

Appendix 1: Safeguarding Children and Young People in Barnet

1. Safeguarding in Barnet

1.1 Safeguarding in Barnet

Barnet Family Services provides a range of services to children, young people and their families. Underpinning this range of services is a council-wide commitment to safeguarding children and young people, led by Members and senior managers. The 5-year Corporate Plan echoes this commitment, where continued effective and robust safeguarding arrangements are given focus. Safeguarding is also one of the five key priorities of the Children, Education, Libraries and Safeguarding (CELS) Commissioning Plan.

Safeguarding is a term which is broader than 'child protection' and relates to the action taken to promote the welfare of children and protect them from harm. Safeguarding is everyone's responsibility. Safeguarding is defined in 'Working together to safeguard children' (2013) as:

- protecting children from maltreatment
- preventing impairment of children's health and development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care and
- taking action to enable all children to have the best outcomes

This safeguarding paper draws on the Family Services Quality Assurance Annual Report, which can be found in Appendix 1. This report summarises the findings of the series of monthly and thematic audits undertaken by the Quality Assurance Project team and managers in Social Care. The report seeks to identify trends and draw learning from audit activity since January 2014 – March 2015.

1.2 Structure of paper

This paper gives an overview of the range of safeguarding activity in Barnet Family Services and across the wider borough. The paper opens with a profile of children in Barnet, before moving on to outline service mechanisms that enable effective safeguarding decisions, and the approach taken by Family Services to safeguarding across statutory and non-statutory services. It is structured as follows:

- 'Our Children' (paragraph 2) provides analysis of key data regarding safeguarding activity in Barnet, which informs how the service utilises safeguarding resources. Deprivation rates in Barnet are explored, as this is a local factor that influences rates of social care activity.
- 'Family Services Governance, Quality Assurance and Monitoring' (paragraph 3) sets out processes and tools that provide a framework for safeguarding children and improving outcomes.
- Early intervention services play an essential role in ensuring that potential safeguarding issues are managed below the statutory threshold, leading to better outcomes for children and young people. This is outlined in Our Approach: Intervening Early (paragraph 3).
- Our approach when safeguarding issues do arise is dealt with in paragraph 4 (Our Approach: Social Care). This includes measures to attract and retain staff, so that Family Services can draw on a high-quality, stable workforce when safeguarding children.

- Child Sexual Exploitation (CSE), Gangs and Missing, outlined in paragraph 5, are significant safeguarding issues in which Family Services has invested considerable resources to raise awareness and provide an integrated strategic response. Emerging safeguarding issues feature in paragraph 6 and Priorities for the next year in paragraph 7.

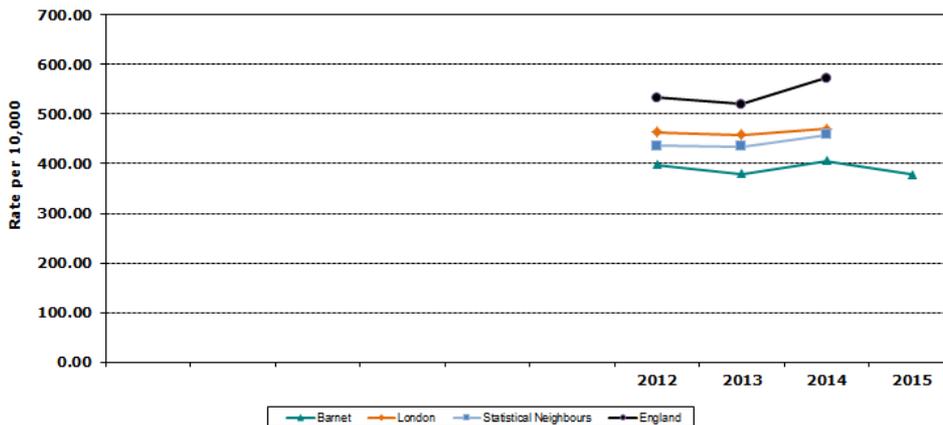
2. Our children

2.1 Safeguarding Activity

Barnet's rates of social care activity per 10,000 of the population have historically been at the lower end compared with England averages and statistical neighbours. A summary is provided below, and further work is being undertaken to analyse these trends in more depth, including their relation to demographic data and to practice.

In terms of referrals to social care, overall Barnet has followed a similar trend as statistical neighbours with an overall increase in referrals to Social Care per 10,000 of the population between 2012 and 2014. Overall levels of activity have increased in Barnet due to growth in the population of children and young people.

Rates per 10,000 of referrals to Children's Social Services

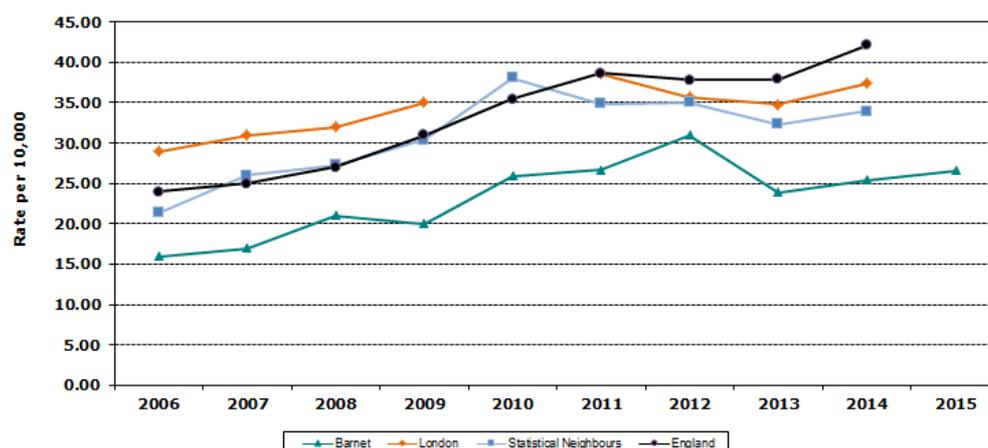


Lower rates for referrals against England, London and statistical neighbours also hold for rates of CIN and Child Protection Plans which are at the lower end of statistical neighbours.

Barnet's Children in Need numbers saw a marked increase in 2010/11, but have remained consistently stable for the past 5 years. The trend for London, England and statistical neighbours has shown increases and higher rates.

Barnet has experienced an increase in the number of children subject of a Child Protection Plan per 10,000 of the population. These increases have been driven alongside increases in population growth. Barnet's overall trend for children on a Child Protection Plan is similar to statistical neighbours apart from between 2010 and 2012 when Barnet continued to increase and statistical neighbours decreased.

Children who are the subject of a Child Protection Plan - rate per 10,000



The majority of all children subject to a Child Protection Plan (CPP) in 2013/14 and 2014/15 were CPP as a result of Neglect, followed by Emotional Abuse and Physical Abuse as an initial category.

Table 1: Barnet children subject to a CPP by initial category

CPP Initial Category	2013/14 Number	%	2014/15 Number	%
Emotional Abuse	142	30%	146	31%
Multiple	5	1%	1	0%
Neglect	202	43%	228	48%
Physical Abuse	100	21%	87	18%
Sexual Abuse	17	4%	16	3%
Grand Total	466		478	

The numbers of Children in Care over the past seven years has remained relatively stable with an average of 309 children. At the end of Q4 2014/15, Barnet had 307 Children in Care, compared with 312 children at the same time last year.

Table 2: Barnet Children in Care 2009-15

Year	2009	2010	2011	2012	2013	2014	2015
Barnet CIC	325	310	300	300	310	312	302

The most common ethnicity for Barnet's Looked after Children is White with 48%, followed by Mixed and Black or Black British ethnicity at 18%. As such, White children make up a broadly similar proportion of the Looked after Children cohort as the 0-19 population, constituting 48.6% of Barnet's 0-19 population¹. Black or Black British children are very slightly over represented in Barnet's Looked after Children cohort, constituting 16.7% of the 0-19 population. Asian or Asian British children are underrepresented in the Looked after Children cohort at 4% compared to 23.8% of the 0-19 population. However, the Any Other ethnic group included below (as used by

¹ N.B children in care are aged 0-18th birthday compared to 0-19 population as the comparator group.

Department of Education) may include mixed ethnicities that would make this comparison more nuanced.

Table 3: Ethnicity of Barnet's Children in Care

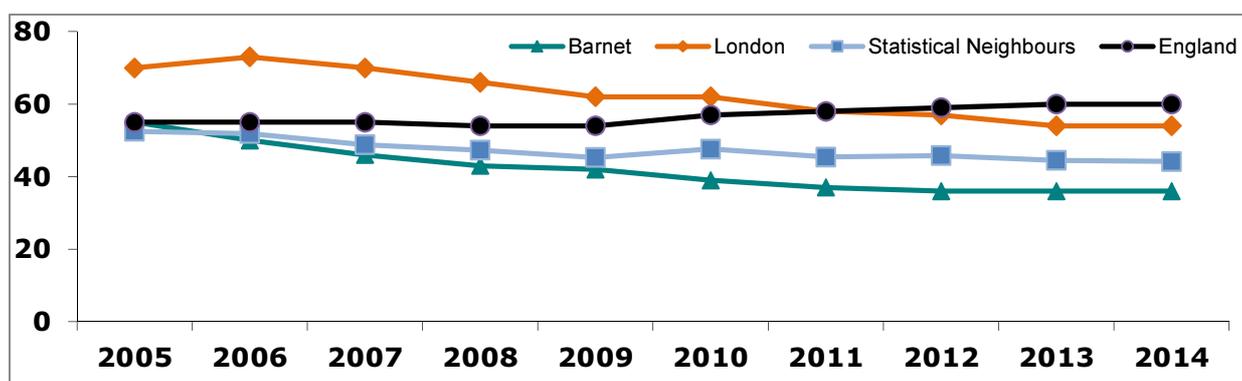
Ethnicity as at 31 March 2015	Number of Children	%
White	146	48%
Mixed	52	17%
Black or Black British	53	18%
Asian or Asian British	12	4%
Any Other	39	13%

The predominant age for children becoming Looked After is 10 – 15 years; 38% of the Barnet cohort fall into this age band. Children aged 5 – 9 years make up 25% of the cohort. 60% of children currently in Barnet's care are male, compared to 40% female. This is reflective of the national picture.

In 2014/15, Barnet's rate of Children in Care per 10,000 children under 18 was 34.6. This is low when compared to London (54), England (60), and Barnet's Statistical Neighbours (44.2). The trend over the past ten years shows Barnet's rate gradually reducing year on year, in a similar trend to London, albeit from a lower starting point.

However, in relation to actual number of looked after children, as opposed to the rate, Barnet has one of the highest numbers of looked after children, due to its population size, which is predicted to be the highest in London in 2015.

Table 3: Number of Children in Care 2005-2014



The Percentage of Children in Care with 3 or more placements during the previous 12 months has seen a positive shift. The percentage of children who move between placements is showing a downward trend (3 or more moves during the previous 12-month = 4.4% (June 2015) compared to 7.4% during 14/15). This improvement has led to Barnet having percentages which outperform England (11%) and its Statistical Neighbours (11.8%).

2.2 Deprivation

There are a number of factors which affect rates of social care intervention, one of which is deprivation.

Overall Barnet is a relatively affluent borough with pockets of deprivation. Therefore, a higher proportion of children living in Barnet reside in Non-Deprived Lower Super Output Areas (LSOAs), as is shown in the table below.

Table 4: Children living in Deprived and Non-Deprived LSOAs in Barnet

	Total Number	%
Total number of children aged 0-17 in Deprived LSOAs	21,789	25%
Total number of children aged 0-17 in Non-Deprived LSOAs	64,834	75%
Total Population	86,623	100%

GLA LSOA population projections, 2013

22% of Barnet (47 deprived LSOAs/211 LSOAs) falls into the category of deprivation, and overall, 45% of the Barnet CP, CIN and CLA cohort reside in or have had a primary address in this area.

43% of children placed on a Child Protection Plan during the period 1 April 2014 – 31 March 2015, resided in LSOAs deemed to be deprived. The highest proportion of children were living in Colindale, Edgware and Burnt Oak.

41% of Children in Care at 30 June 2015, resided in LSOAs deemed to be deprived. The highest proportion of children were living in Colindale, Burnt Oak and Underhill.

3. Family Services Governance, Quality Assurance and Monitoring

Service-wide governance, Quality Assurance and Monitoring processes provide a framework for monitoring and improving safeguarding activity.

3.1 Business Management Framework

The Family Services Business Management Framework has been developed to strengthen processes and tools for teams across the service to allow improved decision making and leadership. Its fundamental aim is to ensure that staff across the service are working towards the same objectives, and to enable managers to identify and build on good performance and take necessary action where improvement is needed.

A key part of the Business Management Framework is the monthly performance and assurance cycle, through which managers at all levels of the organisation scrutinise performance data, including regular case file audits, thematic audits and case reviews, put in place actions to improve and track their progress and impact. This process is supported by manager dashboards that allow staff to see the detail as well as trends in data, by a monthly Assurance report which reports on a comprehensive set of indicators along with narrative, and by the Service Improvement Plan.

The Framework has four core elements:

- **Planning and Setting Objectives:** Business planning provides the link between national and local policy and the day to day delivery of support to children, young people and families within Barnet. Our approach to planning forms an essential foundation for effective performance management. Business planning for Barnet's Family Services

flows from the Corporate Plan and Children and Young People's Plan, to key priorities and outcomes set in the Management Agreement between the Commissioning Director and the Delivery Unit, and from these through to individual service plans, team plans and ultimately to individual staff performance objectives.

- Understanding Performance: Tracking activity, risk and spend data against statutory requirements and quality standards, against targets in the Management Agreement, Business Plan, and Team Plans, and (for commissioned services) contracts, and findings from regular service audits. The service has established a range of metrics which are reflected in plans and are regularly monitored through a suite of service reports. Heads of Service meet regularly through a monthly performance and service improvement cycle to drive service improvement through performance data.
- Service Improvement: Ensuring that managers, teams and the service as a whole are able to identify and take action to address poor performance, and develop and reward good performance. The review of the Service Improvement Plan as part of the monthly performance and service improvement cycle has improved ownership of service improvement activity.
- Making a Difference: Monitoring and managing change and maintaining a focus on outcomes - ensuring that the action managers take to improve services (informed by monitoring performance) results in improved outcomes for children, young people and their families. This includes analysing user feedback (including complaints and compliments) and consistently monitoring outcomes for service users. This will include the use of specific tools to manage outcomes, such as the Outcomes Star.

3.2 Family Services Quality Assurance Framework

The Quality Assurance Framework supports the effective delivery of improvements to practice. The findings from this activity and the feedback from the Principal Social Worker are used to drive service improvement and create better outcomes for our children and young people. In line with the recommendations of the Munro Review of Child Protection 2011, the Practice Standards Manager is also the Principal Social Worker. The Principal Social Worker has and continues to play a key role in developing practice standards and promoting research-based and reflective practice, such as better implementing the use of Research in Practice tools.

The Quality Assurance Framework specifies three key elements to quality assurance:

- Case file audit
- Thematic audit
- Case reviews

Since January 2014 Barnet has made considerable progress in developing its quality assurance framework and processes. Extensive audit activity has been undertaken and used to inform planning to improve services. Work undertaken in 2015-16 will focus resources on developing the link between quality assurance tasks and lasting improvements in practice that will drive better outcomes for children. The areas for development identified by audit are being addressed within the Service Improvement Plan, including priorities for the Practice Quality Team.

The tracking of improvements to individual cases as a result of audit now form a key part of the monthly performance and service improvement cycle to support continuous improvement.

Performance and progress across Family Services are reported through the performance and assurance cycle, with the monthly Assurance report received and discussed with the Commissioning Director (DCS post) and with the Lead Member for Children's Services.

4. Our approach: Intervening Early

4.1 Early Intervention and Prevention

Early Intervention and Prevention is about tackling problems experienced by children and families as early as possible to improve outcomes, and to lower costs. In line with Barnet's Early Intervention and Prevention Strategy, the service organises early help services according to three guiding principles:

1. Intervene as early as possible – in the life of a child and the life of a problem
2. Take a whole family approach:
 - By considering and potentially intervening across the family unit (rather than just a child or a parent)
 - Different agencies working seamlessly together with a family
 - Addressing multiple issues simultaneously
 - Ensuring the voice of the child is heard
3. Use evidence-based interventions and monitoring them effectively

Family Services created a new internal service, the Family and Youth Support Service (FYSS), as part of the Transformation Programme. It provides intensive, targeted intervention and prevention for children and families at risk of escalating to higher level services. It is an integrated offer comprising the former Youth Offending Service, Youth Service, Intensive Family Focus and non-social work qualified family support workers. The service is preventing the escalation of issues for children and families by providing high quality commissioned interventions. There has been better integration of existing resources across early help and social care to tackle the issues that drive costs and lead to poor outcomes in Barnet. Since 1 April 2015, the FYSS has completed the delivery of interventions with 141 families (excluding Parenting and Domestic Violence groups).

4.2 Common Assessment Framework (CAF)

The Common Assessment Framework (CAF) is the key assessment tool across early help services.

The total inflow of new CAFs across Barnet's early help offer increasing over time which demonstrates that more families are receiving early help, and that early intervention is embedding across the partnership. There was a fluctuation in 2014-15 but following the implementation of e-CAF, there has been an increase; 895 open CAFs at the end of Quarter 1 compared with 625 for the last quarter and a decrease in the percentage of CAFs episodes that have been open for over 9 months.

The CAF Steering Group and Operational Group brings together managers from all key partner agencies working with children and families in Barnet to ensure that early interventions using the Common Assessment Framework (CAF) are working effectively and the CAF Steering Group plays a key role in quality assuring CAFs from across the service, and considering training needs for the Children's workforce in relation to the CAF.

The early help offer, underpinned by the Common Assessment Framework (CAF) is established and understood by the partnership, and the CAF and Social Care Thresholds Guidance for Practitioners is embedded in practice.

4.3 Young Carers

The Children's and Families Act 2014 defines a "young carer" as a person under 18 who provides or intends to provide care for another person. Safeguarding is an important part of integrated working with young carers, as their caring role at a young age may render them vulnerable.

In Barnet between 2001 and 2011 the numbers of young carers aged 5-18 increased by 30%, compared to 20% nationally, to 1,191 young carers as recorded in the 2011 census. Only around half of this increase can be accounted for by population growth. The Children's Society estimates there could be up to four times more young carers nationally, which would equate to nearly 5,000 young carers in Barnet. There is a specialist provider in Barnet offering support to young carers, which is integrated with broader social care assessment processes where required.

There are new statutory requirements regarding young carers. The Care Act 2014 places carers on the same legal basis as those that they care for, regardless of their level of caring. It also includes specific duties relating to young carers in transition to adult services. In addition to the Care Act, The Children and Families Act 2014 sets out new duties for local authorities in terms of the identification, assessment and support of young carers. Local authorities should take reasonable steps to identify young carers who have support needs and assess these needs.

Young carers or their parent also have the right to request an assessment of needs for support. In line with recent legislative changes Barnet is developing a joint carers' strategy with Adults and Communities, which outlines Family Service's vision for the delivery of young carer's services. Priorities include proactive identification through awareness-raising and training amongst key practitioners and partner agencies, undertaking appropriate whole-family assessments to ensure the needs of the whole family are met and providing individualised support so young carers can achieve their potential and have the same opportunities to progress in life as their peers.

4.4 Families First (Troubled Families)

The Families First (formerly 'Troubled Families) programme works to support families with multiple problems including parents or children involved in crime or anti-social behaviours, children who are regularly absent from school and families affected by domestic violence and parents and children with a range of health problems.

Barnet has already worked with central government on the pilot of the Troubled Families Programme, for which it was the fifth highest-performing local authority, and it has been delivering the expanded programme since September 2015. As part of Phase 1, Barnet turned around 705 troubled families and completed the pilot programme. Barnet was selected for Phase 2 of the Troubled Families programme as a result of the positive outcomes from Phase 1.

Barnet will continue to capture and build a richer picture of the progress and outcomes being achieved with families.

4.5 Local Authority Designated Officer (LADO)

The role of the Local Authority Designated Officer (LADO) is set out in the HM Government guidance 'Working Together to Safeguard Children (2013).

This year has seen a small increase in the number of referrals compared to last year. The majority of the referrals have been regarding staff working in schools and early year settings. A large proportion of the LADO work has been providing advice and support to settings, when allegations have arisen and then aren't substantiated.

The LADO makes a full report to the Barnet Safeguarding Children Board each year where discussion and in-depth analysis of the data takes place.

5. Our approach: Social Care

5.1 Workforce

Barnet Family Services is currently experiencing challenges in recruiting and retaining experienced, qualified social workers within Children's Social Care, part of the Family Services Delivery Unit. Barnet Family Services vacancy rate stood at 24% in April 2015, which is lower than the outer London average of 27% (2014). However, there is a risk that the vacancy rate in social care leads to inconsistency of practice which in turn constrains the outcomes that can be achieved for children and families.

A social worker recruitment campaign will be launched on 1 September 2015 with the strapline 'More to believe in' in order to attract a high-quality, stable workforce.

It is clear that remuneration is a key factor affecting recruitment and retention. Benchmarking against other outer London authorities indicates that Barnet was offering the third-lowest total remuneration package and is in the lower-quartile for London. To address this, proposals were presented to and accepted by Council Members at the June 2015 General Functions Committee to increase the market factor supplement offer for social work roles, focussed on hard-to-recruit teams. A set of recruitment Key Performance Indicators (KPIs) are in place which will enable close monitoring of vacancy rates and the success of the upcoming recruitment campaign.

There is a shared programme of online safeguarding courses accessible to the entire children's workforce including partner organisations across Barnet. This ensures that safeguarding is addressed as part of induction and courses are readily accessible to staff. There is an ongoing emphasis on evidence-based practice, and Research in Practice Champions promote this agenda across the service.

5.2 Corporate Parenting

Barnet has a Corporate Parenting Advisory Panel which oversees and supports the London Borough of Barnet's Corporate Parenting Strategy. The Corporate Parenting Advisory Panel is chaired by the Lead Member for Children's Services and quarterly meetings are attended by members and senior managers to provide challenge and scrutiny. It assists the Council and its partners in becoming better corporate parents to children and young people in care, and care leavers.

5.3 Role Model Army

The Role Model Army (RMA) is Barnet's Children in Care Council, which meets every two weeks to discuss Barnet's care system, and to take part in consultations and participate with managers to make changes and improvements in the care they and those they represent receive. A Junior Role Model Army was established in summer 2012 to represent the voice of Barnet's younger children in care.

Activity undertaken by the RMA and Junior RMA includes;

- Producing a video to explain to Children in Care their eligibility to entitlements
- A mystery shopping activity, which involved attempting to contact nearly 50 children and young people who have been in care over the past 12 months for their views and feedback.
- Meeting with senior decision-makers in the local authority to ensure that children and young people have their voices and views heard.
- Attendance at and participation in the Corporate Parenting Advisory Panel

5.4 Independent Reviewing Officers (IROs)

IROs work with Barnet's looked after children and young people. Each child has a named IRO. The IROs conduct reviews of the child's Care Plan, which is prepared by the social worker, to ensure that it is appropriate to the child's needs and that it is being progressed without delay.

The Conference and Review Team Manager and two IROs attended four Role Model Army events over the year. Feedback about Reviews was gathered, in order to make improvements.

Barnet has benefitted from a very stable group of IROs and it is typical for an IRO to be in post for a number of years even within the group of sessional chairs. In the vast majority of cases the allocated IRO remains with a child until they leave care unless the IRO leaves their post. In line with best practice, an IRO is allocated within five working days of every child becoming looked after.

A recent Quality Assurance dip sample of meetings identified good chairing skills of Barnet IROs in that they were child-centred, issues of conflict were handled sensitively and the IRO was able to raise effective challenge with operational teams.

5.5 Safeguarding Month

During Safeguarding Month, the whole council is focused on the central role that safeguarding plays, with express sessions set aside to inform staff of some of the warning signs to look out for, and other more specialised sessions. Key statutory and non-statutory stakeholders within the borough will be invited through to attend, as part of LB Barnet's community leadership role. This year, Safeguarding Month will take place in November. There will be a particular focus on the four Safeguarding Board priorities: CSE, Domestic Violence, Neglect and e-safety.

6. Key areas of risk

6.1 Integrated activity: Child Sexual Exploitation, Missing, Gangs

The clear links that exist between Child Sexual Exploitation (CSE), Missing and Gangs are reflected in the integrated way that these issues are being addressed in Family Services. Work undertaken to understand Serious Youth Violence in the borough has highlighted the overlap between members of gangs and CSE, which is reflected in Barnet's Serious Youth Violence and Gangs Strategy. Nationally, approximately 10,000 children go missing every year and a quarter of them are believed to be at serious risk, including of CSE. The following measures have been taken to ensure streamlining of these issues:

- A bespoke Barnet-wide profiling tool for CSE, Gangs and Missing, which utilises around 80 data sets from across the partnership and gives data to post-code level to inform where preventative activities could take place.
- A Home Office Peer Review of Barnet's work on youth violence and gangs (January 2015) described Barnet's strategic coordination of CSE, Missing and Gangs as good, forward-thinking practice.
- There are clear operational and strategic links between Gangs, CSE and the Missing agenda, with representation from each at Strategic Boards and clear feedback loops established. The overarching strategic group for CSE, Missing and Gangs Group is chaired by the Family Services Director and attended by the Senior Management Team across all agencies to ensure achievement of actions.

6.2 Child Sexual Exploitation (CSE)

Child sexual exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status. Considerable effort and resource have been put into raising awareness and developing structures to provide a robust and effective local response to child sexual exploitation in Barnet, including the following:

- A Child Sexual Exploitation Strategy was developed with a multi-agency action plan, which is progressing well. The action plan is subject to regular monitoring by the Strategic CSE, Missing and Gangs group.
- A dedicated CSE worker has been funded by LB Barnet from September 2014, who works both strategically and operationally across the partnership and is engaging intensively with all 22 secondary schools. Further actions include the rolling out of Operation Makesafe, which raises awareness of CSE within the business community, in partnership with the police, a more detailed CSE risk assessment tool in response to Chief Social Worker requirements and fortnightly police and CSE coordinator surgeries.

A range of audits have been completed in Social Care and across the partnership, which show CSE cases as being dealt with appropriately.

6.3 Gangs

A gang is a 'relatively durable, predominantly street-based group of young people who:

- (1) See themselves (and are seen by others) as a discernible group, and
- (2) Engage in a range of criminal activity and violence

Barnet is one of the safest London Boroughs with the overall crime rate falling. However, there are some localised issues of young people affected by serious youth violence and gangs mainly in the west of the borough.

In Barnet, 59% of the most serious gang offenders rated as Red or Amber (red being the most serious) are aged 19 or younger. 45% of offenders are black or black British and all known gang members are male. Although there are no gang members currently known to services who are girls, there is a cohort that is likely to be linked to or associated with gang members.

The following principles underpin the Barnet Youth Crime Prevention Strategy and are based on the Home Office assessment against the national and international experience and learning from working with gangs:

- a. Strong local leadership
- b. Mapping the problem
- c. Assessment and referral
- d. Targeted and effective interventions; enforcement, pathways out and prevention
- e. Criminal Justice and breaking the cycle
- f. Mobilising Communities

A multi-agency Gangs and Serious Youth Violence Panel meeting takes place monthly with key partners to operationally manage the risk of harm and vulnerability of gang members. A Gangs Screening Tool has been developed, using information from audits, empirical research and longitudinal studies, to act as a prompt for statutory and voluntary agencies to identify those children who may be affected by gang activity at the earliest possible opportunity. Gangs awareness-raising has been incorporated into Safeguarding Month and Serious Case Review learning reviews.

6.4 Missing

It is thought nationally that approximately 25 per cent of children and young people that go missing are at risk of serious harm. There are particular concerns about the links between children running away and risk of sexual exploitation. Missing children may also be vulnerable to other forms of exploitation such as violent crime, gang exploitation, or drug and alcohol misuse.

Table 5: Children Missing and Absent², 2014-15.

Date: 2014 to 2015	Number of Children Missing From:			
	Family home	Children looked after by Barnet and placed in Barnet	Children looked after by Barnet and placed outside the area	Children looked after by other local authorities but placed in Barnet
Missing	15	13	30	71
Absent	4	7	13	6

In Barnet, children and young people of all ages go missing, according to the data for the 'known' cohort, though the likelihood increases when children are in their teenage years. Of the known cohort, missing children are predominantly white and marginally more likely to be female.

In Barnet a Missing/CSE Strategy is in place and a revised Missing Procedure was launched to all staff in June 2015 after extensive consultation. A weekly report is sent to appropriate senior managers detailing all children missing in Barnet in the previous week (including those children from other local authorities) and this data is cross-checked with police data, with a quarterly Missing Children Update Report submitted to the Strategic Group for Missing and CSE.

7. Emerging issues

There are particular issues emerging in Barnet (and nationally) that require a robust safeguarding response.

7.1 Radicalisation

Radicalisation is a safeguarding issue, as it may expose children and young people, in particular those who are vulnerable, to significant harm. Effective joined-up support with specialist elements is required across a range of sectors.

In order to deliver a multi-agency approach in Barnet, there is adherence to Prevent statutory guidance across the partnership. Prevent workshops were delivered by Heads of Service to Family Services staff in June 2015, to raise awareness of children and young people who may be susceptible to radicalisation and outline Family Services' approach to safeguarding them. Family Services works with the monthly Channel and Problem Solving Meetings to help safeguard children, and staff use the 'Channel' process to respond to identified risk and need.

7.2 Trafficking

Trafficked children are at increased risk of significant harm because they are largely invisible to professionals and volunteers who would be in a position to assist them. Any child transported for exploitative reasons is considered to be a trafficking victim (Palermo Protocol).

Barnet's 2013 Domestic Violence and Violence Against Women and Girls strategy emphasises prevention across numerous issues including trafficking. The strategy is supported by a delivery plan.

² Since January 2015, Barnet Family Services has been able to differentiate on our child records system between 'missing' and 'absent' episodes, using police definitions of 'missing' and 'absence'. These are: **'Missing'**: anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be subject of crime or at risk of harm to themselves or another; **'Absent'**: a person not at a place where they are expected or required to be.

7.3 Unaccompanied Asylum-Seekers Children (UASCs)

Unaccompanied Asylum-Seekers Children have particular vulnerabilities owing to likely traumatic experiences in unstable parts of the world and lack of a family support structure.

There was an increase in both the number of UASC children and young people being supported in Barnet between 2013-14 and 2014-15. Of the children and young people who presented as UASC in-year, there was an increase in the number of children supported by Barnet through the Croydon Rota, and an increase in those presenting locally.

8 Priorities

Family Service's service improvement priorities for the year ahead will further the safeguarding agenda:

- The child (putting our children at the heart of everything)
- Culture (a culture that changes things for the child)
- Partnership (doing things differently, doing things right)
- Practice (developing excellence in practice to create better futures for all)
- Systems (delivering outstanding systems to meet the challenge of London's largest child population)

APPENDIX 2: Family Services Quality Assurance Annual Report **January 2014 – March 2015**

This report summarises the findings of the series of monthly and thematic audits undertaken by the QA Project team and managers in Social Care. The report seeks to identify trends and draw learning from audit activity since January 2014 – March 2015. It encompasses an introduction; summary of findings; quality assurance schedule; journey travelled and key themes; and a conclusion.

Author: Selinda Chouhan: Independent Quality Assurance Consultant, June 2015.

1.0 INTRODUCTION

1.1 This report references the findings from the series of monthly and thematic audits undertaken by the QA Project team and managers in Social Care. It includes audits undertaken on behalf of Family Services by independent auditors. **None of the cases audited found children to be at risk of immediate harm.** The report seeks to identify trends and draw learning from audit activity since January 2014 – March 2015.

1.2 Since January 2014, a total of 1,683 audits have been completed (see 3.0 QA Schedule). These include routine audits completed by managers, thematic audits and dip sampling of cases.

1.3 Upon the arrival of the current Children and Families Director, an audit team was commissioned in January 2014 to develop quality assurance processes in Barnet, to support Senior Management grip on the Quality of Practice and the development of a consistent good practice culture. This coincided with the development of the Performance Data Framework, ICS system review, a Service Improvement work stream, the Workforce Development agenda, and the Councils Transformation Project to restructure the service.

1.4 Phase 1 of the Quality Assurance Project aimed to develop a baseline of practice through the independent audit of cases by the audit team. Within this process the audit team worked with managers and case-workers to drive improvement within cases. The team held training workshops in partnership with the Workforce Development team with the aim of promoting the “Getting to Good” message. A critical priority within Phase 1 was the need to develop a culture whereby everyone within the Service, from case-holders to the Senior Management Team, had a consistent understand of “what good looks like.”

1.5 Phase 2 of the Quality Assurance process aimed create a balance between independent audit and audits completed within the Service, i.e. the development of thematic and monthly audits completed by managers. It was understood that Service Improvement work could not embed within practice unless areas for improvement were identified and owned by the Service itself. This also further supported the development of a culture whereby all stakeholders within the organisation understood what the Service needed to Improve; why the Improvement was required i.e. the impact on outcomes.

1.6 The monthly audit process was systematically introduced in November 2014, with the introduction of the new “journey of the child” reflective monthly audit process. The monthly audit process has placed reflective discussions with case-holders and, where appropriate, feedback from children and families, at the centre of the process.

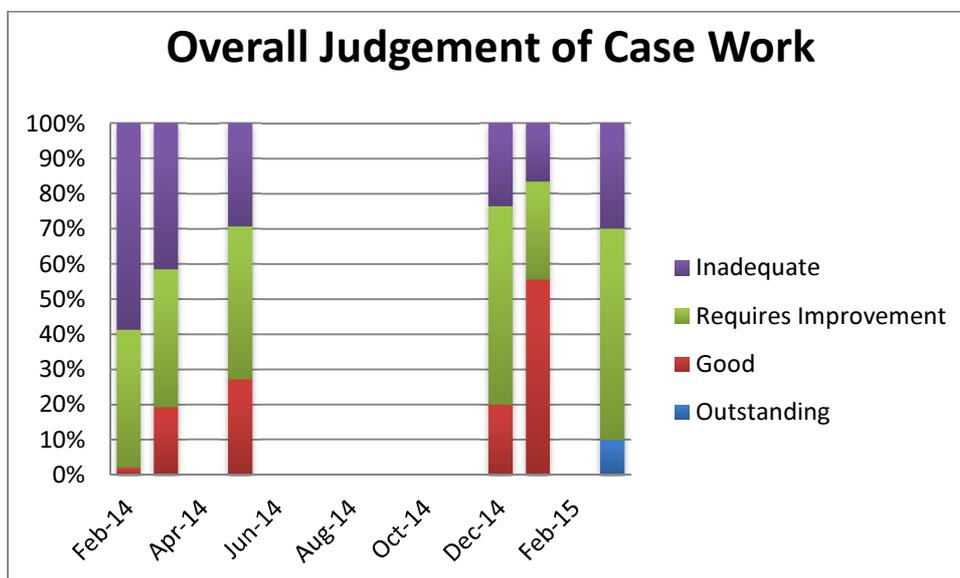
1.7 Phase 2 was supported by the development of Service Improvement Priorities and Plan linked to the Performance Data framework and driven within a Performance and Service Improvement Governance Framework. A Quality Assurance lead was appointed from within the Service to drive this work stream on a permanent basis.

1.8 Whilst an element of independent audit remains within the quality assurance schedule, developing the audit process with more emphasis on audit as a “business as usual” task completed by the Service has resulted in a reduction of the number of audits completed, compared with Phase 1. However, building the findings into the Performance and Service Improvement Governance framework has meant the impact of the audits on developing the quality of practice has improved.

1.9 Phase 3 of the QA project seeks to further develop the voice of the child further within our learning from quality assurance and Improvement work. The Service aims to further embed a consistent culture of good practice and continue to strengthen the Senior Management grip on the quality of practice through workshops, audit, monitoring of performance data and support to case-holders and managers. The impact of quality assurance on the quality of practice remains at the heart of this project.

2.0 SUMMARY OF FINDINGS

2.1 Whilst there are examples of good and even on occasion outstanding practice, the quality of assessment, help and interventions provided to children and their families is too inconsistent for the service to be judged ‘good’.



2.2 Varied practice is partly due to gaps and a lack of clarity within some procedural areas, which the Service is currently addressing. In addition, whilst there is evidence of recent improvement, in practice, the legacy of inconsistency and pockets of poor practice have had a negative impact on outcomes for some children. The areas for development identified by audit are being addressed within the Service Improvement Plan. The review of the ICS system and the performance

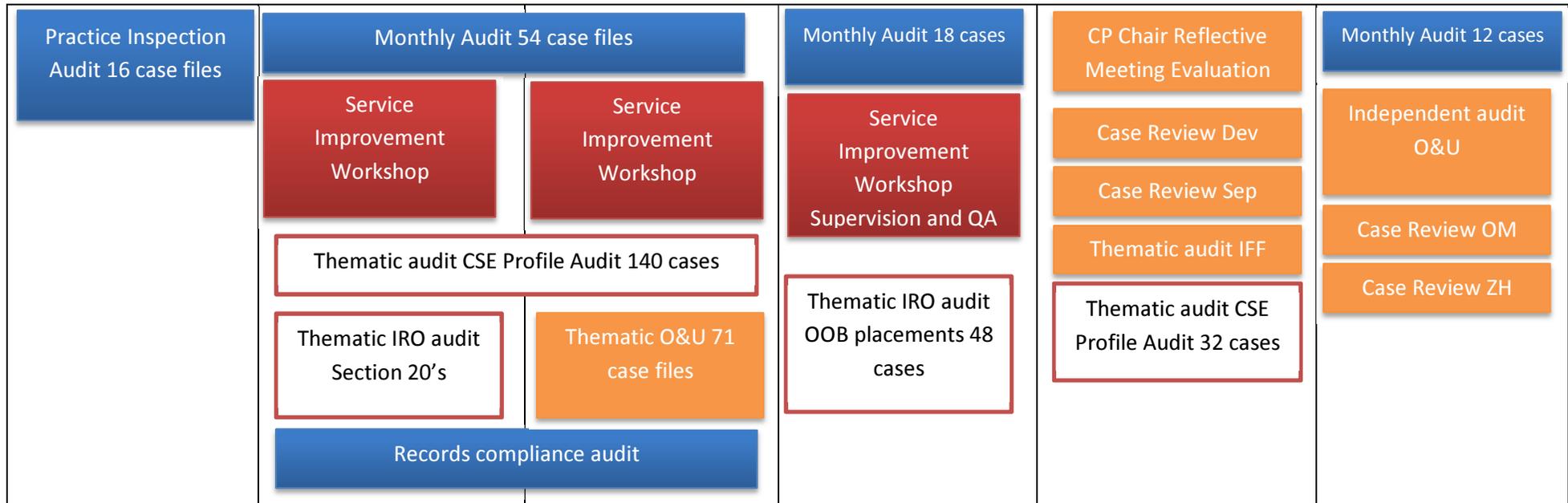
management and service improvement process has supported a recent shift in practice demonstrating better compliance and a more consistent approach to practice.

2.3 This report demonstrates the commitment of the Service to engage with learning from quality assurance to drive service improvement and performance. The report identifies where practice still requires improvement and where impact of work already undertaken requires further testing and evaluation.

2.4 The work over the next period needs to concentrate on the key steps that are needed to shift the balance towards cases being judged as good and outstanding.

3.0 QA SCHEDULE 2014 - 2015

October 2013	November 2013	December 2013	January 2014	February 2014	March 2014
	<p>Independent audit Children and Young Peoples Services</p> <p>48 cases</p>			<p>Continuous audits of LAC / DAT and CIN teams undertaken by the QA Project team</p> <p>Thematic audit Statutory Visiting and Supervision</p> <p>O&U Audit 25 cases</p>	
April 2014	May 2014	June 2014	July 2014	August 2014	September 2014
	<p>Continuous audits of LAC / DAT and CIN teams undertaken by the QA Project team 727 completed as of June</p>			<p>Thematic audit MASH</p> <p>81 case files</p> <p>Thematic audit CSE</p> <p>4 case files</p>	
<p>Re-audit of sampling of progress on Action Plans</p>	<p>Thematic audit Early Help 6 CAF and 8 IFF</p> <p>Thematic audit Adoption 6 cases</p>	<p>Thematic audit Voice of the Child</p> <p>26 case files</p>			
October 2014	November 2014	December 2014	January 2015	February 2015	March 2015



4.0 KEY FINDINGS AND JOURNEY TRAVELLED:

4.1 THEME 1: MASH & DAT: Decision making at the front door:

4.1.1 Issues identified by QA activity:

- A high proportion of cases, initially BRAGed³ as High Risk (Red) and Medium Risk (Amber), converted to a No Further Action (NFA/Blue BRAG). This was due to an inconsistent understanding of the BRAGing system within the MASH team.
- The MASH team and Team Manager are a static team. This could result in the possibility of norms becoming embedded and decision-making not being consistently challenged.
- Some partner agencies were referring cases under blanket criteria as opposed to applying suitable thresholds.
- There was not a process in place to support professional disagreements to the outcome of referrals.
- Some audits identified a high number of contacts prior to the case being admitted to referral. Some retrospective audit work has identified some missed opportunities for services identified at the front door. This particularly related to possible CSE cases.
- Poor recording of S47 enquires in line with statutory guidance.
- Most S47 strategy discussions take place between social care and the police, and omit other agencies.

4.1.2 Improvements made / journey travelled:

- Integration of the Police Service at the Front door has supported a greater clarity of processes, pathways, professional roles and responsibility and a shared understanding of thresholds.
- Reduced number Contacts resulting in NFA due to improvement partnership working, the development of the MASH team in identifying need and an increase in the number of services available to the MASH. Increased number of referrals moving to Amber and Green.
- Improvement in the consistency of the BRAG process within the MASH team resulting in a reduction of final BRAGs changing from the original BRAG.
- Stable number of referrals BRAGed as Red requiring “high level” statutory intervention.
- Increased number of referrals resulting in assessments. Reduced number of referrals and assessments/S47 resulting in NFA.

³ BRAG = Blue/Red/Amber/Green

- Increasing number of S47 resulting in a CP Conference within 15 days. This supports sound decision making at the point of initiating S47 enquires.
- BSCB professional escalation policy developed and publicised.
- MASH structure has supported better S47 multi-agency discussions however further work is required to drive the quality of recording of S47s.

4.1.3 Future areas of which work which require further examination / future focus of quality assurance activity:

- Despite the improvements highlighted above, it has been identified that further work is required to develop a consistent understanding of thresholds both within social care, early help and across the partnership. The Service has a stable number of referrals requiring CIN / CP and LAC services compared with an increased demand upon these services nationally. There has been a slight recent increase in the number of referrals to Early Help however the increase is not significant enough to account for the lack of increase of demand within Social Care and local bench-marking has identified Barnet's rate of CAFs is lower than some of our statistical neighbours.
- The Service is refining transition points between teams in relation to case allocation in order to support a more dynamic way of working and developing focus on specialist skills within teams.

4.2 THEME 2: Early Help

4.2.1 Issues identified by QA activity:

- Early help offer is embedding in practice. Children and young people receive good support at an early stage through CAF's. There is an extensive range of early help provision. However CAF's lack outcome focused plans. As a result there is evidence of drift within a number of CAFs. Some inactive CAFs remained open.
- The quality of step down from Social Care is varied.
- The remit and impact of the Intensive Family Focus (IFF) service remains unclear.
- The quality and frequency of supervision of CAF's is inconsistent.

4.2.2 Improvement's made / journey travelled:

- Audit has demonstrated recent CAFs are better than previous CAFs. Plans are outcome-focussed and appropriately worked. Issues are largely escalated appropriately.

- The eCAF system has been launched in Liquid Logic and is beginning to be embedded. This will support a seamless transfer between Social Care and Early Help. The system supports the development of rigorous plans, improved recording, supports management oversight and challenge of CAFs and supports the development of a comprehensive performance framework in which improvement will be driven.
- The IFF service has been re-designed within the Transformation structure. This has supported a clear remit and new social work qualified managers heading the teams.
- All inactive CAFs have been closed. Data is therefore now accurate and the Service can focus on driving an increase in the number of CAF's. Performance management and QA processes are being developed to ensure appropriate monitoring of future CAFs.

4.3 THEME 3: Assessment and Analysis

The overall quality of assessments and analysis requires improvement. Quality is variable and inconsistent with both good and inadequate assessments identified within all audits.

4.3.1 Issues identified by QA activity:

- The quality of assessments and analysis is variable.
- Audits have demonstrated a disparity between the quality of recording and workers verbal accounts of their casework.
- Not all teams were completing Single Assessments. When single assessments were completed audits observed better recording of children's views.
- Records demonstrate the correct information is collected however workers do not consistently analyse, triangulate and reflect on the information sufficiently which results in a limited assessment which may not sufficiently address all key issues which would support better outcomes for the child and family. **Risk was appropriately identified in most cases and led to services appropriately safeguarding and supporting children.**
- Gaps in assessment and analysis were often evident with regards to parental / wider family issues. In particular, the identification and response to substance misuse has been identified as a practice gap as some workers did not appropriately triangulate information and observations. An over reliance on parental self-reporting was observed and contingency plans to address parents none-engagement in programmes were not in place in some instances. Some cases have been stepped down without parents completing their programme as outlined in the plans or step down occurred without a considered period of reflection to monitor change within families had been embedded. Gaps in working practice with Adult Services have perpetuated this within assessments as expertise is not readily available with regards to adults' issues.

- Some assessments and chronologies are presented as single agency documents. The role of other agencies and information provided is neglected within some cases, particularly within the analysis.
- The quality to which key analysis and outcomes of assessments transferred into plans and subsequent reviews were varied. Within a lot of plans the outcome of the assessment was unclear and key issues were neglected as action points. Much of this relates to the lack of SMART planning.
- There is a poor use of chronologies and genograms within assessments. Chronologies are more detailed and of better quality when required for court purposes.
- Most assessments are completed in a timely way; however there were examples of drift within the audits.
- Some workers updated assessments following significant events or to support developing circumstances / transitions which would have an implication on the plan and partners involved in it, however this practice was not consistent.
- There were many good examples of evidence of sharing assessments with families within visits, however the sharing of an unclear assessments within some cases resulted in parents being unclear about what the key issues were and what needed to change and why.
- Diversity is not consistently explored and taken account of in assessments and analysis.

4.3.2 Improvement's made within the last quarter / journey travelled:

- Over 90% of assessments are now completed within 45 days.
- The single assessment process has been implemented across all services.
- A QA officer has worked closely with the LAC team to support the consistent quality assessments.
- The CSE co-ordinator works closely with teams to support a consistent quality of risk assessments in possible CSE cases.
- There is the expectation that team managers record a management rationale when assessments are approved. This supports the quality of decision-making and management footprint on assessments.
- An Improvement Manager has worked with the Onwards and Upwards Service to support the development of better assessments and pathway plans. A recent independent audit has identified a marked improvement.
- The introduction of the reflective discussion within the audit process has supported some increased evidence of workers engagement and understanding of children and families within assessments.
- On-going meetings are taking place with Adult Services to update and reissue joint working protocols.

4.3.3 Future areas of which work require further examination / future focus of quality assurance activity:

- Future audit activity should test further the impact a single assessment process has made on the quality of assessments and the service users experience of their journey.
- The exploration of diversity and equality within assessment remains limited. A recent social care forum addressed how workers should explore diversity further and incorporate it into their practice. Future audit activity will continue to focus on diversity and equality issues.

4.4 THEME 4: Planning and Review

4.4.1 Issues identified by QA activity:

- Both social care and multi-agency auditing activity identified poor practise with regards to developing outcome focused, SMART plans with clear contingency plans and a sharp review process. In particular poor Pathway Plans.
- Whilst there were many examples of prompt plans developed after conferences and LAC reviews, there were a number of cases in which there had been issues of drift after the assessment, particularly with respect to CIN plans where there is a lack of independent oversight of the planning process.
- Lack of SMART plans was coupled with some unfocussed core groups and CIN meetings which failed to drive plans and progress in a clear and focused review format.
- Some plans were identified as being worked at the wrong tier i.e. CIN cases worked at CAF. All plans worked at CiC were identified as being within the correct tier. No cases worked at CIN or CP were identified as children who should be placed into the care of the LA.
- The quality of PEPS and health assessments were addressed within the June inspection audit, which identified that many were not SMART nor being utilised as an active working tool to drive outcomes. Recordings of both PEPs and health assessments did not consistently demonstrate a focus on tracking educational or health outcomes.
- Children are not routinely invited to attend CP Conferences. Some Child's views were sought before conferences. Conference minutes often leave the voice of the child section blank.

4.4.2 Improvement's made within the last quarter / journey travelled:

- More ICPC are now held within 15 days of the S47 proceedings.
- More good evidence of permanency planning.
- CIN plans are now developed in conferences where the decision is made to step down from CP.

- Workers will update assessments prior to all CP Conferences or LAC reviews.
- The service has re-developed the professional case alert process, through which CP Chairs and IROs raise alerts. Unresolved alerts are addressed within performance management meetings. As a result more case alerts are being raised through the service.
- Currently developing quality assurance processes for both CP Chairs and IRO's. Learning from which will routinely feed into monthly social care reports.
- The service is strengthening the feedback process with children on child protection plans via the Advocacy service.
- Court case tracking has demonstrates improved compliance with the 26 week timescale. This process has enabled oversight over potential delays and supports a pro-active approach to address case level and service level issues.
- IRO audits of Out of Borough placements have found evidence of good placement choices to meet the needs of the child appropriately. Placement changes are managed and risks are well managed.

4.4.3 Future areas of which work require further examination / future focus of quality assurance activity:

- Review the use of the Signs of Safety approach in the Conferences and Review process.
- Quality assurance will include an assessment of the quality of CP Conference minutes, the participation of children and young people in conferences, the quality of conference reports, the quality of communication with parents prior to conference and accessibility to independent chairs.
- Develop a greater focus on placement support in planning and review within future audit activity.
- Develop a greater focus on CIN planning and the quality of Core groups with future audit activity.

4.5 THEME 5: Participation, Direct Work and the Child's Voice

The overall judgement of participation, direct work and ensuring the child's voice informs the assessment and intervention is adequate with good features. Social workers know the children they work with well and can confidently talk about their needs and the work undertaken, as demonstrated within reflective case discussions.

4.5.1 Issues identified by QA activity:

- There was some evidence of **good practice** where individual IROs or social workers made close and committed relationships with children but this was

not embedded and many cases demonstrated brief insufficient recording on ICS. Workers carry out announced and unannounced visits and there are many examples of children seen alone within case recordings, however recordings failed to clearly record the voice of the child, social workers do not routinely seek the views of younger children, observations of young children are not routinely recorded and direct work is not consistently used or evidenced.

- The lack of SMART outcome-focussed planning in some cases undermines workers ability to use direct work and purposeful visits to drive focused outcomes for the children and young people and families.
- Keeping in touch in between visits was not routine, particularly those placed out of borough.
- There is evidence of IRO challenge in terms of social work visits but IROs are less consistent in recording their own time with the child or keeping in touch in between reviews

4.5.2 Improvement's made within the last quarter / journey travelled:

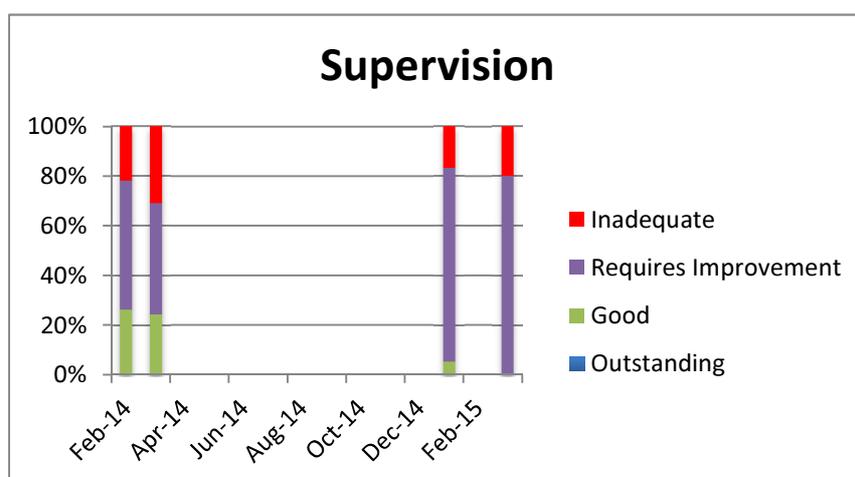
- The intensive plan to bring LAC visits to from 72.9% in January 2015 to 90% by the end of March 2015 has now been completed and the current figure stands at 91.1% of LAC visits completed within 6 weeks. Clear management recording and tracking where visits have not taken place through supervision and performance and service improvement challenge meetings.
- Many audits have found workers undertake additional visits to families, dependent on need.
- Announced and unannounced visits take place, and many case records demonstrate if children have been seen alone, and decision not to see the child alone is based on a clear rational.
- Observations as well as direct work are clearly recorded on many of the audited cases. Workers were able to provide clear purpose for visits and many examples of good direct work and tools used with children and families. Some audits outlined how workers considered diversity issues within visits however this was not consistently addressed within audits or overtly referred to within case notes of visits.
- The new audit process seeks to include the views of children, young people and families within the audit.

4.5.3 Future areas of which work require further examination / future focus of quality assurance activity:

- Further embed collection of feedback within monthly audit.
- Audit to explore the type of tools used within direct work.

4.6 THEME 6: Supervision and Management Overview

The quality of supervision is Requires Improvement. Case supervision occurs frequently and workers reported high levels of satisfaction with the quality of supervision provided within the January supervision survey. Most managers have attended a Leadership and Management course. In addition, the Service has facilitated a number of Service Improvement workshops to strength management oversight. Heads of Service and team managers are now held to account in the monthly Performance Management and Service Improvement governance cycle.



4.6.1 Issues identified by QA activity:

- Management footprint on many case files is poor. Case files do not demonstrate consistent and challenging management oversight and decision-making.
- Recording is inconsistent. Case files do not clearly demonstrate what life is like for that child. Inconsistent recording of chronologies and genograms.
- Reflective supervision is not consistently recorded to a good standard.
- The quality of management oversight is inconsistent.
- Lack of performance data to drive service improvement. Of the data available, there was the poor use of a performance framework to hold Heads of Services, Team Managers and Practitioners to account.

4.6.2 Improvement's made / journey travelled:

- Revision and publication of the Supervision Policy. Audit has identified an improvement in the recording of supervision as a result.
- Development of the supervision One Minute Guide; a manager's quick guide to supervision, which includes a guidance section on reflective practice.
- The use of supervision forms on ICS to support better recording of reflective supervision and management challenge.

- The use of case summaries to support reflective practice. The case summaries can be used as tools within supervision.
- The recording of management decision-making has been strengthened through ICS
- Development of the Performance Management Framework with Omniscope supports the ability to hold team and case level accountability.
- Supervision / Management oversight Service Improvement workshops.
- Roll out of the Leadership programme for all managers across the Service to support consistency of practice and raised expectations across the management team.

4.6.3 *Future areas of which work require further examination / future focus of quality assurance activity:*

- Moderation of the quality of management challenge in the audit process.
- Further audit of supervision will continue within the routine audit process.

5.0 CONCLUSION AND RECOMMENDATIONS

Since January 2014 Barnet has made considerable progress in developing its quality assurance framework and processes. Extensive audit activity has been undertaken and used to inform planning to improve services. Work undertaken in 2015-16 will focus resources on developing the link between quality assurance tasks and lasting improvements in practice that will drive better outcomes for children.

5.3 The report presents the following recommendations for consideration:

1. Barnet's Quality Assurance Framework to be reviewed and developed including a timetable for activity for 2015-16.
2. Once agreed the QA Framework to be shared with staff to enable better understanding of the QA agenda.
3. Priorities for the Practice Quality Team to be identified as part of the Service Improvement Plan 2015-16 with particular focus on
 - Refining the routine case file audit process to better drive improvements in practice quality including consideration of the involvement of multi-agency partners
 - Consolidating action plans from thematic audits and case reviews into one central Quality Assurance action plan to aid tracking and completion of actions
 - Developing practice around case reviews via the provision of clear terms of reference

- Co-ordinating the development of a comprehensive list of practice standards, identifying areas of priority focus to improve practice standards and targeted interventions to deliver this work
- Development of the work of the Principal Social Worker to support the opportunities to hear from the front line and use the views and experiences of staff to support improvement work
- Considering how good practice can be further supported eg via the development of a good practice portal/better use of the Research in Practice website and opportunities for reflective practice