

Children and Young People Scrutiny Panel

Date: 22 March 2011

Agenda item: **5**

Subject: Safeguarding in Children's Social Care

Lead officer: Melissa Caslake, Head of Social Care and Youth Inclusion

Lead members: Councillor Maxi Martin, Cabinet Member for Children's Services

Corporate forward plan reference number:

Contact officer: Melissa Caslake

Recommendations:

1. To note the up to date position in performance and financial terms of Children's Social Care and to be advised of the outcome of the recent unannounced inspection.
 2. To update on the current transformation of Children's Social Care as part of CSF and the Council's wider transformation programme.
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report sets out the current position in Merton Children's Social Care and the future direction of travel incorporating some of the likely implications of the Eileen Munro review of child protection set in the context of the Council's financial pressures and transformation agenda.
- 1.2 Performance data provides an overall picture of demand and supply of children's social care services from point of initial contact and referral to children made subject to child protection plans through to children placed in care. Children's Social Care operates in a wider integrated children's services' context. Success in Children's Social Care is dependent on the relationship between children's services across universal and targeted provision including schools and settings. This is particularly so in Merton due to our Merton Model of managing risk/intervention.
- 1.3 Levels of social work activity compared to population and deprivation indicators are already low in Merton and it is not proposed to radically alter the numbers of families already receiving social work or other family support. It is proposed that this is a necessary and required local authority responsibility under the current legislation (Children Act 1989 and 2004) and the most cost effective way of preventing escalating high cost crisis intervention work. Merton already operates a good value, low cost service comparative to other providers (London boroughs).

- 1.4 Significant financial pressures started in 2008 and have resulted in on-going budgetary pressures in Children's Social Care. This is due to a combination of factors: higher numbers of children in care, the Southwark Judgement, higher cost external placements both fostering and residential, and a lack of in house short and long term carers, and the cost of agency staff. Work has been done to control spend in each of these areas: numbers of children in care have been reducing since June 2010 and have been stable since September 2010 at between 130 and 140. Similarly numbers of children in care in agency foster placements and residential placements including secure have reduced over the same time period. Children placed with relatives or friends, or back with parents or other carers has also increased over this time. Stability in the workforce through recruitment and retention measures have reduced our agency rates from over 40% to under 20% assisted also by the wider economic climate.
- 1.5 The indicators described above often demonstrate small monthly changes and it is clear that there is a direction of travel across the range of these indicators towards better value social care provision for the children who enter the system. It remains a challenging climate to recruit foster carers and the Access to Resources Team starting in Summer 2011 will seek to increase our rate of both recruitment and retention to increase the speed of reducing use of externally commissioned placements. The ART team will also seek stronger commissioning arrangements so that both current and new placements have lower unit costs and represent better value building on the work we have done during 2009 and 2010.
- 1.6 A growth bid of £1.1m was made and approved by Council to be implemented for 2011-12. This growth bid was based on accurate projected numbers of children in care (between 130-140) for 2010-11 and consequent placement costs, and a recognition that staffing budgets were below what was required to recruit and retain the most able staff reducing spend on agency and leading to overall increased efficiency in managing demand.

2 Demand Overview

- 2.1 The table below illustrates the numbers of children being presented to the front door of children's social care. It can be seen that these numbers have steadily increased over the last 5 years with a spike in 2008-09 during the intense media coverage of children's social care and child death through abuse.

Table 1

	2006 - 2007	2007- 2008	2008- 2009	2009- 2010	2010-2011 predicted
Number initial contacts	3594	3737	5696	5155	5000
Referrals	2116	1865	3942	1549	1800
Re-referrals (within 12 months)	423	348	884	256	360
Core Assessments	200	220	604	603	500

2.2 A detailed analysis of the numbers above reveals that our conversion rate of contacts to referrals has decreased since 2006 from 0.6 to 0.3 (dividing numbers of referrals by contacts for each year). This clearly demonstrates that although demand for services has increased, we are controlling this by maintaining a lower conversion rate than in previous years. This is also demonstrated by the predicted decrease in core assessments. It is therefore not surprising that in a context of rising demand at the front line and relatively stable or decreasing numbers of assessments as a proportion our numbers of re-referrals has increased and we are above the national average (14%) at around 20%. Audit has shown that some of Merton's above average rate is attributable to the administrative use of CareFirst but it is also likely to reflect Merton's approach of referring families to other support services available prior to undertaking social care assessments. Inevitably there will be an attrition rate for these families who will come back into the system. It is also likely that because Merton operates a higher threshold than some boroughs (evidenced by the London comparison data at Appendix 1) we will also get a higher than average rate of re-referrals. This may also reflect the hypothesis that greater demand has arisen partly through professional anxiety for reassurance than an absolute need for more assessments.

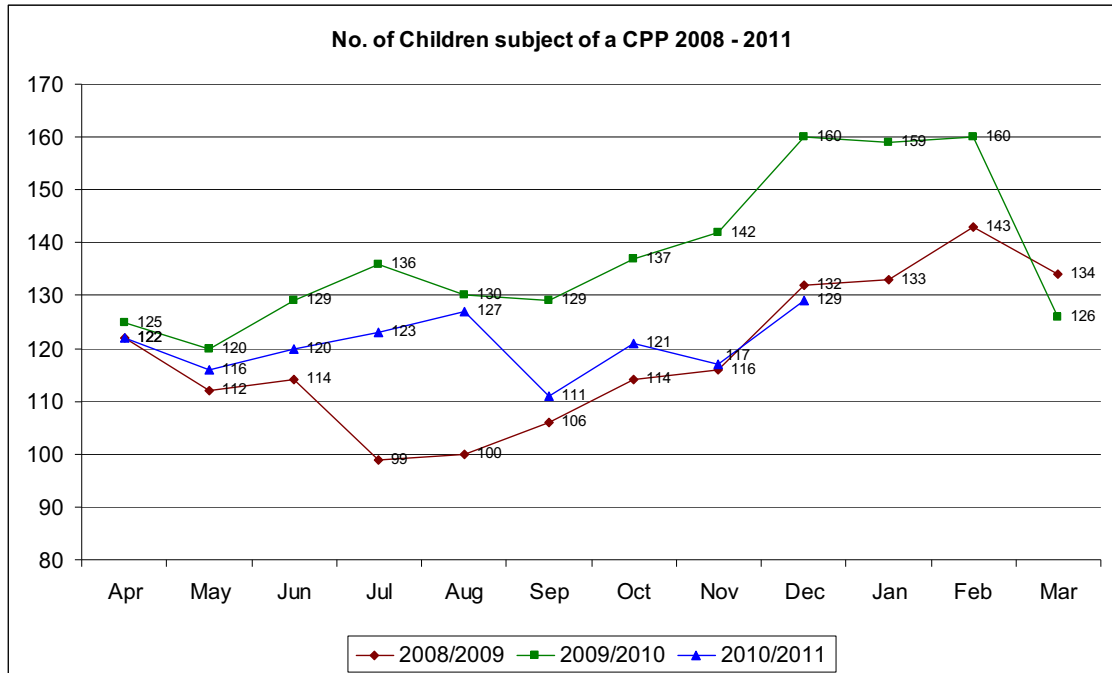
2.3 As commented by Eileen Munro.. ***Workers often then make more referrals to children's social care in case, further investigation, the child is found to be suffering significant harm. After the death of Peter Connelly and the associated publicity in which professionals***

were castigated for failing to see he was being maltreated, there was an average 11% rise in referrals in the year that followed and this has sustained since with figures for 2009-10 showing a 10.4% increase on the previous year' (Munro Feb 2011).

'There is considerable evidence that the child protection system and social workers in particular are still portrayed very negatively in the media. This undermines public confidence in the profession and puts children at greater risk. Such reporting also has unintended consequences for the way the system functions, for example, by altering referral patterns, creating spikes in demand, and increasing thresholds'.

- 2.4 These numbers demonstrate a steady and sustained increase in demand for children's social care services since 2006-07. However demand for services is not in itself a reason for increased activity levels beyond the current requirement to process all contacts through a screening filter to determine which should go on to receive an assessment. This requires some resource but this activity is high volume and relatively low cost compared to assessment and case work.
- 2.5 It is worth noting that our levels of child protection plans are higher now than 2008-09 but lower than 2009-10 (See Graph 1). The trend line follows pattern established over a three year period and suggests stability of response to the demand. Our rate of 29 per 10,000 is below London average but only slightly which would be a reasonable prediction based on our Merton early intervention and support model. It does demonstrate clearly that we continue to maintain a stable level of numbers and turnover of children subject to child protection plans despite rising demand for referrals and assessments at the front line. Our year to date figure for numbers of children who have become subject to a plan for a second time is 13.5%, the same as the national average. Our numbers of children subject to a plan for 2 years or more year to date figure is 5% compared to a national average of 6%. This tells us that we do not keep children on plans for years when more intensive intervention through the courts or care may be required, and that our level of 'error' where we may have been overly optimistic about a family, removed them from the child protection process and then had to reinstate it within the year is in line with what might be expected in a human process of assessment, engagement and unforeseen circumstances.

Graph 1



2.6 Appendix one demonstrates Merton's position compared to London boroughs. It can be seen from the graphs that we have low numbers of contacts and referrals per 1000 compared to most boroughs, and low numbers of initial and core assessments, and Section 47 child protection enquiries. This data tells us that Merton has a consistent approach to managing demand through its early intervention Child Well-Being Model and range of support services, and that interventions at the front line of children's social care are proportionate responses to levels of demand. Although we have low numbers of child protection enquiries this is counter-balanced by relatively higher numbers of core assessments. Core assessments are done when children are considered to need a more in depth analysis of their needs and risk factors and it is entirely plausible that our front line is more likely to use the core assessment mechanism to do this than instigating a child protection enquiry straight away. This in effect is good practice because the core assessment does require in depth work and a range of information from partner agencies without the more interventionist formal child protection enquiry being initiated. Research in social work going back to 1995 (Messages from Research) has been telling us that too many families are caught up in a child protection investigation who not only do not end up with children subject to a child protection plan but in fact no service at all having gone through an intrusive and anxiety-provoking experience leaving them less not more likely to engage with future support services, should those be offered.

- 2.7 The demand profile therefore for Children's Social Care services shows that we manage demand effectively to what are likely to be the lowest possible sustainable levels due to our Merton model and approach. This approach was recently praised in the Local Government and Improvement Agency Peer Review as a '*golden thread...embedded internally and with partner agencies....the philosophy of keeping children at home is well-embedded*'(Dec 2010).
- 2.8 Between July and December 2010 we received 2,272 contacts, 569 referrals, started 412 initial assessments, 361 core assessments, 152 child protection investigations and made 58 children the subject of a child protection plan and took 24 children into care. Our conversion ratio of referrals from contacts has remained relatively stable since 2006 at a banding of between 0.2 and 0.3 (lower than most London boroughs). This still means that we receive considerable numbers of contacts about children which we subsequently record on our database as required and do not initiate any other activity. Nationally 80% of children originally referred are not proceeding beyond an initial assessment, however serious case reviews, child protection plans or care applications later often identify that for many children turned away at this stage there was a need for substantial support intervention (DfE June 2010).

Table 2

Type of intervention	Unit cost/£	Cost over 6 months/£	Total
Initial Contact	37.00	84 064	
Referral	117	66 573	
Initial Assessment	362	149 144	
Core Assessment	660	154 440	
Re-referral	117	13 314	
Child protection intervention	1000	152 000	£619 535

- 2.9 The unit costs here in Table 2 are from research carried out by Loughborough University into resourcing demand. The unit costs have attracted some criticism for lack of accuracy and the general view is that they seriously underestimate the cost of some interventions. However, it can be seen that based on this work the cost of providing an absolute minimal level of response to referrals is estimated at around 600k for six months. This does not include taking any children into care, any

developmental work with partners, referrals onto support agencies and the voluntary sector, agency or other unforeseen staffing costs or any quality assurance work including audit. The yearly staffing budget for the Access and Assessment team is £884k. To date we have been increasing the capacity of the front line using flexible staff and were praised for this approach in the last inspection. However the Council's financial position is such that increasing the resourcing of this function is extremely challenging therefore alternatives to the current mode of service delivery must be sought to reduce the numbers of assessments being done that do not result in any child protection intervention, where work with the family would be best placed within universal services or the voluntary sector.

- 2.10 There are usually child protection factors involved in most referrals even where families are not meeting the threshold for intervention. These factors are most commonly domestic violence, mental health problems or drug or alcohol misuse. Often there are already a range of professionals involved in the family or with a parent. We need to find better ways of managing these scenarios to prevent constant referral into a system that provides no input following an assessment; and to ensure that our resources and energy are directed towards providing support or child protection intervention appropriately.
- 2.11 Merton's narrative is that our absolute numbers across activity performance indicators are low across London because we not only provide support and work done within families outside of formal social care responses, but we are also prepared to tolerate and manage higher levels of risk than may be the case elsewhere. We do this because of the embedded philosophy that children have the best outcomes and life chances if they are brought up within their birth families wherever possible. This approach is both ethically sound and financially robust but requires recognition that staff carry risk as an everyday part of their activities, that partner agencies would prefer social care to shoulder more responsibility through formalized procedures such as child protection plans, and that we require a level of investment and infrastructure to support the careful check and balance monitoring of this approach. The leadership of the service needs to ensure that we have sufficiently skilled, motivated and enabled staff who can undertake work to create change within families regardless of the formal process used. This however needs to apply more widely than within the narrow confines of a children's social care child protection service. Part of our current improvement agenda is to strengthen the quality assurance of maintaining our tight thresholds at the right level. Our Peer Review found that we need to develop stronger evidence that: ***'the right children become LAC and cease to be LAC. It would be helpful to evaluate the outcomes of intervention and service provision to ensure that effective provision is offered to the right children and families at the right time'***.

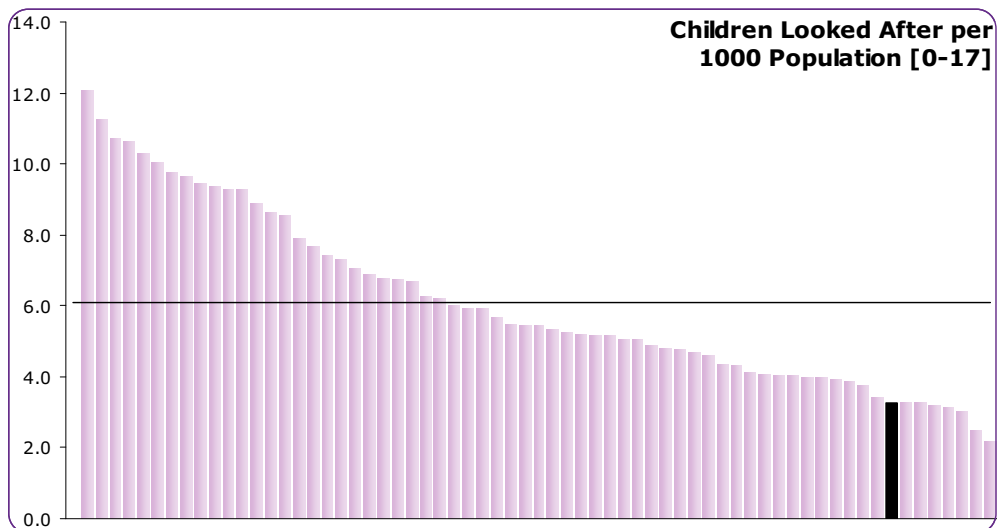
2.12 The quality of work done at the front line has been inspected twice since May 2010 by Ofsted. Our latest inspection letter is included as Appendix 2. Our second inspection demonstrated improvement from the first and found that Merton has a robust front line child protection service. It also identified three areas of strength including Merton's flexible use of staff to provide additional capacity when workloads have risen, the service provided to children with disabilities and the family support preventive interventions available for families in need. However this inspection also identified that further improvement is required on supervision of staff, management oversight of cases, analysis of risk and recording of information. These are key requirements not only for social care services in general but especially where decisions have to be made about the appropriate course of action about a child and in a borough where our approach acknowledges and accepts a high toleration of risk management in the community. The quality aspect of the work under these circumstances is crucial and it is likely that expectations of employer support provided to staff and managers will increase:

'the review questions whether it is realistic to expect each frontline worker to cover such a wide range of skills and knowledge and whether the current career structure reflects or values the time it takes to develop expertise. In the next phase of the review, consideration will be given to reforming the career structure of social work, endorsing but building on the recommendations of the Social Work Reform Board'. (Munro 2011)

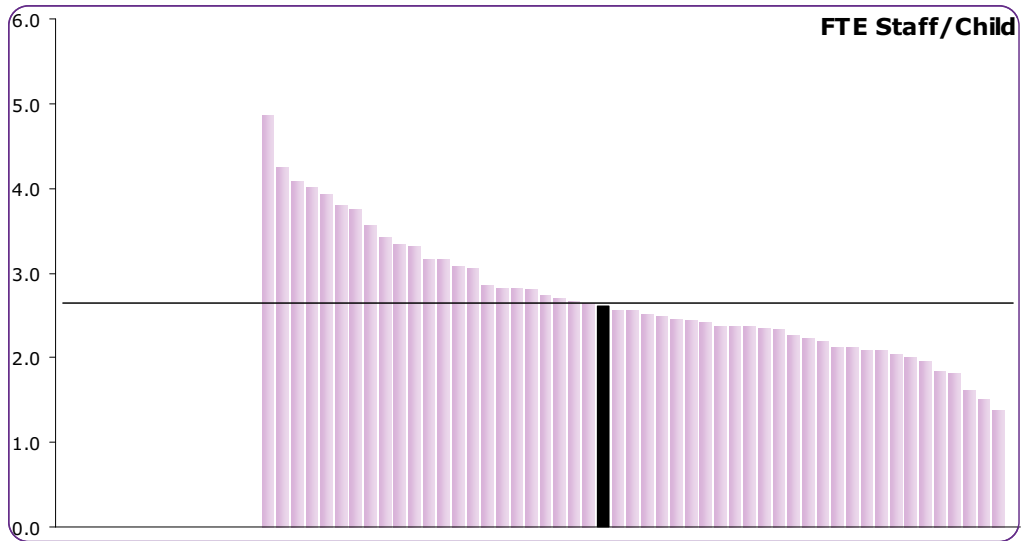
These systemic strategic and practice quality improvements are monitored through the CSF Continuous Improvement Board and through detailed action plans for both overall safeguarding and looked after children's services, and specifically for the front line services. Merton will not have a further Unannounced Inspection until June 2011 at the earliest due to our early 2010-11 inspection in December. It is indicated through the Munro review that unannounced inspections are likely to continue and may be extended to cover other services including adoption and fostering.

2.13 Children in Care

Overall numbers of children placed in the care system in Merton are currently 32 per 10,000 significantly below the national average of 58 per 10,000, with absolute numbers currently 133. We take fewer children into care as a proportion of those referred in and assessed than any other borough in London except Hackney. Hackney has invested in an intensive case work system around children with multi-disciplinary teams which have been successful at reducing their numbers of children in care. The cost of taking a child into care at the point of reception according to the Loughborough research is approximately £3k. An internal foster placement costs around £22k per year (not including staff and management costs) and an external foster placement is in the region of £45k. Our overall looked after children costs are comparatively low although there are areas where value improvements can be made and these are being worked on through fostering team restructure and the development of ART.



In these graphs from the latest Cipfa work, Merton is the black bar.



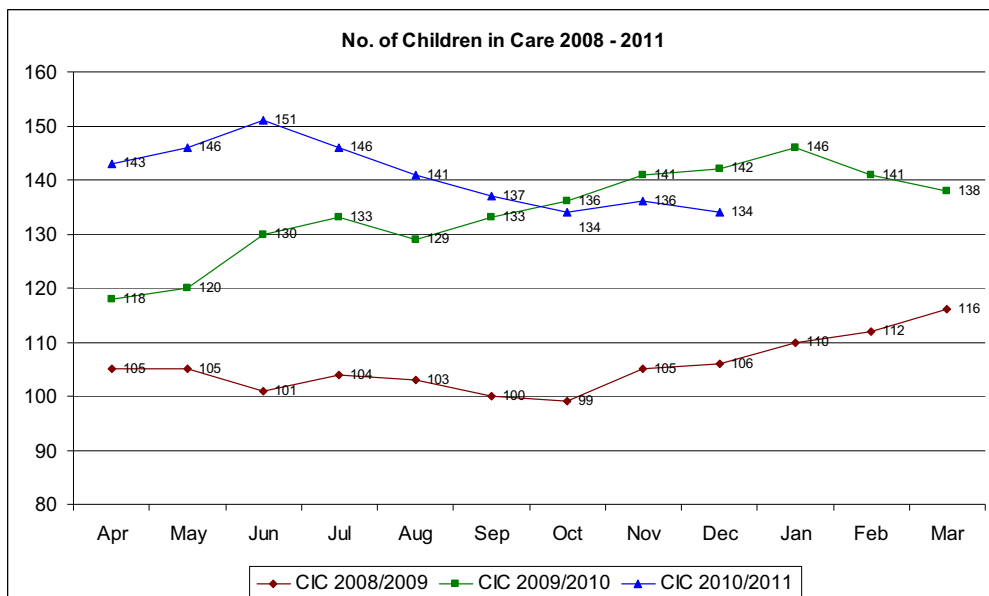
2.14 The Cipfa figures are based on 2009-10 out turn so it is not surprising that the extensive data (not in the attached bar charts) shows Merton as having higher numbers placed in out of authority provision and low numbers with our own carers. The position has improved since then but further work is required. In fact on nearly all the indicators measured by Cipfa including gross cost per head of the population 0-17, we are lower than most responding authorities (gross cost in Merton is £153 compared to an average of £235). It can be seen that our low looked after numbers are shown nationally in the Cipfa work and that our numbers of staff ratio to looked after children are average. This does represent good value when additional factors are noted for example where there is a higher threshold for entry to care and the sample is smaller as a proportion of the population, then the children who do come into the care system are likely to have significant needs. The Looked After Children's Team are currently holding their Lean Review to identify where possible further efficiency savings.

2.15 We know that we have more work to do to expand our range of in house placement provision and reduce the unit costs. We have reduced our numbers reliant on externally commissioned placements from 59 to 45 in 2010-11. However, analysis of the types of children in different care placements shows that it is the older age range of children that are much more likely to be in high cost placements and much less likely to move out of the care system back to permanent families. This suggests that for our strategy going forward we must focus our foster carer recruitment efforts to find Merton foster carers who can manage children of this age with demanding and difficult behaviour, and tailor our training programmes accordingly.

2.16 Table 3 - Number of Children who started to be Looked After during the year ending 31st March

	2006	2007	2008	2009	2010	2011 Predicted figures at year end 31.3.11
Merton entry to care	37	44	66	85	88	65
Merton exit from care	71	60	57	77	69	72

2.17 From April 1st 2010 to end January 2011 we have taken 55 children into care. Our average numbers entering care each month in 2010 are 5 therefore we are likely to end the year 2010-11 with a total of 65 children having entered care taking us back to 2008 levels despite the overall population increase. 60 children have left care so far in 2010-11 and using average figures that would suggest we end the year with 72 children having exited from care. This will therefore likely be the first year since 2007 that Merton has taken fewer children into care than have exited within the year. It is considered that our care numbers should remain relatively stable but are unlikely to significantly reduce significantly from this position. See Graph 2 below.



3 Resourcing Demand

- 3.1 Nationally there has been a strategic approach to resourcing and managing demand for services to children. This has meant that considerable investment has been made in early intervention services since the 2004 Children Act and other policy developments including Think Family, Family Nurse Partnerships, Family Intervention Projects, Sure Start and children's centres etc. This has tended to be grant funded and tied to specific deliverables incorporating a range of targeted and universal preventive activities. The Coalition government has clearly set out its intentions in both reducing overall spend and streamlining the processes by which that spend has manifested itself locally.
- 3.2 Merton has made significant investment in both universal and targeted services under the framework of the Merton model. This has included services delivered internally and a range of commissioned services through voluntary sector providers. It is also the case that having these services in place since the Every Child Matters agenda for change has run concurrently with an increase in referrals to children's social care. It is not possible to draw cause and effect from this but a clearly stated aim of early intervention services is to prevent the need for escalation of children through the levels of the Well-Being Model. Investing in these services has inevitably identified greater unmet need than was previously recognised, however we are in a position where our response to this is to increase referrals into Children's Social Care. The Department for Education and the Munro Review have both referred to the need for early intervention and help, referencing existing projects like the Family Nurse Partnership and Family Intervention Projects, and the Allen Review. Nationally and locally it is recognised that early intervention has its basis in an evidence based what works approach.
- 3.3 In Merton we have developed work with local police to divert notifications of children coming to their notice from the social care front line, where it would not result in a social care intervention. This is a successful but limited project involving one member of social care staff working from Wimbledon Police Station once a week. It has reduced numbers of Police notifications and improved information sharing and joint work approaches. We also have a small team of social workers working across schools, paid for by schools to promote the use of the Common Assessment Framework and intervention with children prior to social care referral. Schools find this service invaluable:
- 3.4 ***'solutions developed in some local areas where multi-agency teams that include social workers are based in the community with universal services. This allows those in the universal services, who become concerned about a child's safety or welfare, to readily discuss this with an experienced team who can check what else is***

- known about the child and family and provide evaluation and assistance. This team enables a deeper professional consideration of the presenting context and is resulting in better decisions about how to allocate early help and/or more intense social care support....”***
- 3.5 It is clearly an effective response to ensure that social care knowledge is available to universal services and other partners to ensure that a level of filter is applied prior to referral:
- 3.6 ***‘The evidence further shows that the number of inappropriate referrals to children’s social care is reduced. The teams are reported to be helping to direct those families in need of a different type of help to an appropriate alternative’ (Munro 2011).***
- 3.7 However, we remain in a situation where most referrals do not result in social care services being provided beyond a brief assessment period. The services we have in place described above focus more on identification and onward referral and are not set up to incorporate delivery. As part of our Transformation work in CSF (and with Children’s Trust partners) our priority for 2011 is to reshape early intervention and prevention services to be more effective dealing with demand beneath the threshold for social care intervention.

4. CSF Transformation Agenda

- 4.1 Work has progressed through 2010 to implement the transformation strategy focused on:
- Ensuring that there are very robust mechanisms in place for managing shifts in demand;
 - Improving the balance between prevention and intervention so that fewer young people enter the care system;
 - Strengthening partnership through the Children’s Trust to build capacity in Children’s Services; and
 - Improving the quality and efficiency of service delivery across Children’s Social Care and Youth Justice.
- 4.2 Particular contributions include:
- Improving forecasting of demand and action to manage demand;
 - Developing and implementing phase one of our early intervention strategy to support demand management;
 - Improving the effectiveness and efficiency of family support services through the re-commissioning of EIP services and the Phoenix contract;
 - Continuing to develop integrated commissioning with our Children’s Trust partners;

- Strengthening the QA and performance monitoring role of the LSCB and consolidating the joint management arrangements of the LSCB and Children's Trust;
- Using LEAN to streamline adoption and fostering;
- Improving the efficiency of front door services by reshaping the first point of contact for Children's Social Care utilizing graduate trainees and administration staff;
- Continuing work with the Metropolitan Police to ensure the appropriateness of Police Merton referrals;
- Strengthening the focus of rehabilitation of young people in care;
- Developing our Access to Resources Model to deliver smarter placement procurement driving down unit costs;
- Improving the recruitment and retention of social workers;
- Improving Carefirst.

4.3 Transformation Projects for 2011-12

We will continue to embed the projects detailed above and will explore a range of responses to the position outlined above including use of volunteers with potential to develop services for families.

- 4.4 As part of the CSF wider review of early intervention services we will redesign and recommission CSF direct delivered and commissioned services to deliver better and cheaper ways of intervening pre Children's Social Care.
- 4.5 Our current transformation programme will be reviewed as part of the Council wide service review process.

5. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 5.1 These are contained in the main body of the report.

6. LEGAL AND STATUTORY IMPLICATIONS

- 6.1 CSF will prioritise the delivery of core statutory duties when re-designing, commissioning and decommissioning services.

7. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 7.1 CSF department will ensure that within reduced funding available, priority is given to ensuring the needs of the most vulnerable are prioritised. Considerable monitoring and action is undertaken to ensure equality of

access and securing narrowing the gaps between the most vulnerable and the more advantaged peers.

8. CRIME AND DISORDER IMPLICATIONS

- 8.1 Youth justice and youth crime funding are still to be announced. And any significant reduction would impact on the Council's ability to deliver specialist services to young people in the CJ system as well as impacting on prevention work.

9. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

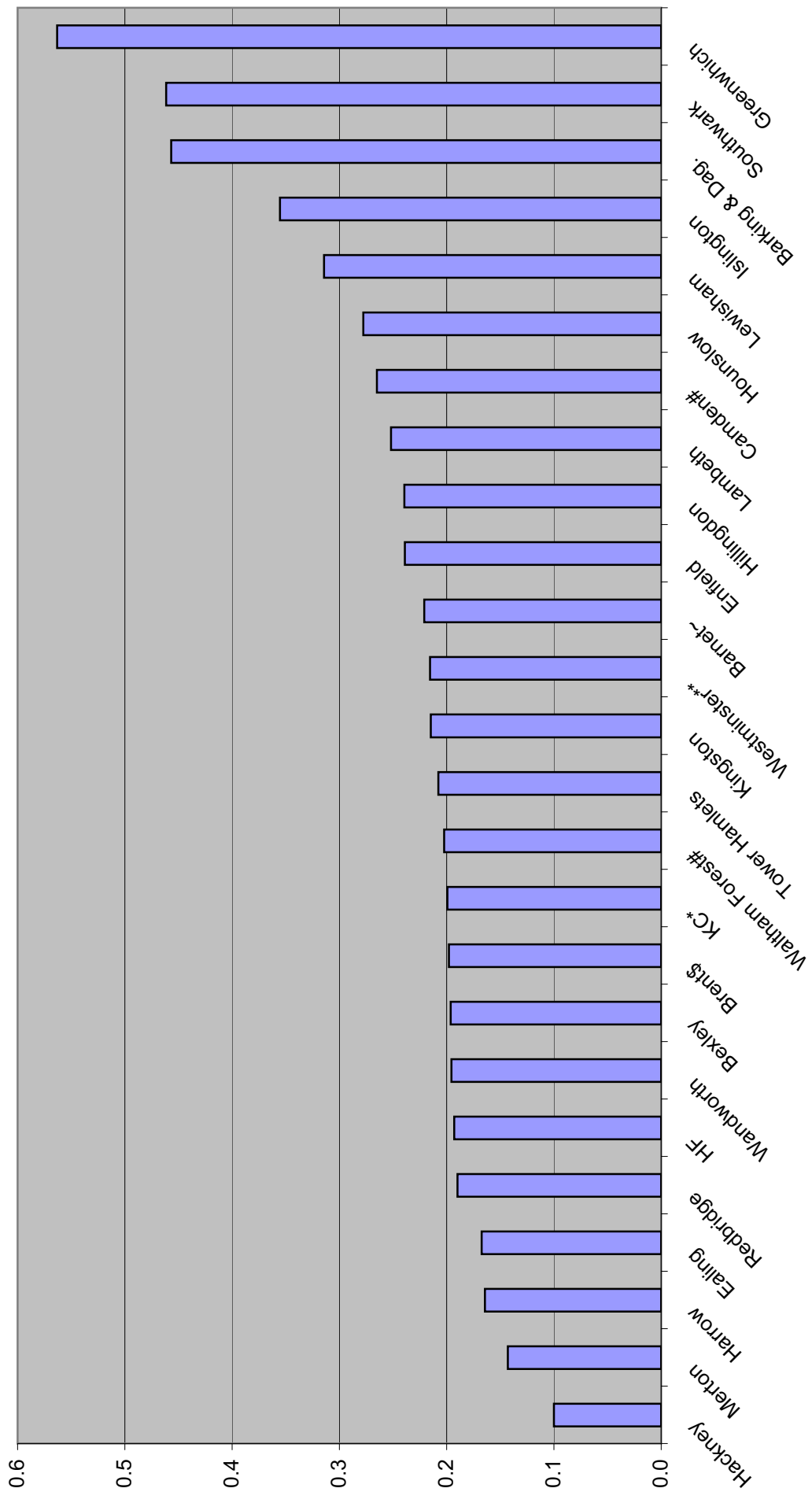
- 9.1 The risks of specific proposals are assessed as part of the evaluation process prior to implementation.

10. APPENDICES - the following documents are to be published with this report and form part of the report

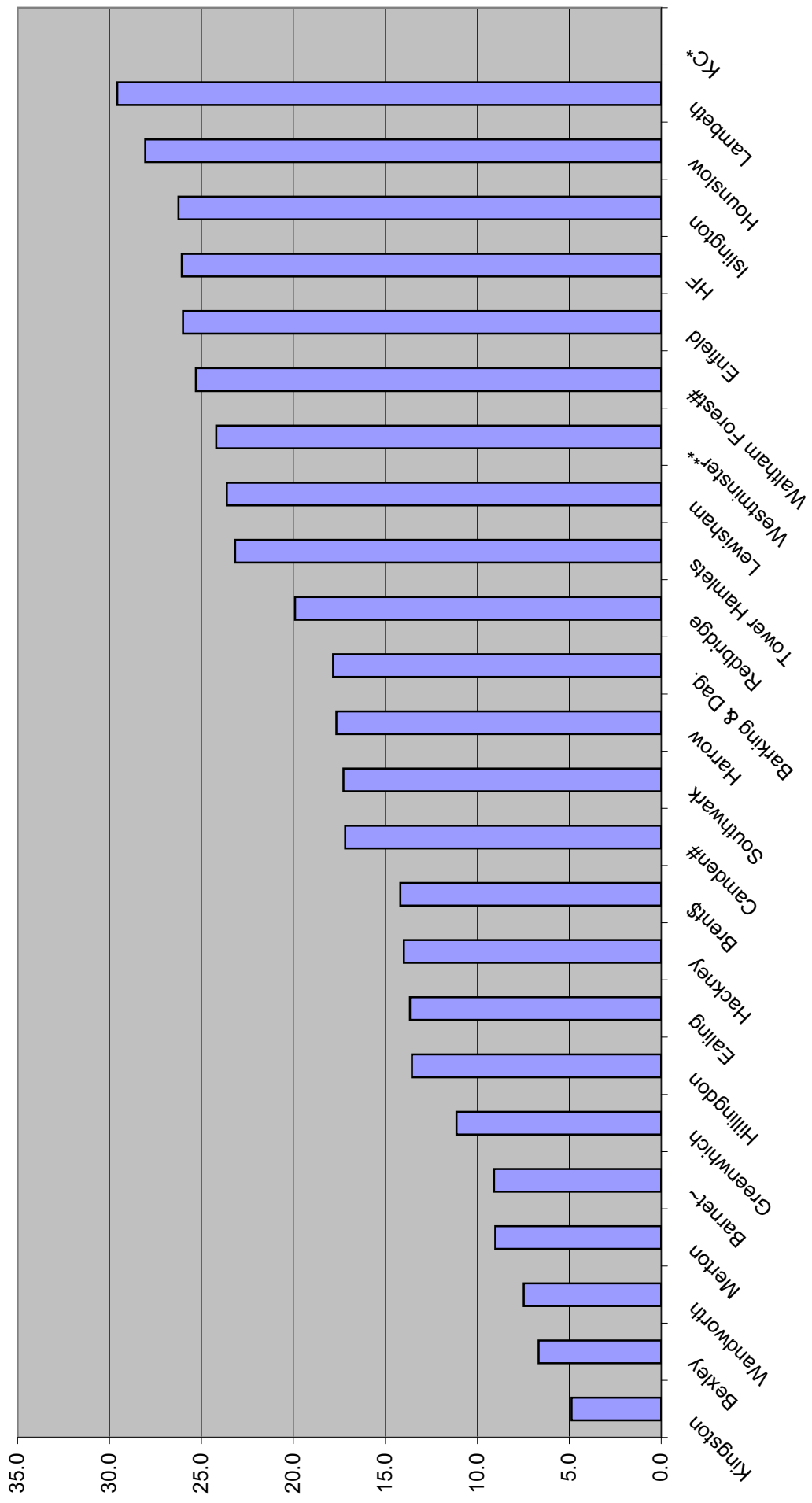
Appendix 1: London Borough Comparison Data

Appendix 2: Merton unannounced Ofsted inspection letter January 2011

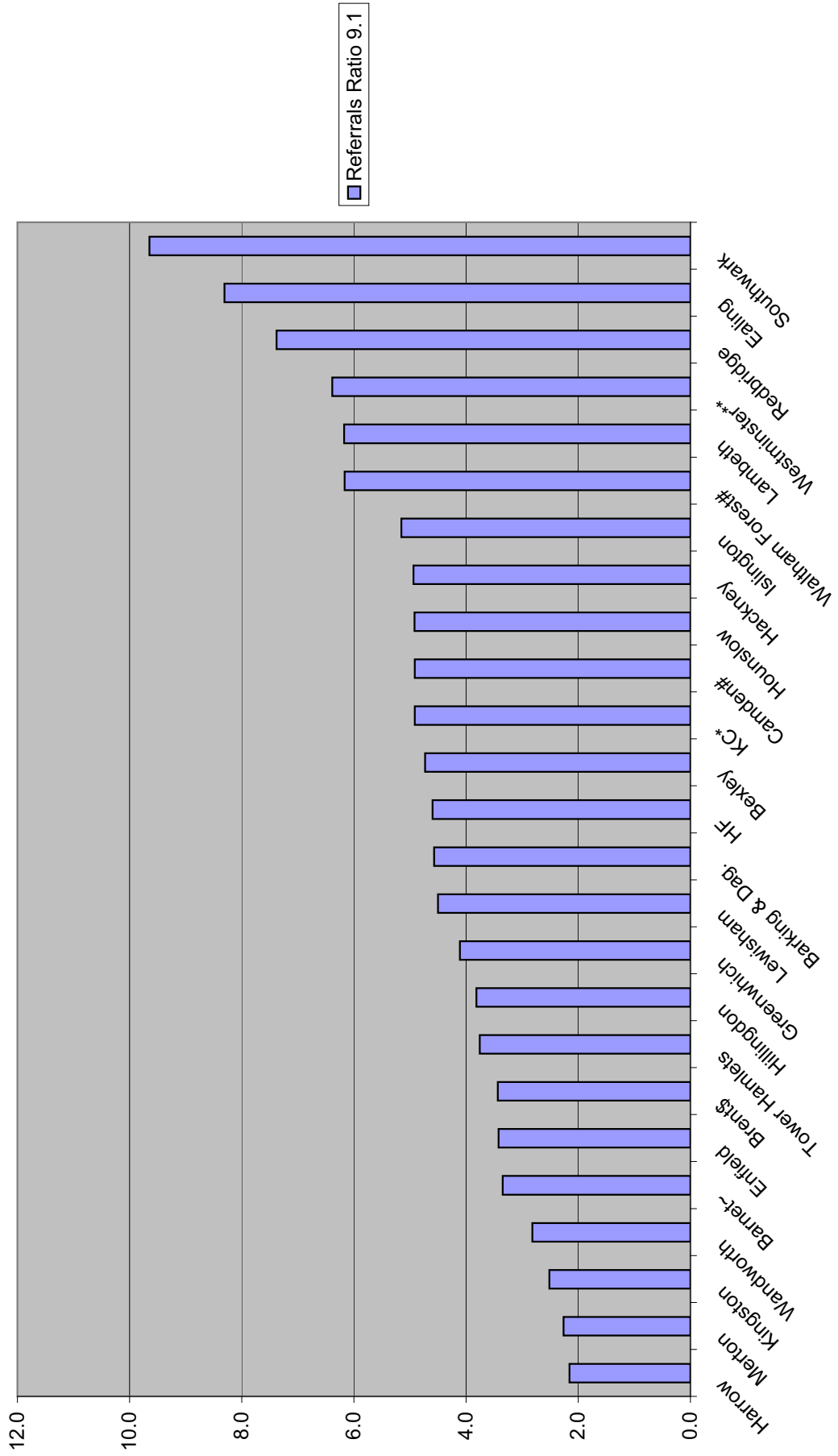
Reception into care Ratio per 1000



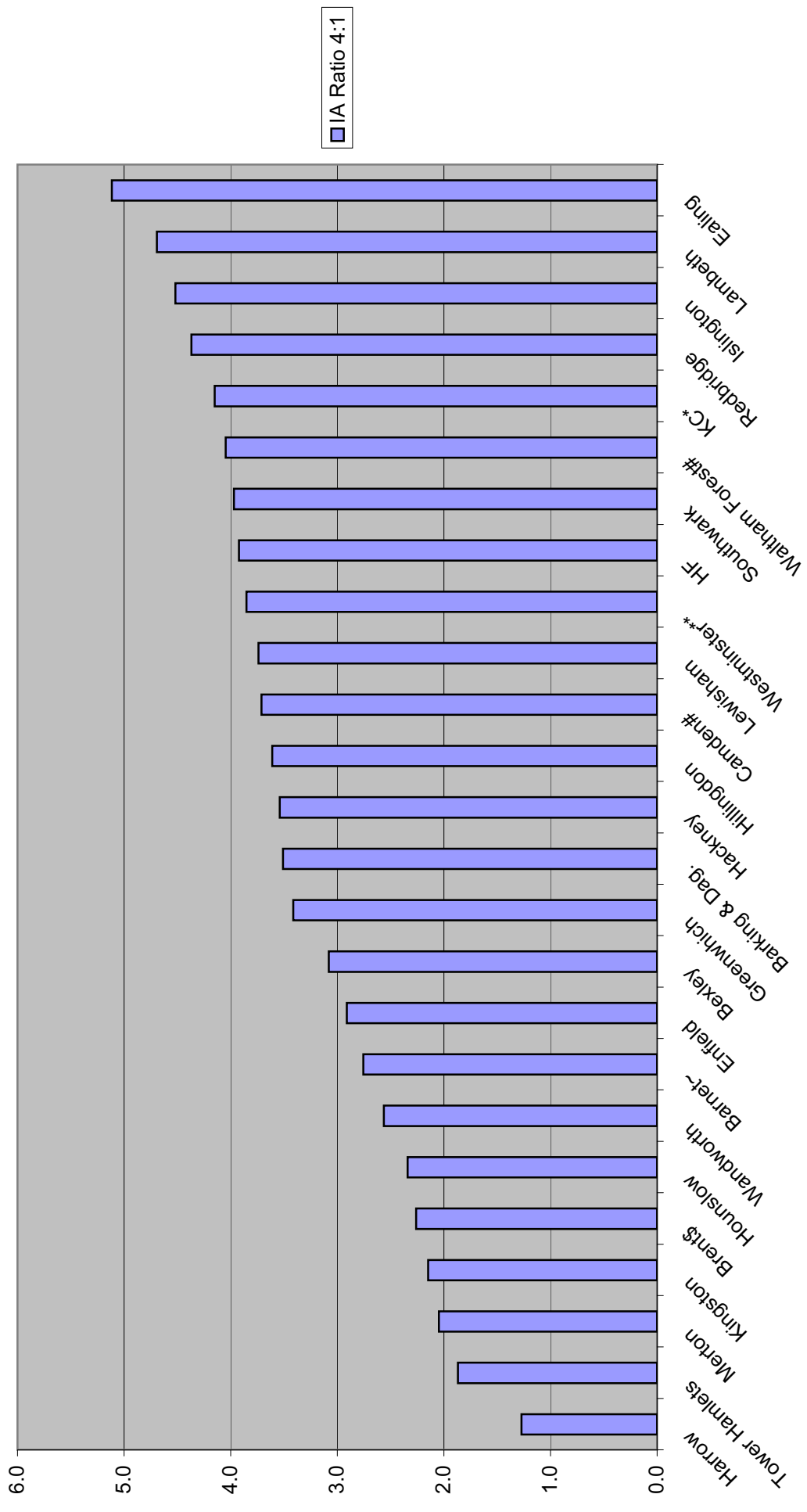
Contacts Ratio per 1000



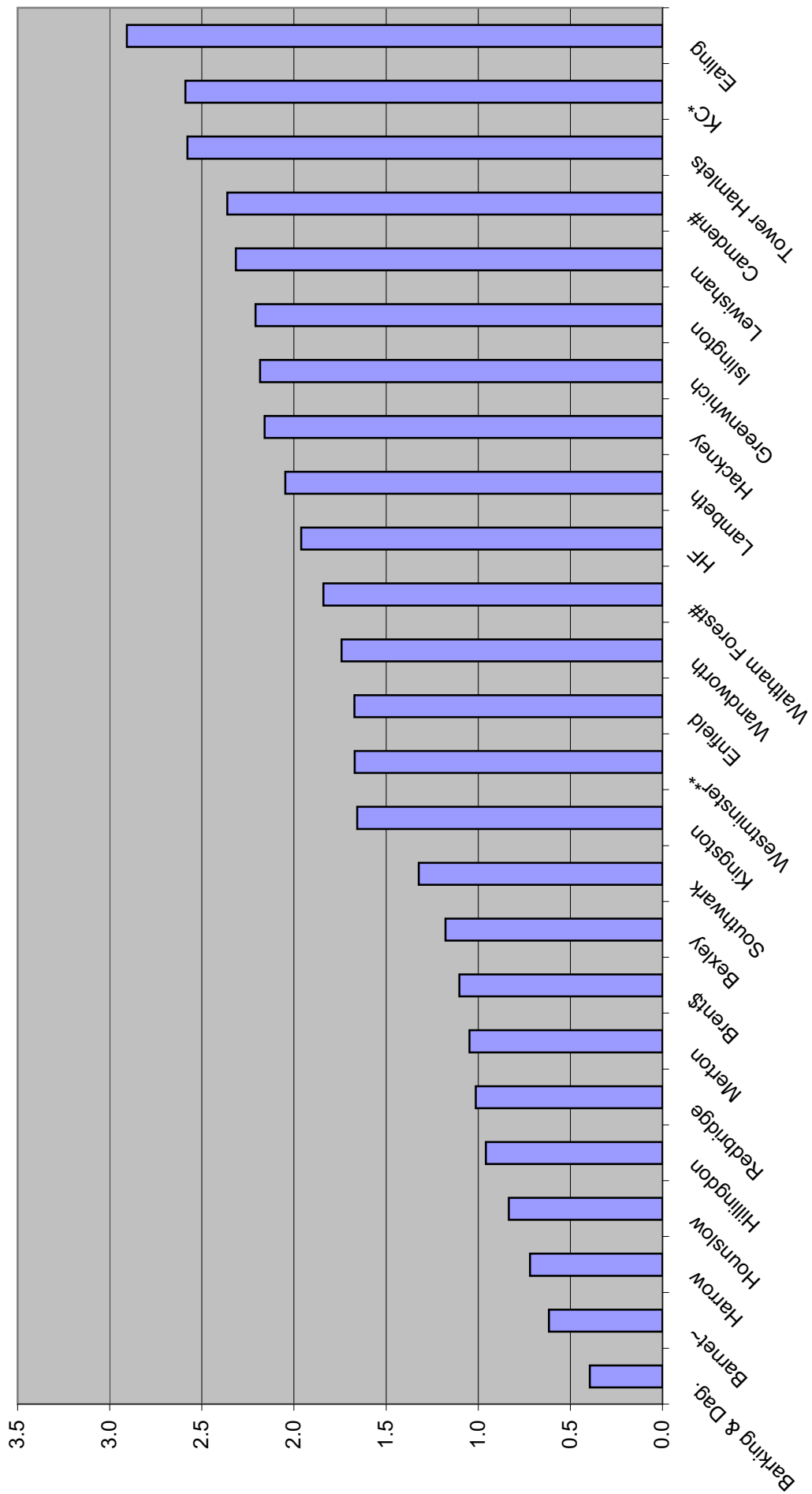
Referrals Ratio per 1000



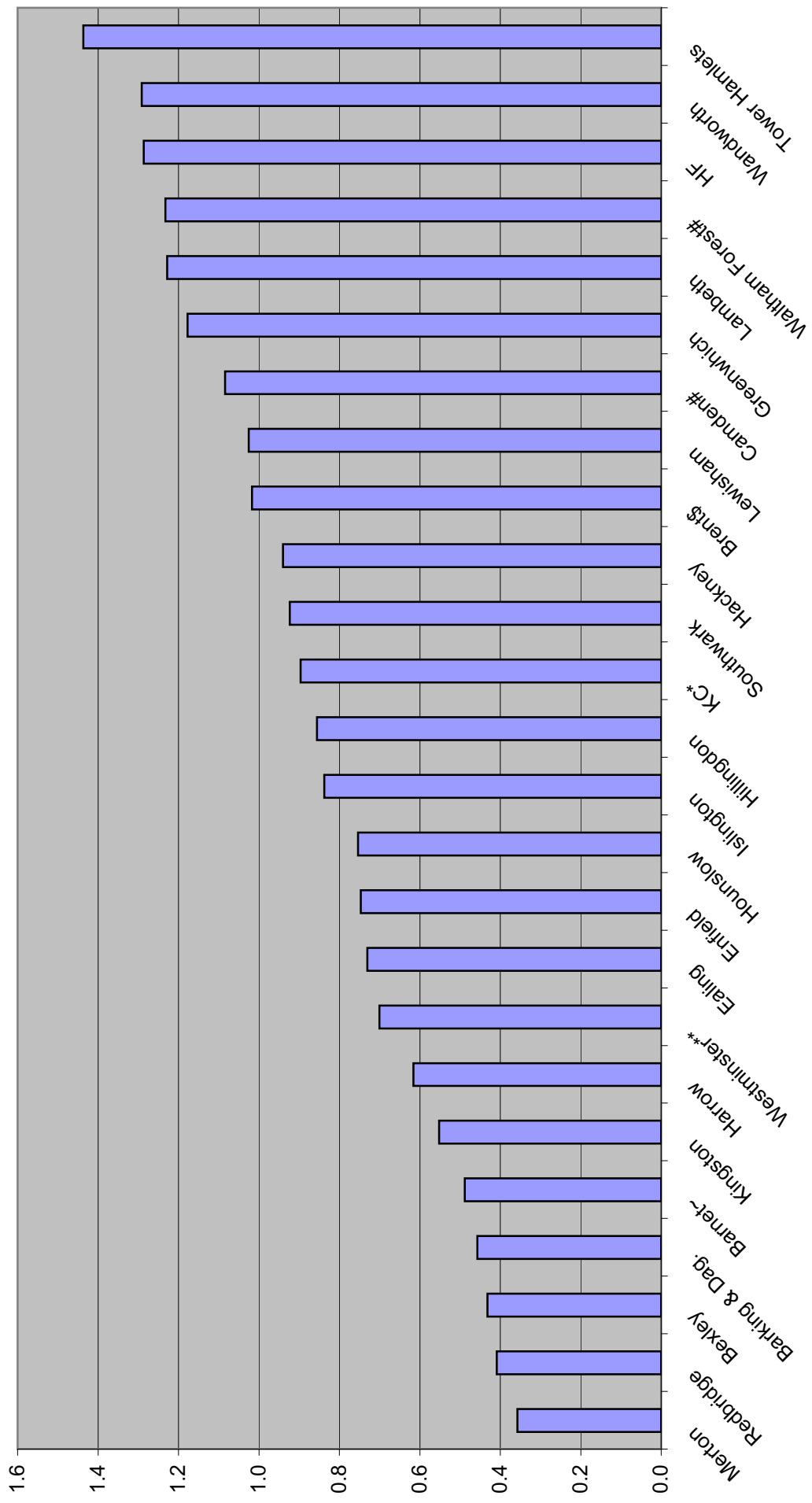
Initial Assessments Ratio per 1000



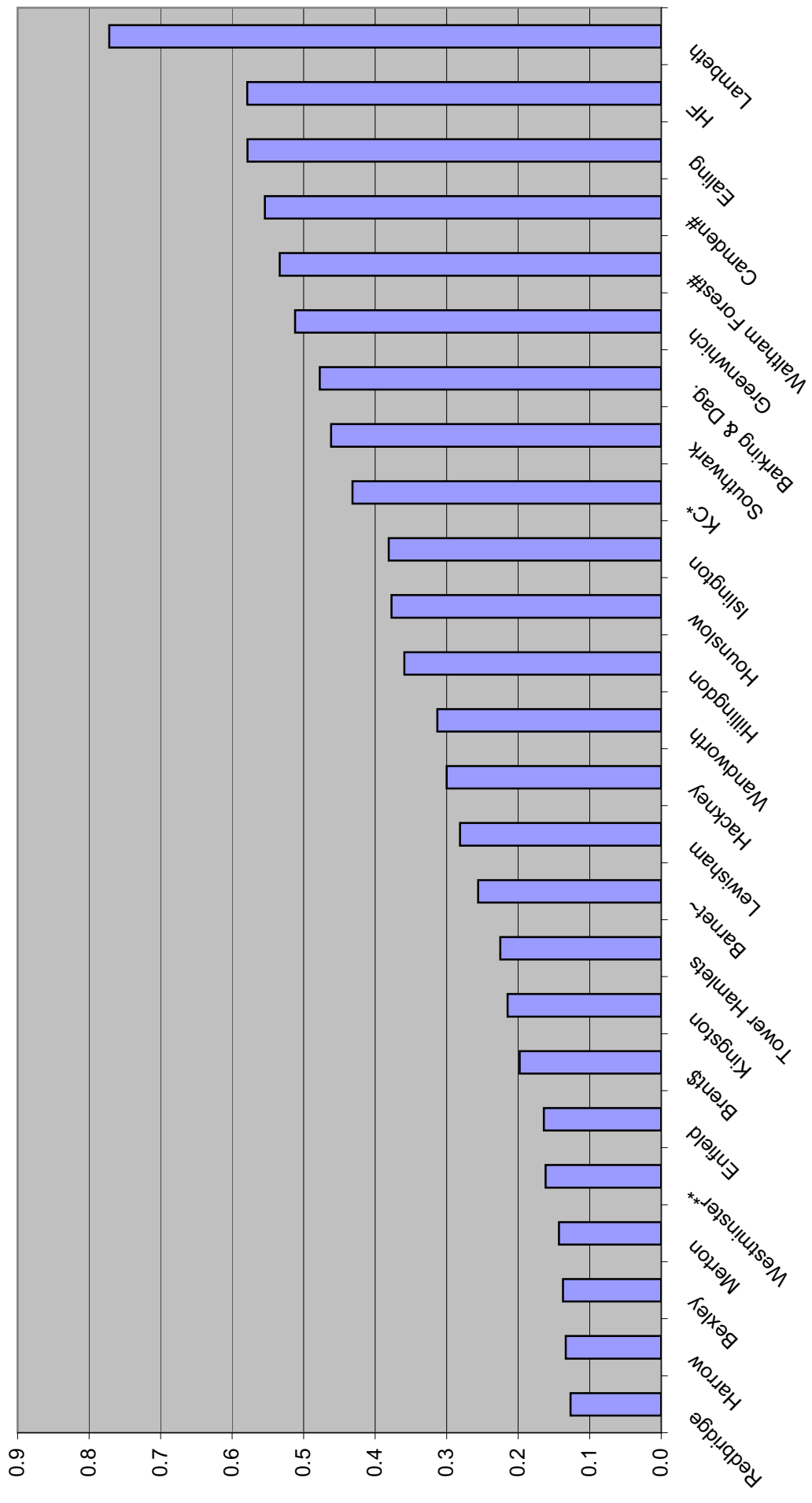
Core Assessments Ratio per 1000



S47 Ratio per 1000 Population



ICPC Ratio per 1000



13 January 2011

Ms Yvette Stanley
Director of Children, Schools and Families
London Borough of Merton
Civic Centre
London Road
Morden
Surrey
SM4 5DX

Dear Ms Stanley

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

This letter summarises the findings of the recent unannounced inspection of contact, referral and assessment arrangements within local authority children's services in the London Borough of Merton Council which was conducted on 7 and 8 December 2010. The inspection was carried out under section 138 of the Education and Inspections Act 2006. It will contribute to the annual review of the performance of the authority's children's services, for which Ofsted will award a rating later in the year. I would like to thank all of the staff we met for their assistance in undertaking this inspection.

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

The inspection identified areas of strength and areas of practice that met requirements, with some areas for development.

The areas of development identified at the previous inspection of contact, referral and assessment arrangements on 5 and 6 May 2010 have been addressed.

From the evidence gathered, the following features of the service were identified:

Strengths

- Funding has been made available for additional social worker and supervisory posts to address high caseloads. As a result, there has been a considerable improvement in the timeliness of assessments which, in the last two months,

have exceeded national targets, and also increased the throughput of work.

- Comprehensive assessments and planning by staff in the children with disabilities team combined with effective partnership working ensures that the specialist needs of this group of children are well met. The team has recently undertaken some safeguarding workshops in targeted local schools which have resulted in better quality of referrals sent though to them.
- A wide range of multi-agency preventative and targeted services are available to children and families in need of additional support. These include 'Caring Dads', a groupwork programme for fathers who have been involved in domestic abuse. The course, run jointly with London Probation Trust, helps men develop skills in effectively interacting with their children.

The service meets the requirements of statutory guidance in the following areas

- The Merton 'Well-being' model provides clear multi-agency thresholds for service delivery and is understood by staff and partners. As a result, appropriate referrals are made to children's social care and resources are targeted effectively.
- Contacts and referrals to the access and assessment team receive a timely response. In most cases, well-documented decisions are made by duty managers in progressing cases and, where cases do not reach the threshold for the involvement of children's social care, appropriate referrals are made to preventative services.
- Referrals about children at risk of significant harm receive a prompt response from a qualified social worker. Good working relationships with the police ensure that strategy discussions are timely, and Section 47 enquiries commence on the day of the initial contact.
- All social workers are suitability qualified, experienced and committed to improving outcomes for children and young people. Staff are encouraged to participate in the comprehensive training opportunities that are available to enhance their professional development and practice.
- The recent appointment of permanent social worker and management posts to the access and assessment team has reduced the use of agency staff. This has improved the overall stability of the team and provides a more consistent service to children and their families.
- Children and family members are routinely seen during assessments and their views are recorded and contribute to case planning.
- Assessments of children and their families take account of their culture, language and personal identity.
- A developing culture of performance management within the children's care service is improving the timeliness in the provision of services to children and their families. Weekly meetings and regular performance reports are actively

used by managers to monitor the progress of work within the team and address any deficits or inconsistencies.

- Transfer arrangements between the access and assessment service and the children in need teams are clear and robust. Cases are allocated promptly on transfer and appropriate liaison undertaken between the teams.
- Effective out-of-hours arrangements are in place which link well to daytime services.

Areas for development

- Although the frequency of formal staff supervision is improving, the quality is inconsistent and does not generally provide sufficient opportunity for reflective practice.
- Recording in case files is timely but, in some cases, not sufficiently comprehensive to reflect all the key issues in the case.
- Some core assessments lack sufficient analysis of all the identified risk factors and the impact on the welfare of the child. This is particularly evident in more complex cases where plans are not sufficiently realistic and outcomes are not always achievable.
- The overall quality of management oversight of casework is not sufficiently rigorous. As a result assessments with deficits in analysis or with limited plans are authorised by managers.
- The role and importance of the local authority designated officer in safeguarding children and vulnerable adults is not fully understood and utilised by the service.
- Information sharing protocols with the probation service regarding adults who pose a risk to children are not sufficiently developed.

Any areas for development identified above will be specifically considered in any future inspection of services to safeguard children within your area.

Yours sincerely

Karen McKeown
Her Majesty's Inspector

Copy: Ged Curran, Chief Executive, London Borough of Merton
Anthony Ecclestone, Chair of London Borough of Merton Safeguarding
Children Board
Cllr Maxi Martin, Lead Member for Children's Services, London Borough of
Merton
Andrew Spencer, Department for Education

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