

**INSPECTION OF
CHILDREN'S
SERVICES**

**LONDON BOROUGH
OF BARKING AND
DAGENHAM**

January 2005

COMMISSION FOR SOCIAL CARE INSPECTION

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 - host the Children’s Rights Director role.
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LONDON BOROUGH OF BARKING AND DAGENHAM

January 2005

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Summary

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- 1.1 This inspection of Children's Services managed by the London Borough of Barking and Dagenham took place between Thursday 13 January and Friday 28 January 2005. Two inspectors and one lay assessor carried out the inspection. The inspection was part of a national programme of local inspections.
- 1.2 The inspection used standards and criteria drawn from legislation, guidance, research and understandings of good practice. These are reproduced at Appendix A to this report.
- 1.3 During this inspection we carried out the following:
 - 32 individual or joint interviews;
 - 17 group interviews, visits and meetings; and
 - 24 case files, plus additional duty files and papers were examined.
- 1.4 Further details of the background to this inspection and the methodology used can be found at Appendix B and C.

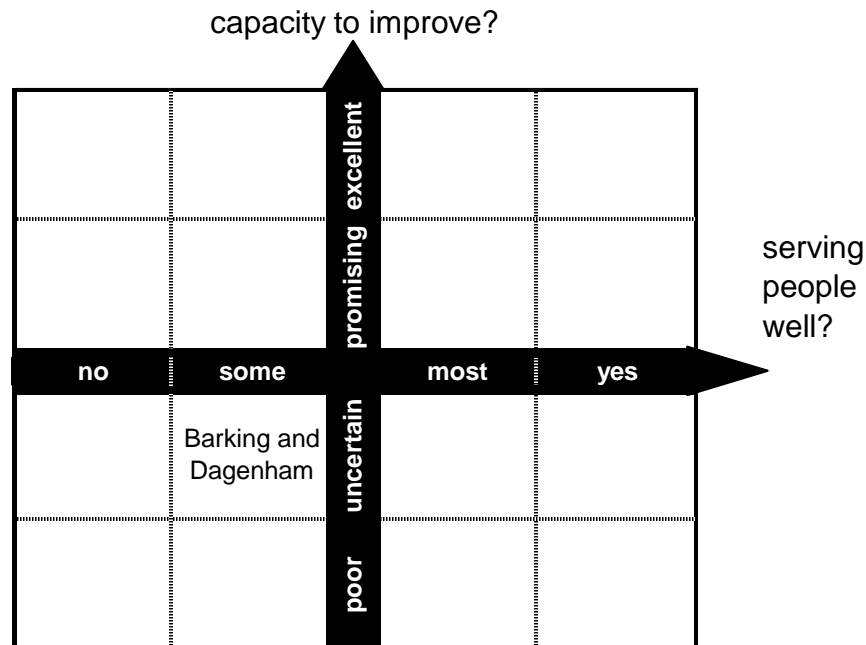
Overall Assessment

- 1.5 Barking and Dagenham's children and family's services had made some progress since the last inspection by the SSI in 2002. Councillors had become more consistently involved with the development of the Children's Champion and the Corporate Parenting Group. We found there to be a real political commitment to the development of Children's Services and this had been backed by a significant injection of monies over a period of time.
- 1.6 The council has had to come a long way in a short time and this continued to show. The voluntary sector had developed significantly but voluntary agencies still expressed irritation at aspects of the culture which they felt did not give them an effective place in the planning and development of services. They also criticised the lack of support and the council's slow and at times opaque decision-making. This was an increasing problem for the voluntary sector as they moved from being organisations of volunteers to organisations that provided complex services through paid professional staff. We were told that the voluntary sector was represented on the

Children's Service Strategy Group and that this was seen as an opportunity to influence future developments across Children's Services.

- 1.7 There had been progress in developing inter-agency working but the amount of progress made, given where things were in 2002, has perhaps been slower than would have been expected.
- 1.8 The new Chief Executive had rightly forwarded the timetable for implementing the Children Act 2004 agenda but there will be a need to catch up if this is to be comfortably achieved. Children's Services did now have an inter-agency children's plan but still lacked a commissioning strategy. Although a Best Value Review (BVR) of looked after children was carried out in 2001, the service would have benefited from having carried out a programme of cross cutting BVRs over the last three years, especially in respect of services to children with disabilities and the Children and Adolescents Mental Health Service (CAMHS).
- 1.9 We were generally impressed by the quality of the social workers and managers that we met. We found social workers to have a far better grasp of their cases than was evidenced on their files. Team managers were well respected by their staff and a long serving service manager said that they were the best group they had experienced in the borough.
- 1.10 However, the referral and assessment service was struggling. If it were to improve it would need as a matter of urgency to address the problem of staff turnover. The insecurity of its staff and managers across all of the teams, but particularly in the assessment team, reported about being unsupported by senior managers will need to be addressed as a matter of priority. Otherwise more staff will be lost and services destabilised. There is also the danger of staff adopting inappropriately defensive practice if they do not feel adequately supported.
- 1.11 Children and families service are at critical point where if change is managed effectively it will be able to build on what has been achieved in the last two to three years and make a break through into becoming a service that can realistically be able to meet the needs of all of the children it serves. However, if the problems identified in this inspection are not quickly and effectively addressed it could easily lose what it has gained and lose much of what has been achieved.
- 1.12 Consequently we concluded that Barking and Dagenham were serving some children well but the capacity to improve was uncertain.

The Assessment Matrix



National Priorities

- 1.13** Barking and Dagenham had modernised its political administration in May 2000 and had adopted a more corporate approach to the planning and provision of services.
- 1.14** The council had, as the 2002 Children's Services Inspection noted, identified seven key community priorities and was employing a 'balanced score card' methodology as a framework through which it aimed to achieve national objectives and local priorities. This was underpinned by a performance management framework and monitoring mechanisms to assess performance. There remained a need to translate the measurement and evaluation of performance into the development of clear strategic objectives, priorities and targets.
- 1.15** The Director of Social Services had been operating as the Chief Executive of the Primary Care Trust for a year at the time of the last Children's Services Inspection, tasked to manage the integration of health and social care services over a three-year period. This arrangement had ended in 2003: most of the joint arrangements had been retained and all the joint posts continued, particularly in adult services and new ones developed in services to children with disabilities.

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- 1.16** There were some multi-disciplinary services in place including the Looked After Children's Health and Education Service (LACHES) that had recently been taken over by Social Services and had received a significant increase (£250K) in funding from the council. In the short space of time it had existed, LACHES had begun to have impact on the council's performance on the education of looked after children.
- 1.17** The most significant changes since the last inspection were the implementation of a Corporate Parenting Panel chaired by the Children's Champion, and the development of the previously heavily criticised Area Child Protection Committee (ACPC) into a more effective inter-agency instrument as it prepared for its metamorphosis into a shadow Local Safeguard Board.
- 1.18** A multi-agency Children's Services Strategy Group was in place and was still operating to draft terms of reference but it had recently produced an inter-agency children's strategy for the borough.
- 1.19** Although social workers and frontline managers were aware of the Children Act 2004 and the integration agenda they saw it as something happening some years in the future. As a result there was no spontaneous discussion of the opportunities the Act afforded children's services.
- 1.20** The new Chief Executive had moved quickly to bring forward the implementation programme of the Children Act 2004. The original timescales saw the appointment of the Director of Children's Services by 2008 and this had been moved forward to 2006.
- 1.21** The development of multi-agency services for children and families in Barking and Dagenham has perhaps not developed as quickly as might have been expected from where it was in 2002. Given the new timescales for implementing the integration of services the agencies will need to move with some urgency to be ready by 2006.
- 1.22** It would have been helpful in achieving the development of multi-agency services for children and families if there had been more cross cutting Best Value Reviews of children's services. The most obvious priorities for such action are services to Children with Disabilities and Children and Adolescent Mental Health Services.

Effectiveness of Service Delivery and Outcomes

- 1.23** Users of these services were mixed in their views as to their quality and responsiveness. Overall, children and young people, apart from those using the Leaving Care service, were slightly more positive than their parents. Some parents felt that social workers had been slow to engage and when they had had been overly heavy handed in their approach.

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- 1.24** The council had invested in developing services to maximise the life chances of children looked after, and overall there had been significant increases in the funding of social care services for children and families, including preventative services.
- 1.25** However, thresholds to services remained high and the child protection route was still seen by other agencies as the way to access services. Some voluntary organisations felt that the Social Services Department was opting out of providing preventative services, and also of not fully involving them in the planning and development of such services.
- 1.26** The high turnover in social workers and, until very recently, the high level of agency staff, had adversely affected work with children in need and their families and in some of the cases we looked at had left to drift and or late engagement. Young people using Leaving Care Services were particularly critical but so also were parents and other agencies.
- 1.27** Nevertheless, there had been improvements in the fostering service and increased activity in adoption of children looked after. A Family Group Conference service was also in the early stages of development. There was a range of preventative services available including four Sure Start projects. However, it was not clear how well these services were linked together into a coherent, effective preventative service.

Quality of Service for Users and Carers

- 1.28** There was a range of service information leaflets available including some designed by young people who were looked after. All of the literature was easy to read and understand and was available in a range of formats. There were also facilities for them to be readily translated into eleven minority languages if required.
- 1.29** A Contact Centre had been opened that provided information on services across all the agencies.
- 1.30** The referral and assessment services was organised into two geographical teams serving Barking and Dagenham respectively. They were, however, both located in the same office and it had been difficult for them to separate into distinct teams. It was not clear what the advantage was in not merging the two teams into a single central service with all the advantages of economies of scale as well as consistency of response.
- 1.31** Both of these two teams continued to experience high levels of staff turnover and consequently high levels of locum social workers. They had been severely shocked in October 2004 following the serious injury to a baby and morale had taken a severe knock as a result of events surrounding this. We were told that senior managers had invested time to support front line staff during this period. External support was also

brought forward to help staff move forward. Even so, a number of agency staff, including a locum team manager where the contract had been terminated, had already left. Inspectors were told by two more permanent staff that they were also leaving as they no longer felt safe in carrying out their duties.

- 1.32** The effects of the aftermath of this matter went well beyond the referral and assessment service and social workers and managers up to third tier voiced their concerns (see Management and Resources).
- 1.33** The ‘threshold cases’ (cases that had initially been seen as having child protection issues but which had not resulted in children being placed on the Child Protection Register (CPR)) that we inspected indicated that there were quality of practice issues in the Referral and Assessment Service that had implications for the effective safeguarding of children.
- 1.34** Overall the quality of the assessments that we saw was variable. Core assessments were too often tick box affairs and lacked thorough going inter-agency, multi-disciplinary approaches.
- 1.35** Children in need cases, other than where children had been recently de-registered, lacked formal plans and without a structured review system were liable to drift. We were, however, pleased to hear that two Independent Reviewing Officer posts for children in need cases had been established.
- 1.36** All looked after children cases and Child Protection cases we looked at had plans in place. However, the quality was again variable and many lacked clearly articulated objectives to which the proposed actions related. There was also a lack of clarity as to how the effectiveness of the proposed actions would be judged. There was also an absence of contingency planning.
- 1.37** Case records were well structured and accessible but the overall quality of the recording was not high. They lacked clarity as to the objectives of interventions as well as analysis of the information gained. Chronologies were usually in place but were often little more than lists of recent agency actions rather than of key events in a child and its family’s life. There was also an absence of regular summaries, which made it difficult to quickly grasp the ‘story’.

Fair Access

- 1.38** The council had a Race Equality Scheme in place and was in the third year of a themed agenda of development. There was a commitment both within social services and the PCT to mainstream equality and diversity issues in services.

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- 1.39 A Children's Rights and advocacy service had been developed and young people looked after were playing a growing part in planning their own lives and the development of services.
 - 1.40 There was a well-developed service managed by the Education Department for autistic children, although we did see a case where one such young person had been out of formal education for the last three years because his father had refused the service offered him.
 - 1.41 There was also a specialist social work service for unaccompanied minors, which we were told was compliant with the Hillingdon judgement.
 - 1.42 The services to children with disabilities lacked sufficient respite care resources none of which was located in the borough itself. Child and Adolescent Mental Health Services were under resourced but the new head of service was beginning to address this. Both services would benefit from cross cutting Best Value Reviews. We were told that there was a particular need to develop services to children with Attention Deficit Disorders.
 - 1.43 A significant proportion of service users said that they were not aware of the complaints process. It was also not clear from the files that complaints information was being routinely given to service users though we were told that this was the case.

Cost and Efficiency

- 1.44 Barking and Dagenham had increased its spending on services to children and families by 30 per cent in the past three years and had shifted resources from social care services in adults to achieve this. We were told that the council was on track to bring its budget on children's services in line with its FSS by 2005-06.
- 1.45 Children's services had a robust if somewhat stretched contracts service but there was no feedback link with operational and reviewing services.
- 1.46 Except for the Area Child Protection Committee budget there has been relatively little development in pooled budgets between agencies, but this was due to change in April when budgets across the agencies for children with disabilities are due to be merged.

Management and Resources

- 1.47 There is good political leadership of and commitment to children's services. The councillors who formed the Corporate Parenting Group were passionate in their commitment to developing effective good quality services to children in need.
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- 1.48** The council has been committed to developing effective performance management systems and this has been achieved in social care services for children.
- 1.49** There was a well-developed system of practice audits carried out by the Independent Reviewing Officers. They had found many of the same things that we found when we audited case files. They were frustrated at the lack of action on their findings.
- 1.50** Training was reported to be of good quality. Although this seemed to be largely historical, there were some concerns expressed about induction training particularly for those who had trained abroad.
- 1.51** Social workers reported that on the whole they received regular and good quality supervision. We found evidence on most files of regular supervision but the decisions recorded on the files were often very limited. There was little evidence other than formal supervision notes of files being read by and decisions recorded on them by managers.
- 1.52** Although social workers spoke positively of the quality of support that they received from their line managers and colleagues they voiced concerns about what would happen if something went wrong with one of their cases. Whilst it is essential that poor and unacceptable practice is challenged and dealt with, it is also essential that social workers feel safe and supported in what is a difficult and challenging role. It is essential that senior managers get this balance right if services are to develop effectively.

Reading the Remainder of this Report

- 1.53** This report is set out in a way to enable the reader to have an understanding about every aspect of the inspection:
- Chapter 1 is a summary of the key themes which have emerged from the inspection;
 - Chapter 2 provides a list of the recommendations we have made;
 - Chapter 3 sets out the context in which social services is operating; and
 - Chapter 4 and each subsequent chapter detail the evidence which led us to our conclusions and recommendations.
- 1.54** In addition, the appendices give fuller information about:
- the standards and criteria used in the inspection (Appendix A);
 - the inspection background and methods used (Appendix B);

- details of inspection activity, in particular the people we interviewed (Appendix C);
- Barking and Dagenham's Children's Services structure (Appendix D); and
- the results of the questionnaires sent to young people and their parents (Appendices E and F).

Recommendations

2

National Priorities and Strategic Objectives

- 2.1 Barking and Dagenham should with its partners strive to further develop and implement an overarching comprehensive inter-agency strategy for children's services.
- 2.2 The council with its partners should agree a programme of cross-cutting Best Value Reviews to underpin the development of seamless inter-agency services for children in need.

Effectiveness of Service Delivery and Outcomes

- 2.3 Children's Services should review its practice to ensure that it is responsive to the needs of users and proportionate in its approach to safeguarding children.
- 2.4 Social services should ensure that its staff are adequately trained to undertake effectively direct work with children and young people.
- 2.5 Social services must, as a matter of priority, stabilise its workforce.
- 2.6 Social services must ensure that strategy meetings and discussions involve all the relevant agencies and particularly the referring agency.
- 2.7 Social services needs to continue to work closely with its voluntary sector colleagues to ensure that they are effectively involved in service development and that decisions are taken in a timely manner.

Quality of Service for Users and Carers

- 2.8 Social services must ensure that its threshold for intervention is appropriately set in practice particularly in respect to those cases on the threshold of statutory intervention.
- 2.9 Reception facilities should be improved and made more user-friendly, especially for young children.
- 2.10 Social services must stabilise the situation in the referral and assessment service and review its effectiveness as a matter of urgency.

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- 2.11 Social services must improve the quality of its assessments and ensure that that they are conducted where appropriately on a multi-agency basis and within statutory timescales.
 - 2.12 Managers should ensure that all children that they work with including children in need should have clear plans including objectives, timescales and contingency plans and be reviewed on a regular basis.
 - 2.13 Managers should ensure that social work record keeping is improved and is fit for the purpose.
 - 2.14 Social services should ensure that SWIFT is developed so that it facilitates optimum practice.

Fair Access

- 2.15 The council and its partner agencies should review services to children with disabilities and improve the capacity of respite care services as quickly as possible.
- 2.16 The council and its health partners should review together CAMHS services and address its lack of capacity as a matter of urgency.

Cost and Efficiency

- 2.17 The council and its partner agencies should ensure that a comprehensive inter-agency commissioning strategy is put in place.
- 2.18 Social services should ensure that feedback between its frontline services and reviewing service and its contracting services are maximised.

Management and Resources

- 2.19 Senior managers must continue to take urgent steps to reassure frontline staff of their support.
- 2.20 Senior managers need to ensure that frontline staff are fully alive to and participating in the implementation of the Children Act 2004.
- 2.21 Managers must ensure that decisions taken by them are properly recorded on case files.
- 2.22 Managers must ensure that they see files on a regular basis and that they sign off reports.
- 2.23 The Operational Management Team must ensure that issues identified by auditors are effectively actioned.

Council Profile

3

Location

- 3.1 Located on the eastern fringe of London and forming part of the Thames Gateway Barking and Dagenham is a relatively small outer London Borough of 163,944 population (Census 2001). It is bounded by the River Thames to the South and the London Boroughs of Newham (West), Redbridge (North) and Havering (East).

Population

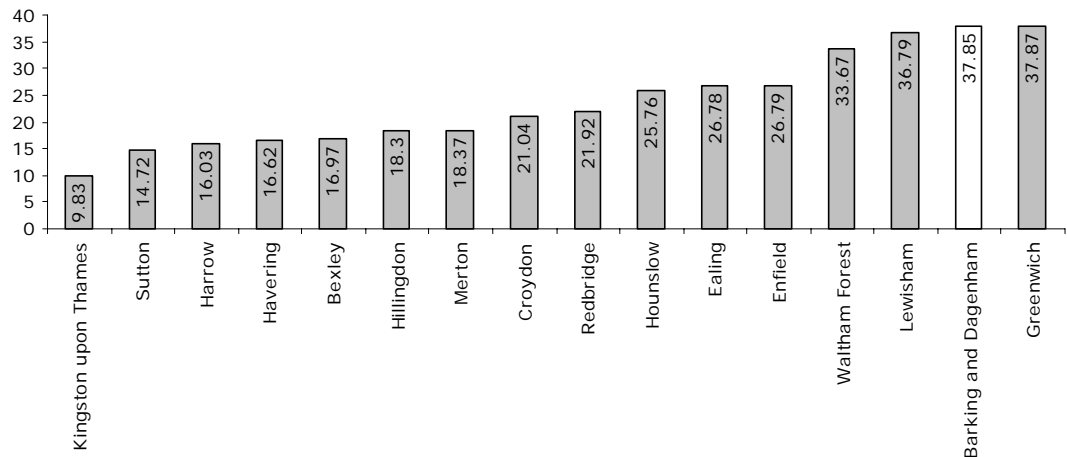
- 3.2 Historically the borough has had a relatively stable predominantly white working class population but in recent years there have been a rapidly growing number of minority ethnic communities, creating a more diverse population. At the last Census 85 per cent of the population were white (139,667) with black Africans the largest minority group (7,284) followed by Indian (3,681) and black Caribbean (3,434).
- 3.3 The population of the borough is changing rapidly not only in its ethnic structure but also in terms of its age profile. It had the second highest percentage of its population under the age of 18 years in London (10.91 per cent) and the highest percentages in both the 0-4 (7.23 per cent) and 5-10 (7.65 per cent) age cohorts (National Statistics - Census 2001).

Deprivation

- 3.4 It is the most industrial of the London boroughs and although its social structure is changing it continues to have the lowest average income level in the capital. The borough remains according to the DETR one of the most deprived boroughs in London and second in its comparator group.

Chart 1

Indices of Deprivation 2000 (DETR): average of ward scores,
year 2002 - 2003



Source: Department of Health Key Indicators Graphical System, SN81C

- 3.5** The borough had the fourth highest proportion of lone parents with dependent children households in London (National Statistics - Census 2001). It also ranked highest in London in respect of limiting long term illness and second highest for general health described as 'not good'¹. It also ranked second in London for people not employed as a result of being permanently sick or disabled².
- 3.6** Barking and Dagenham had the highest proportion of its population without any qualifications of any London borough and the lowest with a degree or higher level of qualification³.

Political Context

- 3.7** The council comprised 51 councillors, 42 of whom were Labour and it had been under Labour party control since it came into existence in 1965.
- 3.8** The council had a Cabinet form of government and this Executive comprised 10 councillors including the Leader and Deputy Leader. Each Executive member had a portfolio of responsibilities. The council has been operating its current political structure for nearly five years. There were two decision making meetings: the Assembly and the Executive.
- 3.9** The overview and scrutiny function is carried out by the permanent Scrutiny Board, which meets monthly. The Board oversees progress in

¹ National Statistics – Census 2001.

² National Statistics – Census 2001.

³ National Statistics – Census 2001.

performance across Social Services, including Children's Services. Scrutiny Panels were also set up for specific purposes and disbanded when they had completed their task.

Management and Organisation

3.10 In Barking and Dagenham the functions of the council were discharged through six departments one of which was Social Services. The Social Services Department had six service heads, one of whom was the Head of Children's Services who reported to the Director of Social Services (see Appendix D) who was herself a member of the council's Management Team and reported to the Chief Executive.

Children Receiving Services

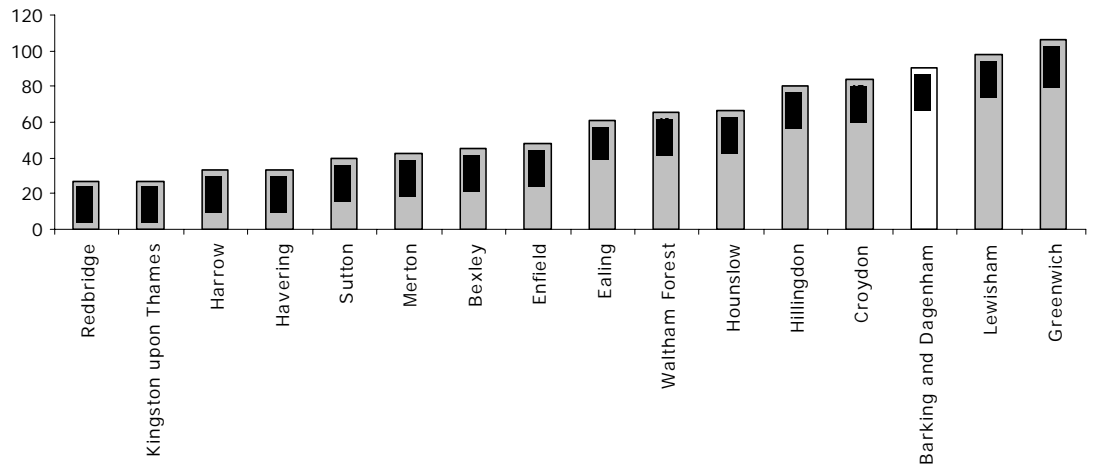
3.11 In December 2004:

- there were 356 children looked after of whom 158 were from minority ethnic groups (44 per cent);
- 151 children on the Child Protection Register (CPR) of whom 55 were from minority ethnic groups (36 per cent); and
- 866 children were receiving family support services, of whom 276 (32 per cent) were from minority ethnic groups.

3.12 Barking and Dagenham had the third highest rate of children looked after in its comparator group. The number of looked after children had grown to 370 by the week commencing 31 January 2005 of whom 218 were placed out of the borough.

Chart 2

Children looked after at 31 March per 10,000 population aged under 18, year 2002 - 2003

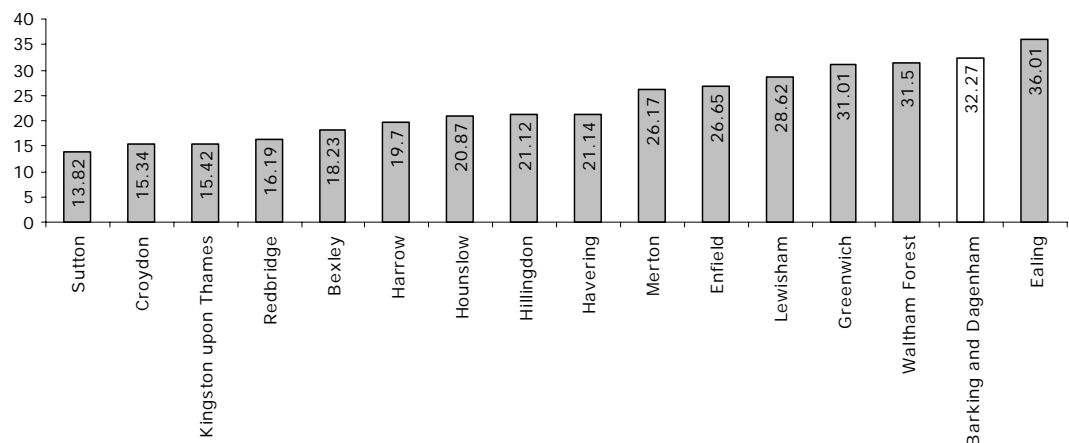


Source: Department of Health Key Indicators Graphical System, CH39

3.13 It also had the second highest rate of child protection registrations in its comparator group.

Chart 3

Children and young people on child protection registers at 31 March per 10,000 pop aged under 18, year 2003 - 2004



Source: Department of Health Key Indicator Graphical System, CH01

Previous Inspections and Ratings

3.14 Barking and Dagenham Social Services Department was jointly reviewed by the Audit Commission and the Social Services Inspectorate in 1997.

The Joint Review concluded that local people were not served well by their social services department. The council was put on special measures. In the targeted inspection of children's services in October 2000 SSI inspectors concluded that the council had made a good start to improve services but nevertheless made a further 20 recommendations. In March 2001 the council was taken off special measures.

- 3.15** In the last inspection of Children's Services by the SSI in May 2002 inspectors concluded that Barking and Dagenham's Social Services Department was 'providing a variable and inconsistent service to children and families' and that overall they 'considered the authority had failed to maintain the encouraging momentum observed at the point of the last children's services inspection' (i.e. the 2000 inspection). They judged that overall the service was serving some people well but the prospects for improvement were uncertain.

National Priorities and Strategic Objectives

4

STANDARD 1: NATIONAL PRIORITIES AND STRATEGIC OBJECTIVES

The council is working corporately and with other agencies to ensure the delivery of national priorities for social care, the national Personal Social Services objectives and their own local strategic objectives.

This standard looks at:

- social services' response to national objectives;
- inter-agency planning arrangements; and
- consultation with staff, parents and children.

STANDARD 1: National Priorities and Strategic Objectives

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • A multi-agency Children’s Services Strategy Group (CSSG) was in place. • The new Chief Executive had moved quickly to provide guidance on implementing the Children Act 2004 and to bring forward the implementation for change to 2006. • The council had majored on using national and local performance measures to evaluate performance. • The council had put in place a Corporate Parenting Panel and had worked hard to develop mechanisms for consulting with carers and users. • An interagency safeguarding audit had been undertaken under the lead of the previous Chief Executive, which had led to an action plan monitored by the ACPC. • The Children’s Service Balanced Scorecard sets out service objectives and targets each service area across the division. 	<ul style="list-style-type: none"> • The CSSG still operated to draft terms of reference. • Given the new timescale for implementation, the agencies will need to act quickly to put the necessary foundations in place on which to build the new structures. • There remained a need to translate the measurement and evaluation of performance into the development of clear strategic objectives, priorities and targets. • There was a need to undertake a number of cross-cutting Best Value Reviews of services to provide platforms from which to plan and develop effective integrated services. Services to children with disabilities and Children and Adolescents Mental Health Services would be obvious priorities for such an approval.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • Barking and Dagenham should with its partners strive to further develop and implement an overarching comprehensive inter-agency strategy for children’s services. • The council with its partners should agree a programme of cross-cutting Best Value Reviews to underpin the development of seamless inter-agency services for children in need. 	

Social Services' Response to National Objectives

- 4.1 The report of the Social Services Inspectorate (SSI) 2002 inspection of Children's Services in Barking and Dagenham noted that the council had modernised its political administration in 2000. It had also adopted a more corporate approach to the planning and provision of services. The council continued to have the seven key community priorities noted in the earlier inspection and employed a 'balance scorecard' methodology to achieve national and local objectives and priorities. This approach was underpinned by a performance management framework and monitoring mechanisms to assess performance. We formed the view that there remained the need to translate the measurement and evaluation of performance into the development of clear strategic objectives, priorities and targets.
- 4.2 Probably the most significant changes since the 2002 inspection was the implementation of the Corporate Parenting Panel chaired by the Children's Champion. We were left in no doubt of the priority that services to children in need were afforded by councillors and all of those that we met were clearly very committed to ensuring that high quality fit for the purpose services would be put in place.
- 4.3 A further important change was the increased effectiveness of the ACPC, which had been heavily criticised in the past (see SSI Inspection of Children's Services Report, 2002, p14, para. 4.10). An impressive interagency safeguarding audit had been undertaken under the lead of the previous Chief Executive, which had led to an action plan monitored by the shadow Safeguard Board.

Inter-Agency Planning Arrangements

- 4.4 In 2002 the Director of Social Services was also jointly the Chief Executive of the Primary Care Trust and had been so for one year. She was tasked at that time with managing the integration of health and social care services. This arrangement had ended in 2003.
- 4.5 A new Chief Executive of the council had come into post one week before the start of this inspection. He had moved quickly to issue new guidance on the implementation of the Children Act 2004, bringing forward its implementation date by two years to 2006. This was a welcome increase in the tempo of the implementation programme as we found that most staff saw implementation as an event on the horizon rather than something happening now. There was an absence of spontaneous discussion and debate about the opportunities for change that the new Act afforded.
- 4.6 We found that the development of multi-agency services for children and families had perhaps not developed as quickly as might have been

expected given where things stood in 2002, although we accept that matters are further advanced in adult services. There were relatively few inter-agency, multi-disciplinary children's services although the Looked After Children's Health and Education Services (LACHES) was becoming well established and had benefited from a recent, significant increase of £250,000 in funding from the council. There were also four Sure Start projects operating in the borough.

- 4.7** It was planned that services to children with disabilities would operate with a pooled budget from April 2005. However, we thought that the integration of these services and others such as mental health services to children and adolescents would have benefited from earlier cross cutting Best Value Reviews. We were pleased to be told that it was intended to undertake such a review of services to children with disabilities in the near future.
- 4.8** As things stand the various agencies will need to move with some urgency to meet the new timescales and be ready by 2006.
- 4.9** A multi-agency Children's Services Strategy Group (CSSG), a sub-group of the Local Strategic Partnership, was in place and was the forum for responding to and co-ordinating the council's approach to national objectives. The Group was still operating to draft terms of reference and was responsible for:
- the development and implementation of a children's strategy for the borough;
 - the co-ordination of the operational management of services for children and families;
 - the co-ordination of performance management, standards and delivery;
 - the corporate commitment to the children's strategy and advice on best practice;
 - Appropriate engagement of the council's Executive, NHS Trust Boards and other governance bodies; and
 - Partnership working across all sectors.
- 4.10** The CSSG was seen as the main driver for the planning, development and integration of services for children. Representatives from Social Care, Education, Health, CAMHS and the voluntary sector were on the CSSG. It was driving the integration of services for children with disabilities and a project manager was to be appointed to take this further.
- 4.11** The CSSG had established in partnership with the health, education and the voluntary sector a Children's Strategy for the borough.

4.12 The Primary Care Trust (PCT) and the Social Services Department held joint management meetings on a fortnightly basis and Social Services also met with Housing on a quarterly basis to plan and problem solve.

Consultation with Staff, Parents and Children

4.13 There was a Social Services User / Carer Forum, which included Councillors, members of the local community, officers of the council, other agencies and voluntary organisations.

4.14 Both the Children's Champion and the Head of Service met regularly with looked after children and foster carers.

4.15 There was also a well-established Youth Forum and a Looked After Children's Forum, and young people were increasingly involved in service developments. Recent examples were:

- the development of a complaints leaflet for children written by children looked after in foster care;
- a guide for looked after children and young people; and
- a bi-monthly newsletter for looked after children;

4.16 ViewPoint Consultation Software that enabled young people looked after to complete on-line questionnaires prior to their statutory reviews had been launched. A Total Respect training package had been delivered by two care leavers for social services staff, foster carers, managers and councillors had led to the development of an action plan.

4.17 The Voice for the Child in Care provided an independent advocacy service and the NCH had been contracted to provide an independent visitors scheme.

4.18 Quarterly staff briefings for all staff across Children's Services were delivered by the Head of Service on current issues, including the local expression of the Children Act. Both attendance and feedback to date were said to have been very positive.

Effectiveness of Service Delivery and Outcomes

5

STANDARD 2: EFFECTIVENESS OF SERVICE DELIVERY AND OUTCOMES

Children and their families receive responsive services which promote children's life chances.

This standard looks at:

- service user satisfaction;
- protection from abuse and neglect;
- effective joint working; and
- ensuring services are responsive to need.

STANDARD 2: Effectiveness of Service Delivery and Outcomes

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • Overall children and young people were slightly more positive than their parents about services that they received, apart from a vociferous group of young people using Leaving Care services. • The council has invested heavily in developing services to maximise the life chances of children in need especially those looked after. LACHES was an example of such development. • In-house fostering services had been further developed and the morale of the foster carers we met was high. • Adoption activity has continued to increase. • A Family Group Conference Service was being developed. • There was a 'shadow' Safeguarding Board in place. 	<ul style="list-style-type: none"> • There was a mixed picture of parents' views about the quality and responsiveness of services to their needs. Some parents reported that social services were slow to become involved and then were sometimes heavy-handed. • There was a need to improve practice in cases on the threshold of statutory action to ensure that children are adequately safeguarded. • Strategy Discussions were too often simply between Social Services and the police. They need to be more inclusive particularly of the referring agency. • There was an absence of evidence in case records of direct work with children and young people and a consequent lack of their voices. • The high turnover of social workers had adversely affected work with children in need and had led, in some cases, to drift and late engagement. Young people receiving services from the Leaving Care Team were particularly unhappy about this. • Some voluntary agencies felt that the Social Services Department was abnegating responsibility for the development of preventative services.

RECOMMENDATIONS

- **Children’s Services should review its practice to ensure that it is responsive to the needs of users and proportionate in its approach to safeguarding children.**
- **Social services should ensure that its staff are adequately trained to undertake effectively direct work with children and young people.**
- **Social services must, as a matter of priority, stabilise its workforce.**
- **Social services must ensure that Strategy Meetings and Discussions involve all the relevant agencies and particularly the referring agency.**
- **Social services needs to continue to work closely with its voluntary sector colleagues to ensure that they are effectively involved in service development and that decisions are taken in a timely manner.**

Service User Satisfaction

- 5.1 There were mixed views expressed by service users as to the quality and responsiveness of the services that they received. The response rates to our surveys of parents and young people (see Appendices E and F) were too low to be taken on their own but were largely consistent with our interviews of young people in the care system or who had recently left it and parents.
- 5.2 Overall children and young people were, apart from those we interviewed in the Leaving Care Service, slightly more positive than their parents. Some parents reported that social services had been slow to engage and then later when they had become involved were unreasonably heavy handed in their approach.

Protection from Abuse and Neglect

- 5.3 In one case of historic abuse it had taken almost six months from the initial referral before the Social Service Department took any action (the sending of a letter), another three years before an initial assessment was undertaken, and a further six months before a referral from the school triggered a further assessment that led to a child protection conference and the placement of the children on the Child Protection Register. It was not surprising that the mother against whom the original abuse had been perpetrated some 22 years earlier was not impressed by the intervention, which she felt was disproportionate to the risk. She took the view that the sudden involvement was more to do with the Social Services Department safeguarding its back than safeguarding her children. She felt particularly aggrieved because she had asked for help from both Social Services and Education three years earlier with her eldest child over her attitude to school attendance and was told that it was her responsibility.
- 5.4 In the case of the W family, concerns arose over the mother's apparent over anxious approach to the health of her children. The school referred the family because of concerns that the mother's chronic anxiety might be a case of 'Munchausen's by Proxy' or fabricated illness syndrome. The family's GP was not concerned and thought that the mother's approach was reasonable.
- 5.5 The mother conceded that she was over solicitous about her children's health but there were no other presenting issues and her most recent social worker, with whom she had a positive relationship, saw her as a single parent providing a stable caring environment for her children who were well cared for. Mrs W said that she had been terrified that her children would be taken away from her and said that having had 10-12 different social workers in the three years had made it virtually impossible to develop a relationship with any of them. She said that had been made to

feel completely worthless and a third class citizen. She said she had been threatened with court action when a psychiatric report had gone missing, as she was not believed that she had attended the assessment. The report, which found no significant problems in her mental state, finally turned up several months later. She claimed that she was never shown a copy of the core assessment or any other assessment and was not given information about the S47 investigation. Reports to reviews and conferences were never shared with her before the meetings and she felt that she was never listened to with decisions being made before the meeting. She said that often social workers did not turn up for the statutory two weekly visits and on one occasion she had no visits for four months. Her last social worker had been the exception and had taken time to explain things to her and to chase up things such as the psychiatric report. She had had confidence in him and felt that he had made a difference.

- 5.6** The issue of the turnover of social workers was constantly raised by parents, young people, especially those leaving care, and also foster carers. It was also very evident in the files that we examined. This had left to drift in cases and families frequently pointed out the disjunction between the apparent concern that had led to child protection investigations and registrations and the lack of follow through.
- 5.7** Fewer children were being re-registered on the Child Protection Register and at the time of the inspection all designated child protection cases had an assigned social worker.
- 5.8** We were, however, concerned at the threshold of intervention. Other agencies expressed concern about thresholds and the Social Services Department acknowledged that at times thresholds for child protection enquiries had been too high. We were particularly concerned about the slowness of response that we found in ‘threshold’ cases (see chapter 6).
- 5.9** We were told that the ACPC had become significantly more effective. The Inter Agency Safeguarding Children Audit that had been undertaken after the Victoria Climbié audit had led to an action plan and a range of initiatives. This action plan was kept under review by the ACPC. A Transforming Child Protection sub group consisting of senior managers from social services, the PCT and Education and chaired by the Deputy Chief Executive had been established. It had focused on the perceived weaknesses in the child protection network and aimed to improve the level of GP involvement in child protection processes.
- 5.10** A Shadow Local Safeguarding Board was planned to come into being from 1 April 2005.
- 5.11** A serious case review had been published in 2004 and one was about to commence following the serious injury to a baby in October 2004 (see Chapter 6).

Effective Joint Working

- 5.12 Work was under way between the agencies to integrate services for children with disabilities and it was considered that this would provide a model for the future development of a Children's Trust. Voluntary Sector agencies were key players in this integration of services as they provided a range of services to children with disabilities and their families. There has been a significant development in the role that the voluntary sector plays in Barking and Dagenham in recent years. However, voluntary sector representatives were concerned that they were not able to play as significant a role as they might in service development and complained of the slowness of decision making by the council. This was a significant problem given the increasingly professionalised nature and structure of voluntary sector services.
- 5.13 We did not look closely at the services to unaccompanied minors. We were told that this service was now compliant with the Hillingdon judgement.
- 5.14 An interface forum was in place between schools, social services and the local education authority, co-chaired by the Head of Children's Services and the Head of Social Inclusion and Psychology.

Ensuring Services are Responsive to Need

- 5.15 The council had invested in the development of social care services to children and families especially to maximise the life chances for children looked after. There had been a recent significant injection of £250,000 in the LACHES project which was beginning to impact on the education and health outcomes of looked after children.
- 5.16 There had also been investment and improvement in the fostering service since the inspection of 2002 and also increased activity in the adoption of looked after children. We were impressed by the high morale of foster carers we met and their strong sense of attachment to the borough. This service has significantly improved. A dedicated social work post had also been created to assess and support Kinship Carers.
- 5.17 Children's Services was responding to the increasing diversity of its looked after children's population by focusing on the recruitment of black and minority ethnic adopters in 2005-06.
- 5.18 A Family Group Conference service was in the early stages of development as part of a range of preventative services including four Sure Start projects. CAMHS was acknowledged to be under resourced and not well focussed but a new manager was in post who was considered to be effectively addressing these problems. It was not clear, however, how

well preventative services were linked together into a coherent, effective whole and some voluntary sector representatives were critical of Social Services for abnegating responsibility for the development of these services.

Quality of Services for Users and Carers

6

STANDARD 3: QUALITY OF SERVICES FOR USERS AND CARERS

Children and their families benefit from appropriate referral and assessment processes, planning and review arrangements which focus on the full range of needs of the child.

This standard looks at:

- information to the public;
- referral and initial assessment;
- assessment and review;
- care planning and review;
- case records; and
- monitoring for good outcomes.

STANDARD 3: Quality of Services for Users and Carers

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • There was a range of service information leaflets available. • All literature produced by the council was 'Crystal Marked' through the Plain English Campaign. Literature was translated on request into 11 languages and was also available in a range of formats such as Braille and audiotape. • The Royal Association for the Deaf provided a signing service. • A cross cutting Contact Centre had been developed. • There were 'plans' in place in Looked After Children and Child Protection cases that were regularly reviewed within strategic timescales. • Case files were well-structured and the contents accessible. • Children's Services Procedures were updated in line with the Laming recommendations. • A staff handbook was introduced across the service for all staff. • An up-to-date directory of all services to children and young people was produced. 	<ul style="list-style-type: none"> • The referral and assessment service had experienced considerable difficulties and its morale had taken a severe knock as a result of events surrounding the serious injury of a baby in October. • The 'threshold cases' indicated that there were quality of practice issues with implication for effective safeguarding of children. • Reception facilities for the referral and assessment services were cramped and dominated by the Housing Department. • Staffing was particularly unstable in the Referral and Assessment Service. • The quality of assessments was variable and core assessments were too often a tick box activity and lacked a thoroughgoing multi-agency approach. • The threshold to services was seen to be high and child protection was seen as the route to accessing services. • Child in need cases other than those de-registered did not have plans in place and were liable to drift. • Looked after and Child Protection Plans often lacked clearly stated objectives which underpinned proposed actions. They lacked clarity as to how the outcome of actions would be judged and lacked contingency plans. • Overall the quality of case recording was not well-developed. Records lacked clear objectives and analysis. There was an absence of regular summaries other than those at the point of transfer. It was difficult to quickly grasp the 'story'.

STRENGTHS	AREAS FOR DEVELOPMENT
	<ul style="list-style-type: none"> • SWIFT needed further development to ensure that it facilitated rather than impeded optimum practice.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • Social services must ensure that its threshold for intervention is appropriately set in practice particularly in respect to those cases on the threshold of statutory intervention. • Reception facilities should be improved and made more user-friendly especially for young children. • Social services must stabilise the staffing situation in the referral and assessment service as a matter of urgency. • Social services must improve the quality of its assessments and ensure that that they are conducted where appropriately on a multi-agency basis and within statutory timescales. • Managers should ensure that all children that they work with including children in need cases should have clear plans including objectives, timescales and contingency plans and be reviewed on a regular basis. • Managers should ensure that social work record keeping is improved and is fit for the purpose. • Social services should ensure that SWIFT is developed so that it facilitates optimum practice. 	

Information to the Public

- 6.1 Barking and Dagenham had a range of service information leaflets available for the general public. As with all of the council's literature it was 'Crystal Marked' through the Plain English Campaign. These leaflets could be translated on request into eleven community languages. Information was available in a range of media including Braille, audio tape, text phone, typetalk, e-mail and website.
- 6.2 The Social Services Department had access to translation services through Language Line and also had a contract with the Royal Association for the Deaf for signing.
- 6.3 The council had a Customer First project team in place to steer a new Customer Care Strategy that had been commissioned from an external provider. There was a plan for a rolling programme of improvements in place to develop easily accessible, cross cutting and seamless services. We were told that three of the Social Services key access points had been raised a 'three star standard':
- Civic Centre Annex- all care services;
 - Heathway - Children's services; and
 - Ripple Road - Children's Services.
- 6.4 We only visited the Ripple Road site, which was shared with Housing. We considered the waiting area to be cramped with no immediate facilities for families with young children. The reception desk was dominated by the Housing Department and there was scarcely room on the desk for the Children's Services receptionist. We were told that it was intended that the Housing Department would move from the building in the near future.
- 6.5 A new cross cutting Contact Centre that covered 24 services had been developed that offered a service to the public from 0800 hours to 2000 hours Monday to Friday.

Referral and Initial Assessment

- 6.6 The referral and assessment service was organised into two geographical teams that served Barking and Dagenham respectively. They were co-located at the Ripple Road site and because of space limitations the two teams were mixed together in the same office space. At the time of the inspection it was not possible, because of space problems, to co-locate the duty social workers in the same room as the referral officers, and for the same reason case files were located in numerous places, making them difficult to find quickly. There was an accommodation plan in place and it

was intended that when space was freed up by the movement out of the building of other council services that the two teams would be located in separate offices within the building.

- 6.7** At the time of the inspection the two referral and assessment teams had establishments of seven social workers but allowed to recruit up to nine. We were told that the establishment would be formally increased to nine social workers from April 2005.
- 6.8** It was not clear to the inspectors what advantage was afforded by the current configuration into two teams. Only one of the teams was currently located in its catchment area and there was little evidence of strong community links. On the other hand the two teams did serve to support each other. It would be worth considering whether the service would benefit from the two teams being merged into a single centralised referral assessment service with the advantage of economies of scale that would flow from it.
- 6.9** Both teams had like the rest of Children's Services suffered from very high levels of staff turnover and concomitant high levels of locum staffing. A recruitment and retention strategy had begun to impact and elsewhere there had been significant improvements in the staffing situation. The referral and assessment teams, however, continued to suffer from very high levels of locum staffing and staff turnover.
- 6.10** The service had suffered a severe shock in October 2004 as a result of severe injuries suffered by a baby being worked with by one of the teams. Following this a locum team manager of two years duration had had her contract terminated and an enquiry had recently begun into the work of another member of staff. The case had, at the time of the inspection, recently become subject to a Chapter 8 Review that involved the Police and Health Services as well as Social Services. Although at the time senior managers had visited the teams to reassure staff and identify additional support, the way these matters had been perceived to have been handled had caused considerable disquiet in the referral and assessment service. Letters had been written by practitioners in the service to senior managers and a number of social workers had left or were leaving as a result.
- 6.11** At the time of the inspection the concerns about the way senior managers were perceived to have acted by some staff had caused worries across frontline social work services at practitioner, frontline management and, to a lesser degree, third tier management level. Two permanent members of staff in the referral and assessment service told inspectors that they were not only leaving the council's service but child care practice as a whole because of their concerns.
- 6.12** Unacceptable practice must be dealt with but it is also essential that senior managers take immediate effective steps to reassure staff at all levels of the service. There is a particular need to steady the referral and assessment

service, which continued to have unacceptably high levels of locum staffing.

- 6.13** There were Priority and Eligibility Criteria in place and the Referral Officers who received all enquiries used these to either (in the case of level one enquiries) to sign post those to universal services, or to create a referral that was passed to the appropriate duty manager for their consideration and decision. Other agencies considered thresholds to be high and child protection was seen as the route to action.
- 6.14** Another example of the pressure and consequent poor decision making in the referral and assessment service was the decision by a manager to invent a social worker name to whom asylum cases where there was only an on going financial commitment were allocated. It was acknowledged that this was naive and silly and had been dealt with appropriately by the Head of Service when it had come to his attention.
- 6.15** There was within the referral and assessment service a consultant practitioner post, the holder of which had a specific responsibility to provide advice and consultancy and to liaise with the hospitals that served the borough all of which were based outside of its boundaries. In the case of the baby whose case was the subject of a Chapter 8 Review although the initial referral was from a hospital there was apparently no Strategy Meeting at the hospital as recommended by Laming in such circumstances but rather a Strategy Discussion held between Social Services and the Police. We found that Strategy Discussions and Strategy Meetings were mainly between these two agencies even when as in the case highlighted the referral was from another agency. There were obvious flaws in this approach that were highlighted by the Victoria Climbié Inquiry and need to be addressed by the Shadow Safeguarding Board. No doubt the Chapter 8 Review will consider the effectiveness of current arrangements in place between Barking and Dagenham social care services and the hospitals that serve them. At the time of the inspection the Consultant Practitioner was not available due to suspension in respect to another case.
- 6.16** There was an agreement with the PCT for a health visitor to be employed within the referral and assessment service but at the time of the inspection this post was vacant. A specialist social work post for substance abuse using DAAT funding had been created and was being recruited to.
- 6.17** Emergencies out of hours were dealt with by an emergency duty service (EDT) which Barking and Dagenham also managed on behalf of a neighbouring borough. Emergency Duty social workers were able to access the Social Service Departments data base SWIFT directly and were supported by members of the Departmental Management Team on a 24 hour rota. The EDT service was likely to be reviewed including the current shared arrangement with the London Borough of Havering.

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- 6.18** Action had been taken to remedy the issue of repeat referrals and we were told that when these exceed the target of 12 per cent that an audit was undertaken to analyse the reasons. It was thought that the recent re-launch of the eligibility and priority criteria had contributed to an increase in the re-referral rate. A consultant practitioner had been employed to work with the Referral Officers and Duty Social Workers to improve consistency of decision-making. A new draft comprehensive directory of services for children was published during the fieldwork for this inspection and this was seen as an important tool to enable the sign posting of level one cases.

Assessment and Review

- 6.19** Inspectors were concerned about the quality of practice that they observed in a number of cases but particularly in the ten ‘threshold cases’ that they looked at. All of the nine such cases that we looked at (one case file could not be located) had significant practice issues. They were characterised by a slowness of engagement, repeated referrals, drift, poor recording, a lack of analysis and a failure to look beyond the immediate referral issue. Inspectors referred these cases to senior managers to review.
- 6.20** Overall the quality of the assessments that we saw was variable but too many were of a poor standard. Far too many of the core assessments were a series of tick boxes with little in the way of analysis and lacking thorough going inter-agency and multi-disciplinary approaches. We were told that the electronic database SWIFT which was central to recording of information was not practitioner friendly. This observation is not unique to Barking and Dagenham or indeed to SWIFT. It was said to have caused significant problems with the production of core assessments and the recording of S47 investigations. In the latter case SWIFT had ceased to be used and they had reverted to using paper forms.
- 6.21** It is essential that remedial action is taken to ensure that the referral and assessment service is stabilised and is compliant with the Laming recommendations because at the time of the inspection there was evidence of shortfalls.

Care Planning and Review

- 6.22** All of the looked after children cases that we looked at had plans in place. Care planning was, however, also variable in quality with those for children looked after, especially those that had gone through a court process, being the most satisfactory, followed by those who had been through the child protection route with children in need the least satisfactory. Too often plans lacked clearly articulated objectives to which actions were linked. They also failed to indicate how the proposed actions would be evaluated to determine the effectiveness of the proposed actions. There was also a lack of contingency planning.

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- 6.23** Apart from those cases where children had been recently deregistered from the CPR, children in need cases lacked formal plans and as they also lacked a structured system of review they were particularly vulnerable to drift. We were therefore pleased to find that a new post of Independent Reviewing Officer for children in need had been established.
- 6.24** Reviews of looked after children were largely taking place on time. Child Protection reviews were taking place on time consistently over the last 12 months. Reviews were chaired by Independent Reviewing Officers (IROs). The effectiveness of the review process was limited by the quality of the plans in place.

Case Records

- 6.25** Client information was stored on SWIFT. It was intended to increase the amount of case recording on SWIFT. Information stored on SWIFT was used to provide management information with the aid of a software package called Business Objects.
- 6.26** We were told that managers audited files as part of case discussions, which could include a review of the file to determine that case notes were up to date. Service managers reviewed files on a regular basis and the Director and Head of Service also undertook regular audits. Team managers were expected to check case files and sign off assessments, contact sheets, care plans and review arrangements.
- 6.27** We found that for the most part case records other than the ‘threshold cases’ were well structured but that the quality of the recording itself was not high. Records lacked clarity and did not specify what the objectives of particular interventions were and there was little analysis of the information gained. We found that chronologies were usually on case files but were often little more than lists of recent agency actions rather than a record of key events in a child or its family’s life. Case records also lacked regular summaries and it was therefore difficult to quickly be able to grasp the ‘story’.

Monitoring for Good Outcomes

- 6.28** There was a Quality Assurance strategy in place and there were regular audits undertaken by the IROs, who produced reports to the Operational Management Team (OMT). They undertake three types of audits:
- Management Review Audits, which were carried out three times a year;
 - Threshold and Decision Making Audits, which were carried out on a monthly basis within the Referral and Assessment service;

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- Section 47 Decision Making Audits which particularly analysed the minutes of child protection review conference minutes.

6.29 This level and range of audit is to be welcomed. However, the IROs said that they were continuing to find the same problems repeated and that there was a need to take effective action on the issues that they had identified.

6.30 We found supervision notes on most files but they were often so cryptic as to be difficult to understand or quick summaries of recent actions rather records of decisions taken. Supervisors were also not signing off records and there was little evidence on the files of monitoring and audit.

Fair Access

7

STANDARD 4: FAIR ACCESS

Social services provides a fair, consistent and inclusive service.

This standard looks at:

- consistency of service delivery;
- preventing exclusion from service;
- children with disabilities;
- responsiveness to culture and lifestyle; and
- comments and complaints.

STANDARD 4: Fair Access

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • We saw a number of good quality OT assessments. • There was a well-developed service to children with autism. • The council had a Race Equality Scheme in place. After consultation, a themed approach had been agreed with 'Service Delivery' being the theme for Year 3 (2004-05). • There was a commitment both in social services and the PCT to mainstreaming equality and diversity issues in service areas. • There was a specialist social work team for unaccompanied minors which included bi-lingual support workers. Services were said to be compliant with the Hillingdon Judgement. • Children's rights and advocacy services were developed. 	<ul style="list-style-type: none"> • Respite care services for children with disabilities were under resourced. • Services to children and adolescents with mental health problems were under-resourced and needed to be better focused. • Services to children with Attention Deficit Disorder were under developed. • A significant number of service users said they were not aware of the complaints procedure. It was also not clear from case files that this information was routinely distributed to service users.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • The council and its partner agencies should review services to children with disabilities and improve the capacity of respite care services as quickly as possible. • The council and its health partners should review together CAMHS services and address its lack of capacity as a matter of urgency. 	

Consistency of Service Delivery

- 7.1 We were told that Barking and Dagenham used Impact Assessments to monitor access to and satisfaction with services. They had completed Impact Assessments focussed on ethnicity and were currently carrying out a survey that examined age, disability, gender, faith and sexuality.
- 7.2 The quality of information recorded on SWIFT was monitored by the Performance and Information Team with respect to ethnicity, language and religion.

Preventing Exclusion from Service

- 7.3 Children's services had a Black and Ethnic Minority Strategy which identified key areas for action. Currently they were seeking to increase the numbers of black and minority ethnic foster carers and also to improve training for foster carers in the area of equalities and diversity. At the time of the inspection 14 per cent of foster carers (12/84) were from minority ethnic communities.
- 7.4 The council had a Race and Equality Scheme in place and was in the third year of a themed agenda of development. The theme for 2004-05 (Year 3) was 'Service Delivery'. There was we were told a commitment both within social services and the PCT to mainstream equality and diversity issues in services.
- 7.5 The council had undertaken an access audit of all of its buildings in compliance with the Disability Discrimination Act 1995 and along with the PCT had published a Disability Equality and Inclusion booklet.

Children with Disabilities

- 7.6 The Children with Disabilities Team worked with children and young people who were assessed to have 'substantial' and 'permanent' impairment. The council had no in-house respite care services and made use of services on a commissioned basis that were outside of the borough's boundaries. We were told that there was a shortage of respite care available but that there was consideration of undertaking jointly with neighbouring councils.
- 7.7 It was planned that from the beginning of April 2005 services for children with disabilities would be merged into a single integrated service with pooled budgets. We thought that it would have benefited that process if a cross cutting Best Value Review (BVR) had been undertaken but were told that such a review was now under consideration.

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- 7.8 Services to children and young people with mental health problems were acknowledged to be under resourced and to have been poorly focussed. We were pleased to hear that the recent appointment of a new manager to the service was leading to a re-configuration of the service.
- 7.9 We were told that there was a well-developed service to children with autistic spectrum syndrome but that services to children with attention deficit disorders were underdeveloped.
- 7.10 We thought that all of these services would benefit from a cross cutting Best Value Review to determine an action plan for their future development.
- 7.11 We did not look in detail at services to unaccompanied minors. At the time of the inspection the council provided to 215 such children and young people who were receiving services as looked after children or as care leavers. We were told that the services provided were compliant with the Hillingdon judgement.

Comments and Complaints

- 7.12 A significant proportion of service users who returned our questionnaire / spoke to inspectors directly said that they were not aware of the complaints procedure or how to access information from their own case files.
- 7.13 Children's services had tried to ensure that leaflets on these services were easily accessible and had developed three different leaflets on complaints; one for adult users, one for children and young people designed young people themselves and called 'Get it Sorted' and another for staff to use when approached via the telephone by members of the public for this information.
- 7.14 We found little evidence on the files that we inspected of records of these materials being given to users. It would be useful to ensure that service users receive a pack of information on services including on how to make a complaint at first contact as a matter of course and for this to be recorded.
- 7.15 The complaints service had itself suffered a considerable amount of disruption with three managers in the last 12 months. The complaints service was for the whole of social services not specifically children's. The majority of complaints were around staff attitudes and the lack or delays in providing information. There had been 18 Stage 1 complaints in the previous three months, 13 of which were about staff attitudes and were mainly child protection cases, with five for inadequate services. There had been a fall off in the number of Stage 2 complaints in the last six months and there was currently only one Stage 2 complaint in the system. There

was also an outstanding Ombudsman Enquiry in respect of a kinship care case.

- 7.16** The most serious complaint that we were told about involved grand parents. They alleged that a social worker of considerable seniority had deliberately obstructed their attempt to care for their grand children who had been placed with foster carers and were now being considered for adoption. Because of the nature of the allegations against a specific member of staff the case was being treated as a disciplinary investigation rather than as a complaint per se. An external investigator had been hired to carry out the enquiry.
- 7.17** A Children's Rights service was in place and the Children's Rights Officer had developed the new role from scratch. An advocacy service had been commissioned from the Voice of the Child in Care but there had only been one case since August.
- 7.18** An interpretation and translation service was available but we were told that interpreters were thin on the ground.

Cost and Efficiency

8

STANDARD 5: COST AND EFFICIENCY

Social services commissions and delivers services to clear standards covering both quality and costs by the most effective, economic and efficient means available.

This standard looks at:

- financial management;
- objectives, performance measurement and review;
- inter-agency collaboration and commissioning; and
- achieving an effective balance of services.

STANDARD 5: Cost and Efficiency

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • There was a history of effective budgetary control. • The council was debt-free with strong reserves. • There has been a 30 per cent increase in the funding of Children's Services in the past three years. The Children's Services budget was due to be aligned with its FSS level in fiscal 2005-06. • There were robust systems in place for contracting services, including the adoption of the Pan London System. 	<ul style="list-style-type: none"> • There was a need for the development of a multi-agency commissioning strategy for children's services. • There was a lack of feedback between the Independent Reviewing Officers and those responsible for contracting services. • The last Best Value Review on Children's Services was in 2001 on Looked after Children with none programmed in the immediate future. • There were limited pool budgets in place but it was planned that children with disabilities would have a pooled budget in April 2005.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • The council and its partner agencies should ensure that a comprehensive inter-agency commissioning strategy is put in place. • Social services should ensure that feedback between its frontline services and reviewing service and its contracting services are maximised. 	

Financial Management

- 8.1 We were told that the council had increased spending on Children's Services by 30 per cent over the past three years shifting the budget from services primarily to achieve this. All services funded by Quality Protects monies and Leaving Care grant were passported into mainstream budgets in 2004-05.
- 8.2 The council had substantial capital available to it and Social Services overall had a capital programme of £11m in place that was prioritised to improve facilities for service users.
- 8.3 The budget for Barking and Dagenham Social Services was set at £66,338,000 for 2004-05 up from £59,314,000 for 2003-04. Of this £21,695,000 was budgeted for Children's Services, 32.7 per cent of the total Social Services budget.
- 8.4 In 2003-04 the Children's Services budget was set at 15.52 per cent below the Formula Spending Share (FSS) and in 2004-05 at 8.10 percent below FSS. On 23 March 2004 the council's Executive Committee endorsed a revised Social Services three year commissioning and financial strategy, re-endorsing the maintenance of Social Services spend at for 2003-04 and 2004-05. This equated to a £9m (15 per cent) increase in spend for 2003-04 and an additional £7m (14 per cent) increase for 2004-05.
- 8.5 The strategy paper planned performance improvements of services and detailed efficiency measures and resource shifts to Children Services and Mental Health Services to align the spend in those two service areas to their FSS.
- 8.6 The budget for looked after children services was set at £8,995,000 for the current fiscal year, 41.5 per cent of Children's Services budget. Family support services were budgeted at £3,337,000 (15.4 per cent).
- 8.7 There was a history of effective budgetary control. There had been minor overspends in the last two years but none were anticipated at the time of the inspection. Budgets were allocated to a designated budget holder, which included fourth tier officers such as team managers.

Objectives, Performance Measurement and Review

- 8.8 The Finance section maintained an overview of budgets. Budget holders were provided with regular monthly reports on expenditure and exception reports. There was clear accountability by budget holders, which lay primarily at third tier level of management.

Inter-agency Collaboration and Commissioning

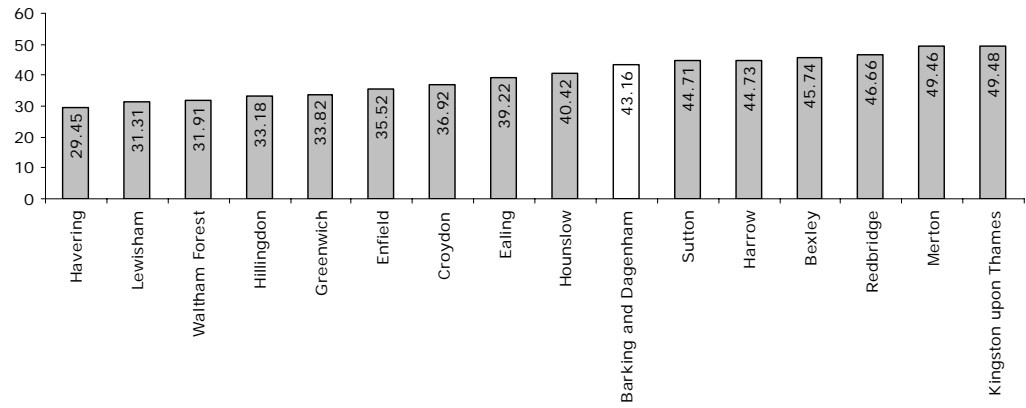
- 8.9** The council had a central Procurement Team and strategy. The Social Services Department had a Central Contracts Team within which a Support Officer led on Children's Services. We thought that the system was robust but in the case of children's services at least it was stretched and there was a lack of linkage between it and operational and reviewing services personnel.
- 8.10** There were close links between adult services and the PCT with a number of joint posts. Only the children with disability service within Children's Services had comparable arrangements. There was no over arching joint commissioning strategy in place in Children's Services and only limited pool budgetary arrangement although it was planned that a pooled budget between Social Services, Education and the PCT would come into being from April 2005.
- 8.11** The last BVR of Children's Services was of looked after children in 2001. We thought that it was unfortunate that there had not been a cross cutting BVR of services to Children with Disabilities on which to base a strategy for effective integration of these services. CAMHS was another obvious candidate for a BVR.

Achieving an Effective Balance of Services

- 8.12** Barking and Dagenham had invested in family support services, including the Adolescent Resource Team. Some of these services such as family group conference were at an early stage in their development. The relatively high levels of looked after children and children on the child protection register (see Chapter 3) indicated that they were yet to make a substantial impact of preventative services.

Chart 4

Gross expenditure on children in need (including a share of commissioning costs) but not looked after as a percentage of gross expenditure on all children's services, year 2003 - 2004



Source: CSCI Key Indicators Graphical System, E44AJ

Management and Resources

9

STANDARD 6: MANAGEMENT AND RESOURCES

Social services has management and accountability structure that commission and provide safe and effective services.

This standard looks at:

- the responsibility of councillors;
- organisational structure and accountability;
- human resources;
- the Quality Assurance system; and
- information systems.

STANDARD 6: Management and Resources

STRENGTHS	AREAS FOR DEVELOPMENT
<ul style="list-style-type: none"> • There was a Members' Corporate Parenting Group chaired by the Children's Services Champion which leads on corporate parenting across the council. • The Children's Champion was a member of the Children's Strategy Group, the council's Executive and a member of the Board of the PCT. • The Members' Corporate Parenting Group was passionately committed to the development of quality Children's Services. • There was an effective performance management process in place. • Social workers reported they received regular supervision. • There was a well-developed system of audit in place. • There was good quality training available and an effective policy for training and developing people in their own area as social workers. • A new Recruitment and Retention Initiative was recently agreed by Members. • A Leadership Development Programme was in place for managers across the service. 	<ul style="list-style-type: none"> • Although the level of permanent staff had significantly improved, this was very recent and every effort is needed to maintain its stability. • There were concerns expressed by a range of staff up to and including third tier about the current management culture and a feeling that staff will not be supported when things go wrong. • Although staff were aware of the Children Act 2004, it was not a live issue as it was seen as something that would not happen until 2008. Consequently it was not a live issue for discussion. • The recording of decisions by managers was poorly evidenced on files except in formal supervision meetings and these were often very limited. • There was a need to ensure that issues identified by auditors are effectively actioned.

RECOMMENDATIONS

- **Senior managers must continue to take urgent steps to reassure frontline staff of their support.**
- **Senior managers need to ensure that frontline staff are fully alive to and participating in the implementation of the Children Act 2004.**
- **Managers must ensure that decisions taken by them are properly recorded on case files.**
- **Managers must ensure that they see files on a regular basis and that they sign off reports.**
- **The Operational Management Team must ensure that issues identified by auditors are effectively actioned.**

The Responsibility of Councillors

- 9.1 The council had taken steps to strengthen Corporate Parenting following the 2002 SSI inspection, which had been critical of the lack of effective mechanisms in place. We found that considerable progress had been made in this area. There was a Members' Corporate Parenting Group that took a lead on corporate parenting across the council, chaired by the Children's Services Champion who was also a member of the Children's Services Strategy Group and the Executive where he had lead responsibility for children's services issues.
- 9.2 The Members' Corporate Parenting Group comprised four councillors and two officers including the Head of Children's Services.
- 9.3 Scrutiny arrangements had changed since the previous inspection when there was an ongoing committee. Scrutiny Committees were now established for specific tasks and disbanded after these were completed. A Scrutiny Panel set up in 2001 to report on the education of looked after children continued to meet annually to monitor the progress of its recommendations.
- 9.4 We thought that there was good political leadership in respect of Children's Services and the councillors we met who formed the Corporate Parenting Group were passionately committed to the development of good quality, effective services to children in need in Barking and Dagenham.

Organisational Structure and Accountability

- 9.5 The structure of Children's Services had been reviewed and revised in April 2004. The current structure comprised seven main service areas each of which were lead by a third tier Service Manager (see Appendix D) who reported to the Head of Service who had been in post less than 12 months, who reported directly to the Director of Social Services who set with him the annual performance objectives within the context of the Balanced Scorecard.
- 9.6 The Children's Services Division was supported by dedicated Human Relations, Contracts, Finance and Training sections.
- 9.7 The changes in structure in 2004 were designed to improve reporting lines and accountability in Children's Services and included a post jointly funded by the PCT to lead on services for children with disabilities and child health. A Project Manager post had been established but not yet recruited to whose role would be to further the integration of services for children with disabilities.

- 9.8 The new structure also included two posts at third tier for looked after children; one for placements, fostering and adoption and the other on life chances, leaving care and unaccompanied asylum seeking children.
- 9.9 The role of the family centres was refocused to support work in the court arena and in delivering core assessments.
- 9.10 The main cross over points between Children's Services and Adult Services were:
- children with disabilities service and the Community Learning Disability Team, both of which had a specialist post to facilitate the transition of young people with disabilities from children's services to those provided for adults;
 - a Young Persons' Substance Misuse Co-ordinator post (funded by the Drugs Advisory Action Team) based in Children's Services was responsible for co-ordinating the work of the young peoples' drug worker based in an independent sector youth service and specialist substance misuse worker based in Children's Services; and
 - a social work post had been funded to work in CAMHS funded as part of the development of Early Intervention Services (Mental Health National Service Framework) with a small number of young people who were likely to require continued care and treatment from adult mental health services.
- 9.11 The Children's Services' Balanced Scorecard was the Children's Services business plan and provided the key service objectives and targets. Each service area had its own Balanced Scorecard, which flowed from the divisional one. The performance of Service Managers and Team Managers was monitored appraised against the achievement of these targets and objectives.
- 9.12 There were quarterly staff briefings, newsletters from the Head of Service, management meetings and seminars through which staff were briefed about strategic objectives. These included the implementation of the Children Act 2004.
- 9.13 Supervision was monitored and the annual survey in 2002-03 found a 76 per cent satisfaction rate by staff. All staff had a personal development folder in which was recorded details of training, development objectives and supervision notes.

Human Resources

- 9.14 The monitoring of workforce profile was undertaken centrally by corporate HR. Approximately 73 per cent of the Children's Services

workforce was white against 85 per cent of the total population (2001 Census).

- 9.15** It was acknowledged that Barking and Dagenham had found the recruitment and retention of qualified social workers and managers difficult. In January 2005 out of a total of 293 posts of all sorts in the division 51 were vacant (17.4 per cent). However, of the establishment of 89 social worker posts there were 30 vacancies (33.7 per cent) of which 24 were covered by agency staff. Some of these locum staff were long standing members of staff and the division had made a determined attempt to recruit some of these as permanent members of staff.
- 9.16** The locum manager whose contract was ended in October 2004 had been working in the department for some two years. Although we recognise that the council have no contractual obligation to go through a disciplinary process with locum staff there does need to be an agreed process with the employment agencies that ensures that both agency members of staff have their rights protected by a fair hearing and the wider community is protected from poor practice.
- 9.17** We were told that a new recruitment and retention package had been introduced from the 15 December all new qualified social workers, team managers and service managers were entitled to a market supplement of £2,500. Additionally there was an anniversary payment of £2,500 to all qualified social workers, team managers and service managers who were permanent members of staff and had been with the borough for one year or more on the 15 December 2004. The same group of staff would also benefit from an increase in pay by the end of March 2005.
- 9.18** As we mentioned earlier in this report we found social workers and managers in front line services expressing concerns about the level of support that they thought that they would receive from senior management. Although this was most pronounced in the Referral and Assessment service it was more wide spread and was only partially explained by the action taken as a result of the Chapter 8 Review case. Senior managers were surprised at these findings as they thought that they had made a considerable effort to reassure staff at the time and that earlier staff surveys had been positive. We were told subsequent to the fieldwork that senior managers had taken further measures to reassure staff and that they believed that staff morale was now more settled.
- 9.19** Social workers had reported generally that they were happy with the quality and level of supervision by their direct line managers who they felt were supportive. Staff also reported favourably on the quality of training available to them in Barking and Dagenham. However, a significant number of social workers from abroad expressed concerns about the quality of their induction training. This may, however, be slightly historical and dependent on whether they arrived as part of a group or on an individual basis.

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- 9.20** Overall we were impressed by the commitment of the social workers that we met with and also their managers. Social workers usually knew far more about their cases than was evidenced on the files and there was a clear training need here. Team managers were for the most part well respected by their staff and were seen as being supportive.
- 9.21** The council was working towards Corporate Investors in People accreditation. They were currently focusing on Leadership Development for service managers and team managers. Post qualification training was also a priority.
- 9.22** We found evidence on the case files that we looked at that supervision was generally taking place at appropriate intervals and was being recorded. However, we thought that the quality of the recording of decisions could be improved and that there needed to be more evidence of supervisors reading and monitoring files.
- 9.23** All staff, Councillors, contracted workers, volunteers and staff from commissioned services and all other people working with children and vulnerable people were covered by the borough's Policy on Safer People for Safer Services. We looked at a number of personnel files and disciplinary files. We found that personnel files were Warner compliant with CRB checks up to date. The foster carer files that we looked at were also compliant with regulation and guidance.

The Quality Assurance System

- 9.24** A substantial investment had been made in the development of quality assurance and audit building on the work identified to be underway at the last inspection. Quality and performance monitoring was an integral part of all contracting and commissioning processes. We were pleased to be told that the Quality Assurance Plan includes quality audits on assessments, care plans and Personal Educational Plans.

Information Systems

- 9.25** Comprehensive management information reports were produced on a monthly basis. These were distributed widely within the division. These reports focussed on key performance indicators and were used to indicate where performance was on target and where there were risks.
- 9.26** The SWIFT database software was able to generate a number of standard reports that were embedded within it but these were supplemented by 'Business Objects', an analytic software tool that sat alongside SWIFT and enabled managers to run individually tailored reports.
- 9.27** There was a comprehensive range of policies and procedures, compliant with the Laming recommendations, covering assessment, children looked

after, child protection and leaving care. There were joint protocols with adult services covering transition arrangements for children with disabilities and mental health needs. The intranet was being made increasing use of to disseminate policies, procedures, guidance and documents to staff.

- 9.28** It was recognised that the SWIFT system had limitations for use in children's services and social workers and frontline managers found it too unhelpful at times. S47 enquiries were no longer recorded directly onto SWIFT because of the complexity of using it and staff had reverted to using printed forms.

Standards and Criteria

A

STANDARD 1: NATIONAL PRIORITIES AND STRATEGIC OBJECTIVES

The council is working corporately and with other agencies to ensure the delivery of national priorities for social care, the national Personal Social Services objectives and their own local strategic objectives.

Criteria:

- 1.1** The council has a clear strategy for responding to the national objectives for children's social services, the National Priorities Guidance (so far as they concern children and families service) and other government initiatives, and is implementing this strategy.
- 1.2** This strategy is rooted in the broader corporate well-being and economic agenda of the council.
- 1.3** Social services is responding to national initiatives for children's services in collaboration with health, education and other agencies.
- 1.4** The council is using national and local performance measures to monitor and evaluate performance, and to develop strategic objectives, priorities and targets.
- 1.5** The council plans services for children and families:
 - that meet the identified needs of children and families in their area;
 - which incorporate national requirements with local initiatives;
 - with participation of staff at all levels;
 - in collaboration with health, education and other agencies; and
 - through an appropriate range of planning processes.

A

- 1.6** The council has mechanisms for ensuring the regular and effective participation of parents, children and young people and other key stakeholders in the planning and development of services.

STANDARD 2: EFFECTIVENESS OF SERVICE DELIVERY AND OUTCOMES

Children and their families receive responsive services which promote children's life chances.

Criteria:

- 2.1** Parents and children report that the services they receive are of good quality and responsive to their needs.
- 2.2** Services for children:
- promote children's welfare and ensure they are safeguarded against sexual, physical and emotional abuse and neglect;
 - provide a range of support services to enable children to remain in their immediate or wider family where this meets the identifiable needs of the child;
 - avoid undue delay in finding alternative placements where necessary and provide choice to ensure individual needs can be met;
 - support children (and carers) in making a good attachment to alternative carers;
 - provide health care, education, and other forms of treatment / care to suit the individual child's needs and maximise life chances;
 - improve the life chances of young people living in and leaving care through consistent support to enable them to become responsible, independent adults (Children Leaving Care Act 2000); and
 - make explicit efforts to ascertain the child's wishes and feelings.
- 2.3** There is effective joint working between agencies at the point of service delivery, which puts children's needs before the convenience of organisations.

STANDARD 3: QUALITY OF SERVICES FOR USERS AND CARERS

Children and their families benefit from appropriate referral and assessment processes, planning and review arrangements which focus on the full range of needs of the child.

Criteria:

- 3.1** Social services produces and distributes comprehensive information to the public in a range of formats about the nature, range and types of service provided and how to access them.
- 3.2** Referral and initial response services:
- safeguard and promote the welfare of children;
 - recognise risk of harm to children and respond effectively to ensure children are safeguarded; and
 - are convenient and user friendly for children and their families.
- 3.3** Assessments of children and their families:
- focus on safeguarding and promoting the welfare of the child;
 - take a holistic and lifelong view of the child's developmental needs to ensure the maximisation of their life chances;
 - identify the child's developmental needs and the capacities of their primary carers to respond appropriately to these needs within the wider family and environmental factors;
 - inform decisions about what type of services are required to respond to the identified needs of the child and family members;
 - involve other agencies and professionals as appropriate in a multi-disciplinary and participative approach;
 - involve children and their families in a participative way unless to do so would place the child at risk of significant harm; and

- use methods which are known to be the most efficient way of understanding the particular child's needs within their family and wider environmental context.

3.4 Plans:

- are based on the findings from the assessment;
- are constructed with the involvement of the child, parents and other family members, carers and relevant agencies;
- ensure children in need, looked after and leaving care gain maximum life chance benefits from educational opportunities, health and social care and employment;
- are focussed on achieving the optimal outcomes for each individual child; and
- are reviewed on a regular and independent basis and appropriate changes are made.

3.5 Monitoring systems are in place to ensure that all plans are implemented effectively and that the interventions are achieving optimal outcomes for each individual child.

3.6 Case records are accessible, comprehensive, accurate and up-to-date, and comply with departmental policies and procedures.

STANDARD 4: FAIR ACCESS

Social services provides a fair, consistent and inclusive service.

Criteria:

- 4.1 Children and their families have fair and equal access to services and those with similar needs are assured of similar access and outcomes, regardless of where they live.
- 4.2 Social services is working proactively to prevent exclusion from services for whatever reason; age, gender, ethnicity, religion, culture, sexuality and disability.
- 4.3 The council has published a Race Equality Scheme which gives a clear amount of how it will promote racial equality for children and families, in particular by identifying service outcomes and monitoring the impact of its policies.
- 4.4 Assessments of children and families from minority ethnic communities take account of:
 - the specific developmental needs of these children, including the impact of racism; and
 - how these will be addressed.
- 4.5 Assessments of children with a disability address the specific steps which should be taken to ensure the same standard of service to the child compared with that made available to a child without a disability. The process of assessment, care planning and review ensures that disabled children are appropriately safeguarded and protected.
- 4.6 There are systems in place for identifying the numbers of unaccompanied asylum seeking children in the area, and for ensuring that they receive services which are appropriate to their identified needs.
- 4.7 There are effective mechanisms for listening to parents, children or carers who may wish to comment about their services, or use the complaints system.

STANDARD 5: COST AND EFFICIENCY

Social services commissions and delivers services to clear standards covering both quality and costs by the most effective, economic and efficient means available.

Criteria:

- 5.1** Social services has established a budget which is consistent with its strategic intentions, and is capable of delivering the required outcomes.
- 5.2** Managers use a range of information on service need, cost, quality and outputs to make informed decisions about service provision and development.
- 5.3** There is clear management accountability for budgets with financial and managerial responsibility aligned so that resources are used flexibly and creatively to achieve best outcomes.
- 5.4** There are robust systems in place to support the management of resources.
- 5.5** Social services has in place the key elements for good commissioning – needs analysis, strategic planning, contract setting and monitoring, and marketing management.
- 5.6** Services planned and delivered in partnership with other agencies are supported by sound joint financial arrangements, pooled budgets and clear lead commissioning arrangements.
- 5.7** The council’s Best Value Review programme is ensuring continuous improvement in service development and provision.

STANDARD 6: MANAGEMENT AND RESOURCES

Social services has management and accountability structures that commission and provide safe effective services.

Criteria:

- 6.1** Councillors have clear responsibilities for social services for children and families, including arrangements for the review of policy and strong scrutiny arrangements for their performance.
- 6.2** Social services has an organisational structure which has:
- clear accountability arrangements for all children and families responsibilities to the Directors of Social Services; and
 - clearly defined liaison arrangements across client groups or council departments when social services are combined with other functions.
- 6.3** Social services demonstrates the capacity to manage change effectively for the benefit of service users.
- 6.4** Social services has a business planning and performance management process within which all staff understand their responsibilities for delivering the strategic objectives of the service, supported by regular supervision and appraisal.
- 6.5** Organisation and management are supported and informed by:
- management information;
 - policies and procedures for staff; and
 - information and communication systems for staff.
- 6.6** The council has robust monitoring arrangements to ensure that the services it commissions and provides are of good quality, cost effective, responsive to need and promote children's wellbeing and life chances.
- 6.7** Social services monitors the composition of its workforce to ensure that the workforce profile reflects the composition of the local community.

6.8 Social services ensures that its workforce is of sufficient size and stability; is appropriately qualified, experienced and skilled; and undertakes required and appropriate training and development.

6.9 Social services ensure that:

- all staff, councillors, contracted workers, volunteers and staff from commissioned services who have significant and unsupervised access to children are regularly vetted;
- there are arrangements to support staff in reporting alleged misconduct by colleagues or senior staff;
- systems are in place for monitoring staff capabilities and taking any necessary corrective actions; and
- a strategy is in place for combating violence against staff.

Inspection Background and Method

B

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- B.1** Two inspectors carried out the inspection of Barking and Dagenham Council's Children and Families Service from 13 January to 28 January 2005. The inspection used standards and criteria drawn from legislation, guidance, research and understanding of good practice. These are reproduced in Appendix A of this report.
- B.2** Evidence for this inspection was collected in various ways, and included the following:

Advance Information from the Council

- B.3** A self-assessment was completed by the council in relation to the standards and criteria, together with key statistics. A range of documents were provided to support the assessment, and further documents were made available during and after the fieldwork stage of the inspection.

Information from Other Agencies

- B.4** Other agencies were asked to comment on the council's performance in collaborative working. We received written comments from eight agencies.

Case Sampling Data

- B.5** A stratified sample of 100 children's cases drawn from the service's database was selected. A third of the cases chosen were categorised as child protection, a third looked after children and the remaining third were family support (children in need) cases. Ten cases within the sample were disabled children, in line with a particular focus on children's inspections 2004-05 on the safeguarding of disabled children. The sample was balanced to include children of different ages and ethnic backgrounds. From the one hundred cases, a sub sample of ten files were selected for more detailed tracking during the fieldwork stage of the inspection, including, where possible, interviews with the child, the parents / carers and the child's social worker. A further ten cases were selected where the initial referral had indicated child protection concerns but which had not led to the child being placed on the Child Protection Register (threshold cases). This was part of the follow-up work to the self-audit completed by

the council following the Victoria Climbié Inquiry. A further six files and a number of case papers were also audited during the inspection.

Postal Survey of Parents and Children

- B.6** We sent questionnaires to people with parental responsibility for the one hundred children whose cases we had drawn, and we also sent questionnaires to those children in this sample who were over the age of eight years and judged by their social worker to have sufficient understanding to complete it. The response rate was very low with 12 parents returning their questionnaires and ten children and young people returning theirs (see Appendices E and F).

Interviews and Meetings

- B.7** We conducted a wide range of interviews with councillors, managers and staff. We held group meetings with young people and representatives from other agencies. We visited some of the services available for children or their families. (For a full list, see Appendix C.)
- B.8** We observed the duty room system in both of the Referral and Assessment Teams.

Inspection Activity

C

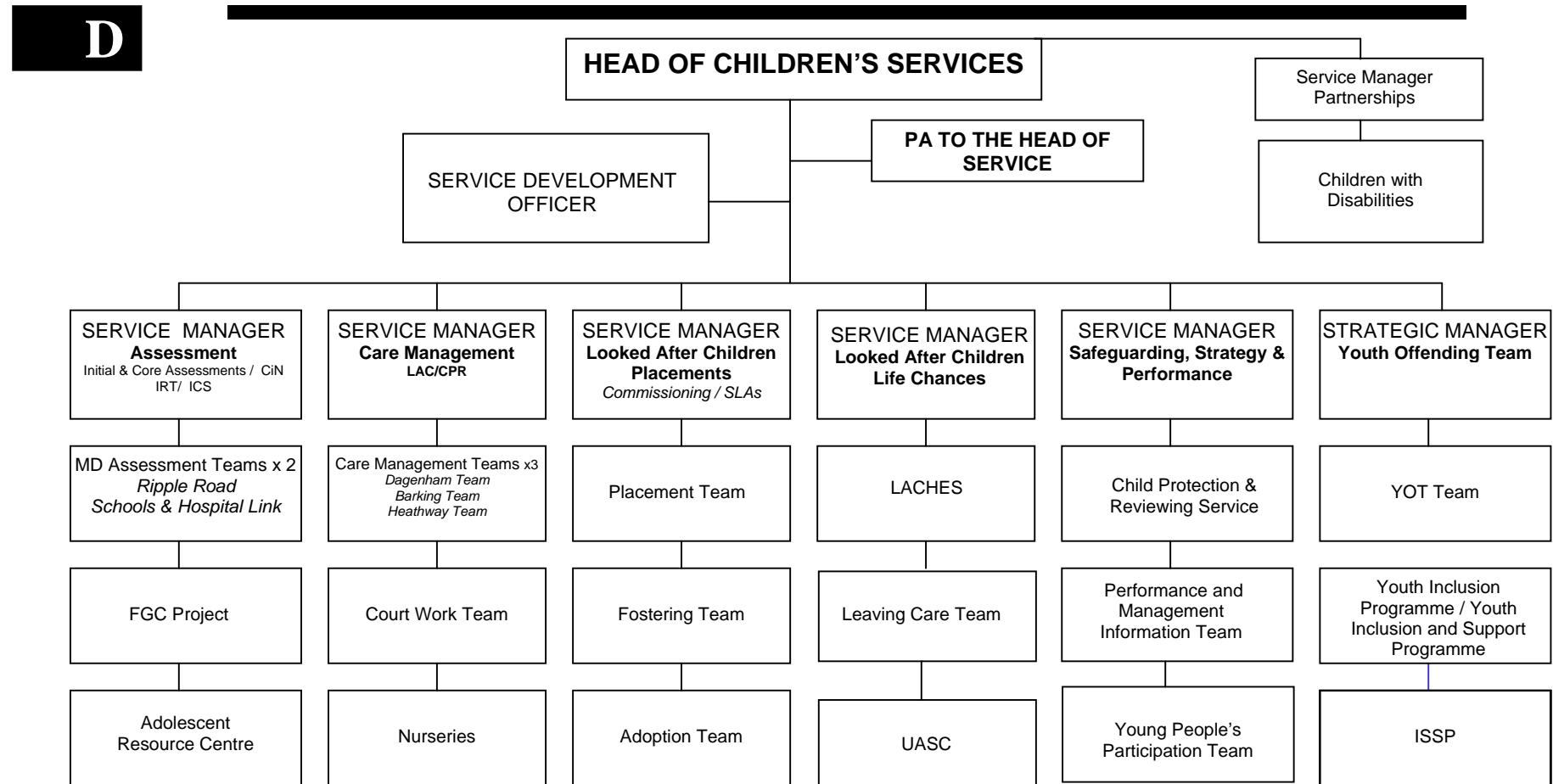
During the course of the inspection we interviewed the following:

- Lead councillors for children's services
- Chief Executive
- Director of Social Services
- Social Services Solicitors
- Service users
- Head of Children's Services (and Chair of ACPC)
- Adults Services Managers
- Service Manager (Assessment)
- Service Manager (Care management)
- Service Manager (LAC Placements)
- Service Manager (LAC Life Chances)
- Service Manager (Safeguarding, Strategy and Performance)
- HR Managers
- Team Managers
- Looked After Children Co-ordinators and Child Protection Co-ordinators (Reviewing Officers)
- Complaints Officer
- Children's Rights Officer
- Education Department Representatives
- Finance and Commissioning Managers
- Health representatives

C

- Social workers
- YOT Manager
- ACPC Metropolitan Police representative
- Third Sector (voluntary organisations) representatives
- Group of foster carers
- Group of looked after children
- Leaving Care staff
- Leaving Care group of young people
- Family Centre
- CAMHS
- LACHES

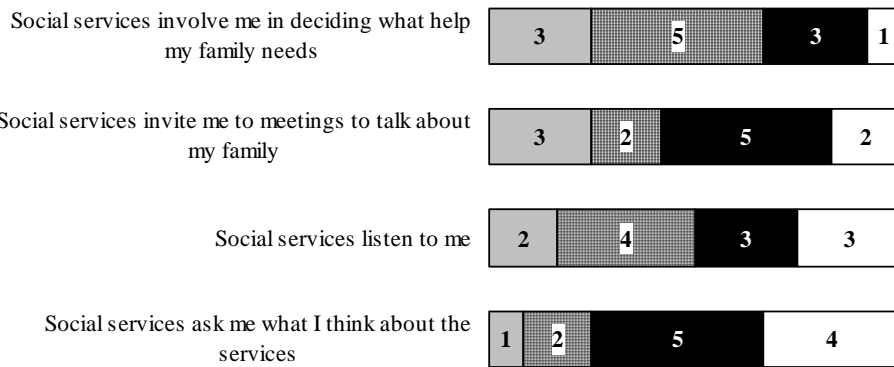
Barking and Dagenham Children's Services Structure Chart



Results of Parents' Questionnaire

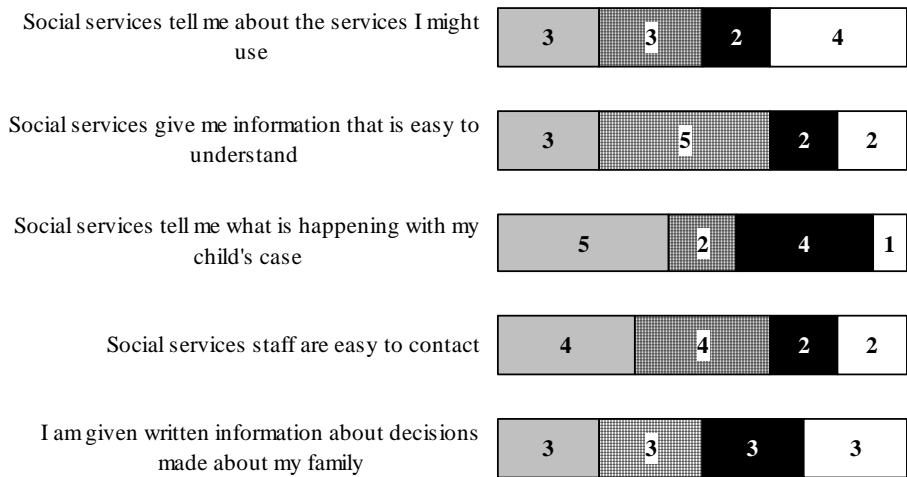
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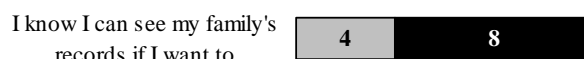
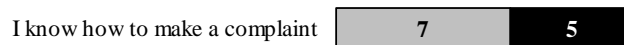
Always
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Informing you



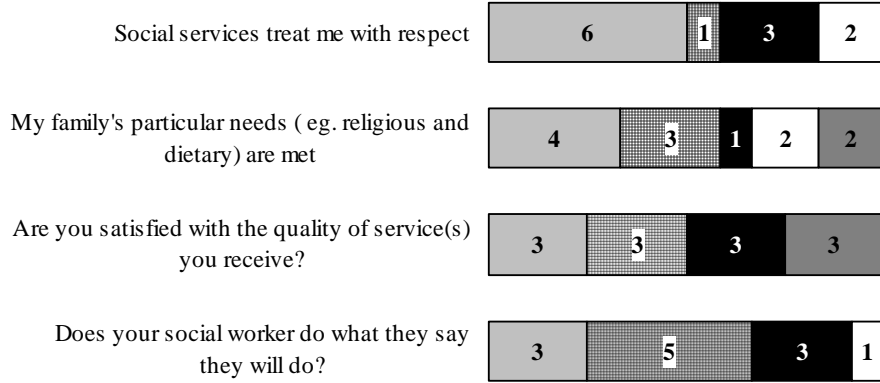
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Informing (contd)



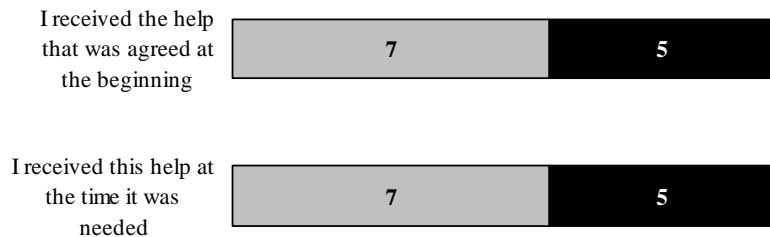
Yes
 No

How satisfied are you?



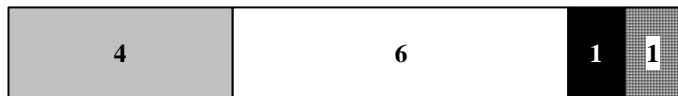
Always Usually Sometimes Never Not stated

How satisfied are you? (contd)



Yes No Not stated

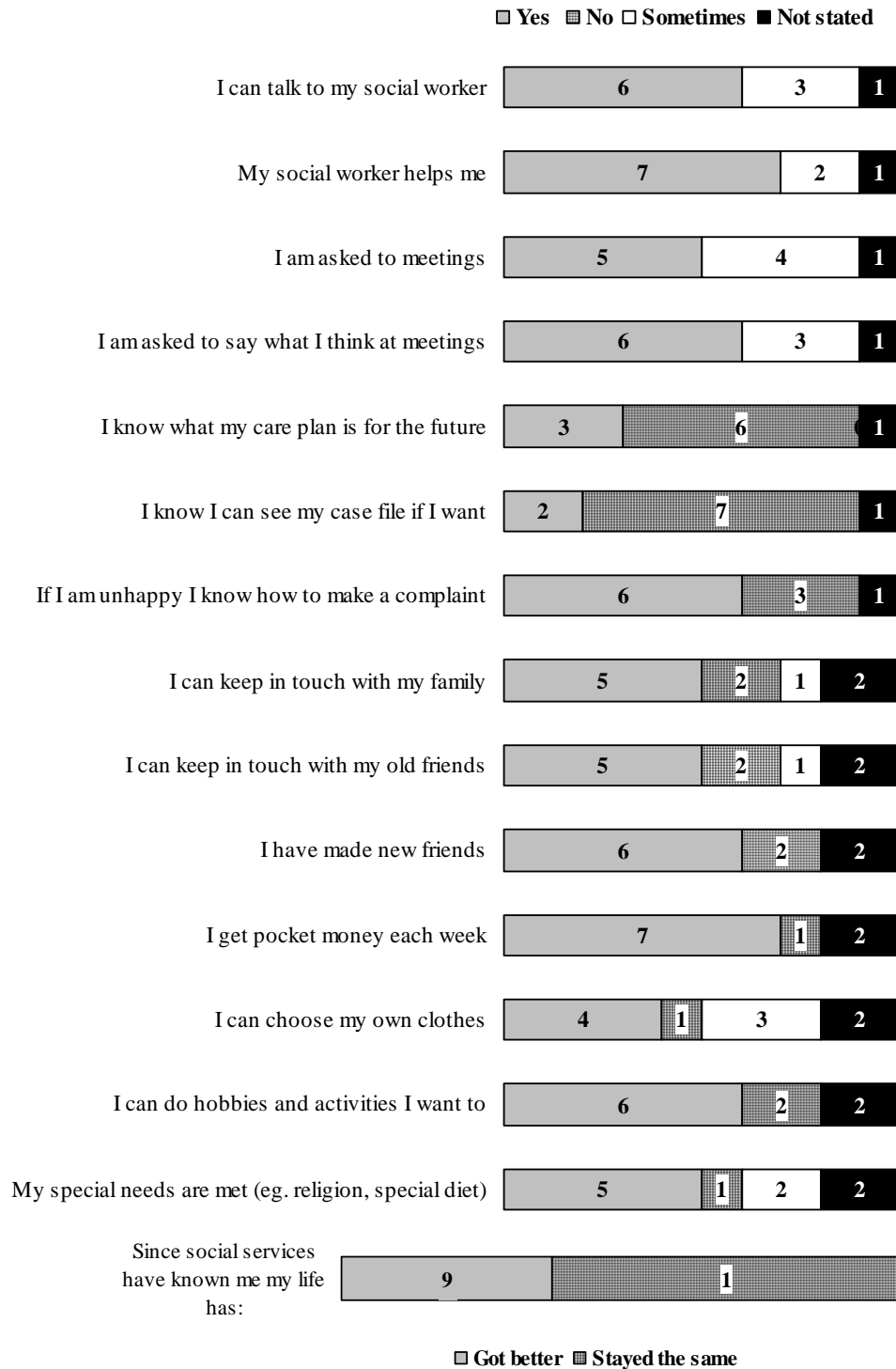
Since being involved with social services my family's circumstances have:



Improved Stayed the same Got worse Not stated

Results of Young People's Questionnaire

F



Total Respondents = 11