

London Borough of Waltham Forest

Inspection of services for children in need of help and protection, children looked after and care leavers

and

Review of the effectiveness of the Local Safeguarding Children Board¹

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The overall judgement is that children's services require improvement

The authority is not yet delivering good protection, help and care for children, young people and families.

It is Ofsted's expectation that, as a minimum, all children and young people receive good help, care and protection.²

The judgements on areas of the service that contribute to overall effectiveness are:

1. Children who need help and protection	Requires improvement
2. Children looked after and achieving permanence	Requires improvement
2.1 Adoption performance	Requires improvement
2.2 Experiences and progress of care leavers	Requires improvement
3. Leadership, management and governance	Requires improvement

¹ Ofsted produces this report under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006. This report includes the report of the inspection of local authority functions carried out under section 136 of the Education and Inspections Act 2006 and the report of the review of the Local Safeguarding Children Board carried out under the Local Safeguarding Children Boards (Review) Regulations 2013.

² A full description of what the inspection judgements mean can be found at the end of this report.

Contents

The local authority	3
Summary of findings	3
What does the local authority need to improve?	4
The local authority's strengths	6
Progress since the last inspection	7
Summary for children and young people	9
Information about this local authority area	10
Inspection judgements about the local authority	12
Local Safeguarding Children Board (LSCB)	38
Summary of findings	38
What does the LSCB need to improve?	39
Inspection judgement about the LSCB	40
What the inspection judgements mean	45
The local authority	45
The LSCB	45
Information about this inspection	46

The local authority

Summary of findings

Children's services in Waltham Forest require improvement because:

Help and protection

- Although help and protection for children who are missing from school, home and care and those at risk of being sexually exploited have been given greater priority since the last inspection, work is not well coordinated in some cases.
- While social workers respond well to urgent child protection concerns, follow-up with some families is delayed, owing to high work volumes and limited capacity.
- Staff turnover is high and it is difficult for families to adjust to repeated changes of worker. This makes it harder to implement plans for children in a timely way.
- In many cases seen by inspectors, practice requires improvement due to delays, limited consideration of risk, and/or poor action planning and recording.
- The number of children known to be privately fostered is very low; more needs to be done to identify and assess the needs of these potentially vulnerable children.

Children looked after

- A significant minority of children looked after are adversely affected by inconsistent practice, high staff turnover and a lack of suitable local placements. Some children are not seen often enough by their social workers.
- Most services for children looked after and care leavers are not sufficiently informed by the views of children and young people themselves.
- Many older children coming into care are making poor progress at school. This limits their options for future education, employment and economic well-being.

Adoption

- While performance is improving, some children in Waltham Forest are still waiting too long to be adopted.

Care leavers

- The authority has lost contact with a third of care leavers aged over 21. It is taking steps to rectify this, although at the point of inspection some young people are unaware of help available to them.
- Too many care leavers are not in work, education or training. The authority's record here has been poor, although the number going to university is

increasing.

Leadership, management and governance

- Leaders are taking concerted action to drive up practice standards from a low base, but the pace of change has been hampered by the amount of remedial work required. Services are improving but, for the majority of children and young people, they are still less than good.
- Oversight and challenge from frontline managers are improving but are still not consistently robust.

What does the local authority need to improve?

Priority and immediate action

Child protection

1. Better coordinate information and intelligence on children missing from home, care and education to ensure that any risks for these vulnerable children, including those who may be at risk of sexual exploitation, are understood and action is taken to protect them.
2. Promote awareness of private fostering arrangements across all agencies, so that children who are privately fostered in the borough are quickly identified, the local authority is notified and action is taken to appropriately assess their needs and, where necessary, keep them safe.
3. Ensure that the assessment teams have sufficient capacity to respond to all cases and complete work in a timescale relevant for the child. Ensure timely follow-up work with families after any initial child protection response, to ensure ongoing risks are managed well and working agreements are applied effectively.

Workforce development

4. Continue to improve workforce stability, to ensure that children experience meaningful relationships with social workers who know them well.

Areas for improvement

Child protection

5. Integrate performance management information on children missing from school, home and care, to make it possible to identify patterns and trends and take appropriate action.

Standards of social work practice

6. Ensure that social workers analyse risk and protective factors and family histories more effectively, to improve the help and protection children receive.
7. Ensure that children's plans, are outcome-focused and that case records are of high quality, including more detailed planning records for child protection enquiries.
8. Ensure that social workers consistently visit children at the required frequency and that children benefit from meaningful direct work with their social workers.
9. Continue to improve the consistency of supervision and supervision records for social workers.
10. Improve the quality and impact of critical challenge provided by Independent Reviewing Officers, child protection conference chairs and fostering and adoption panel chairs.

Corporate parenting

11. Use the views and experiences of children and care leavers more consistently to inform service delivery and development.
12. Ensure that senior managers engage and consult more consistently with the Children in Care Council, to enable the work of this group to have a greater impact on outcomes for their peers.
13. Ensure that all looked-after children and care leavers understand their rights and entitlements, including access to financial support, how to obtain advocacy and how to complain.
14. Ensure that the care leavers' service keeps in touch with all care leavers, including those who are over 21, and provides effective help for young people in difficulty.
15. Reduce the number of care leavers who are not in education, employment or training.
16. Develop practice guidelines for working with care leavers who are parents.
17. Increase the number of foster carers with the right skills to meet the needs of looked-after children in the borough.
18. Place children with their siblings in their own community where this is in their best interests.
19. Consider family and friends as foster carers.

20. Increase adopter recruitment and improve the process to reduce the high drop-out rate, so that children waiting to be adopted move in more quickly with their new families.

The local authority's strengths

21. Early intervention and targeted support services are effective. They help families provide better care for their children and often reduce the need for social workers to be involved. School leaders are investing funds to sustain and enhance these services.
22. Social workers respond immediately to cases where there are urgent child protection concerns, visiting children as a matter of priority. Information sharing between professionals is generally good.
23. Social workers consider the culture and background of families well in the vast majority of children's cases.
24. Local Authority Designated Officer arrangements, multi-agency public protection arrangements and multi-agency responses to domestic abuse are effective. The police assess risks for children before notifying children's social care of domestic abuse incidents. This is good practice.
25. The authority works effectively with partners to reduce offending by looked after children. No looked-after children from the borough are subject to custodial sentences and the rate of first-time offending is low in comparison to statistically similar local authorities.
26. Foster carers and adopters are well supported and speak highly of the service they receive from the local authority. Their development needs are addressed well and the new system of foster carer payments means that they feel valued.
27. Care proceedings are managed effectively; significant progress has been made to ensure that children benefit from timely decisions for their futures.
28. Elected members have supported the provision of a fast-track service that has improved mental health provision for children in care and care leavers.
29. Care leavers who continue into further and higher education are supported well and are positive about their accommodation, their safety and relationships. Personal advisers and adult social care professionals work well together to ensure effective transitional planning for care leavers with additional needs.
30. Well-established 'Staying Put' arrangements enable young people to continue to live with their foster carers after reaching adulthood if it is in their best interests to do so. A growing number of care leavers are taking up this option.
31. Senior leaders and managers are robustly tackling previous poor performance by setting clear standards and expectations. They are establishing a performance culture, using a comprehensive data dashboard and extensive quality assurance audits.

Progress since the last inspection

32. The London Borough of Waltham Forest is an ambitious local authority that wants to do well by its residents, although it is a borough with significant challenges.
33. Ofsted's last inspection of Waltham Forest's arrangements for the protection of children was undertaken in February 2013, when they were judged to be adequate; a number of recommendations were made to improve the quality and effectiveness of services. These included actions to improve the management and quality of referrals and assessments, safeguarding for children with health needs and disabilities, supervision and oversight of practice, quality assurance arrangements and workforce stability and capacity.
34. Ofsted's last inspection of the local authority's services for looked-after children was in October 2011, when they were judged to be inadequate. Following this judgement, the Department for Education (DfE) issued an Improvement Notice. This required the authority to take action to improve the quality of social work practice, establish a permanently appointed leadership team and ensure more effective partnership working and corporate parenting for looked-after children. The Improvement Notice was lifted in February 2013.
35. Positive progress has been made, particularly in the last year. The appointment of experienced leaders, including an experienced Director of Children's Services and Divisional Director in late 2013, has led to a stable senior management team for children's social care services. New Lead Member and Scrutiny chair appointments have ensured clear political direction and support. The pace of improvement is now increasing.
36. The local authority has improved its response to initial contacts and referrals from other professionals have improved. It has introduced new performance management arrangements and clarified expectations of practitioners and line managers. Senior managers are tackling the workforce challenges with energy. There were no team manager or social worker posts vacant at the time of the inspection, although recent performance reports show a third of social worker posts filled by agency workers and an increase to a high (31%) turnover of social work staff in the last year.
37. Managers and practitioners who were interviewed by inspectors described an open and honest organisational culture that provides support and critical challenge in equal measure. The authority has introduced a new quality assurance framework, a comprehensive data dashboard and an extensive case audit programme. Managers at all levels, up to and including the Chief Executive, regularly scrutinise children's cases; an average of 70 cases are audited per quarter. These tools ensure that the authority has an accurate view of its progress and the quality of the services that children and young people receive.

38. The proportion of cases in which practice is graded as less than good has gradually reduced from 76% in quarter two of 2013–14 to 62% in quarter two of 2014–15. One case has been found to be outstanding over this period. This finding is in line with the inspection team’s evaluation of cases tracked and sampled. While this indicates meaningful improvement in the last year, it also highlights the progress that is still required.
39. While senior officers and political leaders approach their task of improving services with energy and determination, they acknowledge that progress has been incremental and that good practice is not yet secure across the service. The high turnover of managers and social workers in the last year has limited the pace of improvement.

Summary for children and young people

- Ofsted last inspected Waltham Forest's services for children in care in 2011 and found them to be inadequate. The council had not given enough priority to helping children in care and care leavers. Many children and young people were not getting the help and support that they and their families needed.
- Ofsted last inspected Waltham Forest's services to keep children safe in 2013. At that time, services were improving but some children and families were not being helped effectively. Many social workers and managers were temporary and did not stay long. This meant that they did not always know the children well.
- The recent inspection found that some of these problems remain, so the help, protection and care that many children get are still not good enough. There have been signs of some improvement, particularly in the last six months, but it now needs to happen more quickly.
- Adults are not doing enough to talk to and listen to the views of children and young people. For example, social workers are not always visiting children at home or in their placements as often as they should. Some children who go missing are not spoken to on their return to find out what is happening in their lives. The service has lost touch with some care leavers, who may be vulnerable or may not know what help they are entitled to. This means that some young people might not get the help they need.
- Managers and local politicians now better understand how well the service is helping, protecting and caring for vulnerable children and young people. They are determined to make sure that children are consistently kept safe and helped to have happy and successful lives.
- Managers and frontline staff are working hard to improve services and to respond to concerns about children, including improving help for young people who go missing or who are at risk of being sexually exploited. They know that they need to do more to ensure that young people always get the help that they need.
- Children and young people should be much more involved in planning and monitoring services, as this will help to make sure that services are child-friendly and are effective. A fantastic group of children in care and care leavers has been elected by their peers to the Waltham Forest Children in Care Council. These young people know what it is like to be in care, so they could really help the council to improve services. But to do so, they must be given a higher profile and allowed to influence big decisions made by managers and politicians.

Information about this local authority area³

Children living in this area

- 63,797 children and young people under the age of 18 years live in Waltham Forest. This is 24% of the total population in the area.
- Approximately 27% of the local authority's children are living in poverty.
- The proportion of children entitled to free school meals:
 - in primary schools is 19% (the national average is 17%)
 - in secondary schools is 21% (the national average is 15%).
- Children and young people from minority ethnic groups account for 74% of all children living in the area, compared with 25% in the country as a whole.
- The largest minority ethnic groups of children and young people in the area are Pakistani (14%) and White Other (11%).
- The proportion of children and young people with English as an additional language:
 - in primary schools is 55% (the national average is 19%)
 - in secondary schools is 45% (the national average is 14%).
- The proportion of non-resident pupils attending Waltham Forest Special Schools is 20% (the national average is 8.2%). Waltham Forest is one of London's larger net importers of pupils with complex needs to local settings and services.

Child protection in this area

- At 31 March 2014, 2,519 children had been identified through assessment as being formally in need of a specialist children's service. This is an increase from 2,391 at 31 March 2013.
- At 31 March 2014, 225 children and young people were the subject of a child protection plan. This is an increase from 183 at 31 March 2013.
- At 31 March 2014, seven children lived in privately arranged fostering placements. This is an increase from five children at 31 March 2013.

Children looked after in this area

- At 31 October 2014, 252 children were being looked after by the local authority (a rate of 39.5 per 10,000 children). This is a reduction from 266 children (42.3 per 10,000 children) at 31 October 2013. Of this number:
 - 176 (or 70%) live outside the local authority area

³ The local authority was given the opportunity to review this section of the report and has updated it with local unvalidated data where this was available.

- 23 live in residential children’s homes, of whom 96% live out of the authority area.
- three live in residential special schools⁴, all out of the authority area
- 197 live with foster families, of whom 66% live out of the authority area
- one child lives with their parents, within the authority area
- 20 children are unaccompanied asylum-seeking children.

■ In the last 12 months:

- there have been 20 adoptions
- 17 children became subjects of special guardianship orders
- 164 children ceased to be looked after, of whom 7% subsequently returned to be looked after
- 52 children and young people ceased to be looked after and moved on to independent living
- 2 children and young people ceased to be looked after and are now living in houses of multiple occupation.

Other Ofsted inspections

- The local authority operates one children’s home. This was judged to be good in its most recent Ofsted inspection.

Other information about this area

- The Director of Children’s Services has been in post since December 2013.
- The Chair of the LSCB has been in post since January 2013.

⁴ These are residential special schools that look after children for fewer than 295 days per year.

Inspection judgements about the local authority

Key judgement	Judgement grade
The experiences and progress of children who need help and protection	Requires improvement
<p>Summary</p> <p>Targeted early intervention services provide effective early help to children and families. The local authority has introduced a range of innovative provision which is improving outcomes for young people affected by gang involvement, offending and anti-social behaviour.</p> <p>Initial screening is generally sound, although in some cases not enough account is taken of previous history or the views of other agencies. While police referrals are good, those from other agencies are less consistent, resulting in busy social workers having to spend time rechecking basic information.</p> <p>Most strategy discussions take place by telephone with the police, with too few meetings with other professionals. Planning for child protection work is often poorly recorded.</p> <p>Social workers respond well to cases where urgent child protection concerns are identified. They visit children as a matter of priority and assure their immediate safety. Inspectors found no cases where children were left unprotected from risks of significant harm.</p> <p>However, weaknesses in practice in some of cases seen by inspectors mean that the help children and young people receive after the initial crisis is less effective. These included drift and delay, weak action planning and poor recording.</p> <p>Awareness of the needs of young people at risk of child sexual exploitation has increased, and referrals have increased, although social workers are not yet taking a consistent approach to addressing risks.</p> <p>Responses to children who go missing from home and care are poorly coordinated in some cases, and children do not always receive a return interview.</p> <p>There is a lack of awareness of private fostering arrangements; only two children were identified as privately fostered at the time of the inspection.</p> <p>There is insufficient capacity in the social work assessment teams to carry out the full range of tasks needed, given the high volume of work coming through. While immediate steps ensure children are safe, ongoing work with families was delayed in some cases sampled.</p> <p>Repeated changes of social worker in some cases caused families frustration and resulted in plans not being taken forward quickly enough for children.</p>	

40. Early Intervention Teams deployed across Waltham Forest provide a wide range of effective early help for families below the threshold for statutory intervention. These services are accessible and respond well to the diverse nature of local communities, including families newly arrived from eastern Europe.
41. A good range of children's centres, which have been judged positively in recent Ofsted inspections, provide effective help to younger families. These services are located so as to reach families well in areas of greatest social and economic need.
42. The number of children benefiting from early help assessments has increased significantly since the last inspection. Support delivered through this process is effective in preventing the escalation of need in most cases. Vulnerable children and families benefit from high quality family support, school mentoring and access to a wide range of information, advice and guidance.
43. Health practitioners (including GPs), schools and housing agencies are leading and contributing to teams supporting individual children and their families. A wide range of expertise is available, including family support advisors, who succeed in engaging families who are reluctant to approach the local authority and other services. Innovative school-focused projects, such as the 'Be in Be Safe' campaign in primary schools and functional family therapy being provided through secondary schools, focus on preventing absence and helping vulnerable pupils. Cases sampled by inspectors show positive impact on the well-being of children and young people.
44. Inspectors found evidence in sampled cases of effective help being targeted through the authority's Troubled Families initiative, including to families of children on the edge of care and families of children returning home from care. Of 640 Waltham Forest families identified under the initiative as at the end of March 2014, 238 families had been 'turned around' in terms of reduced offending and anti-social behaviour and exclusions from school. Informed by research, and based on a review of evidence based programmes, the Troubled Families Executive Group has invested in multi-systemic therapy and functional family therapy. A team of four functional family therapists work with and support 'troubled families'. The impact has yet to be evaluated but there is good anecdotal evidence of impact and improved outcomes.
45. The local authority and its partners are actively addressing gang-related activity. Under the 'Best Start in Life Strategy', seven specialist projects have been jointly commissioned to address gang cultures and gang-related violence. These programmes are currently being independently evaluated. The Youth Offending Service (YOS), gang initiatives and the multi-agency Bronze process are showing success, with a 46% reduction in re-offending in a one-year period on nationally agreed measures, and a better than London average reduction in serious youth violence in 2012–13 and 2013–14.

46. According to the local authority, 765 referrals/cases were 'stepped across' from children's social care (383 from the duty service and 382 following assessment) to early help services over the past year. In cases seen by inspectors, advice has been appropriately sought from qualified social work managers; their oversight was good and decisions to 'step across' were appropriate. When concerns about harm are identified, cases are referred promptly to the local authority Multi-Agency Safeguarding Hub (MASH) Contact and Referral team.
47. Referrals to the MASH Contact and Referral team from the Metropolitan Police are generally of good quality, with clarity on whether children have been seen, together with a risk assessment which assists decision making. Referrals are scrutinised first by suitably experienced Public Protection police officers to ensure that cases are appropriately prioritised, and only cases which need social work consideration are sent to the local authority. This is good practice.
48. However, the quality of referrals from other external agencies is not always sufficient to enable a decision on whether further work is needed from social care, and in what timescale. As a result, social workers spend too much time rechecking basic information.
49. Inspectors saw good quality multi-agency checks being conducted through the Multi-Agency Safeguarding Hub on cases where clarification or further information was needed about potentially lower level concerns.
50. All cases where there is a presenting child protection issue are passed speedily on to the social work teams that carry out further assessments. However, in some cases where there is no such presenting issue, there are delays in the Contact and Referral team caused by the high volume of referrals and the need to check basic information. The most recent monthly statistics show that 30% of contacts were not dealt with within the Working Together timescale of 24 hours and about 6% (124 cases) were not dealt with within five days. This delayed families' access to services in some cases. Although managers' extensive knowledge about cases enabled them to prioritise work appropriately and limited the impact on children's wellbeing, it was not always clear from children's records seen as to how this prioritisation was being conducted or meeting their needs.
51. Of the 2,072 contacts received in the last three months, staff identified only 29% (611 cases) as needing a social care assessment. While some of the remaining cases were diverted to early help services from children's social care, the high volume of contacts that do not lead to further action indicates that local professionals do not yet clearly understand the agreed threshold criteria for children's social care. These contacts also take up considerable social work time.

52. Social work practice in relation to contacts and referrals is not consistent. Inspectors saw that in some cases where a decision had been made to take no further action, there had been a lack of consideration of the previous history, the impact on all of the family members of the incident, or other agencies' views. These omissions could lead to families' support needs not being identified in a timely manner and further referrals being made.
53. Consent is sought from parents and families to gather further information if appropriate. However, inspectors did not always see that this was fully explained to parents.
54. Since May 2014, out of hours duty arrangements are provided by the London Borough of Redbridge on behalf of four boroughs, including Waltham Forest. This is still a developing service, with a permanent manager only having started employment during the period of this inspection. Recent cases seen by inspectors where the out of hours service had been involved were generally of a satisfactory standard.
55. Cases are passed from the Contact and Referral team to the short-term assessment teams. These teams respond well to cases where there are urgent child protection concerns; children are always visited immediately and inspectors found no cases where children were left unsafe. However, the assessment teams do not have sufficient capacity to carry out the full range of work within the timescale expected by the local authority, so follow-up work after the crisis does not happen promptly in some cases. Team managers spoke about the need to prioritise and then reprioritise cases, including having to weigh up whether to complete work on child protection enquiries or investigate new situations. Examples were seen of gaps of three weeks and of two months in further social work visits after the initial child protection enquiry. This means that, in some cases, family vulnerabilities persist and unnecessary repeat referrals are more likely.
56. Child protection discussions with the local Metropolitan Police Child Abuse Investigation Team (CAIT) are not always well recorded and tend to be limited to telephone discussions. Face-to-face strategy meetings which also involve other agencies occur rarely. On a number of cases seen by inspectors, the police notified social workers of actions they had already taken in relation to reported perpetrators of abuse (for instance to charge, caution or take no further action) without prior multi-agency discussion to enable joint planning. As a result, planning is not well informed by information from other professionals who may know the family well, and as such is less robust.

57. Most child and family assessments are of a reasonable standard and some are very good, utilising research and identifying risks. Most cases are working to a standard timescale, with no evidence seen in children's records of managers and practitioners considering whether, in individual cases, a shorter, more urgent, timescale, or a longer, more in-depth assessment is needed for the particular child. The context here is one of a significant increase in the volume of work, with the number of children and family assessments completed from April to September 2014 already reaching 1,835, compared to 1,897 completed in the whole of 2013–14. The thoroughness and quality of assessment work is affected by this increase in volume. Some assessments are taking too long, without a clear record on children's files to explain the delay and confirm management decision making. Many assessments only focus on some of the children in the family and do not robustly consider the support and protection of each child within the household. This does not ensure that all needs are being met and could mean that risks are overlooked.
58. In some cases where there were clear child protection issues, managers had decided not to progress the case to a child protection conference. In such cases, other actions were being taken, including ongoing child and family assessments and, as a result, no children were seen to be at immediate risk. There were 447 child protection enquiries in the six months prior to inspection. Of these, 69% did not go to an initial child protection conference. Also, 32% of initial conferences in the year to date have resulted in children becoming subject to child in need plans, compared to 14% for 2013–14. This data is reviewed on a monthly basis as part of the senior leadership team's review of monthly performance. Child protection conference chairs are generally not consulted in individual cases which do not proceed to conference. Involving them more fully would strengthen oversight of decision making in such cases.
59. Although the number of children helped through child in need plans has increased, the children concerned are still not getting sufficient focus as social workers are prioritising children with a child protection plan. For example at September 2014, only 33% of children in need had had their plan updated and only 28% had had a visit from their social worker within the timescale expected by the local authority. While unvalidated figures provided by the authority indicate an increase since September 2014 to 43% and 51% respectively, this level of performance in relation to children in need is still far from robust.
60. Managers are focused on improving the timeliness of child protection conferences, and progress has been made from a low base in the last year, with the proportion of initial conferences held on time increasing from 37% in 2013–14 to 55% for the year to date, and a figure of 93% for September 2014. There is good attendance by agencies, who produce reports as needed.
61. Chairing of case conferences is inclusive of families, although focus on risk analysis was insufficient in one conference observed and some child protection plans sampled by inspectors lack identified outcomes, timescales and contingency arrangements specific to the case. This lack of focus has the potential to reduce the effectiveness of these plans and ongoing work in reducing risk.

62. The current rate of children subject to child protection plans reduced during September to 34.2 per 10,000 children and young people, compared with an average of 38.7 in comparator local authorities. However, more protection plans have been made as a result of domestic violence, reflecting greater awareness of its impact on children. The number of protection plans made due to neglect has also increased, reflecting the higher profile, focus and additional training given in the borough on this issue.
63. Most young people are seen alone and are listened to well as part of child protection work. Child protection conference chairs have identified that most young people do not wish to attend their conferences but do want to have their views listened to. In response, they have introduced a 'Messages to the chair' initiative and see children and young people before conferences, for instance at school. Advocacy support is provided through a commissioned contract with a voluntary organisation and spot purchased when required; 136 young people were supported well through these arrangements last year, including at child protection conferences. This is an area of good practice.
64. Casework consistently demonstrates good consideration of the culture and background of families. Practitioners in this very diverse borough have a commissioned interpreting and translation services to support their work with children and families whose first language is not English.
65. Cases are transferred to the safeguarding teams following the decision that further, longer-term work is needed. In all of the cases seen by inspectors where children have been subject to a child protection plan, there were regular visits, recording of at least a satisfactory level, and regular core groups involving relevant agencies.
66. Of the 225 children and young people with a child protection plan, 10 (4%) are recorded as having some form of disability. Social workers in the specialist disabled children's team who spoke to inspectors demonstrated good consideration of risk factors for children in these cases. However, case records do not always reflect the quality of the work undertaken, with records focusing too much on the needs of parents and not enough on their children.
67. In a small number of cases seen by inspectors which had been stepped down from child protection to children in need work, there was continued support, including regular planning meetings. The impact of help given was variable, with some work lacking in thoroughness and children not always being seen enough.
68. The local authority makes significant use of temporary and agency staff, most of whom are highly experienced. In addition to changes of social worker as cases transfer through the MASH, Assessment and then the Safeguarding teams, inspectors also saw some cases where families had many changes of social worker due to the lack of permanent staffing. In these cases, children and families had to repeat their stories and develop trust again, leading to work not always being dealt with in a timely manner.

69. Inspectors saw some very strong work, with social workers taking a highly child-centred approach and engaging well with parents. This included impressive work in a small number of individual cases, for example to prevent a forced marriage and to help a child with a life-limiting condition. Cases which involved consideration of risks to unborn children, and pre-birth planning, were also of a high standard. However, practice in the majority of cases seen by inspectors was less than good, owing to significant delays, lack of robust consideration of risk and action planning, out of date chronologies and poor recording.
70. Services to support young people at risk of child sexual exploitation require further development. The authority was supporting 21 young people at risk of sexual exploitation at the point of inspection. A strong commitment has been given by all agencies, including by the Local Safeguarding Children Board, councillors and the Chief Executive, and a highly visible public information campaign and training programme have led to a modest increase in the number of referrals to children's social care. However, this is not matched by a common approach being taken by social workers nor by consistently robust practice in individual cases. In three out of five child sexual exploitation cases sampled, inspectors found weaknesses in risk analysis and multi-agency coordination. However, no cases were seen where young people were left at risk of harm.
71. There is not a single, comprehensive record or an integrated response to children who go missing from home, care and education, including the significant number of young people who are placed in Waltham Forest by other authorities and who regularly go missing. Some children receive an effective response, though in some cases insufficient consideration is given to presenting risks; children are not always seen when they return from being missing and record keeping is poor. Inspectors did not find written risk assessments and safety plans in many case records.
72. Education inclusion, education welfare and admissions teams work closely together to take effective steps to locate and promote the welfare of children missing education and missing from education. The number of children is known, with 248 children missing education in the last academic year; all cases were closed with clear outcomes of school admission or alternative education allocated through the Fair Access Panel. Eighty children were known to be Gypsy, Roma or Traveller children who are no longer missing education. All looked after children receive their full entitlement to education; none were on part-time timetables at the time of the inspection. Currently 113 electively home educated children are known and their education and welfare is monitored.
73. However, work in this area requires improvement because the information that the authority keeps on children missing education is not well coordinated with information held by other services. Currently, sixteen different recording systems may have information about these children, and not all agencies are fully involved as early as possible. As a result, risk assessment for children missing education is insufficiently robust.

74. Local Authority Designated Officer (LADO) arrangements to consider allegations of abuse by professionals and carers are good, with referrals received from a range of services. In a sample of eight cases seen by inspectors, decision making was found to be robust, risks considered fully, information shared with other agencies and issues followed up.
75. Multi-agency public protection arrangements (MAPPA) are strong. Inspectors saw examples of effective work to tackle gangs and radicalised parents, involving social care in addressing the needs and the safeguarding of children in the families involved.
76. Multi-agency responses to domestic abuse including MARAC arrangements are good. This includes good multi-agency strategic work and coordination. Preventative work is also of a high standard, including the 'White Ribbon' awareness-raising campaign to which Leyton Orient Football Club is signed-up, and raising the profile of male victims.
77. The local authority monitors cases well and is able to identify which families have issues relating to domestic violence, mental health and substance misuse. Useful analysis has been carried out regarding domestic abuse, but this is more limited in respect of mental health and substance misuse, which also affect the care that children receive from their parents, and is not used robustly to inform the commissioning of services.
78. Arrangements for identifying and helping privately fostered children are inadequate. At the time of the inspection there were only two children who were identified and receiving support for private fostering. Given Waltham Forest's size and ethnic profile, this very low number demonstrates a lack of identification by professionals of these significant safeguarding issues. The help received by the two children and their families was also poor. The local authority is aware that the number is low and is developing plans to raise awareness among professionals.

Key judgement	Judgement grade
The experiences and progress of children looked after and achieving permanence	Requires improvement
<p>Summary</p> <p>Leaders have clear priorities for improvement and are determined to drive better performance, establish a stable workforce, strengthen local fostering provision and raise standards of practice. There is evidence of progress, with a full complement of team managers in place and manageable caseloads for social workers in the children in care teams. The quality of pre-proceedings work and the management of care proceedings have substantially improved over the last year, with children benefiting from timely decisions about their futures.</p> <p>However, at the point of inspection, significant challenges remain. Care plans and pathway plans are not consistently effective and, in many cases, are not always updated to reflect young people’s current circumstances and views. There is not enough emphasis, either strategically or in individual cases, on children’s views and experiences. Some children are not seen often enough by their social workers.</p> <p>The authority has not yet enabled the Children in Care Council to exercise its full influence as a potentially powerful voice for young people. As key champions for children, the Corporate Parenting Board and the independent reviewing officer service are not yet having enough impact on service standards. The virtual school is targeting additional help and tracking children’s progress, but too many children are underachieving and this is limiting their options for future education, employment and economic well-being.</p> <p>There are some gaps in the support provided for care leavers. The local authority had lost contact with a significant minority of older care leavers and some have not been able to access help when they need it. Too many are not in education, employment or training, although managers have brought in additional staffing capacity and the number going to university is increasing. Most care leavers are in safe and suitable accommodation. A growing number of young people are staying with their former foster carers and benefiting from their continuing support in the ‘Staying Put’ scheme.</p> <p>Adoption is considered early in the care planning process. While the number of adopters being recruited has increased and some improvement has been made to timescales, this has not yet been sufficient to achieve national performance thresholds and some children in Waltham Forest are still waiting too long to be adopted.</p> <p>Too many changes of social worker mean that plans for some children are not driven through consistently.</p>	

79. At 31 October 2014, 252 children were being looked after by the local authority, a relatively low rate of 39.5 per 10,000 children. This is a considerably lower proportion of children than in comparator local authorities and than the national average. A large majority, 69%, were living outside the local authority area.
80. The decision to look after a child is always made by a senior manager and this approval is consistently recorded in the child's records, although the reasons for the decision are not always explained. In a few cases seen, children should have been looked after sooner or were otherwise affected by drift and delay in plans for their futures.
81. Senior managers also ensure regular oversight of children's placements through a Children in Care and Resources panel. However, the recording of the panel's decisions and the rationale for them is not sufficiently detailed. The panel approves placement changes as well as initial placements, so has an important role in ensuring that children are placed appropriately and that their placements are supported as effectively as possible. This has helped to ensure that children looked after by Waltham Forest benefit from consistently good placement stability, with a provisional figure of 7% of children having had three or more placements in 2013–14, compared to the 13% average in the previous year for similar local authorities.
82. Limitations in suitable local placements mean that only 31% of looked after children of school age are placed within the borough. Many out-of-borough placements are at some distance from children's homes, families, previous schools and familiar communities. About 26% of children looked after were placed more than 20 miles from home in September, an increase from 22% for 2013–14 and considerably more than the previous year's 17% average for similar authorities. In several cases sampled by inspectors, distant placements had made it harder for children to maintain their contact with parents and other important people in their lives. Both young people in external children's home placements who were visited by inspectors were unhappy about the placement choices that had been made for them and said they would have preferred placements nearer to their families. In another case, two brothers who had come into care were placed over 200 miles from each other, making it impossible for them to see each other as often as they wished.
83. Overall, of seven young people seen by inspectors, five complained that they were unhappy with placement choices that had been made for them and two had complained about their social workers making decisions without taking their views into account. Some children in the cases tracked and sampled by inspectors had not been visited at the required frequency. Managers are monitoring performance closely through the local authority's monthly data dashboard and in most cases delays are not excessive.
84. Social workers are aware of the authority's expectations in relation to practice standards and conduct. These have been communicated to all staff in the children in care teams and have been the basis for the continuing development of the service.

85. Staff seen by inspectors are positive about working for the authority. They are aware of performance targets and endorse actions being taken to improve the experience of looked after children. While senior managers and first line managers are taking action to address problems with individual performance, and they have reduced caseloads to a reasonable level, they recognise that this is a starting point and that greater impact is required to improve the quality of practice overall. The information from the service's own programme of audits demonstrates that practice is improving, but in nearly two thirds of cases audited it is not yet good.
86. Too many looked after children have experienced changes of social worker as a result of high staff turnover in the last few months. This has slowed the pace of improvement as plans for individual children are not driven and overseen so effectively as a result. Inspectors saw some limited evidence that workforce stability is starting to show sustainable improvement at both practitioner and management levels. Three of the five team managers are temporary and half the social workers in the children in care teams are agency workers. A number of permanent appointments have recently been made but these staff are not yet in post. Staff are aware that the authority is taking action to address the issue of turnover. This is having a positive effect on morale and is expected to make it easier for children to experience more stable and meaningful relationships with their social workers.
87. The rate at which local authority foster carers are being recruited is not keeping pace with the needs of children in the authority, in part as older carers have retired. In 2012–13 there were 127 approved foster care placements; by April 2014 this number had reduced to 89, although this had gone back up to 94 by September 2014. The overall impact of this recruitment activity on the numbers of both mainstream and connected persons carers has not been sufficient to prevent the steady rise in recent months in the overall number of looked after children placed more than 20 miles from home. However, many of the children placed away from the borough are older children who have been looked after for some time and are generally in settled placements. The authority recognises the need to increase choice of local placements and some progress has been made; a smaller proportion of those children who are at the point of their admission to care is being placed more than 20 miles from home.
88. The authority's commissioning and sufficiency strategy aims to manage the market in respect of independent fostering and children's home provision in the area so that fewer children are placed in distant out of borough placements. The authority's strategy to address this is informed by a commissioned analysis of projected need, and plans are in place with nine other London boroughs to increase the number and quality of independent fostering placements in the area. However, this has had limited impact at this stage; the local authority acknowledges the continuing shortage of local placements and heavy reliance on private sector provision.
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90. The majority of foster carers are Asian or black Afro-Caribbean and the authority has a shortage of white British and eastern European foster carers. Current recruitment activity is sensitive to this imbalance and is targeting specific areas of the borough to encourage more applicants from these groups.
91. Foster carers who are approved by the authority are positive about the support they receive from their supervising social workers. They are also positive about the new graduated payments scheme which links fees to the training and experience of the carer. This scheme is not available to connected persons and special guardians who are paid at a lower fixed rate. Carers are supervised regularly, although some of their supervision records are not up to date and some sessions appear to lack focus.
92. The local authority closely monitors the quality of externally commissioned placements and does not place children in placements which are judged at inspection to be less than good. Where a provider's grade drops after the child has been placed, the authority responds effectively, assessing the risks and making decisions in the interests of the young person concerned. In a case seen at the time of the inspection, the decision to maintain the placement was the right one for the young person concerned, with additional monitoring sensibly put in place.
93. Teachers, professionals and carers focus strongly on encouraging good school attendance, but decisive action has not been taken to prevent persistent absence by a small minority (13%) of looked after children. The attendance rates of looked after young people who came into care in their teenage years after long periods of disrupted or missing education are stubbornly low, and their progress is slow. Three young people had not attended school for over two years before coming into care, but personalised learning programmes are now in place to help ensure that they access their educational entitlement. The number of persistently absent young people means that the average attendance by looked after children has dropped from 95% in 2013–14 to 93% at the time of the inspection.
94. Looked after children's attainment at the ages of seven and 11 has been above that found nationally for similar pupils over the past two years and the gap between all Waltham Forest pupils and cared for pupils in this age group is narrower than that found nationally for similar groups.
95. The attainment and progress of looked after students in secondary schools are not good. The proportion of pupils achieving five good GCSEs including English and mathematics was above that of similar pupils nationally in 2013 at 25% and the gap with other young people in Waltham Forest narrowed slightly. In 2014 this reduced to 17% of looked after children achieving five good GCSEs including English and mathematics, with too many young people in the Year 11 cohort in 2013–14 not making their expected progress.

96. Personal education plans (PEPs) and pathway plans for looked after children require improvement. Managers' oversight and auditing of these plans are not sufficiently effective, with gaps in children's educational histories and information not being up to date in nearly a third of plans sampled by inspectors.
97. The virtual school has consulted pupils and improved the format for collecting and presenting their views in the 'pupil voice' questionnaires for PEPs, so that this section is now completed in almost all cases before PEP reviews take place. This is a valuable source of information about looked after children's views and interests. This information now needs to be used routinely in care planning.
98. The virtual school does not yet undertake detailed analysis to target support effectively for cohorts coming into care at age 12 and older. Effective initiatives in schools, through the borough's restorative intervention and Functional Family Therapy projects, are preventing some exclusions, but this has not yet resulted in improved achievement. The authority has recognised this issue and plans are in place to commission achievement monitoring arrangements in spring 2015, to sit alongside the personal education planning process. The impact of this will not be seen for looked after children until summer 2015.
99. All looked after children access their full entitlement to education with effective, prompt action taken to find school places and ensure that none are missing out on education. All alternative provision is registered and is of good quality, and this was in place for 21 young people at the time of the inspection. The three pupil referral units in the borough were all judged to be good in recent Ofsted inspections and looked after children who attend these units are well served by them. The virtual school puts high quality tuition in place for those who cannot or will not attend school full-time. No young people in the borough, including looked after children, have been permanently excluded from their schools. The virtual school has worked effectively to reduce the number of fixed term exclusions of looked after pupils, but the rate in secondary schools has risen over the last three years to 13% in 2013-14. This is the case equally for children and young people living in and out of the borough.
100. The current Independent Reviewing Officer (IRO) arrangements are not having sufficient impact on service quality and on children's experience and progress. This is hindering the pace of improvement for children looked after and young people leaving care. While IROs raise alerts, they are not escalating these effectively when issues are not resolved and are not using their discretion to involve Cafcass in cases where children's plans and arrangements are a serious cause for concern.

101. The IRO annual report for 2013-14 includes useful information about performance in relation to timeliness, compliance with review decisions, children's participation and demographic data about the looked after children population. However, there is limited information about targets and actions to improve performance and too much of the report is descriptive, referring to the general responsibilities of IROs rather specific plans for the development of the service in the borough. The authority is appointing two additional IROs in order to increase the team's capacity to influence practice.
102. IROs have undertaken specific pieces of work to improve the rate and quality of children's participation in their reviews. In the last full year, children's views were recorded in 95% of review meetings. In a recent development aimed at improving children's involvement, 19 young people from a range of backgrounds, including some with disabilities and special educational needs, are co-chairing their own meetings.
103. Children and young people are not sufficiently engaged in the delivery and development of services. An active and articulate group of young people has been elected to the Children in Care Council (CiCC), but they are not consistently empowered by senior managers to provide challenge and their views used to inform the development of the service. These young people were able to articulate their views very well to inspectors and they understood that budgets and priorities were factors in the decisions made by the service. They had no consistent point of contact with the authority's senior leadership and felt that consultation with them was inconsistent and symbolic. The views of the young people tend to be represented by adults who work with them, rather through their direct participation when decisions are made. As a result, CiCC members do not feel confident that their role as representatives of all looked after young people is valued and respected. The authority recognises the need for change and, for example, a young person has recently joined the children's services Overview and Scrutiny Committee.
104. Monthly performance reports show that routine health monitoring of looked after children is improving, but overall performance in respect of looked after children's health is not yet good. Only 53% of looked after children had received an initial health assessment within 28 days of becoming looked after in the year to August 2014, although this had improved from a very low starting point of 36% in April 2014. In contrast, 96% of looked after children had an annual health assessment up to September, and this figure has increased steadily throughout the year.
105. A dedicated, fast-track child and adolescent mental health service for children looked after was introduced with the involvement and support of elected members on the Corporate Parenting Board. As a result, these children and young people receive assessments and intervention quickly when their needs have been identified. The service also ensures that young people placed outside the authority have their mental health needs identified and addressed quickly. Referrals to external child and adolescent mental health services are supported and followed up by managers and health partners, and this was confirmed in cases seen by inspectors.

106. Young people and their families who misuse substances receive services from a number of agencies in the borough. The authority refers young people to the '722 Project' which offers help and support to young people up to the age of 19. Inspectors also saw evidence of referrals to Turning Point, an open access service. About 22% of young people who are helped by specialist substance misuse services in the borough are looked after children; of these, 82% complete their programme, which is above the national average.
107. Parenting assessments and family group conferences are used well to help make plans and determine levels of family contact for looked after children, either when children are placed permanently or when they are being returned to the care of their parents or others. In a sample of cases seen by inspectors, the authority had engaged family and friends networks effectively in order to clarify the extent and limitations of support available for children who had returned home or left care through special guardianship arrangements. The authority's parenting assessments are well regarded by the courts, and inspectors saw examples of the family group conferencing service being used imaginatively to help children to make progress. These included a case where children returned to their mother's care with an appropriate support package, and in other examples, coordination by extended family members of support for children who are permanently placed.
108. An effective and well recorded pre-proceedings process supports cases where the local authority is considering court proceedings to secure children's long term futures. Families and their representatives are given clear information about the help to be offered and the actions required of them, together with timescales which are informed by the needs of the child. This process works well; the majority of children concerned have received help to remain with their parents and two thirds have not subsequently required a court order.
109. Once children's cases enter the court process, they are managed well. The legal proceedings meeting, which includes senior managers, legal representatives and the care proceedings manager, has oversight of all cases where proceedings are being considered. This process results in clearly recorded, well-argued and focused planning for these cases. The authority complies with challenging court-directed timetables and this means that children are not kept waiting for important decisions to be agreed.
110. The authority has a good reputation with both Cafcass and the judges, who report significant recent improvements in this area of work. Social workers' reports for court are subject to effective quality assurance and their assessments completed specifically for proceedings are of a good standard and are timely. However, the borough is known for frequent changes of social workers, even within the short timescale of proceedings, and where this happens children's new social workers are not always seen by the courts as sufficiently clear about the details of their cases.

111. Partnership working involving the youth offending service, children's social care and the police has improved triage and restorative approaches, helping to successfully divert young people from prosecution. Fewer young people are offending for the first time, although the re-offending rate is high at 51%. Last year, 14 looked after young people were subject to triage and did not subsequently appear in court. The appointment of a local authority-funded police officer has helped to promote restorative approaches with providers and children's homes in the area, so fewer young people are reported to the police for minor conflicts with their carers.
112. Children in care who go missing from their placements do not receive a consistent response from the authority. In a sample of cases tracked by inspectors, most children who had gone missing had either not had formal return home interviews by an independent person or these had not been fully recorded. The lack of a common, central register with other missing children and children at risk of sexual exploitation hinders full analysis of the characteristics of this group. The authority does not consistently ensure that risk assessments are completed for young people who go missing from their placements. Crucially, this means that leaders are not doing enough to ensure that staff are consistently listening to these vulnerable children, to find out what is happening in their lives.
113. The virtual school and children missing education team keep good track of the attendance of looked after pupils and those absent from their school placements, with good follow-up by their placements ensuring that no looked after children on their registers are currently missing 'whereabouts unknown'. Data is not tracked well for young people above school participation age. Oversight, review and action when children had been missing from care were seen in individual cases. Independent Reviewing Officers have reviewed all 13 children who had been missing from care more than once and all but one have recently been visited by their social worker. This is helping keep children safe.

The graded judgement for adoption performance is that it requires improvement

114. Adoption is considered at an early stage in the care planning process for all children who are unable to return home or to their birth families and who need a permanent alternative home.
115. While some improvements have been made to timescales, these have not yet been sufficient to achieve national performance thresholds and some children in Waltham Forest are still waiting too long to be adopted. This can make it harder for them to attach to new carers. The average length of time between a child entering care and moving in with an adoptive family was 693 days between 2010 and 2013. While this is in line with similar authorities, it is 85 days longer than the national performance threshold. Timescales in this area remain stubbornly high and currently Waltham Forest is not on track to meet its ambitious target of 480 days for 2014–15.

116. Children are benefiting from attention being given to speeding up the process of matching them with adopters, once the courts have given authority to place them. The authority is on track to meet a stretching target of reducing the time taken for this part of the process to 120 days.
117. Between 2010 and 2013, 40% of children waited less than 20 months to be adopted. The local authority is on track to increase this proportion to its target of 50% over this year. While this would bring Waltham Forest more closely in line with similar authorities and the England average, the target is not sufficiently ambitious.
118. The local authority has improved its monitoring of adoption performance, with activity and outcomes data considered every month and targets set for improvement. Managers have a good understanding of the areas where changes need to take place and actions are beginning to improve adoption performance, for example in reducing the length of care proceedings so that crucial decisions about children's futures are not delayed.
119. Some targets, however, are not ambitious enough. For example, the current year's target for 20 children to leave care through adoption is very similar to performance over the last two years. At the time of the inspection, the adoption service had 11 adopters available who had not been matched to a child. Six children with placement orders were awaiting adoption and the service was family finding for 17 other children. Waltham Forest's record in achieving adoption for older and black and minority ethnic children looked after is similar to national averages, with 3% of children aged five or over leaving care through adoption and 7% of black and minority ethnic children leaving care through adoption in the period 2010–2013.
120. The number of people being approved as adopters has gone up each year for the past three years and the local authority is on track to meet a target of 20 approvals this year, four more than in 2013–14. Waltham Forest has seen an increase in the number of responses it has received from adoption recruitment campaigns, but there is a steep drop-off from first approach to choosing to engage in the approval process. Of the 121 initial enquirers and 104 people who entered the initial entry and information phase of the process in 2013–14, only 15 adopters were eventually approved. This was a lower proportion of enquiries leading to approval than in the previous year. The reasons for this are not sufficiently well understood to allow marketing and recruitment activity to be targeted effectively.
121. The adopters spoken to by inspectors felt that the approval process was both informative and necessarily thorough, although it could have been completed more quickly. The authority has reduced the average time taken to prepare prospective adopters from 12 months in 2013–14 to eight months, and is currently working hard to reach its target time of six months. Work to develop 'foster to adopt' carers is proceeding after a number of initial setbacks, with the first placement having been made and a second adopter about to be matched with a child.

122. While inspectors saw good practice examples of effective parallel planning for children, practice is of a variable quality. Systems have yet to be fully embedded to ensure that there is a strong sense of ownership, urgency and care in adoption work within the children in care teams.
123. The minutes of family finding meetings are not being written up and included within children's records in such a way that they inform social work activity and hold workers to account. The rationale for changes in care planning decisions is not always clearly recorded in the child's case records.
124. There had been a change of social worker in three out of the five adoption cases tracked by inspectors. This did not just result in delay, but in children who have already experienced disruption in their lives not getting important ongoing support from one consistent person within the local authority. One case had been unallocated for a month after the child's social worker left, which directly contributed to delay and, in another case, evidence of over-optimism about finding a placement for three siblings contributed to significant delay. Thoughtful life story work was seen, but was not present in all cases.
125. The adoption panel is led by an experienced chair and is correctly constituted. Meetings take place at a frequency which ensures timely decision making on cases. The panel does not produce an annual report summarising its work. This means that valuable learning is missed. The quality of child permanence reports going to the adoption panel is too variable. No business report has been presented to the Corporate Parenting Board. The scrutiny and challenge exercised by the panel are not having sufficient impact.
126. Adoption support plans seen by inspectors were mostly generic and not tailored to children's individual needs. Plans were more detailed when children had complex needs. Post-adoption support is easily accessible, being provided by a mixture of in-house, commissioned and spot-purchased services. Through these services, the authority supported 40 families in 2013–14, including five birth families. Families benefit from face-to-face and letter box contact being closely monitored by the adoption support service. This service supported 69 contacts with birth families in 2013–14. Adoption breakdowns are rare, with only one having taken place in the last year.

The graded judgement about the experience and progress of care leavers is that it requires improvement

127. Senior managers recognise that services for care leavers have been weak and require improvement. The authority has strengthened its scrutiny of performance for care leavers through a monthly data dashboard. In seeking to improve outcomes, it has prioritised support for young care leavers and the proportion of 18, 19 and 20 year-olds in regular contact with a personal adviser has increased significantly in the last few months, from a low of 73% in 2013–14 to 92% at the point of inspection. This still means that a number of care leavers who are not in touch with the authority may potentially be vulnerable and not getting help when they need it.
128. This focus is starting to improve support for younger care leavers. A well-established Staying Put policy provides for young people to remain with their foster carers beyond the age of 18. This is helping to improve outcomes for young people, including those who have additional needs and disabilities and those who wish to continue studying. The number of care leavers taking up this option has increased from seven in December 2013 to 18 at the point of inspection.
129. Care leavers who want to continue in education and training are helped and supported to attend the courses of their choice that meet their career aspirations. Appropriate grants and bursaries are available and currently 15 young people are at university. This is comparable with national rates. Pathway plans have been revised for all young people at university this year and they pay good attention to finances, learning support and accommodation. Most young people spoken to were very happy with the current arrangements.
130. Until recently, support for older care leavers who are not in university, further education or training was provided by workers in the care leavers' team on a duty rota. This approach was not successful, and the service has lost touch with a third of care leavers who are over 20 years old. It was clear from young people whose cases were looked at by inspectors that some have been significantly disadvantaged by a lack of knowledge about their entitlements. For example, in one case a young person had dropped out of higher education in January 2014 after the authority failed to ensure that she knew about and could access the full range of financial support to which she was entitled. Not surprisingly, a personal adviser allocated to her since has had to work hard to re-engage and support her effectively, and although she is back on a training course, this is at a lower level of qualification.

131. Care leavers spoken to by inspectors have not consistently had continuous, purposeful, supportive relationships with social workers and personal advisors and this is affecting their resilience and preparedness to move successfully into adult life. One young person who met inspectors was supported by others when stating 'I feel like I am on a conveyor belt and I have to move off the end to make room for others. I have no one to fall back on'. Others gave examples of a lack of ongoing support having affected their well-being.
132. In seeking to improve the service for older care leavers, managers have recently put in place a dedicated '21 Plus' team of temporary personal advisors alongside the care leavers' team, to enhance support to help young people towards independence. The intention behind this time-limited initiative is for the cohort of older young people to be allocated workers who get to know them, assess their needs, ensure that they can access their entitlements and encourage those who are ready into independence; this includes the option of future help through the main leaving care team as required. While this is a positive development to strengthen help for care leavers, it is too early to demonstrate impact, although for the 20 young people who had received time-limited support, inspectors could see that the extra help they had received was brought to an end appropriately.
133. Poor pathway planning was an issue identified in the authority's last inspection of looked after children's services. This is still the case. In particular, of looked after children aged 16 and over, only 35% had their pathway plan updated within the last six months, although the figure fluctuates from month to month and was significantly higher at 90% at the end of 2013–14. For care leavers, the current figure is much better, with 83% having had their plans reviewed recently. Line managers review pathway plans during supervision and there is some evidence of improvement in quality, although this is at an early stage. Four out of five pathway plans in cases sampled by inspectors were not fully up to date.
134. While some young people are unhappy with their accommodation or the choice available, performance has improved; 92% of care leavers were in suitable accommodation at age 21 in September 2014, compared to the 2013–14 figure of 88%. Young people generally feel safe in the accommodation provided to them, which includes a range of supported housing run by an arms-length provider.
135. The authority has a clear protocol for the assessment and provision of help for homeless young people aged under 18 years of age. This is operated jointly with the housing department, and assessments seen by inspectors were of good quality. Of the 24 young people who presented for homelessness assessments between April and October 2014, the authority accommodated one young person and, at the point of inspection, was supporting two young people as children in need.

136. The authority plans to develop a more consistent standard of semi-independence provision for care leavers, in collaboration with neighbouring authorities. However, these plans are at a very early stage and are not currently having an impact on the accommodation choices available for young people. At the time of the inspection, 25 of the 248 young people receiving leaving care services were living in homes of multiple occupation.
137. Practitioners are not taking a consistent approach to supporting the 18% of care leavers who are parents and the service does not have an agreed and well-defined process for assessing and meeting the needs of their children. Where specific concerns are identified, a child may be referred to the safeguarding and family support service for assessment and support in their own right, and possible allocation to a social worker. However, not all personal advisers have received training to help them to assess possible causes for concern and to support young parents to access early help and other local services. While inspectors did not find cases where obvious risks had not been picked up, the fact that workers are not in touch with all care leavers could mean that some young parents and their children miss out on the help they need.
138. Care leavers have not been sufficiently involved in the development and monitoring of services, including the social work service they receive. Consequently they do not always understand the help available and some young people who met inspectors were unclear about their rights and entitlements.
139. Young people are encouraged to have health assessments annually and to take up any services offered as a result of those assessments. These include mental health and substance misuse services in the community. Inspectors saw examples of good practice in relation to health in eight cases sampled. These included cases in which tenacious work by personal advisors and mental health services had a positive impact for the young person. In a new initiative which is being funded by the Clinical Commissioning Group, care leavers have helped to design and trial health passports, which are intended to provide them with information about, and to encourage them to take responsibility for, their health. This initiative is currently in a pilot phase and the intention is that these passports will be evaluated in a few months' time, with a view to extending their use.
140. The proportion of care leavers who are in suitable education, employment or training at ages 19 and 20 is 40% and 50% respectively, lower than for other young people in Waltham Forest and lower than national average rates for care leavers of all ages. This is a poor outcome for young people.

Key judgement	Judgement grade
Leadership, management and governance	Requires improvement
<p>Summary</p> <p>Senior leaders and managers are united and passionate in their determination to improve outcomes for children and young people. The overarching strategic vision is clear and explicit, supported by outcome-focused development plans for each service area; it provides a real sense of purpose and direction.</p> <p>Senior leaders are taking concerted action to drive up service standards. While there is evidence of recent improvement, the pace of change has been hampered by the amount of remedial work required and the majority of children and young people receive a service that is less than good.</p> <p>Lines of accountability are clear, with regular oversight of practice by the Lead Member, Chief Executive and the Director of Children’s Services. However, scrutiny and challenge provided by Independent Reviewing Officers, fostering and adoption panels and by the Corporate Parenting Board have not had sufficient impact, with significant gaps in local fostering and residential provision and inconsistent standards of service for looked after children and care leavers. The response to children who are missing from school, home and care and those who have been, or are at risk of being, sexually exploited needs to be better coordinated.</p> <p>Improvements to performance management and quality assurance arrangements ensure the local authority is aware of its strengths and what it needs to improve. However, these have yet to deliver the required impact on improvement in outcomes for children and families.</p> <p>While senior leaders and managers are responding coherently to the need for action in order to create a stable and settled social work workforce, and have ensured that no social worker and manager posts are vacant, the authority relies heavily on agency staffing and staff turnover is high.</p> <p>Social workers are receiving regular supervision but the quality of management oversight and challenge provided by frontline managers is still not consistently robust.</p> <p>Leaders recognise the need to address these issues in order to secure and sustain the improvement required to the quality of practice, and they acknowledge that the services children and families receive are not yet consistently good.</p>	

141. Senior leaders and managers are united and passionate in their determination to improve outcomes for children and young people. The overarching strategic vision is clear and explicit, supported by outcome-focused development plans for each service area; it provides a real sense of purpose and direction. Senior leaders, managers and elected members are increasingly visible and active; they regularly review performance, audit cases and know what is happening on the front line.
142. Well-established governance arrangements, with clear lines of accountability between the Corporate Parenting Board, the Local Safeguarding Children Board, the Health and Wellbeing Board and the Clinical Commissioning Group ensure that time, energy and resources are focused on the agreed priorities. Robust scrutiny, allied to a culture of openness and constructive critical challenge, means that there is a shared approach to problem solving.
143. The engagement of health partners is good. The recent introduction of an enduring consent form is having a positive impact on the timeliness of initial health assessments for looked after children. Local schools are also engaged effectively and, through the Schools Forum, have pledged a £500,000 per year investment of Dedicated Schools Grant monies to sustain early help and family support services in the borough.
144. The local authority and its partners have a good understanding of the diverse needs of the local community. However, while the sufficiency statement is clear and includes a range of data about the looked after children population, current placements and supply pressures, it does not include any projections about future levels of need or demand to inform commissioning activity.
145. Commissioning is at different stages of development. There is an intelligent and proactive approach to commissioning and decommissioning in early help, as evidenced by the range of imaginative and creative projects that have been developed in response to gang activity.
146. However, the commissioning of services for looked after children is still a work in progress. A shortage of in-house foster carers who are able to care for children and young people with complex needs and/or challenging behaviour means that the local authority is over-reliant on independent fostering agencies. It is also contributing to the high number of children and young people who are being looked after outside the borough. Currently there are no commissioned services to carry out return home interviews with missing children.
147. The Corporate Parenting Board, chaired by the Lead Member, meets six times a year and includes senior representatives from children's social care and health, as well as elected members and the participation officer. Board members are well informed and routinely review the performance management dashboard. The Board was influential in establishing the fast track mental health service which has improved provision for looked after children.

148. A review of the high number of children and young people who are currently looked after out of borough, away from family, friends and familiar surroundings has concluded that for 22 young people their needs would be better met by being cared for closer to home. However, the authority does not have the provision in place to cater for these young people within the borough, and the overall number of children being placed at some distance from home has increased. Support for care leavers to help them plan and prepare for adulthood and independence has also not received sufficient attention from the Corporate Parenting Board.
149. The Children in Care Council (CiCC) is at an early stage of development. While there is engagement with senior leaders and elected members, the CiCC's influence is limited. Leaders have not ensured that listening and responding to children's views have been given sufficient priority at all levels of the service. CiCC members do not yet feel confident about their influence on practice and service development. The Corporate Parenting Board is not sufficiently well informed by the voice of the child or the experiences of children and young people.
150. Regular face-to-face contact between the Chief Executive, the Director of Children's Services, the Divisional Director for Children and Families Services and the independent Chair of the Local Safeguarding Children Board ensures that there is good communication, with evidence of effective challenge. The Director of Children's Services in this local authority is also responsible for adult social care services. Consideration has been given by the Chief Executive to ensure sufficient capacity for the statutory duties required of the DCS role to be delivered effectively.
151. The authority is improving its performance management arrangements, having introduced an extensive case audit programme in 2013–14 and updated its quality assurance framework in May 2014. Performance management dashboards for safeguarding, and for looked after children and care leaver services, combine year-to-date and snapshot data with commentary and analysis that is clear, concise and appropriately challenging.
152. The impact of the quality assurance framework has not yet reached its full potential, with nearly two thirds of audited cases assessed as less than good in the last quarter. Senior managers take action to address issues and concerns identified. For example, introducing an enduring consent form has steadily improved the timeliness of initial health assessments for looked after children over the last five months.
153. However, performance management information about children missing from school, home and care is currently under-developed and fragmented. This makes it harder for the local authority and its partners to monitor prevalence, target preventive action and ensure robust oversight of return home interviews, risk assessments and safety plans for individual young people.

154. With a strong focus on outcomes for children and young people, the quality assurance strategy has the potential to be an effective vehicle for driving improvement. Practice standards are clear and explicit. A high degree of correlation between the outcome of audits carried out by the local authority and inspectors' findings demonstrates that the authority knows what good looks like. Compliance by front-line managers with the audit programme is monitored closely and is good. However, recent overview reports provided to the senior management team indicate a need for greater input into the process from social workers themselves and that, in a minority of cases, improvement actions identified at previous audits have not been fully implemented.
155. Overall, the proportion of cases judged by the local authority to be less than good has fallen from over three quarters a year ago, although it is still very high at 62% of cases audited in the last quarter. The authority recognises the significance of this figure as a marker for overall service quality and senior managers are not complacent about further improvement required.
156. Social workers who spoke to inspectors consistently reported good management support and regular supervision, noting improvements in the last six months in particular. Most children's cases and workers' supervision files seen by inspectors confirm that social workers receive regular supervision that is appropriately reflective. However, the quality of oversight and level of challenge provided by team managers is variable and in some cases seen gaps in recording by social workers have been allowed to persist. The potential of Independent Reviewing Officers and child protection conference chairs to influence and support the drive for improvement is not being effectively realised.
157. Relationships with Cafcass, the family courts and the local Family Justice Board are effective. Partners speak positively about the quality of reports and other documents submitted to the courts. The timeliness of care proceedings has improved significantly as a result of more effective pre-proceedings work, more rigorous timetabling by judges, less use of additional expert witnesses and court work being prioritised by social workers and team managers. The pace of improvement has increased, so that in the second quarter of 2014–15, the average length of care proceedings for Waltham Forest children was 30 weeks, significantly better than the London average of 36 weeks and getting closer to the national threshold target of 26 weeks.
158. Workforce stability has been, and continues to be, problematic. The local authority is still reliant on a high proportion of agency staff (34%) and action taken to address poor individual performance has contributed to a short-term increase in the staff turnover rate from 16% in 2012-13 to 31% in 2013-14. However, a full complement of team and service managers is now in place, albeit through a mix of permanent and agency appointments and, as a result, nearly all social workers receive regular supervision.

159. A competitive recruitment and retention strategy and a new career progression scheme are due to be launched shortly, and work is underway to improve and enhance the professional training and development programme. Every member of staff has a performance appraisal and continuous development plan. Caseloads are manageable, with social workers in safeguarding and children in care teams managing an average of 25 and 15 cases respectively in the last six months. No cases were unallocated at the time of the inspection.
160. Most social workers who met inspectors spoke about being well supported by their managers and having access to good quality training opportunities. Newly qualified social workers talk very positively about the local authority's Assessed and Supported Year in Employment (ASYE) scheme, which provides them with effective support and challenge in equal measure and offers automatic entry to the consolidation model after successful completion of the first year. To date 26 newly qualified social workers have either completed, or are currently on, the ASYE programme.

Local Safeguarding Children Board (LSCB)

The Local Safeguarding Children Board requires improvement

The arrangements in place to evaluate the effectiveness of what is done by the authority and board partners to safeguard and promote the welfare of children require improvement.

Summary of findings

The LSCB requires improvement because:

- The influence, scrutiny and challenge of the Board, although rapidly developing over the past year, has not yet achieved a consistent, sustained impact on improving safeguarding outcomes for all children and young people in Waltham Forest. The majority of practice evaluated by inspectors, and through internal local authority auditing, requires improvement.
- The Board has strengthened the engagement of senior leaders and used its influence to challenge areas where improvements are needed. It has, for example, recently highlighted the high number of referrals to children's social care which require no further action. However, a key piece of work to analyse such cases has been delayed as partners have not committed enough senior practitioner time to this.
- The Board has set out clear priorities and has the required sub-groups and processes in place. Its annual report demonstrates the effectiveness of the multi-agency activity undertaken and the reformed governance arrangements, but lacks real analysis of the ongoing challenges in achieving consistently good standards of multi-agency safeguarding practice.
- While partners have established a highly visible campaign to raise awareness of child sexual exploitation, help and protection for individual young people who go missing or are vulnerable to exploitation are not consistently well coordinated and effective. The scrutiny and challenge provided by the Board have not had a sufficient impact on practice in this area. In many of the cases sampled by inspectors, risk assessments, return home interviews and safety plans had not been carried out or recorded for these young people.
- The Board has not given sufficient prominence to the views and experiences of children and young people who are using front-line services. This has limited their impact on improvement.
- The LSCB annual report does not address the effectiveness, or otherwise, of private fostering arrangements or an overview of the work of the Local Authority Designated Officer (LADO). This is an omission.
- Lessons from serious case reviews are disseminated widely, through a far-

reaching e-bulletin. The Board holds partners to account for their role in disseminating and implementing lessons from reviews, leading for example to recent improvement in safeguarding arrangements at a local hospital.

What does the LSCB need to improve?

Priority and immediate action

Children who go missing and are at risk of child sexual exploitation

161. Strengthen the Board's oversight and challenge, using evidence from case audits and reviews to hold the local authority and other partners to account and drive improvement in the response to children who go missing or are at risk of sexual exploitation.

Areas for improvement

Children missing and at risk of exploitation

162. Bring together intelligence on sexual exploitation, peer to peer abuse and missing episodes, to improve information sharing and join up local intelligence.

The Board's influence and impact

163. Ensure that the priorities and plans in the annual report and business plan fully reflect local concerns and provide a clearer picture of how the Board's influence, scrutiny and challenge are driving sustained improvement in front line multi-agency practice.
164. Ensure that the planned multi-agency performance management dataset is closely monitored to secure its effectiveness in identifying, targeting and delivering sustained improvements in front line practice.
165. Ensure that all partner agencies understand thresholds for referral to children's social care and that planned work to analyse and reduce the number of referrals which lead to no further action is taken forward.
166. Monitor the implementation of lessons learned from serious case reviews, management reviews and case audits.

Children's views

167. Accelerate recently commenced work to ensure that children's and young people's views, concerns and comments inform the priorities of the Board and the review of the effectiveness of multi-agency safeguarding arrangements.

Inspection judgement about the LSCB

168. The Board has a wide breadth of membership of all statutory partners. The level of seniority of members facilitates effective influence and improvement in their respective agencies. The private, voluntary and independent sectors are particularly well represented.
169. The Board demonstrates a good understanding of almost all of the issues requiring improvement and these are well reflected in the priorities and plans for 2014 –15. Under the leadership of the independent Chair there has been a discernible culture change, welcomed by partners, resulting in regular scrutiny and challenge becoming normal practice. There is, for example, evidence of greater use of escalation processes by child protection conference chairs. Some improvements in multi-agency arrangements have achieved better safeguarding outcomes. The pace of progress is good, reflecting considerable ambition across the spectrum of the Board's partners.
170. The Board, an Executive Group and six sub-groups are working with effective terms of reference and priorities. Action plans are regularly reviewed and are largely completed within prescribed timescales. There is a good synergy between the Board's strategic plans and its operational activities.
171. The views and experiences of children are not yet sufficiently prominent in informing Board priorities and plans. The Board recognises this and has a multi-layered approach to further securing the views of children across the partnership. The Chair is prominent in participating in initiatives such as school visits. Partner agencies are now required to routinely illustrate how they have engaged children and young people in key strategies and action plans.
172. The Board's multi-agency performance management dataset has been in development for about a year. This is a complex piece of work, bringing together a wide range of single-agency datasets, some of which cover a wider area than Waltham Forest. This has been actively pursued and regularly overseen at Board meetings, although when discussed at the last meeting, key health visiting data was still missing. The Board intends that the dataset, which is close to implementation, will provide a stronger, more focused insight into the quality of front line practice across the partnership.
173. Monitoring the effectiveness of early help in the borough is a Board priority for 2015. Work is in progress to produce an early help performance dashboard to measure and monitor performance. However, the Board's understanding of current activity and performance appears limited. A comprehensive local authority plan to refocus investment in early help has been developed in consultation with the LSCB and is due to be implemented in December 2014. This has been welcomed by partners, particularly in conjunction with a revised threshold document.

174. The Board recognises that further work is required with partner agencies to ensure that thresholds for referral are well understood and applied effectively, to reduce the high number of referrals to children's social care that result in no further action being taken. The Board's recent publication of updated threshold criteria clarifies the issues for local professionals and some analysis has very recently been undertaken of referrals that require no further action. It is too soon to see a visible impact of this work on referral rates.
175. More effective scrutiny and challenge within the Board has produced some tangible improvements. The board influenced the content of safeguarding training provided to all local GPs by the Clinical Commissioning Group, ensuring the training included lessons learnt from a case review. It also influenced Barts Health NHS Trust to ensure that Whipps Cross Hospital revised some of its safeguarding procedures in response to lessons learnt through a case review.
176. Biannual Section 11 audits are conducted well, and feature peer review, moderation and challenge to identify gaps in agency safeguarding policies and procedures. Any gaps are addressed effectively.
177. Statutory partners provide the Board with sufficient income to fund its core functions and activities. The budget is agreed on a three-yearly cycle to provide stability and forward planning.
178. The Board conducts regular multi-agency audits as part of its extensive learning and improvement framework, in order to identify areas where practice improvements are required. These are addressed via multi-agency action plans. A multi-agency practitioner forum is held to triangulate the findings from audits and engage with a wider group of practitioners about how to address any areas for improvement. Recent multi-agency audits have focused particularly on the efficacy of joint safeguarding interventions with children's and adults' services. A 'Think Family' strategy is in development as a result of this work.
179. The Board disseminates learning from serious case reviews, internal multi-agency case reviews commissioned by the Board and from its rolling programme of quarterly multi-agency case audits. These have focused well, to enhance scrutiny in key areas of practice, with the most recent audits including a sample of child sexual exploitation cases. The Board regularly distributes an informative e-bulletin to 2,000 staff. Learning events and workshops are delivered three times a year, to disseminate the lessons learnt from audits and other learning and improvement framework activity. For example, some practitioners spoken to had attended workshops to discuss serious case review and management review findings. There is one serious case review in progress and two are being instigated. The Board recently critically reviewed multi-agency responses against the findings of the Child S review, illustrating the ongoing, planned approach to embedding learning. The continuing high turnover of social workers has been identified as a key impediment to sustaining learning outcomes.

180. Safeguarding policies and procedures are compliant with both national and pan-London guidance. The Board is effective in identifying areas of weak compliance, such as overdue timescales for convening initial child protection conferences and the infrequent attendance of police at strategy meetings.
181. Local Authority Designated Officer arrangements have been recently scrutinised by the Board and are effective, with referrals received from an appropriate range of services where allegations have been made against professionals. In cases sampled by inspectors, decision making was found to be robust, risks considered fully, information shared with other agencies and issues followed up. Foster carers spoken to express confidence in the LADO arrangements and cases involving allegations against carers are managed well.
182. The Board is developing a multi-layered approach to tackling sexual exploitation. A dedicated sub-group oversees the implementation of actions, informed by a strategic plan. A widespread, comprehensive awareness-raising campaign in the borough in relation to the sexual exploitation of children and young people has led to some increase in the number of referrals although numbers remain modest and the Board continues to challenge partners on this issue. Alongside this campaign, training has been delivered to almost 200 professionals, including neighbourhood officers and pharmacists. The Board has also supported the development of a network of CSE champions, including professionals from adult services, and launched Operation Make Safe with businesses in the borough.
183. While these initiatives have raised awareness, the Board has not had sufficient influence on the local authority and other partners to improve practice in individual cases involving children who go missing and those who are at risk of sexual exploitation. The need for the partners to ensure greater consistency and oversight of CSE-related casework is clear from cases sampled and tracked during the inspection of services for children in need of help and protection, children looked after and care leavers. Records seen by inspectors were generally poor, with few cases having written risk assessments, safety plans and return interviews where children were going missing regularly. While casework evidenced activity by professionals, the potential link between frequent missing episodes and child sexual exploitation was often not considered and some practice reflected a lack of tenacity and persistence in engaging young people.
184. While an agreement was reached at the LSCB meeting in January 2014 to adopt the Rochdale local risk assessment tool across the partnership to improve risk assessment in child sexual exploitation cases, the implementation of this tool has been delayed. This is an important omission as, in many of the cases sampled by inspectors, risk assessments had not been carried out or recorded. A Child Sexual Exploitation Coordinator has been appointed and, at the time of the inspection, was expected to take up post imminently within the Multi-agency Safeguarding Hub. The partners are planning to now implement the risk assessment tool following this appointment.

185. There is evidence of the Board's strategic 'reach' informing the priorities of the Health and Wellbeing Board, the SafetyNet Partnership (which focuses on crime, disorder and substance misuse reduction), and the content of the Joint Strategic Needs Assessment. This has helped to raise the profile of safeguarding considerations for children in families targeted through initiatives to tackle extremism and other crime and disorder reduction work. It is anticipated that cross-strategic effectiveness will evolve further, particularly as the Chair of the Local Safeguarding Children Board will also be chairing the Adults Safeguarding Board in the near future.
186. The Board provides a comprehensive, targeted, multi-agency safeguarding training programme. For example, extensive training for local professionals, including health and housing workers, has helped to raise awareness and strengthen responses to domestic violence, contributing to a strong 55% detection rate by local police. The Board has also used its role well to influence single-agency training provided by partners, for example the training provided by the Clinical Commissioning Group for GPs.
187. Almost all professionals who attend courses have given very positive feedback. However, adult social care services and the police did not attend any of the multi-agency courses provided in 2013–14 and 30% of courses were cancelled, although professionals in these services were receiving relevant single-agency training. Productive discussions with these partners have improved their take-up of multi-agency courses. The Policy and Professional Development Sub-Group has developed a process to capture the impact of training on subsequent practice and on improved safeguarding outcomes for children and young people. This is a recent development, which has not yet produced clear impact evidence.
188. There have been no preventable deaths due to co-sleeping in the last two years, illustrating the effectiveness of a campaign in 2013 warning of the dangers of this practice. Consanguinity (relationships between couples who share common ancestors) and high levels of child obesity continue to be prominent themes in Waltham Forest. The Child Death Overview Panel report effectively identifies relevant children's public health themes, for example raising awareness that obesity was a feature in 11% of unexpected child deaths in the last 11 months.
189. The Board's annual report provides a comprehensive overview of the performance of local services. It identifies some weaknesses, such as the variable multi-agency response to missing children. However, the report is less effective in evaluating and analysing the factors underlying continuing difficulties in improving the performance of safeguarding practices and the outcomes for a significant number of children and young people, where internal and external audits indicate that improvements are required. The report notes that a primary focus will be maintained on influencing and building improvements in core multi-agency safeguarding practice for children and young people. The LSCB report does not consider the effectiveness of the Independent Reviewing Officer service for looked after children.

190. The Board has also had limited focus on private fostering arrangements. The local authority's annual report on private fostering largely describes arrangements in place rather than providing an incisive evaluation of the effectiveness of those arrangements. For example, it does not explore in detail why so few privately fostered children are being identified in the borough, one of the most ethnically diverse local authorities in the country. This has not been challenged by the LSCB.

What the inspection judgements mean

The local authority

An **outstanding** local authority leads highly effective services that contribute to significantly improved outcomes for children and young people who need help and protection and care. Their progress exceeds expectations and is sustained over time.

A **good** local authority leads effective services that help, protect and care for children and young people and those who are looked after and care leavers have their welfare safeguarded and promoted.

In a local authority that **requires improvement**, there are no widespread or serious failures that create or leave children being harmed or at risk of harm. The welfare of looked after children is safeguarded and promoted. Minimum requirements are in place, however, the authority is not yet delivering good protection, help and care for children, young people and families.

A local authority that is **inadequate** is providing services where there are widespread or serious failures that create or leave children being harmed or at risk of harm or result in children looked after or care leavers not having their welfare safeguarded and promoted.

The LSCB

An **outstanding** LSCB is highly influential in improving the care and protection of children. Their evaluation of performance is exceptional and helps the local authority and its partners to understand the difference that services make and where they need to improve. The LSCB creates and fosters an effective learning culture.

An LSCB that is **good** coordinates the activity of statutory partners and monitors the effectiveness of local arrangements. Multi-agency training in the protection and care of children is effective and evaluated regularly for impact. The LSCB provides robust and rigorous evaluation and analysis of local performance that identifies areas for improvement and influences the planning and delivery of high-quality services.

An LSCB **requires improvement** if it does not yet demonstrate the characteristics of good.

An LSCB that is **inadequate** does not demonstrate that it has effective arrangements in place and the required skills to discharge its statutory functions. It does not understand the experiences of children and young people locally and fails to identify where improvements can be made.

Information about this inspection

Inspectors have looked closely at the experiences of children and young people who have needed or still need help and/or protection. This also includes children and young people who are looked after and young people who are leaving care and starting their lives as young adults.

Inspectors considered the quality of work and the difference adults make to the lives of children, young people and families. They read case files, watched how professional staff work with families and each other and discussed the effectiveness of help and care given to children and young people. Wherever possible, they talked to children, young people and their families. In addition the inspectors have tried to understand what the local authority knows about how well it is performing, how well it is doing and what difference it is making for the people who it is trying to help, protect and look after.

The inspection of the local authority was carried out under section 136 of the Education and Inspections Act 2006.

The review of the Local Safeguarding Children Board was carried out under section 15A of the Children Act 2004.

Ofsted produces this report of the inspection of local authority functions and the review of the local safeguarding children board under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006.

The inspection team consisted of five of Her Majesty's Inspectors (HMI) and two Additional Inspectors (AI) from Ofsted.

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