

# Children's Care and Support OFSTED Improvement Plan

Our plan for improving Children's Social Care Services in Barking and Dagenham in response to OFSTED ILACS Inspection findings and recommendations



Ofsted Inspection July 2023

# Introduction

The Ofsted inspection of Barking and Dagenham's Children's Social Care Services took place between 10 to 21 July 2023. The final OFSTED report formally setting out their findings was published on 4 September 2023.

The inspection judged services in Barking and Dagenham to be 'requires improvement to be good', with a grading of good for care leavers. The Improvement Plan for Children's Care and Support Services has been developed in response to the Ofsted report findings, covering the eight specific recommendations set out below, but also addressing all areas for improvement highlighted in our letter from OFSTED. This high-level plan sets out the key actions we will take over the next 12 months to address those recommendations and areas for improvement and to ensure outcomes improve for vulnerable children, young people and families in Barking and Dagenham.

Ultimately, we aim to deliver consistently good services for children, young people and their families and our ambition is be good by the time of our next inspection.

The Children's Improvement Board, chaired by the DCS and multi-agency in its composition, will oversee the delivery, monitoring and evaluation of this plan. The Children's Improvement Board will be responsible for ensuring all recommendations are responded to and acted upon. The Board will report into the existing corporate governance mechanisms responsible for all Council improvement activity. It will meet monthly to provide oversight and challenge, and progress will be formally monitored at all levels of the organisation. The remainder of this document sets the high-level plan for responding to those recommendations and how we will organise ourselves to deliver upon our ambitious plans.

## What needs to improve? (Area 1) Timeliness of strategy meetings.

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.1	Set up multiagency practice workshops covering the purpose of strategy meetings, role of information sharing and decision making, embedding practice standards with a strong focus on improving chairing, recording, decision making, quality and timeliness.	Director of Operations	December 2023	Improved strategy meeting timeliness and multi-agency input in decision making. Increased timeliness of police attendance at strategy meetings.	Number and % of strategy meetings completed in a timely way. Increase in audits/practice evaluations on strategy meetings rated good or outstanding.
1.2	Team managers at point of Section 47 sign off quality assure all actions agreed at the strategy meeting ensuring they have progressed.	Team Managers	Ongoing	Strategy meetings that are purposeful, timely and in accordance with best practice.	Increase in number of children being referred to the NEL CSA Hub and Havens and accessing Barnardo's support as victims of CSA.
1.3	Heads of Service (HoS) in MASH and Assessment to undertake monthly dip samples of strategy meetings, tracking quality of meetings, decision making, progress of actions and partnership attendance.	Head of MASH Head of Assessment	Monthly	Actions agreed in strategy meetings are regularly reviewed to ensure actions are being followed through enabling improved timeliness of intervention.	
1.4	Implement a Business Support strategy meeting scheduling system with administrative support to improve co-ordination, quality of recording and tracking - this will include police attendance and other relevant partners.	Head of Service Development and Transformation	September 2023	Children suffering sexual abuse getting the right specialist health response, sexual abuse medicals and well-being support.	
1.5	Develop data and performance reports to track timeliness of strategy meetings and report weekly/monthly.	Head of Performance and Intelligence	October 2023		
1.6	Child Sexual Abuse (CSA) Social Care Liaison Officer to provide regular consultation prior to CSA strategy meetings ensuring children are referred to the correct CSA service. Ensuring social workers are knowledgeable about sexual abuse pathways.	Director of Operations	Ongoing		

## What needs to improve? (Area 2) The capacity, quality, consistency and impact of supervision and management oversight.

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.1	Review the children's care and support operational management capacity and structure with a view to implementing a fit for purpose management structure to manage the demand and deliver best practice.	DCS Chief Executive S115 Officer	March 2024	The children's care and support operational service has an increase in resources and a management structure that is proportionate to the demand.	Number and percentage of supervision completed every 4 weeks and 8 weekly by service and team.
1.2	Develop the CARES Academy bringing together recruitment and retention activities and learning and development opportunities - driving the CARES values, practice priorities, principles and standards. The CARES Academy will champion strengths based and trauma informed practice approaches, and staff development with a focus on neglect and quality supervision.	Director of Operations	April 2024	The management : social work ratio is equitable across the services and sufficient to meet the level of service demands ensuring good management oversight in line with practice standards.	Number and % of management oversight on children 4 weekly by service and team.  Audits report an increase in supervision being rated good or outstanding.
1.3	Deliver comprehensive skills based supervision training programme for all frontline managers, increasing their understanding of what good supervision looks like, and they partake in live action learning sets learning from critical feedback.	Head of Safeguarding and QA PSW	March 2024	The frequency of supervision and management oversight is consistent across all teams and held in line with practice standards. Actions from supervision are reviewed in a timely way and progress made. If not, managers take immediate action to address and complete actions to reduce delay and risk.	Average caseloads by service and team in line with targets set.  Equitable manager to staff ratio reflected in staffing structures.
1.4	Pilot new booking system for supervision to drive improvements in frequency and timeliness.	Head of Service Development and Transformation	December 2023	Developments and the lived experience of the child are embedded in supervision.	Number and percentage of children on plans by duration and repeat plans/episodes.
1.5	Further embed supervision policy and practice standards and undertake weekly dip sample activity to assess impact.	PSW	November 2023	Plans are progressing due to robust supervision and clear management direction. Line managers offer reflection and curiosity in supervision and align decisions to those made in other forums e.g. TCLPM and CPCC.	
1.6	Heads of Service to undertake weekly dip sampling activity alongside team managers focusing on supervisions within their service and act upon areas for improvement and learning. Report to monthly performance meeting.	All Head of Service (Childrens Care and Support)	Weekly	All new managers joining the service have access to supervision training, the supervision policy and practice guidance enabling them to provide supervision in line with agreed practice standards.	
1.7	Produce a Panels Pack setting out the various panels/oversight meetings including terms of reference for each. Embed an understanding of how those panels interface and link to supervision i.e. supervisions should always consider decisions made on a case in another forum.	Head of Service Development and Transformation	February 2024	Audit shows consistently good supervisions across the management group.	

## What needs to improve? (Area 3) Assessment and decision-making for children experiencing neglect.

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.1	Develop, launch and embed the multiagency partnership neglect strategy to ensure measurable interventions from universal through to statutory services, utilising London safeguarding procedures and DfE best practice guidance on neglect.	Children's Safeguarding Partnership	March 2024	Improved assessment and decision making for children experiencing neglect.	Number and percentage of children open to social care with a completed Graded Care Profile 2 on file by service and team.
1.2	Set up a multi-agency neglect task and finish group, independently chaired to ensure pace of change.	Children's Safeguarding Partnership	March 2024	A reduction in repeat children in need and repeat children on child protection plans particularly where neglect and DA are a feature.	Number and percentage of children on repeat CiN plans, including 9 months plus duration.
1.3	Appoint a neglect practice lead to embed use of GCP2 tool and run practice workshops increasing assessment skills and knowledge of interventions and resources across children's social care.	Director of Operations	January 2024	Assessments progress quicker supported by measurable and evidence based interventions for children experiencing long term neglect demonstrating impact.	Number and percentage of children on subsequent CP plan with category of neglect and DA (reduction), including 12 months plus duration.
1.4	Appoint a Domestic Abuse practice lead to embed use of DARAC domestic abuse risk assessment tool and run practice workshops increasing assessment skills and knowledge of interventions and resources across children's social care. Deliver on embedding the Safe and Together approach in responding to DA.	Director of Operations	December 2023	Children enter care in a planned way with less trauma rather than on police protection.	Monthly/quarterly audit of DA and neglect children on plans rated good or outstanding.
1.5	Further embed the Support 2 Safety Pilot team in MASH . Include evaluation to measure impact on better early identification of risks associated with DA , appropriate threshold application , robust safety planning including increased engagement with perpetrators.	Head of MASH	April 2024	A knowledgeable workforce with increased skills and access to a suite of practice resources supporting quality direct work and interventions with children and families.	Number and percentage of children entering care on police protection.  Number and percentage of EPO and short notice hearings.
1.6	Develop the LBBD social care intranet site to capture neglect and domestic abuse practice guidance, practice tools, relevant research and referral pathways to resources.	Head of Service Development and Transformation	March 2024	A whole systems approach to neglect is in place where it is identified early, and families can access the right resources at the right time from universal services through to statutory.	Number and percentage of children entering care on police protection still in care 3 months and 6 months later.
1.7	Refresh the Child Protection Panel, ensuring senior management and partnership review and oversight of 11+ CP plans, repeat CP plans and de-plans at 3 months with a strong focus on lived experience of the child.	Head of Safeguarding and QA	September 2023		

## What needs to improve? (Area 3) Assessment and decision-making for children experiencing neglect (continued)

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.8	Family support workers in the Specialist intervention team to adopt an evidence based practice approach with outcomes framework to better evidence neglect and impact of interventions.	Head of Specialist Intervention Service	February 2024	Improved assessment and decision making for children experiencing neglect.	Number and percentage of children open to social care with a completed Graded Care Profile 2 on file by service and team.
1.9	Produce a quarterly report focusing on police protections - the quality of response and whether PPs could have been avoided to drive learning and practice improvement.	Head of Safeguarding and QA	Quarterly	A reduction in repeat children in need and repeat children on child protection plans particularly where neglect and DA are a feature.	Number and percentage of children on repeat CiN plans, including 9 months plus duration.
1.10	HoS complete a case file audit and director need to know notification for all children entering care on Police Protection to further improve quality of response post Police Protection and to support senior leadership oversight and practice development .	Head of Safeguarding and QA	Ongoing	Assessments progress quicker supported by measurable and evidence based interventions for children experiencing long term neglect demonstrating impact.	Number and percentage of children on subsequent CP plan with category of neglect and DA (reduction), including 12 months plus duration.
1.11	Recruit a Hidden Harm practitioner in the Specialist Intervention Service to strengthen assessments on impact of substance misuse on children.	Head of Specialist Intervention Service	March 2024	Children enter care in a planned way with less trauma rather than on police protection. A knowledgeable workforce with increased skills and access to a suite of practice resources supporting quality direct work and interventions with children and families.	Monthly/quarterly audit of DA and neglect children on plans rated good or outstanding. Number and percentage of children entering care on police protection.
1.12	Restructure the pre-birth team to ensure pre-birth work is consistently good across services -and include peri-natal training for staff to better understand impact of parental mental health and neglect on parenting capacity.	Director of Operations	March 2024	A whole systems approach to neglect is in place where it is identified early, and families can access the right resources at the right time from universal services through to statutory.	Number and percentage of EPO and short notice hearings. Number and percentage of children entering care on police protection still in care 3 months and 6 months later.
1.13	Hold a CIN partnership review meeting chaired by HoS to ensure better oversight of 9 month plus children in need plans tackling any drift and ensuring progress is made.	Head of Family Support and Safeguarding	Monthly		

## What needs to improve? (Area 4) Timeliness of pre-proceedings pathways.

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.1	Threshold of Care Legal Planning Meetings (TCLPM) to review all pre-proceeding children at maximum of 12 weeks regardless of whether assessments have been completed or are still in progress. The social worker to produce an update outlining the child's current lived experience and impact of work under PLO.	Head of Corporate Parenting and Permanence	October 2023	<p>No pre-proceedings longer than 16 week maximum.</p> <p>Improved and more effective child protection planning, and assessments undertaken in a timely way to reduce unnecessary pre-proceedings.</p> <p>External expert assessments no longer contributing to delay in pre proceedings.</p> <p>The launch of an in-house expert court assessment practice model bringing about improved quality of expert assessments.</p>	<p>Number and % of children for whom PLO pre-proceedings were completed within 16 weeks (monthly).</p> <p>Number and percentage of pre-proceedings out of timescale (monthly).</p> <p>Pre-proceedings by duration and outcome.</p> <p>Dip sample and audit activity evidences good and outstanding practice in pre-proceedings cases.</p>
1.2	TCLPM to consider whether children can be safely stepped out of pre-proceedings post 12 weeks with assessments continuing under the CP plan, if significant harm to the child has been reduced.	Head of Corporate Parenting and Permanence	October 2023		
1.3	At 12 weeks, if further assessments are required, Social Worker and Solicitor to identify relevant experts prior to returning to TCLPM to avoid delay. Audit decisions to ensure delay or need for further assessments are well understood.	Court Progression Manager	October 2023		
1.4	HoS oversight on all pre-proceedings. Where intervention has no impact on the safety of the child, social worker to return to TCLPM no later than 6-8 weeks (prior to the 12 weeks).	All Heads of Service	October 2023		
1.5	Ensure expert assessments are considered as part of supervision, CP planning in core groups and midway reviews to identify effective interventions and/or evidencing harm at an earlier stage to avoid drift and to better inform legal planning.	Head of Family Support and Safeguarding Head of Safeguarding and QA	November 2023		
1.6	Monthly dip sample activity focussing on quality of work being undertaken within pre proceedings, threshold to remaining in pre proceedings , addressing any elements of drift and delay.	Court Progression Manager	Monthly		
1.7	Hold weekly pre-proceedings tracking meetings, involving SW, team managers, solicitor, CPM and Principal Solicitor and agreed actions to be added to the file.	Court Progression Manager	October 2023		
1.8	Establish an in house court expert assessment team, based in the Specialist Intervention Service to support timelier and improved quality expert assessments utilising in-house specialisms e.g. FSW, Therapist, FGC service. ( financial investment permitting )	Head of Specialist Intervention Service	April 2024		

## What needs to improve? (Area 5) Consistency of response to 16- and 17-year-olds who present as homeless.

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.1	Review pathways to ensure young people access to advocates and independent advice on entitlements re Section 20 and Sec 17 accommodation is well-understood and the referral pathway is clear and fit for purpose.	Head of Assessment	November 2023	Improved compliance with the national 16/17 year old Homeless Guidance, ensuring all children who present as homeless are assessed jointly with housing colleagues and the assessment is holistic.  Young people will have a clearer and fuller understanding of their rights and access to an advocate for independent advice.  Files will evidence the child has been well informed of their options and where safe to do so, efforts have been made to support their reunification with their family.	Increase in audits on joint assessments rated good or outstanding.  Number and percentage of 16-17 homeless and joint assessments undertaken and recorded on Liquid Logic.  Children's rights advocacy service reports increase in young people being referred for independent advice and advocacy.  Reduction in older adolescents coming into care.
1.2	Refresh the 16/17 Homeless Protocol and Guidance and associated leaflets for young people.	Head of Assessment	December 2023		
1.3	Refresh and launch a new training module so that all staff are trained (include refresher sessions).	Head of Assessment	December 2023		
1.4	Review joint homeless assessment templates on Liquidlogic, ensuring alignment with the assessment of the child's wider needs alongside housing.	Head of Assessment	November 2023		
1.5	Report monthly data and performance to the 16-25 vulnerable homeless strategic group.	Head of Performance and Intelligence	November 2023		
1.6	Develop an edge of care team to promote and support adolescents remaining with family when it is safe to do so.	Director of Operations Head of Specialist Intervention Service	April 2024		
1.7	Undertake monthly audit of all young people who have presented as homeless or are at risk of becoming homeless to ensure that practice for 16/17-year-old homeless takes account of children's needs and is in line with LBBB protocol and National Guidance.	Head of Specialist Intervention Service	Monthly		
1.8	HoS to complete a Director Need to know notification of any 16 plus presenting as homeless or where this is an investigation.	All Heads of Service	Ongoing		



**What needs to improve? (Area 6) Oversight of children’s placements in unregistered children’s homes.**

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.1	Director Need to know notification to be completed for Director authorisation of any placement of an under 16 child in an unregistered setting.	Director of Operations	July 2023	Evidence on files of Director oversight and decision making for children being placed in unregulated settings and immediate notifications to Ofsted.	Number of children in unregistered provision.  Timeliness of visits to children placed in unregulated provision (weekly).
1.2	Refresh protocol on timely notifications to Ofsted on all under 16 placed in unregistered homes.	Director of Commissioning	July 2023	Case files evidence the following: extensive efforts to avoid such placements, Ofsted notifications, children home documentation on case files, frequent visits to child in line with protocol.	Dip sampling and audit shows senior management oversight and decision clearly recorded on the child’s record.
1.3	Develop and implement a protocol with practice standards for social workers and IROs on increased visiting and oversight of children in unregistered placements.	Head of Safeguarding and QA	December 2023	Regular permanence planning meetings with discussions on 'step down ' and alternative placement options.	
1.4	Monthly review of all unregistered placements at the provider quality assurance meeting with commissioners and social care HoS, including support to provider to progress registration. Report to DCS and CIB on quality assurance visit outcomes.	Director of Commissioning	Monthly		
1.5	Residential oversight meeting to review children in unregistered; to include dip sampling files to ensure timely PPM, robust care planning and child being seen regularly.	Head of Corporate Parenting and Permanence	Monthly		

## What needs to improve? (Area 7) Application of threshold in early help

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.1	Further embed the continuum of needs thresholds to ensure understanding and application across children's care and support workforce and wider partnerships via roadshows , monthly MASH drop in sessions and service specific presentations.	Head of MASH Head of Early Help	April 2024	Children will not move back and forth between MASH and Early help. Instead, children and families will receive the right help at the right time by the right service.  Decisions in MASH will always reference the Continuum of Need evidencing the reason for the course of action and threshold decisions.	Number and percentage of step up and step down children between Early Help and CCS.  Number and percentage of multiple contacts within 6 months.  Number and percentage of re-referrals (social care).  Number and percentage of Early Help repeat referrals.  Dip sample audit reports show a decrease in threshold being inconsistently applied (thematic – qualitative).  Increase in audits rated good or outstanding on threshold application.
1.2	Review step up and step down process and interface between EH and statutory social care to ensure current transition points support timely and accurate threshold decision making, and allegations of harm are appropriately investigated before step down.	Head of MASH Head of Early Help	November 2023		
1.3	All MASH staff including partners to be trained on the new DARAC (Domestic Abuse Risk Assessment Tool) and child sexual abuse response pathway.	Head of MASH Head of Early Help	January 2024		
1.4	Undertake weekly threshold dip sample audits focussing on management oversight, threshold decision making and partners involvement in MASH enquiries with specific focus on cases moving between Early Help and MASH and decision making on anonymous referrals . Report to Director of Operations and Children's Improvement Board.	Head of MASH Head of Early Help	Weekly		
1.5	Conduct multi agency audits of MASH decision making. Quarterly report to MASH Partnership Board.	Head of Safeguarding and QA	Monthly		

## What needs to improve? (Area 8) Life-story work and permanence planning.

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.1	Principal Social Worker (PSW) to deliver the improvement plan borne out of the Direct work audit which includes focus on quality direct work starting at the front door	PSW	March 2024	All children and young people in care are able to access life story work to support and promote their understanding of their identity, family history and emotional and mental health wellbeing. Robust and regular permanence plans are produced for children which result in them experiencing good permanence outcomes in good time.	Number and percentage of children in care for 6 months or longer with life story work recorded in case notes.
1.2	Provide regular consultations to practitioners managing complex life story work to improve confidence in dealing with traumatic issues, tools to use in the sessions, reviewing progress and offering ongoing support as work progresses.	Team Manager Consultant Clinical Social Worker and Play Therapist	September 2023 (ongoing)		Practice evaluations demonstrate an increase in access and good quality life story work.
1.3	Provide specialist training to Social Workers and Leaving Care Advisers in life story work.	Head of Corporate Parenting and Permanence	September 2023 (ongoing)		Permanence tracker reports no children without a PPM and permanence plan by second review.
1.4	New Town Culture (NTC) to bring additionality to Direct work and Life story work - with new tools , resources and group work opportunities - this includes NTC practitioners evidencing work on case files.	Senior Curator Culture Programmes	March 2024		PPMs are held with the right frequency.
1.5	Creative Social Work course at Goldsmiths University offered to SWs, particularly those that would benefit from improving their creativity in undertaking life story work.	PSW	Ongoing		Audit evidences increased good and outstanding quality of permanence planning and outcomes.
1.6	Explore implementation of Caring Life App which is specifically for Life story Work aimed at improving consistency and quality of life story work.	Head of Corporate Parenting and Permanence	December 2023		Improved adoption scorecard.
1.7	Develop and roll out specific training and tools aimed at working with adolescents.	PSW Head of Adolescent and Youth Justice	December 2023		Increase in early permanence adoption placements.
1.8	Complete regular audits to identify evidence of good life story work and action any gaps.	Head of Safeguarding and QA	Quarterly		Improved timeliness of children being matched to long term foster carers by Fostering Panel.

## What needs to improve? (Area 8) Life-story work and permanence planning (continued).

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.9	HoS to carry out regular dip sampling/auditing on the quality of permanence planning meetings.	Head of Corporate Parenting and Permanence	Ongoing	All children and young people in care are able to access life story work to support and promote their understanding of their identity, family history and emotional and mental health wellbeing.  Robust and regular permanence plans are produced for children which result in them experiencing good permanence outcomes in good time.	Number and percentage of children in care for 6 months or longer with life story work recorded in case notes.
1.10	Review Permanence Taskforce, composition and terms of reference to strengthen strategic oversight of permanence, including the role of IROs.	Director of Operations	November 2023		Practice evaluations demonstrate an increase in access and good quality life story work.
1.11	Provide permanence tracker training to all HoS and service managers to ensure robust operational overview of permanence and support to HoS to run service specific permanence planning oversight meetings, which feed into the taskforce.	Head of Performance and Intelligence All HoS	November 2023		Permanence tracker reports no children without a PPM and permanence plan by second review.  PPMs are held with the right frequency.
1.12	Develop a suite of good quality PPMs accessible for all social care practitioners demonstrating what permanence means across all services and what a stable lived experience for the child looks like.	PSW	February 2024		Audit evidences increased good and outstanding quality of permanence planning and outcomes.
1.13	Implement model of PPM slots with BSO support to drive improvements in timeliness and frequency of PPM meetings for all children in care.	Head of Service Development and Transformation	July 2023		Improved adoption scorecard.  Increase in early permanence adoption placements.
1.14	Monthly permanence overview report to be produced from the permanence tracker and permanence performance dashboard to highlight progress and areas in need of improvement.	Head of Performance and Intelligence	Monthly		Improved timeliness of children being matched to long term foster carers by Fostering Panel.
1.15	Social care training programme to include regular permanence planning practice workshops to address issues with understanding of permanence planning, permanence timeliness and quality of PPMs.	PSW	December 2023		
1.16	Audit of permanence plans including focus on IRO and manager's scrutiny of permanence.	Head of Safeguarding and QA	Quarterly		