

Inspection of safeguarding and looked after children services

London Borough of Waltham Forest

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Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of five of Her Majesty's Inspectors (HMI), one Additional Inspector and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with children and young people receiving services, front line managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision' and the evaluation of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
 - a review of 68 case files for children and young people with a range of need. This provided a view of services delivered over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment arrangements undertaken in June 2011
 - interviews and focus groups with front line professionals, managers and senior staff from NHS Outer North East London and Outer North East London Community services, North East London NHS Foundation Trust and Whipps Cross University Hospital NHS Trust.

The inspection judgements and what they mean

3. All inspection judgements are made using the following four point scale.

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements
Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

Service information

4. Waltham Forest is an outer London borough with a population of 243,280, of which 61,401 are children and young people under the age of 19 years, constituting about 25% of the total population. People from minority ethnic backgrounds make up 41% of the total population and 76% of the school population. The proportion of pupils with English as an additional language is 46%. Waltham Forest has high levels of deprivation and is ranked 15th nationally in the Index of Multiple Deprivation. The proportion of children living in poverty is 35%, which is higher than the national figure.
5. Education in Waltham Forest is provided by three nursery schools, two all-through schools, 51 infant, junior or primary schools (including three academies), 14 secondary schools (including one academy), five special schools and one home and hospital tuition service run by Brookfield House School, based at Whipps Cross Hospital. The borough has two pupil referral units. Post-16 education is provided by eight sixth form colleges and further education establishments. At the time of the inspection 45 children and young people were being home educated. The borough has 17 children's centres, with 15 located on school sites.
6. The partnership arrangements for children's services in Waltham Forest are overseen by the Waltham Forest Children's Trust Board which was established in March 2010. It has senior membership from Waltham Forest County Council, NHS Outer North East London (ONEL), JobCentre Plus, the Metropolitan Police Service and the NHS as well as schools, colleges and the voluntary sector. The Waltham Forest Local Safeguarding Children Board (LSCB) is independently chaired and brings together all the main agencies working with children, young people and their families that provide safeguarding services.

7. Children's social care services are delivered through specialist teams based at seven main centres. There are two designated referral and assessment teams, one in the community and one in the hospital, a planning and intervention team, a children in care team and an 18+ team providing services to care leavers. There is also an adoption team, a fostering team, a children with disabilities team, and an independent team of child protection chairs and independent reviewing officers.
8. At the time of the inspection, 209 children were subject to child protection plans. Of the 321 children that are looked after by the local authority, 92 are placed in foster placements provided by the local authority (including care by family and friends) and 142 are placed with independent foster care agencies. Eight children and young people are placed in residential placements that are commissioned externally. In addition, 25 are in residential school settings, 28 are in semi-independent accommodation, 19 are placed for adoption and seven are placed with parents. The local authority operates one children's home that provides respite care for disabled children.
9. Health services in Waltham Forest are commissioned by ONEL PCT cluster. Community Provider Services which include both health visiting and school nursing are delivered by ONEL. The acute trust commissioned to provide services for children is the Whipps Cross University Hospital NHS Trust. The hospital also provides emergency care and children's services. Child and adolescent mental health services (CAMHS) and adult mental health services are provided by North East London Foundation Trust.

Safeguarding services

Overall effectiveness

Grade 3 (adequate)

10. The overall effectiveness of safeguarding services in the London Borough of Waltham Forest is adequate. The authority responded swiftly to acknowledge and address deficits highlighted in the unannounced inspection of contact, referral and assessment arrangements in June 2011. A full review of children's services was commissioned, resulting in a comprehensive plan to improve the quality of all services. The 'Step Up Waltham Forest' plan is ambitious and is monitored well by a multi-agency improvement board. The plan has already resulted in significant improvements to safeguarding services in the borough. As a result, referral systems for children and young people who are at risk of harm or with complex needs are now robust and assessments and plans are timely. Further initiatives have been developed to safeguard children and young people, including more accessible early help through the Early Intervention and Prevention Service (EIPS). A new structure has been introduced to ensure that the common assessment framework (CAF) is used more effectively throughout the borough. Responsive action has

been taken to ensure that children and young people can feel safe in the community by targeted work with young people likely to become involved with gang membership, and effective deployment of uniformed Police officers to keep children and young people safe while travelling to and from school and while in school. Well planned initiatives have also resulted in better safeguarding standards in nurseries and child care settings in the private, voluntary and independent sectors. Workforce planning is improving to reduce the dependency on temporary staff, and recruitment processes are effective. On an operational level, performance management systems and quality assurance systems are now in place to ensure that children and young people receive the level of services that they require to keep them safe. The management of resources is sound and the council is effective in obtaining external funding to support the needs of the children and young people in the borough. The views of children and young people are often used to influence the development of services in the borough.

11. Members of the senior management team of children's social care services are employed on a short term basis and the authority has yet to agree a long term strategy to underpin the improvements in the service. Partnership working at a strategic level is not sufficiently robust and elected members have too little oversight of the work of children's services to enable them to understand and scrutinise the performance of the service. The local area designated officer (LADO) does not yet receive referrals from all agencies when an allegation is made about a professional. Although a range of agencies provide effective support to children, young people and their families most of the time, limited services are available to support children and young people and their families in the evenings and at weekends. The assessments and plans for children with learning difficulties and/or disabilities are not sufficiently comprehensive to ensure that their needs are met. Information-sharing protocols are not understood by all agencies and, as a result, this is not always used effectively to understand potential risks to children and young people.

Capacity for improvement

Grade 3 (adequate)

12. The capacity for improvement is adequate. Performance for the council is in line with national indicators and no services are deteriorating. Following an independent review of children's services, the council now has a good understanding of its strengths and weaknesses and has a clear vision as to how it will improve the service. Change is managed well to ensure that actions that have the most impact on the safeguarding of children and young people are appropriately prioritised. Significant improvements have resulted in contacts with children's social care receiving an appropriate and proportionate response. There are sufficient social workers in post and caseloads are manageable. Staff are clear about

their role and are motivated to implement the improvement plan developed by the council.

13. Although recent improvements have been made to services, long term plans for children's social care are yet to be agreed. The strategic partnership does not offer sufficient scrutiny of the children's services in the borough.

Areas for improvement

14. In order to improve the quality of provision and services for safeguarding children and young people in the London Borough of Waltham Forest, the local authority and its partners should take the following action.

Immediately:

- ensure that the London Borough of Waltham Forest agrees and implements its strategy for recruiting permanent managers to the senior leadership team of children's social care
- ensure that elected members of the London Borough of Waltham Forest council are properly equipped to undertake their scrutiny role of the performance of children's services
- ensure that partner agencies routinely inform the LADO when allegations are made about staff
- make improvements to assessment and planning for children and young people with learning difficulties and/or disabilities to ensure that their needs are fully met in all cases.

Within three months:

- review the role of Waltham Forest LSCB to ensure that it meets its statutory obligations and offers sufficient challenge to the performance of partners to ensure that children are kept safe
- revise recruitment processes to ensure that processes for following up written references by direct contact are clear and additional information is recorded appropriately
- establish a protocol between children's social care services and the crime and disorder reduction partnership of the London Borough of Waltham Forest to ensure that information-sharing and consultation is undertaken effectively so that the safeguarding needs of children are paramount
- ensure that all staff who work with vulnerable families, including those within the voluntary sector, receive the appropriate level of safeguarding training from the LSCB

- improve the monitoring of children who are missing from home, school or care to ensure that all available data is used so that patterns and trends are used to inform service planning and delivery
- ensure that assessments of children and young people properly reflect their views and considers their needs in relation to their culture and identity
- ensure that the accountability arrangements for named and designated professionals within all health providers across Waltham Forest and the ONEL PCT Cluster fulfill the requirements of *Working Together 2010* and the *Intercollegiate Guidance November 2010*
- review the safeguarding supervision policies and arrangements across health providers in Waltham Forest
- improve liaison and referral procedures between the Accident and Emergency (A&E) department at Whipps Cross University Hospitals NHS Trust and the 722 substance misuse service, provided by North East London Foundation NHS Trust (NELFT), to ensure that young people who attend the department are offered appropriate and timely support
- ensure that the commissioners of ONEL and NELFT providers review the care pathway for referrals to the occupational therapy health team so that children are able to access occupational therapy support in a timely way.

Within six months:

- ensure provision is made to address the needs of children who show sexually harmful behaviour but have not committed an offence
- the Children's Trust of the London Borough of Waltham Forest should ensure that the Contraception and Sexual Health Services meet the diverse needs of the population within Waltham Forest.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (adequate)

15. The effectiveness of services to ensure that children and young people are safe and feel safe is adequate. Although most children and young people who were seen as part of the inspection reported that they were safe and felt safe, some expressed concerns about not feeling safe in the community because of the impact of gangs in the area. The council has recognised this problem and has been working with partners to provide an effective response. Additional funding from the council has provided more uniformed Police officers in the borough. As a result, robust Safer Schools partnerships are in place and initiatives such as safer routes to and from school and safer school transport have been developed to help children and young people be safe and feel safe. Work to reduce bullying is given appropriate priority. Effective peer mentoring and mediation training for school children has reduced the incidence of bullying in schools and most schools now have secure text facilities where pupils can report their concerns confidentially. A campaign to address the problems of homophobic bullying has been successful in raising awareness. Inspected provision for children and young people in Waltham Forest is judged as adequate or better at helping children and young people to stay safe.
16. Recruitment processes meet statutory requirements. However where written references have been followed up by direct contact, these conversations are not recorded on the file. Grievance and disciplinary issues are managed well.
17. The service responds to complaints effectively. Feedback about learning from complaints is disseminated regularly to managers to ensure that this is incorporated into practice. Most letters to complainants provide feedback about the learning that has been taken forward from their complaint.
18. Practice ensures that the safeguarding of children in private, voluntary and independent settings is robust. Practice has been effectively strengthened by the implementation of the certificate of minimum standards (CMS) programme, which has been approved by the LSCB to ensure that safeguarding practice is consistent within settings. Sixteen early years' settings hold the certificate and a further 52 are working towards certification.
19. The identification and management of allegations against people who work with children are adequate. Although the role of the LADO has only recently been introduced in the borough, considerable work has been

undertaken to ensure that agencies understand the function of the LADO. Investigations are undertaken in a sensitive and timely manner and staff who are under investigation are offered external support throughout the process. However low rates of referral from some agencies, in particular the Police, indicate that the role is not yet fully utilised.

20. Information about individual children who go missing from home, care or school is monitored well and this has resulted in a significant decrease in the numbers reported missing. Although facilities are in place for children to speak to someone when they return home to find out the reasons for their going missing, these interviews are not held routinely and, as a result, valuable information is lost. The safeguarding needs of children who are home educated by choice are not sufficiently considered by the authority. Children and young people are no longer routinely visited and the needs of this group of children are not monitored by the LSCB.
21. Young carers receive good support from a well established designated service that provides a range of social and support opportunities. Schools are sensitive to the individual needs of young carers and most have adopted the policy of a card system to avoid stigmatising young carers who are late due to their caring responsibilities. Young carers are actively engaged in the young carers' management committee and use this forum to raise issues emerging from the youth clubs to feed into service development. Positive outcomes for young carers aged 16 and over include the majority being engaged in education, employment or training, with some also becoming volunteers. The council has demonstrated its commitment to helping young carers feel safe through the ongoing provision of transport to attend youth clubs, which avoids the difficulties associated with the gang culture, and crossing local boundaries. There are no formal reporting mechanisms for senior managers, the LSCB or the council to receive reports and monitor services and outcomes for young carers.

Quality of provision

Grade 3 (adequate)

22. The quality of provision is adequate. A sound service structure has now been established for the CAF, with area-based groups established to promote and facilitate its use. A comprehensive training programme is underway to ensure that professionals undertake this work effectively. Multi-agency Teams Around the Child processes are in place, but attendance at meetings is variable and some schools report limited support from some agencies. The Early Intervention and Prevention Service (EIPS) has recently been formed to create a single service for children, young people and their families who need additional help. This coordinated approach provides interventions from a range of agencies, including the voluntary and independent sectors, and helps to ensure that individual needs are met.

23. Thresholds for services are agreed and are understood by most agencies. Following the identification of a priority action at the unannounced inspection of contact, referral and assessment arrangements in June 2011, the council prioritised improvements in the referral and assessment teams for immediate attention. As a result, rigorous new systems have been introduced so that more robust judgements are made about the outcomes of contacts and referrals to the teams. Social workers are appropriately experienced and their work is systematically overseen by managers to ensure that decisions are robust and that work is progressed in a timely manner. Where thresholds are not met, contacts are properly signposted to other appropriate services and feedback is given to referrers. Professionals from other agencies are appreciative of informal advice from social workers prior to making referrals.
24. Cases are allocated promptly to appropriately qualified social workers. However recording is not always in place or up to date, for example some cases do not have chronologies, and information following child protection conferences is not uploaded in a timely manner. A number of these issues are related to deficits in the recording system and the authority has plans in place to resolve these.
25. Initial and, where necessary, core assessments are undertaken in a timely manner. Most assessments seen by inspectors were at least adequate, however there is too much variation in quality between teams. Within the children with disabilities team, many children do not have adequate assessments and this has led to limited planning. The quality of pre-birth assessments undertaken by the hospital social work team, and the resultant plans, are good. Most assessments contain sufficient information but assessments are sometimes too descriptive and lack full consideration of risk factors and needs. The role of the father in the child's life is not always considered effectively. Equality and diversity issues are recorded in most cases. Interpreter services and translation services are used when necessary. However, the impact of equality and diversity on the lives of children, young people and their families is not always considered as part of the assessment process. In some cases assessments are signed off by managers without being shared with parents. Recent improvements in practice have resulted in the views of children and young people being more widely taken into consideration when making assessments and plans to keep them safe.
26. Child protection services are appropriately targeted at children at most risk of harm. Workers are appropriately skilled to undertake this work. Investigations about children and young people who are at immediate risk of harm are carried out in a timely manner and strategy discussions are properly undertaken and recorded. While the out of hours emergency duty team undertakes an important role in offering child protection advice and information, liaison with the Police is not sufficiently robust at night and weekends, with a high use of Police Protection Orders (PPO) in the

borough. At the time of the inspection, children's social care was working with the Police to analyse the use of PPOs in the borough to establish if they were being used effectively.

27. All child protection conferences take place within established timescales. Conferences chairs are very experienced and, in the majority of cases, see parents before the meeting. Conferences are well attended by partner agencies and resultant plans are comprehensive with clear outcomes. Plans include timescales for actions agreed and the confirmation of designated professional responsibilities. Good attention is given to contingency planning in child protection plans, ensuring clarity of the message to parents and professionals should children be placed at continuing risk. Between conferences, children and young people are seen alone and often more frequently than outlined in the child protection plan. Core groups are timely and well attended. Inspectors saw good examples of partnership work to ensure that children are kept safe.
28. Work with children in need who have more complex needs is more variable. Inspectors saw examples of good multi-agency working to ensure that the needs of the child or young person were met, while other cases lacked sufficient coordination and commitment by partner agencies. The authority is aware of this deficit and has a programme of mentoring and coaching in place to improve the quality of this work.
29. An appropriate range of interventions exist to support children and young people, such as good targeted family support through the family intervention project, children's centres and the 722 service for children and young people with drug and alcohol problems, provided by NELFT. However there is limited provision for children and young people and their families who require support out of hours. No service is in place for children who display sexually harmful behaviour but who have not been charged with an offence.

The contribution of health agencies to keeping children and young people safe **Grade 3 (adequate)**

30. The contribution of health agencies to keeping children and young people safe is adequate.
31. Suitable arrangements are in place for the safeguarding designated nurse and designated doctor to fulfil their responsibilities outlined in *'Working Together To Safeguard Children'*, 2010. However the accountability of the designated nurse to the Chief Nurse has lapsed due to structural changes within the ONEL executive team.
32. The named safeguarding children professionals for Whipps Cross University Hospital NHS Trust are appropriately line managed and well supported with good access to the trust executive board's lead for safeguarding children. Appropriate arrangements are also in place in

NELFT. However the accountability of named professionals within the NELFT and the ONEL is not formalised and there are no regular timetabled meetings arranged with the relevant trust executive board lead.

33. Adequate governance structures give provider health trust boards limited assurance about the arrangements to safeguard children within their organisation. Development of key performance indicators to influence and monitor safeguarding practice are well developed within ONEL community services, though less so in Whipps Cross Hospital and NELFT. The Board Assurance Framework within the ONEL Cluster PCT is in development and cannot yet provide the level of assurance required that all health providers across the cluster are providing services that safeguard children well. They have identified this as a priority action and are recruiting to a planned safeguarding structure.
34. An effective Child Death Overview Panel (CDOP) has raised awareness about the dangers of co-sleeping between parent and child and has also published an improved bereavement pack for families. Public health nurses are aware of the findings of the CDOP and are well engaged in publicising the message on co-sleeping. The panel is appropriately constituted and attendance is good.
35. There is no named general practitioner (GP) in Waltham Forest and primary care is not currently represented on the LSCB. The GP's individual management review for the most recent serious case review has been contracted out to an external doctor. This means that the GPs are not represented in decision making or engaged in any scrutiny activities across the borough.
36. Historically, training in safeguarding children across some health partners has been low. An increasing number of staff across health care trusts now have access to appropriate training which supports them in carrying out their safeguarding responsibilities effectively. Health trusts have appropriate plans in place to ensure compliance by April 2012. There is good attendance by GPs in accessing safeguarding training and this, along with the appointment of GP leads in children and maternity services, has resulted in improved knowledge of, and engagement in, child protection processes by GPs.
37. Safeguarding supervision is variable. Despite policies being in place in all provider organisations, some child protection cases and child in need cases are not being brought for supervision on a sufficiently regular basis. In addition, staff in NELFT are being supervised by professionals who have not undertaken accredited training in safeguarding children supervision.
38. Effective arrangements are in place to safeguard children and young people who attend the A&E department at Whipps Cross Hospital. Initial assessments undertaken by the hospital document well any injuries where there are child protection concerns. A special code indicated on the

casualty record card alerts staff to any child protection plan that may be in place or if the child is looked after. Adults who attend with a child or young person are routinely asked if there is a social worker working with the family.

39. The paediatric liaison through Whipps Cross Hospital is effective. All attendances at the A&E department by a child, young person or pregnant woman or situations where domestic violence or other vulnerability are present are reviewed by the paediatric liaison health visitor (PLHV) to ensure that appropriate action is taken. The PLHV will send out copies of the notification to GPs, health visitors, the looked after children's health team or school nurse, as appropriate.
40. Clear care pathways are in place to support young people who require support following an incident of self harm or who are in mental health crisis. There has been a recent improvement in obtaining support for this vulnerable group of young people through the work of the INTERACT team who offer outreach support to the A&E department. However the arrangements for young people attending the department because of alcohol or drug use are not well established and referrals to the young people's substance misuse service are infrequent. As a result these young people do not receive the appropriate support for their alcohol and drug use.
41. Children and young people have access to a range of emotional health and wellbeing services. The services have recently been restructured and referral to Tier 2 services is now through a single point of access. CAMHS are now working much more collaboratively with the council and the voluntary sector to access early intervention services. There is good access to in-patient provision with good support from the CAMHS interact team, and no young person has been admitted into adult provision for a number of years. The service has an approved mental health practitioner, who is invaluable in facilitating the assessment of a young person under the Mental Health Act. Planning for transition into acute mental health services is adequate. However the differing thresholds for services between adults and children provision result in some young people, who require additional support, no longer meeting the criteria.
42. Access to health support for families with children who have learning difficulties and/or disabilities is adequate. Referrals for therapy services are through a single point of access which works well and provides a coordinated approach to a child's care. However the lack of access to social work and CAMHS services directly from the multi-agency panel has resulted in some families not receiving a full package of care as early as in the past. There are unacceptable delays for families waiting for occupational therapy health support, with some children waiting in excess of a year for a non urgent appointment.

43. Parents of children with additional needs are mostly satisfied with the services they received. However parents who met with inspectors expressed concerns about the long waits for specialist wheelchairs and buggies as well as the relocation of the wheelchair service from Whipps Cross Hospital to Chelmsford. Parents also expressed concern about access to adequate respite care and spoke about how this impacted on their ability to cope with their caring responsibilities and enjoy family life.
44. Adequate processes are in place in adult mental health services to identify where service users have children or have child caring responsibilities. Staff carry out a risk assessment on the impact of the service user's mental health on the safety of children. Acute mental health staff are clear about how to escalate concerns and refer to children's social care services. However the trust has not recently carried out any audit to check compliance so it is not clear how well staff are recording children's details and assessing risk throughout the organisation. There are good arrangements in place to safeguard and support children who visit their parents on secure wards. A family room is available with age appropriate toys. A member of staff is available to supervise the contact.
45. The midwifery service has appropriate processes in place to identify vulnerabilities in pregnant women. Effective support is provided to those pregnant women who need additional input for their emotional health and wellbeing through an effective peri-natal mental health pathway. However, currently there are no specialist midwives to provide enhanced services to pregnant teenagers or to pregnant women who are misusing drugs or alcohol. The creation of a vulnerable pregnant women's team is in the early stages of development.
46. Good communication and planning mean that, where possible, appropriate plans are in place to protect the unborn child as soon as it is delivered. The Whipps Cross maternity unit has a policy on not allowing a newborn baby to leave the premises without a signed authorisation that is checked by security guards. A well established joint protocol is in place to safeguard female infants born into families where there is evidence of female genital mutilation.
47. There is an effective working relationship between the health staff at Whipps Cross Hospital and the social work team based there. Good systems are in place to ensure that, where there are concerns, referrals are made by the A&E department and midwifery staff make appropriate referrals where they have concerns about the safety of the unborn child.
48. The health visitor and school nursing services provided by ONEL are much improved. The healthy child programme 0-5 years is delivered through integrated teams, with all key contacts taking place face to face with families. However health visiting teams carry a high number of vacancies and case allocation is not weighted according to deprivation or complexity.

Arrangements are in place to transfer children from the health visiting service to the school nursing service and health plans are completed for children with additional need. Due to limited staff capacity within the school nursing service, some health plans are not being reviewed and updated on a regular basis. The CAF and Team Around the Child meetings are being used effectively to support families. Most of this work is now being delivered by health visitors as the nursery nurses and staff nurses are diverted into carrying out the development checks.

49. Within the community, young people have good access to effective drug and alcohol services. The 722 service, provided by NELFT, offers education in schools, as well as consultation to other professionals. A comprehensive assessment of a young person's needs is undertaken by the service, which results in an individualised care plan. The team works in a flexible way and offers good outreach across the borough.
50. The provision of sex and relationship education has been evaluated by young people as poor. Teenage conceptions remain higher than both the London and national averages. There is good take up of long acting reversible contraceptives, and while the borough has signed up to the c-card scheme, there is no coordinated approach to implementation and therefore there is no evaluation of any impact. There are no dedicated young people's clinics in the borough and although contraception and sexual health services are available six days each week, clinics are based in two centres, with no outreach provision. No single sex clinics are available, and as a result the service does not provide a sufficiently flexible provision for the young people in the borough. Access to emergency contraception is mainly through pharmacy schemes. There is no targeted support for young people who are pregnant and there is much confusion across the partnership about what services are available and how to access these. There is a family nurse partnership that provides highly intensive and structured support to a small targeted group of young people. This service is now starting to rebuild its profile across the borough.
51. Good arrangements are in place to ensure that children who require a child protection medical or an examination following alleged sexual abuse receive a responsive service. For those cases that require an urgent examination following an allegation of sexual abuse, children and young people are seen at the Haven in Whitechapel. Staff at the Haven ensure a paediatrician is available for all children under 13 years old or who are vulnerable. A play therapist is also available to help communicate with the children and provide them with support.
52. Operationally, there is evidence of some effective partnership working that helps to ensure that, where possible, families are protected from domestic violence. Health partners are represented on the multi-agency risk assessment conference (MARAC), however attendance is poor. Health

visitors, school nurses and midwives receive Police notifications of domestic violence incidents where a child or a pregnant woman is involved. Staff across the partnership demonstrate good awareness of the impact of domestic violence on children and there is a clear and effective process of referring to the relevant children's social care team. This ensures that children at risk of harm from domestic violence are identified and referred appropriately for assessment and support.

Ambition and prioritisation

Grade 3 (adequate)

53. Ambition and prioritisation are adequate. As a result of the unannounced inspection of contact, referral and assessment arrangements in June 2011, the council undertook an independent review of the quality of children's services, which highlighted a large number of deficits in the service. As a result, a wide ranging improvement plan has been developed called 'Step Up Waltham Forest'. This sets new targets for improvements in children's services and for partnership working. While this is an ambitious plan, senior managers are confident that it is achievable, and it is monitored rigorously through a multi-agency improvement board with an independent chair. Staff at all levels display a good knowledge and commitment to the priority areas outlined in the plan and to the action that is being taken. Inspectors saw the impact of significant improvements over the past three months and the new robust systems that are already embedded in practice.
54. As a result of the independent review, a number of changes were made to the senior management of children's services and to the responsibilities held by elected members. While this offers considerable rigour to the improvement process in the medium term, the strategic management of the service in the long term has yet to be finalised and this is a risk to the continued improvement of the service.
55. Although the work of the local authority and its partners is properly represented in a clearly written Children and Young People's Plan, the impact of the plan is not routinely reviewed and scrutinised, either through the Children's Trust or by elected members. There have been some successful outcomes from the plan, for example in working directly with young people and their families to reduce their risk of involvement with gangs, however there has been drift and delay in the implementation of other important targets, for example in ensuring more effective provision for children who are at risk because of domestic violence.

Leadership and management

Grade 3 (adequate)

56. Leadership and management are adequate. The council and its partners have a strong commitment to ensuring that there is a suitably skilled workforce to support the children and young people of Waltham Forest and their families. A comprehensive workforce strategy is in place and is

monitored effectively through a multi-agency working group. The strategy is supported by a seconded member of staff from a neighbouring borough to increase the workforce development experience available to the council. The council offers comprehensive support to newly qualified social workers and a range of training opportunities is made available to staff to ensure that their skills meet the requirements of their role. However there is insufficient evaluation of the strategy in retaining social workers in the borough.

57. Social workers feel well supported by their managers and describe them as accessible and supportive. Supervision is regular and recorded well, both in supervision notes and on cases files. Appraisals are in place so that the quality of performance is understood and training needs are identified. Although there had been some drift in dealing with issues of competence or capability in performance in the past, good support is now available from corporate resources to ensure that procedures are properly followed and staff are supported appropriately to address deficits. Lessons from serious case reviews are disseminated well through training and seminars arranged by the LSCB and staff can demonstrate how these lessons have impacted on improvements in practice.
58. Until recently, there was an overreliance on agency staff to cover social work vacancies. However as a result of the 'Step Up Waltham Forest' plan, new rigour in establishing a stable workforce in children's social care services has been established. The number of social workers who are employed on a temporary basis is being reduced sensitively to ensure that the balance of experience within teams is maintained. Although the workforce largely reflects the community that it serves, no analysis is undertaken on the changing demography of the borough and its impact on the workforce.
59. Senior managers ensure that resources are targeted effectively to ensure that children are kept safe. The council has agreed additional short term funding to ensure that improvements necessary to children's services are implemented. Elected members have also committed themselves to ensuring that there are no reductions in front-line services to children and young people, despite significant budgetary pressures elsewhere in the council. External funding is effectively obtained to support council priorities, for example grants have been made by the Office of the Mayor of London to reduce the impact of gang membership on children and young people. Although robust commissioning arrangements are in place, there is limited joint commissioning between health and children social care.
60. The views of children, young people and their parents are used to inform services. A range of groups of young people, including the young advisors group, offers advice to the council that is used to shape the delivery of services. The young advisors worked effectively with the council to

develop the Children and Young People's Plan and make it an accessible document. However consultation with children and young people is not always used effectively and there was no consultation with any children and young people about the plans to reduce services in the council. Some consultation is undertaken with parents, but this is not as widespread, or used as effectively, as work with children.

Performance management and quality assurance

Grade 3 (adequate)

61. Performance management and quality assurance arrangements are adequate. In most areas of children's services, performance is at least in line with similar areas. In the past, there have been some inconsistencies in recording that have led to inaccuracies in performance information but these are now known and are largely resolved.
62. At an operational level, the importance of using performance management and quality assurance to improve services is well understood. Compliance officers help managers to translate performance into service specific information. Senior managers regularly review team performance and hold managers to account for deficits in performance. All cases seen by inspectors showed appropriate management oversight and direction on case files.
63. Established systems of themed audits have been used effectively to improve performance. For example, an audit of the level and quality of supervision of social workers, following the unannounced inspection of contact, referral and assessment arrangements in 2010, resulted in improved levels of supervision. Multi-agency audits are also undertaken by the LSCB, including audits of cases where the quality of partnership working has resulted in a child or young person being placed at risk. As a result of one such audit, information sharing between the probation service and the 18+ team has been improved. However these audits have not considered sufficiently the impact of the services on the ethnicity and diversity issues of the community that they serve.
64. The scrutiny of high level performance information undertaken by the strategic partnership bodies and elected members is not robust. Qualitative information, including the outcomes of inspection reports, is not routinely reported to elected members. As part of the improvement plan, new systems of reporting to the strategic boards are being developed and more robust systems, including training for elected members, put in place to ensure that performance management is understood better. The new cabinet lead member for safeguarding has a good understanding of performance management and has begun regular challenge meetings with senior managers to ensure that improvements in performance are maintained.

Partnership working

Grade 4 (inadequate)

65. Partnership working is inadequate. The borough has a wide range of strategic boards in place to encourage high quality partnership working and to provide appropriate strategic management to services. However, these are not utilised to ensure improvements in service delivery. The council is aware of these deficits and has begun a high level review of all its strategic management structures.
66. The structure and accountability of the LSCB is not sufficiently robust to ensure that there is effective partnership working to safeguard children in Waltham Forest. Agency representation on the LSCB does not fully meet the requirements of *'Working Together to Safeguard Children'* 2010 and some members are not sufficiently senior or well briefed to represent their agencies effectively. As a result, important decisions made by individual agencies are not reviewed by the board to consider their impact on the safeguarding needs of the children in the area. For example, recent plans by the Police to move its child abuse investigation team (CAIT) to another location, more remote from the borough, have not been discussed with the LSCB. Reporting systems have recently been improved and the board now has a schedule of regular reports. A report about the work of the LADO has recently been presented to the board and the effectiveness of the multi-agency public protection arrangements (MAPPA) will be considered later in the year. However key information, for example, regarding the safeguarding needs of children who go missing from home, school or care and those children who are educated at home, are not considered. The partnership is aware of the deficits within the LSCB and has recently appointed a new independent chair to offer more rigorous challenge to the board.
67. Links between children's services and the crime and disorder reduction partnership (CDRP) are under-developed and as a result some strategies do not sufficiently consider the needs of children and young people. For example, although appropriate work is being undertaken to address issues of sexual exploitation of young women involved with gangs, the CDRP is not working with children's services to consider relevant information that it holds about wider issues of sexual exploitation and its potential impact on children and young people.
68. Although partnership work is undertaken to protect children and young people who are at risk of domestic abuse, this is not sufficiently well coordinated. Some effective work is undertaken by children's centres for women who have been victims of abuse, and sanctuary schemes are in place to protect victims who do not wish to leave their home. However no programmes are in place to either support children or young people, or to work with perpetrators of domestic abuse who have not been convicted of an offence. Three independent domestic violence advisers (IDVAs) work with victims and their families but none has received training in child

protection. Multi-agency risk assessment conferences (MARAC) are in place, but not all key agencies attend meetings. Although data is collected, this not used to consider the impact of the service, for example, to analyse the disproportionate referral rates from some communities.

69. Procedures to manage adults who pose a significant risk to the community are managed well thorough the MAPPA processes. Housing services are aware of the need to place adults who pose a risk to children in accommodation that minimises risk and the public protection unit of the Police also provides effective monitoring. Some effective multi-agency work has been undertaken between the Police, the probation service and children's social care to assess risks posed to children whose parents have been involved in terrorist activity. However a lack of understanding exists between partners about the differing responsibilities of children's social care and the criminal justice agencies regarding children who pose a risk to the community.
70. Although there are clear and agreed thresholds in place for children at risk and those in need which are being actively promoted, escalation processes are not well known to all the partner agencies and are not consistently used when there are disagreements about decisions. While information sharing protocols are in place, these are not consistently known and used.
71. There are some clear examples of effective partnership working within the borough. The serious case review panel of the LSCB ensures that reports effectively reflect the learning from reviews and those lessons are learned and disseminated well. On an operational level, partners work together well to ensure that children are appropriately safeguarded through effective joint investigations with the Police and collaborative work between the social work team and medical staff at Whipps Cross Hospital.

Services for looked after children

Overall effectiveness

Grade 4 (inadequate)

72. The overall effectiveness of services for looked after children is inadequate. The lack of strategic ambition and planning for looked after children and young people by the council and its partners means that services do not properly meet their needs. Long standing problems are not effectively resolved, some services have been slow to develop and other services are not properly co-coordinated to ensure that they meet needs effectively. Although a commissioning strategy is in place to develop a wider range of placements for looked after children and young people, too many children are placed away from the borough due to lack of local provision. Corporate parenting is ineffective and elected members rarely meet with children and young people to understand their needs. Pathway plans for care leavers are not completed in a timely manner and many young people have had too many changes of social worker. Transitional arrangements for children with learning difficulties and/or disabilities to adult services are not effective. Looked after children and young people are not always consulted on strategic changes that will effect their lives and few opportunities are available within the borough to promote the achievements of looked after children. All looked after children and young people are allocated to a suitably qualified social workers.

Capacity for improvement

Grade 3 (adequate)

73. The capacity to improve is adequate. Performance indicators are generally in line with national indicators and, where performance has deteriorated, decisive action has been taken to address this. Systems to ensure that children remain in high quality, stable placements are good and permanency planning is well embedded within the authority. As part of the 'Step Up Waltham Forest' plan, improvements have been made to the quality assurance processes and the management oversight of cases. Workforce issues have been managed well to ensure that social workers and managers are appropriately skilled to undertake their roles.
74. The council has recognised the deficits in strategic planning and oversight of services to looked after children. Effective plans are in place to address this and to ensure that all elected members understand their roles as corporate parents.

Areas for improvement

75. In order to improve the quality of provision and services for safeguarding children and young people in the London Borough of Waltham Forest, the local authority and its partners should take the following action.

Immediately:

- establish systems to ensure that health partners are alerted as soon as children become looked after so that health assessments are undertaken promptly
- improve pathway planning processes to ensure that they are more timely and responsive to the needs of young people.

Within three months:

- develop an overarching strategy to ensure the well-being of looked after children in the borough and ensure that their life chances are maximised
- establish an effective multi-agency strategic body to ensure that elected members and corporate parents champion the needs of looked after children and care leavers, allocate resources appropriately and monitor outcomes
- undertake a review of services for children at the edge of care to ensure that they are sufficient to meet the assessed needs of this group
- develop effective protocols with adult services to ensure that transition processes for disabled young people are managed well and focus on ensuring that young people and their families are properly supported.
- improve the quality of pathway planning to ensure that young people are properly prepared for adulthood
- ensure that the Children in Care (CiC) council is routinely consulted on major decisions made by the council that impact on the lives of looked after children and care leavers.

Within six months:

- ensure that the council and its partners review the way that the achievements of looked after children and young people and care leavers are celebrated.

How good are outcomes for looked after children and care leavers?

Being healthy

Grade 4 (inadequate)

76. The health outcomes for looked after children and care leavers are inadequate. The line management arrangements for the designated nurse for looked after children are unsatisfactory and do not facilitate the opportunity to advocate and influence service development at a senior level.
77. Initial health assessments are not timely. Delays in notification by children's social care services of children and young people coming into care, and incomplete paperwork, impact negatively on the ability of the looked after children's health team to schedule a medical assessment within statutory timescales. However the looked after children health team carries out good quality initial health assessments and health reviews and prepares health plans. The designated nurse for looked after children quality assures all initial health assessments, health reviews and health plans. This ensures that most looked after children and young people have an appropriate plan to maintain their health. Young people are given a choice as to where they are seen for their health review and this promotes their engagement in the process.
78. Most looked after children (94%) are up to date with their immunisation and vaccination programme, which exceeds national performance. Over three quarters of looked after children (77%) have received their annual dental checkups; this demonstrates a year-on-year improvement, although figures are slightly below the national average. The timeliness of annual health reviews is adequate for children placed within the borough, but is unsatisfactory for those children placed out of the area, for whom the delays can be significant and unacceptable.
79. The involvement of health partners in commissioning specialist placements is poor and the CAMHS team for looked after children is not asked to contribute to any assessment to ensure the suitability of any therapeutic placement being considered. However advice is given to the local authority about placements, when required.
80. Children and young people who are looked after can access good local provision for support around drug and alcohol services. Looked after young people who require contraception and sexual health services either access local universal services or are supported on an individual basis by the looked after children health nursing team. Looked after teenagers and care leavers who become pregnant are supported well by the Family Nurse Partnership.

81. The health arrangements for young people leaving care are inadequate. Young people leaving care are provided with a letter from the looked after children health team and a copy of their last health review. However this is not a comprehensive summary of their healthcare. The looked after children health team is not routinely invited to looked after children reviews or to take part in the pathway planning in preparation for a young person leaving care. This means that young people are not leaving care with a complete history of their healthcare and that their health needs may not be fully identified.
82. The use of strengths and difficulties questionnaires, an assessment tool that considers behaviour and psychological attributes, is inconsistent when young people enter care; therefore their effectiveness in contributing to the emotional health and wellbeing of young people is limited. However a well established and effective CAMHS service provides consultation to foster carers and social workers as well as therapeutic intervention to the children and young people in care. Effective work with professionals and foster carers is helping them to better understand and meet the emotional needs of children and young people who are in care and to prevent placement breakdown.
83. The health team is engaged well with training social workers, foster carers and staff in local children's homes about the health needs of looked after children. The designated nurse for looked after children provides training in "promoting health and wellbeing for looked after children" which is popular and oversubscribed.

Staying safe

Grade 4 (inadequate)

84. The arrangements for ensuring that looked after children and young people are safe are inadequate. Many children and young people who were seen by inspectors and who responded to the Ofsted survey undertaken as part of this inspection said that they did not always feel safe in the community where they lived. They feel that insufficient consideration is given to the recognised risks of gangs and associated territorial boundaries when considering placements. A small, but significant, number feel that their social worker would not respond to their concerns effectively. Although the frequency of statutory visits to children and young people in placements has improved, the quality of these visits is variable and young people report that they do not allow time for a discussion about their worries or concerns.
85. Some social workers have insufficient understanding about the potential risks posed to adolescents and young people, particularly when they are missing from care. Risk assessments seen by inspectors did not have sufficient detail and analysis of the behavior of the children and young people to effectively consider the potential risks to them. The understanding of risk that children and young people may pose to others

is also not sufficiently understood by social workers nor challenged through management oversight or the independent reviewing process.

86. The majority of children and young people are placed in services judged to be either outstanding or good in Ofsted inspections. At the time of the inspection, no child or young person was in a placement deemed inadequate. The council has an appropriate policy not to commission any placements from providers judged to be inadequate. Monitoring of placements is suitably organised with good use of unannounced visits to providers and the inclusion of young people in undertaking provider inspections.

Enjoying and achieving

Grade 3 (adequate)

87. The impact of services on enabling looked after children and young people to enjoy and achieve is adequate. Arrangements to plan and monitor the education of looked after children are improving but remain under-developed. A strategy for improving education for looked after children is appropriate and clear but it is still in draft form. The recent appointment of a virtual head to oversee this work has been a welcome initiative and is beginning to make progress in a number of areas.
88. Most looked after children attend school on a regular basis. Rates of persistent absence were high in 2010 and, as a result, the council analysed this and took effective action through its specialist education welfare officer. A clear risk based system is now in place to provide early alerts, enabling early intervention. School exclusions for these young people have reduced significantly through the effective work of the well established Fair Access Panel. This appropriately prioritises looked after children and, as a result, no looked after child has been permanently excluded in four years. Fixed term exclusions, which were high in 2009, have fallen to a third of the previous rate and are now at a low level. Excellent multi-agency collaboration ensures smooth transitions between schools. A wide range of good quality alternative education is also available to meet specific needs.
89. The academic achievement of looked after children and young people is satisfactory overall. Historically, the achievement of looked after children at GCSE level has been low and there has been considerable variation in levels of performance but the underlying trend now shows an improvement. Much improved results by looked after children who attained five GCSEs at A*–G in 2011 has resulted in the council being above national averages for the first time. All achievers gained five GCSEs and the proportion achieving high grades has improved. As a result, the gap between looked after children and all children in Waltham Forest has narrowed significantly but is still substantial.
90. All looked after children and young people are able to join in with an impressive range of activities available to children and young people in the

borough. Specific activities, including a youth club, are run by the Children's Right's service. However the take up of services is not monitored to ensure that children and young people take up all the opportunities available to them.

91. Extra support in schools has been effective in helping pupils to achieve, but new arrangements replacing the personal educational allowance have made it more difficult for the authority to plan effectively. As a result, young people report that they are unable to access additional support when necessary. Plans to ensure the pupil premium is used appropriately to support children's development are not yet supported by systematic monitoring arrangements except for the most vulnerable, such as pupils who attend special schools.
92. The council does not collate and record enough detail about the starting points and needs of the education of looked after children and cannot easily measure progress against expected achievement. Within the borough, relationships with schools are good, and this information is available and used well to support them. However information-sharing regarding children placed out of borough is problematic, though children are visited regularly and their progress monitored. All children, including those placed outside the borough, are involved in their personal education plans and participate according to their ability. Plans are adequate but not child friendly and some targets are weak.

Making a positive contribution, including user engagement

Grade 3 (adequate)

93. The impact of services to help children and young people make a positive contribution is adequate. The voice of looked after children and young people is well represented by an active and well established CiC council. The CiC council is highly regarded as an effective vehicle for raising issues with the Director of Children's Services (DCS) and some senior elected members. Members of the CiC council are justifiably proud of their achievements and are able to demonstrate their impact in a number of areas, for example particularly in improving the quality of accommodation for care leavers. The current membership is made up of older looked after children and young people but plans are in place to encourage the involvement of younger children. The recent change of arrangements so that meetings are chaired by young people rather than the DCS is a welcome development. However, the limited contact with elected members impedes the CiC council's ability to influence the wider council agenda and it is not always consulted on important changes within the authority.
94. Good arrangements are in place to actively involve looked after children and young people in staff selection and training. Young people have successfully provided training to foster carers and other professionals and

attend recruitment events for social workers to promote Waltham Forest. Care leavers have been involved well in commissioning activities. For example, in the recent commissioning of semi-independent accommodation, young people contributed to the service specification and met with prospective service providers.

95. The independent children's rights service provided by Barnardos is valued by the children and young people who use it. The service provides a range of activities including a well attended youth club and offers a wide range of appropriate age related activities. It also provides a specialist service called 'That's Life' to help children placed out of borough access facilities where they live. Workers and young people develop effective relationships based on mutual respect and young people receive high quality advice and advocacy.
96. The children's rights service also provides an individual advocacy service for children and young people, and work is being undertaken to consider how this can be used to involve children with disabilities more effectively in the reviews. The independent visitor scheme is well used and appreciated by children but demand for the service exceeds its capacity and there is a waiting list of children and young people who would like to be involved.
97. Some children report that they are not always given information about how to complain. However, in partnership with the children's rights service, the authority handles complaints well when it receives them and children are effectively supported to present their views. Complaints are swiftly dealt with so that few are escalated.
98. Rates of offending by looked after children are variable and the data is not routinely scrutinised within the partnership. Although numbers are small, no overview is undertaken to consider any patterns and trends. The Youth Offending Service (YOS) offers a range of interventions to address the needs of children at risk of offending and those in the criminal justice system, including targeted early interventions in partnership with the Police using restorative justice to prevent entry into the justice system. A draft protocol is in place between the YOS and children's social care to develop more effective joint working but it is has yet to be fully implemented into practice.
99. The pledge by the council to looked after children and care leavers is not widely known. Discussions are underway with the CiC council to improve the quality of this pledge but this has not been progressed effectively. Few children meet elected members and there are limited opportunities for the council to acknowledge and celebrate the achievements of this group of children and young people.

Economic well-being**Grade 3 (adequate)**

100. The impact of services to ensure that the economic well-being of looked after young people is adequate. Young people have access to a wide range of post 16 provision, including a range of vocational choices. Historically, educational outcomes for care leavers have been low, but these have improved significantly and are now in line with statistical neighbours. The council has recently become aware of the decreasing number of care leavers in training, education and employment. It has taken decisive action by adopting an 'employability pledge' to looked after children and care leavers. This offers a range of work experience, paid internships and apprenticeships for looked after children and care leavers with the authority, its partners and its contractors. Ten new graduates will start internships within the council and its partners this year and it is anticipated that a number of looked after children will access the scheme for their work experience placements.
101. Some care leavers have high aspirations and they are supported well to undertake higher education. Currently 30 young people are supported by the authority to attend university and obtain a degree. This includes good financial support, a specialist mentor to engage with university during transition, the opportunity to return to their foster carers for vacations and housing when they graduate. Additional support is available for a further degree after they become 25.
102. Care leavers are offered the opportunity to remain with their foster carers or move into semi-independent accommodation with help from support workers to develop skills for independence. A very large majority of care leavers are in suitable accommodation, although some report difficulties in obtaining appropriate repairs for their properties. The council is aware of its responsibilities for homeless 16 and 17 year olds and works well with the housing department to find appropriate accommodation. At the time of the inspection, no young people had been placed in bed and breakfast accommodation.
103. Processes to help care leavers move into adult life are weak. Planning begins too late and transitional arrangements between the children in care team and the 18+ team are not sufficiently robust. The majority of pathway plans seen by inspectors lacked sufficient depth and analysis and did not address their specific needs, including equality and diversity issues. Young people also report that they are not sufficiently engaged in their plans to ensure that their views are effectively reflected and were not prepared sufficiently well for independent living.
104. Transitional planning for children with learning difficulties and/or disabilities is weak and parents report difficulties in accessing appropriate services to support their children into adulthood. A pilot scheme to

improve educational opportunities for this group of children is being undertaken in partnership with other boroughs.

Quality of provision

Grade 3 (adequate)

105. The quality of provision for looked after children and young people is adequate. On an operational level, partners work well to ensure that services are available to reduce the need for children to be taken into the care of the council. Children's centres offer a valuable range of support for families with young children, including structured parenting programmes to help parents deal more effectively with their children's behaviour. The adolescent support team offers a responsive service to parents who have difficulty in managing their children's behaviour. Referrals receive a timely response and short term targeted interventions are available to support families, including brief therapy, parenting programmes and workshops, which are appreciated by both parents and children. In the last six months, from the 67 families who worked with the team, just two young people became looked after by the council. Family group conferences are used well to help families find solutions to their problems and reduce the need for public care. However there is limited provision for families who need support outside of normal working hours.
106. Where decisions are made to accommodate children, these are appropriate and are authorised by senior managers. A newly established Access to Resources panel ensures that placement decisions are consistent and meet the needs of the child or young person. They effectively take into account the diverse needs of the child or young person through a matching process and, where necessary, specialist placements are commissioned to ensure the best outcome for them. However the views of children and young people are not always considered as part of this matching process and they report that they have little influence on their placements.
107. The needs of looked after children are generally assessed appropriately and considerable attention is paid to ensuring that, where possible, children have permanent plans for their future. The Public Law Outline is understood by social workers and it is used well to ensure that delays in ensuring permanent placements for children are minimised. Good legal advice and training are available to social workers to ensure that they meet required timescales and that evidence is robust. High quality pre-proceedings parenting assessments are undertaken to avoid unnecessary delays in the court process. Viability assessments are used well to assess whether the needs of children and young people can be met through placements with family and friends. The authority is making increasing use of Special Guardianship Orders, to ensure better stability for children.
108. The majority of children and young people who remain looked after are placed with foster carers, although a significant number of these are

placed outside the borough. The in-house fostering provision has recently been reviewed to improve the quality of placements. New recruitment processes are in place to improve placement choice and to encourage greater cultural diversity of placements. Foster carers seen by inspectors understand well their responsibilities to safeguard children and young people and support them into adulthood. They feel well supported by their supervisors and receive appropriate training to undertake their roles effectively. Out of hours support is provided by a specialist member of the fostering team and the emergency duty team who work well together to ensure that foster carers received the most appropriate support. Effective work is undertaken to ensure that children and young people live in stable placements; the performance of the council is in line with statistical neighbours. The multi-agency placement stability task group offers high quality support to fragile placements through the provision of extra resources. Most children who responded to the survey carried out as part of this inspection live in foster placements and feel that the care that they receive is appropriate to their needs.

109. Reviews for looked after children are undertaken in an increasingly timely manner. The majority of children understand the role of the independent reviewing officer in helping to plan their future and the majority believe that their wishes and feelings are considered properly as part of the review. Most children attend their reviews or use an advocate to reflect their needs. However not all partners who are involved with the child are invited or given the opportunity to contribute to the reviews. Reports that are produced for reviews are variable in quality and some do not reflect all the factors that impact on the life of the child. Work is being undertaken to improve the quality of reviews and independent reviewing officers use a system of alerts to ensure that plans are followed up in a timely manner. This ensures that social workers to respond quickly to recommendations made at reviews.
110. Although all looked after children are allocated to a suitably qualified social worker, some children have had too many changes of social worker. A number of children and young people told inspectors that their social worker does not show sufficient interest in them or their future.

Ambition and prioritisation

Grade 4 (inadequate)

111. The ambition and prioritisation of the council and its partners for looked after children and young people are inadequate. The council and its partners do not undertake their role as corporate parents effectively. No corporate parenting board is in place to review the needs of looked after children and to plan effectively for their futures. With the exception of the commissioning framework, no strategic planning is in place to demonstrate the local ambition or shared vision of the council and its partners for the young people in their care. Some individual initiatives have been undertaken to improve the life chances of looked after children

through the development of the virtual school and the new employability pledge but these are not effectively linked together through any overarching strategy and monitoring arrangements are not robust.

112. The role of the corporate parent does not have sufficient profile in the council. The understanding of the role of the corporate parent is not properly understood by all elected members and, as a result, they do not undertake this effectively. Few members meet with children and young people and so there is little opportunity for them to understand the needs of the children and young people in their care.
113. The council has recognised the shortfalls in its responsibilities and, as part of the 'Step up Waltham Forest' plan, a task and finish group has been established to design and implement a new model of corporate parenting for the council and training has been arranged for elected members to ensure that they understand their role.

Leadership and management

Grade 3 (adequate)

114. The leadership and management arrangements of services for looked after children and young people are adequate. The new senior management team of the local authority has brought a new commitment to improving services for looked after children. Although priority has been given by them to improving safeguarding services, better strategic management has resulted in notable improvements for looked after children also. For example, the level and quality of statutory visits has significantly improved as a result of better management oversight and scrutiny. Financial management of the services is effective and properly recognise the pressures on the service. Commissioning processes for placements for looked after children are improving and are properly focused on increasing the provision of appropriate placements in the locality.
115. Plans are in place to ensure that the workforce is sufficiently stable and skilled to meet the needs of looked after children. The numbers of temporary staff is reducing and social workers are supported well to improve their skills. Where issues of capability or competence have been highlighted, these are properly addressed with the support of corporate services.
116. The partnership has been slow to address a number of long standing problems that impacted on the outcomes for looked after children. For example long-standing problems of delays in obtaining medical assessments for children who are placed out of borough and also in obtaining laptops to help looked after children and young people with their education. While some effective support is available for children on the edge of care, the range of this work has not been considered to ensure that it reaches the children, young people and their families who are most in need of additional help.

Performance management and quality assurance

Grade 3 (adequate)

117. Performance management, management oversight and quality assurance are adequate and improving. Although data has not been used effectively in the past to improve performance, a more robust system of performance management is now being used to improve social care practice. Fortnightly meetings have recently been established between the portfolio holder for safeguarding and senior managers, offering robust high level challenge to the performance of the service, which has begun to be used to improve service delivery. This level of challenge has yet to extend to the wider council but plans are in place to improve this. Performance against most indicators is in line with national and local averages and, where shortfalls have been highlighted, plans are now in place to address them, for example through the employability pledge. At an operational level, managers use a range of local information effectively to ensure that no unnecessary delays are caused to children and that their needs are met. While mechanisms are in place to report some performance information about looked after children at a strategic level through the council and partnership boards, the range of this information is limited. As a result, important information such as the success of young people at university and the variations in the offending rates are not properly scrutinised and understood.
118. Case file audits are undertaken on a regular basis and are used to improve practice. They have, for example, effectively identified gaps in care planning and action has been taken to improve the quality of this work. On files seen by inspectors, there was clear evidence of management oversight and direction to ensure that cases were progressed appropriately. The service has a history of poor implementation of care plans. This is now being monitored more robustly by managers and the independent reviewing officers and a system of alerts is in place to inform social workers and managers when there are tasks outstanding.

Record of main findings:

Safeguarding services	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
Safeguarding outcomes for children and young people	
Children and young people are safe and feel safe	Adequate
Quality of provision	Adequate
The contribution of health agencies to keeping children and young people safe	Adequate
Services for looked after children	
Ambition and prioritisation	Adequate
Leadership and management	Adequate
Performance management and quality assurance	Adequate
Partnership working	Inadequate
Equality and diversity	Adequate
Services for looked after children	
Overall effectiveness	Inadequate
Capacity for improvement	Adequate
How good are outcomes for looked after children and care leavers?	
Being healthy	Inadequate
Staying safe	Inadequate
Enjoying and achieving	Adequate
Making a positive contribution, including user engagement	Adequate
Economic well-being	Adequate
Quality of provision	Adequate
Services for looked after children	
Ambition and prioritisation	Inadequate
Leadership and management	Adequate
Performance management and quality assurance	Adequate
Equality and diversity	Adequate