results. Determine the timeline for such analysis and results

ix. Assess the current social and political context, giving consideration to the impact of decisions and outcomes.

Outcomes

If the feasibility study suggests that an **aetiological investigation is warranted**, **PROCEED** to Stage 3b. The investigation may require extensive resources, however, and the decision to proceed will be related to the allocation of resources.

If the feasibility study suggests that **little will be gained from an aetiological investigation**, **STOP** the investigation and summarise the results in a report to the original reporter and all other concerned parties. In some circumstances the public or media may continue to demand further investigation regardless of cost or biological merit. Previous communication at each stage of the investigation with the affected community, relationships, media contacts, and the advisory group/committee interaction and ongoing dialogue as needed will be critical for an appropriate public health outcome.

Stage 3b: Aetiological investigation

Aim

To perform an aetiological investigation of a potential disease- exposure relationship.

In that context, this step is a standard epidemiological study; studies such as a cohort or case control study should be considered.

Cohort study
A cohort study involves identifying a cohort of individuals amongst whom an exposure of interest can be assessed; the cohort can be followed up over time to see which ones develop disease. Individuals in the cohort can be linked via identifiable characteristics to disease and mortality registries. A cohort can be applied retrospectively if good historical exposure records are available, eg occupational radiation exposure data.

Case control study
A case control study could involve obtaining exposure information retrospectively among a group of individuals that are cases and have the disease; the same information should be obtained from a group of carefully chosen individuals that do not have the disease and are controls. The data from the cases is carefully compared to the controls.

Steps

Using the feasibility study as a guide, develop a **protocol**, and implement the study.

Outcome

The results of an aetiological investigation are expected to contribute to epidemiological and public health knowledge. This contribution may take a number of forms, including the demonstration that an association does or does not exist between exposure and disease, or the confirmation of previous findings.

Resources to aid cluster investigations

Various computer packages can be utilised at different stages of the cluster investigation for analysing clusters and plotting cases on maps. Common examples are outlined below for guidance; some are only available within PHE teams, eg HPZone mapping function, others are open-source freely downloadable tools. PHE team specialists and local authority public health intelligence teams should be approached for assistance with the application of these tools.

The Imperial College (SAHSU) Rapid Inquiry Facility (RIF)

The Rapid Inquiry Facility (RIF 4.0)[9] is an open source, freely accessible application currently being developed by the Small Area Health Statistics Unit (SAHSU) at Imperial College, London. The RIF is designed to rapidly interrogate environmental, socio-economic, population and geographic data for risk assessment and disease mapping, with links to statistical software, eg for cluster evaluation. The RIF can calculate risks in relation to sources of exposure and generate maps. The RIF integrates advanced methods in statistics, exposure assessment and data visualization. It is integrated with the statistical package 'R' and RIF outputs will be easy to export offering linkage to external software for the assessment of environmental exposures, such as air and noise pollution. Users need to input relevant data; for public health analyses these are datasets such as cancer, congenital anomaly and mortality registrations that are routinely available, provided appropriate ethical and governance permissions are in place.

Once health data are loaded, the RIF 4.0 can be used to investigate potential clusters of disease by exploring spatial patterns of health outcomes and by quickly calculating mortality or morbidity rates and risks for any given condition (eg ICD10 code) for the population within defined areas relative to the population in a local reference region. This can be used to help establish if the **observed** numbers of cases in a suspected cluster are greater than would be **expected** in the population at risk or in comparison to a reference set of disease probabilities. Results can be visualised within the RIF 4.0 or investigated further using integration with R. The results can also be exported for use in other mapping or statistical software such as ArcGIS or SatScan.

The source code of the RIF 4.0 and detailed instructions (eg installations) are available on: Github: (https://github.com/smallAreaHealthStatisticsUnit/rapidInquiryFacility).

Demos and FAQs are available on: SAHSU website: (https://www.sahsu.org/content/rapid-inquiry-facility).

[9] http://www.sahsu.org/content/rapid-inquiry-facility

SaTScan

SaTScan is free software that can be downloaded and locally installed[10]. It is designed to analyse spatial, temporal and space-time data by using spatial, temporal or space-time scan statistics. It is designed to be used to:

- perform geographical surveillance of disease, to detect spatial or space-time disease clusters, and to see if they are statistically significant
- test whether a disease is randomly distributed over space, over time or over space and time
- evaluate the statistical significance of disease cluster alarms
- perform repeated time-periodic disease surveillance for early detection of disease outbreaks

Good tutorials and trial datasets are available. The programme can input commonly used data formats (line lists in MS Excel etc), and outputs can be exported into common formats, eg excel or shapefiles for GIS. Further information about the data types and methods, and examples of practice can be found on the website[12].

DotMapper

DotMapper is a 'R Shiny app' which is downloadable[11]. This means it is an open source tool available to run in 'R' statistical software for creating interactive disease point maps (Smith and Hayward (2016)).
The features of the software allow users to:

- plot locations of cases and (optionally) associated venues of interest
- plot points colour coded according to any categorical variable
- interactively display subsets of data according to multiple variables
- select points by date using slider
- display key details of individual cases or venues by clicking on points
- display summary table of key statistics
- display an epidemic curve by year, quarter, month, week or day

Dotmapper resources are available here: https://github.com/cathsmith57/DotMapper

[10] http://www.satscan.org/
[11] https://github.com/cathsmith57/DotMapper

Geographical Information Systems (GIS)

GIS can be used to plot the location of cases on a map to assess distances between cases and potential sources of exposures. Maps aid the visual interpretation of how clustered or close the cases are and the relative distance to point source locations or potential environmental sources of pollution, eg power station, landfill or power lines, etc. They can also be used to calculate the potential population exposed in an area (numerator and/or denominator).

GIS can also perform analysis of how clustered or spread out cases are, and spatial analysis modules allow statistical testing of clustering. PHE staff can access corporate GIS software (ESRI's ArcGIS) and have access to a range of GIS shapefile datasets, including administration boundaries, population datasets, locations of industries, etc, available from the GIS servers based at Porton Down. Contact gis@phe.gov.uk for help, installation and advice.

Other GIS software can also be utilised, either through licences (eg MapInfo) or freeware (eg QGIS, GRASS, R packages or Google Earth Pro). Online off-the-fly mapping functions can also be utilised through the internet, although patient confidentiality for plotting the location of cases needs to be considered.

HPZone mapping function

Within PHE, HPT's use a case management system called HPZone to record information about cases and public health interventions. HPZone has a mapping function to map the location of cases based on postcodes. However, the postcodes in HPZone are not complete and this can affect the ability to map some locations. Information or surveillance officers in HPTs can provide maps of cases logged on HPZone, which can be used to assess potential clusters. HPZone will be replaced by a custom built Case and Incident Management System (CIMS), which is expected to develop this function further. More information is available on PHEnet[12].

[12] http://phenet.phe.gov.uk/Resources/HPZone/Pages/HPZone.aspx

Reporting results and communicating risk

By following this guidance, a systematic and transparent approach to investigating clusters is suggested. It is important to follow this process so that all organisations and individuals involved, as well as members of the public, can clearly understand why the investigation has been conducted this way, the approach used, and why the investigation was terminated at what stage if appropriate.

It is important for investigators to be aware that all reports and other written communications and documents can become part of legal proceedings if required (Elliott et al, 1992, Wright and Rogers, 2014, and Drijvera and Woudenberg, 1999). Therefore it is important to keep good quality, legible records and document key discussions, decisions and key findings.

Regular risk communication and an exchange of information is important amongst all parties involved. It should be carried out early on, to establish the estimated risk (Kreis, et al, 2013) and for exchange of facts. This communication should also continue throughout all stages of the investigation. Once the investigation is at a stage where the investigator has a clear idea of the estimated risks, this should be communicated to the community in question in an appropriate manner. This must be carefully considered and conducted in a sensitive and appropriate way (Elliott, et al 1992, Wright and Rogers, 2014).

If formal meetings occur or a steering group/IMT is set up, documentation of membership of the groups, minutes of meetings and actions need to be kept and be made available and possibly published on an appropriate website.

A review of academic studies, guidelines and international government reports (Wright and Rogers in 2014) identified 4 factors which are key for effective risk communication in non-infectious disease cluster investigations:

- clear and coherent messages
- understanding of public perception of risk
- early and direct engagement with the concerns of the public
- transparent investigative procedures

The challenging task of effective risk communication of disease cluster investigations can be significantly reduced by the use of this guidance and particular **protocols** which take these points into account.

The use of technical ‘jargon’, whilst it helps to maintain accuracy and clarity among experts, should be avoided in risk communication messages to the public, as the terminology can be difficult to understand (New Zealand Ministry of Health, 1997). Risk communication should also take into account the social context in which an investigation is taking place; ensuring that the messages are clear and well suited to the affected community (Drijvera and Woudenberg, 1999). The high level of uncertainty associated with cluster investigations should be communicated early in the risk communication process, to reduce public expectations to a more realistic level (Sandman, 1991). Taking these factors into account should help clear and coherent risk communication messages. Failure to do so could see the investigation falling out of favour with the community (Wright and Rogers, 2014).

Members of the public have a different perception of risk to that of experts (Wright and Rogers, 2014). The public tend to be more influenced by qualitative assessments, based on whether or not the risk may impact their quality of life and long-term health, rather than the experts’ quantitative technical assessments of specific risks (Wright and Rogers, 2014). An understanding of the differences in perception when communicating messages would ensure that the level of real risk is communicated effectively to the affected communities.

Involving the public in the cluster investigation from an early stage is an important step to gain trust and establish a healthy relationship (Aldrich and Griffith, 1992). Trust can explain up to 50% of co-operation (Wright and Rogers, 2014) and is a vital part of effective risk communication (Rogers et al, 2007). The review also found that being transparent and open throughout the investigation is advised in the literature in order to build trust (Chess et al, 1988). Telephone hotlines, public forums, and personal meetings with the community are ways used in North Carolina’s cluster investigation protocol (Graber and Aldrich cited in Wright and Rogers, 2014), to maintain openness throughout the investigation process. Acknowledgement of emails, correspondence and information shared via websites or other online forums can help to assure that information is acknowledged, shared and freely available.

Wright and Rogers’ review (2014) recommends a proactive approach for the investigation and communication of clusters. Pearce et al. (in Wright and Rogers, 2014), suggest that due to the similarities in messages and elements of disease cluster communications, standard statements can be developed and tested with non-experts before an incident occurs. Although these messages will need to be modified for different scenarios, testing communications may identify information needs from the public and make for accurate and prompt risk communications during incidents, consequently building trust with affected communities.

The Draft WHO (2018)[13] 'Manual for investigating outbreaks of illnesses of possible chemical aetiology: Guidance for investigation and control' contains some useful templates for collecting records of enquiries regarding potential clusters, guidelines on the contents of media messages, press releases and worksheets for identifying stakeholders. This manual will be publicly available shortly.

[13] This draft is in production and not yet publicly available (Summer 2018)

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Appendices

Appendix A: Cluster investigation protocol – suggested membership of investigation teams

Each cluster investigation may have slightly different roles for the investigation teams, depending on the situation. The following members of the cluster investigation team are suggested for cluster investigations led by PHE, which have reached stage 2:

Cluster investigation team

- Project Manager: Local Authority DPH or their nominated deputy, eg Consultant in Public Health/Health Protection or CCDC
- Consultant Epidemiologist, preferably but not necessarily with experience in environmental epidemiology. PHE employs Consultant Epidemiologists in the Field Services of the National Infection Service, PHE Centres and CRCE
- Project Co-ordinator: Epidemiology Scientist, supported by Field Epidemiology Training Programme (FETP) Fellow if available
- Project administrative secretary to provide admin support.

The following may be invited and are often required:

- Exposure Assessment Department (EAD) officer, (CRCE, PHE): contribution to population exposure assessment and risk assessment if required
- Toxicologist: contribution of toxicological advice on interpretation of health impacts
- Environmental Hazards and Emergency Division (EHED) officer: contribution to risk assessment, and contribution to risk management (communication with PHEC and Local Departments of Public Health, Local Authorities etc.)
- Field Epidemiology/Health Improvement Directorate officer: (i) contribution to epidemiological and statistical analyses; (ii) contribution to risk management (communication to Regional Directors of Public Health)
- Communications officer: on all aspects concerning communications

Cluster Project Scientific Advisory Group

A Cluster Project Scientific Advisory Group could comprise of the following:

- Chair of Scientific Advisory Group: a Consultant Epidemiologist (nominated by the PHE Field Service) Secretary to Scientific Advisory Group: Head of Environmental Epidemiology Group, CRCE
- PHE CRCE officer: Scientific Officer from CRCE Environmental Epidemiology Group, supported by FETP Fellow, based at CRCE or other site
- PHE Statistics Unit (Colindale) statistician
- PHE Health Improvement Directorate officer
- Academic member 'exposure': eg Institute of Occupational Medicine or other
- Academic member 'health': eg Small Area Health Statistics Unit (SAHSU) or other

Cluster Project Stakeholder Group

A Cluster Project Stakeholder Group could comprise of the following:

- Convenor of Stakeholder group: selected from officers who are members of the 'cluster investigation team' and are part of either EAD, EHED, TOX or EPI
- Secretary to Stakeholder group: selected from officers who are members of the 'cluster investigation team' and are part of either EAD, EHED, TOX or EPI
- Member representing local PHE Centres
- Member representing Department of Health and Social Care
- Member representing other relevant Government Department
- Member representing Association of the Directors of Public Health
- Member representing Chartered Institute of Environmental Health (CIEH)
- Member representing Local Government Association (LGA)
- Member(s) representing local residents or patient associations, etc.

Other agencies

Depending on the scenario, other relevant agencies might also be involved, such as:

- Environment Agency
- National Cancer Registration and Analysis Service
- Other academic expertise
- Water companies
- Local authority departments, eg Environmental Health
- Committee on Medical Aspects of Radiation in the Environment (COMARE)
- DEFRA
- Department of Health and Social Care
- Foods Standards Agency
- Local community or patient focus groups, e.g local HealthWatch group
- Expert international bodies

Appendix B: Tool kit: Roles and responsibilities for cluster investigation team members at each stage of the investigation process

Enquiries on potential clusters could come from a wide variety of sources.

The roles and responsibilities for investigation of clusters of non-infectious disease are numerous and insufficiently well-defined in the context of the public health landscape. Therefore, it seems necessary for any guidance produced to be developed in consultation with a wide range of stakeholders both within and outside of PHE. The scope of the project may be supplemented by an additional effort to clarify proposed roles and responsibilities of each stakeholder. It may not be too onerous but would require a meeting of stakeholders to agree a process for handling of cluster investigation tasks.

The responsibility for activities such as cluster investigation lies with the Public Health Teams of Local Authorities and this makes the Director of Public Health (DPH) of the responsible LA the key decision maker in all such situations. In addition, the costs of such investigations will have to be borne by the local authority in question. It is also expected that the local DPH will conduct the investigation in consultation with a number of relevant stakeholders and expert collaborators. This appendix suggests the collaborators involved in the different stages of investigation.

PHE/Corporate Communications teams should be involved at least from stage 2 onwards, and potentially should be informed even at stage 1.

Stage 1: Screening

Individuals receiving the initial enquiry could be varied, for example received via the Public Health Teams or Director of Public Health in the Local Authority, HPT, local Public Health England Centre (PHEC), or PHE-CRCE Emergencies and Environmental Hazards Department (EHED), or via PHE Health Improvement (HI) Directorate (Knowledge and Intelligence). The screening process should be discussed with these stakeholders to help inform the decision and outcome of the screening.

Stage 2: Assessment (Statistical analysis and check for biologic plausibility)

Stage 2a: Preliminary evaluation
Determining the appropriate geographic area and time period in which to study the cluster could be decided by a local Director of Public Health or CHP, but such decision should be reached in consultation with local partners and after involvement of an environmental epidemiologist and/or other PHE staff specialising in environmental hazards and/or statistics such as the PHE Colindale Statistics and Modelling Unit. LAs should liaise with their regional PHEC in order to access these specialists.

Stage 2b: Occurrence evaluation
PHE National Cancer Registration and Analysis Service (Health Improvement) staff have considerable experience of dealing with putative cancer clusters and in many cases their involvement would be required.

Further information on the number of cases may be obtained from expert bodies, eg Small Area Health Statistics Unit (SAHSU), NCARDRS or ONS or NHS Digital. Other PHE staff such as epidemiologists and/or surveillance staff based at CRCE or NIS, Field Services, or other epidemiologists working for other agencies (eg the International Agency for Research on Cancer (IARC)), may also be involved.

The local DPH Team may choose to delegate the investigation to relevant experts. For example data on cases and local health outcomes rates could be obtained from PHE Knowledge and Intelligence teams, or local authority public health departments, and data on environmental exposures from CRCE.

Stage 2c: Event evaluation
The overall task when confronted with a statistically significant occurrence of a cluster needs expert advice from several disciplines. PHE staff may be consulted to explore, document and/or establish if there is a potential pathway from a putative hazard to the reported disease. This step is desk-based and does not require conducting a new field survey to test any hypothesis. If occurrence is not excluded, and a putative source for the cluster is identified, then the next stage in the process would require consultation and/or involvement of the following:

- exposure expert (in PHE or external, as appropriate)
- hazard expert (in PHE or external, as appropriate)
- reaching a conclusion at Stage 2c may require multi-agency liaison, eg environmental health, Environment Agency, DEFRA, NCARDRS, SAHSU, etc.

Stage 3a: Feasibility study

It is expected that a very small proportion of all cluster investigations will ever reach stage 3, as most tend to be addressed within stage 2. If Stage 2c has reached a conclusion that does not exclude a source or potential environmental cause for the cluster, the next stage is for PHE staff to plan and test the possibility that a new investigation would be required to confirm or exclude the association of a putative cause with the health endpoints reported as a cluster.

It is not necessary that PHE would conduct the investigation at this stage, as the task may be delegated to an external agency. Also, it is not necessary to conduct the investigation using routine data in areas different from the cluster (for example using small area data). Other study designs may be appropriate at this stage, or a combination of small area and field work. It would be desirable that, whoever is leading the investigation, an environmental epidemiologist and/or other relevant specialist personnel and organisations would be consulted. The specific specialist to be consulted would depend on the nature of the putative exposure.

Stage 3b: Aetiological investigation

If a scoping study investigation concluded that a new study was necessary and feasible in order to address the epidemiological question at hand, then PHE management support for this investigation is expected to be required. Once obtained, an aetiological investigation should be established, and led by a suitably qualified and experienced environmental epidemiologist, in collaboration with all relevant specialist personnel and organisations. The aetiological investigation may or may not include the geographical area where the cluster was first reported.

Appendix C: Examples of cluster investigations carried out

Response to an MP's enquiry about a possible cluster due to environmental pollution

The following is a description of a local authority's actions and responses to a real incident

Chain of events

1. A Member of Parliament (MP) emailed the health development department at the local authority (LA) about a high percentage of 'unusual' cancers in the locality. The LA checked with the Primary Care Trust (PCT) who said there was no raised rate of cancer in the village.

2. The Health Development department passed the enquiry to the LA environmental health department.

3. Environmental Health:

- superficially investigated via the internet about chemicals used in the processes alleged
- superficially found out causes of the disease
- wanted to ask HPU[14] for advice before undertaking any actions (such as interviewing MP, taking samples of water and land)
- the HPU asked PHE CRCE for help

MP emails to local authority

> Dear Sirs
>
> I wish to make enquiries into a possible health risk to people living in and around the village of <village>.
>
> It has come to my attention that there has been a high percentage of 'unusual' cancers within the population of [name of village] with a particular emphasis on leukaemia spanning 50 years (or more).
>
> Whilst I don't hold any environmental or medical qualifications, I do know about statistics and averages. From what I understand there is a very high percentage of rare cancers being reported in and around [village].
>
> My personal knowledge extends to my father-in-law who has lived his entire life in [village] and is currently fighting for his life with Leukaemia. The doctors tell me this form of cancer is not an inherited disease. However, my father-in-law lost his brother and mother to the same cancer and they both lived their entire life in [village].

[14] Health Protection Unit – at the time, now HPT

Furthermore, given the proximity to their house in [village], there has been other fatal cases of adult and childhood leukaemia and other very rare forms of cancer which some have survived and some not.

I have started some enquiries myself with residents of [village] and hope to have more information in a month or two. If the number of cancers in [village] do flag up has disproportionately high for the population and given the cancers are leukaemia and other rare forms then I have 5 possible causes so far.

1. My father in law suggests it might have something to do with the pylons.
2. Up a road (where I lived for 10 years) there is what we locals call 'The Pickle Yard'. It is where [village] estate soaked all the timber with wood preserver for many many years. I wonder if this chemical somehow got into the soil and even water supply? Since it is based on the hillside the fluid would soak down into the village. The yard was closed down a few years ago for health and safety reasons. [MP's emphasis].
3. XXXXX yard on the same hill stores scrap metal and other substances. Been there for years and years and who knows what chemicals etc have soaked into the ground. Again any pollution would work its way down the hill into the village.
4. The fields on the hill have been farmed for years and chemicals have been used etc. These chemicals could get into the water supply.
5. The army etc used [village] during the war for storage, did they leave harmful chemicals behind?

I don't wish to sound like a scare monger but 3 members of the same family to develop leukaemia who lived in the same village all their life is very rare and unusual.

Response sent by CRCE to the local HPU for dissemination

Causes and rates of cancer

There is little information provided in the MP's emails regarding the suggested cluster of cancers, although it appears that although there are at least 3 cases of leukaemia, MP is concerned about a range of different cancers, which have occurred over 50 years. Unfortunately, DH figures show that more than 250,000 people are diagnosed with cancer in England every year, and there are nearly 2 million people living with or surviving cancer today. There are many different types of cancer and each may have many different causes, whether these are due to genetic, lifestyle (such as smoking or diet) or environmental reasons (such as UV radiation). It is therefore not unusual to perceive that the rates of cancer are high and it would be very unlikely for there to be a common aetiology for a range of different cancers.

In the email trail, Health department at LA says that "My contact in public health who has been investigating unusual incidents of cancer for MP has found no evidence to suggest that the rates of cancer in [village] are unusual." If the PCT (now CCG/LA) has checked that the rates of cancer are as expected, then this can be used to reassure MP there is no cause for concern. However, I have provided some more information below with regards environmental exposure to chemicals.

Environmental exposure to chemicals

The UK has a wide and varied industrial heritage, with scrapyards and chemical works, as well as electricity pylons and agricultural land spread widely across the country. Some areas have high concentrations of industry; however it is unlikely that [village] has a significant industrial heritage. MP lists a few potential local sources of chemicals that he suggests may be the cause of the cancers, including nearby farms, a wood yard and metal scrap yard. Although these activities may use chemicals, the presence of chemicals in the environment does not always lead to exposure. Generally speaking, in order for adverse health effects to occur, a person must come into contact by breathing, eating, or drinking the substance or by skin contact. Following exposure to any chemical, the adverse health effects you may encounter depend on several factors, including the amount to which you are exposed (dose), the way you are exposed, the duration of exposure, the form of the chemical and if you were exposed to any other chemicals. It is unlikely that the

activities listed by MP, even if they had contaminated the environment, would lead to significant exposures to the residents of <village> as no exposure pathway has been established.

In consideration of the points above, it would not seem appropriate to carry out extensive environmental investigation into this issue at this stage, especially where public health investigations have indicated a lack of evidence of excess cancer rates.

Use of the Imperial College (SAHSU) Rapid Inquiry Facility

The SAHSU Rapid Inquiry Facility (RIF) was used to investigate local concerns about an apparent excess of leukaemia in the vicinity of contaminated groundwater plumes from oil refineries in 2 counties in the state of Utah, USA.

Cancer data from the Utah Cancer Registry was used in the RIF to calculate the relative risk for the potentially exposed population for lung cancer, kidney cancer, and non-Hodgkin lymphoma, during 6 consecutive 5-year time intervals (1975-2004). The RIF was also used to map the area level cancer rate in comparison to the total study area rate and the 6 consecutive 5-year analytical periods. Clusters were identified using visual inspection of the RIF maps; with further statistical testing for clusters being conducted using SaTScan. This study identified kidney and lung cancer to be statistically elevated for the potentially exposed population for one and two time periods. The menu-driven RIF was found to be simpler to use than other tools that often require programming and the authors felt that the use of the RIF disease-mapping feature enhanced the interpretation of SaTScan results.

A fuller report of the above investigation is contained in:
Ball, W et al, Comparison of Different Methods for Spatial Analysis of Cancer Data in Utah, Environ Health Perspect. *Aug 2008; 116(8): 1120–1124.*

Appendix D: Data sources

Examples of sources of data that can be used for cluster investigations.

Data	Examples	Where data is held or contacts
Cancer data	How many cases of breast cancer have there been in an area?	National Cancer Registration and Analysis Service. https://www.gov.uk/guidance/national-cancer-registration-and-analysis-service-ncras Health Improvement Directorate, PHE
Congenital abnormality data	Number of cases of gastroschisis in a ward	National Congenital Anomaly and Rare Diseases Registration Service https://www.gov.uk/guidance/the-national-congenital-anomaly-and-rare-disease-registration-service-ncardrs Health Improvement Directorate, PHE
PHE enquiry data on environmental incidents	Incidents related to a certain landfill or industry requiring public health advice	Chemical Incidents Reporting - CIRIS, Environmental Hazards and Emergencies Department, CRCE Duty desk: CRCE-EHE@phe.gov.uk
Population data	LSOAs, age, ethnicity	GIS team, Porton Down, PHE: gis@phe.gov.uk Census data: https://www.ons.gov.uk/census/2011census Office of National Statistics: https://www.ons.gov.uk/
Geographical boundaries	Postcodes, LSOAs	GIS team Porton Down, PHE: gis@phe.gov.uk Office of National Statistics: https://www.ons.gov.uk/methodology/geography/geographicalproducts/digitalboundaries
Environmental data – data on industrial processes	What pollutants are coming from an industry? Landfill emissions, incinerator emission data, water pollution	Environment Agency http://apps.environment-agency.gov.uk/wiyby/default.aspx
Meteorological data	Wind direction, wind speed, atmospheric dispersion effects	Meteorological Office https://www.metoffice.gov.uk/services/data-provision
Water data	Levels of chemicals in drinking water	Drinking Water Inspectorate: http://www.dwi.gov.uk/ Local authority- environmental health

Air pollution data	Levels of outdoor air pollution in an area	UK Air Quality Information Resource: https://uk-air.defra.gov.uk/
Radiation levels	Radiation levels in an area	PHE UK maps of Radon: http://www.ukradon.org/information/ukmaps Monitoring radioactivity: https://www.gov.uk/guidance/monitoring-radioactivity
Housing data	Age of houses, location of houses to landfill sites	Local authority – housing department GIS maps Housing stock age details from Valuation Office Agency: https://data.london.gov.uk/dataset/property-build-period-lsoa
Health data	Hospital Episode Statistics (HES)/ A&E records	NHS Digital: https://digital.nhs.uk/ SAHSU- http://www.sahsu.org/
	Case data- incidence and prevalence of diseases and risk factors	PHE data and analysis tools: https://www.gov.uk/guidance/phe-data-and-analysis-tools
	ONS Births and Deaths	PHE Data Lake, K&I, Health Improvement Directorate Office of National Statistics: https://www.ons.gov.uk/
	GP consultations/Real Time Syndromic Surveillance (ReSST)	ReSST team, NIS, West Midlands, syndromic.surveillance@phe.gov.uk

Glossary

CCDCs/CHP	Consultants in Communicable Disease Control/Consultants in Heath Protection
CIRIS	Chemical Incident Response and Information System, used by EHED, CRCE, PHE
CRCE	Centre for Radiation, Chemical and Environmental Hazards, PHE
DsPH/DPH	Local Authority Director(s) of Public Health
EHED	Environmental Hazards and Emergencies Department, part of CRCE, PHE
EPHT	Environmental Public Health Tracking
GIS	Geographical Information System
HI	Health Improvement Directorate, PHE
HPTs	Health Protection Teams, part of PHECs
HPZone	HPZone is the case management system used in HPTs in PHE to record details of cases, incidents and enquiries received
IMT	Incident Management Team
K&I/LKIS	PHE's Knowledge and Intelligence Service, part of HI Directorate
LA	Local Authority
NCARDRS	National Congenital Anomaly and Rare Disease Registration Service
NCRAS	National Cancer Registration and Analysis Service
NIEH	Non-infectious environmental hazards
ONS	Office for National Statistics
PH	Public health
PHE	Public Health England
PHEC	Public Health England Centre
RIF	Rapid Inquiry Facility, developed by SAHSU, Imperial College London
SaTScan	Software for the spatial, temporal, and space-time scan statistics
SAHSU	Small Area Health Statistics Unit, Imperial College, London.
UKIACR	United Kingdom and Ireland Association of Cancer Registries

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Barking & Dagenham

Potential cancer cluster – small area study for Woodlands Avenue RM6 6EA

Prepared by Rebecca Nunn, Consultant in Public Health,
London Borough of Barking and Dagenham

March 2021

Contents

Cancer Clusters

A cancer cluster occurs when there are more cases of the same type (or similar types) of cancer than expected are diagnosed in a group of people, geographic area and/or period of time. Although most cancer clusters occur by chance, it is not uncommon for people to be concerned that cancer clusters are caused by exposure to a cancer-causing agent in the environment.

Many apparent non-infectious disease clusters have no cause but in rare cases, clusters may be related to community based external sources (e.g. common environmental exposures). Real clusters that are proven to be associated with an environmental or occupational carcinogen are extremely rare. Even if there are more people with one type of cancer in a community than might be expected, this does not necessarily mean that they were all caused by a cancer-causing agent in the environment.

People who are born after 1960 have a one in two lifetime risk of cancer – this means that one in two people in this age group will develop cancer at some point in their life (before they reach 85)[1]. This risk can vary in people depending on their family history and lifestyle (e.g. occupation, smoking, diet, etc). In Barking and Dagenham, seeing cancer is not unusual, especially with our high smoking rates and industrial heritage. Barking and Dagenham has higher rates of prostate cancer, lung cancer and 'all cancers' when compared to England as a whole.

Investigating clusters

The Health and Social Care Act 2012 specifies that one of the public health duties of local authorities is the responsibility, led by their DPH, to investigate reports of non-infectious disease clusters. This is done by following the Public Health England guidance for investigating non-infectious disease clusters from potential environmental causes[2].

For this investigation, advice was sought on how to proceed with Stage 1 from a Consultant in Communicable Disease Control (CCDC) in the local Public Health England Health Protection Team and from the Public Health England National Cancer Registration and Analysis Service (PHE NCRAS).

The outcomes which can occur from Stage 1 are:

1. If contact with the reporter of the cluster results in both you and the reporter being satisfied that no further investigation is necessary, **STOP** further investigation, and prepare a summary report for the reporter and communicate your conclusions as appropriate to all parties involved.

[1] United Kingdom and Ireland Association of Cancer Registries (2017). Factsheet: Cancer Clusters. UKIACR, June 2017

[2] Public Health England (2019) Guidance for investigating non-infectious disease clusters from potential environmental causes. Crown Copyright 2019.

2. If the reporter is not satisfied, but the information suggests that the cluster is not of public health importance, **STOP** further investigation, and prepare a report, communicate your conclusions as appropriate to all parties involved.

3. If from public health point of view, **further investigation** is required, **PROCEED** to stage 2a.

Stage 1 investigation - Environmental Contamination

Following a report of a potential cancer cluster at Woodlands Avenue in Chadwell Heath, the Environmental Health team investigated possible land contamination and environmental pollution in the area (see Appendix 1 for full report).

This report concluded that there were no records suggesting that this land had been contaminated or was unsuitable for residential occupation, the land had previously been open fields before the houses were built between the first and second world wars.

The report also looked at 2020 modelled annual average concentrations of Nitrogen Dioxide (NO_2), and Particulate matter (PM_{10} and $PM_{2.5}$) and found that in the Woodlands Avenue area that the 3 major pollutants that are measured were not exceeding limits set in the UK. The modelled concentrations were 26.2µg m^{-3} of NO_2 (objective maximum 40µg m^{-3}), 22.5µg m^{-3} of PM_{10} (objective maximum 40µg m^{-3}) and 14µg m^{-3} of $PM_{2.5}$ (EU objective maximum 18µg m^{-3} by 2020[3]).

Oxides of Nitrogen (NOx) are formed by the combustion of fuels used in power generation, domestic heating and traffic. Combustion processes emit a mixture of nitrogen oxides, primarily nitric oxide (NO) which is quickly oxidised in the atmosphere to nitrogen dioxide (NO_2). Nitrogen dioxide has a variety of environmental and health impacts. It is a respiratory irritant which may exacerbate asthma and possibly increase susceptibility to infections.

Airborne particulate matter (PM) includes a wide range of particle sizes and different chemical constituents. Particulate matter can affect our health, and of greatest concern to public health are the particles small enough to be inhaled into the deepest parts of the lung. Air Quality Objectives are in place for the protection of human health for PM10 and PM2.5 – particles of less than 10 and 2.5 micrometres in diameter, respectively. The available evidence suggests that PM2.5, usually formed by combustion, are the main cause of the harmful effects of particulate matter. There is evidence that short- and long-term exposure to particulate matter cause respiratory and cardiovascular illness and even death.

[3] Directive 2008/50/EC of the European Parliament and of the Council of 21 May 2008 on ambient air quality and cleaner air for Europe. OJ L 152, 11.6.2008, p. 1–44 (BG, ES, CS, DA, DE, ET, EL, EN, FR, IT, LV, LT, HU, MT, NL, PL, PT, RO, SK, SL, FI, SV). Special edition in Croatian: Chapter 15 Volume 029 P. 169 - 212

Stage 1 investigation - Cancer rates

The most recent data from Public Health England's 'Fingertips' portal tells us that, when compared to England as a whole, the London borough of Barking and Dagenham has lower rates of breast cancer; similar rates of colorectal cancer; and higher rates of prostate cancer, lung cancer and all cancers[4].

To determine whether there is evidence of a cluster in the LSOA in question, Public Health England National Cancer Registration and Analysis Service (PHE NCRAS) has interrogated the national cancer registry data for the last 10 available years (2008 – 2018). Their findings from this exercise are shown in Table 1.

Table 1 – Crude and Age standardised cancer incidence per 100,000 person years in LSOA, Barking and Dagenham, and England (2008 – 2018)

Geography	Number of cancers	Population-years	Crude rate per 100,000 person-years (95% Confidence Interval)	Age standardised rate per 100,000 person-years (95% Confidence Interval)
LSOA of interest	79	21,507	367.3 (290.8, 457.8)	650.9 (510.9, 816.5)
NHS Barking and Dagenham CCG	8,234	2,137,780	385.2 (376.9, 393.6)	635.3 (621.2, 649.6)
England	3,236,192	593,089,021	545.7 (545.1, 546.2)	602.7 (602, 603.4)

Without age standardisation, the actual (crude) rates of cancer in the LSOA of interest (at 367.3 cases per 100,000 person years) are lower than the England average of 545.7 cases per 100,000 person-years, as the population in this LSOA is younger than on average in England.

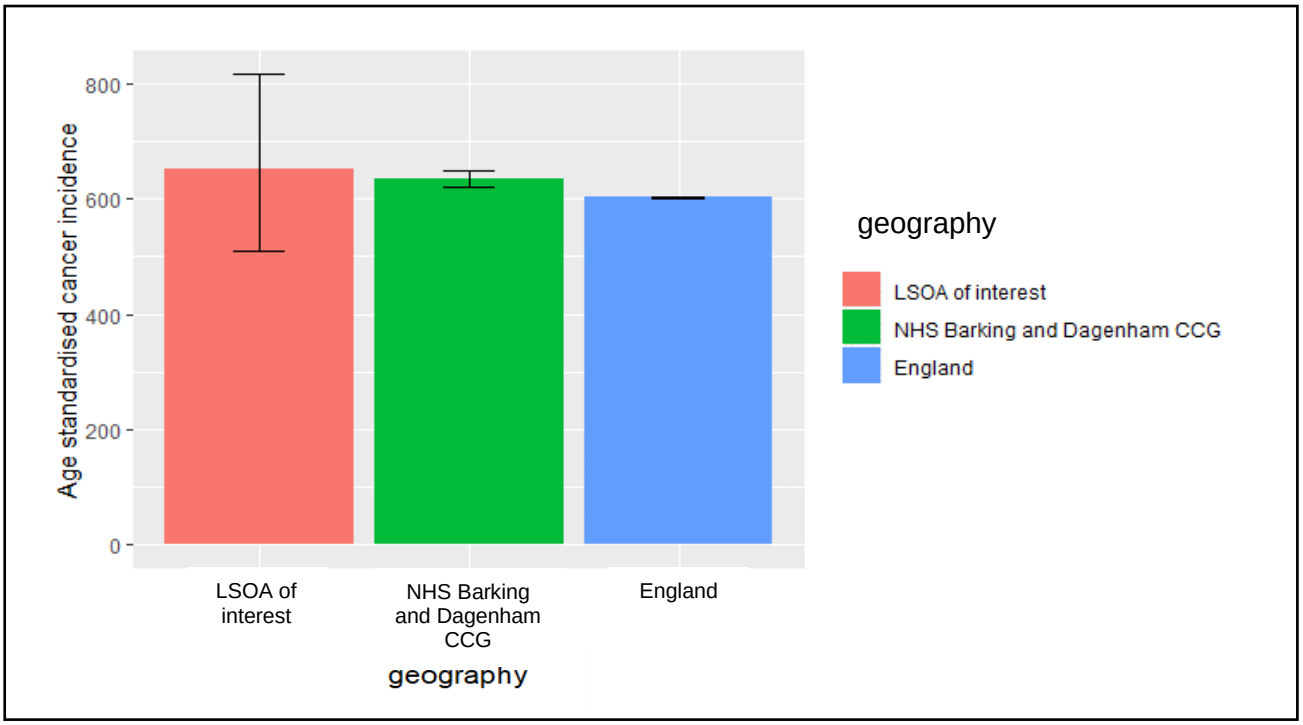
Person years take into account both the number of people in the area population and the amount of time each person spends in that area. For example, if you were looking at data for a period of 10 years and there were 1000 people in the population of that area, it would be 10,000 person years of data. Person years allow you to compare the cases of cancer of different sized populations by turning the number of cancers into a rate per 100,000 person-years.

An age-standardised rate (ASR) is a summary measure of the rate of cases of cancer that a population would have if it had a standard age structure (a 'reference population' is usually used for this standard age structure – this is often the population of England for data in England). Since cancer rates increase strongly with age, age standardisation of the rates takes into account whether a community's population is older or younger than the population that they are being compared to, and allows for a proper comparison.

[4] rates for 2012-2016

The age standardised rates are higher in the LSOA of interest (at 650.9 per 100,000 person-years) than the age standardised rate in Barking and Dagenham (at 635.3 per 100,000 person-years), but this difference is not statistically significant. This means that it is very unlikely that the rates in the LSOA in question are actually higher or lower than the rates in Barking and Dagenham as a whole. A statistically significant difference would be a difference that we are confident does truly exist, rather than being seen by chance. The rates of cancer in this LSOA are therefore broadly similar to the rates in the rest of Barking and Dagenham.

Figure 1 – Age standardised cancer incidence per 100,000 person years in LSOA, Barking and Dagenham, and England (2008 – 2018)



Public Health England National Cancer Registration and Analysis Service also reviewed the distribution of types of tumour in this LSOA. The distribution that they found did not suggest a cluster. The most common cancers in this LSOA were breast, prostate, colorectal and lung, which are the four most common cancers in England as a whole. The distribution of these tumours broadly resembled the distribution of types of tumour that is expected in England as a whole.

Based on the analysis done, Public Health England National Cancer Registration and Analysis Service reported that the data suggests that there is no evidence of a cancer cluster in this Lower Super Output Area (LSOA)[5] and that cancer rates in this area were not significantly different to those of the rest of Barking and Dagenham. They recommended that further investigation was not necessary.

[5] The LSOA code is E01000112, which covers Woodlands Avenue

Discussion with reporter

These results have been discussed with the reporter of the potential cluster, including the similarity of the LSOA rates to those of Barking and Dagenham as a whole, the similar distribution of cancer types to that of England as a whole, the rarity of cancer clusters, and the Public Health England National Cancer Registration and Analysis Service conclusion that the data does not suggest a cancer cluster and recommend no further investigation. Agreement has been reached that this investigation will STOP following this stage 1 investigation, as suggested in the Public Health England guidance for investigating non-infectious disease clusters from potential environmental causes.

Appendix 1 - Environmental Health report on environmental contamination (land contamination and air quality)

"Resident advised that there is up to 5 residents with different types of cancer living on her road. She is concerned that the area or road is the cause of triggering the cancer for them and would like this investigated as it seems odd that this has happened".

Woodlands Avenue RM6 6EA

Possible land contamination.

Noted that that the historical maps indicate that Woodlands Avenue was open fields until developed for housing between the first and second world war. No records identified to suggest that area is not suitable for residential occupation.

Air Quality

The EU sets limits for several known air pollutants, that member states must meet these are set out below.

Pollutant	**Objective (UK)**	**Averaging Period**	**Date[1]**
Nitrogen dioxide - NO_2	200 µg m^{-3} not to be exceeded more than 18 times a year	1-hour mean	31 Dec 2005
	40 µg m^{-3}	Annual mean*	31 Dec 2005
Particles - PM_{10}	50 µg m^{-3} not to be exceeded more than 35 times a year	24-hour mean	31 Dec 2004
	40 µg m^{-3}	Annual mean*	31 Dec 2004
Particles - $PM_{2.5}$	25 µg m^{-3}	Annual mean*	2020
	Target of 15% reduction in concentration at urban background locations	3 year mean	Between 2010 and 2020
Sulphur Dioxide (SO_2)	266 µg m^{-3} not to be exceeded more than 35 times a year	15-minute mean	31 Dec 2005
	350 µg m^{-3} not to be exceeded more than 24 times a year	1 hour mean	31 Dec 2004
	125 µg m^{-3} mot to be exceeded more than 3 times a year	24 hour mean	31 Dec 2004

***** Included in LAEI dataset (see below)

Barking and Dagenham is exceeding EU limits for the gas Nitrogen Dioxide (NO2) in parts of the borough, principally along major roads.

We are currently meeting the limits that are set by the EU for all other air pollutants, although we remain focused on Particulate Matter (PM10 and PM2.5) because these pollutants have detrimental impacts on health at any level.

To assist London local authorities to carry out their air quality management duties the Greater London Authority provide a range of templates and tools including the London atmospheric emissions inventory (LAEI). The LAEI includes modelled annual average concentrations of NO2, PM10 and PM2.5 at 20m grid level for the base year 2013 and projected forward to 2020, 2025, and 2030. The predictions include both background and local sources.

The environmental protection team has used the LAEI 2020 modelled concentrations to identify baseline concentrations for the Woodlands Avenue residential boundaries shown on the map below.

The LAEI modelled annual average mean concentrations of pollutants, for a 2020 model year, for the grid points within Woodlands Avenue residential boundaries, as shown in orange on the map are

Nitrogen dioxide - NO_2 26.2 µg m^{-3} (SD 3.5)
Particles - PM_{10} 22.5 µg m^{-3} (SD 0.82)
Particles - $PM_{2.5}$ 14 µg m^{-3} (SD 0.29)

Author: Andrew Martin

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ANNUAL ASSEMBLY

27 April 2021

Title: Local Safeguarding Children Partnership Annual Report 2019/20	
Report of the Cabinet Member for Care and Health Integration	
Open Report	**For Information**
Wards Affected: All	**Key Decision:** No
Report Author: Justine Henderson, Interim Head of Children's Commissioning	**Contact Details:** E-mail: Justine.Henderson@lbbd.gov.uk
Accountable Director: Chris Bush, Commissioning Director, Care and Support	
Accountable Strategic Leadership Director: Elaine Allegretti, Strategic Director, Children & Adults	

Summary

The Barking and Dagenham Safeguarding Children Partnership (BDSCP) Annual report provides an opportunity to highlight the progress that the Safeguarding Children Partnership, consisting of the Local Authority, NHS BHR Clinical Commissioning Group and the Police, has made in achieving the safeguarding priorities in 2019/20.

The report outlines key demographic and performance data, findings from multi-agency audits, progress updates from each of the Working Group Chairs and feedback from some of our key partner agencies. The report also outlines the Partnership's priorities for 2020/21 and the new Barking and Dagenham Safeguarding Children Partnership structure and its interface with the tri-borough safeguarding partnership that includes Barking & Dagenham, Havering and Redbridge.

Recommendation(s)

The Assembly is recommended to note the Local Safeguarding Children Partnership Annual Report for 2019/20 at Appendix 1 to the report.

Reason(s)

Working Together 2018 guidance, stipulates that Safeguarding Partners must publish an Annual Report, within a twelve-month period.

1. Introduction

1.1 The Barking and Dagenham Safeguarding Children Partnership (BDSCP) Annual report is an opportunity to highlight the progress that the Safeguarding Partnership, consisting of the Local Authority, NHS BHR Clinical Commissioning Group and the Police, has made in achieving its safeguarding priorities in 2019/20.

1.2 The report outlines key demographic and performance data, findings from multi-agency audits, progress updates from each of the Working Group Chairs and feedback from some of our partner agencies. The report also outlines the Partnership's safeguarding priorities for 2020/21.

2. Key aspects of the report

2.1 In accordance with the guidance outlined in 'Working Together 2018', much work has been done, and is still to be done, to transition from a Local Safeguarding Children Board into a Local Safeguarding Children Partnership. The BDSCP has focused on getting the leadership right and embedding a stronger foundation for collaborative working. Whilst this took time, a solid basis to build on has been established.

2.2 The Barking, Havering and Redbridge Safeguarding Partnership was established in 2019/20 enabling an integrated approach to addressing the shared safeguarding needs, bringing together the infrastructure required, across the three boroughs, to tackle the joint priorities, such as young people's involvement with and at risk of gang culture, knife crime and child exploitation.

2.3 The Annual report provides a progress update on the work carried out in context of addressing the 2019/20 safeguarding priorities outlined below:

- Tackling knife crime and gang culture.
- Protection of vulnerable children and young people from all forms of exploitation.
- Reducing the impact of domestic abuse.
- Strengthening work at pre-birth stage to minimise neglect.
- Establishing consistent and agreed thresholds across the partnership.

2.4 The BDSCP has delivered many of its priorities for 2019/20, despite facing some significant changes. In common with the rest of the country, all partner agencies services were re-directed to respond and manage the impact of the Coronavirus pandemic. The overall impact and response to the pandemic will be outlined in our 2020/21 annual report.

2.5 To tackle knife crime, gang culture and exploitation, a multi-agency Contextual Safeguarding and Exploitation Strategic group was established. The group worked in partnership with the University of Bedfordshire to coordinate and support a multi-agency approach to Contextual Safeguarding in the borough. The Exploitation strategy was signed off in April 2019, providing partner agencies with a clear mandate within which to operate. Five Contextual Safeguarding Champions from across the multi-agency partnership have been trained and will enable further training to be cascaded across the partnership.

2.6 To improve the connectivity between schools and the wider partnership and enable concerns to be referred early on and for pupils and parents to access support, the Youth at Risk Matrix (YARM) was implemented. YARM workers offer both 1-1 and group work in primary schools, including teacher training, with the aim to prevent children becoming victims of criminal exploitation.

2.7 To reduce incidents of serious youth crime, knife carrying and exclusions, a Step Up and Stay Safe programme was implemented which included commissioning a range of interventions across universal, targeted and specialist services, including working with schools.

2.8 All Partners worked tirelessly over 2019/20 to adopt a whole system approach to tacking domestic violence in Barking and Dagenham. A new Domestic and Sexual Violence service was commissioned and went live in October 2019. In May 2019, the Local Authority implemented DV FLAG East, which is a collaboration between the Council's Legal team and Barking & Dagenham Citizen's Advice to improve access to legal advice for families experiencing domestic abuse. Partner agencies adopted the 'The Safe & Together'™ Model: an internationally recognised suite of tools and interventions designed to help child welfare professionals become domestic violence informed which has been rolled out across the partnership. In February 2020, the Barking and Dagenham Domestic Abuse Commission was launched. A key priority in 2020/21 is to take forward the recommendations of the Commission to bring about effective change.

2.9 A multi-agency 'task-and-finish' group was established to define and document the response to tackling neglect in the borough. A multi-agency Neglect strategy was produced, and implementation of the action plan commenced. This involved the establishment of a multi-agency pre-birth service, consisting of social workers, health visitors and midwifery, so to identify and respond to the risks of vulnerable new-born babies much earlier and assess parenting capabilities more robustly to inform future care planning. As a result of this service, new-born babies are prevented from being exposed to neglect and our aim is to break the intergenerational cycle of neglect.

2.10 The Graded 2 Care Profile Assessment Toolkit for Neglect was commissioned through NSPCC, with nominated multi-agency professionals trained in its use with the view to rolling out this training across the partnership in 2020/21.

2.11 Significant improvement is required across the Early Help landscape, of which all partner agencies are committed to take forward as a priority in 2020/21. In 2019/20, partners were engaged in developing a new multi-agency thresholds framework, starting from the basis of establishing a common understanding of terminology across the partnership. This work is to continue into 2020/21 and is a key priority for the Neglect and Early Help Delivery Group.

2.12 The report reflects that two multi-agency audits were undertaken over 2019/20, outlining positive findings and areas requiring improvement, as well as what was done to address them. The two audits were:

- Help and Protection (covering Section 47's, Child Protection Plans, Child in Need and Early Help)
- Child Sexual Abuse in family environment

There remains much learning to be taken forward into 2020/21.

2.13 Chair summary reports have been received from CDOP, Early Help, Performance and Quality, the Contextual Safeguarding & Exploitation Strategic Group, MASE and the Practice Development Training working groups. All the chair's summary

reports reflect the progress made in addressing the 2019/20 priorities and what the priorities are for 2020/21. As to Child Deaths, between April 2019 and March 2020 the CDOP was notified of 27 deaths of children who were resident in Barking and Dagenham. CDOP identified and reviewed one case during 2019/20 where the panel identified modifiable factors and the learning from this case has been take forward.

2.14 There was only one serious case review in 2019/20 – Child F, a 9-month-old baby who died because of a head injury whose mother was a Care Leaver. The report outlines what was learnt and what has been done to implement improvements to services, it includes establishing the multi-agency pre-birth assessment team within Children's Social Care.

2.15 Working through the challenges of 2019/20 has galvanised partnership working across our Statutory Safeguarding leaders and solidified their ambition for taking forward a bold and innovative vision for 2020/21. This includes de-professionalising the role of the Independent Scrutineer and making this role more representative of local communities in carrying out its scrutiny functions. Recruitment to this post is due to commence in March 2021.

2.16 The key focus of the Safeguarding Partnership is to get the basic's right which will underpin all work that is carried out in delivering the 2020/21safeguarding priorities. These priorities are as follows:

- Strengthen multi-agency working to protect and safeguard vulnerable children and young people from all forms of exploitation.
- Strengthen multi-agency working in the early identification and support for children at risk of suffering from harm resulting from neglect and domestic violence.
- Safeguard children with additional needs and promote their welfare.
- Protect vulnerable children and young people from sexual abuse.
- Embed our Safeguarding structure and Independent Scrutiny arrangements with a strong focus on evidencing the impact on improving the lives for children, young people and families.
- Respond to the impact of the COVID-19 pandemic.

2.17 Our cross-cutting priorities are to understand the lived experience of the child; improve their lived experience and outcomes because of our involvement and evidence the impact we have made.

3. Consultation

3.1 Safeguarding partners have been involved in the development of the Annual report and have fed into the development of our 2020/21 Safeguarding priorities.

3.2 Children and young people have actively been involved in informing the recruitment of our Independent Scrutineer and in informing the priorities of this role and will be involved in the recruit of this post.

3.3 The Annual report has been through the following governance structures.

Safeguarding Executive Group	17th December 2021
People and Resilience Management Group (PRMG)	4th February 2021
Portfolio for Social Care and Health Integration	16th February 2021
Corporate Strategy Group	18th February 2021

Public Background Papers Used in the Preparation of the Report: None

List of appendices:

- Appendix 1: Annual Safeguarding Children report 2019-20

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London Borough of Barking and Dagenham Safeguarding Children Partnership

Annual Report

2019 – 2020

London Borough of Barking & Dagenham lbbd.gov.uk

METROPOLITAN POLICE

NHS Barking and Dagenham Clinical Commissioning Group

Context setting

London Borough of Barking and Dagenham Safeguarding Children Partnership Annual Report 2019/20

Contents page

The Barking and Dagenham Safeguarding Children Partnership (BDSCP) Annual report is an opportunity to highlight the progress that the Partnership has been made in achieving its safeguarding priorities in 2019/20. The report outlines key performance data, findings from multi-agency audits, progress updates from each of the Working Group Chairs and feedback from some of our partner agencies. The report also outlines the Partnership's priorities for 2020/21.

In accordance with the guidance outlined in 'Working Together 2018', much work has been done, and is still to be done, to transition from an LSCB into a Local Safeguarding Children Partnership.

In 2019/20 we established arrangements with Barking, Havering and Redbridge Safeguarding Partnership. We defined an integrated approach to addressing to our shared safeguarding needs so to bring together the infrastructure to tackle our joint priorities, such as addressing young people involved with and at risk of gang culture, knife crime and child exploitation.

The DBSCP has delivered many of its priorities for 2019/20, despite facing some significant changes. The Partnership focused on getting the leadership right and embedding a stronger foundation for collaborative working across the Statutory partners being the Local Authority, the NHS Clinical Commissioning Group and Police. Whilst this took time, a solid basis to build on has been established. The Partnership is committed to leading the cultural and behavioural changes required to drive sustained improvements in services over the next three to five years, to safeguard and improve the lived experience of children and families.

In common with the rest of the country, all partner agencies services were re-directed to respond and manage the impact of the Coronavirus pandemic. All services have had to adapt and respond swiftly in delivering support whilst reducing the risk of COVID-19 transmission. We would like to thank everyone involved in maintaining high standards of professional practice and care delivered during this period. An overview of the impact and response to the pandemic will be outlined in our 2020/21 annual report.

Working through the challenges has galvanised partnership working across our Statutory Safeguarding leaders and solidified their ambition for taking forward a bold and innovative vision for 2020/21. This includes de-professionalising the role of the Independent Scrutineer and making this role more representative of local communities in carrying out its scrutiny functions. The key focus of the Safeguarding Partnership is to get the basic's right which will underpin all work that is carried out in delivering the 2020/21's priorities.

Introduction

Priorities in 2019/20

This report outlines how Barking and Dagenham Safeguarding Children Partnership (BDSCP) delivered against its priorities in 2019/20, which were as follows:

- Tackling knife crime and gang culture
- Protecting vulnerable children and young people from all forms of exploitation
- Reducing the impact of domestic abuse on our children and young people
- Strengthening work at pre-birth stage and minimising the impact of chaos and neglect on our youngest children
- Establishing consistent and agreed thresholds across the partnership that are congruent with new approaches.

To deliver these priorities it was agreed that the Partnership would oversee the development and implementation of the following key workstreams:

- Develop and implement a multi-agency Exploitation Strategy to safeguard children and young people from all forms of exploitation
- Embed a Contextual Safeguarding approach to considering, assessing and responding to risk
- Roll-out the Violence Against Women and Girls (VAWG) Strategy across Barking and Dagenham
- Continue to embed a culture of performance management and quality assurance and target this at areas requiring improvement
- Develop proposals for the future shape of the Barking and Dagenham Safeguarding Partnership in accordance with Working Together 2018

Summary of achievements

Contextual Safeguarding and Exploitation

The Safeguarding Children Partnership, alongside the Community Safety Partnership (CSP), worked relentlessly to tackle gang, knife crime, domestic abuse and the exploitation of children in Barking and Dagenham.

The Contextual Safeguarding and Exploitation Strategic Group was established with multi-agency representation. This group developed a clear mandate within which to operate and the Exploitation Strategy was signed off in April 2019. The group has overseen significant progress, as outlined in the Chair's summary report (page 16). The group worked with the University of Bedfordshire to develop tools and pilots to support implement Contextual Safeguarding which included training five Contextual Safeguarding Champions across the Partnership. A Step up and Stay Safe programme was established that commissioned services at each tier to reduce incidents of serious youth violence, knife carrying, and exclusions in schools. The Youth at Risk Matrix (YARM) was implemented, so primary schools could refer concerns, access support for pupils and parents, of which is making an impact. Through the Young people's Annual Safety Summit, awareness of safe and unsafe spaces where identified in the borough.

Tackling Domestic Violence and Abuse

All Partners have worked tirelessly over 2019/20 to adopt a whole system approach to tacking domestic violence in Barking and Dagenham. A new Domestic and Sexual Violence Service was commissioned and went live in October 2019. In May 2019, the Local Authority implemented DV FLAG East, which is a collaboration between the Local Authorities Legal team and Barking & Dagenham Citizen's Advice service to improve access to quality legal advice for families experiencing domestic abuse. This service received national recognition and awards.

Partner agencies adopted the 'The Safe & Together'™ Model: an internationally recognised suite of tools and interventions designed to help child welfare professionals become domestic violence informed and this has been rolled out across the partnership.

In February 2020, the Barking and Dagenham Domestic Abuse Commission was launched, bringing ten national experts around a table to explore the normalisation of domestic abuse in the borough, with a clear focus to examine and respond to the attitudes and behaviours that allow domestic abuse to exist. A key priority in 2020/21 is take forward the recommendations of the Commission and challenge these behaviours to bring about effective change.

Introduction continued

Summary of achievements in 2019/20

Violence Against Women and Girls (VAWG Strategy)
Tackling violence against women and girls has been implemented, as part of the VAWG strategy and is led by the VAWG sub-group. This sub-group oversees the Domestic Violence Forum; The Domestic Abuse Commissioning and Domestic Homicide Review Panel. The link in with the trauma informed health intervention model delivered through the Community Safety Partnership is to ensure the impacts of trauma and to domestic violence are well represented.

Tacking Neglect: The Safeguarding Children Partnership commissioned a multi-agency 'task-and-finish' group to define and document the response to tackling neglect in the borough. A multi-agency Neglect strategy was produced and implementation of the action plan commenced.

A multi-agency pre-birth service, consisting of social workers, health visitors and midwifery was established, resulting in the risks to vulnerable new born babies being identified much earlier and parenting capabilities being more robustly assessed to inform future care planning. As a result of this service, new born babies are prevented from being exposed to neglect and our aim is to break the intergenerational cycle of neglect.

The Graded 2 Care Profile Assessment Toolkit for Neglect was commissioned through NSPCC, with nominated multi-agency professionals trained in its use with the view to roll out this training across the partnership in 2020/21.

Significant improvement is required across the Early Help landscape, of which all partner agencies are committed to take forward as a priority in 2020/21. In 2019/20, partners were engaged in developing a new multi-agency thresholds framework, starting from the basis of establishing a common understanding of terminology across the partnership. This work is to continue into 2020/21 and is key priority for the Neglect and Early Help Delivery group.

Priorities in 2020/21

The Safeguarding Children Partnership in 2020/21 will take forward a bold and innovative programme of work to deliver following key priorities

1. Strengthen multi-agency working to protect and safeguard vulnerable children and young people from all forms of exploitation.
2. Strengthen multi-agency working in the early identification and support for children at risk of suffering from harm resulting from neglect and domestic violence.
3. Safeguard children with additional needs and promote their welfare.
4. Protect vulnerable children and young people from sexual abuse.
5. Embed our Safeguarding structure and Independent Scrutiny arrangements with a strong focus on evidencing the impact on improving the lives for children, young people and families.
6. Respond to the impact of the COVID-19 pandemic.

The cross cutting priorities are to understand the lived experience of the child; improve their lived experience and outcomes as a result of partner involvement and evidence the impact made.

What is safeguarding and why does it matters for children and families?

Putting it simply, safeguarding is about the risks some children and young people may face as they grow up. These risks might come from:

- Physical harm (including deliberate harm)
- Emotional harm (including bullying)
- Neglect (in their everyday life)
- Sexual abuse (including unwanted sexual activity by others)
- Exploitation (which may include sexual, trafficking)

These risks may be faced in a child's own home caused by their family members, or from other young people or adults in the child's life and sometimes from strangers.
While many of these factors have been around for a long time there are some newer aspects of safeguarding in keeping children safe that have become more common. This includes:

- Gangs and knife crime
- Radicalisation
- Modern day slavery
- Internet/digital abuse
- Female Genital Mutilation (FGM)

The key question in any of these situations is: Does this cause harm or is the child or young person at risk of harm from which they need to be protected?
The key agencies with responsibility for safeguarding are:

- **The Local Authority**
- **Police**
- **Health Services**

Many other groups or organisations have a significant part to play. This includes schools, faith groups, under 5's services, clubs, sports facilities, community groups etc. The fact is that the safety of children and young people is everybody's responsibility.

To help protect children and young people we must:

i. **Work together**
ii. **Have plans for helping to protect children and young people**
iii. **Test that what we are doing is working and makes sense**
iv. **Look ahead to see what needs to be done**

This Annual Report looks back on progress over the last financial year and looks forward to how we work together even more effectively in the coming year and beyond. At a time of difficult resources and the impact of the Coronavirus pandemic there is an even greater need to work together, but we must work effectively and efficiently.
Difficulties in getting resources are no excuse for failures in working together and communicating well with each other.

Why does it matter?

At the end of 2019/20, 335 children and young people were on what is called a Child Protection Plan, an increase of 28 children when compared to 2018/19. This means that after serious consideration all of those children were at risk from some of the risk areas outlined in this slide. Our rate per 10,000 children is 53, higher than national (44), London (37) and statistical neighbours (44).
In addition, 1,369 children and young people under 18 were considered to be Children in Need at 31 March 2020. These children and families require ongoing and sometimes intensive work to support and protect them. Across all assessments in 2019/20, 34% identified Domestic Violence and 40% identified Abuse and Neglect. The effects of neglect and abuse may live with a child or young person for a long time and affect their future lives, their relationships and the way in which they then act as a parent. They may miss out on education, the development of life skills, their mental health may be affected and their life chances may be impaired. This report sets out some of the work that needs to happen to help protect children and young people in Barking and Dagenham now and those who will be born or move here in the next few years.

Who was involved in 2019/20 and how do we work together ?

The Barking & Dagenham Safeguarding Children Partnership is a multi-agency partnership. It is made up of senior representatives from statutory and non-statutory agencies and organisations in the Borough who have a responsibility for keeping children safe. The Safeguarding Partnership has a co-ordinating role and are responsible for ensuring that agencies work together to provide safe, effective, and efficient safeguarding arrangements for children living in our Borough. The partnership does this by:

- Outlining how it intends to tackle priority safeguarding issues, in partnership with other agencies
- Developing local policies, strategies, and ways of working, through its delivery groups
- Delivering multi agency training

There are strong links with the Health and Wellbeing Board, The Safeguarding Adults Board and the Community Safety Partnership, and we ensure the effectiveness of our local work by:

- Monitoring and scrutinising what is done by our partner agencies to safeguard and promote the welfare of children
- Undertaking serious case reviews, now known as Local Learning reviews (as a result of the changes outlined in Working Together 2018) and other multi-agency learning reviews, audits and qualitative reviews and sharing learning opportunities
- Collecting and analysing information about child deaths
- Drawing evidence from the testimony of children, young people, and frontline professionals
- Publishing an Annual Report on the above.

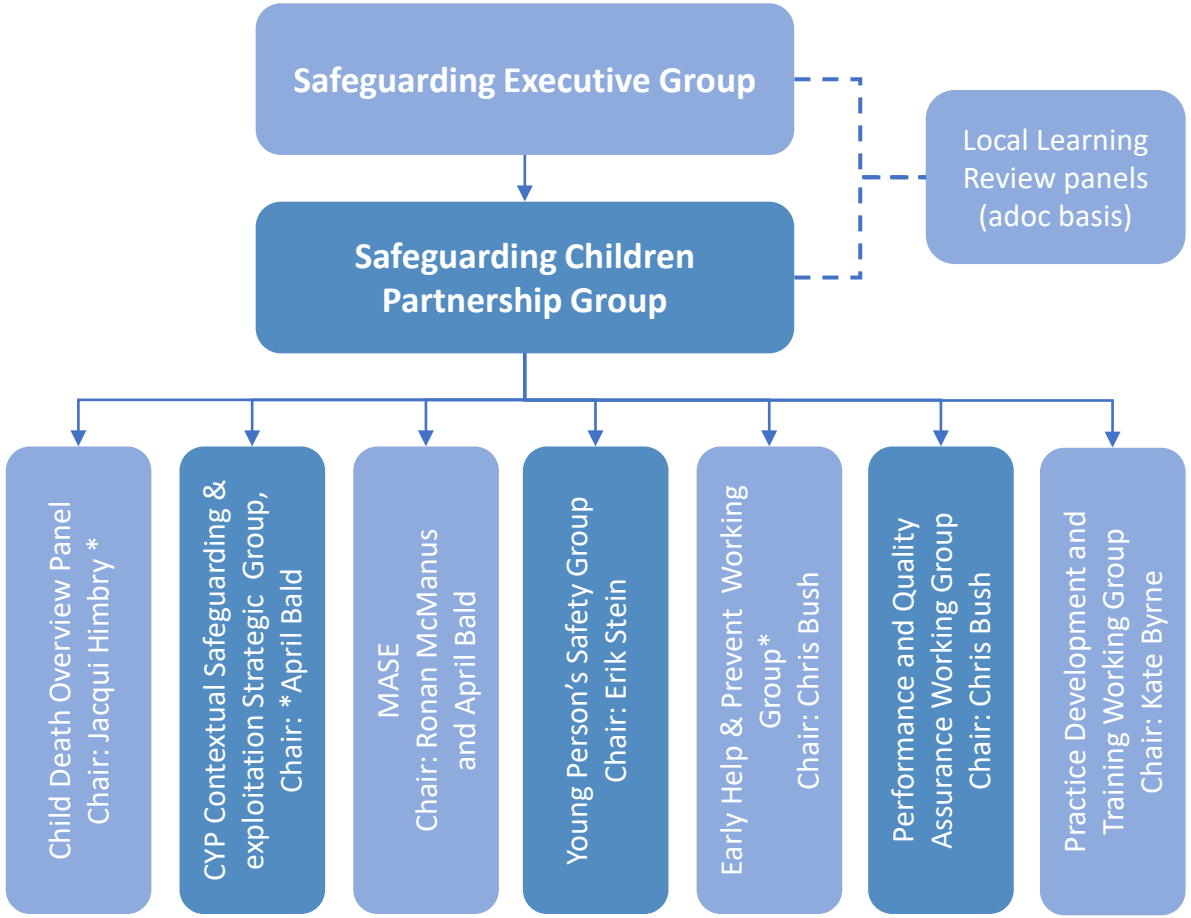
The Barking and Dagenham Safeguarding Partnership has three tiers of activity:

Safeguarding Executive Group: is made up of representatives from the three key statutory agencies and has strategic oversight of all Safeguarding Partnership activity. Strategic Partners takes the lead on developing and driving the implementation of the partnership's work.

Safeguarding Partnership Group: this is made up of representatives of the partner agencies as set out in Working Together 2018. Partner members must be sufficiently senior to ensure they are able to speak confidently and have the authority to sign up to agreements on behalf of their agency.

Working Groups: these groups work on the Safeguarding Partnership's priority areas on a more targeted and thematic basis. They report to the Safeguarding Partnership.

BDSCP Governance Structure over 2019/20



Full details of Barking and Dagenham Safeguarding Board membership for 2019/20 is outlined in Appendix A of this document. *During 2019/20 there were a number of changes in the Chairing of these groups and hence the chart reflects the most recent Chairs.

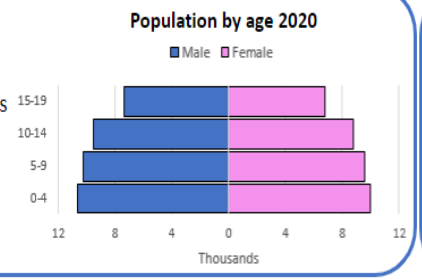
What is happening in Barking and Dagenham and what does the data tell us?

Demography

Population size

A large and growing young population

- Highest proportion of 0–17s in UK
- Highest birth rate in England and Wales
- +4,300 0–17s in next 5 years (+6%)
- +2,100 18-25s in the 5 years (+ 9%)
- 26% projected increase in 15–19s



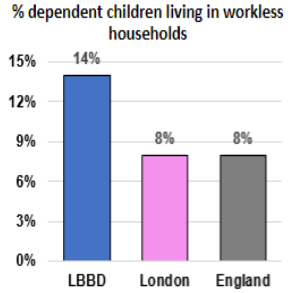
Population, 2020-2025

Age	2020	2025	% change
0–4	20,600	21,100	+2%
5–9	19,800	20,300	+3%
10–14	18,300	19,100	+4%
15–19	14,200	17,900	+26%
All ages	*217,000*	*237,000*	*+9%*

Deprivation

High levels of deprivation

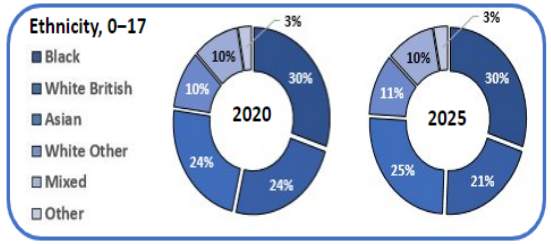
- 17th highest in England and 1st in London for income deprivation affecting children
- 14% of dependent children live in workless households (8% in London)
- 15% of secondary school pupils claim free school meals, same as London



Ethnicity & language

A diverse population

- 74% of 0-17s are ethnic minorities compared to 66% in all age groups
- 54% of primary school pupils do not have English as their first language, higher than London (49%)



Sources: **Population size:** Greater London Authority (GLA) interim 2019-based Borough Preferred Option projection, 2019; Office for National Statistics (ONS) mid-year population estimates, 2019; Live births in England and Wales: birth rates down to local authority areas, ONS via Nomis, birth rate refers to 2017. **Deprivation:** English indices of deprivation 2019, Department for Communities and Local Government; Annual Population Survey, Schools, Pupils and their Characteristics: January 2020, Department for Education, 2020. **Ethnicity & language:** GLA housing-led ethnic group projections, 2016 round © GLA, 2020-based demographic projections, 2019. Ethnic minorities refers to all ethnic groups other than White British; Schools, Pupils and their Characteristics: January 2020, Department for Education, 2020. **School survey:** LBBD School Survey 2019. **Social care:** Department for Education/LBBD. X indicates suppressed value. Multiple factors may be recorded.

Population health, behaviours and attitudes – 2019 Year 10 School Survey

Emotional health and wellbeing

- **44%** say they are at least 'quite' satisfied with their life at the moment.
- **22%** say if at first they don't succeed, they 'usually' or 'whenever possible' give up
- **12%** say they are young carers

Health

- **73%** say they are in charge of their own health
- **25%** say they don't enjoy other physical activity outside school at all
- **33%** say they didn't have anything to eat or drink before lessons that day

Relationships

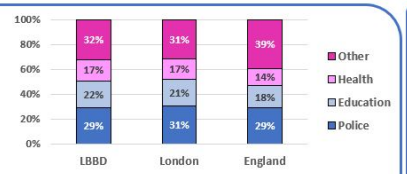
- **26%** of pupils believe that emergency contraception can be taken up to 3 days after unprotected sex and still expect it to work.
- **85%** think trust and honesty are some of the most important aspects of a good relationship with a boyfriend/girlfriend.
- **73%** think respect and understanding are some of the most important things to make a good relationship.

Children in contact with social care

Referrals

1 in 3 referrals are from the police

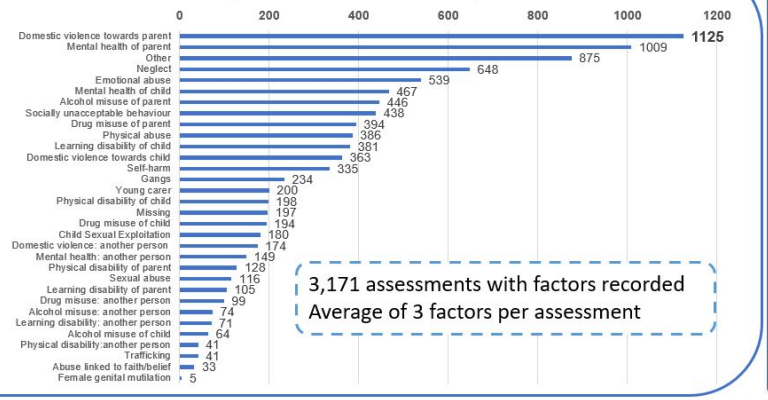
Police, schools and health services account for 68% of all referrals to children's social care



1 in 7 (15%) referrals are within 12 months of a previous referral, better than London (19%)

Factors recorded at assessment

Domestic Violence towards parent is the most commonly recorded factor at assessment



3,171 assessments with factors recorded
Average of 3 factors per assessment

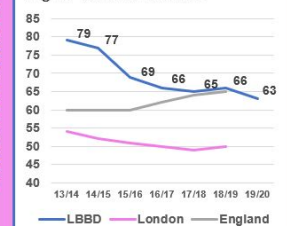
Children in contact with social care

Snapshot (end 19/20)

- **1,369** children in need
- **335** children with child protection plans
- **402** looked after children
- **245** care leavers

Looked-after children per 10,000

Higher rate than London



Missing

10% of looked after children had a missing episode in 19/20

What is happening in Barking and Dagenham and what does the data tell us?

Early Help

The Early Help Assessment (EHA) is now the primary tool for capturing Early Help work (previously known as a CAF – Common Assessment).

The number of EHAs being initiated for children has declined significantly between 2015/16 (1,427) and 2018/19 (378). However, this increased to 1,028 in 2019/20. The Targeted Early Help Team in the Local Authority, Community Solutions service, has complete nearly all EHAs. The partnership assessments tend to be completed outside of EHA framework and are not reportable in the Early Help Model, within Liquid Logic, of which partner agencies have been given access too. This will be addressed as part of the Neglect and Early Help Delivery group in 2020/21.

Early Help Referrals

Referring body	2018/19	2019/20	2020/21 (So far)
Community Solutions	39%	25%	
MASH	21%	19%	37%
Education	10%	15%	17%
Health	11%	19%	15%

Referrals into Early Help from Police have remained consistent at 14%/15%. Behavioural Issues (22%) was the most prevalent presenting need for new children into Early Help during 2019/20. However together, Domestic Incidents (12%) and Domestic Violence (8%) accounted for 20% of child presenting needs. The percentage of re-referrals into Early Help remain low, with 14% in 2019/20. Early Help cases stepped up to Children Social Care was 14% in 2019/20. The proportion of children referrals into social care with evidence of CAF in place or ever been in place remains low at 9%.

Referrals to Children Social Care

At the end of 2019/20, the repeat referral rate was 15%, similar to previous years. Performance has remained below all comparators (19%-23%).

The number of statutory social care referrals received fell by 4.3% during the year from 3,730 in 2018/19 to 3,571 in 2019/20. The rate per 10,000 has fallen from 593 to 562. This is below similar areas (624) but above the London (548) and the national rates (545).

The most significant number of referrals are received from the Police (1018) and from Education (775). Around 95% of referrals were acknowledged within 24 hours during 2019/20, compared to 90% previously.

Strategy Discussions and Section 47 Investigations

A focused area for improvement in the last two years has been reducing inappropriate use of Section 47 investigations. Our s47 rate per 10,000 children has always been high comparatively, but this is now declining. The number of cases that progressed to Section 47 investigations during the year was 1,047 out of 1,457 strategy discussions, a conversion of 72%. For the previous year this figure was 68% (1,227/1,806). The number of Section 47 Investigations decreased during the year from a rate of 195 per 10,000 to 165. This puts us below the national (168) and similar area rates (205) but just above the London rate (153).

In 2019/20, a higher proportion of Section 47s progressed to Initial Child Protection Conference increasing to 42% compared to 31% in 2018/19. The percentage of Section 47 investigations resulting in No Further Action also declined to 6.5% compared to 8.5% in 2018/19

Statutory Single Assessments

A total of 4,274 single assessments were completed during in 2019/20 - an increase of 17%. 78% of those assessments were completed within 45 days compared to 88% (3,199/3,655) in 2018/19 and performance was below all comparators (83%-84%). During 2019/20, the Assessment and Intervention Service went through a period of service improvement which impacted on timeliness, but since the changes have been embedded performance has steadily improved. Performance in 20/21 to date is at 90%.

What is happening in Barking and Dagenham and what does the data tell us

Core Groups

The number of core group meetings held in timescale for children subject to child protection plans dropped to 83% at the end of March 2020 , compared to 89% a year earlier.

Children Subject to a Child Protection Plan

425 children were considered at Initial Child Protection Conferences during the year at a rate per 10,000 of 67, an increase on 2018/19 when the rate was 60 (385 children). This rate is comparable with England, lower than similar areas and above London.

At the end of 2019/20, 335 children were subject to Child Protection Plans, an increase of 9% on the 2018/19 figure. Our rate per 10,000 is 53 - notably higher than national (44), London (37) and local rates (44). Whilst the number of children coming off plans during the year remained steady at around 350, the number of children coming on to a plan rose from 337 to 376.

The number of children becoming subject to a child protection plan for the second time in 2019/20 was 55 (14.6%). This compares with 52 children (15.4%) in 2018/19. Performance is good and lower than national, London and similar areas (18%-21%).

This year has seen an increase in the percentage of children who were on a child protection plan for two years or more when the CP plan ceased - 31 children out of 349, representing 9% and compares with 14 children in 2018/19 (4.0%). This area of performance is above the target of 4% and higher than the national, statistical neighbour and London averages. It is important to note the impact of large sibling groups on this performance with 22 of those children comprising of just six families.

Child Protection Conferences

Performance on the timeliness of initial child protection case conferences within the 15-day timescale increased slightly to 76% in 2019/20, compared to 73% in the previous year. Performance is slightly below comparators (77%-80%).

Child Protection Review Conferences being held in time has remained high at 95% - in line with all comparators (92%-96%).

Child Protection Visits

The proportion of children subject to child protection plans visited 2 weekly increased to 94% at year end compared 76% the year before. 99% of children subject to child protection plans were visited and seen within 4 weeks at the end of 2019/20, an increase on the 2018-19 outturn of 94%.

Missing Children

The number of children missing from home (not in care) was higher in 2019/20 at 185 with more missing from home episodes – 448, compared to 119 children and 294 episodes in 2018-19. Return home interviews within the recommended 72 hours period is an area of concern declining slightly from 34% on 2018-2019 to 33% in 2019-20.

The number of looked after children missing has decreased from 64 to 59 over the last year, however the number of missing episodes has increased from 200 to 247. Return home interviews in 72 hours for looked after children remains low, decreasing from 48% to 34% over the last year.

Child Sexual Exploitation (CSE)

At the end of March 2019/20, 30 young people were open in children's care and support for whom there were current CSE concerns, compared to 38 at end of 2018/19.

Police Powers of Protection

The number and proportion of children coming into care as a result of emergency police protection has declined year-on-year since 2014. At the end of March 2019/20, 18 children came into care on police protection – representing 9% of all admissions into care during the year. This is a reduction on the 40 (20%) seen in 2018/19 and below the London average.

Findings from the Multi Agency Audit Programme in 2019/20

An externally commissioned audit on Help and Protection (covering Children in Need and Children Projection) was undertaken.
The audit was carried out by an ex. Ofsted Inspector.

What is working well?

Child in Need

- The reviews of Children In Need (CIN) are well attended.
- Good quality single assessments are being undertaken and capture the views of children and parents.
- The good work of Family Support workers was routinely evidenced on the Child in Need records.
- Supervision is routinely taking place but more work is needed on supporting reflective practice.

Early Help

- The Early help service was maintaining the right level of thresholds as to the cases being supported.
- Social Workers and Early Help workers were working together to support joint handovers and planning.
- Early help assessments were being thoroughly completed and evidenced appropriate reference to other supporting information. This enables a good quality single assessment to be completed by Children's Social Care when as case are stepped up.
- Early help workers were undertaking planned, focused work on addressing the practical issues impacting on children and families which was evidenced to be having a positive effective.

Areas identified as needing improvement

- More work is needed to ensure CIN plans are less task focused and can better demonstrate progress against outcomes that are robust, SMART and succinct.
- To support staff, through supervision, adopt systematic reflective practices.

What did we do to take forward improvements and are continuing to do?

- Encourage staff to focus 'on the lived experience of the child' and in determining what needs to change so to achieve a positive impact on a child's life.
- To consistently record reflections as to the impact that support and services are having.
- Review the membership of the Child Protection and Child in Need panels to ensure multi-agency participation.
- Ensure greater management oversight of staff presenting cases that better evidence that the desired impact is being delivered.
- Greater focus needs to be placed on staff analysing chronologies and genograms to identify trends and behaviours.
- Health's attendance at CIN and CP meetings is to be monitored.

Findings from the Multi Agency Audit Programme in 2019/20

An externally commissioned audit on Help and Protection (covering Children in Need and Children Projection) was undertaken.
The audit was carried out by an ex. Ofsted Inspector.

Section 47's

What is working well?

- The decisions made to proceed to case conference were considered appropriate.
- The outcomes of s47 investigations, evidenced a good range of interagency information being considered to support a conclusion. Reports were thoroughly documented.
- The child's voice was routinely evidenced, as was the use of appropriate methods of communication.
- Allegations of physical harm - medical examinations appropriately undertaken without delay.

Areas we are currently taking forward improvements:

- Strengthen the recording of decision making on all cases
- Support consistent attendance of Health and parents at strategy discussions
- Improve management oversight of s47 investigations and strategy discussions

Child Protection Plans

- The initial risks to children were recognised well
- Examples of good quality child protections plans were evidenced with more needing to be done to ensure consistently in practise
- There were several examples of family support workers doing creative direct work with children, but improvement is needed to make them more intentionally outcomes focused and evidence the impact in improving the lived experience of children.
- Assessments evidenced a good range of information being obtained from other agencies.
- Core groups are held regularly with appropriate attendance from the network.
- The strengthening families framework is being used in Child Protection conferences that are well attended and consistently used.
- Legal planning meetings are appropriately in use
- Appropriate pre-conference consultations and midway reviews by Child Protection Chairs are in operation.
- Very few children have repeat child protection plans.
- Family Group Conferences are being used effectively to support the planning for children.

- Improve outcome focused support being provided, including direct work, that measures the positive impact being had on improving the lived experience of children.
- Ensure plans are less task focused and can better demonstrate progress against outcomes that are robust, SMART and succinct.
- Plans & assessments need to capture and record the views of parents and children more consistency and outline how they have been engaged in the planning.
- Enable staff to remain focused on addressing the core concerns impacting on the lives of children and their families and ensure that contingency plans are specifically developed to reflect the individual circumstances of families.
- Through supervision, facilitate and encourage greater reflective practice based on the child's circumstances, which supports improved planning and visits being more purposeful.
- Ensure Assessments are consistently updated when things change and support staff to be more analytical when undertaking assessments.
- The recording of Child Protection Conferences is to evidence what change has been achieved and how this has positively impacted on the lived experience of the child.
- The Child Projection panel is to evidence the rationale for why recommendations are being made.

Findings from the Multi Agency Audit Programme in 2019/20

A multi agency audit was undertaken in to Child Sexual Abuse in the Family Environment

Child Sexual Abuse

What is working well?

- Education settings are responding effectively to child disclosures and are making appropriate referrals.
- Thresholds are being applied, with children receiving the right service at the right time and there is appropriate step down to Early Help.
- There is timely responses in the initial stages and good joint S47 responses to disclosures.
- There is positive feedback about the quality of an ABE interview.
- There is robust offender management by Police and National Probation Service including information sharing across police authorities.
- Good partnership activity was evidenced usually with regular meetings and good information sharing.
- Plans are clear, although further improvement is needed as to evidencing the impact of the plans in achieving outcomes.
- The audit found evidence of appropriate services for the child and family being involved e.g. CAMHS counsellor, Barnardo's and Victim Support.
- Supervision and management oversight was evidenced on the children's cases although further improvement is needed to clearly evidence this on records.

Areas we are currently taking forward improvements:

- A multi-agency Child Sexual Abuse working group has been established that reports into the Safeguarding Partnership.
- Extensive training has been rolled out across the services on Child Sexual Abuse.
- An audit of children subject to Child Protection plans was undertaken to ascertain where Child Sexual Abuse was a 'hidden factor' in other categories, such as neglect.
- We are seeking to work with education settings to improve their ability to respond to children exhibiting sexual behaviours.
- We will develop a risk assessment model that partners can use to support the identification of harmful sexual behaviours.
- Through raising awareness, supervision, increased management oversight and training we aim to increase professional curiosity in identifying and responding to Child Sexual Abuse. This includes support to staff to reflect and analyse case histories.
- We will work with partners to support increased agency challenge as to the application of thresholds of harmful sexual behaviour.
- We need to improve the quality of communication between Children's Social Care and the Police during the later stages of an investigate, so to support Partners and Parent/Carers understand the outcome of the investigation, especially when enquires are not concluded.

What have we learnt over the past year from serious incidents?

Child F – 9 month old baby died of a head injury. Mother was a care leaver.

What we learnt

- Improve the ability of staff to assess parental vulnerabilities, including analysing case histories as to parental childhoods, family backgrounds and parenting capacity to provide appropriate care and support.
- Empower front line staff to be more professional curious, especially in finding out further information as "hidden" and unseen partners, acting in the role of co-parents.
- There is the need to engage other partner agencies involved, earlier in the assessment and planning process and support the sharing of information and ensuring a whole family approach is undertaken. This is to prevent the main focus for professionals being on engaging the parent and not focusing on the child's needs.
- Through robust planning, partner agencies are to work collaboratively to ensure that timely and consistent support is delivered and that all gaps in support are addressed.

What did we do to address?

- Improved information sharing and improved ability to review case histories. 10 Early Help practitioners have recently gained access to Social Care records.
- Supporting guidance has been provided to all Early Help staff to analyse case histories using chronologies and genograms.
- All babies open to Early Help were audited to ensure risks were identified.
- A Pre-birth Assessment team in Children's Social Care was established. This is a multi-agency pre-birth team, consisting of social workers, health visitors and midwifery. This service is now fully embedded resulting in the risks to vulnerable new born babies being identified much earlier and parenting capabilities being more robustly assessed to inform future care planning.
- In June 2019, the "Vulnerable People Housing Panel" was launched. The panel brings together staff from Children Care & Support, Commissioning, Adults Social Care and Community Solutions to review and agree joint support plans for the most vulnerable families / individuals.

Chairs Summary: Child Death Reviews (CDR)

In accordance with 'Working Together' (2018) guidance, responsibility for child death reviews shifted from Local Safeguarding Children Boards (LSCBs) to a joint partnership of local authorities and clinical commissioning groups (CCGs), named Child Death Review Partners (CDRP).

Every child death is to be subject to a thorough mortality review led by clinicians in the acute hospital or trust or primary care setting who are most involved in the care of that child or appropriate to the review. The guidance outlined, that support to families affected by a child death, was to be improved by identifying of a key worker to support the family and help them understand the circumstances of the death, offer bereavement support, if needed, at an appropriate time and refresh locally customisable bereavement information explaining the new processes to the bereaved at the time of the death of their child or young person.
These requirements are currently being embedded in Barking and Dagenham.
Another key priority for 2019/20 was to develop and publish our BHR Children Death Review (CDR) guidance. The policy and procedure has been develop however due to the COVID pandemic, has yet to be signed off and published.

Number of Child Deaths in Barking and Dagenham

Between April 2019 and March 2020 the CDOP was notified of 27 deaths of children who were resident in Barking and Dagenham which is a slight increase in the number of deaths from the previous year. There were 16 males / 11 females. The Child Death Overview Panel (CDOP) met 5 times during the year to discuss child deaths. The Panel reviewed and closed 19 cases. Of those closed cases, 5 cases were from the period April 2017-March 2018, 9 cases from the period April 2018-March 2019, 5 from 2019-2020.

Preventability/modifiable factors

CDOP reviewed Child E during 2019/20 which resulted in a Practice Learning Review being undertaken, in accordance with the National Panel advising the case did not meet the criteria for a Serious Care Review. The Practice Learning review identified there being no evidence to suggest that there was a systematic failure by agencies to safeguard Child E, however there are some lessons to be learnt which were addressed in 2019/20 and continue to be take forward in 2020/21

Actions taken and key priorities in 2020/21

Response to Child E

The Contextual Safeguarding and Exploitation group, working in partnership with the Community Safety Partnership (CSP) took forward the recommendations arising from the PLR as to Child E. The Chair's summary report (slide 16), provides further detail, including what the priorities are 2020/21 but below outlines direct action taken in response to the PLR recommendations.

- Barking and Dagenham, worked with the University of Bedfordshire, to implement a Contextual Safeguarding approach.
- A Trauma informed practice model was rolled out across Children's Social Care and continues to be embedded in practice, to strengthen family resilience.
- Schools are adopting trauma informed approaches, as well as providing safe and inclusive places for young people to learn and build their resilience.
- Strategy discussions are conducted to facilitate routine information sharing and inform whether section 47 investigations are to be undertaken, so improve the understanding of risks or vulnerability at an early point.
- Police are providing MIS merlin notifications to consistently identify children who are present during a Domestic Abuse incident.

Key priorities for CDR in 2020/21

- The amended The Child Death Review policy and procedures that are aligned with Statutory and Operational Guidance (2018) will be sign off and embedded across the BHR footprint.
- Monthly CDOP meetings will be held in 2021, including themed panels. A themed meeting is one where CDR partners arrange for a single CDOP, or neighbouring CDOPs, to collectively review child deaths from a particular cause or group of causes.

Chairs Summary: Performance and Quality Assurance Working Group

The Performance and Quality Assurance (PQA) Working Group meets quarterly and in 2019/20 met four times and attendance from partner agencies has been good. The purpose of the PQA Working Group falls four main categories:

BDSCP Performance Datasets

- Provide an overview of performance and highlight key risks and issues identified from the data

Audit and Quality Assurance Activity

- Summarise the work of the Multi-Agency Audit Group and outline key findings

Commentary and Improvement Work

- Describe, where known, the underlying causes of issues and any remedial action being taken

Next Steps

- Provide recommendations to the Partnership for action(s) to be taken, and describe the next steps for the PQA Working Group

The foundations for effective performance and quality assurance have now been laid, with the core tasks delivered during the year:

- ✓ Elected a new Chair of the PQA – Head of Performance and Intelligence Children's Care and Support.
- ✓ A multi-agency performance dataset has been well embedded by the PQA Working Group, enabling assurance of safeguarding across the partner agencies.
- ✓ Early Help performance and audit updates quarterly.
- ✓ Reviewed the PQA forward plan and key agency responsibilities.

With the foundations established, the group has begun to provide effective challenge, and identify remedial actions as required and/or recommend escalation to the main Safeguarding Partnership where intervention at wider-strategic level is felt by the group to be necessary. Key areas of impact in 2019/20 have been:

1. Performance improvements in:
   - A lower number and rate of Section 47s and a lower proportion of Section 47s resulting in No Further Action.
   - The percentage of Initial Child Protection Conferences progressing to Child Protection plans.
   - The timeliness of child protection visits.
   - Lower number and proportion of children entering care on police protection.
   - Recording and tracking of children flagged as at risk of Child Sexual Exploitation
2. Better analysis of findings from Multi-Agency Audits, and an improved system for challenge and follow-up (ensuring audit recommendations are acted upon)

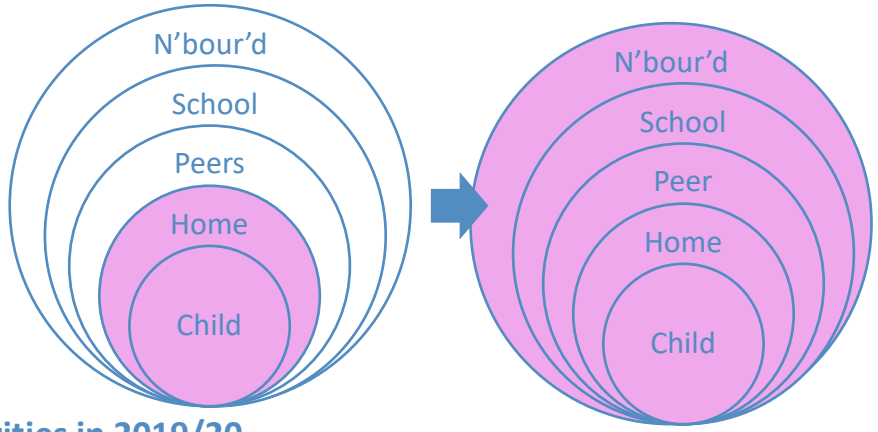
In 2020/21, the PQA will ensure a multi-agency approach to performance monitoring and quality assurance with robust challenge across partner agencies. The PQA will review and analyse the quality and performance of the safeguarding services provided by partner agencies and report to the Safeguarding Children Partnership on areas of good performance, areas for improvement and improved outcomes. Our priorities for the next 12 months are:

- ➢ Provide detailed analysis of emerging trends from the performance dataset with an exception of risk and issues approach.
- ➢ Implement the Multi-Agency Safeguarding Quality Assurance Framework, which will include multi-agency a multi-agency audit programme and ensure that the whole journey of the child is tested, and that our audit and quality assurance approach is sufficiently flexible to respond to emerging threats.
- ➢ Work with the Safeguarding Children Partnership and respective Chairs of other Working Groups to ensure that improvement activity across the partnership is intelligence based and is able to report the impact made as to the child's lived experience.

Chair's summary: Children and Young Peoples Contextual Safeguarding & Exploitation Strategic Group

What is Contextual Safeguarding? Contextual Safeguarding changes the reach of previous Safeguarding approaches from a focus on predominately the child & family, towards recognising potential risks from all environments. We work with partners responsible for the safety of our children adopting a whole system approach to identify risks earlier.

What is Contextual Safeguarding?



What were our priorities in 2019/20

- Establish the Contextual Safeguarding and Exploitation Strategy group to oversee the implementation of Contextual Safeguarding, working in partnership with the University of Bedfordshire.
- Develop and being the implementation of a partnership-wide exploitation strategy
- Develop a 'Target Operating Model' for our approach to Contextual Safeguarding, and ensure the wider operational, performance and quality assurance systems were in place.

What did we do?

We established a multi-agency Contextual Safeguarding and Exploitation Strategic Group, that has strong multi-agency leadership. It is chaired by the Operational Director for Children Care and Support. One of the key purposes of the group is work in partnership with the University of Bedfordshire to coordinate and support a multi-agency approach to Contextual Safeguarding in Barking and Dagenham and ensure a robust response to children at risk of or experiencing harm in a range of extrafamilial contexts such as in peer groups, neighbourhoods, schools and online. This group also holds single oversight of work, intelligence and outcomes from monthly tactical meetings as to MASE (Multi-Agency sexual exploitation) and Criminal Exploitation Group (CEG) and coordinates the implementation of the Multi-agency Exploitation Strategy.

- The Exploitation Strategy was signed off in April 2019, providing partner agencies a clear mandate within which to operate .
- To increase capacity and support in implementing our Contextual Safeguarding approach, the multi-agency Exploitation Team was integrated into the new Adolescent and YOS service, as part of the Target Operating Model for Contextual Safeguarding.
- Five Contextual Safeguarding Champions from across the multi-agency partnership have been trained, so enable further training to be cascaded across the partnership.
- To improve the connectivity between schools and the wider partnership and enable concerns to be referred early on and for pupils and parents to access support, joint work with the London Mayor's Office for Policing and Crime (MOPAC), supported the roll out of the Youth at Risk Matrix (YARM). YARM workers offer both 1-1 and group work in primary schools including teacher training with the aim to prevent children becoming victims of criminal exploitation. This service was selected for 'What Works PINE status. The intention is to expanded this service in 2020/21.
- To reduce incidents of serious youth crime, knife carrying, and exclusions, a Step up and Stay programme was implemented which included commissioning a range of interventions across Universal, targeted and specialist services, which includes working with schools.

Our priorities for the next 12 months are:

- Reduce the risks of exploitation and the frequency at which some of our most vulnerable young people go missing.
- Safeguard adolescents against contextual factors, such as peer groups, we will develop clear thresholds and referrals pathways in order to identify and address risks earlier on so to protect young people from harm.
- To address county lines, gang activity and serious youth violence, the Police, YOS and Adolescent service and the community safety unit will undertake targeted operations on concerning areas.
- To help young people keep safe from exploitation, our multi-agency 'Step Up, Stay Safe' programme will continue to work with Schools, the Council, Police, Health and other agencies, including community organisations, ensuring the needs of young people are being met.
- To increase parent awareness of the potential risks to young people during the hours immediately after school, we will commence our Lost Hours campaign.
- Deliver YOS HMIP Implementation Plan and maintain focus on violent crime through delivery of the serious violence and knife crime action plan.

Chair's summary: Multi-Agency Sexual Exploitation (MASE) and Missing Children

MASE takes place monthly and is attended by a wide partnership; Police; Social Care; Education; Health; CAMHS; Subwize and the Youth Offending Service.
Since September 2018 the meeting is being co-chaired by the Detective Inspector (DI) from the Police Public Protection Desk (PPD) and the Operational Director for Children Care and Support.

The purpose of the group:

- To have tactical oversight of CSE cases, information, intelligence and activity both across B&D and for B&D children placed out of borough.
- Co-ordinating a consistent and effective multi-agency response to Child Sexual Exploitation including the prevention, identification and disruption of child sexual exploitation as well as prosecution of perpetrators.
- To identify and deliver a partnership response to short, medium- and longer-term themes, trends and patterns emerging from CSE cases.
- To direct resources and activity in response to identified trends or patterns
- To identify and remove blockages or obstacles in cases

What were our priorities in 2019/20

- Improve attendance from the wider partnership on MASE group.
- Identify a dedicated analyst from Police and Children Care and Support to provide detailed data and profiles of CSE and Missing children.
- Improve social work compliance with CSE and Missing procedures and lead monthly Exploitation Induction and briefing sessions.
- Co-ordinate with, and contribute to, to the development of new Exploitation strategy which will include current CSE strategies.

Key achievements of MASE during the year are:

- Robust systems have been embedded for identifying and tracking those at risk of missing and/or exploitation.
- Improved attendance as to both the Children Exploitation Group and MASE group have been established, with reporting line to the Context Safeguarding and Exploitation Strategic group. The MASE group continued to have reporting lines to the Safeguarding Children Partnership, enabling there to be a strong multi-agency oversight of high risk cases and places.
- Strategic oversight of all missing children has improved practice around Return Home Interviews and strategy meetings.
- A daily missing children report is now circulated to the DCS and safeguarding partners and includes children placed in LBBD by other authorities who have been reported missing to police.
- Children missing from education (CME) is managed well and robust processes, policies and procedures are in place which are reviewed and disseminated annually

Our priorities over the next 12 months are:

- To safeguard Looked After Children from exploitation, we will extend the Missing Children's panel to address Looked After Children placed in LBBD by other LA's on a quartly basis.
- To improve information sharing, the police and local authority partners across East Area (Havering and Redbridge) will align their MCOP procedures
- To support local accommodation providers to act as "any reasonable parent" to safeguard children when they go missing, we will work with police partners and local accommodation providers to roll out the Philomena protocol
- To support managers and multi-agency partners to have increased oversight to safety plans, we will refreshed the CSE & CCE Risk Assessment tools
- Track our children being exploited through county lines drug networks and those with reasonable and conclusive NRM decisions through our multi-agency criminal exploitation group (CEG) as well as monitoring these through a central location.

Chair's summary: Young People's Safety Group

The Young People's Safety Group (YPSG) meets annually as part of the large Young People's Safety Summit, which explores themes of contextual safeguarding, online, at school and in community settings. The 'mini-conference' with all Secondary Schools invited, acts as a consultation forum for the BDSCP, responding to need but also acts as a forum to challenge the Partnership and holds its members to account.
Outcomes are recorded via pledges that individual young people complete i.e. one thing they have learnt, one action they will take and one question they would like to post to the Partnership.
A Summit report is also produced and circulated widely to provide intelligence and for action by partners. The Partnership then responds to the key questions raised a well as individual agencies acting on the views and issues raised.

Contextual Safeguarding

- 88 young people attended from 10 schools (an increase on 2018).
- 22 professionals, including Safe Schools Officers and BSCP representatives attended to hear directly from young people.
- From the school domain, teachers and young people were separated to assess the differences between the areas in schools that teacher perceive to be unsafe and test that against the feedback from young people.

Next Steps

- Substantial data was gathered during the session on contextual safeguarding about young people's views of safety online and within community and school domains.
- Online and Community data is fed into the Partnership to inform its strategy and work around contextual safeguarding. School data it to be fed back to individual schools, including Safer School Officers, for their action and follow up.

The format of the YPSG works well, with sessions able to tackle topical and priority issues of safety and safeguarding locally, and schools individually conducting follow up work as a result of sessions.
The impact of lockdown during COVID has resulted in increasing concerns around online sexual and criminal exploitation. The feedback regarding online contexts from the Summit is not used as effectively as the school and community contexts.
Currently the YPSG only works with secondary schools and Barking and Dagenham College and there is not an equivalent format for the primary phase. This is a priority need. With primary phase schools increasingly identifying young people at risk, as well as dealing with the consequences of Adverse Childhood Experiences, methods to routinely engage primary phase children need to be considered.
It is important to note that the YPSG is not the only way in which the views of young people around issues of safety and safeguarding are captured and acted upon. However, more work needs to be done to formally link the work of the BAD Youth Forum, Skittlz (our Children in Care Council), Youth Independent Advisory Group (YIAG) and soon to be formed Young Londoners Fund young persons' steering group with both the Partnership and YPSG sessions.

Our priorities for the next 12 months are:

- Re-engage specific schools with the YPSG.
- Deliver one event for primary phase schools linked to Contextual Safeguarding 2020-21.
- Ensure that the data gathered from the Young People's Safety Summit effectively informs contextual safeguarding strategy and practice in partnership with schools and Board members.
- Ensure data gathered through linked forums, such as the BAD Youth Forum, Young Londoners Fund young person' steering group, Youth Independent Advisory Group, and Skittlz (Children in Care Council) feed into the work of the BDSCP and YPSG.

Chair's summary: Early Help and Prevention Working Group

The Early Help and Prevention (EH &P) Working Group meetings were held quarterly.

Priorities for 2019/20

- Tackle Neglect and abuse identifying neglect early on at pre-birth stage
- Commission an Early Help Needs assessment to inform a new Multi-agency thresholds document and inform the development on an Early Help Strategy and future commissioning intentions
- Develop Neglect Strategy and implementation plan

What was achieved?

- A multi-agency 'task-and-finish' was established to tackle neglect in the borough.
- A multi-agency neglect strategy was produced and work commenced on its implementation.
- To identify and respond to neglect early on, a multi-agency pre-birth team, consisting of social workers, health visitors and midwifery was established to assess parenting capabilities more robustly and inform future care planning.
- The Graded 2 Care Profile Assessment Toolkit for Neglect was commissioned through NSPCC, with nominate multi-agency professionals trained in its use with the view to roll out this training out across the partnership.
- An Early Help Needs assessment was produced to support inform the Multi-Agency Thresholds document.

Priorities for 2020/21

- Establish a Early Help and Neglect Delivery Group to oversee the implementation of the refreshed Neglect Strategy and Early Help improvement programme. This group is be Chaired by a Statutory Safeguarding Partner, from the Safeguarding Executive Group.
- Undertake a partnership wide Neglect Assurance exercise, to ensure there are no children suffering from significant and long term Neglect and take forward service improvements to identify, assess and respond to neglect and improve the child's lived experience.
- Commission an Independent Early Help Assurance exercise and implement the recommendations arising.
- Get the basic's rights, which will include establishing a common understanding of terminology used across the Partnership as to Early Help, Team around the family, Team around the child and Lead professional role
- Develop and implement a Multi-agency thresholds document and embed its consistent application across multi-agency partners and support a common understanding of escalation pathways.
- Establish a partnership wide Early Help Targeted Operating model
- Develop our Early Help Offer and agree approaches as to how gaps in provision are to be addressed
- Develop Multi-agency Early Help Strategy and implement a partnership action plan.

Transition from an LSCB to Safeguarding Children Partnership and next steps

In 2018 the Department for Education published *"Working Together to Safeguarding Children 2018: a guide to inter-agency working to safeguarding and promote the welfare of children".* One of these changes concerned the abolition of the requirement for LSCB, with a requirement to establish a Safeguarding Partnership.

An independent specialist was commissioned, who supported to inform our Safeguarding structure and governance arrangements, in line with the wider BHR Safeguarding Executive group, so to define an integrated approach to commonly shared Safeguarding needs and bring together much of the infrastructure to tackle our joint priorities.

Over much of 2019/20 our efforts were focused on establishing strong working arrangements as to our BHR Safeguarding arrangements and there remains much to do to firmly implement and embed our local Safeguarding arrangements in accordance with our principles.

Key principles and approach

- There must be a shared approach between organisations and agencies to safeguard and promote the welfare of all children in a local area.
- The responsibility for this join-up locally rests with the three safeguarding partners who have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children in a local area.

The 3 Safeguarding Partners should…

- Agree on ways to co-ordinate their safeguarding services;
- Act as a strategic leadership group in supporting and engaging others;
- Implement local and national learning including from serious child safeguarding incidents

…and they must

- Stipulate how they will work together, and with any relevant agencies.

Actions to be taken forward in 2020/21

This work will be directed by the Safeguarding Children Executive Group and delivered through the Children's Commissioning team and Safeguarding Business Manager to who will:

1. Implement and embed our new Safeguarding governance structure by the end of January 2021. This which will include developing the Terms of Reference for our Safeguarding Children Partnership and relevant delivery groups.
2. We will work alongside our Chair of the Practice Development and Training Working Group to develop our multi-agency Training and Development plan. This will also entail seeking partnership agreement to resourcing and fund the Multi-agency Training co-ordination and delivery of multi-agency training.
3. We recruit an Independent Scrutineer, to be in post by March 2021.
4. We will review and refresh our Young Persons Safety Group to support our scrutiny function – April/May 2021.
5. We will re-brand our Safeguarding Partnership and develop our communication and engagement plan, working with Partners, Children & Young people, front line staff and the voluntary community sector to do so.
6. We will commence roadshows and consultation sessions across the partnership to raise awareness of our new Safeguarding operating structure and priorities.
7. We will develop our website and update our policies and procedures so to improve our front facing interface, making information, training opportunities and events more accessible
8. Develop our business plan for 2020/21.

Summary of findings from partner agencies

Agency BHRUT

Priorities in 2019/20

In accordance with the Trust's Safeguarding Strategy 2018-2020, the key safeguarding priorities identified at national and local level, has continued to be progressed throughout 2019/20 and focuses on:

- **Think Family** - include the whole family when planning care
- **Service User Engagement** - plan services based on patient feedback
- **Responsive Workforce** - ask questions and think the unthinkable
- **Harmful Practice** - protect adults and children who may be at risk of harm
- **Bridging the Gap for 16-18 year old** - prepare young people moving from children to adult hospital services
- **Empowerment & Advocacy** - adhere to the Mental Capacity Act
- **Learning from Practice** - facilitate training and share lessons learnt from safeguarding incidents
- **Information Technology** - utilise information technology to improve service user engagement and appropriate sharing of information

Key achievements in 2019/20

- Implemented a Domestic Abuse Training programme and raised awareness through social media and marketing materials including helplines for Men, LGBT communities and well as perpetrators.
- Implemented a new Child Death process (CDR) including appointing an additional Safeguarding Liaison Nurse.
- Developed a Transition plan and process for young people with Learning Disabilities transitioning from children to adult hospital services.
- Developed a Tier 2 Autism awareness e-Learning module.
- Adapted the Emergency Duty Department's Safeguarding Trigger Checklist in response to contextual safeguarding and serious youth violence.

Key achievements in 2019/20

- Refreshed the Information Sharing Agreements with all tri-borough MASH services and in addition to completing MARF's online, Notifications and Information Sharing Forms (ISFs). Dagenham received the highest number of ISFs in support of families benefiting from universal services, such as safety advise on accident prevention and support for anxious first time mothers. The majority are completed by Maternity Services where the need for additional support is often identified.
- Through case audits, learning was disseminated through news bulletins, training and supervision. Strengths were found in the evidence of the recordings of the Voice of the Child, utilising various styles of learning which is assisting in the retention of information. Appropriate referrals by ED staff to Mental Health Services are carried out in a timely manner and good evidence of MDT planning and liaison.

Priorities in 2020/21

- Produce a Safeguarding strategy for 2021/23
- Level 3 Safeguarding training to be made into e-learning package, in response to COVID-19
- Share learning from Child Safeguarding Practice Reviews/Case Reviews and Domestic Homicide reviews
- Continue to embed Safeguarding supervision across the organisations
- Continue to review Section 11 requirements to ensure the Trust fulfils its responsibilities for safeguarding children
- Continue to strengthen working arrangements with BHR Safeguarding Partners
- Embed the new CDR process

Summary of findings from partner agency reports

Agency NELFT

Priorities in 2019/20

1. Board members are assured that arrangements are in place to identify and safeguard groups of children who are particularly vulnerable.
2. Board partners will own and share accurate information which informs understanding of safeguarding practice and improvement as a result.
3. The Board will see children and young people as valued partners and consult with them, so their views are heard and included in the work of the LSCP.
4. Arrangements for Early Help will be embedded across agencies in Barking & Dagenham who work with children, young people, and their families.
5. Board partners will challenge practice through focused inquiries or reviews based on performance indicators, practitioner experience and views from children and young people. Collectively we will learn and improve from these reviews.

What did we do to address?

- NELFT ensured effective representation at strategic operational partnership meetings, to ensure a real contribution to the multi-agency planning of safeguarding children arrangements.
- Safeguarding and LAC Bi annual Reports are provided as assurance that NELFT is fulfilling the safeguarding standards. The Safeguarding Strategy 2018- 2021 and accompanying action plan is reviewed monthly at the Senior Safeguarding Meetings.
- The NELFT safeguarding team, in conjunction with operational managers and practitioners usually undertake regular audits of the Trust's safeguarding systems and processes. Unfortunately audits were suspended due to the COVID 19 pandemic.
- Young peoples engagement group 'Listen' contributed to the review of the CAMHs service undertaken by the Clinical Commissioning Group.
- Management oversight of risk has been effectively applied with oversight by the ICD Safeguarding Group, who meet monthly and Senior Leadership Team quarterly meetings. High risk cases are monitored through the High Level Risk Reporting at service level and oversight is provided at senior leadership meetings.

Priorities in 2020/21

The NELFT will continue to implement it's Safeguarding Strategy and be a contributing partner to the Barking & Dagenham's Safeguarding Partnership, ensuring thematic group work plans are implemented operationally to improve local safeguarding arrangements.

- **Contextual Safeguarding - c**ontinue to be part of the multi – agency partnership with regards to safeguarding and promoting the welfare of children in the context of extra familial harm.

- **Exploitation**
  - Strengthen identification, assessment, interventions and strive to improve health outcomes for these children and young people at risk of exploitation
  - Continue to support staff in recognising and protecting children and adults at risk of or experiencing exploitation including sexual, criminal and gang including historical sexual abuse.
  - Continue to ensure effective risk monitoring and management oversight
  - Continue its commitment to working with partner agencies to achieve the national strategic vision to provide services to tackle the health and social impact of child exploitation and ensuring the safety of vulnerable families.
  - Continue to contribute to the LBBD Child Sexual Abuse Safeguarding Strategy

- **Neglect and Early Help:**
  - Roll out of GCP 2 training by 2021.
  - Ensure there is multi-agency workforce that have a common understanding of neglect and are competent in identifying neglect in children and young people
  - Neglect Pathways across the agencies will be mapped out in order to look at multi-agencies respective offer around neglect and have a clearer understanding of each other's pathways starting with maternity services through to universal and targeted Childrens services ,early help and statutory services

- **Prevent: c**ontinue to be part of NELFT's safeguarding priorities, in meeting its responsibilities as to Counter Terrorism and Security Act (2015)

- Ensure timely allocation of all cases and robust case management, in response to Lock down and continue to work across to safeguard CYP and families through active monitoring, stratification and escalation across agencies.

Summary of findings from partner agency reports

Agency

Community Solutions (Early Help)

Priorities for 2019/20

Drive forward service improvement in Early Help services, in response to Ofsted feedback:-

- Target Early Help services to meet the needs of specific groups of children, working with partners to coordinate support
- Ensure a consistent response to addressing 16-17+ Homelessness
- Improve staff understanding of the child's lived experiences
- Tackle Neglect and abuse identifying neglect early on
- Embed effective quality assurance and management oversight with key focus on robust application of thresholds and interventions having a sustained impact

Strengthen our Universal and Early Help offer

What did we do?

- B&D's Targeted Early Help service were supported by Camden, through the Partners in Practice (PIP) programme, in taking forward improvements in service, which included setting up an Early Help Advice service and implementing daily case review discussions to improve practice assurance and management oversight.
- The Early Help support and intervention teams, were brought together under one structure with one responsible head of service, with a single service operating model.
- A training programme for managers and staff was rolled out, encompassing supervision training in facilitating reflective practice, professional curiosity and outcome focused planning; adopting Trauma informed approaches, Contextual safeguarding and Exploitation. Nominated staff were trained in the application of Neglect GC2P, with a view to cascade Neglect training to all staff in 2020/21.
- Continuous Learning sessions were facilitated as to what a good EHA, plan and TAF looks like and the effective use of case chronologies, as well as practice base learning from case audits and understanding a child's lived experience and reflecting this in case records.
- Fortnightly step up/step down panels were established to facilitate effective transitions and robust application of thresholds
- A revised 16 - 17-year-old homelessness protocol, including clear referral pathways for partners has been produced. Strengthened relationships' between housing and the assessment service with joint assessments are now taking place. An audit tested local compliance and found more work needed to be done to ensure compliance although an improving picture was emerging.

What did we do ?

- The Children Care and Support Quality Assurance framework was adopted by the Targeted Early Help service, which included undertaking dip sampling activity and case audits, which is overseen by the Safeguarding & Quality Assurance Service, so to evidence the impact of training and practice improvements, as well as management oversight.
- To prevent exclusions and improve transition pathways to secondary school, as well as strengthen the connectively between Schools and partner agencies in identifying and responding to risks early on, a Team Around the School (TAS) pilot was implemented, working three primary schools.
- To strengthen the universal and early help off, a Social Prescribing service was launched across the borough with all GPs, linked to key issues across the borough.
- Worked with and curated VCSE groups, taking forward grassroot community safeguarding and expanding the offer of early help support services from parenting support through to arts and crafting.
- An Early Help needs assessment was commissioned and Community Solutions have develop OneView that provides rich needs assessment data to support inform the targeting of services to meet specific need groups of children.
- Established an EH advice service, in response to COVID-19, providing early help for families network
- As a result of the COVID-19 pandemic, all services within Community Solutions responded swiftly to support vulnerable families through an Early Help consultation line; working with the Voluntary and Faith Sector to establish five Community Food Clubs and supporting families with No Recourse to Public Funds.

Priorities for 2020/21

- Commission and take forward the recommendations arising from an Independent Early Help Assurance exercise, and continue to build and strengthen existing improvements made as part of Ofsted recommendations
- Through early identification and support, prevent children and young people suffering from long term neglect and domestic violence
- Develop and strengthen our Early Help Offer, working with partners to do so
- Develop Multi-agency Early Help Strategy and implement partnership action plan.

Priorities for 2020/21

The Safeguarding Children Partnership will take forward a bold and innovative programme of work to deliver following key priorities

Priority 1

Strengthen multi-agency working to protect and safeguard vulnerable children and young people from all forms of exploitation

Embed Contextual Safeguarding, making places and locations safer for your children.
Reduce the risk of exploitation, offending and serious youth violence and the frequency of vulnerable children go missing.
Reduce the increasing risks of online grooming,, especially as to children who are vulnerable to exploitation. Work with partners to tackle county lines.

Priority 2

Strengthen multi-agency working in the early identification and support for children at risk of suffering from harm resulting from neglect and domestic violence

Take a partnership approach it getting the basics right, across the Early Help landscape, from early identification, assessment, planning and inventions for children, including those with SEND, who are exposed to neglect, domestic violence and abuse, including physical abuse and chastisement.
Respond to the findings of the Neglect Assurance work, in response to a serious neglect case, which includes improving our MASH service, strengthen the application of thresholds and escalation pathways and establishing early permanence.
Respond to the recommendations arising from the Independent Early Help Review and develop the of an Early Help offer and Quality Assurance and Practice frameworks.

Priority 3

Safeguard children with additional needs and promote their welfare

Ensure that children with additional needs, such as those with learning disabilities and mental health are safeguarded and receive effective support as soon as a need is identified, especially in situations of parental non compliance/disguised compliance with health care, or whilst children are out of school and not in regular line of sight of their school or health professional.
Take forward the Think Family programme, strengthening a smooth transition into Adulthood.
Improve links and joint working with the Voluntary and Community sector to identify vulnerable families that are not known to services.
Continue to strengthen our Looked After Children and Care Leavers services and address the quality concerns as to unregulated provision in the borough.

Our cross cutting priorities are to understand the lived experience of the child; improve their lived experience and outcomes as a result of our involvement and evidence the impact we have made.

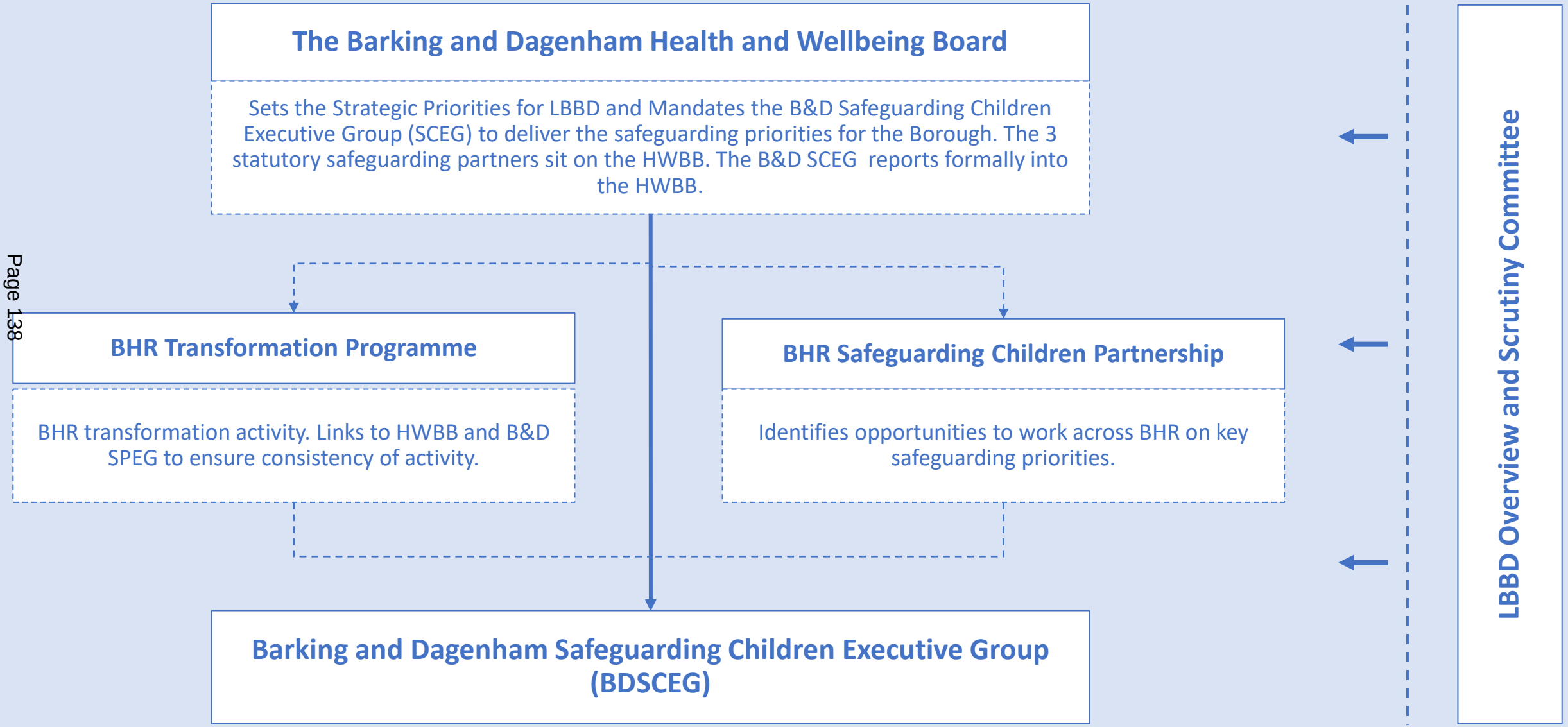
Priorities for 2020/21

The Safeguarding Children Partnership will take forward a bold and innovative programme of work to deliver following key priorities

Priority 4	**Protect vulnerable children and young people from sexual abuse**	Bring about consistent and good identification, assessment, intervention and health and justice outcomes for children and young people who suffer sexual abuse, including their families. Prevent children being exposed to sexual abuse through online grooming.
Priority 5	**Embed our Safeguarding structure and Independent Scrutiny arrangements**	We will recruit our independent scrutineer and through roadshows and consultations raise the awareness of our new Safeguarding Children structure, which will include developing and embedding a Multi-agency Workforce development programme and Quality Assurance Framework.
Priority 6	**Respond to the impact of the COVID-19 pandemic**	Prioritise the well-being and resilience of staff across the partnership Support schools in managing the return of children and the impact of children being out of education for long periods Ensure the safety of vulnerable children with SEND, especially in situations of parental non compliance/disguised compliance with health care, or whilst children are out of school and not in regular line of sight of their school or health professional. Strengthen our multi-agency response to managing the increased mental health needs of children, young people and vulnerable adolescents that has been identified across the partnership. Work with partners to tackle poverty, especially as to minimising the impact on vulnerable residents when furlong payments come to an end and eviction bans are lifted. Strengthen approaches for quality assuring virtual working, especially as to assessment and planning.

Our cross cutting priorities are to understand the lived experience of the child; improve their lived experience and outcomes as a result of our involvement and evidence the impact we have made.

The Barking and Dagenham Safeguarding Partnership Governance Arrangements



The Barking and Dagenham Safeguarding Children Partnership

Safeguarding Partner arrangements across BHR and LBBD are currently in development (and in the meantime LBBD Strategic Partners continue to meet to ensure overview)

Barking and Dagenham Safeguarding Children Partnership Group

Independent Scrutiny

Supported by the Business Groups and drawing on other inputs, including Elected Members - to draw together a continuous overview of the efficacy of safeguarding

Thematic Delivery Groups

Time-limited and focused on development and improvement

Operational Groups

Permanent and focused on tracking and responding to children

Business Groups

Permanent and focused on supporting the good working of the Partnership

- Contextual Safeguarding & Exploitation Strategic Delivery Group
- Child Sexual Abuse Safeguarding Delivery Group
- Neglect & Early Help Delivery Group
- Prevent Strategy Delivery Group

- Multi-Agency Sexual Exploitation Group (MASE)
- Child Death Overview Panel (CDOP)

(CCG Process)

- Multi-Agency Criminal Exploitation Group (CEG)

- Practice Development and Learning Group
- Performance and Quality Assurance
- Young Persons Safety Group

Our Approach for Safeguarding governance for 2020/21

Safeguarding Children Partnership Executive

The Barking and Dagenham Safeguarding Children Partnership Executive is the key decision-making body and consists of the executive leads of the three statutory partners. The Lead Member(s) for Children Services may be invited to provide independent challenge but not in a decision making role. They will meet as a minimum six times per year and will agree the local safeguarding arrangements; approve the annual report; agree the independent scrutiny arrangements and delegations; set the budget; agree priorities for the annual business plan; monitor progress mid-year and provide leadership to promote a culture of learning. This group will also ensure that other local area leaders promote these arrangements. In situations that require a clear, single point of leadership, all three safeguarding partners should decide who would take the lead on issues that arise and if functions or decisions are delegated, the Safeguarding Partnership Executive members remain accountable. The representatives, or those they delegate authority to, should be able to: speak with authority for the safeguarding partner they represent; take decisions on behalf of their organisation or agency and commit them on policy, resourcing and practice matters; and hold their own organisation or agency to account on how effectively they participate and implement the local arrangements. *Membership will include: The Director of Children Services (DCS); BHR Clinical Commissioning Group Safeguarding Lead; Metropolitan Police Safeguarding Lead; Head of Safeguarding and Quality Assurance (LBBD); Partnerships and Governance Manager (LBBD). Optional: Cabinet Member for Social Care and Health Integration; Cabinet Member for Education; Independent Scrutineer*.

Safeguarding Children Partnership Group

Replacing the Barking and Dagenham Safeguarding Children Board, **this group will meet 6 times a year**, and have a clear focus on the delivery of the operational and thematic groups, who will be expected to report a workplan for their area (aligned to the Annual Report) at the start of each year, and provide regular progress updates to each meeting. During 2020/21 the Safeguarding Partnership will be chaired by one of the Safeguarding Partners.

Membership will include: **Independent Scrutineer (Chair);** Director of Children Services; Chairs of Thematic and Operational Groups; Voluntary Sector representative; Schools representative; Partnerships and Programmes Manager (LBBD). Other partners may be involved, receive papers or attend for specific items only.

Thematic Delivery Groups: Time Limited

Contextual Safeguarding & Exploitation Strategic Delivery Group

The Contextual Safeguarding & Exploitation Strategic Delivery Group, that also reports into the Community Safety Partnership, will oversee the implementation of our Exploitation Strategy to protect vulnerable children and young people from all forms of exploitation. This group will also ensure that the wider operational, performance and quality assurance systems are place before passing oversight to the Operational and Business groups. This group will also oversee and direct the work of the Multi Agency Criminal Exploitation Group (CEG) and Multi-Agency Child Sexual Exploitation group (MASE)

Early Help & Neglect Delivery Group

The Neglect and Early Help Delivery Group, will be chaired by one of the Statutory Safeguarding Partners from the Executive group. This group will lead on shaping Barking and Dagenham's response to addressing children and young people living with neglect. This group will ensure clear application of thresholds, referral pathways, multi disciplinary assessment tools and evidence based interventions which are outcome focussed, thereby needing to oversee the development and implementation of our Early Help improvement programme and strategy that will be partnership wide. It will ensure children and their families receive the right help, and the right time, from the right people. The group will determine the distinction between targeted and wider Early Help, and set the framework for our 'Team Around the Family' approach to delivering Early Help, as well as redesigning the Target Operating Model for Early Help services, and recommissioning the 'offer' of provision.

Child Sexual Abuse Safeguarding Delivery Group

The Child Sexual Abuse (CSA) Safeguarding Delivery Group was set up after the London Safeguarding Partnership made CSA one of its priorities over the next 2 years. There is much to do to improve practice across the Boroughs to bring about consistent and good identification, assessment, intervention, health and justice outcomes for children and young people who suffer sexual abuse, including their families affected by CSA. The CSA Safeguarding Delivery Group will have the key role of producing the Child Sexual Abuse (CSA) Safeguarding Strategy, including systems and processes to ensure good quality practice, and will drive improvement work in partnership with the Centre of Expertise on CSA.

Prevent Strategy Delivery Group

The Prevent Strategy Delivery Group, that also reports into the Community Safety Partnership, will shape the development of our Prevent Strategy, and oversee the delivery. It will lead the response to the Prevent Peer Review. To do this, the group will bring together key individuals from across the partnership, and oversee the work of the statutory Channel Panel and the delivery of Home Office commissioned partners and link in with our Prevent Account Manager from the Home Office.

Operational Groups

Multi-Agency Child Sexual Exploitation Group (MASE)

Co-ordinates multi-agency oversight and response to CSE cases, sharing information, intelligence across B&D and for B&D children placed out of borough applying the VOLT principle : Victim, Offender, Location,
The MASE group also oversees the work the Missing children and vulnerable Adolescents working group.

Multi-Agency Criminal Exploitation Group (CEG)

Co-ordinates a multi-agency response to Child Criminal Exploitation including the prevention, identification and disruption of child criminal exploitation as well as prosecution of perpetrators.

Child Death Overview Panel

CDR partners ensure that the learning as to preventable child deaths is disseminated and this manged by the CCG

Independent scrutiny arrangements, quality and workforce development

The Safeguarding Executive Group will recruit an Independent Scrutineer by March 2021 to undertake the following

1. Provide assurance in judging the effectiveness of services to protect children:

- Report to Strategic Partners and Health and Wellbeing Board
- Support the Annual Report/Plan
- Review performance reports/serious and critical incidents reports from any partner agency
- Overview of co-ordination and effective partnership working in safeguarding activity

2. **Provide challenge to Safeguarding Partners on priorities and ensure the voices of our children, young people and stakeholders are at the heart of all we do. Ensure we are engaging with local children and families, providers, commissioners and community, voluntary and faith sectors, working with our Young People's Safety Group to take forward.**

3. **Support a culture and environment conducive to robust scrutiny and constructive challenge: -** Contribute to Listen, Learn, Challenge activity as part of Partnership programme.

Engage in and support the "Safeguarding Champion's" initiatives and project work and work with our Practice Development and Learning and Performance and Quality Assurance Business Group to take forward

Practice Development and Learning

The Practice Development and Learning Group will lead on co-ordination of all reviews of practice (including case reviews) in line with our outcomes. It will link closely to the Child Death Review Group to ensure that learning from Child Death's (where relevant) is also incorporated, and the Performance and Quality Assurance Group to do similar with findings from audit activity. This will ensure there is a central point where quality of practice, critical analysis and learning is combined to feed into understanding safeguarding effectiveness, and into workforce development. This group will also commission, design, deliver and monitor both attendance and impact of training and development.

Performance and Quality Assurance

Whilst every Working Group is expected to understand performance and assurance within its own remit, detailed multi-agency performance scrutiny across and within the system should take place in the Performance and Quality Assurance Group. With responsibility for implementing the Safeguarding Outcomes Framework, the group will bring together a range of evidence outlined in the framework and report by exception to the partnership. Information will be received from other sub-groups and agencies in the form of assurance reports, and areas for learning passed to Practice, Development and Learning Group.. The Performance And Quality Assurance Group will also be a key pillar of the Independent Scrutiny arrangements, ensuring that this function is provided with an appropriate range of intelligence to support their continuous assessment of the effectiveness of the system.

Young Persons Safety Group

To be reviewed as part of launching the new Independent Scrutiny Function.

Appendix A: BDCS Partnership Membership

BDSCP membership	Named Representative	Role
Independent Chair	Ian Winter	Independent Chair
Local Authority	Elaine Allegretti*	Director People and Resilience
	Chris Bush (Chair PQA)	Commissioning Director
	April Bald (Co-Chair PDT & MASE)	Operational Director
	Erik Stein (Chair YPSG)	Head of Participation, Opportunity and Wellbeing
	Heather Storey	Head of Children'
Police	John Caroll*	Borough Commander
	Ronan McManus (Chair MASE)	Safeguarding Lead
NHS England	Nicky Brown-John	
BHR CCG	Jacqui Himbury*	Director Nursing
	Kate Byrne (Chair PDT)	Designated Nurse
	Dr Richard Burack	Named GP
BHRUT	Kathryn Halford	Chief Nurse
NELFT	Melody Williams	Integrated Care Director
	Dr Sarah Luke	Designated Doctor
Probation	Greg Tillett	Head of NPS Probation
	Steven Calder	Head of CRC Probation
Cafcass	Cornelia Fuerhbaum	Service Manger
Lay members	Vacant	
Maintained Schools **Non maintained special school** **College**	Emine Salid Hussein (Secondary) Wayne Pedro & Richard Hopkins (Primary) Diana Blofeld/Amy Decampos	Head Teachers Safeguarding Lead
Voluntary Community and Faith	Vacant	
Lead Members	Cllr Maureen Worby Cllr Evelyn Carpenter	Councillors (participating observers)
Commuity Solutions	Damien Cole (Chair Early Help Working Group)	Head of Service Development
Additional members		
London Ambulance Service	Terry Williamson	Safeguarding Lead
Fire	Lee Walker	Borough Commander
Advisors		
Head of Safeguarding	Teresa Devito	
Safeguarding Business Manager	Elizabeth Winnett	
Legal Advisor	Lindsey Marks	

* denotes Strategic Partner

Appendix B: how much does it cost

All partner organisations have an obligation to provide the Local Safeguarding Children Partnership with resources and finance that enables the partnership to be well organised, functional, and effective.
In principle this means that partners should share the financial responsibility in such a way that a disproportionate burden does not fall on one or more partner agencies.
There is no set formula on how Safeguarding Partnership is funded. In late 2019/20 the financial contributions of all partners were reviewed by the Partnership. The tables show a breakdown of the income received from all partners during 2019/20

Table 1: Contributions: 2019/20

Agency	Contribution
BHRUHT	£7,432
CAFCASS	£500
NPS Probation	£1,050
NELFT	£100
B&B CCG	£30,000
Metropolitan Police	£5,000
Council (LBBD)	£82,415
Schools Forum	£53,571
Other	£8,429
Total	**£189,246**

Table 2: Expenditure 2019/20

Item	Cost
Independent Chair	£21,000
LSCB Training	£24,638
Staffing Costs	£61,948
Serious Case Reviews	£46,084
NWG Network	£500
EH CAF	£650
Specialist Consultancy	£31,227
Training Venue Hire	£2,047
Miscellaneous	£1,102
Total	**£189,246**

Appendix C: Glossary of terms

AILC	Association of Independent LSCB Chairs
BDSCP	Barking and Dagenham Safeguarding Children Partnership
BHR	Barking and Dagenham, Havering and Redbridge
BHRUT	Barking, Havering and Redbridge University Hospitals NHS Trust
CAF	Common Assessment Framework
Cafcass	Children and Family Court Advisory and Support Service
CAMHS	Child and adolescent mental health services
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CSE	Child sexual exploitation
EH&P	Early Help and Prevention (working group)
FGM	Female genital mutilation
FII	Fabricated or induced illness
FJYPB	Family Justice Young People's Board
IRO	Independent reviewing officer
LBBD	London Borough of Barking and Dagenham
LCRC	London Community Rehabilitation Company
LSCB (LSCP)	Local Safeguarding Children Board – changing to Local Safeguarding Children's Partnership in September 2019
MAPPA	Multi-agency public protection arrangements
MARAC	Multi-Agency Risk Assessment Conference
MARF	Multi-agency referral form
MASE	Multi Agency Sexual Exploitation Meeting
MASH	Multi-agency safeguarding hub
NELFT	North East London NHS Foundation Trust
NSPCC	National Society for the Prevention of Cruelty to Children
PDT	Practice Development and Training (working group)
PLR	Practice learning review
PQA	Performance and Quality Assurance (working group)
SCR – Local Learning Review	Serious case review (Changing to Local Learning review in September 2019)
YPSG	Young People's Safety Group

ANNUAL ASSEMBLY

27 April 2021

Title: Children's Social Care Annual Self Evaluation 2021	
Report of the Cabinet Member for Social Care and Health Integration	
Open Report	**For Information**
Wards Affected: None	**Key Decision:** No
Report Author: Vikki Rix, Head of Performance and Intelligence, Children's Care and Support Commissioning	**Contact Details:** Tel: 020 8227 2564 E-mail: vikki.rix@lbbd.gov.uk
Accountable Director: April Bald; Operational Director Children's Care and Support; Chris Bush; Commissioning Director, Care and Support	
Accountable Strategic Leadership Director: Elaine Allegretti; Strategic Director, Children and Adults	

Summary

Each year, we are required to produce an annual self-evaluation of children's social care setting out our progress on improving the quality and impact of social work practice as well as our plans for the next 12 months to further improve practice. The self-evaluation is a key document in any inspection, as well as forming the basis of discussion at our annual engagement meeting with our OFSTED Link Inspectors.

This report outlines the key messages from the 2021 annual self-evaluation.

Recommendation(s)

The Assembly is recommended to:note the summary report and the full version of the 2021 annual self-evaluation of children's social care at Appendix A to the report.

Reason(s)

To assist the Council to achieve its statutory .

1. Introduction and Background

1.1 Each year, we are required to produce an annual self-evaluation of children's social care. The self-evaluation outlines the quality and impact of social work practice and builds upon previous self-evaluations. The document is a key part of our commitment to continuous improvement of children services and vulnerable children's outcome and experiences. It draws upon existing documentation, activity data and performance for 2019/20 compared with national, London and similar areas. Where available, it also considers in year local data and performance.

1.2 At its heart, this self-evaluation critically evaluates quality and impact of social work practice through data, quality assurance activity, and considering best practice elsewhere to ask ourselves:

a) What do we know about the quality and impact of social work practice in our local authority?
b) How do we know it?
c) What are our plans for the next 12 months to maintain or improve practice?

1.3 This report outlines the key messages from the 2021 annual self-evaluation.

2. Key Messages

Leadership and Management: Overview

- A challenging year, that has seen unprecedented demand in some areas of our services for children, including front door, children in need and those on plans for protection, and those with special educational needs (SEND) and disabilities.
- Investment from our corporate colleagues to help us keep up with unprecedented demand levels, which has resulted in higher than desired caseloads especially in front end of system and SEND / children with disabilities.
- A robust response to COVID-19 premised on our culture of putting the needs of the most vulnerable first, honest conversations, robust risk management and creating the conditions to work together as a team and with partners.
- COVID-19 has exacerbated our systems and strengths and challenges, and in some areas transformed the way we work for the better, especially with partners such as health and embracing technology in our ways of working.
- We continue to build a culture and conditions of a place where staff want to be and do their best. Ensuring we are child focused, build on and celebrate strengths, are honest about our challenges and see the strength of working together to deliver child and/or vulnerable adult centred support and challenge.
- Seeing the benefits of this through increasing permanence in our workforce, good morale and services that have remained safe and resilient throughout COVID-19.
- The next stage of our improvement journey will be focused around understanding and improving the lived experience of children and families, and understanding what difference we have made as leaders, managers, and workers, through our new approach to quality assurance being implemented in the next 12 months.
- As leaders, we are cultivating an ethos of compassion and kindness, relational working, and sense of accountability, underpinned by safe and effective partnership working and service delivery arrangements, to help us achieve our ambitions for local children and families.

Early Help

- Early help continues to be priority for the children's improvement agenda, and although there has been progress on improving processes and strengthening management oversight, we continue to not see the improvements in children's outcomes, support, and demand.

- We have commissioned, jointly with Corporate, a review of the local Early Help arrangements. This will conclude in February 2021 and inform next steps in line with the local arrangement.
- A joint plan with corporate colleagues is in the process of being agreed that will deliver robust improvements in Early Help.
- A whole systems Early Help and multi -agency working arrangements is a priority of the new Safeguarding Partnership. Building on learning from our work regarding Domestic Abuse, to inform our approach.

MASH, Assessment, and Intervention

- MASH has returned to Children's Care and Support following a three-year tenure in the Council's Community Solution service. Its return in July 2020 has been swiftly followed by a restructure to increase capacity and realign to Children's Services, underpinned by a rapid improvement plan.
- MASH has seen some improvements in processes, compliance and consistency of decision making and stronger management oversight since its return with aspirations for the service to be the threshold expert and provide intelligence to drive the safeguarding system issues and improvements.
- The Assessment and Intervention service has significant distance travelled since the 2019 Ofsted inspection with improvements in practice, caseloads and greater stability and capacity of workforce, against conditions of high demand and the COVID-19 context.
- The pre-birth team continues to provide specialist capacity to oversee one of our most vulnerable group of children and parents, leading to improvements in early permanence, robust safeguarding and stronger interfaces, pathways, and relationships with key partners such as midwifery, with plans to strengthen further with the reconfiguration of our health visiting service.
- Audit shows quality of practice, assessments, strategy meetings and thresholds continue to improve, and consistency in practice continues to be a priority.

Children in Need or subject to a Child Protection Plan

- Conditions of unprecedented levels of demand are not conducive to improvement, arising from several factors including increased community needs pre and post COVID-19, rising numbers of vulnerable children and families being placed in the local area by others, and work still to do to strengthen the local early help service and infrastructure which is not impacting on demand.
- Although getting better, with ongoing improvement in variability and consistency of practice, planning, and intervention - children in need continues to be a practice improvement area, across children's care and support and its partners.
- Enhanced management oversight across child protection services with introduction of several panels, strengthened joint working and communication with child protection chairs and regular deep dives is enabling more consistent practice and improving quality of outcomes.
- Work to strengthen whole system oversight of children with disabilities and their safeguarding needs, including the setting up of a complex case panel and interface with safeguarding board and partners, particularly about neglect.
- Going from strength to strength in the development of multi-agency working around domestic abuse, a persistent feature of our community, including a new strategic partnership with Refuge, introduction of Stronger Together and

ongoing review of practice, through initiatives such as Domestic Abuse Commissioning and a review of MARAC.

- Building on our learning from domestic abuse improvements, using the learning and approach to reinvigorate our approach to neglect, especially partnership working, and our early intervention offer. This is a key priority of the new Safeguarding Board partnership. We are seeking to identify a strategic partner and our revised quality assurance thinking to drive and shape improvements in this area.

Vulnerable Adolescents

- Continued investment in partnership and operational working arrangements to deliver a whole system and specialist approach to safeguarding and risk management of adolescents. This is underpinned by evidence of trauma, older neglect, and contextual working, and regularly reviewing what works and how do to things better to improve consistency of practice.
- Adapting our approach to respond to the challenges of practice, which in this area has substantially changed the landscape of risk and how we need to work together.
- Contextualised multi-agency working arrangements across adolescents including youth violence, child sexual exploitation, criminal exploitation, missing, children missing education, elected home education, Prevent and interface with the Youth Offending Service. A strong Multi-Agency Sexual Exploitation (MASE) Group and Criminal Exploitation Group (CEG) that have remained distinct to ensure risk and issues get equal focus, as well as exploring areas and young people that overlap.
- Step up Stay Safe programme goes from strength the strength providing the vehicle for strategic and operational join up of support to young people and schools. This is underpinned by robust partnership working and innovation leading to improved, joined up work with young people, universal and specialist services, and voluntary sector resulting in interventions that reduce exclusions and improve at risk behaviour.

Children in Care and Permanence

- Focus on permanence continues to be the cornerstone of our approach to ensure children come into care only when they need to and in a timely and planned way.
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- Innovative and exciting Specialist Intervention Service continues to develop interventions that reflect children, young people and community needs to help keep children in their families or return home.
- For those children in care, a strong in-house fostering service supported by the Mockingbird programme continues to keep placements stable and responding to the variety of needs of our children, with stronger Independent Reviewing Officer (IRO) footprint evident.
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care offer understands and meets the needs and experiences of our black and ethnic minority children and young people in care.
- Further work to do, but continued improvement in our partnership working, with education and health outcomes improving. A health led overhaul of our initial health assessment and reviews has led to significantly improved performance.
- Lead Member led Corporate Parenting Board going from strength to strength with honest conversations with children, young people, foster carers, and partners resulting in better understanding experiences, what needs to be different and agreed actions for improvement.

Care Leavers

- New care leaver service that is young person centred in capacity and processes and that responds to new duties.
- Our work with care leavers underpinned by “no expiry date” ethos for our care and support offered, with strengthening relationships, good rates of keeping in touch, and celebration of their achievements.
- Continuing to work to support our most vulnerable care leavers, including increased communication through virtual ways of working, exploitation and safeguarding oversight and intervention.
- Increased investment in our enhanced local offer underpinned by better internal and external partnership working including Community Solutions, housing, inclusive growth, and brokerage with aspirations to work towards Care Leaver Covenant.
- Continuous improvement plan that reflects our strengths and challenges of our offer and practice following a helpful and inspirational visit from the National Improvement Advisor for Care Leavers – Mark Riddell owned politically and operationally at the highest level.

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- Good progress in strengthening consistency and visibility of child voice and lived experience.
- An active and greater presence of children in care council in our improvement and corporate parenting work including shaping virtual ways of working.
- Young people voices and experiences shaping our strategy and ways of working to big local and entrenched issues such as domestic abuse and structural racism.
- Embedding good communication with our workforce in our ways of working, keeping up morale, listening and responding to their views on our strengths and challenges.
- Proud of our work to share experiences and deliver tangible action that challenges and shapes our approach to anti-racism experienced by our workforce and service users across the whole of children and adults care and support service.

Performance and Quality Assurance

- Quality assurance is adequate but enabled us to achieve the first aim of our improvement programme to get the basics right, to test and assess the impact of changes we have made. However, quality assurance is not sufficiently

driving the improvement and ambition to be consistently good or better in all areas of practice.

- We are undertaking an overhaul of our approach to quality assurance to ensure it is embedded in the lived experiences of children, their progress, outcomes, and the difference we make to their lives.
- The next 12 months will see us begin in our whole system realignment around understanding and progressing the lived experience, improving outcomes and what difference we made.
- Our approach will look at the child's journey across risk, assessment, planning, intervention, direct work and visits, review, and oversight.
- Our plan is that this approach extends wider than children's social care, to multi agency working, SEND and adults with plans in place to achieve this ambition.

3. Headline plans for the next 12 months

- Tacking the fall-out from the pandemic and moving to recovery and then legacy planning – much of which is still emerging as we see the effects of the pandemic manifest in our communities.
- Move from the 'first-phase' Improvement Plan ('Getting the Basics Right') to the new phase two improvement plan that is focused on delivering outstanding services.
- Implement our new Quality Assurance Framework and the Care and Support Centre of Practice, setting the foundation for the next phase of our improvement journey.
- A joint plan with corporate colleagues is in the process of being agreed that will deliver robust improvements in Early Help.
- Develop further and embed our multi-agency safeguarding partnership arrangements – including a redesign of partnership (and Council) Early Help Services, ensuring more children and families get the right, targeted support early enough and are kept safe; and responding to the findings of the Domestic Abuse Commission.
- In response to the Black Lives Matter (BLM) movement and a re-focus on the area of anti-discriminatory practice, to ensure that matters of race, culture, diversity and disproportionality are considered in both case planning and staff support. This needs to be reflected in all forms/case notes/ supervision notes/panel forms and management reports.

4. Consultation

4.1 The annual self-evaluation of children's social care has been considered and approved by the Corporate Strategy Group at its meeting on 18th March 2021.

5. Financial Implications

Implications completed by Philippa Farrell, Head of Service Finance

5.1 The nature of the report is to inform a discussion with OFSTED. Section 3 outlines activities to be embarked upon over the next 12 months. These activities are to be met within the existing budget envelopes, considering the growth in the MTFS. It should be noted that this is an area at high risk due to the uncertainly on the impact of Covid. In addition, there is a risk that the redesigning of Early Help, which will

conclude in June, could result in additional costs but at this point these cannot be quantified.

6. Legal Implications

Implications completed by Lindsey Marks Deputy Head of Law

6.1 Each year, OFSTED asks local authorities to produce and disclose a self-evaluation of social work practice with OFSTED and to meet with OFSTED regional representatives to discuss it. It is for each local authority to determine which documentation and information to draw on for the self-evaluation, but it should answer 3 questions (i) what the local authority knows about the quality and impact of social work practice in the local authority? (ii) How does the local authority know it? (iii) What are the local authority's plans for the next 12 months to maintain or improve practice. It is for the local authority to determine which documentation and information to draw on for the self-evaluation and there is no prescribed format or content for the self-evaluation, but the self-evaluation should set out the main themes and learning.

6.2 OFSTED treats self-evaluations which identify weaknesses in practice, but where the local authority has credible plans to take clear, appropriate, and effective action in response as effective leadership that rather than an automatic trigger for an inspection or focused visit.

Public Background Papers Used in the Preparation of the Report: None

List of appendices:

- Appendix A: Children's Care and Support Self-Evaluation 2021

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London Borough of Barking and Dagenham

Children's Care and Support
Self-Evaluation: Full Version

Elaine Allegretti
Director of People and Resilience
(Director of Children's Services)

London Borough of Barking & Dagenham
lbbd.gov.uk

February 2021

1. Introduction and Background

Introduction

This document is the latest full version of Barking and Dagenham's Children's Care and Support self-evaluation. The self-evaluation provides an assessment of our continued improvement journey, setting out areas of progress and positive impact since our last annual engagement meeting in February 2020, and areas for continued improvement. Our plans to maintain and improve social work practice in the next 12 months are also set out.

Since the last self-assessment was produced we have experienced one of the most turbulent periods for public services – and people services in particular – with the global pandemic. Given the context of the borough and high levels of deprivation, COVID-19 has posed significant challenges for our whole community and has been - and remains – one of the greatest challenges many of us have faced.

Despite the enormous impact of the pandemic, and the significant challenge of maintaining business as usual throughout, we have continued our improvement journey and implementation of our Children's Care and Support Transformation Programme. We have remained relentless in our ambitions to improve the quality of social work practice; the lived experiences of - and outcomes for - children, young people, and their families, with much success. This is testament to the robust and effective leadership of the DCS, our Lead Member, and the collective senior leadership team. We recognise, as ever, that we have a way to go, but we are clear on the areas for improvement and our ambition to deliver good social work practice and service delivery remains undimmed.

This document provides an analysis of current strengths and progress made drawing upon existing documentation, audit findings, activity data and performance for 2019/20 compared with national, London and similar areas. Where available, it also considers local data and performance up to the end of November of 2020/21. It begins by setting out the demographic context of the borough. Key messages are then outlined, followed by an assessment of the quality and impact of social work and our plans for improvement in the next 12 months.

About the borough

Barking and Dagenham has become one of the fastest-changing communities in Britain. The population was estimated to be 212,906 in 2019: an increase of 28% over the last 15 years and 9% over the last five years. National statistics project the population to increase to 228,000 people by 2043.

The age of the community is changing with the highest birth rate in London, and a large proportion of young people. Barking and Dagenham has the highest proportion of under 16-year old's in the UK. The borough becomes more diverse each year with 66% of the resident population identifying as coming from black and minority ethnic backgrounds compared to 19% in 2001.

Barking and Dagenham had the highest overall deprivation score in London and 17th highest in England (IMD 2019; MHCLG). People in the borough die earlier, have poorer health and lower levels of education and skills than across London whilst too many residents are in low paid work and struggle to find suitable homes they can afford. Unemployment remains high. Nearly 3 in 10 dependent children in the borough live in a lone-parent household above the national average.

Given the context of Barking and Dagenham, the impact of COVID-19 is immense. At the time of writing, 265 of our residents have lost their lives to the Coronavirus. Up to half of working residents were either furloughed or in receipt of self-employment support.

The number of residents in receipt of Universal Credit has more than doubled, with over one in ten residents now receiving welfare support.

Our child population

Barking and Dagenham is a young borough, with around 63,400 children and young people under the age of 18 - 30% of the total population, the highest proportion in the UK.

74% are from ethnic minorities and the proportion of children and young people who speak English as an additional language is more than 2.5 times than the

national average. This level of diversity is even more prominent among the younger population, where almost three in four children are of a BME heritage. This presents its own challenges when working with families and young people, where a better understanding of cultural subtleties becomes crucial.

26% of children under 16 in the borough are living in low-income families, an increasing proportion, and way above England average of 18%. The proportion of children entitled to free school meals in nursery and primary schools is on par with the national average, but the proportion in secondary schools is higher at 17% compared to 14% across England.

Domestic abuse is a significant issue in Barking and Dagenham and impacts on all service areas - 14.8 domestic abuse offences per 1,000 people - highest in London. It accounts for 37% of violence with injury offences in the borough and is a presenting factor for around 22% of children's social care contacts annually and rising.

The number of children and young people with Education, Health and Care Plans (EHC) have significantly increased, rising each year from 1,232 in 2017 to 1,655 in January 2020, a real term increase of 34%. This is an exceptional increase. This demand is continuing in year with the current number of children with an EHC plan at 1,883, an extra 228 children and young people. Autistic Spectrum Disorder, Severe Learning Difficulties, Speech, Language and Communication Difficulties and Social, Emotional and Mental Health are amongst the most significant health needs for children in Barking and Dagenham.

As at the end of 2019/20, a total of 2,349 children and young people were receiving a service as a Child in Need; child subject to a Child Protection Plan; child in care or young person leaving care, a lower number than 2018/19 (2,536 children). During the early months of 2020/21, and the first national COVID-19 lockdown, contacts and referrals were lower as were numbers of children in need and children coming into care. The number of children open to social care, therefore, fell in the first half of the year but since schools re-opened in September, we are seeing demand rising. As at the end of November, we have an extra 198 children in the system at 2,439 compared to the Q2 figure of 2,241 children.

This sits in a context of an ever increasing stretched and challenged health and social care economy, struggling to keep pace with changing community needs and the fast-growing child population with increasing diversity and complexity. This is also on top of a global pandemic this year that continues to place significant pressure on the Local Authority, all partner agencies, the community, and children, young people, and families across the board.

Despite the challenging context, the Council and elected members are ambitious and aspirational in their commitment to improving the lives and outcomes of our residents as set out in the borough's Corporate Plan 2018/2022: No-one left behind.

2. Key messages from our Self Evaluation

Leadership and Management

- A challenging year, that has seen unprecedented demand in some areas of our services for children, including front door, children in need and those on plans for protection, and those with SEND and disabilities.
- Investment from our corporate colleagues to help us keep up with unprecedented demand levels, which has resulted in higher than desired caseloads especially in front end of system and SEND / children with disabilities.
- A robust response to COVID-19 premised on our culture of putting the needs of the most vulnerable first, honest conversations, robust risk management and creating the conditions to work together as a team and with partners.
- COVID-19 has exacerbated our systems and strengths and challenges, and in some areas transformed the way we work for the better, especially with partners such as health and embracing technology in our ways of working.
- We continue to build a culture and conditions of a place where staff want to be and do their best. Ensuring we are child focused, build on and celebrate strengths, are honest about our challenges and see the strength of working together to deliver child and/or vulnerable adult centred support and challenge.
- Seeing the benefits of this through increasing permanence in our workforce, good morale and services that have remained safe and resilient throughout COVID-19.
- The next stage of our improvement journey will be focused around understanding and improving the lived experience of children and families, and understanding what difference we have made as leaders, managers, and workers, through our new approach to quality assurance being implemented in the next 12 months.
- As leaders, we are cultivating an ethos of compassion and kindness, relational working, and sense of accountability, underpinned by safe and effective partnership working and service delivery arrangements, to help us achieve our ambitions for local children and families.

Early Help

- Early help continues to be priority for the children's improvement agenda, and although there has been progress on improving processes and strengthening management oversight, we continue to not see the improvements in children's outcomes, support, and demand.
- We have commissioned, jointly with Corporate, a review of the local Early Help arrangements. This will conclude in February 2021 and inform next steps in line with the local arrangement.
- A joint plan with corporate colleagues is in the process of being agreed that will deliver robust improvements in Early Help.
- A whole system's Early Help and multi -agency working arrangements is a priority of the new Safeguarding Partnership. Building on learning from our work regarding Domestic Abuse, to inform our approach.

MASH, Assessment, and Intervention

- MASH has returned to Children's Care and Support following a three-year tenure in the Council's Community Solution service. Its return in July 2020 has been swiftly followed by a restructure to increase capacity and realign to Children's Services, underpinned by a rapid improvement plan.
- MASH has seen some improvements in processes, compliance and consistency of decision making and stronger management oversight since its return with aspirations for the service to be the threshold expert and provide intelligence to drive the safeguarding system issues and improvements.
- The Assessment and Intervention service has significant distance travelled since the 2019 Ofsted inspection with improvements in practice, caseloads and greater stability and capacity of workforce, against conditions of high demand and the COVID-19 context.
- The pre-birth team continues to provide specialist capacity to oversee one of our most vulnerable group of children and parents, leading to improvements in early permanence, robust safeguarding and stronger interfaces, pathways, and relationships with key partners such as midwifery, with plans to strengthen further with the reconfiguration of our health visiting service.
- Audit shows quality of practice, assessments, strategy meetings and thresholds continue to improve, and consistency in practice continues to be a priority.

Children in Need or subject to a Child Protection Plan

- Conditions of unprecedented levels of demand are not conducive to improvement, arising from several factors including increased community needs pre and post COVID-19, rising numbers of vulnerable children and families being placed in the local area by others, and work still to do to strengthen the local early help service and infrastructure which is not impacting on demand.

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- Enhanced management oversight across child protection services with introduction of several panels, strengthened joint working and communication with child protection chairs and regular deep dives is enabling more consistent practice and improving quality of outcomes.
- Work to strengthen whole system oversight of children with disabilities and their safeguarding needs, including the setting up of a complex case panel and interface with safeguarding board and partners, particularly about neglect.
- Going from strength to strength in the development of multi-agency working around domestic abuse, a persistent feature of our community, including a new strategic partnership with Refuge, introduction of Stronger Together and ongoing review of practice, through initiatives such as Domestic Abuse Commissioning and a review of MARAC.
- Building on our learning from domestic abuse improvements, using the learning and approach to reinvigorate our approach to neglect, especially partnership working, and our early intervention offer. This is a key priority of the new Safeguarding Board partnership. We are seeking to identify a strategic partner and our revised quality assurance thinking to drive and shape improvements in this area.

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- Continued investment in partnership and operational working arrangements to deliver a whole system and specialist approach to safeguarding and risk management of adolescents. This is underpinned by evidence of trauma, older neglect, and contextual working, and regularly reviewing what works and how do to things better to improve consistency of practice.
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and celebration of their achievements.

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- In response to the Black Lives Matter (BLM) movement and a re-focus on the area of anti-discriminatory practice, to ensure that matters of race, culture, diversity and disproportionality are considered in both case planning and staff support. This needs to be reflected in all forms/case notes/ supervision notes/panel forms and management reports.

3. Leadership and management: now and the future

Effective and adaptable leadership and management during COVID-19 that put our most vulnerable children, families, and residents at the heart of our response.

The past 12 months has undoubtedly been one of the most challenging periods for public service that there has been. Whilst the demands of responding to the pandemic have tested many of our services to their limits, it has also brought out the best in many of our services. The directorate is stronger than ever, led by the DCS, and has been recognised as such.

At the beginning of the pandemic a 'People and Resilience Silver Command', chaired by the DCS, was established to manage our response, and routinely report appropriate issues into a corporate Gold Command. The group convened each day for the first 6-weeks and then moved to thrice weekly until May from which point this has formed part of weekly senior leadership meetings.

The three objectives that underpinned all our work are:

1. Keep vulnerable children and adults safe including mitigating as best we can serious incidents and preventable deaths.

2. Keep as many services and settings operating safely.

3. Keep our workforce safe and in capacity.

As a result, every agenda has included items on safeguarding, vulnerable groups and emerging risks and issues. In Children's Care and Support, a daily 'COVID-19 Bronze Command' chaired by the Operations Director with Heads of Service and the Principal Social Worker was also established to grapple with operational service delivery.

As we moved to incorporating our response to the pandemic into our business as usual, a 'Schools Re-opening' weekly meeting was also established with the Director of People and Resilience, Directors of Education and Commissioning, key colleagues in Education, Public Health and Schools Human Resources.

There is also a regular meeting with Health colleagues, with the Director of People and Resilience, Operational Directors of Children's and Adults Care and Support, and key colleagues in Commissioning, Public Health, the CCG and NELFT.

The Children's Care and Support workforce has remained resilient throughout, with staffing levels remaining consistently above 80% - with the majority working from home, virtually. Duty arrangements have been effectively managed with managers and social workers on duty working in the office. The model remains that only those on duty come into the office balancing the safety of the staff with safeguarding children responsibilities.

We have not had to apply any of the easements afforded by the Government, choosing to maintain full business as usual. At the end of the first lockdown, we reverted to undertaking statutory visits face-to-face making less use of virtual visits. All statutory visits have been maintained throughout.

Our social care workforce report being well supported by managers with staff-safety and emotional wellbeing being given priority. We ensured that PPE was and is readily available, and each worker has had a personal COVID-19 risk assessment to identify individual needs and health risks.

Staff report that their managers are more accessible, and teams have been creative in keeping in touch. Managers have visited social care staff deemed more vulnerable due to living alone and being away from their families. Staff identified at risk of domestic abuse in the home have been supported.

Early on we produced a set of critical service operational procedures and guidance. Our critical priorities were that assessments, safety plans and interventions would be limited to the minimum face-to-face social work activity required to reasonably mitigate risk during the period of lockdown. This included prioritising our children in care and care leavers, ensuring stability of placements during this period.

Each child/family had a COVID-19 risk assessment completed on Liquid Logic, supporting us in deciding whether it was safe to maintain robust virtual contact or whether face to face visits were necessary. We also produced a set of guidance and standards outlining what good virtual working practices looked

like, supporting our social workers and practitioners to undertake quality, purposeful virtual work.

We have actively monitored performance and quality of practice through qualitative audit and weekly metrics, ensuring we have both the capacity to meet demand and are achieving the quality of direct work as set out in COVID-19 guidance. Our Principal Social Worker reviewed 100 virtual contacts against the standards and found many cases of quality virtual work being undertaken by social workers and practitioners. Further innovations in virtual working include attendance at virtual Court hearings, supporting virtual contact between children in care and their parents and virtual Child Protection Case Conferences.

We continued to drive forward our improvement agenda, with many of the strengths and areas for development being built on and/or exacerbated by COVID-19 conditions. For example, we significantly drove forward our work to tackle perpetrators within Domestic Abuse, and significantly enhanced the Domestic Abuse response – including a weekly MARAC via conference call - allowing a quick response to high-risk domestic abuse. Our strong relationship with schools and other, enabled us to build a strong case to secure an extra 800 laptop devices on top of the 700 the DfE had originally allocated to vulnerable children with social workers in Barking and Dagenham.

We have worked hard to develop a strong "children's services" culture in Barking and Dagenham in the last few years, one premised on openness, building relationships and working in partnership with key partners, including, schools, health, police, and the wider council. As a result, overall, we have seen excellent joint working across social care, health, schools and Community Solutions to support vulnerable families. Relationships with some of our key partners has arguably never been stronger during this emergency response and many historical barriers and bureaucracies have fallen away, laying the path for stronger, more genuinely integrated service delivery and common understanding of shared challenges and the roles we play in the lives of our most vulnerable children and families.

Responding to subsequent lockdowns has felt smoother given that we had not made any significant changes since our initial response. Work remains a hybrid of 'at home' and 'in the office' (on duty days), with guidance being reviewed and updated continuously.

It is fair to say, however, that staff are beginning to report fatigue: mainly with the demands that virtual working brings, as well as fatigue from not being able to work 'normally'. Increased testing and track and trace has increased the number of staff self-isolating, which has impacted on staffing capacity, but this is being managed effectively and we are meeting all our responsibilities.

The Family Time Contact service has also found it a challenge to provide the level of positive contact between children in care and their family members due to the restrictions. This has begun to improve, and we are now trialling the use of other COVID-secure council buildings to facilitate those sessions.

Morale remains generally high during such challenging times and social workers are positive about working in Barking and Dagenham with recruitment and retention stronger than ever. However, the levels of demand have been a common feature in the second half of the year, particularly playing out in the MASH, children undergoing assessment, children in need, and those with disabilities and special educational needs.

Creating the conditions of a place staff want to work, yielding significant year-on-year improvements in recruitment and retention, with an increasingly stable and permanent workforce across children and adult services.

We continue to build a culture and conditions of a place where staff want to be and do their best. Ensuring we are child focused, build on and celebrate strengths, are honest about our challenges and see the strength of working together to deliver child and/or vulnerable adult centred support and challenge. As a result, overall staff have reported that they feel supported and morale across the department has remained high. As leaders we are cultivating an ethos of compassion and kindness, relational working, and sense of accountability, underpinned by safe and effective partnership working and service delivery arrangements.

We are beginning to see the impact on a stable and permanent workforce which has been one of our most positive outcomes over the past 12 months. The DfE children's social care workforce return (2019/20) shows a continued improvement across all key measures including a growth in our workforce; a continued decline in agency social work qualified workers; an increase in permanent employed workers and a lower turnover rate.

We have successfully converted many agency posts to permanent posts and reduced the use of agency staff at all levels including senior managers. Our agency rate has declined from 23% to 16% - the fifth consecutive year this rate has improved since 2015/16 (50%). Our agency rate is now lower than London (24%), statistical neighbours (20%) and in line with the national average (16%).

Excellent progress has also been made in reducing agency social workers down to 18% compared to 24% at the end of 2019/20 and 30% in the year before. Agency figures are still high in the Assessment and Intervention service at 28%, (compared to 40% at the same time last year) and 35% at the end of Q1.

We have grown our social worker capacity with 230 qualified social worker posts (227 FTE), of which 83% are permanent compared to 77% in 2018/19. Staff retention has again improved, with staff turnover decreasing to 15% in 2019/20 compared to 16% in 2018/19 and 18% in 2017/18. This is now below last year's London average (19%), the statistical neighbours average (18%) and the national average of 16%.

This growth demonstrates the council wide commitment to ensuring social workers have manageable caseloads, a case which has been made to our corporate colleagues and resulting in further investment, although against a backdrop of unprecedented demand which has impacted on caseloads in recent months, albeit with resources to meet demand. Average social worker caseloads have been lower than at the time of the 2019 inspection and are generally in line with or below target in most teams. However, in the latter half of 2020, demand and caseloads have increased in all areas, other than looked after children. It is important to note that the percentage of social workers with caseloads above team targets is increasing and high, particularly in recent months with the impact of COVID-19 affecting demand and throughput. Over half (71 out of 128) of case holding social workers hold more children than their team target: 55.5% of the workforce.

Caseloads are also higher and above target in our Family Support and Safeguarding (FSS) service with 35 (67%) social workers in this service having allocations above target of 1:17. The Family Support and Safeguarding service has been most significantly impacted by the pandemic. Step-down or step-across to Corporate Parenting has been impacted largely due to backlogs in care proceedings or child protection and children in need plans not ending as partners were concerned to withdraw social work support from families at a time when families were not benefitting the oversight and support from universal services. In response, the Assessment and Intervention service held children for longer to ensure that FSS did not become overwhelmed.

We also helpfully obtained agreement to employ an additional social work team (above establishment) in this service to keep caseloads safe and manageable. This service is still managing high caseloads, as the new team comes online.

Caseloads in the Life Planning team (children with disabilities), which sits in the Disability Service, increased significantly in September and this demand is continuing. 248 children were open to this team at the end of November compared to 184 at the end of August – a real term increase of 35%. Average caseloads have increased to 24 from 18 over the same period. This increase in demand is COVID-19 related, with significant breakdown in families because of suspension of service delivery, respite, children not being able to be in school and increased risk factors such as domestic abuse. The DCS and Operational Director secured additional funding from Corporate to go over establishment due to the potential safeguarding risks and the complexity of children with disabilities. Additional social work capacity above establishment has been agreed to manage this risk and begin to reduce caseloads. Children with disabilities has been one area that has been particularly impacted by increased need in COVID-19 and an area, where children with high needs moving into the borough, has been a consistent theme of the practice landscape.

Innovative thinking to create a new dispersed working model across the council, capitalising on technology, co-designed with staff and residents.

Our new Corporate Plan (2020-2022) sets out the council's commitment to the implementation of *"a digitally enabled, truly dispersed model, which is less reliant on central offices and allows more of our staff to spend more of their time in the community, closer to residents"*. This model will be built around the reconfiguration of our buildings as resident-centred community hubs.

COVID-19 has taught us that we are all able to get a lot of our work done remotely with less reliance on offices. Moving to "dispersed" working means the council does not need the same number buildings. It gives us an opportunity to do something radically different with our buildings. We also recognise the that

we must balance this with the need for human connection and coming together face to face as a team. It is no longer about having a big office space available for everyone, but more about providing the right size office space with the right physical environment that is available at the right times. We are calling this our Secure Base.

We are creating spaces that are safe, confidential, and welcoming, and that make staff feel like they have a secure base in the borough as and when they need it. These spaces should not be built around desks or workstations (beyond specific desks for duty managers) but should instead provide flexible, informal, and comfortable spaces, alongside small confidential meetings rooms.

The community hub model will be built over the coming year. These hubs will be open, friendly, and easy to access. They will act as flexible bases for a range of council and partner services. They will combine a minimum universal offer and targeted support aimed at meeting specific local needs. They will be digitally enabled and capable of adapting to changing needs across the borough. The model must ultimately support those who struggle, can get help and support close to where they live – a place to go, a place to talk, a place to do, while also facilitating activity to overcome specific local challenges and issues.

Relentless focus on improving services and outcomes for vulnerable children, young people, and their families.

In the past two years, the DCS and the senior leadership team has led a reinvigoration of children's services approach that is anchored putting the needs of the most vulnerable children at the heart both strategically and operationally, and with an unrelenting focus on improving outcomes. The next phase of our improvement journey sees us moving beyond outcomes, to ensuring all improvement is centred around understanding and improving the lived experience of children, and understanding what difference we made as leaders, managers, and workers, so that we build on good practice and improve what is not working as we think it should. This, alongside the culture and conditions we have been building as a leadership team, will underpin the next articulation of improvement journey and our priorities as we move forward. As leaders, we are cultivating an ethos of compassion and kindness, relational working, and sense of accountability, underpinned by safe and effective partnership working and service delivery arrangements.

Given the pressure of the continuing pandemic we are proud to have maintained a business-as-usual approach and, also, continued with much of the transformation and improvement work across children's care and support, recognising both our strengths and challenges have been exacerbated over the period bringing both opportunities and barriers.

We have now fully implemented the Children's Social Care Target Operating Model, with all service restructures and new services operational, including the specialist Pre-Birth team, Corporate Parenting and Permanence Service and Specialist Intervention Service aimed at tackling the significant challenges of neglect, domestic abuse, and those on the edge of care. The Family Support and Safeguarding service, the Adolescent and YOS service and the Assessment and Intervention service have been operational for over a year. MASH has also moved back to children's care and support with single line of sight to the DCS and Operations Director.

Throughout this self-evaluation, you will see improvements in performance, quality of social work practice and improved outcomes in many areas with a clear analysis of strengths and areas for further improvement. We need to continue to build upon those foundations, to embed our practice model and new services and launch our new innovative Quality Assurance Framework next year.

The next big step in our improvement journey is our ambition and plans to create a '*Centre of Practice*'. This will bring together a range of social care functions that are currently delivered in different places, in different ways and embed them in a single, coherent service block. These functions all contribute towards the same objectives: getting the right staff and keeping them; developing our staff, evaluating, and improving practice; and reviewing practice and delivering statutory duties.

Spanning Children's and Adults Care and Support; the Disability Service and Early Help, the '*Centre of Practice*' will bring to bear the learning from all of those, creating a seamless, singular approach to our improvement activity. It will ensure a high-quality, stable care and support workforce that is consistently challenged; and learning from that challenge with the sole purpose of delivering services of the highest quality.

The DCS continues to chair and lead the Integrated Care agenda for children across BHR. This has led to improvements at both strategic and operational levels across health, police, and schools, with many more examples of better multi agency working, anchored in a shared commitment to improving safety and outcomes for children, although there continues to be much to do in this space.

Robust and effective performance is in place with plans to implement a new quality assurance framework focusing on the lived experience from April 2021.

We have an established performance management framework with daily, weekly, and monthly performance dashboards in place to help managers improve oversight, performance, and quality of practice.

This put us in a good position at the start of the pandemic and has helped us greatly to navigate the challenges of COVID-19, lockdown, and recovery. We introduced a comprehensive set of weekly performance metrics, to support leadership in responding at the very start of the pandemic. A workforce tracker was also developed to provide oversight on the impact of COVID-19 on our children's workforce. Both enabled weekly monitoring and oversight of the impact of the pandemic on key elements of demand and service delivery, alongside similar dashboards for our Early Help and Education services.

The Lead Member, the Leader and Chief Executive receive regular assurance through the quarterly *Assurance Report of the Director of Children's Services*; the focus this year has, naturally, been on the pandemic and emerging recovery issues. This report is sent to our Corporate Assurance Group and a formal briefing with the Lead Member, as part of our wider council challenge process. We continued to hold our established programme of weekly and monthly meetings between the Lead Member, the DCS and other Senior Leaders. In addition, during the first three months of the response to COVID-19 we contributed to weekly updates to Cabinet Members summarising the emerging issues in our services and our response.

We have continued with our Quality Assurance Framework using audit findings to inform improvements in practice and service design and track recommendations to ensure they are acted upon. Our monthly front-line manager practice learning sessions have continued with a focused programme aimed at improving the quality, confidence, and consistency of frontline practice.

We have produced a new and innovative Quality Assurance Framework aimed at measuring the lived experience of children, impact of social work practice and outcomes for children and families. This framework will go live in April 2021.

Strong governance arrangements, embedding leadership and challenge at every level.

Governance arrangements, both strategically and operationally, are robust and effective. We have an established programme of weekly and monthly meetings between the Lead Member, the DCS and other Senior Leaders and these have continued throughout the pandemic.

The monthly Children's Improvement Board chaired by the DCS drives progress against our improvement plans, focusing on the quality and impact of social work practice. This is informing our self-evaluation on a regular basis and enables us to focus on areas of practice in need of improvement or immediate scrutiny.

Scrutiny is also provided by a group of elected members through the Overview and Scrutiny Committee, with 2020 seeing a focus on children in care and care leavers.

High level challenge and support is also provided by the Chief Executive through Corporate Performance Group (CPG) and Corporate Assurance Group (CAG) – which receives a quarterly 'DCS Assurance Report'. The Lead Member, Leader of the Council, DCS, SAB Chair, Chief Executive and directors hold a quarterly meeting to consider both children's and adults' high-level safeguarding and workforce data, ensuring good understanding of performance and pressures on the system. In the case of YOS, there is also continued strong governance provided by our Community Safety Partnership.

Corporate Parenting has been reinvigorated with strong leadership, challenge, and accountability at every level as confirmed by the recent DfE care leavers improvement visit. Elected members are playing a leading role in championing the Council's aspiration for our children in care and care leavers with the Lead Member as Chair and three other elected Members. Our Corporate Parenting Board has good representation from Children's Social Care, Health, the Virtual School, Community Solutions including Housing, Homes and Money, Health, Commissioning and Education, as well as representatives from the Children in Care Council (Skittlz), and a Foster Carer representative. As recommended by the

DfE care leavers improvement visit, we will look to extend the membership of this Board to include Department of Work and Pensions and Probation.

The Children's Safeguarding Partnership – formerly the Local Safeguarding Children's Board (LSCB) – has been in operation since 2019. In our originally published plans, we set out our ambitions for implementing the full range of the new partnership during 2020. The pandemic has delayed some of these plans, though work is now progressing well once more to catch-up following this hiatus.

The Independent Chair of the LSCB stepped down at the end of November 2020, and this has paved the way for the process of appointing an Independent Scrutineer for the Safeguarding Partnership. The Independent Scrutineer will act as the 'Safeguarding Champion' - the cornerstone of independent scrutiny – for our children, families, staff, and residents, working in concert with others whose roles and activities contribute to the whole-system of independent scrutiny. We expect to advertise for this appointment in January 2021.

Safeguarding Partners have recently produced their first Annual Report. This report, to be published in Q4 of 2020/21, will review the work of the SPE for its' first year of operation – albeit a year of operation in the most unique of circumstances – and, crucially, set out the priorities for the next year. This report will be presented to Corporate Assurance Group, Cabinet and the Health and Wellbeing Board prior to publication.

Serious Case Reviews (SCR)

We have had one referral to the National Panel this year, but this did not meet the threshold for a SCR as abuse or neglect was not a factor in the death. Currently, we have no ongoing SCRs with all outstanding work concluded in line with the timescales as set out in the transitional arrangements for LSCBs of 29th September 2020. We have one local Practice Learning Review that has not yet started. An Independent Reviewer is being commissioned.

The two SCR's concluded have not yet been published due to ongoing police investigations. The Police, through the Safeguarding Partnership, has requested a delay to allow the work of the Police, CPS, and criminal courts to be processed. This has been communicated to the National Panel.

4. Early Help

What we know about the quality and impact of social work practice

To improve the quality, management oversight and impact of early help services, an Ofsted recommendation, a detailed operational improvement plan was developed and implemented over the last 18 months, developed jointly with DfE approved Partners in Practice (PiP) with Camden between September 2019 and September 2020. This has proved useful and led to several further operational practice changes within the Targeted Early Help service in Community Solutions.

Changes that have occurred included reduction in the size of Early Help teams with smaller manager to worker ratio and supervision is now becoming more regular. There has been greater use of audits and case dip-sampling to increase management oversight, but the practice remains too variable and inconsistent.

Social work management capacity has been increased. We have embedded a *'Daily Discussion'* practice approach across the service, allowing practitioners to discuss children they are worried about with senior managers. This includes MASH decision makers once a week and a designated practitioner representing the child's needs. Feedback from practitioners is positive, with audits and dip sampling work indicating a stronger focus on outcomes, greater consideration of the child's lived experience and safeguarding arrangements.

Work to develop practice standards across the Targeted Early Help service is planned to support greater clarity on standards and expectations. We still have a way to go for impact to be consistent. Regular and well attended step-up/step-down meetings have been enhanced with warm handovers and bespoke joint working across services ensures continuity of support for families.

An Early Help Consultation line has been set up so that professionals, families, and carers can have direct and easy access to an Early Help Advisor. Feedback from residents is that this is connecting them to early help services quicker and where appropriate linking families to community based voluntary organisations at the point of initial enquiry.

A higher proportion of children and families are now more involved in assessments and reviews of support plans. Over 90% of children open to Targeted Early Help have an Early Help Assessment and three quarters of children have had a Team Around the Family (TAF) meeting. Work is ongoing to improve the attendance to TAF meetings and ensuring that all plans are reflective of children's needs.

We consistently seek feedback from families and children at the end of support interventions. Overall, feedback is positive with children and families telling us that the support has helped them become stronger and more resilient. We need to reach a larger number of families and a priority is to increase uptake.

During COVID-19 the Targeted Early Help service remained resilient and workforce capacity was strong. All families open to Early help had a COVID-19 risk assessment and a top priority was to provide an extensive help offer to families in temporary accommodation, asylum seekers, families shielding and children awaiting school places. The help offer included welfare visits, joint working with the voluntary sector and signposting to other sources of support.

The significant work on improving practice process, has not yet yielded significant or substantial improvement in practice or outcomes, and early help remains an area of enhanced scrutiny by the DCS and Children's Improvement Board.

A priority of the new Safeguarding Partnership board is the development of our whole system's approach to early intervention, help and multi-agency working especially regarding neglect. The pandemic has served as an opportunity to understand the interface of our Early Help offer and that of the voluntary sector, as well as the cohort of children and families who were shielding due to being clinically vulnerable, but additionally barriers such as reduced capacity within health operationally and strategically, as well as disruption to schools and adapting practice to respond to children being at home, have also slowed progress in this area.

We have continued to review how we can strengthen early help, with particular focus on strengthening support to where children are, such as in universal services. This includes building on our work through the Early Years Academy to amend our health visiting offer, developing our approach to support to children in primary and secondary schools, and re-looking at how to best support children with disabilities in their communities, early and better. For example, we have Team around the School (TAS) pilot is near completion and evidencing improved targeting of children. Our education inclusion service developed vulnerable pupil trackers with all schools submitting trackers to their EIP on a weekly basis since September. This has identified vulnerable pupils' attendance, behaviour, and exclusions and where appropriate shared with Targeted Early Help and social care. We also have a weekly vulnerable pupil hot clinic comprising of our Education Safeguarding Lead, YOS Manager, CAMHS Lead and Universal/Targeted Health Leads. Professionals from social care, Early Help and YOS have an opportunity to refer to this multi-disciplinary team and problem solve 'blocked cases' of vulnerable children predominantly not engaging with education. This mechanism enables a joined-up approach between Education and YOS/Social Care and eradicates where possible the gap of intelligence that previously existed.

Next steps for Early Help.

Although progress has been made in the Early Help improvement plan, a number of performance and practice concerns persist and arising from enhanced scrutiny from both Children's Improvement Board and safeguarding partners. As a result, given the different configuration within the Local Authority where Early Help sits out line management and responsibility of the DCS and Children's Services system, we have worked with corporate and internal audit to commission an independent assurance exercise of the Local Authority Early Help service and its interfaces. Given the pandemic, and emerging context this feels particularly important. This exercise has been requested by the DCS and Lead Member for Children's Services and is supported by the Chief Executive.

It seeks to provide assurance of the current arrangements, highlight areas of strength and weakness, and help us set out our next steps. The review sits in a wider context of improvements needed to multi-agency universal and early help services, including improvements in health visiting, portage, support in schools, MASH and especially in relation to the Ofsted recommended improvement area of childhood neglect and learning from local serious case reviews.

We have appointed an independent reviewer with work commencing in January 2021. The final report is expected to be completed by the end of February 2021.

Positive Ministry of Housing, Communities and Local Government (MHCLG) visit on 16 -17 homelessness demonstrating improved protocol and practice.

In our ILACS inspection in February 2019, Ofsted reported that "*referral pathways for homeless 16- and 17-year-olds were not understood by partners, resulting in an inconsistent response".* In response, we have published a new 16 - 17-year-old homelessness protocol in line with national guidance, including clear referral pathways for partners. It is evident this protocol is leading to a change in our approach to homeless young people, with a focus on needs driving provision, rather than provision driving action.

The MHCLG visit on homeless 16- and 17-year-olds took place in November 2020 and feedback was very positive recognising our significant improvement work in this area. The MHCLG commented on our "*open and forward thinking, seeing passion right across the board which was a testament of how far we have come".*

Our plans for the next 12 months to maintain and improve practice

- Complete the Early Help Assurance Review.
- Develop and deliver the Neglect and Early Help Improvement Programme incorporating the Early Help Assurance Review recommendations.
- Report on Team Around the School model pilot and implement recommendations.
- Produce the partnership Neglect and Early Help strategy.
- Reconfigure and launch the Early Years and 0-5 Health Visiting model.
- Building on multi agency working education, Targeted Early Help and social care.
- Implement recommendations made by MHCLG through a 16-25 vulnerable young people housing delivery group.

5. MASH (front door), Assessment, and Intervention

MASH is now back in Children's Care and Support and strengthening the front door with improved partner engagement is a top priority.

In July 2020, our MASH moved from Community Solutions back to Children's Care and Support: a move made to strengthen safeguarding practices and to ensure MASH activity is in the direct sight of the DCS and Operations Director of Care and Support. MASH is now managed by the Head of Service for Assessment and Intervention.

A restructure of the service took place at the point of transfer to align it with Care and Support service structures and to increase management capacity. Early diagnosis highlighted that although timeliness of decisions was good, there were some concerns.

A rapid improvement plan has been put in place, including day-to-day oversight by the service manager; dip-sampling activity; increase of staffing capacity and engagement with partners, and which includes both DCS and Lead Member oversight. It is expected that this is a substantial improvement journey that will take approximately one year to conclude with aspirations for greater multi agency presence and that becoming the threshold expert with its pulse on safeguarding issues within and providing insight into how the system needs to respond accordingly.

At the peak of the lockdown MASH reported a reduction in contacts and referrals, a trend mirrored across London. However, with more children and young people attending school and lockdown easing in June, the number of contacts and referrals increased to pre-COVID levels. Throughout the pandemic period we have seen an increase in physical chastisement referrals, domestic abuse incidents and referrals where parental mental health was of concern; this is unsurprising given the circumstances and we have worked well with schools so they can confidently report disclosures of abuse and harm.

Since November we have seen a surge in demand in the front door: 1,265 contacts compared to the usual average of around 1,000 and referrals increasing to 404 (usual average of 290). The contact to referral conversion rate in November increased to 32% (above average of 29%) and the referral to assessment conversion rate increased to 99% in November (above average of 94%). This rise in demand in the MASH has impacted on the number of children open to Care and Support – increasing to 2,439 at the end of November – an extra 198 children in the system with the majority of those undergoing a statutory assessment – placing considerable pressure on the Assessment Service.

This increasing demand is being managed well in the MASH, with decisions being made in a timely way as are decisions to initiate s.47 investigations.

On average over 90% of contacts are being completed within 24-hours and feedback to the referring agency is at 90%. The repeat referral rate has remained stable at 13%.

Our challenge is to keep practitioners from becoming process driven and engaged in the work whilst maintaining the speed of allocations. We recognise that the number of contacts that are 'MASHED' remains too low, as well as the timeliness of MASH checks being returned.

Escalation practices have been reenforced and key partners escalate referral outcomes they are concerned about in a timely way. Routine dip-samples and peer audit sessions also contribute to continuous learning and development of practice. Individual supervision is regular and timely.

Feedback from the Head of Service and MASH Manager is that the quality of contacts and referrals is improving, although still variable. The Police partnership forum has led to an improvement in the quality of MERLINS received by MASH following training sessions and sharing of good practice. The recording of child/parents' contact information and safeguarding risks to the child and safety plans are now more regularly included in Police MERLINS.

Our plans for the next 12 months to maintain and improve practice

- Embedding multi-agency thresholds and offer across targeted Early Help, social care, and the wider partnership.
- Implement MASH restructure to enhance capacity of social workers and managers to support the quality of practice and managerial oversight.
- Deliver the MASH improvement plan post restructure and with extra capacity secured.
- Re-energise the MASH partnership and membership, building stronger ties with education, housing, and pre-birth team. This will be supported by the introduction of a daily MASH discussion for the most vulnerable children.
- Continue to strengthen the interface between the Front Door (including MASH) and Early Help through weekly step-up consultations.
- Improve system for feed-back to agencies and communication in general.
- Work with Police and domestic abuse provider on implementing a daily Merlin triage for contacts regarding domestic abuse.

A stronger Assessment and Intervention Service, with quality of practice and assessment improving.

The Assessment and Intervention service improvement plan has been implemented, with high caseloads addressed and strengthened management oversight. The service is now increasingly stable, and we have been successful in recruiting permanent social workers and managers across all teams. The turn-over of staff has significantly reduced. All but one manager is now permanent, and we will be at 100% by February 2021.

Over 70% of social workers in the service are permanent compared to 60% at this time last year. Work is in train to reduce the use of agency social workers further, but this direction of travel is good given challenging times.

This has had a positive impact on morale and an improved culture of compliance with quality. Caseloads have continued to remain manageable and below the target of 20 (although we are reporting an increase in December), enabling the service to resolve issues in a timely way by implementing short interventions and preventing children from needing longer interventions.

So far this year, 2,272 assessments have been completed, lower than this time last year due to the early impact of COVID-19 and fewer contacts and referrals. Timeliness at 45 days is very high at 91% and above all comparators and a considerable improvement on 2019/20 end of year figure of 77%.

The quality of assessments has continued to remain high throughout the year despite the challenges. Under the stable leadership of permanent team managers, assessments are completed in a timelier way, shifting the average time needed to complete an assessment to 20-30 days rather than using the maximum of 45 days. Nearly half of assessments are completed within 30 days compared to 31% this time last year. Assessments are now reviewed at 20 days.

There is a strong culture of learning and development in the service. Staff are trained to use new models of practice such as the Graded Care Profile 2 and the Safe and Together model. The learning is shared and disseminated across the

service via forums such as the Consultant Social Worker forum, group supervision and lunchtime seminars, as well as service meetings. This has led to improved staff professional development and morale. Supervisions are regular (over 80%) and of good quality, supported by regular audit and peer-audit sessions where self-evaluations take place. This is co-ordinated by consultant social workers who also support the development of ASYE workers.

The interface with Early Help is better but continues to need strengthening. The interface with MASH has improved, resulting in more critical analysis, and planning of safeguarding responses.

The pre-birth team has been operational for a year, bringing changes to the quality of assessment, intervention, and care planning for high risk unborn and new-borns in the borough. Caseloads in this team are at 1:15 (above target of 1:12) and supervision is good (94%). We are seeing real evidence of improved early permanence with newborns progressing to CP Plans or Care Proceedings with robust safeguarding from the outset. The strong links with our Pause team ensures women at risk of losing repeated babies to the care system are identified early on.

Midwifery partners report a stronger partnership, clearer pathways, and improved satisfaction with our pre-birth offer.

Audit activity tells us that the quality of practice and quality of assessments are improving to good, with strong safeguarding arrangements being made for children. Issues are being identified early, assessments have good information and are analytical, and the voice of the children and families are clear within the assessments.

A transfer protocol is in place and the process for transferring children is implemented in a timely manner, with the emphasis on a positive warm handover. This year, due to COVID-19, this has been affected by capacity issues in the Family Support and Safeguarding service. In response, the Assessment and Intervention service held work for longer to ensure that the Family Support and Safeguarding service did not become overwhelmed.

Thresholds for social care intervention are generally appropriate with timely decision-making and proportionate responses. Child protection strategy meetings are timely, children are seen quickly, and most include key agencies involved with the child.

Our s47 rate per 10,000 children has always been high, but this is now declining. The number and rate of s47 investigations declined from 1,277 (195 per 10,000) in 2018/19 to 1,047 (165 per 10,000) in 2019/20. Our current numbers are lower as at end of November compared to this time last year – 587 compared to 643, respectively. The percentage of s47 investigations resulting in NFA continues to fall, down to 6% as at end of November 2020 compared to 7% this time last year and 6.5% at end of 2019/20. We have a higher proportion of s47s progressing to ICPC now at 43% compared to 30% in 2018/19. Timeliness of ICPC's completed within 15 days of the s47 has improved this year to 82% compared to 75% at end of 2019/20 but further improvement is required in this area.

An externally commissioned audit covering help and protection in April 2020 reported that no children were unsafe or at risk of immediate harm and that thresholds were consistently well applied. Overall, compliance was high, recording in most children's files was up-to-date and assessments included a good range of information about children including information from other agencies. This is also being confirmed by our child protection chairs.

Out-of-hours arrangements continue to be effective. Interventions are timely and proportionate, and followed up by prompt recordings and liaison with daytime staff. Communication and handovers are well managed, resulting in continuity for children and families.

Our plans for the next 12 months to maintain and improve practice

- Continue to reduce the number of agency workers.
- Improve management oversight further by reducing the ratio of Social Workers to Managers (and adding an additional Service Manager).
- 'Get it right first time' by addressing issues in assessment robustly so that a sustainable plan designed with the family and partners reduces the need for longer, more invasive intervention.
- Embed the Pre-Birth Assessment Team and its partnerships with health colleagues, Pause and Early Help.
- Embed the use of the Specialist Intervention Service interventions.
- Create specialist Young People homeless assessors: 1 per team (5 in total).

- Improve attendance of Specialist CSA paediatricians at strategy meetings regarding child sexual abuse.

6. Children in Need or subject to a Child Protection Plan

At the end of 2019/20, the number of children on a Child in Need (CiN) Plan increased to 671, a real term increase of 18%. This demand is linked to the proportion of referrals progressing to assessment (95%), the overall increase in assessments being completed becoming CiN, and is reflective of deprivation levels in the borough.

Nearly half (46%) of our children in need are aged 10 to 17 (10% above the 10-17 population as a whole); 41% are White British and the majority are on plans for emotional abuse, domestic abuse, and neglect. There were 335 children subject to child protection plans at the end of 2019/20 – up by 7 children.

During COVID-19, we have seen rising numbers of children on child protection plans, including an increased number of transfers-in from other boroughs. This increase can to some extent be attributed to a hesitancy from partners to cease plans for children where the usual protective factors and step-down support has not been readily available. Numbers increased to a high 371 at the end of April this year but have now fallen to 337 as at end of November (still above average).

Most children (86%) are on child protection plans due to emotional abuse and neglect, and nearly half are White British.

What we know about the quality and impact of social work practice

In April this year, an external audit of children across help and protection was undertaken to assess our direction of travel. The audit was a desktop review of around fifty children due to COVID-19 and lockdown. Findings overall were positive with no children unsafe or at risk of immediate harm. Thresholds were consistently well applied, and no children were receiving a response at an inappropriate level. Compliance was high, and processes were followed through; core groups, case conferences and child in need reviews were held.

Most children were visited and seen regularly. Assessments had a good range of information about children including information from other agencies. The audit reported that there was a strong network of professionals and evidence of regular liaison between them. Fathers were generally included, and their importance acknowledged. Our response to the COVID-19 pandemic was evident in the recording with most children's files having appropriately completed risk assessments on the record.

Areas for improvement related to children in need not always being seen alone. Visits were not always purposeful, and plans needed further development to focus more clearly on children's needs, the change required to meet those needs and how the agreed actions will contribute to this. Further work is required on the analysis in assessments and needs to be consistent and a sharper focus on what needs to change. Child protection and child in need Panels' work is evident in some of the practice, but not consistently. Work is underway to strengthen practice in those areas and incorporated into our overall improvement plan.

The quality of management oversight and supervision is improving, with increased evidence of reflection and analysis.

Children in need continues to be a focused area for improvement. Children are being seen regularly with six-weekly visits improving to 93% at the end of 2019/20 compared to 73% in 2018/19. On average over 90% of children in need are being seen every six weeks. Performance has dropped slightly since September due to increasing numbers of children off school and families self-isolating, but contact is still made using virtual technology.

Three-monthly children in need reviews held within timescale is better at 94%, up by 7% on end of year. This is a positive improvement demonstrating enhanced oversight of children in need plans.

Social workers are becoming more reflective, know their children well and are being increasingly creative in their direct work with families, driven in some part by the pandemic. Some young people and families have responded well to contact via social media and have been more willing to share concerns and worries, resulting in social workers being able to take action to support them.

Overall, the increased stability of the workforce is resulting in more children and families having had a consistent social worker and team manager, leading to

positive relationships and improved outcomes. Supervision and management oversight continues to improve but remains variable across the service. Chronologies are being used to inform planning – over 50% of cases had a chronology updated within the last three months compared to 34% at end of 2019/20.

We are on the right track, but improvements need to be embedded and enhanced further in the coming year now we have a more stable workforce. We have developed a suite of one-minute guides for key areas to inform and improve practice, for example: permanence, management oversight and supervision, exploitation, homeless 16/17-year-olds, and police protections.

Our Permanence Taskforce and 9-months-plus Children in Need Panel are well embedded, tracking permanence with increased oversight of duration and effectiveness of plans. This Panel reviews all children subject to long plans or where the plan feels 'stuck' to provide management direction and support. Supervision Orders are also reviewed by this Panel to ensure timely planning to either extend or close. This leads to reduced urgent legal applications.

Despite the pressures of COVID-19, we have continued to progress children in need plans to either escalation or step-down. Regular 'deep dive' reviews of children in need are also undertaken, involving team managers and social workers to ensure the focus remains on progressing plans.

Learning audits are reporting gradual improvements in the quality of children in need planning and reviews, but it remains too variable. There is evidence that the Children in Need Panel is effective in improving the quality of plans, but not consistently enough. Audits also report some good multi-agency working but attendance at reviews still requires improvement.

To improve quality, we have revised the children in need plan to be more child and family friendly, focusing on what needs to change and how the agreed actions will contribute to this change. This is being piloted before rolling out in the spring of 2021.

Child protection practice is robust, and the quality of plans are improving to good.

Despite the rise in demand, children subject to child protection plans are progressed in a timely way. All children on child protection plans have had a 'COVID-19 Risk Assessment' completed to assess risk and make decisions as to when face-to-face social work would be required.

Performance on statutory visits (carried out virtually in most cases during lockdown periods) has been strong – around 95% of 2 weekly child protection visits have been in timescale, 100% for 4 weekly child protection visits from April to June 2020. With the easing of lockdown, schools reopening, and our return to more face-to-face child protection visiting, performance has dropped to 82% and 94% respectively. An increase in children and families self-isolating, staff self-isolating, and higher caseloads are impacting on performance currently.

99% of child protection reviews have been completed within timescale as at end of November - up by 3%. The proportion of children subject to a child protection plan for a subsequent time is at 15%, in line with the London average (but lower than similar areas). We also have lower rates of children on plans for two or more years at end of November at 4%. The timeliness of Initial Child Protection Conferences has also improved; up to 82% compared to 75% at year-end.

During lockdown, all Child Protection Conferences conducted via Microsoft Teams. Attendance from partners has increased, particularly from Health. No Child Protection Conferences have been cancelled due to COVID-19; all have been held virtually, quorate, and within statutory timescales.

We have increased the capacity in child protection chairs to four to manage the increase in numbers this year. Social workers and managers continue to value the pre-ICPC consultation with Conference Chairs which supports reflective practice and consistent application of thresholds. This is evident in the higher proportion of children that go to ICPC resulting in a child protection plan; 84% as at end of November compared to 78% at end of year 2019/20.

The majority (82%) of Core Groups held during the year have been within timescale - though performance needs to improve further. Core group attendance by key partners remains variable.

We have completed an increasing number of expert assessments earlier in the child protection process to support planning. This is experienced as less punitive by families and can result in reduced need for escalation to legal proceedings.

Our multi-agency Child Protection Panel reviews children who have been on Child Protection Plans for 11-months plus and these children are also tracked via the Permanence Taskforce. The Panel is well attended, and the impact is evident with the number of children on child protection plans for more than a year reducing and lower numbers of children on plans for two years plus. Audits report that the Panel is effective in reducing drift with a focus on resolving issues in a timelier way. The Panel has also been effective in addressing wider issues such as housing, the need for legal planning and the need for LADO referrals.

Audit activity also shows that child protection plans are improving to good quality but still variable. Children are held at the right threshold. The quality of supervision is improving and there is more management oversight recorded on cases. Team Around the Area meetings are being held with headteachers once a term, attended by Service Managers, providing an opportunity for schools to discuss pertinent issues and build links.

Disabled children are safeguarded and well supported.

Disabled children and their siblings are well supported by the all-age disability service managed in Adults' Care and Support. Disabled children and young people are safeguarded in line with safeguarding procedures and processes in children's care and support. The Head of this service is an integral part of Children's Care and Support leadership with clear oversight by the Operations Director and matrix arrangements around escalation and joint working across education, social care, and health, including interface with the new Safeguarding Board Partnership arrangements, with a focus on neglect.

The Life Planning team provides timely support to disabled children and their families, and work is underway to ensure consistency across the team. Multi-agency working is a strength. There are regular Complex Needs Panel meetings working with health colleagues and education to discuss complex children and ensuring health/CAMHS input, and most importantly, safeguarding oversight.

Regular Hot Clinics are taking place with CAMHS and social work practitioners. This has increased the engagement of CAMHS advice and input. There has been praise from the Court around the quality of social work practice, as well as positive practice alerts.

Since September, the number of children open to the Life Planning team has increased considerably and we know from our analysis that this rise is COVID-19 related, with significant family breakdown because of suspension of service delivery, respite, and increased risk factors such as domestic abuse. Average caseloads are now too high at 24 and 90% of allocated social workers in this team had above 20 children. On top of increasing demand, three permanent social workers have left the team due to securing promotions.

Additional social work capacity above establishment has been agreed corporately to manage this risk and to lower caseloads.

The LADO is effective and continues to ensure a timely and effective response to the allegations of harm involving those working with children or vulnerable adults. This strong practice has continued with the LADO raising awareness of safe recruitment and the allegation process with partner agencies as well as voluntary organisations. In addition, our Safeguarding Lead for Education, meets regularly with school safeguarding leads. This work has led to a wider understanding of the LADO role and increase in contacts.

Tackling the challenge of Domestic Abuse and Neglect with the pressure of COVID-19.

Responding to the entrenched challenge of Domestic Abuse and neglect in the borough remains both a considerable challenge and an absolute priority, even more so during the pandemic. A key concern is that high-stress home environments increase the likelihood of domestic abuse, and we have seen an increase in related contacts and referrals. We have significantly enhanced our domestic abuse response including a weekly MARAC via conference call allowing a quick response to high-risk domestic abuse situations and the safeguarding of both children and adults.

The launch of Safe and Together is beginning to impact on the way social workers and managers talk about, record, and intervene in respect of domestic abuse. So far, 40 social workers have completed the training, and the feedback has been overwhelmingly positive. Practice discussion sessions to build on the learning are demonstrating the beginning of genuine culture change.

Since October 2019, Refuge has delivered domestic and sexual violence services in Barking and Dagenham, attracting 1190 referrals in their first year of delivery,

24.4% of which have been from children's services directly. The service offers individualised, trauma informed support, offering the best possible quality service to all victims and works alongside partner agencies, to ensure victims' needs are met holistically, actively involving survivors in service development.

The relationship with Refuge is strong, with regular attendance by Refuge staff at team meetings and the Child Practitioner Council to discuss joint working. Our Specialist Intervention Service offers a range of supplementary interventions aimed at keeping families together ensuring the right children come into care and improve early permanence planning.

We have commissioned Refuge to deliver targeted perpetrator work alongside our Family Support and Safeguarding service as part of their wider survivor and children's offer and we have access to a Men and Masculinities programme provided by Cranstoun. We also have access to Refuge's tech abuse team, a Google funded innovative new response to technology facilitated abuse. Our local project to improve access to legal aid for families experiencing domestic abuse achieved national recognition at the LAwWorks Pro Bono Awards in 2020).

Our Multi Agency Sexual Exploitation (MASE) and Criminal Exploitation Group (CEG) have representation from our domestic abuse commissioner. This has proved invaluable as we tackle the prevalence of trauma our young people have suffered through witnessing domestic abuse early in their lives, as well as increasing incidents of adolescent to parent violence.

The Independent Barking and Dagenham Domestic Abuse Commission brings together a panel of national experts, chaired by Polly Neate CBE, to look at how to tackle abusive behaviours in the borough. The first of its kind in the country, the commission's report is going to Cabinet in February and formally launched on 26th February 2021.

The recommendations are structured as seven survivor outcomes with what life should be like for survivors of domestic abuse – within each outcome are a series of steps in how to get there. Central to the commission's findings is ensuring that professionals across the system and wider community use the language "we believe you" to show that survivors of domestic abuse feel believed and listened to. The council is currently working through its response to the commission's Independent report.

We continue to strengthen our approach to neglect. In 2019/20, as part of our multi-agency neglect strategy action plan, our pre-birth assessment service was established, consisting of social workers, family support workers and a Health visitor. The team attend weekly perinatal meetings at the local hospitals ensuring multi agency planning and early assessment and interventions with our most vulnerable women. This has strengthened our ability to identify and respond to neglect much earlier on.

We have increased our family support worker capacity in the Specialist Intervention Service. Those workers support families with children on both children in need and child protection plans where neglect is a concern. Parents have shared with us positive experiences of the service and we have seen evidence of real impact where children and their families have begun to thrive. We continue to have a substance misuse specialist providing assessments of parents and facilitating onward referrals to specialist services.

Our East London Family proceedings court in partnership with the Tavistock invited us to sign up to the Family Drug and Alcohol Court model. We have now entered a two-year partnership aimed to offer strengthened assessments, access to specialist interventions and a court process that is inclusive of the parents and ensures early permanence of the child. We are excited to be able to offer this service to our families especially as over a third of our care proceedings involve children whose parents have substance misuse problems.

Training on the Grade 2 Care Profile continues with Portage, Early Help, Assessment and Intervention and Family Support and Safeguarding teams prioritised, with the aim of having these staff trained by March 2021.

The Vulnerable Children's Housing Panel is firmly embedded in practice and has resulted in less housing 'crises' for families as we have been able to work collaboratively with housing colleagues to put plans in place prior to families becoming homeless.

We have increased capacity of YARM (Youth at Risk Matrix) workers based in the YOS. They are linked to primary and secondary schools intervening early with the aim to address adolescent neglect and particularly those at risk of exploitation. Similarly, the vulnerable adolescent service aims to support young people and their families addressing adolescent neglect and associated vulnerabilities.

In September, the Safeguarding Partnership sought a local assurance exercise to be undertaken across each of the respective agencies, to ensure there were no children exposed to long term neglectful circumstances. Local action was taken involving in depth case reviews/audits, increased management oversight across our Early Help and Portage services, as well as facilitating several assurance workshops from Heads of service through to front line staff so to consider and disseminate the learning. Several immediate improvements being made in service delivery, such as upskilling Portage staff in the application of thresholds and escalation procedures.

Work has commenced in redrafting of our thresholds document and working with all partner agencies to establish a common understanding of the terminology, services offered and escalation pathways. Improved procedures for information sharing across Portage, Early Health and the Health Visiting service have been put in place.

Significant improvement is needed across our wider Early Help system, to improve our ability to identify and respond to neglect. This work will be directed by the Safeguarding Partnership, through the Early Help and Neglect Delivery group, who will be responsible for taking forward our plans.

We have also set up a multi-agency Child Sexual Abuse Delivery Group reporting into the Children's Safeguarding Partnership. This group is chaired by the Operations Director and has good representation across agencies. We have partnered with the Centre of Expertise on Child Sexual abuse who are delivering an intensive ten-month training programme for a cohort of staff across the child's journey, and two multi agency training days. This CSA Leads Programme aims to raise the profile of CSA, driving best practice, and partners being better able to identify, assess and intervene where child sexual abuse is a concern.

Our plans for the next 12 months to maintain and improve practice

- Embed and extend the Specialist Intervention Service offer.
- Continue the implementation of Safe and Together Domestic Abuse model.
- Work to improve areas of provision for the most vulnerable children, including services around the school.
- Deliver and embed the new partnership Neglect Strategy.
- Continue to roll out GCP2 across all service areas.
- Implement recommendations made by Domestic Abuse Commission.
- Stronger system oversight of children with disabilities and SEND.
- Building on our learning of how we are tackling domestic abuse to shape our whole system's approach to neglect, a key priority of both the local authority and the new Safeguarding Partnership.

Building on what we have learnt to strengthen quality of consistent practice, management grip and outcomes for children and families

- Permanence Taskforce: keeping a single oversight of early permanence for children across child's journey, seeking assurance there is no drift and delay.
- Develop and roll out an improved plan format for CiN and CP that focuses on what needs to change for the child/young person.
- Continue to improve the quality of supervision and management oversight.
- Continue to improve the use of chronologies and ensure they are up to date.
- Embed the One Minute Practice Guides to establish practice standards including supervision, management oversight and statutory visits.
- Review the system for child protection chairs/IROs to raise practice alerts with social workers and team managers.
- Ensure Independent Reviewing Officers and Child Protection Conference Chairs consistently undertake midway reviews.
- Use the CSA Leads programme to raise the profile of, and improve the response to, children who experience CSA.
- In response to the BLM movement and a re-focus on the area of anti-discriminatory practice, to ensure that matters of race, culture, diversity and disproportionality are considered in both case planning and staff support. This needs to be reflected in all forms/case notes/ supervision notes/panel forms and management reports.

7. Vulnerable Adolescents

What we know about the quality and impact of social work practice

The Adolescent and Youth Offending Service have been working as one service since January 2019. The Adolescent team covers missing children and exploitation. This team is stable and permanent with manageable caseloads at 1:11.

The team is beginning to promote and develop a culture of strong support and challenge, enhancing and enabling learning and development while keeping children and families at heart. The team includes a family therapist and is beginning to benefit from the support of our specialist intervention service offering restorative interventions and family group conferences, both needed to prevent young people coming into care.

The service has good professional development opportunities for workers with regular practice focus events, providing specific workshops through fortnightly good practice events. The whole service continues to embed relational and trauma informed work in its daily practice with an emphasis on building resilience in families including adopting a contextual safeguarding approach to ensure that children do not come into care unnecessarily.

Improved identification and tracking with strengthened multi-agency oversight leading to a timely response.

As at the end of 2019/20, the number of children missing from home and repeat episodes increased to 185 and 448, respectively. The number of looked after children missing more than 24 hours declined to 59 although repeat missing episodes increased to 247. This is not surprising given our growing number of challenging and complex adolescents. Identification and tracking are robust, and the increase is partly because of better processes.

COVID-19 lockdowns have presented both elements of protection and new harms for our vulnerable adolescents. In the first lockdown period, the number of children going missing from care and home reduced significantly with most children adhering to the lockdown measures. County lines activity and serious youth violence decreased, although evidence suggests the former may have been more covert. Police reported that drug dealers were using alternative means to distribute drugs and concentrated on London distribution. This may account for some of why our numbers of missing children reduced. Another factor contributing to the decrease in missing numbers is the increased nurturing contact that YOS workers and commissioned partners have with young people and families.

As we emerged from lockdown, county lines, gang activity and serious youth violence has resurfaced in known locations. Over the summer the Police, YOS and Adolescent staff, detached youth workers and community safety unit undertook some targeted operations focussed on these more concerning areas such as Barking Station and the Gascoigne estate.

We continue to monitor missing children through our effective monthly multi-agency missing children operational panel (MCOP). This Panel has been further strengthened and now also considers looked after children placed in the borough by other authorities on a quarterly basis. We are developing a process for raising concerns with placing authorities to ensure that we have sight of relevant risk assessments, safety plans and return home interviews.

We are working with our police and local authority partners across East Area to align our MCOP procedures and to ensure improved information sharing, especially about looked after children placed cross-border with our neighbours.

We have worked with police and local accommodation providers to roll out the Operation Philomena protocol. This protocol aims to ensure that providers act as any “reasonable parent” would when children go missing. Although too early to tell, it is thought that this joint work with Police and Children’s Homes is contributing to the lower number of children going missing.

The daily missing children report continues to be circulated to the DCS and other safeguarding partners and includes children placed in LBBD by other authorities who have been reported missing to police.

We are currently strengthening our missing children grab packs and MCOP offers quality assurance through review of forms into Liquid Logic, oversight of social work activity and quality of return home interviews. The exploitation and missing manager chairs the MCOP and reports on the activity and outcomes of MCOP to MASE and the Exploitation and Contextual Safeguarding Strategic group.

Currently, there are 57 children open to the Adolescent team and average caseloads are 1:11. 31 young people are open for whom there were current CSE

concerns, compared to 30 at end of 2019/20. Supervision and management oversight have improved with the new specialist Adolescent team.

This team has access to a performance dashboard updated and circulated daily to managers, Head of Service and Operations Director to ensure oversight of all cases in the system. Audit activity and dip-sampling is part of regular practice alongside quarterly learning audit and is reporting good quality practice, with young people safeguarded well and a good understanding of risk and issues facing our adolescents. Feedback from IROs and CP chairs is also positive.

We have refreshed the CSE Risk Assessment tool and designed a CCE risk assessment tool to help with the assessment and safety planning for children at risk of becoming or current victims of both sexual and criminal exploitation. The new pathway for both assessment tools has two-step authorisation to ensure that team managers and the senior and strategic management group have oversight of our exploited children.

The Adolescent team manager regularly attends the weekly risk management panel held by YOS and information sharing between the two teams has improved. Joint working on children and young people has allowed for better planning and reduction of any duplication of work.

Improved contextual safeguarding approach for vulnerable adolescents supported by strong multi agency leadership.

We have significantly strengthened the partnership approach to safeguarding vulnerable adolescents. There is much for Barking and Dagenham to be proud of, with strong governance arrangements, innovative approaches to tackling exploitation and a wide range of partners playing a role.

A bi-monthly Contextual Safeguarding and Exploitation strategic group chaired by the Director of Operations is a multi-agency sub-group of the Community Safety Partnership. This group responds to some of the key priorities set out in the Community Safety and Knife Crime action plans and works to ensure coordinated multi-agency responses to children and young people experiencing criminal and sexual exploitation and serious youth violence.

A monthly Contextual Safeguarding working group manages the implementation of contextual safeguarding across the partnerships. Currently, a range of tools developed by the University of Bedfordshire (UoB) in collaboration with Hackney are being tested in the borough. Despite COVID-19 slowing progress, school and neighbourhood assessments are underway, with our Community safety and Enforcement service starting to test the business surveys with a cohort of businesses based around transport hubs in Barking Town Centre. Peer assessments are also being piloted.

A series of regular table-top exercises to track contextual referrals that have come into MASH are used to identify learning, gaps, and any required system changes. A site project plan has been developed with the UoB outlining our work over the next two years to achieve and embed a contextual safeguarding approach across the Council and partnership.

We now have a robust and well established MASE and CEG - both tactical and strategic groups. Data and information shared by partners at both groups has enabled a greater understanding of the profile of our young people most at risk of exploitation in the borough. The meetings also focus on offenders, disruption activity and locations of concern.

Since lockdown, we have seen the average age of those at risk of sexual exploitation decreasing with online grooming becoming more prevalent. In response our exploitation manager and principal social worker have designed a training package in partnership with young people so we can strengthen the workforce knowledge and approach to on-line harm.

We are increasingly concerned about the rise in criminal exploitation amongst our Roma young people with evidence of trafficking. To address this, CEG has been instrumental in galvanising a joint police operation together with colleagues in Redbridge. County Lines training delivered by Henry Blake has strengthened the workforce understanding of the lived experience of our young people being exploited through county lines . Children are not removed from the CEG or MASE list unless agreed by all partners at the respective meetings. At the point of closure there is an analysis focused on understanding 'what worked'.

We have reported young people coming off the list within a year, following tenacious social work, an engaging protective parent and input from commissioned partners such as Safer-London being key to ensuring good outcomes.

The strategic group also oversees and informs our Step Up Stay Safe (SUSS) programme which focuses on working with schools to reduce incidents of serious youth violence, knife carrying and exclusions. We were proud to launch the Lost Hours campaign aimed at supporting parents and carers to understand the risks children and young people face and their responsibilities. This was well received though various social media platforms.

Another positive initiative under the umbrella of SUSS and evidencing some positive outcomes is Sparking Purpose – a KS3 12-to-24-week rehabilitation programme for pupils involved in serious youth violence. Those children are directed off site to North Star New school for the purpose of improving behaviour with the aim of successfully reintegrating pupils back into mainstream settings and avoiding exclusions.

We have an exploitation awareness programme delivered every six weeks, as part of our induction programme and this has been expanded to include youth offending and Prevent to ensure all areas of exploitation and adolescent vulnerability are well understood in practice.

Young people continue to play a significant role in our service development and are involved in all recruitment of staff. We also have a young person representative on the strategic YOS board who has made valuable contributions in bringing the experiences and voices of our young service users to our attention with the aim of informing future service developments.

We continue to receive feedback from children about their safety and issues of concern through our annual young people's safety summit which takes a contextual safeguarding approach to identifying safe spaces within the borough. The roll out of Tootoot and Tootmood will be a critical in collecting information about the wellbeing and emotions of primary age children in the borough. This feedback too will drive our efforts to ensure safer places and experiences for our young people.

A robust approach to CME and the education of vulnerable children.

Children missing from education (CME) is managed well in the borough and we have robust systems in place to track CME who move out of borough, and to locate children who live in the borough but are not on a school roll. This enables action to be taken to ensure CME are safeguarded and educated.

The manager for CME and Elective Home Education (EHE) is part of the MASE, CEG and MCOP, thereby ensuring good links with social care. Strong links exist with schools, and partner agencies, ensuring that there is good communication. Regular meetings take place between CME, EHE and Admissions managers to quickly resolve any children who appear 'stuck' in the system.

The number of children missing from education who reside in the borough is slightly lower at 71 at the end of November 2020 compared to 78 this time last year. For those taken off role, we use a secure online form for schools to comply with the regulations. Training is provided to schools and our procedures are under constant scrutiny to ensure 100% compliance.

We continue to be part of a group of local authorities involved in an information sharing agreement with HMRC, which helps us in locating children missing from education. We are part of a North East London cross-borough CME group which meets on a regular basis to share information and good practice. We regularly make use of the Health system to identify where a family may be living along with borough services such as the Tenancy Audit Team. In some circumstances, we ask the UKBA to confirm if the child has left the country, and where they have gone to. Our performance measures monitor the length of time all CME cases have been open, with targets to resolve cases within two months.

We have strong EHE procedures in place to prevent any form of coercion or 'off-rolling', including an agreement with schools of a cooling-off period if a parent decides to withdraw to EHE, and a child automatically being reallocated to their most recent school if they have been EHE for less than 3-months.

We make informal enquiries of the home education provision of all children known to us as being home educated. For committed, long term home educators, we offer an education adviser to see the child's work and make comment on it. Where appropriate, we encourage parents to enrol their child at a school. If a child continues not to be provided with a suitable and efficient education, we will arrange for a school to be allocated and will, if necessary, make use of the law to ensure enrolment.

Since September, the number of children known to be home educated has risen significantly due the reintroduction of statutory attendance regulations. This has been experienced nationally. Our EHE numbers have increased to 315 as at end

of November this year compared to 182 in November 2019, a real term increase of 73%. Fears about COVID-19 and concerns about health made up 45.5% of the reasons for parents deciding to home educate during this time. Weekly analysis has been taking place of the number of cases known to social care, the EHC Team and early help to ensure vulnerable children are safeguarded. We have recorded reasons for all new EHE children and engaged with parents who have cited COVID-19 as the reason for EHE to seek to return them to school.

We are a member of the Association of Elective Home Education Professionals (AEHEP) and attend the London group where knowledge and good practice are shared. Each month, we check the list of families being discussed at MARAC to confirm the education status of the children in each family. The CME/EHE manager and the Prevent Co-ordinator are working together to develop training and a leaflet warning about extremist grooming.

Robust partnership approach to Prevent and risks of radicalisation.

We are a Prevent priority status borough, as designated by the Office for Security and Counter Terrorism. We participated in a Home Office led Prevent Peer Review in March 2020 and this was very positive. Leadership, skills, and knowledge were key strengths with a strong appetite to improve and develop Prevent in Barking and Dagenham. Risk and threat were found to be well understood and acknowledged across the partnership and excellent work across the education sector was a particular highlight. Excellent progress has been made with the appointment of our Prevent coordinator, who has brought a high level of skills and knowledge to the borough. PEOs are highly commended and have developed an excellent suite of resources and innovative leadership models share accountability around Prevent which should lead to improved mainstreaming. We have also appointed a Community Engagement and Exploitation Officer who is delivering awareness training to VCSE, faith organisations, and Out of School Settings.

The Barking and Dagenham Prevent Strategy and Steering group (PSSG) operates well, understands risk, oversees delivery and is well-attended. The Prevent Partnership Delivery Plan is owned by the PSSG: good progress is being made.

The advice line within the MASH is valued by partners as a source of advice and guidance. The Barking and Dagenham Channel Panel meets monthly, chaired by a senior manager, is well regarded by partners and is strong at addressing complex needs. The Prevent Peer Review found evidence of wide-scale training across partners, particularly staff in schools and those who work with young people, and this is tracked.

Key recommendations were to develop the CTLP and risk assessments using in-house expertise to better understand risk and drive the allocation of resources and programme; seek support in developing risk assessments and delivery plans; review governance structures for Prevent; develop schematic of referral pathway and ensure no delay in sending referrals to SO15; create a training needs assessment and develop a standalone communications and engagement plan. These have been taken forward and incorporated in our delivery plan.

Our plans for the next 12 months to maintain and improve practice

- Relentless focus and activity to reduce the risks of exploitation and the frequency at which some of our most vulnerable young people go missing.
- Complete pilot areas of development for Contextual Safeguarding with University of Bedfordshire and share the learning with others and continue to embed the contextual safeguarding approach.
- Implement a “Young People at Risk” plan to sit alongside the Child Protection process for children whose risk is from extra-familial harm.
- Develop the capacity to hold contextual conferences.
- Roll-out/launch refreshed CSE and CCE risk assessment tools, working with our CP Chairs and IRO’s to improve compliance.
- Launch refreshed MASE/CEG Closure Request form
- Evaluate the impact of the various approaches offered to young people and their families to better understand ‘’what works ‘’
- Develop transitions pathway for adolescents at risk of exploitation to ensure they receive appropriate support and services past their 18th birthday.
- Develop a process that ensures that children known to both the adolescent and YOS teams are supported by a single plan that incorporates work with both areas of the service, negates duplication, and is more meaningful to the families we work with.
- Roll out of training and risk assessment of children’s “online worlds”.
- Embed the pathway for YARM in the early help module of LiquidLogic to produce a useful data and performance dashboard for this service.
- Continue to deliver the YOS HMIP National Standards Improvement Plans.

- Implement Prevent Peer Review recommendations.
- Strengthen links to community, faith, and Out of School Settings.
- Develop a closer working relationship with Redbridge and Havering Prevent, following the BCU model, and in anticipation of regionalisation.

8. Children in Care and Permanence

Our children in care and care leavers

The number of children coming into care is lower: 111 children have come into care between April and November 2020 compared to 129 in April to November 2019. Our children in care numbers have, therefore, declined to 381 (60 per 10,000 children) compared to 402 at end of 2019/20 and 417 in 2018/19.

Our children in care are generally older with 71% aged 10-17, and 29% aged 16-17, both above national averages. More males are in care at 57% and White children are over-represented at 52% compared to 36% in the local under 18 population. Conversely, Black African, and Asian children are under-represented, making up 19% and 11% of children in care, compared to 25% and 22% of the under 18 population (2018).

What we know about the quality and impact of social work practice

A new Corporate Parenting and Permanence Service, further strengthening permanence and planning.

The Corporate Parenting and Permanence Service went live in April 2020. There are now four Corporate Parenting teams responsible for children up until the age of 18 and two Leaving Care teams responsible for care leavers aged 18 through to 25. This service will have a clear focus on permanence for children and improving the experiences and progress for children in care and care leavers.

The assessment of adopters, family finding, and post adoption support roles transferred to the Regional Adoption Agency (Adopt London East) in October 2019. The Council retained responsibilities for approving adoption care plans and are responsible for the children up until their adoption orders are granted. These children are held within the Adoption and Permanence Team to ensure expertise is maintained for progressing adoption plans alongside ALE.

The new service has increased capacity and comprises of mostly permanent workers and managers. Caseloads are manageable at 1:15 and supervision is improving (around 85% on average).

Decision making for children who come into care is overall timely, planned, and appropriate.

The number and proportion of children coming into care on police protection has considerably declined year-on-year since 2014 and reduced further to 9% at the end of 2019/20. This is the context of falling numbers nationally from 11% to 10%; London has fallen from 16% to 12% and similar areas from 21% to 16%. As at the end of November 2020/21 17% of children in care have entered on police protection still below target and in line with London.

The number of children coming into care under section 20 remains in line with the end of year figure of 21%, and is well below London, similar areas, and national averages. The proportion of children on an FCO or ICO are above national, London and similar areas. An externally commissioned audit reported that threshold was appropriate for children on an ICO (April 2020).

Quarterly learning audits report an increase in the number judged as good overall with improvements in case work practice and increased management supervision. Evidence of regular supervision was found, and the quality of supervision is improving with reflective discussion and action planning noted in audits. Care planning quality is also showing improvement but remains inconsistent. Care planning in some cases needs to be tighter with clear milestones and time scales and chronologies need to improve.

We have increased investment in good edge-of-care services to ensure, where possible, children can remain at home with their families. Our new Specialist Intervention service went live in July 2020 and will help us tackle the significant challenges that neglect, domestic abuse and other factors keeping children on the edge of care pose. It brings together a range of existing edge of care services such as Family Group Conferencing, Restorative Intervention, Family Support, Therapy, Family Contact, Lasting Links, Group work and Substance Misuse under one Head of Service who joined also in July this year.

Despite being launched in the middle of the pandemic, the service is working with increasing numbers of children and their families. The service has worked hard to raise its profile providing consultation and bespoke support for some of our most vulnerable children. This service already has waiting lists due the demand for such good quality interventions, and the increasing demand in the system. Messages of appreciation for their input have been received both from parents and social workers using their offer.

Parenting and group work have been postponed due to COVID-19 restrictions, but we will recommence when safe to do so. Our Family Time Contact service has found it a challenge to provide the level of positive contact between looked after children and their family members due to restrictions. This has improved and we are trailing the use of other council buildings to facilitate these contacts.

The Pause team continues to work with our most vulnerable women who have lost children to the care system. The quarterly Pause Board heard how Pause practitioners have used numerous creative means to engage women throughout the lockdown periods, for example online cooking and art classes, delivering the ingredients and equipment hampers ahead of the sessions ensuring inclusivity.

None of the 18 women who have completed the Pause programme or who are currently engaged with the programme (10) have gone on to have further children. This is a significant achievement. Pause Practitioners and social workers have forged closer links, and have been able to share best practice, leading to an improved offer for both children and birth mothers.

Most children are placed within family settings with improved permanence practice and planning.

Most children (70%) are placed within family settings and 78% of children live in the borough or in surrounding boroughs enabling them to maintain connections with school, family, and friends – a positive outcome.

Placement stability is good with a lower proportion of children experiencing three or more placements - 7% (29 children) in 2019/20 compared to 10% (40 children) in 2018/19. Performance remains good and better than all comparators in this financial year at 9%. We are pleased with the improved performance on long-term placement stability improving from 66% in 2018/19 to 73% in 2019/20, higher than national, London and similar areas. Performance remains good, and better than all comparators in this financial year at 70%.

During COVID-19, ensuring stability of placements was a priority; early on, as lockdown was beginning, we identified foster placements that may be more at risk of breakdown because of the foster carers' age or health condition to provide additional support if required. We are proud that no placements changed because of COVID-19 and stability has been maintained.

We have a strong and well-regarded in-house fostering service that uses the Mockingbird programme to help keep children in their placements. The feedback from carers and children and the Fostering Network are extremely positive and our model is considered a national leader. There are no plans to increase the number of constellations in 2020/21 due to the impact on COVID-19, but in the latter part of 2021 a further two constellations are planned.

Our new Specialist Intervention Service are all impacting on placement stability positively. In 2019/20, we have moved the sourcing of placements into a brokerage function, and secured funding for an enhanced Fostering campaign to ensure we are better at providing the right placements.

An audit on placement stability was undertaken in Q2 this year. Support from supervising social workers was a key strength, highly valued by long term carers and having a positive impact on stability, as was the Mockingbird programme. The audit reported that family time contact with extended family is generally well supported. A key area for improvement related to developing the skills set of social workers in managing long term placements.

In our ILACS inspection Ofsted reported that early permanence planning was not well developed and that there was insufficient management oversight of the permanence planning process. We have made considerable progress in this area. Permanence planning is now stronger, our practice has improved, and we are continuing to consolidate and build on improvements to ensure early permanence and consistency through the monthly Permanence Taskforce.

The Taskforce ensures single oversight of permanence arrangements for children on child in need and child protection plans, young people remanded and in custody, children placed with parents, children on Section 20, supervision orders and awaiting adoption matches and orders. In short, the meeting oversees

permanence arrangements through the child's journey with the aim to achieve early permanence - no drift or delay for any of our children. A monthly Permanence Data Dashboard is now embedded in practice ensuring single oversight and challenge in this area. A quarterly permanence data analysis is also provided to ensure progress and improvements are being made.

Children in care achieve permanence through 'matching' and long-term foster care, family finding and adoption, a return home to live with parents or relatives, and through court orders such as Special Guardianship Orders and Child Arrangement Orders being granted. Permanence Planning Meetings are being held earlier in the process for all children in care, including pre-birth babies where removal at birth is being considered, to ensure forward care planning.

In 2019/20, 15 children achieved permanence through adoption (the same as 2018/19) , representing 7% of all children leaving care - above London, but below the national and similar areas averages. Year to date number of adoptions is 7 (5%). We have had no adoption disruptions for the seventh consecutive year.

33 children (16%) have become subject to special guardianship orders (SGOs) – the same as 2018/19, and higher than all comparators. Year to date number of SGOs is 17 (13%). Of those where we have seen breakdowns, we have noted a larger proportion are of children placed by other boroughs with SGO carers in Barking and Dagenham.

Our adoption scorecard continues to improve. The average time between a child entering care and moving in with their adoptive family for children adopted decreased in the last 12 months from a three-year average of 504 days to 476 days. This remains above the nationally set target of 426 days but reflects improving practice.

Conversely, the average time between the Local Authority receiving court authority to place a child and deciding on a match to an adoptive family remained relatively stable with a three-year average of 241 days and 247 days over the last 12 months. This is also above the nationally set target of 121 days but does reflect to a certain extent the complex nature of some of the children placed in Barking and Dagenham.

The Permanence Taskforce continues to keep oversight of adoption and the adoption scorecard indicators tracking and understanding reasons for those children who have been awaiting matching for long periods. Those waiting the longest tend to have complex health needs and be in older sibling groups . Only one adoption was delayed due to COVID-19 and this delay was managed exceptionally well by our play therapist and we are pleased to that the adoption has now been finalised.

The first six months of the ALE has been challenging with regards to staffing and managing the transitional responsibilities. This is the case for Adoption agencies across the country. An increase in expressions of interest has been sustained since the service went live last October and this is continuing this financial year. We anticipate that this will increase the number of adopters approved in 2020/21. The campaign on recruitment of black adopters, although delayed from March to September because of COVID-19, has now commenced.

Children who are privately fostered are assessed in a timely way, visited regularly, and are living in suitable care arrangements.

IRO contribution to permanence planning for children has improved. The IRO Manager is part of the Permanence Taskforce, enabling their views to be incorporated in the progress of permanence plans for our children directly with service leads who chair tracking meetings for children in need and child protection. In addition to dispute resolutions, this is an early opportunity to highlight where any drift or delay has been identified.

During 2019/20, there was a significant fall in the number of practice alerts being raised by IROs, demonstrating improved practice - 29 informal practice alerts and 43 formal alerts were raised compared to 102 informal disputes and 207 formal disputes in the previous year. This year, we have introduced positive practice alerts and it is pleasing to see this number increasing.

The IRO service has continued to strive to deliver a quality service to our children in care and, despite having caseloads of around 70 children, the service has been stable in the last year. A high percentage (96%) of children participate before and during their care planning review meetings and IROs are using a strength based conversational approach with children to build confidence in attending and chairing their reviews. Children in Care reviews are also timely, and performance improved again, increasing to 96% being held in timescale with current performance at 97%.

Strong performance has been maintained with visits to looked after children occurring within 3 months (97%) although 6-weekly looked after children visits requires further improvement (84% as at November 2020). IROs have increased the monitoring and tracking of activities between reviews but this could be better.

The number of children placed in residential care decreased slightly to 9% (34 children) at end of year 2019/20. However there has been an increase in children placed in residential care - 46 children (12%) as at end of November. Of the 46 children, 31 are in children's homes compared to 26 at year end 2019/20 and 1 child is in a residential school. The increase is also due to more children placed in Mother and Baby Units – up to 8 at end of November compared to 1 at the end of March 2019/20. This increase demonstrates the impact of our new pre-birth team based in the Assessment and Intervention service.

Our monthly Looked After Children Panel has single oversight of children placed in residential settings. The panel also has the function of monitoring spend with regards to high-cost placements. A monthly report on children entering care with an associated case profile continues to be produced.

Significantly improved Public Law Outline (PLO) arrangements and practice.

We have significantly improved the timeliness and effectiveness of our PLO arrangements, an Ofsted recommendation. The changes to our pre-proceedings process have been fully embedded in practice and the PLO action plan has been implemented. There is robust oversight of PLO work through regular monitoring by the Court Progression Manager, 'Legal SMT' and the Permanence Taskforce.

The impact of improved permanence and PLO arrangements is demonstrated with a lower number of children and families in pre-proceedings with improved timeliness. As at end of November 2020, 6 children were in pre-proceedings compared to 13 children (7 families) at the end of 2019/20 and 49 children (19 families) at the end of 2018/19. All children in pre-proceedings are on child protection plans or looked after children status (section 20). Timeliness is excellent with no cases going over 16 weeks.

Audits are demonstrating improved practice with better quality referrals to Threshold of Care Legal Planning Meetings (TCLPM) resulting in more robust evidence-gathering to enable the right decisions to be made. A recent themed audit on legal planning meetings that did not end in legal action confirmed that decision making about when to start pre-proceedings was appropriate and sound. The TCLPM process is now more streamlined with much improved co-ordination with the child protection conference. Further improvement is required in the quality of chronologies and detailed family histories.

The number of children in care proceedings is lower - 70 children (44 families) compared to 91 children (48 families) at year end 2019/20. Although Family Courts have continued with court hearings during the pandemic, complex cases have been delayed impacting on the timeliness of care proceedings earlier on in the year. This is now slowly reducing with 23 families (44 children) going over 26 weeks, but still makes up over 50% of our care proceedings over 26 weeks.

Improved planning for children placed with parents.

The improvement plan regarding children placed with parents, an Ofsted recommendation, has been implemented. Planning for children placed with parents has been strengthened and practice has improved. The placement with parent's assessment form has been redesigned and launched.

Through the Permanent Taskforce and Looked after Children Panel, increased oversight ensures that children do not drift home in their later adolescence without careful planning and support. An audit on the quality of placed with parent arrangements reported that children were monitored well, and planning had improved. We are reporting an increase in revocations – 14 since 2019. The latest data shows there are 12 children placed with parents compared to 17 at the end of year 2019/20.

Priority focus on UASC and continued provision of a timely and effective service.

All UASC enter the Corporate Parenting service to ensure expertise is utilised and we continue to provide a timely and effective service placing them in independent accommodation or foster care according to their assessed needs. We have increased the number of UASC placed in foster care placements, which is a positive outcome for those vulnerable young people. The number and proportion of UASC placed in semi-independent accommodation is lower at 47 (12%) compared to 62 (15%) at end of 2019/20. Although this is still high compared to London and national, we are pleased with our progress.

Work is underway to further upskill social workers around age assessments. We plan to set up a support group for male UASCs run by our Albanian Team Manager to focus on relationships with women based on feedback from UASC who struggle with these issues when newly arrived in the country. It has been on hold due to COVID-19 as virtual groups will not be as effective.

In 2019/20, a face-to-face consultation was undertaken with UASC focusing on education, health, and housing. Results have been presented to Members Corporate Parenting Group (MCPG) and shared with the Technical Skills Academy to improve the ESOL offer and support.

Strong Virtual School achieving good outcomes.

Our Virtual School is strong and demonstrating good outcomes in attainment, attendance, compliance, and quality of PEPs. Overall absence from school and fixed-term exclusions for children in care remains below the national children in care averages. Most of our children in care are in good or outstanding schools.

In 2019, children in care attainment at KS1 was above the national average for all subjects apart from Reading. KS2 results are strong with our children in care outperforming their national looked after peers - 60% achieved the expected standard in Reading, Writing and Maths compared to 37% nationally - placing us second in the country. Our looked after children results were only 6% behind their non-looked after borough peers, an exceptional achievement.

Performance remains above the national average at Key Stage 4, which is a pleasing result considering that over 40% had an Education, Health and Care Plan. Performance is in the top quartile for KS4 Average Attainment 8 Score and KS4 Average Progress 8 score, also above national average.

88% of school aged children in care have an up-to-date Personal Education Plan (PEP) and the quality of PEPs is improving.

Due to COVID-19, there is no data at KS1 or KS2 for this academic year. At KS4 unvalidated data based on teacher assessment reports that 35% of our children in care achieved 5 or more GCSEs at grade 4 or above.

The number of looked after children excluded from school significantly reduced in the academic year of 2019/20 possibly partially because of the national lockdown due to COVID-19. This year, 16 young people had at least one fixed term exclusion compared to 20 last year. There have been no permanent exclusions during this academic year. Our exploitation work has also been targeting exclusions with an aim to reducing them.

Following the Ofsted inspection an external Peer Review of our Virtual School with a focus on young care leavers was undertaken. This reported that the virtual school has broadened the offer and motivated and inspired young people aged 16-18 years and care leavers. This includes activities to prepare for University, mentoring opportunities, and adventure weeks in different countries, apprenticeship network, university taster days, residential learning experiences and UCAS support meetings. The review reported that the virtual school team place significant focus on the social and emotional well-being of children.

Strengthened strategic oversight and leadership to improve health outcomes for children in care and care leavers, but still much to do.

Improving health outcomes remains a top priority, and an Ofsted recommendation. Whilst there have been improvements both strategically and operationally there is still much to do.

At the end of 2019/20, 87% of children in care for one year or more had up to date health assessments compared to 92% in 2018/19. Performance was impacted by a high proportion of RHAs due in March 2020 not being completed in time because of COVID-19. 87% remains in line with all other comparators.

The impact of COVID-19 on health checks continues with 81% of children in care for one year or more having up to date health checks. Health performance is being impacted negatively because of poor dental check performance due to COVID-19. 47% of looked after children have up to date dental checks as at end of November compared to 74% at the end of 2019/20. This has been escalated to the LAC health sub-group and the Designated Nurse for Safeguarding and LAC Chair has written to the NHSE safeguarding lead for a response. Through this avenue, we also ensured a dental surgery provided an interpreter for a looked after child so that urgent dental treatment could be provided.

The timeliness of initial health assessments (IHA) remains a high priority for the DCS and senior leaders in the Council, CCG and NELFT. In 2019/20, we co-located the NELFT LAC Team with our social care team and a new IHA and RHA dashboard tracks timeliness and performance. We also set up a multi-agency LAC Health

sub-group chaired by the Designated Nurse for Safeguarding and LAC tasked to improve health arrangements for children in care and Care Leavers. This group reports to the Members Corporate Parenting Group. The CCG has also uplifted investment into the NELFT LAC team to ensure administration capacity can ensure a timely response to IHA/RHA assessments.

The timeliness of initial health assessments improved to 26% at the end of 2019/20, and whilst the improvement is not good enough, we are pleased to report that the impact of actions taken are bearing fruit with IHA timeliness significantly improving to 64% (end of October 2020).

As part of health assessments, emotional issues are identified, and emotional wellbeing is monitored as part of the annual health check process. A good proportion of children in care return a Strengths and Difficulties Questionnaire (SDQ), and the results of those SDQ scores show good performance. SDQ scores reduced from 12.8 to 12.5 and remain slightly below comparators.

Work has been completed to set up SDQ scoring on Liquid Logic for all children in care aged four or over – currently 80% have an SDQ recorded in the last 12 months. This means that changes in emotional health over time will also be more clearly tracked and appropriate provisions to support emotional wellbeing will be identified as part of the health assessment process.

The CAMHS Hot Clinic designed to ensure children in care receive the appropriate help was paused during early COVID but is now functional across children's social care and education. All referrals are reviewed, and referrer feedback given. SDQs and CAMHS is a rolling item on the LAC Health Subgroup and operational issues are picked up at LAC Zoning meetings held monthly.

The Principal Social Worker chairs the transitions meeting for children in care. The CCG and provider(s) are represented at this meeting with relationships improving as a result. Education is also now represented. Several children have been moved on due to this partnership approach.

A dedicated CAMHS looked after children specialist works directly with a small number of children to ensure their needs are addressed within local CAMHS services, liaising with services out of borough when necessary. This worker also offers support to foster carers and is developing alternative ways to engage children and young people with support for their emotional wellbeing.

The DCS is Chair of the 3-borough child health transformation meeting providing greater opportunity for local oversight of CAMHS transformation work.

Keeping young people safe.

Levels of offending amongst our looked after children are low: 2% as at the end of March 2020 compared to an England average of 3%. Significant focus by the Council and its partners on the needs of children who are at risk of sexual and criminal exploitation, including risk of radicalisation, with our Corporate Parenting Head of Service being a member of MASE and CEG ensures robust oversight of children in care and care leavers at risk of exploitation.

Similarly, the Head of Corporate Parenting attending the newly formed Resettlement Panel will ensure our children in care leaving custody have their unique needs considered and plans made in advance of release.

Stronger, ambitious Corporate Parenting working well with our Lead Member as Chair.

We have strengthened our Member Corporate Parenting Group (MCPG) in the last two years. Chaired by the Lead Member for Social Care and Health Integration and including three other elected Members who individually champion education, health, and placement quality. The MCPG also includes representation from Community Solutions including Housing, Homes and Money, Health, Commissioning and Education.

The Board is well attended, offers challenge, and holds all members to account. The Board has played a key role in delivering our Enhanced Local Offer.

Looked after children and care leavers present at each Board and once a year have a take-over where they chair the Board and set our priorities for the year ahead. The Promises made to our looked after children and care leavers were refreshed two years ago and remain the focus of the MCPG to shape the Council being the best parent we can be to those we are responsible for.

Our Lead Member is clear that we must have the highest aspirations for our children and led a recent overhaul of Corporate Parenting which is much improved and provides vigorous challenge to both the Council and our partners.

The DfE Care Leavers visit (see care leavers section) confirmed our strengthened leadership in this area and the significant progress we have made in our approach to Corporate Parenting. A recommendation is to extend the membership of this Board to include DWP and Probation.

Our plans for the next 12 months to maintain and improve practice

- Embed the new Corporate Parenting and Permanence Service, further strengthening Corporate Parenting, permanence, and outcomes for children in care and Care Leavers.
- Refresh the Corporate Parenting Strategy by the end of the year.
- Consult with a larger cohort of children in care and care leavers, including those placed further away. This is a top priority for 2020-21.
- Strengthening participation in Reviews.
- Implement Virtual School Peer Review opportunities and continue to ensure education outcomes improve for children in care.
- Maintain or further improve performance on placement stability.
- Ongoing focus on edge of care work and rehabilitation home to ensure the right children are in care.
- A focus on unregulated 16+ placements; maintain fostering post 16 when placements can become fragile and increase foster care options for UASC.
- Our new fostering recruitment campaign is planned to recruit more foster carers who are willing to consider adolescents and UASC placements.
- Improve and sustain performance on health assessments. The foundations of improvement have already been laid.
- Continue to improve the offer to support children and young people's emotional wellbeing.
- Integrate the use of SDQs more holistically into the health assessments so emotional wellbeing is considered.
- Listen to our Black and Asian children to understand their experiences of care in the context of our ambition to drive forward Black Lives Matter.
- Undertake data analysis to help identify any inequalities including access to services and gaps in provision, including children in care and Care Leavers.

9. Care Leavers

What we know about the quality and impact of social work practice

We currently have 282 care leavers aged 18 to 25 in Barking and Dagenham of which 98 are former unaccompanied asylum seekers (UASC). This compares to 245 at the end of 2019/20 and 82 former UASCs (increase of 15% - 37 cases).

Around two thirds of care leavers are male; 92% are aged 18-21 and 8% are aged 22 to 25. This compares to 96% and 4% respectively in 2019/20. Nearly a third of care leavers are White British and 26% are from Black ethnic backgrounds. 13% are White Other, 12% are Asian and 7% are mixed. Currently, 44% (123) of our care leavers live in Barking and Dagenham. 54% live outside the borough but are living in the surrounding boroughs of Redbridge and Havering.

As a result of lockdown restrictions, the number of UASC aged under-18 has decreased to 36 (0.06%) at end of November, compared to 39 (0.06%) at the end of 2019/20. Current numbers are 16 off the threshold of 0.08%. Our UASC are mostly male (86%) with 80% aged 16-17. Afghan is the most common nationality at 28% (10), followed by Eritrean at 17% (6) and then Albanian and Vietnamese both at 14% (5). We continue to be on the Pan-London UASC rota and recently took six young people from Kent.

A new Corporate Parenting Service with increased capacity in the leaving care teams.

The new Corporate Parenting and Permanence service went live as planned in April 2020 and is beginning to demonstrate positive impact for care leavers. This includes a strengthened Corporate Parenting operating structure and model to meet the needs of care leavers.

The service now has more Leaving Care Advisors in acknowledgement of the extended duties and to ensure that there is adequate support for young people transitioning to adulthood. The service has the flexibility to transfer young people to a Leaving Care Advisor when the time is right for that young person,

rather than being dictated by their age, and will deliver a more seamless and improved service to our care leavers.

Our values and ambition that "we are corporate parents to all children in care and care leavers up to the age of 25" with no expiry date is being strengthened and compliments from young people and IROs are increasing as a result. The two leaving care teams are stable and comprise of all permanent staff. Caseloads are manageable at an average of 20 but are increasing due to the overall rise in the number of care leavers.

Strong relationships have been formed between care leavers and their social workers and personal advisers and good quality support is provided. Ensuring stability for care leavers during COVID-19 and lockdown periods has, and continues to be, a priority. Care leavers keep in touch figures are high at 96% and over 90% of care leavers say they can contact their worker.

Care leavers are visited regularly, and those visits have been face-to-face where appropriate and virtual this year. Anecdotal evidence is that virtual visits between care leavers and leaving care advisers has been positive, enabling increased communication and a timely resolution of any issues or problems. The quality of visit records is variable but with the permanent leaving care teams established, a new service manager and a new cohort of eight leaving care advisers joining in early 2020, improving practice and outcomes for care leavers is a top priority.

Safeguarding for care leavers is managed well. The consultant social workers provide oversight and support to leaving care advisers when safeguarding issues arise. Care leavers 18 plus are monitored at MASE and CEG when exploitation risks are apparent. We also keep 18+ leavers with social workers if there are still high vulnerabilities.

Compliance and the quality of pathway plans is improving; on average 87% of care leavers have an up-to-date pathway plan and audits have shown stronger evidence of care leaver's contribution and voice. However, the quality remains variable. Our pathway plan is too long and is not young person friendly. Work is underway to review the Pathway Plan with care leavers.

Ambitious, aspirational, and passionate Council investment to Care Leavers and an improved enhanced Local Offer.

Our enhanced Local Offer; an improved housing offer for care leavers through the Vulnerable Housing Panel; partnership working with Housing colleagues; and the multiagency EET Panel are continuing to positively impact on improving care leavers outcomes to above national, London and statistical neighbours.

Our Vulnerable Housing Panel improves housing options for care leavers with dedicated staff to support young people paying their rent and preventing evictions. Joint work with housing colleagues is taking place to increase options for care leavers and signing up young people to tenancy arrangements and tenancy sustainment. Care leavers are also included in the Council's Inclusive Growth and Vulnerable Housing strategy. Suitable accommodation, therefore, has improved further this year despite the pressure of COVID-19 and the supply challenges we face in the borough. At the end of November 91% of care leavers are living in suitable accommodation, up by 7% on 2019/20.

Staying Put continues to be discussed at all Transitional Care Planning Meetings for young people aged 17-plus, in addition to their pathway planning and child in care reviews. The number of care leavers in 'Staying Put' arrangements is 16 as at end of November 2020.

Care leavers continue to be supported in a range of semi-independent provision secured through commissioned framework, and includes shared houses rented from the private sector with bespoke support packages if required. This framework ensures an appropriate service that delivers excellent outcomes for young people and ensures consistency in the quality of accommodation.

The restructure of Adults and Children's Commissioning has been completed and a new Brokerage service is now in place. This has created additional resources to quality assure providers in both Adult's and Children's Care and Support. The sourcing of placements now sits in the Brokerage service to ensure we are better at finding the right placements for children and young people.

From the beginning of May, to facilitate the Department for Education's scheme to provide digital devices to vulnerable young people, we identified those care leavers who required laptops, and facilitated these being delivered and supported with set up.

An increasing proportion of care leavers are in education, training, or employment. The multi-agency EET Panel, comprising representatives from the

Virtual School, Job Shop, Apprenticeships and Careers Advisors, is having a positive impact. 65% of care leavers are in education, employment, and training – up by 2% on 2019/20 outturn and 12% higher compared to 2018/19 above national, London and statistical neighbours. We have also appointed an Internship Co-ordinator to identify further opportunities across the Council. Our Virtual School supports care leavers and in this academic year we have 23 care leavers who are at University and two care leavers graduated.

The DfE has introduced a 'care leaver covenant' that will enable organisations to make commitments to care leavers within the spirit of the corporate parenting principles: we will be subscribing. We believe that with our Council ethos of 'no one left behind', our strong partnerships and inclusive growth ambitions, we are well placed to become a truly 'universal family' to our care leavers.

'New Town Culture' is an ongoing collaboration between arts and social care agencies, funded between 2018 and 2020 by a London Borough of Culture award from the Mayor of London. A variety of activities were run during 2019/20 which included 18 UASC and 33 Care Leavers which centred around feelings of identity and included making a film. Further projects are underway extending the brief to children in our care and young people leaving our care.

We also have a new MA course in conjunction with Goldsmiths University on Creative Social Work and a new InterVision reflective space, which will be used to help develop the 13 Leaving Care Advisers from Spring 2021. This is part of a drive to develop LCA's as a service and ultimately should help improve their practice with care leavers, in line with the recent focused visit recommendations.

We were very proud when two of our care leavers obtained an apprenticeship position in Children Care and Support this year, and one of them has recently been successful in obtaining a permanent position in the Business Improvement team in the service.

More to be done on improving health arrangements and outcomes for care leavers.

We recognise that health arrangements for care leavers still require improvement. The multi-agency looked after children and care leavers Health sub-group reporting into the Corporate Parenting Group has been tasked to drive forward improvements in this area.

All care leavers are now encouraged to download the NHS App, by the provider specialist nurses, which has many functions and is regularly updated. The hardcopy version of the health passport is no longer used. An audit will be undertaken in January 2021 to assess variation and compliance of the NHS App, led by the provider and Local Authority. In 2021 further work will also be undertaken on developing a specific health offer for care leavers over 18.

Care leavers mental health is a priority, particularly during COVID-19 where isolation is increased. A good proportion return a Strengths and Difficulties Questionnaire (SDQ), and these are now tracked via improved reporting functions so we can ensure a holistic approach to our care leavers health needs. A CAMHS Hot clinic has supported improved mental health offer. In addition, the CAMHS Transitions Group has been set up to look at pathways for young people transitioning from children to adults' mental health provisions. All care leavers can access free annual membership to Barking and Dagenham leisure centres with opportunities to take a friend and have free membership for the Youth Zone.

Care Leavers are involved in their services and their achievements are celebrated.

We formally consult with our care leavers through an Annual Survey, and response rates continue to rise. We recognise the volume of those participating needs to increase and are exploring young-people friendly digital options. A larger, active, and visible Children in Care Council 'Skittlz' continues to help shape practice and influence decision-making. Feedback is incorporated into our practice framework and standards. Representatives of Skittlz attend each Members' Corporate Parenting Group meetings to share their views on various topics that are agenda items or are issues that have been initiated by young people e.g., Black Lives Matter and Family Contact.

We celebrate our children's achievements at an annual awards ceremony. This year, due to COVID-19, workers visited young people to deliver trophies, certificates and taking pictures which will be collated to mark the occasion.

The Principal Social Worker facilitates a child practitioner forum, CSW forum and other settings where the reframing of corporate parenting, use of language and experiences of children in our care and leaving our care are discussed and

built upon. One such innovation was to bring Lifelong Links into the borough for young people leaving our care to reconnect with their primary attachments. This service now sits within the Specialist Intervention Service in Care and Support.

We ensure that the Local Offer to Care Leavers is available to all eligible young people in various formats. A new text messaging service to keep young people updated on events, jobs and opportunities is now live.

In 2019/20, we trained 37 professionals and carers in "My Care, Who Cares" led by care leavers. This training helps to foster a deeper understanding of what it is like to be a child in care. During 2020/21, this training has been put on hold due to COVID-19, but plans are in place to run virtually later in the year.

Care Leavers have been involved in quality assurance processes for 16+ provision Framework by attending units with managers undertaking the QA and contributing their views to the gradings.

Positive two-day formal visit by National Implementation Adviser for Care Leavers.

We are very pleased with the positive feedback from our two-day DfE improvement visit, undertaken in November 2020 by Mark Riddell, the National Implementation Adviser for Care Leavers. In summary this visit endorsed our rapid improvement and progress to have a better offer for care leavers across the whole service area. Mark Riddell states that he was *"very impressed by the leadership and management approach that was ambitious, aspirational and I got a real sense of passion and commitment to have a better offer for care leavers across the whole service area".* The visit and feedback confirmed the strengthened leadership in this area and the significant progress we have made in our approach to Corporate Parenting, our local offer and the extended duties that apply to care leavers up to 25 years. Our Corporate Parenting Board has been strengthened and a recommendation is to extend the membership of this Board to DWP and Probation.

The visit confirmed that our leaving care model is operationally good but that the model could be stronger with specialist workers based in the leaving care team such as a dedicated housing officer resource in the team, an emotional wellbeing/mental health practitioner and an EET officer. Caseloads were at an acceptable level, although our Leaving Care Personal Advisors covered many areas, tasks and processes that sometimes made them feel out of their depth.

Our Housing Offer was considered as very positive especially given the challenges with supply and demand in the borough. Our leisure offer and Council Tax Exemption for care leavers were also viewed as very good. We have care leaver apprenticeships already in our local offer, but a recommendation was made for us to set a ringfenced amount as a target (possibly 10).

A key recommendation was to review and strengthen our 'whole council' offer by organising an event with each partner agency so that they can set out their local offer and *"for the test to be applied 'is this good enough for my child' and with a particular focus on: A health offer to care leavers from 18yrs to 25yrs; and a Probation offer to care leavers entering and leaving custody up to 25yrs".* Several other recommendations have been made and these will be incorporated into our improvement plan enabling us to reach our ambition of being 'the best corporate parents' we can be.

Our plans for the next 12 months to maintain and improve practice

- Elected Members to continue to hold all partners to account and champion the needs of our care leavers, unlocking the full potential that the council, voluntary services, and businesses offer to improve the lives of our carer leavers. This includes signing up to the Care leaves Covenant and the whole Council celebrating National Care Leavers week.
- Continue improvements for Care Leavers in Employment, Education and Training, with a focus on older care leavers using cross-Council support and opportunities in challenging COVID-19 times.
- Develop a preparation for apprenticeship scheme where care leavers can experience extended work experience placements.
- Continue to develop the housing offer to care leavers and the support they need to manage independent living.
- Extend the use of mentors/independent visitors for care leavers who have no or limited contact with family.
- Review the Pathway Plan with care leavers to make it more meaningful to young people.

- Improve health arrangements for care leavers. Significant attention to be given to care leavers health and wellbeing particularly during COVID-19 – work with health and CAMHS/AMH colleagues is crucial.
- Pause programme offered for care leavers who have lost a child to the care system and improved joint working needed between PA's and Pre-birth team.
- Deliver Lasting Links working with care leavers supporting them in securing lifelong positive links to support their transitions beyond 25.
- Listen to our Black and Asian care leavers to understand their experiences of care in the context of our ambition to drive forward Black Lives Matter.
- Implement recommendations from DfE Care Leavers Improvement Visit.

10. Voices and Lived Experience

Listening to our children and young people.

We are making good progress in strengthening children's' voices and direct work in social work practice. Further strengthening, consistency and visible child voice and experience in all we do, continues to be priority, and at the heart of our ambitions for our new Independent Scrutineer role for the safeguarding board.

'Skittlz' - our Children in Care Council - continues to help shape practice and influence decision-making through our Member Corporate Parenting Group (MCPG) guided by the Council's *'Children in Care and Care Leaver Promises'*. Skittlz have told us that they want their social worker/Personal Adviser to be kind, smart, helpful, friendly, very calm, and supportive. This feedback has been incorporated into our practice framework and standards. Care leavers played a key role in the appointment of the current Operations Director and take part in quality assurance visits to provider settings with commissioners.

We formally consult with our children in care and care leavers through an Annual Survey. Although response rates continue to rise, our priority is always to engage and consult with a larger number of children in care and care leavers. We are exploring young-people friendly digital options to achieve this.

Survey findings in 2020 were largely positive and an improving picture with 90% of children in care aged 8-17 feeling listened to; 92% telling us that they can contact their social worker and 89% said they know how to make a complaint. One of the most significant improvements is a reduction in the number of social workers children (aged 8-17) had – only 8% had four or more social workers compared to 26% last year. Frequent changes of social worker are one of the most significant issues that children in care raise.

During the first lockdown the Principal Social Worker looked at 80 children across social care services to verify that some form of direct work was being completed during virtual visits. Findings were positive and of significance was the surprising adaptability and flexibility of our staff to use new virtual tools in working with children and families. There were some clear examples of direct work being undertaken virtually, but it was not consistent.

In October we consulted with children in care and care leavers about Black Lives Matter (BLM) to understand their experiences and views. Young people shared personal experiences of being a young black person within the care system, noting positive experiences alongside areas for improvement. Their feedback was shared at the November Members Corporate Parenting Group meeting. Further work will be undertaken with regards to ensuring all foster carers know how to meet the needs of children who are cross-culturally and racially placed, as this issue was raised by some young people as an area for further development.

To continue our commitment to listening to young people we hosted two consultations in November this year. Care leavers were also invited to speak to Mark Riddell, the DfE National Implementation Advisor for Care Leavers during the virtual visit. Overall, feedback was positive and personal advisers were viewed as generally good. Care leavers expressed the need for more support as they get older and recommendations are being taken forward.

A consultation was held asking young people in care and care leavers for their views in relation to the council's plans for accommodation for young people. The group were able to share their views about what home should feel like, what they would need to feel safe, the style of the accommodation and what facilities should be available for them. The young people enjoyed the opportunity to participate and look forward to meeting with the architects in the future.

We have piloted a process for capturing children's voices via video in Child Protection Conferences to strengthen participation and to hear the child's lived experience. This worked well, with children finding it easier to record their wishes and feelings and practitioners being able to capture the voice and lived experience of the child.

Young people delivering and shaping services.

Our BAD Youth Forum continues to be very active, with 65 members from 10 out of 13 secondary schools electing representatives. The Forum comprises of two social action sub-groups and a Young Inspectors group, all of which are well established with a comprehensive annual report presented to Council Assembly. All sessions continued virtually following national lockdown.

Youth Forum members were involved in the work of the Domestic Abuse Commission. Members were trained in Domestic Abuse awareness and how to stay safe in a relationship, which they shared with their peers. Working alongside Refuge, Forum members designed posters to raise awareness around domestic abuse during the COVID lockdown, which were professionally designed and distribution by the Council and schools. The Young Mayor and her social action group raised £966 for Refuge by undertaking a variety of fundraising challenges.

Working alongside the Youth Forums of Havering and Redbridge, our Youth Forum members worked with BHRUT to devise a lockdown comprehensive survey of young people to establish how they were being affected by the closure of schools. 1,239 responses were collated across the three boroughs, 365 being from Barking and Dagenham young people. Survey responses have helped shape the priority for services in supporting young people's recovery from lockdown, with Forum members trained around the use and advocacy of Kooth, an online counselling service. A second survey is currently underway.

Forum members have been involved in Black Lives Matter work, as well as a wide range of one-off consultations throughout the year. A consultation around the proposals to cut young people's free travel resulted in quotes for Baking and Dagenham young people being used in a lobbying report from Travelwatch to TfL. Proposals to cut free travel were subsequently scrapped. The Forum Chair sits on the Council's Overview and Scrutiny Committee and Forum members sit on the London Youth Assembly.

The borough's Youth Independent Advisory Group continues to meet quarterly with the Police to discuss key issues. VotesforSchools is accessible to nearly all our schools and continues to be used by around 40% of schools weekly, providing access to resources that encourage debate and a weekly ballot, which typically has over 4000 responses.

We are also undertaking project to increase child participation in service design using a web-based platform. The discovery phase is underway. The final product will be a digital platform which children can utilise to feedback their views on service delivery and redesign as well as feedback on the services they receive in social care. This will help increase the ability of the children we work with to use their voices and lived experience to help shape our services.

In consultation with children and young people we terminated our contract for independent visiting, to bring the service back in house as an employee and community volunteer programme to strengthen our corporate parenting oversight and approach. 17 Independent Visitors were recruited up to October 2020 (the majority of which are Council employees).

Listening to and developing our staff.

The Director of Operations and leadership prioritise listening and collaborating with all staff on social work practice. Unions have commended our level of staff participation through our design and implementation of the children's improvement programme and new Target Operating Model.

The senior leadership team regularly briefs all staff ensuring strong communication links. This relationship characterised by mutual respect is replicated between individual Heads of Service and their service areas. We have developed a culture where staff feel valued and where positive affirmation and feedback is vital.

Successes and good practice are celebrated across Care and Support. Managers readily compliment staff for good work and the Director in turn always writes to those members of staff acknowledging their positive contributions. A quarterly 'Feel Good factor' presentation is delivered at the All-Service sessions sharing all the good feedback received from parents, children ,carers, judges, schools, children and IROs.

Over the last year, the Child Practitioner Council (CPC) has diversified into taking greater ownership of its role to be the feedback link between frontline social work practice and Children's Care and Support leadership. The Chair is taking greater responsibility for bringing in speakers and members are bringing their own practice strengths and issues for discussion. The Operations Director attends the monthly meeting and has forged a closer link with the group and uses them as a temperature check on what is working well and what needs to improve. One of the significant achievements of the CPC for 2020 was a new joint clinic for Education and Children's Care and Support to address vulnerabilities.

The CPC has also become instrumental in quality assuring and consulting on new ways of working and plans for our new secure base for social care as part of recovery post COVID-19.

A Consultant Social worker (CSW) forum has also been reinvigorated with an intake of new CSWs with a key priority to develop and share best practice across the service. Through helping them to develop their knowledge and skills set, many of these CSW's have also been able to progress to manager roles.

The Principal Social Worker continues to provide coaching and mentoring for practitioners and managers as identified in their personal learning and development plans. This is highly valued and on an individual level has been successful in enabling social workers to progress in their career.

The Principal Social Worker regularly meets with workers to gain feedback about practice, their progress and to gain an overall emotional temperature check across departments. Feedback is provided to senior management which in turn influences our improvement work and recruitment and retention strategy.

In the last year, the Principal Social Worker has been working closely with the third sector (BD Collective) to ensure the ethos for social work practice within the borough is one of collaboration, relationally based and where voluntary colleagues remain involved with families as they progress within statutory systems. This now forms a new part of our social work induction with new starters learning and interacting with voluntary colleagues in the borough. The aim of this work is to help ensure a seamless journey for the child and family through social work interventions and that community links are maintained when social workers pull out. This will lead us into a more community-based model of social work practice.

We have a Teaching Partnership (NELTP) with local Universities to provide workers with opportunities to teach in London Met and UEL, sharing expertise and aiding their overall career progression and retention. Workers have been able to share knowledge and invest in the next generation of social workers, via admissions interviews and skills workshops. The work we do with our students and ASYE's has also helped us to identify areas of improvement, helping us retain our new staff beyond their first year of employment.

Our new career progression framework, including YOS practitioners, has been published along with professional personal development plans. Additional future work will be around developing a career progression framework and training plan for Family Support Workers, Leaving Care Advisers, Family Group Conference and Family Time Contact staff. The Principal Social Worker assists managers and staff in coaching work to progress through the framework into promotions and sideways movement, secondments, and shadowing opportunities. This has helped retain staff who otherwise would have left the borough.

Our schedule of training is closely linked to our Practice Model - a relational approach to working with children and families. Our social workers can draw on a variety of inter-related approaches and tools for example restorative practice and strengthening families. Our common values are warmth; empathy; authenticity; helpfulness and kindness. After training in Strengthening Families our workers are now starting to change the language, they use in line with what our children recommend. They are also talking more about relational practice and how this looks. This is the start of cultural change becoming embedded as part of the Practice Framework Model.

We have continued to provide an excellent offer for training, successfully transferring 80% of all training online during the pandemic. Work is underway to strengthen the links between the quarterly audit schedule, audit findings and the training plan so that impact on practice can be better measured. This will also eventually link in with regular seminars focused on practice development undertaken jointly by the Principal Social Worker and Quality Assurance managers.

New training for 2021 includes a focus on professional curiosity in the MASH; digital harm under the Contextual Safeguarding agenda and the third and final roll-out of the Practice Framework Model of Restorative Practice. The use of professional curiosity has been an audit recommendation and training will help practitioners become less fixed in the decisions and the approach they take, being able to reframe what they experience and consider new and creative ways of approaching social work contexts.

The Principal Social Worker continues to lead on the Improved Journey of the Child (IJOC) monthly frontline management development forum. The focus so far has been on supervision and management oversight, case summaries, practice alerts, chronologies, and planning, all of which link to audit outcomes. There has been progress with a new case summary and supervision format, reducing management time needed while focusing on quality. We will continue to embed this work until we see sustainable change in how managers exercise their oversight and build on what we have collectively learned so far.

Practice Observations focusing on supervision and improved performance have also reassured senior leadership that an overall good quality of supervision is being maintained. The next focus will be on MASH and whether scrutiny around risk analysis, progression, professional curiosity, and process have been sustained.

New Town Culture is having a positive impact.

Overall, the New Town Culture programme of projects is having a positive impact aimed at bringing increased creativity into social work practice; increasing the expression and ability to hear actual children's voices and lastly for 2021 and beyond, planning to help transform the culture and ethos of social work practice and provision in the borough. Impact so far has been visible with children and young people feeding back on how their aspirations have changed because of interventions and from workers on the way new ways of thinking have helped shape and refresh their practice.

Race Equality and Black Lives Matters.

In response to BLM and in the wake of George Floyd's murder, a series of staff conversations were held during the summer of 2020. Feedback from all sessions has been compiled into a comprehensive report which has been shared with staff groups, senior leadership and the DCS. This has aligned with all wider corporate initiatives.

Staff have explored issues such as privilege and microaggressions connected with practice in children's care and support and fed back issues affecting black staff when wanting to progress into more senior positions. This work culminated in a service wide celebration through the month of October where black cultures and people were celebrated. Our overall approach has impacted positively upon staff morale with staff feeling hopeful that ambitions to make changes are meaningful . We have secured the Workforce Race Equality Standard pilot status to further support our challenge and support in this area, which focuses on areas such as leadership, progression, and culture.

It has also allowed scrutiny in many areas of service culture, process, and individual practice. A Care and Support BLM action plan will be delivered throughout 2021/22 with some work already underway, for example, voices and experiences of our black children in care, care leavers and YOS young people and stop and search knowledge and legislation learning sessions.

11. How do we know it? quality assurance and performance management summary.

We continuously review our approach to quality assurance and performance management with a view to not only improve the quality of casework practice, but to support service development and drive improvement. Immediately following the OFSTED inspection in 2019 we refreshed our quality assurance framework with a very simple objective: getting the basics right – compliance, workforce, culture, and governance. .

The challenge ahead is how we truly embed the lived experience of children, their progress and outcomes and what difference we made into our day-to-day business and how this forms the basis of our leadership approach and questions we ask ourselves, our service users, our workforce, and partners. These "three questions (see section xxx) the framework which captures our journey so far and our ambition, will the basis of our work over the coming 12 months.

Current Arrangements.

Our Quality Assurance Framework is linked to our Practice Standards – against which tests of assurance are performed - and reflects our new Practice Model. The framework spans the entirety of the child's journey. This ensures that audit and quality programmes accurately measure the quality of practice and evaluates the impact upon, and the outcomes delivered for, our children and young people.

We undertake a wide range of internal auditing activity supplemented by substantial external auditing delivered in accordance with our annual audit schedule, and this informs many of the conclusions drawn in this document. It has also helped us shape our long-term improvement activity and respond rapidly to emerging issues. We have also launched a programme of practice observations to further reinforce our understanding of practice quality.

Since the inspection, our approach has been to focus on quality, impact and what we do with the learning from the audit activity. We have a comprehensive audit action plan to ensure that recommendations and learning from audits are disseminated. However, we need this to better support to quantify our progress in key priorities and practice and building more capacity in our operational staff to support further quality assurance developments.

Mentoring and coaching are available for managers completing learning audits in our aim to increase confidence and understand what 'good' and 'outstanding' looks like. We have received positive feedback from the frontline during thematic activity and there is increasing evidence of our audit activity having a positive impact. Case specific remedial steps are generally followed through in a timely way.

The current Framework sets out our areas of focus and schedules for audit and observation over a 12-month cycle. This cycle is developed based on:

- Key performance indicators and practice-focus areas, developed from what we know.
- The new regulatory framework (ILACS and JTAI)
- Findings from recently commissioned independent scrutiny (including externally commissioned reviews).
- Consultation with the colleagues across Children's Care and Support and partners
- Horizon scanning and using innovation, complaints and learning from poor practice to challenge and drive improvement.

We believe that this approach – supplemented by our schedule of Practice Observation – will place us better to marshal impact at three key levels; case-level; management and operational oversight e.g., changes in working practice, and at a strategic level e.g. service redesign and multi-agency working. We also recognise that we now need to take the next steps.

The new Quality Assurance Framework (from April 2021)

Scrutiny of social work practice is an essential part of ensuring that the support we provide, and the interventions we make, to support our most vulnerable children and young people is of the very highest quality. The aspiration of any quality assurance framework is, and has always been, to test this very thing.

However, we recognise that to achieve good or better for our children, we need our quality assurance and practice challenge to be the best it can be and to drive the ambitions we have for children and families in the borough to have better lived experiences and outcomes. Although robust, our current quality assurance model is also traditional and at times tends to focus on compliance, process and risk and outcomes, rather than on lived experiences, and systematic evaluation of outcome and impact.

We are currently in the early stages of developing our new quality assurance framework which will require a whole-system realignment around understanding and progressing the lived experience, improving outcomes, and understanding impact of leaders, mangers and workers in children's and families lives.

This next stage will build on our work so far, but also challenge some of the ways we currently work and the tools, processes, and systems we use to improve practice. The three questions we will be working to realign around, are:

Question 1: Do we understand the children's lived experience, and how it is impacting upon them?

Question 2: Have the child's lived experience improved and outcomes improved due to our involvement?

Question 3: Can we see the impact that we have had? Is our practice approach evident?

The three questions provide a framework anchored in lived experience, outcomes and impact on children and families lives, across a framework of risk, planning, intervention, assessment, direct work, visits, review, and oversight. It is through asking these three questions that we will be able to fully understand if we are improving the lives of the children and young people of Barking and Dagenham.

This summary document outlines, in broad terms, the underpinning principles of our new framework for quality assurance, drawing together the various strands of activity that comprise quality assurance. Looking across the journey of the child, it will reach across service blocks and boundaries and describe how it will work, what we will do, and who will do it.

As will be seen, we will not lose sight of compliance and process because of our ambitions but will strive to systematise these to the extent that we are routinely identifying challenges in these areas and responding to them as what they are: matters of business as usual. The wider quality assurance system will continue to identify issues as they occur, and support in the resolution of these problems: but the focus will be on the three questions.

This will not happen overnight. Additional capacity will be required – and will be provided – to support this approach. There is much work to do to develop the system; tools; skills; and capabilities required to operate in this way. Our ability to take what we are learning and make meaningful, impactful changes will need to develop: and establishing the Centre of Practice will be a key part of developing this capability.

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We also recognise that in asking those questions, much work will need to be done to answer them in some areas of work and practice. However, we are embarking on this journey as part of our commitment to continually raise the bar and improve outcomes for children and families.

We also know, the more we ask those questions and leaders, managers, and partners, it will impact on the way we work, support and challenge in the next phase of our improvement journey. Our plan is that this approach extends to multi agency working, SEND and adults services, with plans and programmes in hand to achieve this ambition.

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