

# Inspection of safeguarding and looked after children services

City of Westminster

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**Reporting inspector:** Simon Rushall HMI

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## About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded, and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
  - discussions with 45 children and young people, 41 parents and carers, front line staff and managers, senior officers including the Strategic Director for Children & Young People, senior health service managers, the Chair of the Westminster Safeguarding Children Board (WSCB), elected members and a range of community representatives
  - interviews and focus groups with front line practitioners such as social workers, health visitors, teaching staff and those working in preventive services
  - reports from a variety of sources including a review of the Children and Young People's Plan 2009-2011, performance data, information from the inspection of local settings such as schools and day care provision and the evaluations of serious case reviews undertaken by Ofsted in accordance with '*Working Together To Safeguard Children*', 2010
  - a review of 60 social care files for children and young people with a range of need. This sample gave a view of services provided over time and of the quality of reporting, recording and decision-making undertaken
  - a review of 12 health files
  - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment arrangements undertaken in June 2011
  - interviews and focus groups with front line health professionals, managers and senior staff from Inner North West London Primary Care Trust (PCT) and health provider trusts.

## The inspection judgements and what they mean

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

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

## Service information

4. The City of Westminster has a resident population of approximately 40,126 (2011 population estimates) children and young people aged 0 to 18, representing 18% of the total population of the area. In 2010, 86.4% of the school population was classified as belonging to an ethnic group other than White British, compared with 22.5% in England overall; 69.4% of pupils speak English as an additional language. Arabic and Bengali are the most recorded commonly spoken community languages in the area, and Black backgrounds are the most commonly recorded ethnicity, accounting for 18.9% of pupils.
5. Westminster has 55 schools (including maintained nurseries) comprising 38 primary schools, six secondary schools, four academies, one free school and two special and short-stay schools. Early years service provision is delivered predominantly through the private and voluntary sector in over 65 settings and there are four local authority maintained nurseries.
6. The Westminster Children's Trust was set up in 2008. The Trust includes representatives of Westminster Council and Inner North West London PCT, Central and North West London NHS Foundation Trust (CNWL) and Central London Community Healthcare (CLCH) NHS services. Other representatives include the Metropolitan Police, voluntary and community services, Job Centre Plus and representatives of local schools and colleges. The WSCB has been independently chaired since being established in 2006 and brings together the main organisations working with children, young people and families in the area providing safeguarding services. The local authority has 99 foster carers and residential care is externally commissioned alongside other commissioned services. Since 2009 Westminster has delivered its social care service through three integrated locality services focused on children in need, early intervention and

partnership working. There is a central duty & assessment team, three locality child protection teams, and children with disabilities, looked after children, and leaving care and family placement services. The emergency duty team is a generic out of hours service for both children and adults. Other family support services are delivered through 12 children's centres and extended school arrangements. A range of early intervention services are commissioned and delivered in partnership with children's services such as early years, youth provision and specialist interventions.

7. At the time of the inspection, 210 children and young people were being looked after by the local authority. They comprise 37 children under five years of age, 142 children of school age (5–16), 32 post-16 young people and a total of 160 care leavers (18–24). Westminster uses a virtual school approach to support the learning of looked after children. At the time of the inspection there were 118 children who were subjects of child protection plans, which represents a decrease over the previous two years. The majority of children subject to a protection plan are aged 0–11 years, with the highest registration rates linked to emotional harm and neglect.
8. Commissioning and planning of health services and primary care are carried out by Inner North West London NHS PCT. The main providers of acute hospital services are Imperial College Healthcare NHS Trust at St Mary's Hospital and the Chelsea and Westminster Hospital (in the Royal Borough of Kensington and Chelsea). Community-based child and adolescent mental health services (CAMHS) are provided by CNWL. In-patient CAMHS is commissioned by CNWL and provided by the Priory Group. Community health services are provided by CLCH.

## Safeguarding services

### Overall effectiveness

### Grade 2 (good)

9. The overall effectiveness of the council and its partners is good. The Children's Trust has established a shared vision across the partnership. This emphasises the importance of locally available multi-disciplinary early intervention provision that strengthens families and links fully with child protection services. Strong leadership from senior managers has enabled the implementation of this vision through a significant change programme and resources have been used well to ensure safeguarding remains a top priority across the partnership. Co-location of staff and the increasing use of the common assessment framework (CAF) and other Team Around the Child (TAC) approaches have led to fewer children and young people becoming looked after or being made the subject of a child protection plan. Thresholds for the provision of children in need and child protection services are well understood across partner agencies. As the local authority and its partners move towards formal shared working with two neighbouring boroughs, managers have established clear processes to ensure that safeguarding priorities continue to be fully met and that the focus on child protection is maintained.
10. The quality of provision is good overall, and the health contribution to safeguarding is outstanding. Effective early intervention and preventative provision is locally based around schools and provides easily accessible support, such as evidence-based parenting programmes that build parental confidence and strengthen families. Very good arrangements within and between health agencies ensure effective communication and quality assurance of safeguarding practice. Named and designated nurses and doctors are in place in all the health agencies, provide outstanding support to health professionals and ensuring that safeguarding policies and procedures are consistently applied in practice to the highest standards. There is prompt access to outstanding CAMHS provision that is very highly regarded by families and professionals.
11. Highly visible and knowledgeable leadership across the partnership is providing staff with confidence and motivation. Workforce development arrangements provide good access to relevant training opportunities. WSCB, in partnership with two other Safeguarding Children Boards, offers a structured and comprehensive range of programmes for staff across the partnership, including the voluntary sector, and there is good take-up by most partners. Staff recruitment and retention by the local authority is good and there is a positive culture of career development that encourages staff to seek internal promotion. In consequence there are sufficient numbers of qualified and experienced social workers within a stable workforce which provides good continuity for children and their families. Staff receive regular supervision, although not all supervision

records are sufficiently detailed in setting specific objectives. Case file audit arrangements are in place alongside other effective means of monitoring service quality and overall performance.

12. Membership of WSCB reflects appropriately senior levels and enables the board to hold partner agencies fully to account. The board has successfully initiated actions to facilitate cross-agency learning, for example commissioning a review into the cases of eight unborn babies. Shortcomings in private fostering arrangements have recently been identified and action is being taken to strengthen monitoring and review processes.
13. The current local authority information and communication system does not meet all the recording requirements. This is due to be replaced, and plans for this work are well advanced. Despite this current deficiency, performance management and quality assurance are good with an effective collation of data across agency boundaries and strong analysis to inform strategic planning. The views of service users also inform service development well. For example, parents of children with learning difficulties and/or disabilities are routinely involved in consultations and commissioning. Most parents, children and young people are satisfied with the quality of services received and some have expressed very high levels of satisfaction.

## **Capacity for improvement**

## **Grade 2 (good)**

14. The capacity for improvement in safeguarding services is good. There is a shared vision across the partnership that has enabled clear priorities to be identified and services to be developed. The local authority and its partners have a consistent track record of successfully implementing significant change which leads to sustained improvement. For example, the introduction of locality-based working is ensuring that a range of services provides effective support to vulnerable children and their families, and these link appropriately to other services, helping to safeguard children and reduce the risk of harm. In consequence, the number of children needing a child protection plan has reduced. However child protection strategy discussions between social care and the Police are not always held where new information has emerged in open cases, which means that initial responses may not be informed by consideration of all the relevant factors. While the local authority and its partners have implemented measures in relation to children who go missing, and the Police conduct 'safe and well' interviews, only those who are looked after are routinely offered a formal return interview with an independent person.
15. Elected members and senior managers across the partnership provide clear leadership on safeguarding. Coupled to an effective WSCB, priorities are clearly established and being met. Workforce planning and

development are effective in ensuring that services are responsive to changing demands. There are sufficient numbers of social workers and other professional staff to ensure that the most vulnerable children receive the services they need. Clear plans are in place to maintain Westminster's priorities as it merges some management functions and services with two neighbouring boroughs. The views of parents and children inform service developments. For example, a survey of parents' views has informed changes in the child protection conference process. However too few children take part in their child protection conferences. It is too early to judge the full impact of the recent introduction of a process for children to record their views in writing.

## Areas for improvement

16. In order to improve the quality of provision and services for safeguarding children and young people in Westminster, the local authority and its partners should take the following action:

### Within three months:

- review arrangements for responding to children and young people who have run away or gone missing in concerning circumstances, ensuring that they are routinely offered a return interview with a suitably skilled independent person
- review arrangements for ensuring widespread professional awareness of private fostering in order to improve the identification and response to children who are privately fostered
- ensure that strategy discussions involve all relevant agencies including the Police.

### Within six months:

- take action to increase the participation of children and young people in their child protection conferences
- ensure the regular participation of the Probation Service in WSCB meetings and sub-groups
- improve the consistency of assessment records to ensure that the use of historical information and cultural factors in informing understanding and planning is evident in all cases.

# Safeguarding outcomes for children and young people

## Children and young people are safe and feel safe

### Grade 2 (good)

17. Safeguarding outcomes for children and young people are good. The scrutiny of a random selection of children's social care files during both this inspection and the previous unannounced inspection provided evidence that action to safeguard children and young people is at least adequate and in many cases good. Assessments and child protection enquiries, including for children with learning difficulties and/or disabilities, are completed in a timely way and the views of children and their families routinely recorded and taken into account. Social workers make good use of a range of approaches to help children express their views, for example for those with impaired communication and those who have witnessed domestic violence, and this is impacting positively on decision-making. Although there are good examples in some cases of responding to identity and cultural factors, this is not yet fully consistent. Clear assessments allow appropriate protective action, but strategy discussions between social care staff and Police officers are not always held, which means that initial responses in these cases are not routinely informed by consideration of all the relevant factors. Too many child protection plans are formulaic and lack specific and measurable objectives, making it difficult for parents to know exactly what changes are expected of them.
18. No looked after children are placed in settings judged to be inadequate by Ofsted, and most are in placements rated as good or outstanding. Inspections of Westminster's own fostering and adoption services in 2008 and 2009 respectively rated both as good for safeguarding. Arrangements for the safeguarding of children and young people who are privately fostered are adequate. The council has recently taken action to ensure that all children in private fostering arrangements have been seen by a social worker, and further action is being taken to remind professionals to be vigilant in identifying possible private fostering arrangements.
19. Arrangements for responding to children who go missing from care are good overall, with clear reporting arrangements and rigorous investigation by the Police, who also routinely carry out 'safe and well' checks on a child's return. Comparable arrangements exist for children missing from their own home, and again 'safe and well' checks are routinely carried out upon their return. When a social worker is currently involved, the young person will be offered a return interview with that social worker and in other cases an assessment may be made. However the offer of a return interview is not routine and there is no independent element to the process for young people who prefer not to speak to a Police officer or

social worker. The council began to gather data on instances of children missing from home or care in April 2010 and while it is therefore still too early to identify trends, it is now able to establish a baseline for future planning.

20. Safeguarding arrangements in schools are good. The authority produces clear information on the statutory guidance for safer recruitment of staff in schools and the responsibilities of governing bodies. A number of courses are arranged throughout the year for senior managers and governors to ensure compliance and each recruitment panel is required to have a panel member trained and accredited in safe recruitment. Academies also comply with safe recruitment requirements. The work of designated safeguarding teachers is effective in enabling children and their families to understand the interventions and other activities that are put in place to keep children safe and promote their continued engagement with education. WSCB provides tailored learning packages for designated teachers and other school staff and managers, which includes safe recruitment practice. Coordinated multi-agency support for individual and groups of vulnerable children is enabling early forms of identification and support. This is reinforced through strong and productive relationships forged between vulnerable children, support staff and teachers in school, helping children to feel safe in their care. Vulnerable children are given additional support in their transition from primary to secondary school and this is starting to show positive outcomes in attendance and integration within secondary schools. The local authority has been proactive in identifying children educated at home and supporting parents and carers, through policies and guidance, who choose this form of education for their children,
21. Children and young people from vulnerable groups are supported well in their education. The CAF is used effectively to support the transition of some Year 6 pupils to secondary schools, leading to improved confidence and self-esteem. Young carers and their families say they receive excellent support, benefitting from activities that develop their social relationships and skills. Most children report that they feel safe at school and in the community.
22. Good procedures and processes ensure that allegations against those who work with children are managed robustly and in a way that improves safety and reduces risk for children and young people. Agencies, including those in the voluntary sector, are well informed about the role of the local authority designated officer (LADO) and the action required of them when concerns or allegations are identified. Processes to ensure safe recruitment are good. The council repeats Criminal Records Bureau (CRB) checks every three years and concerns arising from positive disclosures are risk-assessed by a manager and appropriate actions are taken.

## Quality of provision

## Grade 2 (good)

23. Good early intervention and prevention services offer a wide range of appropriate support to children and families. CAMHS staff work very closely and effectively with social care staff, health visitors and education services to support vulnerable children and their families, and services provided through children's centres are effective in identifying children and families in need. These children's centres offer a good range of resources, including day care, evidence-based parenting programmes, English as an additional language provision, fathers' groups, health services and well-being groups. Parents who spoke to inspectors, including those from minority ethnic groups, reported significant improvements to their lives and relationships with their children through the support of the children's centres. Multi-agency teams based in schools enable timely responses to the identification of vulnerable children and their families. There are examples of innovative practice such as the use of a checklist created specifically for midwives in response to recognition that they were infrequent users of the CAF. By enabling clearer recognition of when such assessments should be completed, more women and babies in potential need of help and support have been identified and are having their needs met.
24. Thresholds for access to services are explicit and well understood by partner agencies and professionals. An escalation policy is in place but infrequently used because relationships between agencies are good and any concerns are dealt with in a transparent and timely manner. Responses to children and young people referred to the children's social care duty and assessment service are good and decision-making and initial responsiveness are generally timely and appropriate. However records do not consistently demonstrate that historical evidence is fully taken into account. Child protection cases are allocated to suitably qualified and experienced social workers and most cases seen by inspectors show that feedback is provided to referrers on the outcomes of their referrals. Strategy discussions are timely, are undertaken by social care managers, and are appropriately recorded. However not all strategy discussions in the cases seen by inspectors included the involvement of key agencies such as the Police. Immediate action has since been taken by the council to remind managers of the importance of liaising with other key agencies. Assessments seen by inspectors were at least adequate with some good examples. Children and young people are seen promptly, and alone where needed, with timely and good access to interpreters as necessary. Assessments demonstrate that the views of children and young people are being taken into account and, more recently, demonstrate that strengths and protective factors are being suitably identified and recorded. The local authority has recognised that the quality of assessments has been variable in the past, and training has been implemented to raise the standard. In particular, work has been undertaken to ensure that issues of equality and

diversity are fully considered, leading to evidence that this is now contributing positively to improvements in case analysis and planning.

25. Child protection case conferences are timely, with good commitment from partner agencies. In the autumn of 2010 a survey of parental and agency satisfaction with child protection conferences found that most parents felt they had the opportunity to express their views and most agreed with the decisions of the conference. Reports to conferences are generally well-written and comprehensive, with clear evaluations of strengths and risks. Those for review conferences provide updated assessments in a format that is particularly helpful in presenting a structured understanding of progress. Managers are aware that parents and carers do not consistently receive a copy of social workers' reports in good time before the conference and a new approach to child protection conferences aimed at achieving better family engagement is currently being implemented.
26. Child protection plans and children in need plans seen by inspectors are adequate or better. Although these plans provide the actions that are required they are not routinely expressed in specific and measurable terms and do not detail the changes that are required or the intended outcomes of interventions. In a small number of cases core groups have not taken place on a regular basis and minutes of core group meetings have not been consistently circulated to contributors. However child protection plans are mostly progressed effectively and a majority are appropriately and effectively concluded within two years. Management oversight of cases is good and staff have very good access to advice and support from experienced managers. Good processes are in place to ensure that high risk cases are monitored and there is no drift in the implementation of plans. Step-down arrangements are also established and ensure that children and families remain supported when child protection plans end. The arrangements have ensured that there is continuity of conference chairs, and that core groups become the 'Team Around the Child'. Case recording is up to date with some files including chronologies. However the practice of recording information primarily on the file of the youngest child in the family means that some files contain inappropriate information pertaining to other family members and some do not contain all the relevant information. This leads to the risk of confusion about which child is the primary focus of attention.
27. The small emergency duty team is staffed by suitably qualified and experienced workers and there are effective contingency arrangements to respond to any peaks in service demand. Liaison with day services is efficient with reliable notification arrangements and shared use of electronic recording systems. Good relationships with the Police and local hospitals support prompt and effective interventions to protect children at risk of harm. The emergency duty team also responds to all reports of children missing from care and exhibits good work in supporting foster carers of missing children which contributes to overall placement stability.

## **The contribution of health agencies to keeping children and young people safe** **Grade 1 (outstanding)**

28. The contribution of health agencies is outstanding. Health partners communicate and work effectively together, supported by very good systems and processes which provide assurance that children and young people are being safeguarded. The systems are ensuring that care is safe and well coordinated when more than one health provider is involved and when children and young people move between services. Health partners also enable service users to access the other health and social care services they might need. Named doctors, nurses and midwives are appropriately located within provider health services and their work is well regarded. They provide consistent and effective guidance in individual cases in addition to expert support and supervision. They have a good overview of safeguarding themes that arise and are well placed to direct appropriate actions to offset any potential risks. All NHS trusts within Westminster have a specified executive lead for safeguarding to ensure that safeguarding remains a priority at Trust board level. Each healthcare organisation has established governance structures in place which promote the active consideration of safeguarding matters and emerging trends.
29. A designated safeguarding nurse and doctor have specific responsibilities for Westminster and provide effective supervision and support to all named health professionals in the local authority area, ensuring that expert advice and guidance are available and that appropriate actions are taken when safeguarding issues arise. The designated professionals routinely support and liaise with partner agencies and provide expert health and medical advice to WSCB and sub-groups alongside named professionals. They also undertake quality assurance and performance management functions for their own organisations. Training and supervision linked to best practice guidance is ensuring that staff in each trust are well supported in all aspects of safeguarding. Trust boards review information about safeguarding and work is being undertaken to introduce formal systems to evaluate the impact of training and supervision on outcomes. Additionally, the boards evaluate the compliance audits for the use of safeguarding policy and procedures and closely monitor any agreed actions arising from the audits.
30. In the health establishments visited during this inspection, health professionals were seen to be highly skilled and effective in ensuring that children, young people and parents understand the nature of their care, treatment and support. Issues of consent, equality and diversity and disability are taken into account to ensure that interventions reflect individual need, for example in accident and emergency services and the work of the child development service for young people with complex health needs. Interpreting services are used when necessary and specific

groups have been established within children's centres. For example, a Bengali support group was set up to provide relevant health promotion advice to vulnerable families. Specialist health visitors provide good support to families affected by domestic violence and homelessness.

31. The work of CAMHS is outstanding. There is a range of specialist services that includes work with families, parenting assessments, the CAMHS team based at the Marlborough Centre, early intervention work, and a multi-cultural therapy centre. Outstanding work takes place in relation to early intervention and communication and joint working with social care, health visitors and education staff. There are no waiting lists for preliminary assessments, although some limited delays may occur after assessment when internal referrals are made in order to ensure allocation is made to the most appropriate specialist. The team provides supervision, support and consultation services for other agencies, and facilitates a number of groups for children, young people and carers, for example, relating to domestic violence and parental mental ill health. In-patient treatment and care are delivered through a private provider, and one place is also available in an appropriately modified room on an adult mental health ward in a local NHS hospital. CAMHS have an on-call rota 24 hours a day and a specialist registrar is able to provide consultation and advice as required.
32. Westminster is served by the Chelsea and Westminster Hospital NHS Foundation Trust and Imperial College Healthcare NHS Trust (St Mary's Hospital). Both have emergency departments with dedicated paediatric provision staffed by skilled and qualified staff. Children and young people using these services benefit from good provision in which safeguarding is well understood and applied in practice. Recording systems identify any child who is the subject of a child protection plan and an effective notification system is in place to alert other agencies of any unscheduled or unusual attendances. There is good communication with social care staff and effective audit activities monitor compliance with safeguarding policies which are robustly addressed. Front line health staff, such as health visitors, school nurses and community children's nurses, contribute effectively to help children stay healthy and safe. They understand thresholds and are clear when social care referrals should be made. Most GP practices have a lead doctor for safeguarding and GPs contribute effectively to child protection conferences by ensuring that relevant information is provided.
33. The community trust's specialist safeguarding team is co-located with social care staff, which supports highly effective communication and integrated work with children and families. There are currently school nurse and health visitor vacancies, but good contingency arrangements minimise the impact, with allocations based on risk assessment and participation in child protection conferences and core groups prioritised.

34. Health partners and the Metropolitan Police fund a good service for children and young people who have been subjected to alleged sexual assault. The sexual assault and referral centre is based within Westminster and provides 24-hour specialist forensic, medical and aftercare services for all victims of sexual assault. Specialist follow-up care, such as the young person's support clinic, sexual health check-ups and counselling services are available in day time clinics. The service is located in premises within the St. Mary's Hospital site, which provides a suitable environment. The service is supported effectively by qualified, trained and experienced staff. Outstanding support is provided to children and young people with learning difficulties and/or disabilities and clear and effective safeguarding arrangements are established. Staff in these services are well trained in safeguarding practice to the appropriate level and clearly understand the processes and thresholds for making referrals. Children and young people are encouraged to provide feedback about their experience of health services, and health organisations each produce an annual safeguarding report, some of which include case studies of individual children's experience of services and information about how this has influenced service development.
35. There is very good health support to pregnant teenagers and young mothers. Acute healthcare providers have dedicated teams who work with young mothers, ensuring consistency of support throughout their pregnancies. There is highly effective liaison between specialist midwives, health visitors, school nurses and social care staff. This ensures that risks and needs are appropriately identified and additional support is provided to safeguard the well-being of children and families, both before and after children are born. Practitioners are trained to understand and respond to the impact of significant safeguarding factors such as domestic violence, homelessness, mental ill health and substance misuse. There is good take up of specialist young people's sexual health provision, including preventive and treatment services, is available in localities through the 'Cont@ct' service run by Chelsea and Westminster NHS Foundation Trust, as well as through the Adolescent Resource Centre and young people's clinics at St. Mary's Hospital.
36. Very effective drug and alcohol services are provided by the Hungerford Drug and Alcohol Project with support from the mental health trust. Dedicated community-based provision supports young people in reducing and stopping problematic substance misuse. Family services are accessible across the borough and provide effective preventive services including support for families affected by a young person's substance misuse. They also provide training for schools and other professionals.

## Ambition and prioritisation

## Grade 2 (good)

37. Ambition and prioritisation are good. Safeguarding is seen as everyone's business and is championed at the highest level by elected members and senior managers. It is given the highest priority across the partnership by statutory and voluntary organisations, reinforced through a comprehensive programme of training in policy and practice, and routine audit activity in key agencies which monitors the effectiveness of services. The local authority and its partners provide effective leadership of safeguarding and this leads to a widespread understanding of processes and thresholds and ownership of a wider vision to continue to develop integrated early intervention and prevention services. Locally based services enable the appropriate allocation of resources according to need and identified priorities, for example targeted work to respond to gang culture and serious youth violence in some parts of the borough.
38. There are examples of highly effective practice in supporting families and reducing the need for higher levels of intervention, for example in the family recovery team and parenting provision. The council is embarking on a programme of close collaboration, including the merger of senior management and some services, with two neighbouring boroughs. Advanced plans indicate that front line services will be protected in the next year and Westminster's ethos of prevention and early intervention through locality working maintained. The Children and Young People's Plan 2009–2011 is based on a comprehensive analysis of need and is informed by extensive consultation with children and young people. Groups consulted include children who are looked after by the local authority, children with disabilities and those with learning difficulties and complex needs, whose views were obtained using a range of innovative means. The plan makes clear the partnership's commitment to tackling inequalities, for example in health outcomes, and ensures high priority for safeguarding. It demonstrates a consistent approach to early intervention and prevention in order to identify and support vulnerable children and families and to ensuring that localities are responsive to changing needs.

## Leadership and management

## Grade 2 (good)

39. The leadership and management of safeguarding services are good. Highly visible leadership continually reinforces the priority given to safeguarding and ensures that this is understood across the wider workforce. The local authority and its partners ensure that full consideration of the risk of harm to children and young people is an integral part of business planning and review. Links between WSCB, elected members and senior managers across the partnership are good and clearly inform service developments. Any weaknesses in services are quickly identified and action taken to resolve them. For example, the actions arising from a recent serious case review have already been substantially implemented. This review was undertaken in 2010 and was evaluated by Ofsted as adequate overall.

Dissemination of learning has been good, with staff across the partnership aware of the key lessons. Significant budget pressures have been managed well to ensure that front line services are prioritised and strengthened through effective multi-agency working.

40. Elected members and senior managers demonstrate a strong commitment to locality-based working and early intervention. The establishment of multi-agency locality teams, the family recovery team and teams around the school have contributed to a downward trend in the number of children needing a child protection plan or becoming looked after. Staff from a range of agencies collaborate well to ensure continuity of services according to need and risk for the children and families involved. The quality of user engagement is good. Formal arrangements ensure that the views of children and young people, including those gathered through complaints, shape service development. For example, feedback from a survey of parents about child protection conferences has informed the development of a 'strengthening families' approach. There is a good level of satisfaction among service users about the quality of practitioners, particularly in early intervention, and amongst parents receiving child protection services. The needs of children and young people from minority groups are considered in planning. While the workforce, particularly at senior levels, does not fully reflect the diversity of the local population, the local authority has recognised this and introduced initiatives to support aspiring managers from minority ethnic groups.
41. Effective workforce planning and development is ensuring that the number and range of professionals in locality teams reflect local needs. A partnership-wide culture of strong staff development means that good supervision, training and management support and contribute to a stable workforce which provides continuity of care for service users. Within children's social care services there is very good retention of social workers and managers. Consequently, social workers have manageable caseloads that are balanced according to their skills and experience and there are sufficient numbers of suitably qualified and experienced social workers to meet statutory requirements. This allows time for direct work with children and young people, and the benefits of this are seen in the good quality of reports, for example for review child protection conferences, and the positive outcomes now being achieved. WSCB, in partnership with two neighbouring boards, offers a coherent, structured programme of training events and packages to ensure that a wide range of safeguarding learning needs is met. It also monitors participation and challenges agencies whose staff do not attend.

## Performance management and quality assurance

### Grade 2 (good)

42. Performance management and quality assurance arrangements are good. They are well embedded in children's social care services and across the partnership at both strategic and operational levels, with formal mechanisms to record, collate, analyse and use data and intelligence to inform planning. Data are drawn from across the partnership and used to improve performance at all levels and to shape services. For example, the composition of locality teams reflects the analysis of data on local needs and pressures.
43. Managers at all levels use data to evaluate, and where necessary challenge, performance. Team level data are considered in management meetings to identify, understand and respond to trends, hotspots and performance problems. Despite weaknesses in the capability of electronic recording systems, managers in children's social care services are provided with good quality data to monitor performance on key indicators. This includes frequency of visits to children on child protection plans. Data on the overall effectiveness of the CAF in practice are limited, although an audit of cases has recently been undertaken to review the quality of assessments and this is being used to help inform practice. The local authority anticipates that its new information and communication system, when fully implemented, will enable better data collection across the full range of services. Data on incidents of children going missing from home and/or care have only recently started to be fully collated.
44. Senior managers exercise effective management oversight and offer focused support to staff at all levels. They periodically accompany social workers on visits to children that are the subject of child protection plans. This is very good practice and ensures that they maintain good knowledge of front-line practice, and these visits are valued by staff. High risk cases in children's social care services are identified and carefully reviewed by senior managers to ensure that children continue to be safeguarded. A range of regular audits takes place to improve and inform practice.

## Partnership working

### Grade 2 (good)

45. Partnership working is good at both strategic and operational levels. This is illustrated most notably with the effective development of locally based services. Partnerships with voluntary sector groups are good, although there is concern in the sector about future stability as a result of budget restrictions. Voluntary sector organisations feel respected as important partners and are consulted fully. Information sharing protocols are established across the partnership, with good staff awareness on the importance of effective communication in safeguarding. In most cases seen by inspectors, Police, health and social care work together effectively.

Plans are in place to strengthen front-line arrangements for handling referrals through co-location of key professionals.

46. The commitment to multi-agency risk assessment conferences (MARAC) is good. Consistent representation at these meetings has built trust and expertise. The number of referrals from the housing service has increased significantly over the last two years as a result of good agency training and the introduction of a consistent method of risk assessment. A 'mystery shopping' exercise in the housing service led to a strengthening of training in honour-based violence. Police officers report that repeat-victimisation is reducing and that families have grown more confident in contacting the Police, particularly through the work of the family recovery team and the independent domestic violence advocates. Gaps in provision have been identified and improved methods of gaining children's views have been introduced. One locality now has a domestic violence worker based at a children's centre, providing on-site expertise to parents and carers. Plans are in place to replicate the arrangement in the other localities.
47. The leadership of WSCB is good and representation on the board is at a suitably senior level, providing influence in participating agencies, for example in ensuring compliance with the actions arising from serious case reviews. Agencies and professionals have the confidence to challenge one another in order to promote the welfare of individual children and to improve services overall. Most key agencies are regularly represented at board meetings. Probation participation is not as regular, although this service is fully engaged in MARAC and has nominated a new representative to attend the board. Attendance figures are published to promote improvement. Progress-chasing in respect of a recent serious case review has ensured comprehensive progress against the action plans. However, the board acknowledges that private fostering arrangements have not yet been given sufficient priority. The board has commissioned service audits leading to good learning, for example a 'Hidden Harm' audit has resulted in joint training between the substance misuse service and children and families services leading to increased collaboration in work with vulnerable children and young people.

## Services for looked after children

### Overall effectiveness

**Grade 2 (good)**

48. The overall effectiveness of services for looked after children and young people and care leavers is good. The local authority and its partners understand and are committed to meeting their responsibilities as corporate parents. Strong leadership is ensuring that most services for looked after children and young people are good and improving. Health partners and the virtual school leadership are robust leading to good health and outstanding educational outcomes, including those for children and young people who have been placed out of area. Looked after children and young people report they feel safe and are being suitably safeguarded and enabled to make a positive contribution. Adequate progress is being made to support looked after children and young people in their economic well-being.
49. The quality of provision overall is good. High priority is given to promoting placement stability which has helped contribute to some good outcomes in other aspects of children's lives. Stable staffing in children's social care enables looked after children and young people to have sustained relationships with their social workers and independent reviewing officers. Social work assessments are adequate or good, though not all care plans are sufficiently specific to drive progress. Health outcomes for looked after children and young people are better than in comparable areas and the specialist looked after children CAMHS team provides very good support for emotional well-being and placement stability. Continued improvement in services for children and young people on the edge of care and their families has contributed to a significant reduction in the looked after population, from 245 on 31 March 2010 to 210 at the time of the inspection. The virtual head teacher for looked after children and the Education for Pupils in Care team provide very good support to children, young people, carers and schools, contributing to some good educational outcomes. The educational achievement of looked after children and young people is significantly above statistical neighbours and the national average, with 28.5% of looked after children achieving five GCSEs at A\*–C including English and mathematics in 2011, compared with 12% for England.
50. Although the information system currently in use in the local authority is problematic, performance management arrangements are effective and have driven significant improvements, for example in immunisation rates for looked after children, where the local authority's own figures show significant improvement in 2011–12. The social care workforce is stable and many looked after children and young people have longstanding relationships with their social workers, team managers and independent reviewing officers. Time is prioritised for practitioners to undertake direct

work with children in the early stages of care proceedings and this contributes well to the development of a comprehensive picture of need. Looked after children and young people know how to make complaints and are supported effectively by the children's rights officer (CRO) in doing so. Learning from complaints is used well to improve services, for example there have been improvements in information for children and young people about their eligibility to access certain resources.

51. The corporate parenting board is well established and has developed a detailed action plan that has been influenced by looked after children, young people and their carers. Partnerships are strong and contribute to improvements in, for example, health and education outcomes. Children and young people have good access to targeted services such as substance misuse prevention and treatment. However, some provision for care leavers is less well developed, for example access to a range of suitable accommodation and support to participate in education, employment and training, and outcomes for these groups are less well assured.

## **Capacity for improvement**

## **Grade 2 (good)**

52. The capacity to improve is good. There is a shared vision across the partnership and clear ambition for looked after children and young people to succeed. Priorities are clearly identified and services configured to meet them. The local authority and its partners have a consistent track record of service improvement for most looked after children and young people, despite the challenges of having a large proportion of looked after children and young people placed out of borough. Services to prevent the need for children and young people to become looked after have been developed and strengthened with a resulting reduction in the number of children and young people now entering care. Looked after children and young people are safe and report that they feel safe. Almost all are in placements rated as good or outstanding. There is a continuing reliance on independent sector placements for children in long term care to ensure stability, though the council has reduced its use of such placements for newly looked after children. It anticipates that the planned merger of its fostering service with two neighbouring boroughs will improve the number of in-house placements and bring greater leverage with independent providers.
53. Permanency planning operates well and there have been recent improvements in adoption rates and the use of special guardianship orders. However, not all care plans are sufficiently specific and measurable, and the council's own audits for this inspection correctly identified delay and drift in a small number of cases. Action has now been taken to remedy this. Outcomes for care leavers and young people approaching the end of their time in care are too variable, with a limited range of accommodation and a high proportion not in employment, education and training. The recent involvement of the virtual school

leadership with this group of young people is positive but it is too early to evaluate the full impact. Corporate parenting is well established although the focus and impact on care leavers is less well-developed. The views of looked after children and young people are sought at case level and through the Children in Care (CiC) council and learning from these is used to inform service improvements. However, there are no formal links between the CiC council and other youth forums in the borough, reducing opportunities for mutual learning and influence.

## **Areas for improvement**

54. In order to improve the quality of provision and services for looked after children and young people in Westminster, the local authority and its partners should take the following action.

### **Within three months:**

- review the provision and availability of suitable accommodation for care leavers to ensure improvements in range, availability and quality and to reduce the need to use bed and breakfast as emergency accommodation
- ensure all care plans are sufficiently specific and measurable to drive progress and enable effective monitoring and review
- ensure that all care leavers receive a copy of their health history.

### **Within six months:**

- consider with children and young people, including those looked after, closer alignment between the CiC council and other children and youth forums
- improve the consistency of pathway plans and establish monitoring systems to ensure standards are being maintained
- review options for improving the participation of care leavers in education, employment and training.

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

### Being healthy

Grade 2 (good)

55. Health outcomes for looked after children and young people in Westminster are good. Strong partnerships between health agencies and children's social care ensure that health needs are promoted effectively with good holistic provision. As a result more children and young people have up to date health assessments, and health outcomes are better than those of statistical neighbours and the England average. The current ambitious target for the completion of annual health assessments is 95%. In 2010–11 the completion rate was 94.6%, above the England average of 82%. Health promotion is a priority and the looked after children annual report (2010–11) confirms that this remains a priority in the borough, with education and information forming a key part in health assessment visits. Feedback from children, young people and carers demonstrates the value of health assessment visits in enabling learning about relevant health matters. Innovative and accessible multi-agency targeting, planning, reviewing and monitoring of health services for all looked after children and care leavers has led to a sustained upward trend in performance for physical, emotional and sexual health.
56. Health files seen by inspectors comply with statutory guidance. All health assessments are carried out by the required medical and nursing staff and the designated doctor for looked after children maintains an overview to ensure quality and consistency. The majority of initial health assessments are undertaken within Westminster, usually by a staff-grade paediatrician or an associate specialist. The designated doctor for looked after children will always write the health plan for an initial health assessment if undertaken out of borough. Specialist looked after children nurses undertake review health assessments in a timely way and there are formal arrangements and good working relationships with colleagues in looked after children teams in other areas to undertake health assessments on behalf of the borough. These are quality assured by Westminster's designated nurse for looked after children and ensure that children and young people placed out of borough do not experience delays in receiving assessments.
57. Looked after children health staff encourage the active participation of children and young people in review health assessments by offering flexible approaches that can respond to their wishes and needs, including those associated with culture, religion and ethnicity. Most children and young people participate well in their health assessments, and only six children declined involvement in 2010–11. Partner agencies collate health information to ensure that suitable priority is given to health within formal looked after child review processes. Young people leaving care are offered

a final review health assessment but are not routinely provided with a full health history.

58. The looked after children's team ensures that health assessments are holistic and cover a range of health, health promotion and emotional well-being issues. Contraception and sexual health are discussed with young people during health assessments and many return to the nursing team for follow up advice after assessments. Effective joint work undertaken with the Hungerford Drug and Alcohol Project whose dedicated worker for looked after children contributes to review health assessments as necessary. This worker also liaises with the relevant social worker and offers support to foster carers to facilitate good communication and continuity of health support. Of the 7.2% of looked after children identified as having a possible substance misuse problem, all were offered appropriate help and support and nearly all made use of the services provided.
59. Audits that have been undertaken in respect of health assessments have indicated that some information was not always carried forward into health plans. In response, the looked after children nursing team has introduced a summary report that sets out the key elements of the assessment that can more easily be developed into an effective and comprehensive health plan. An audit in December 2010 found that 86% of health plan recommendations were implemented and children's nurses are now monitoring this rate for further improvement. Effective systems are in place to ensure that looked after children nurses are notified promptly by social care colleagues of changes in circumstances of looked after children and young people, such as with placement address or legal status. Looked after children nurses routinely send copies of the health plan to independent reviewing officers prior to looked after children review meetings to ensure that planning is informed by information. Regular multi-agency meetings provide an effective means of sharing information and underlining the process for health assessments by partner agencies. The looked after children nursing team provide a range of good health training packages for professionals and carers. Good performance management processes and action planning have, according to the LA's own data, supported recent improvements in immunisation rates.
60. A multi-disciplinary CAMHS team for looked after children and young people is co-located with social care staff and provides good support and guidance, including to carers. A significant function of the team is to provide CAMHS support for children and young people in transition or for those with complex needs who are unable to access local CAMHS because they are placed out of borough. The effective support provided to carers in understanding and responding to individual needs and problems contributes to good placement stability. Although this is not an emergency service, staff respond alongside social workers to provide necessary

support when a placement is at risk of imminent breakdown because of mental health concerns.

## Staying safe

## Grade 2 (good)

61. Safeguarding arrangements for looked after children and young people are good. Robust monitoring arrangements ensure that children and young people are placed in suitably safe placements. When making placements in residential care, residential special schools, boarding schools and through independent fostering agencies, the council applies a policy of using only settings judged to be at least adequate by Ofsted. In practice almost all of these are judged to be either good or outstanding, and no child is in a placement judged by Ofsted to be inadequate. The safeguarding requirements of external providers are firmly embedded in contractual arrangements, examined in pre-placement checks and are subject to subsequent checks by the local authority to ensure continued compliance. Providers spoken to had a high regard for the thoroughness and clarity of the commissioning process and post placement support.
62. Looked after children and young people are visited regularly by their social workers, at least in line with, and often in excess of, statutory requirements. Additional visits are made in response to changing circumstances and direct work is prioritised, particularly in the early stages of any legal proceedings, to develop a full picture of need and to help the child or young person understand their plans. They are appropriately seen alone and the council's good staff retention record has ensured that many children and young people have experienced continuous relationships with their social workers. Compliance with statutory visiting requirements and looked after child reviews is carefully monitored and is good.
63. There is an emphasis on careful matching of children and young people with their carers and good consideration is given to the characteristics of carers and their skill and ability to meet the identified needs of the child or young person to be placed. For example, placing social workers see the most recent annual review of the foster carers who are under consideration and take feedback from other councils who have used the same fostering provider. These measures, along with good targeted multi-agency support for looked after children, young people and their carers, contribute to a high level of placement stability. Most looked after children and young people report satisfaction with their placements and carers, indicating they feel safe and have more than one trusted person they would talk to if they felt unsafe. However despite the success of the council and its partners in achieving good stability, looked after children and young people also report they had little or no choice about their placement.
64. Processes for responding to looked after children and young people who go missing are good. Police play an active role, and carry out 'safe and

well' checks when children and young people are found or return. All looked after children and young people who have gone missing are offered return interviews with an independent person.

## Enjoying and achieving

## Grade 1 (outstanding)

65. Outcomes for looked after children and young people to enjoy and achieve are outstanding. A strong multi-disciplinary TAC and team around the school approach is promoting the effective coordination of high quality support and interventions and enabling looked after children and young people to maintain engagement with education. The educational psychologist for looked after children and care leavers offers timely assessment, including for those placed out of borough and those with complex needs. The educational achievement of looked after children is steadily improving, and at 28.5% achieving five GCSEs at A\*–C, including English and mathematics, is very significantly better than the national average of 12% and above that of statistical neighbours. However there is parallel progress in the educational outcomes and achievement for children and young people in the general population in Westminster, so the gap in achievement remains. Nevertheless, both trends are improving, and demonstrate that for looked after children and young people, the cumulative effect of support provided is having considerable impact. Over a quarter of the looked after children cohort has specific learning difficulties and/or disabilities and attend residential schools, and these children are making very good progress from their starting points. At Key Stage 2, looked after children make excellent progress with 60% achieving Level 4 and above for English or mathematics, and 40% for English and mathematics. There are no significant differences between the achievements of looked after children and young people from different minority ethnic groups or by gender. Data suggest there are differences in relation to placements and the type of school attended, which indicates that children in foster placements attending mainstream schools are performing better. The improved stability of placements is also contributing to improved educational attainment and achievement.
66. Particularly effective targeted work is maintaining exclusion rates for looked after children and young people at a low level. The school attendance rate of looked after children and young people is good and better than similar authorities and the national rate. Transition planning is very good and multi-agency work to identify the additional needs of looked after children and young people is well coordinated and highly effective. The personal advisor attached to special secondary schools facilitates highly effective communication at the transition between residential schools and colleges for looked after children and young people with learning difficulties and/or disabilities and with parents and carers. This role also extends to developing pathway plans alongside specialist services and in providing support to parents and carers through informal information sessions, such as coffee mornings.

67. Personal education plans (PEPs) are routinely completed with all looked after children and young people at the start of the academic year and subsequently reviewed at key points, such as after mock examinations. They are comprehensive and establish objectives that are mostly specific and measurable. Reviews are timely and clearly show incremental steps in progress and achievement. The virtual head teacher for looked after children routinely samples the content of PEPs and produces action plans to address shortcomings. The progress looked after children and young people are making is closely monitored against their learning goals and a clear 'at a glance' system is used to identify those at risk of falling behind. High quality analysis of data and commentary on underpinning factors impacting on looked after children's outcomes clearly show where interventions are needed and, in reviewing them, how effective these interventions have been. The virtual head teacher has a budget to purchase personal tuition and out of school activities, and data show that the provision of personal tuition is a highly significant factor in improving educational outcomes. Arrangements to monitor the educational achievements of looked after children and young people placed out of borough are robust and quality assurance arrangements are very good.
68. Designated staff in schools receive good support from the virtual head teacher, who helps designated staff to understand their roles and responsibilities for looked after children and young people. Communication is good and all designated teachers in schools receive an informative termly newsletter and updates to procedures or good practice as and when needed. Regular and effective training for designated teachers routinely takes place with four sessions last year. More recent work undertaken in partnership with a neighbouring borough has been effective and involved young people. More targeted training is taking place this year to ensure the active participation of all designated teachers and to support schools with significant issues.
69. A wide range of activities is provided to enable looked after children and care leavers to engage in recreational and leisure pursuits, including sports events, trips and outings, both in and out of school, and during school holidays. A selection of activities is scheduled for looked after children and care leavers, with four to five events and activities taking place each month. Care leavers are encouraged to participate in, for example, the specialist summer arts project to increase self-esteem, with major galleries displaying their work.

### **Making a positive contribution, including user engagement**

**Grade 2 (good)**

70. Arrangements for looked after children and care leavers to make a positive contribution are good. Care leavers are supported in developing skills, through, for example, the telephone survey completed in February 2010 which sought the views of 25 care leavers on the service, and was

developed and completed by four care leavers. Looked after children and young people report positive experiences of their participation in the well established annual looked after children and care leavers' conference, feeling listened to and enabled to develop a range of presentation and communication skills through showcasing their achievements.

71. The CiC council has been effective in involving young people in a number of initiatives to gain the views of children and young people in care, including their contribution to nationwide consultations. Care leavers report an increase in confidence and a good understanding and knowledge of the system through this work. Care leavers and looked after children are routinely involved in training foster carers. A DVD called 'Promises', produced by the young people, is used to good effect in this process and foster carers say they value the contribution young people make to helping them understand their role. Looked after children and care leavers have also been trained as young inspectors/assessors and contribute to evaluating the quality of care provision in other local authorities. They also sit on fostering panels. This has been particularly helpful in increasing the confidence of the young people involved and raising awareness of good practice seen in other settings. Useful support groups have been established as a result of feedback from care leavers and, for example, some care leavers, through the 'Uni-group', are able to offer peer support to others accessing higher education. Care leavers have routinely been involved in the recruitment of social workers and service managers and their judgements are valued and often accurately reflect the decisions of the staff recruitment panel decisions. The CiC council does not have formal links with other youth forums in Westminster, and this is a missed opportunity to promote mutual learning and the closer integration of looked after children within mainstream activities.
72. Looked after children and care leavers are regularly surveyed to evaluate the services they receive, with many being satisfied with the support and guidance they are given. Complaints are accurately recorded and categorised by type of complaint, ethnicity, gender of complainant and content. The authority is able to identify trends and take action to remedy the issues. In the last year only three complaints were received and all were appropriately investigated. The CRO provides an effective advocacy service for looked after children and care leavers and ensures that the service is seen as suitably independent from the local authority. Themes arising from complaints include the need for clarification about eligibility with regard to social housing and communication with social workers. Learning from complaints has been productive and resulted in better information being provided to young people about these issues.
73. Multi-agency action to prevent offending and reoffending is well established and effective. This has led to significant reductions in young people entering the criminal justice system. Procedures for responding to children and young people reprimanded by the Police are routinely applied.

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

74. Outcomes for care leavers to achieve economic well-being are adequate. Links between the council and Westminster's further education and training providers are good, and the Education, Training, Employment and Participation (ETEP) team is gradually developing links with the many providers in areas outside Westminster where care leavers are placed. A good range of vocational training options is available for Westminster's young people at age 16 years, through further education and training providers. An apprenticeship company brokers placements and work-related learning opportunities and has initiated a number of projects that specifically focus on work-based learning for young people who are looked after. Six looked after young people at post-16 years are now in apprenticeships and one has recently completed their programme and is in work. Looked after children and young people are prioritised for support in the 14–19 not in education, employment or training strategy and both further education colleges and work-based learning providers have designated staff to help meet their specific needs and support their progress and development.
75. Despite these successful features of Westminster's work, the participation of care leavers in education, employment and training is too low. Currently there are 210 young people aged 16–24 who are looked after or care leavers. At age 16 years, 17% are not in education, employment or training. By 19 years, 57%, or 14 young people, are not in education, employment or training. The equivalent rate for young people in the general population in Westminster is 8%. The virtual head teacher has only recently taken responsibility for monitoring and supporting post-16 learning for looked after children and care leavers, and those who are in education or training now have their progress monitored. Any delay in reporting progress from providers is followed up promptly. A more focused approach to addressing the lack of engagement of this group is being implemented and the council anticipates that this will improve participation rates.
76. Despite the high number of care leavers who are not in education, employment or training, Westminster has been successful in enabling a high number of care leavers to enter higher education. The number has increased year on year and currently 31 care leavers are in higher education, including all of those targeted by 'Aim Higher' initiatives to encourage and support university entry. The ETEP team provides good support to care leavers in higher education. There is effective liaison through 'Aim Higher' with universities across London and most now have the Buttle Trust kitemark that recognises their services to support care leavers.
77. While most pathway plans are satisfactory, overall the quality is variable and the virtual head teacher, through regular audits, is highlighting the

need for personal advisors to develop more specific and measurable objectives to secure increased engagement in post-16 education, employment and training. Completed at age 14 years as part of a combined assessment form, pathway plans contain helpful background information as well as being forward looking. Personal advisors contribute to the process and they appropriately refer to the young person's life skills, education, employment and training aspirations. Young people are encouraged to contribute to their pathway plans. Pathway plans are reviewed annually and for some, they are a useful tool in preparing them for adulthood and independence. However some care leavers report that pathway plans do not always take account of changes in their views and do not always accurately record accommodation options.

78. Westminster council's staff deliver an accredited life skills training programme purchased from Centrepont. Care leavers are well supported in developing independent living skills and for those with few qualifications, accreditation is provided for the skills they develop. The Tuesday club for care leavers has been very effective in providing cookery skills, enabling care leavers to enjoy a meal together, further developing their personal and social skills.
79. The provision of suitable accommodation for care leavers is satisfactory. Effective arrangements between the housing manager responsible for supported housing for vulnerable groups and the ETEP team secure accommodation for care leavers and 15 properties per year are let through 'choice-based lettings'. For some care leavers, foster placements are converted into supported housing once they reach 18 years of age and, for example, one young woman is continuing with her foster carer post-19 prior to starting university. However the council's commissioning arrangements do not provide a sufficiently wide range of flexible housing options for care leavers and there is insufficient suitable emergency provision and the council therefore uses bed and breakfast accommodation in emergencies and for a maximum of 72 hours. Good relationships with local bed and breakfast providers and monitoring of provision ensure minimum standards of support and safeguarding. However as care leavers themselves report, bed and breakfast and hostel accommodation is not appropriate, for example, for those who need to study and for more vulnerable young people. The protocol for assessing the needs of young people aged 16-17 years presenting as homeless is satisfactory and recognises the value of enabling young people to remain in families or family networks with additional support as a preferable option to becoming looked after. Where appropriate and necessary, homeless 16 and 17-year-olds are received into care and thresholds are clear and comply with legal requirements.

**Quality of provision****Grade 2 (good)**

80. The quality of provision is good. A detailed knowledge and understanding of the looked after population and children and young people at risk of, or on the edge of, care informs effective decision making and interventions. There has been a marked reduction in the looked after population from 245 in March 2010 to 210 at the time of the inspection. Well-established and continually evolving support services, such as the family recovery team, are effective in maintaining children and young people within their own homes.
81. Placement stability is good, and there is a well-established culture throughout the partnership of a focus on stability as a core factor in improving all outcomes for children. All looked after children and young people are allocated to a qualified social worker with whom there is regular contact at reviews and visits, with many examples of increased direct work in response to changing needs and circumstances. Good retention of social workers, managers and independent reviewing officers adds to the sense of stability. Comprehensive monitoring arrangements and subsequent interventions, such as support from the specialist looked after children CAMHS team and the Education of Pupils in Care (EPIC) team, ensure a proactive response to supporting children and young people and contributing to good placement stability. Children and young people spoken to, survey returns and feedback from service providers indicate overall satisfaction with their placements.
82. Assessments are adequate or good, completed in a timely way and some are informed by research. They are variable in the attention paid to identity needs, with some good examples seen of sensitive and thoughtful examination and use of cultural needs, for example in placement matching. They routinely incorporate the views of children, young people and parents, including those of children with learning difficulties and/or disabilities and very young children, which are discerned from careful observation. Assessments for court are good, and the court service reports that the quality of work undertaken by Westminster social workers in proceedings is consistently of a high standard. The quality of care plans overall is adequate as too many lack specific and measurable objectives and in some cases this has led to an element of drift or delay. The council's own audits identified this and triggered robust action to ensure progress. An increasing drive for permanency planning has led to improved rates of adoption and use of special guardianship orders. Independent reviewing officers maintain the timelines of reviews. Recent changes to the review format, in response to young people's comments, have led to improved focus on listening to the wishes and feelings of looked after children and young people, and those of their parents and carers, as well as on progress made between reviews. These changes have been fully implemented since April 2011 and regular auditing of reviews has seen a sharper focus on reviewing progress, identifying

omissions and driving progress. There are innovative examples of the use of visual media to inform reviews about the lives and feelings of children with complex needs and communication difficulties.

83. Adoption and fostering services were rated good overall in the most recent Ofsted inspections. Foster carers spoken to in this inspection hold supervising social workers in high regard and value the support they offer, as well as the range of additional support available, for example from the virtual head teacher, CAMHS and the Marlborough Centre. They can access good training opportunities offered by the council and have the opportunity to undertake some joint working with social workers, which is greatly valued.

### **Ambition and prioritisation**

### **Grade 2 (good)**

84. Ambition and prioritisation are good. Elected members and senior managers champion the needs of looked after children and young people. The corporate parenting board is multi-agency and promotes improvements in all outcome areas for looked after children and young people, with good evidence of success in many aspects, such as the annual looked after children and care leavers conference. Members of the board have regular contact with children and young people to enable them to keep well informed on pertinent issues and concerns. Effective early intervention and prevention services delivered through localities, in line with the partnership's priorities, have been successful in enabling families to stay together and reducing the number of children becoming looked after.
85. Effective leadership is ensuring that clear and ambitious priorities are established and resources allocated to meet them. For example, the work of the virtual headteacher and the EPIC team has been highly successful in improving the educational attainment of looked after children and young people, with performance well above the national average. The ETEP team and 'Aim Higher' have succeeded in helping a high number of care leavers enter higher education. However the council and its partners have been less successful in increasing the number of care leavers who participate in education, employment and training.
86. Health agencies and other partners have delivered improvements in health outcomes for looked after children. A dedicated CAMHS team for looked after children and young people has resulted in improved emotional well-being and mental health for looked after children and young people, as well as contributing to good placement stability. Low immunisation rates were identified through performance management systems and responded to swiftly by managers leading to significant improvements.

## Leadership and management

## Grade 2 (good)

87. Leadership and management of services for looked after children and young people are good. Highly visible leadership is ensuring that looked after children services are given a high priority within the council and across the partnership as a whole. Resources have been provided to meet strategic aims and objectives and to underpin service developments. Elected members fully understand and implement their responsibilities as corporate parents and champion the interests of looked after children and young people. A strong cross-partnership approach and effective locality-based working and early intervention has contributed well to improved services for children on the edge of care and a significant reduction in the number of children and young people becoming looked after. Significant budget pressures have been managed well to ensure that front line services are prioritised and strengthened through effective multi-agency working.
88. Partnership working is good and professionals at all levels across agencies understand their responsibilities for looked after children, young people and care leavers. There is good communication and collaboration between agencies and professionals working with looked after children and young people with good examples of targeted work to improve outcomes, for example through the dedicated CAMHS team and other health resources, and the role of the virtual headteacher. Good liaison arrangements are in place with other local authorities and services to meet the assessed needs of children and young people placed out of borough.
89. The multi-agency corporate parenting board is well established and has agreed a corporate parenting strategy informed by the views of looked after children and young people. This establishes clear priorities and objectives against the five outcome areas and includes the partnership's pledge to looked after children and care leavers on what they can expect from their corporate parents. It also includes an action plan. However the plan does not include timescales and it is unclear how the board will monitor progress.
90. The engagement of looked after children and care leavers is good. Formal arrangements, including the CiC council and the use of complaints, ensure that the views of children and young people shape service development. For example, feedback from young people has led to changes in the way looked after children reviews are carried out. There is a good level of satisfaction among looked after children and young people with their social workers and placements. The needs of children and young people from minority groups are considered in assessments, care plans and placement matching.
91. Effective workforce development has ensured that the number and range of professionals supporting looked after children and care leavers is

sufficient and staff have manageable caseloads. A partnership-wide culture of good staff development means that good supervision, training and management support contribute to a stable workforce that provides continuity for service users. Within children's social care services there is very good retention of social workers and managers and this allows time for direct work with children and young people and provides good continuity. Commissioning of services is effective and takes into account cost and quality. As part of the West London Alliance, managers have reviewed their use of placements to test commissioning decisions.

## **Performance management and quality assurance**

### **Grade 2 (good)**

92. Performance management and quality assurance are good. They are well embedded in children's social care services and across the partnership at both strategic and operational levels, with formal mechanisms to record, collate, analyse and use data and intelligence to inform work. Data are drawn from across the partnership and used to improve performance at all levels and to shape services. For example, swift and effective remedial action was taken in response to data showing low levels of immunisation among looked after children. Managers at all levels and across the partnership use data to evaluate and, where necessary, challenge performance, and team-level data are considered in management meetings to identify, understand and respond to trends, hotspots and performance problems. Despite weaknesses in the capacity of electronic recording systems, managers in children's social care services are provided with good quality data to monitor performance on key indicators, for example statutory visits and reviews for looked after children and young people.
93. There is a high level of visible senior management oversight, with clear interventions in individual cases, for example to reduce drift. Performance management at both the strategic and operational level enables managers to monitor performance. Managers receive data on key information such as social work visits, participation in reviews, strengths and difficulties questionnaires and the progress of plans, reviews and assessments. This close scrutiny has resulted in improvements in areas such as the timeliness of reviews and frequency of statutory visits. The quality of reviews has been regularly audited, resulting in a sharper focus on progress. A 2011 audit of looked after children's files considered care planning and permanency and made clear recommendations which have resulted in improved management oversight of practice and decision-making.

## Record of main findings:

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