

# Inspection of safeguarding and looked after children services

**Royal Borough of Kingston upon Thames**

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**Inspection dates:** 21 May – 1 June 2012

**Reporting inspector:** Chris Sands HMI

**Age group:** All

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## About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI), one Additional Inspector and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
  - discussions with children and young people receiving services, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
  - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of previous serious case reviews undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010 and more recent internal management reviews undertaken by the council
  - a review of 101 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
  - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in November 2010
  - interviews and focus groups with front line professionals, managers and senior staff from NHS Kingston PCT, Your Healthcare CIC (Community Interest Company) and Kingston Hospital Trust.

## The inspection judgements and what they mean

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

|                       |   |
|-----------------------|---|
| Outstanding (Grade 1) | A service that significantly exceeds minimum requirements |
| Good (Grade 2)        | A service that exceeds minimum requirements               |
| Adequate (Grade 3)    | A service that only meets minimum requirements            |

|                      |   |
|----------------------|---|
| Inadequate (Grade 4) | A service that does not meet minimum requirements |
|----------------------|---|

## Service information

4. Kingston has the smallest population of all the London Boroughs at 168,955. Approximately 38,400 are aged 19 years and under, making up 23% of the Borough's population compared to 25.1% for outer London and 24.4% nationally. Kingston's population is forecast to grow by up to 18% (up to 30,000 people) over the next 15 years, reaching around 199,000. The change in population stems more from 'natural change' than from migration. The number of births in Kingston has been increasing considerably since 2002. There was a particularly large rise between 2003 and 2004 of 9.8%, with a further large rise of 7.4% between 2006 and 2007.
5. Since 2001, the population of Kingston has become more ethnically diverse, with the proportion from minority ethnic groups increasing from 16% to 23%. Some 38% of school aged children are from minority ethnic groups. Over the next 15 years, the proportion of the population from minority ethnic groups is expected to increase further to 27%. The largest minority ethnic groups in the borough are Tamil and Korean, with the Korean community estimated to be the largest in Europe. For those children of school age who do not have English as their main language, the top five languages are Tamil (16%), Korean (9%), Urdu (9%), Arabic (6%) and Polish (4%).
6. Out of the 97 super output areas within the borough, which are used to measure indices of deprivation, 85% are now relatively less deprived than was the case in 2007. One super output area is within the 20% most deprived in England. At 2010, Kingston was the third least deprived local authority in London.
7. Kingston has 51 schools, comprising one nursery school, 35 primary schools, 10 secondary schools, three special schools and two pupil referral units. Of the 51 schools, nine are academies (eight secondary and one primary). There are no free schools.
8. The Children's Trust arrangements with a multi-agency membership have been in place in Kingston since 2005. Governance bodies include the Local Safeguarding Children Board (LSCB), the Children and Young People's Partnership and the Health and Wellbeing Board. The Children's Trust has responsibility for the Children and Young People's Plan and its progress. Since September 2010, the LSCB has been chaired by an independent person who also sits on The Children's Trust Board. An externally facilitated review of the LSCB in February 2011 led to a reconfiguration of the LSCB and its sub-groups.

9. Safeguarding and social care services consist of four safeguarding teams, one looked after children's team and one leaving care and unaccompanied asylum seeking children team. Children with disabilities receive services from an integrated disabled children's team. Family support is provided through the child care and family support service which includes a specific service to support the use of the common assessment framework (CAF). Kingston provides emergency duty social services for children and families jointly with three other neighbouring London boroughs.
10. Health services are commissioned by the South West London Acute Commissioning Unit and borough based services are commissioned by the Primary Care Trust (PCT). Your Healthcare provides universal services such as health visiting, school nursing and paediatric therapies. The full range of acute general hospital medical, surgical and emergency services is provided by Kingston Hospital Trust. Child and adolescent mental health services at tiers 3 and 4 (CAMHS) and adult mental health and substance misuse services are provided by South West London and St George's Mental Health Trust. At tier 2, a service for children and families is provided by the council via the Family and Advice and Support Service (FASS). NHS Kingston, in partnership with Kingston Council, jointly funds a commissioning for children's health services post. This post has the lead for planning and commissioning health services for children and young people.
11. The voice of young people in Kingston is represented through the Kingston Youth Council. The Youth Council is made up of 34 young people aged 13–19 years. The chair of the Youth Council is also a member of the United Kingdom Youth Parliament.
12. At the time of the inspection, 133 children and young people were being looked after by the local authority. They comprise 29 children under five years of age, 74 children of school age (5-16) and 30 post-16 young people. There were 79 care leavers (18-24). Kingston uses a virtual school approach to support the learning of looked after children. At the time of the inspection there were 91 children subject to child protection plans. The majority of children subject to a protection plan are age 0-3 years, with the highest rates of plans linked to neglect. The council currently has 50 foster carers, including kinship foster carers. There are 40 children placed with local authority foster carers, 36 are placed with independent fostering agency carers and one is placed with another council foster carer. Residential care is provided through individually commissioned provider services with 21 children currently placed in residential provision. Of those children placed in either fostering or residential provision, 60% are placed outside the local authority area.

## Safeguarding services

### Overall effectiveness

### Grade 4 (Inadequate)

13. The overall effectiveness of safeguarding services is inadequate. Whilst the outward signs have been of a service achieving well in most performance areas, there has been some significant and concerning practice developing which was discovered during the inspection, the extent and depth of which had not previously been identified.
14. Statutory requirements are not met consistently. The inspection found significant failings in the contribution made by the council and partner agencies to child protection, particularly with regard to children and young people who had already been identified as suffering, or at risk of suffering, significant harm and who were subject to child protection plans. Inconsistencies were identified in the decision making of managers in both the safeguarding teams and the children with disabilities team in relation to new referrals that could expose vulnerable children and young people to further unnecessary harm. Additionally, the current service configuration of the four safeguarding teams, whereby both short and long term casework are held within the same teams, has contributed to the weaknesses identified during the inspection.
15. Child protection conference chairs have not been sufficiently robust in identifying unassessed risk, drift and the lack of robust contingency plans. These significant shortfalls in practice were identified through the random selection of cases by inspectors throughout the inspection process. Once issues were raised with the council, immediate and appropriate action was taken to ensure the children and young people identified were re-assessed and appropriately protected.
16. The council has not adequately addressed all the areas identified in their internal management review of a domestic violence homicide. Although an action plan was drawn up and some progress made, the findings from this inspection demonstrate insufficient progress has been made. Similarly, the most recent unannounced inspection of contact, referral and assessment arrangements carried out in November 2010 identified an inconsistent completion of chronologies. This remained evident during the current inspection.
17. Managerial oversight at all levels is not robust and is a serious area of weakness. There is little evidence of appropriate challenge taking place to improve practice and outcomes for vulnerable children and young people. The quality of assessments and subsequent plans are generally of poor quality. The quality and effectiveness of management oversight of casework is not at an appropriate level. There has not been a sufficiently robust level of managerial oversight of the safeguarding teams or recognition of the support that these teams need in order to maintain

consistently safe levels of practice. Supervision of social workers regularly takes place and caseloads are at manageable levels. However, supervision does not routinely address the quality of work undertaken or lead to improvements in assessments and outcomes for children and young people.

18. Wider safeguarding provision is effective and in a number of instances there is evidence of good and outstanding practice - for example, some of the multi-agency work delivered through children's centres, the short breaks service for children with disabilities and the young carers group which provides an outstanding service. However, this good practice has not been translated into improved safeguarding outcomes within the wider child protection services for all children and young people in Kingston.
19. The council is providing some effective services through a range of initiatives. Educational outcomes are high. Partnership working is effective in some areas. Vulnerable groups are being well targeted through the common assessment framework (CAF) and the child poverty strategy. The integrated service provision for children with disabilities is a strength and parents report very positively of their experiences and the services.

### **Capacity for improvement**

### **Grade 3 (Adequate)**

20. Capacity for improvement is adequate. With the benefit of hindsight, the council recognises that their plans to merge some services with a neighbouring council have adversely affected the quality of management in children's social care services. Interim appointments to key management posts have impacted negatively on management capacity. This had recently been acknowledged and is now being addressed through active recruitment and appointments being made. The council is yet to have a full management team of permanent staff in key roles to drive forward the changes required.
21. Overall, the council has a track record of improved performance and has been assessed through the children's service assessment over the past three years as performing excellently. Both the council's fostering and adoption services have been judged to be good overall.
22. The council has accepted the significant issues identified during the inspection which have resulted from the lack of robust management oversight, risk assessment and decision making. Swift and decisive action was taken to address all the issues identified, including issuing instructions to change some practice with immediate effect. Increased senior management oversight has been put in place whilst plans are in progress to appoint an experienced duty manager to increase capacity and support team leaders to exercise robust decision making and planning. A comprehensive action plan has been developed, supported by the necessary resources confirmed by the Chief Executive. This plan is to be overseen by an Improvement Board which will be independently chaired.



23. Within this picture of significant concerns, the council has high ambitions and is delivering some good services, for example early intervention services, the joint service for children with disabilities, the young carers service and working well with partners with plans to further improve service provision. The workforce strategy has led to a successful reduction in the use of agency staff and there is a wide range of training opportunities for staff, partners and voluntary and community organisations.
24. Early intervention and prevention services are becoming well embedded with good use of the CAF. The engagement with the voluntary and community sector is strong with some good work being undertaken to support vulnerable children and families. In determining the capacity to improve, due consideration has been given to the swift and decisive action taken by the council to respond to the concerns raised during the inspection, the active appointment to key managerial posts, other work of the council and the progress made in improving services and outcomes.

## Areas for improvement

25. In order to improve the quality of provision and services for safeguarding children and young people in Kingston upon Thames, the local authority and its partners should take the following action.

### Immediately:

- review all cases which have been referred to the safeguarding and children with disabilities services during the past three months, where the decision has been to take no further action, to ensure that no child has been put at risk or remains at risk of significant harm as a result of the decision
- review the cases of all children with a child protection or child in need plan to ensure an appropriate application of thresholds
- ensure that all outcomes of Section 47 enquiries are signed off by the relevant line manager and authorised by a designated senior manager
- review the child protection plan template and ensure that the template is fit for purpose, and that plans are robust with measurable outcomes
- review the arrangements for stepping down from child protection plans to child in need plans to ensure child in need plans are produced at the point of the decision being made to cease a child protection plan

- ensure staff are appropriately trained in using assessments to effectively analyse the information gathered, that this is translated into robust risk assessments which take into account relevant past history, and that all assessments are clearly supported by an up to date chronology

**Within three months:**

- review the current safeguarding service structure along with the first contact and step up arrangements to the Advancing Services for Kingston Kids (ASKK) service to ensure that it results in a comprehensive, responsive and coordinated service response
- review the use of the Local Authority Designated Officer (LADO) to ensure that procedures are firmly embedded within children's social care services
- review the missing children arrangements to ensure robust strategic oversight is in place and that procedures are firmly embedded in particular within children's social care services
- review the arrangements for chairing child protection conferences ensuring increased accountability in service provision and challenge within conferences supported by clear escalation procedures
- review the use of child in need plan template to ensure that it is fit for purpose and appropriately identifies needs with measurable outcomes
- review all current child protection plans to ensure that they are well targeted to address risk factors and are designed for maximum impact to improve individual outcomes and that all include clear contingency plans
- improve performance management arrangements to ensure quality of practice is effectively scrutinised to identify areas of concern at an early stage
- introduce a robust system for case file auditing which is carried out at all levels of the council
- introduce supervision arrangements which ensure supervision focuses upon outcomes with specific reference to likelihood of actual significant harm, and which include clear evidence of time bound actions and professional challenge, combined with regular monitoring of supervision sessions for child protection cases in particular
- the LSCB to review its current work priorities to ensure that effective oversight of core child protection business is in place and that regular oversight is maintained of the areas for improvement

identified by inspection so as to ensure good and timely progress in all areas for improvement

- the LSCB to ensure that learning from serious case reviews is fully embedded across the partnership.

**Within six months:**

- review the corporate complaints service and arrangements to ensure that all complaints and compliments are appropriately managed and recorded by the service and that the information from these are used to identify patterns and trends and to inform service delivery and planning
- NHS Kingston PCT should ensure that a joint strategic needs analysis is undertaken to include a review of need for services to meet the emotional, physical and mental health of children and young people, including support to those whose parents have mental health problems, and to develop a commissioning strategy to address identified need
- NHS Kingston should review and develop the arrangements for risk assessment of children and young people and their families to ensure that there is adequate preventative working across health services
- NHS Kingston should work with partners in adult health services to ensure that there are appropriate and effective protocols in place to support the transition of young people with physical disabilities to adult health services.

## Safeguarding outcomes for children and young people

### Children and young people are safe and feel safe

#### Grade 4 (Inadequate)

26. Safeguarding outcomes for children and young people are inadequate. There is a wide range of effective community based early intervention services available across the partnership to support children, young people and their families. However, this inspection found significant shortcomings in a number of the decisions made in relation to new contacts and referrals, some of which had reached the threshold for safeguarding or child protection services to be provided but which had been closed. In addition, inspectors identified that new requests for a service or contacts were not being recorded on the electronic social care record within statutory timescales. This practice had already been highlighted during a management review in September 2011 as a significant failing yet this learning had not been embedded in practice. Additionally, a number of open cases had not recognised significant risk factors within assessments and these were referred back to the council requiring them to take immediate remedial action.
27. The role of the Local Authority Designated Officer (LADO) has developed positively over the last three years. Referrals in the year to April 2012 indicate that the targeted work to ensure procedures are known amongst services has had a positive impact. Effective information systems for analysis of outcomes and monitoring of timescales are in place. However, it is recognised by the council that in the safeguarding service, more strategic work on the use of the LADO role within Kingston is required. During this inspection inspectors found two safeguarding cases which had not followed LADO procedures. One case resulted in remedial work being carried out by the council during the inspection.
28. The council has a clear strategy, policy and procedures in place for children who go missing from education. However, robust arrangements are not in place to ensure that children and young people who go missing from their home or care placement receive an appropriate safeguarding response. Whilst some positive development work has taken place, there is a lack of strategic oversight and leadership. As a result there are gaps in service delivery. Inspectors referred a case back to the council where the missing person procedures had not been followed in relation to a looked after young person.
29. The complaints service is not being used effectively to ensure all complaints, comments and compliments are systematically informing learning, service review and delivery. Not all complaints relating to statutory social work teams are managed through the formal complaints

processes with a number of those made by looked after children being managed informally by individual team leaders or service managers. Parents seen by inspectors during the inspection stated that they had not received information about the complaints service.

30. The council's clear anti-bullying strategy is delivered successfully through strong partnership work between schools, the police and youth support services. Robust policies and procedures are in place to promote safe use of the internet, raise parental awareness and to tackle cyber bullying. Children and young people are actively involved in developing anti-bullying policies and in school projects such as peer mediators. Effective work is being undertaken to tackle bullying and to ensure that the incidence of bullying remains low. The annual schools survey, Pupil Attitudes to Self and School (PASS), and Ofsted inspections show that most children continue to feel safe in, and positive about, school, attend regularly and behave well. Pupils' sense of well-being, safety and comfort in school has improved year on year and is one of the highest recorded nationally.
31. Effective and robust action is being taken by the council to improve school attendance and to reduce school exclusions. School attendance rates are the best nationally with an overall absence rate of less than 5% and exclusions remain consistently very low. Permanent exclusions are rare and are the result of well-established relationships between schools and the council's support service. A culture of strong collaboration and robust challenge enables excellent support for young people in their GCSE year. The innovative Anstee Bridge project helps young people most at risk of disengaging from learning to stay engaged and to make progress. The pupil referral unit plays a central role in providing placements for children at risk of permanent exclusions and for those whose physical and emotional health prevents them attending school full time. Good attention is given to all home educated children and young people, who receive a welfare visit when this arrangement begins and further visits on an annual basis.
32. Robust policies and procedures are in place to support safe recruitment and selection practices across children's services and in services for children commissioned by the local authority. The council identifies systematically the posts which require identity, criminal records bureau (CRB) and other checks and ensures that these are undertaken prior to the start of employment and, where relevant, are kept up to date thereafter. Good advice, guidance, training and practical support are available to service managers, schools and other establishments to help them meet their statutory responsibilities with regard to safe recruitment. The inconsistent quality of hard copy personnel files is being addressed systematically by the move underway to a comprehensive and integrated electronic human resources record.

33. The vast majority of childminders inspected are judged to be good or outstanding. All secondary schools and the two pupil referral units inspected have been judged to be good or outstanding with almost all primary schools being similarly judged. All special school provision is good or better and achievement of SEN pupils who follow the national curriculum is consistently above national average and improving. The very large majority of early years' provision and of primary and secondary schools is good or outstanding overall and judged likewise for helping children and young people to stay safe and enjoy and achieve.
34. Effective tracking by the Advancing Services for Kingston Kids (ASKK) service has led to all known vulnerable children aged 0-5 years being registered with local children's centres.

### **Quality of provision**

### **Grade 4 (Inadequate)**

35. The quality of social work assessments and direct work with children and young people is inadequate. Inspectors found serious and significant shortcomings in the safeguarding and protection arrangements for a number of children receiving statutory child protection services. This includes examples of inappropriate decisions on 'duty' in response to new referrals, one case closed despite a young person suffering significant harm and long term work where insufficient progress had been made and increasing risk was not being recognised. As a result, a number of cases sampled were referred to the Director which resulted in remedial actions being taken.
36. A high proportion of cases seen by inspectors were judged to be inadequate and these included cases of children under the age of five years who had received services over a number of months. There was over optimism by professionals and managers as to the level of protection being afforded by parents and carers to young children. This, combined with an insufficient focus on the needs of the child during assessment and the failure to fully identify risk, contributed to failures in child protection. The monitoring of cases by managers had failed to identify inadequate practice and consequently not led to appropriate action being taken in a timely enough manner to protect children. These issues were drawn to the attention of senior managers, during the inspection, and the cases scrutinised by inspectors were all immediately reviewed. Levels of risks were re-assessed and immediate and appropriate action taken to safeguard the children concerned, including the use in some cases of legal measures.
37. The quality of core assessments in long term casework to fully record and evaluate the history and current circumstances of the child and family is unsatisfactory. This significantly impacts on the quality of risk assessment and care planning. Case recording is generally up to date and children are regularly seen, mostly within statutory time scales. However, recording is

highly descriptive and there is little evidence of risk analysis or how new information influences and drives case planning. Discussions with managers are usually evident in most case files although these do not always have a significant impact on the case direction or improve outcomes for some of the most vulnerable children.

38. The analysis in the majority of assessments seen, including those in Section 47 enquiries, is poor. Assessments are usually descriptive and lack focus on identifying robustly whether a child has suffered significant harm or is likely to in the future. As a consequence case planning and decision making can become flawed leaving some children inadequately protected and exposed to potential and on-going harm.
39. Although child protection case conferences and reviews are mostly held within timescales and core agencies are generally well represented, the quality and impact of case conferences is too variable. In some cases there was little challenge by conference chairs evident in cases where there had been little progress or where risk had increased. The format used for recording child protection plans is not fit for purpose and consequently makes it difficult for families and professionals to understand what needs to change in order to improve outcomes for individual children. The detail in plans often relates to siblings as well as the individual child and insufficient attention is given to all the identified risks. Child protection plans do not usually include clear contingency arrangements that are to be implemented if insufficient progress is made.
40. The 'step down' arrangements for children and young people who no longer need a child protection plan, but are to receive services under Section 17 of the Children Act 1989 as a child in need, are not robust. The final child protection review case conference does not routinely outline the focus of the first child in need plan and this can lead to drift and a lack of focus on the remaining issues of concern. In one case seen by inspectors a young person did not have a child in need plan drawn up until 11 weeks after the case conference which approved the end of the child protection plan.
41. The use of the common assessment framework (CAF) is well established across the partnership and provides early effective and coordinated support to children and families. The quality of CAF assessments and action plans seen by inspectors is satisfactory overall, and some are good. Partnership engagement in CAFs is good, ensuring that the needs of children are responded to in a timely way. A wide range of health and education as well as some voluntary sector practitioners initiate CAFs and take on the lead professional role. The best assessments seen were child-centred with a detailed analysis of needs, strengths and risks that informed the support and interventions provided. Action plans in the main were insufficiently focused on outcomes and the interventions did not always link clearly to the concerns identified.

42. Early intervention services are well established and provide a range of highly valued and effective support to vulnerable children and their families. Early intervention services are well linked to statutory social care provision via the ASKK service which coordinates and matches the identified need of children and young people outlined in their CAF and services in the community. In addition the 10 children's centres in Kingston are able to provide valued services to parents whose children are subject to child protection services. Parents who met inspectors spoke very positively about the parenting classes.
43. The out of hours service for children and families is hosted by a neighbouring local authority and is contracted by four councils, one of which is Kingston. Access to the Kingston electronic case system has been a more recent and essential initiative and this ensures that the service can make informed decisions with reference to information on the electronic case system. Kingston Council has a designated senior manager on duty who will make key decisions. Quarterly meetings are held with the councils and police and this enables good information sharing about patterns and trends and monitoring of the out of hours service.

### **The contribution of health agencies to keeping children and young people safe** **Grade 2 (Good)**

44. The contribution of health agencies is good. Rates of infant mortality in the borough are low. There is a rigorous process for action including rapid response to unexpected deaths. Prompt and comprehensive investigation is undertaken linked to the Child Death Overview Panel processes. Action is taken to minimise risks through targeted health promotions such as safer sleeping campaigns. Learning from incidents and the feedback of parents involved has led to local service improvements.
45. The designated doctor and nurse for safeguarding take an active strategic lead on the clinical aspects of safeguarding in health. Both posts are located within provider organisations, with clear contractual arrangements for dedicated time to undertake the role. While there are some indications of blurring across the operational and strategic roles for the designated nurse, there is clear evidence that both roles have a significant impact on improving safeguarding practice and accountability across the health economy. The designated doctor ensures that there is a robust quality assurance and scrutiny process, driving operational changes in provider organisations.
46. Contracts between NHS Kingston and providers have a clear focus on demonstrating compliance with safeguarding targets. There are good examples of outcomes-focused contracting and performance monitoring for Your Healthcare, a social enterprise providing a range of universal health services in the borough.



47. Your Healthcare provider trust and Kingston Hospital Trust have clear structures for assuring the quality of safeguarding for children and young people and clear reporting lines to Executive Boards and to the LSCB. There is evidence of a prompt and effective response to areas for development identified through internal audits, inspections or management reviews.
48. Named professionals for safeguarding at acute hospitals and in provider trusts promote awareness of, and compliance with, safeguarding standards and procedures. Your Healthcare does not employ doctors so the organisation is unable to comply with the statutory guidance to have a named doctor. The general practitioner (GP) lead for safeguarding employed by NHS Kingston has provided ad hoc input to the organisation on those occasions where they have needed medical advice. A formal arrangement is at the planning stage with the Clinical Commissioning Group (CCG).
49. The GP lead has been effective in delivering safeguarding training and developing GP safeguarding lead roles across a high percentage of Kingston GP practices. A flagging system for GPs of children and young people subject to child protection processes is in use which ensures increased awareness of vulnerable children.
50. Compliance with safeguarding training guidance is generally good, and there is a robust system for dedicated safeguarding supervision provided to Your Healthcare staff who are involved in undertaking safeguarding work.
51. Kingston Hospital Trust has robust arrangements across the service for the identification of and response to concerns, including an effective system for flagging Kingston's looked after children and those subject to child protection procedures. GPs are notified of attendances of all children at Accident and Emergency (A&E) services.
52. The physical environment at the paediatric A&E department is well suited to meet the needs of children and young people with the paediatric wards being extremely good. While there are no on-site representatives from social work, children and adolescent mental health services (CAMHS) or substance misuse teams, there are clear and effective protocols in place for the response to the admission of any young person requiring such services. Appropriately trained staff undertake medical examinations of children and young people who have non-accidental injuries. There is good access to dedicated safe centres for children and young people who have been sexually abused.
53. The hospital has a specialist midwifery safeguarding team (ISIS), which provides advice and support to colleagues as well as holding a case load of vulnerable women who are pregnant. There are regular multi-agency

maternity concerns meetings to ensure that clear pre-birth planning takes place where vulnerabilities are identified.

54. Adult mental health trust services have good systems for the identification and assessment of and response to safeguarding children concerns. There are appropriate family spaces on acute wards including the facility to observe visits if necessary. There is a lack of age-appropriate literature and insufficient resources for continuing work with young people to help them understand issues around their parents' health. Health professionals across partner agencies identified concerns about accessing mental health services for adults who were parents although this is under review by the Trust. There is an absence of a practitioner forum across health and social care services to review known cases and share information to identify families at risk from multiple social factors in addition to mental health problems.
55. Health professionals demonstrate a good understanding of child protection, resulting in appropriate and timely referrals to social care. Attendance by Your Healthcare staff at safeguarding case conferences is extremely good and provision of reports by GPs for these meetings is increasing well. Attendance from CAMHS teams is good, but adult mental health services attendance is inconsistent. Most front-line practitioners reported that they felt positive about the quality of safeguarding work undertaken with social care colleagues and felt that outcomes were good. However, in the context of the significant and wide-ranging deficits across child protection cases identified during this inspection, there has not been enough consistent challenge from health partners about the adequacy of safeguarding plans and outcomes. Additionally, named and designated professionals expressed concern about a lack of rigour in safeguarding plans in relation to contingency planning where parents were un-cooperative.
56. There was evidence of positive work by health professionals in highlighting concerns about the quality of response by social care staff. Escalation processes had been used generally to good effect although in one case seen this had not led to sufficient action to improve the safeguarding plan.
57. Awareness has been raised across health partners as to how to respond when children and young people do not attend health appointments. A new policy has been developed although this has yet to be embedded. The CAMHS team have also adapted their protocols to ensure that young people are not discharged either due to poor attendance or at the end of a treatment programme without liaison with other agencies to ensure that any risk factors are shared.
58. Arrangements for responding to domestic and sexual violence in the borough are generally strong. The multi-agency risk assessment conference (MARAC) forum is effective, with good links to health agencies,

and a multi-agency sexual exploitation forum has been established that aims to provide a similar model for the identification and response to cases. Health practitioners and leads reported that they received police notifications, and that there was a good range of effective services for onward referral.

59. Health professionals have instigated some positive preventative and early intervention processes such as a joint meeting across health visiting, midwifery and children's centres teams to identify any new ante-natal cases and plan their care pathway. However, preventative work is not embedded across the health economy and there is a reliance on informal links and local knowledge to identify risk factors across families in the area. The multi-agency sub-group of the LSCB undertook a recent review of cases identified by attendees at the joint meeting group. This led to the large majority of cases being escalated to safeguarding procedures, indicating that a more proactive risk assessment approach is needed across health partners with a view to prevention and early intervention.
60. Whilst there are health visitors linked to or based at all GP practices in Kingston, there are no formal links for dedicated risk assessment meetings to take place. GPs expressed concern at the inconsistency of effective information sharing by health visitors with GPs. There are no formal processes for the risk assessment of families with older children known to GPs, although the named nurse for Your Healthcare has begun meetings with social care managers to identify cases of concern that would include this group. Where concerns are identified, there is evidence of early intervention to provide support.
61. ASKK is highly valued by the range of health professionals as an easily accessible source of practical advice and sign-posting to services to support children and young people and their families. There are effective services to support the emotional well-being of children and young people, including the family advice and support service (FASS), and outreach for young people who deliberately self-harm. However, some health practitioners identified that a wider range of easily accessible services was needed, particularly for young people with a higher level of need but who do not meet the threshold for CAMHS. Access to CAMHS is good and effective in improving emotional well-being, and valued by service users. Waiting times for treatment is within national guidelines, and imminent action to increase clinics for children with Autistic Spectrum disorders will further ease waiting times. There is a fast-track process for urgent cases at both assessment and treatment level, although some health professionals reported difficulties in securing an urgent response.
62. The integration of health and social care teams for children with complex disabilities into one service has been a very positive development for children and their families through providing a single point of referral and 'one stop shop' for users and carers. However, due to recent vacancies,

there are pressures in accessing occupational therapy which has led to significantly long waiting lists. Recruitment to these posts is now underway.

63. There are insufficient services to meet the needs of children and young people with social and communication disorders, although there are plans to increase clinics and employ extra therapists to address this. Speech and language therapists commissioned by the council to work alongside its advisory teachers provide a targeted number of intensive language support packages.
64. There are appropriate transitions protocols for young people moving into adult services across the range of health care services. The extended age range within the integrated services for children with disabilities allows for efficient transitions planning, and practitioners report that for young people with learning disabilities transition into adult services work well. However, there are some difficulties in securing integrated partnership working for young people transitioning into the adult physical disabilities teams following recent reorganisation of that service.
65. Health outcomes for children and young people in Kingston are generally good, with low rates of obesity and high rates of immunisation. There is evidence of good coordination of health care by school nurse and health visitor teams. The school nurse and health visiting teams work effectively together and with children's centres to plan care pathways and deliver targeted health care to the most vulnerable families. There are few health initiatives in Kingston targeted at particular minority groups, reflecting the low proportion these groups represent of the population. Korean speaking staff at children's centres are working with other health professionals to encourage engagement of the large Korean community. The "One Norbiton" community development project promotes effective coordination across health, social care, housing and police to promote services to deprived communities and this includes a worker for asylum seekers and one for minority ethnic people in the area. Health practitioners reported that they had good access to translation services as required.
66. There is a low rate of teenage pregnancy in Kingston, and young people have good access to excellent sexual health and contraception services through personal sexual health education and enhanced drop-in services in schools, and "KU19" clinics which are based in community locations intended to maximise uptake by young people. The service also provides an innovative multi-media approach to providing advice to young people and staff working with them.
67. Young people in Kingston have good access to an effective multi-disciplinary substance misuse team, which is jointly commissioned across Kingston and Richmond. Services include support for dual diagnoses, family therapy, sexual health and needle exchange as well as one to one

treatment for substance misuse. A specialist worker for 18-25 year olds promotes a coordinated and effective transition for those needing adult services. This is enhanced by a good range of independent sector support services who work with social care services to identify those needing support at an early stage.

68. Young people have been involved in projects to evaluate the quality of health services, and there is evidence that children and young people and their parents and carers have influenced service delivery, for example in the delivery of sexual health services, and services for children with disability.

### **Ambition and prioritisation**

### **Grade 3 (Adequate)**

69. Ambition and prioritisation are adequate. The council has a clear vision and ambition, articulated well through their One Council, One Kingston approach with a strong emphasis on active engagement with partners, making the best use of combined resources and working towards joint service provision with a neighbouring council.
70. The council is demonstrating a prudent approach to making best use of resources through working with a neighbouring local authority to merge some services. Whilst there has been a strong drive with positive steps being made towards this ambition, the impact of this focus has resulted in significant instability through interim management arrangements within the learning and children's services directorate, notably the children's social care service. Whilst the outward signs have been of a service achieving well in most performance areas, there has been some significant and concerning practice developing which was discovered during the inspection, the extent and depth of which had not previously been identified.
71. Elected members champion the needs of children and young people and this is evidenced through their commitment to protect front line services and involvement in specific service developments, with some being involved commendably on an individual level to support young people through troubling times. Impressive work has been undertaken to seek the views of children and young people as part of the revision of the Children and Young People's Plan.
72. Through their ambition to ensure that services provided are based on known evidence of what works and what delivers improved outcomes, the council has invested wisely in an internally commissioned service which uses evidence based research to analyse existing services and inform development, commissioning and decommissioning.
73. Early intervention and prevention has a strong focus with services and partners working well together to achieve improved outcomes at a local level, thereby reducing the need for higher level statutory service

interventions. The Child Poverty Strategy is becoming well embedded, overseen by The Children's Trust Board with partners actively delivering to this agreed agenda. Through this strategy there have been some very positive results. For example, the significant increase in take up of free school meals through a targeted approach, whilst providing additional assistance to vulnerable children, has also resulted in a considerable increase in government funding to the council.

74. Through the support of elected members for prioritising front line safeguarding services, the council has demonstrated their commitment to safeguarding as a priority area. The council has further demonstrated its flexibility to re-address their priorities through their response to the issues raised during this inspection.

## **Leadership and management**

## **Grade 4 (Inadequate)**

75. Leadership and management of the safeguarding services are inadequate. There has been a growing awareness by senior managers and the independent chair of the LSCB of the weaknesses in services. However, at the time of the inspection these had not been fully risk assessed and the depth of the concerns uncovered were not fully known. Managers are committed to addressing known deficits in service provision and a rapid response plan has been drawn up to take immediate and medium term action.
76. The council believes that action plans in relation to serious case reviews and management reviews have improved over time with progress being monitored by the LSCB sub group. However, this inspection has found that two of the key actions from the last management review in September 2011 have not been successfully implemented or embedded in practice. The council has taken immediate action to address both these concerns and the newly appointed service manager for safeguarding will be closely monitoring performance in these areas.
77. The integrated children's workforce strategy is ambitious with a clearly stated intention to support the workforce to be world class and one which achieves outstanding outcomes for children and young people. A wide range of training opportunities are available to council employees and partners including an online learning programme, Evolve. The importance placed by the council upon training of voluntary and community sector services in order to build capacity is particularly well demonstrated through free access to training courses.
78. Good links have been established with local universities to provide student placements, support ongoing recruitment and also in developing the new social work degree. The council has been very successful in managing down the number of agency staff to a point of reducing this to nil at March 2011. Whilst this has risen more recently, active recruitment is in place to fill the current vacancies. The importance of staff training and

development is clearly recognised through the identification of training needs to support staff to deliver to the new children services strategy priorities. However, the absence of timescales in which to deliver the training activities reduces the robustness of the plan.

## **Performance management and quality assurance**

### **Grade 4 (Inadequate)**

79. Performance management and quality assurance are inadequate. There are significant failings in quality assurance arrangements across the partnership to ensure that the most vulnerable children and young people are appropriately safeguarded. Within the children's social care duty system, eight out of 15 cases of a child protection nature examined by inspectors had shortcomings, some more serious than others, in the identification of risk assessment and planning. Of the 12 cases audited by the council and partners in preparation for this inspection, seven were referred back to the council because shortcomings in practice, some of which were serious, had not been identified by the audit. Five cases were judged by inspectors to be inadequate, four of which had been graded as good and one outstanding by the council. Quality assurance processes that had been applied to these cases were not robust and had not identified key risk factors.
80. Although social workers report that their managers are available and that they receive regular support and supervision, it is not clear how supervision has influenced practice within child protection cases to ensure the most vulnerable children and young people are safe. Direct managerial oversight through supervision and case directions has failed to provide an appropriate level of oversight and challenge. In some cases reviewed, there was insufficient challenge by child protection chairs or recognition of the risks to which some children and young people were exposed. Consequently, the impact of ongoing risk for the child or young person was not reflected in the subsequent child protection plans.
81. Management oversight and quality assurance of the work of the social workers and managers within the safeguarding teams has been weak and ineffective for a prolonged period of time. During the past 18 months there have been changes in the management of the service, vacancies and interim appointments. This, coupled with a service design that means both short term and long term casework are held within the same teams, has contributed to the weaknesses identified during the inspection. As a result, despite the hard work and best efforts of front line staff and their managers, the quality of casework and services to vulnerable children and young people have been compromised.
82. Corporately and across the partnership there are a number of performance management, monitoring and auditing systems in place. Reports are routinely made available to ensure that political leaders and

managers have up to date information on performance trends. However, there has been too much reliance on measuring performance against set performance indicators with insufficient attention given to reviewing the quality of work underpinning the data. Over the last 12 months, the LSCB has begun to form a view about weaknesses in statutory social work provision that echo some of the findings of this inspection. However, at the time of the inspection, the full extent of the significant shortfalls in practice were not fully understood and little effective action had been taken to address known deficits.

## **Partnership working**

## **Grade 3 (Adequate)**

83. Partnership working is adequate. The LSCB has, from the beginning of 2011, made some progress against key priorities including responses to domestic violence, leadership and challenge and performance management. The appointment of an independent chair as well as a business manager has made a significant difference to the effectiveness of the Board. The partnership has enabled effective services to be developed in relation to domestic violence, training in relation to neglect and engagement with GPs. However, the LSCB has not paid sufficient attention to core child protection business and in particular the quality of child protection conferences, child protection plans and the work of core groups.
84. There are some strong partnership arrangements in place across the council. The focus on the One Council, One Kingston approach is a consistent theme which has supported a joined up approach to work to deliver effective services in the context of diminishing resources and increased flexibility. A good example of this approach can be seen in the 'One Norbiton' initiative.
85. Partnerships with the voluntary and community sector are good with a mixed economy of commissioned and contracted services and some under service level agreements. A number of services actively contribute to the promotion of safeguarding with a good reach, including to families from ethnic groups who, due to cultural norms, are difficult to engage. However, there is no formal compact in place and sector representatives interviewed by inspectors expressed their concerns at the destabilising impact of the plans to work more closely with a neighbouring local authority combined with a reduction in council staff with dedicated responsibilities for working with their sector.
86. The council's engagement with the voluntary and community sector to support them to develop their skills in preparation for the increased focus on commissioned services is a good feature of working with this sector and in seeking to offer local organisations the best opportunity to submit quality tenders during commissioning and procurement exercises.



87. The council has well established and clear commissioning and governance arrangements to deliver the four commissioning strands of the Learning and Children's Department. Through mature partnerships, the council has a number of services jointly commissioned with other councils and health, including an agreement under Section 75, NHS Act (2006) for the integrated service for children with disabilities.
88. Effective work with schools has led to the well developed Education Kingston initiative through which schools are using their budgets to work in partnership with each other and the council to provide improvement services. Good information sharing with the council is reported by schools. However, the sharing of information relating to children whose parents have been involved in domestic abuse and about whom the police have made a referral or notification to the children's social care duty service is not undertaken in a timely fashion where it might be appropriate to do so.
89. There is an effective and well established partnership in place to tackle and respond to domestic violence. Early intervention and prevention services have significantly reduced the number of repeat victims of domestic violence who have not engaged with preventative services. MARAC arrangements have good representation and as a result provides effective protection for the most vulnerable domestic violence victims. Multi-agency action to prevent offending and re-offending is also well embedded and has led to significant reductions.

## Services for looked after children

### Overall effectiveness

### Grade 3 (Adequate)

90. The overall effectiveness is adequate. Overall, statutory requirements within the looked after children and care leavers service are met. Outcomes for looked after young people and care leavers overall are good and in some cases, better than statistical neighbours. There are some very strong aspects within the service, notably education support leading to attainment which is better than statistical neighbours and national averages. Timeliness of adoptions is also good. The increase in the use of special guardianship orders, some of which are supported financially, is providing children with the benefit of alternative permanence arrangements. Positive progress is being made to recruit more foster carers locally to meet identified need. The take up of health assessments is very good, as is that for dental checks. The majority of children are being placed within 20 miles of their local area. Participation in reviews is good. Unaccompanied asylum seekers receive good support. Care leavers have access to a range of suitable accommodation and all who met inspectors reported that they felt safe where they lived.
91. However, against this positive picture, there are some significant areas for improvement which have been identified during this inspection. Whilst inspectors saw no evidence in their case file sampling of decisions being made for a child not to be looked after which subsequently placed the young person in a position of ongoing significant harm, the council cannot be sure that the right children and young people are becoming looked after due to the inconsistent quality of casework and decision making within the safeguarding teams.
92. The quality of assessment and care planning is variable with insufficient management oversight and direction. Whilst the majority of looked after children reviews are held on time and there is a high participation rate by children and young people in their reviews, the independent reviewing system is not providing a robust enough approach to challenge practice or to instigate escalation processes. Whilst there is some evidence of independent reviewing officers implementing the revised care planning guidance, this is not evidenced routinely in all cases. Most but not all visits to children and young people are undertaken within timescales. Arrangements for responding to missing children needs to be more firmly embedded within the service to ensure timely and appropriate responses. Whilst advocacy, corporate parenting arrangements and participation of children and young people in corporate parenting are in place, these are underdeveloped.

## Capacity for improvement

## Grade 3 (Adequate)

93. The capacity for improvement is adequate. The council acknowledges that the children's social care service has declined and requires stronger leadership, direction and focus. Key management roles are yet to be firmly embedded on which to drive forward the improvements required. The period of instability in the management of the service is being actively addressed and by September, permanent staff are planned to be in post.
94. Additionally, the council fully recognises and accepts the weaknesses identified during this inspection. In spite of these deficiencies, outcomes for looked after children and young people overall are good and in some cases, better than statistical neighbours.
95. Overall, the council has a track record of improved performance and has been assessed through the children's service assessment over the past three years as performing excellently. Both the council's fostering and adoption services have been judged to be good overall.
96. There are some strong services within the looked after children and care leavers service, notably the fostering and adoption service with some good practice within the looked after children and care leavers services. The council's ambition and aspiration is clearly articulated within the Children and Young People's Plan and is also reflected strongly within the strategic plan for looked after children and the more recent action plan arising from the independent inspection support exercise commissioned by the council. These factors, combined with the decisive way the council has developed and resourced their rapid improvement action plan during the course of the inspection inspires adequate confidence of the council's capacity to improve.

## Areas for improvement

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

### **Immediately:**

- review all cases which have been referred to the safeguarding and children with disabilities services during the past three months where the decision has been to take no further action or not to accommodate a child to ensure that the appropriate decision has been made and that no child who should be looked after has been denied the safety of this action
- ensure appropriate line management oversight is in place and that oversight extends to signing off assessments, plans and review

reports with decisions being recorded clearly and ensuring all statutory visits are undertaken within required timescales

- ensure that missing from care procedures are firmly embedded within children's social care services and that strategic oversight is maintained of episodes of missing children.

#### **Within three months:**

- review the arrangements for the Independent Reviewing Officer service to ensure that current care planning regulations are robustly applied, that there are clear escalation processes in place and that all young people know how to contact their Independent Reviewing Officer
- review the looked after children care plan template and ensure that the template is fit for purpose, and that plans are robust with measurable outcomes
- ensure core assessments are undertaken or updated for all looked after children whose circumstances have changed significantly and that the outcomes of these assessments are translated clearly into revised care plans
- review the arrangements for advocacy to ensure young people are fully informed about the service, that it is easily accessible and used effectively
- NHS Kingston PCT to ensure that there are clear pathways and targeted services for care leavers so that they have good access to health services.
- NHS Kingston PCT to take action to ensure that appropriate arrangements are in place to meet the health needs of looked after children in compliance with the statutory guidance "*Promoting Health*"; to include the appointment of designated professionals for looked after children and the development of robust arrangements for ensuring the strategic oversight and performance management of the looked after children's health team
- NHS Kingston PCT to ensure that appropriate systems are in place for recording and sharing relevant information by the looked after children's health team in order to promote multi-disciplinary care planning.

#### **Within six months:**

- review the corporate complaints service and arrangements to ensure that looked after children and young people know how to make a

complaint, that all complaints and compliments by looked after children and young people are appropriately managed and recorded by the service and that the information from these are used to identify patterns and trends and to inform service delivery and planning

- improve pathway planning processes to ensure that management information identifies how many plans are up to date at any one time and that actions within pathway plans are firmly focused on outcomes and timescales with clarity about steps to be taken to achieve the desired outcome
- ensure all looked after children have an up to date chronology on their case file records and that this information is actively used to inform case planning
- strengthen the corporate parenting arrangements with increased membership to include key partners
- review the mechanisms for the voice of looked after young people and care leavers to be heard more strongly within the corporate parenting arrangements and in decisions which affect them.

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

### Being healthy

### Grade 3 (Adequate)

98. Health outcomes are adequate. Whilst NHS Kingston PCT has been insufficiently engaged in the strategic oversight of the arrangements for the health of looked after children in the Royal Borough of Kingston upon Thames over a period of two years, more recent developments are beginning to address this deficit. Until very recently, reporting and monitoring systems have been insufficient. For a period of two years, no aggregated analysis of health outcomes for looked after children was undertaken and an annual report was not produced. The recent appointment of the Director of Nursing in NHS Kingston PCT has now established a clear line of reporting. However, there remain significant gaps in quality assurance and performance management of the service. A service level agreement is being developed to resolve these concerns.
99. The appointment of an interim named doctor to the looked after health team in January 2012 has secured greater consistency of input, and this has led to tangible improvements in the rates and quality of health assessments being undertaken. Prior to this appointment, the vacancy in this post had undermined the capacity of the looked after health team to undertake initial assessments, causing performance to fluctuate, and the quality of assessment varied. Priority has now been given appropriately to initial health assessments, with targeted work to address areas of higher risk, such as assessments of unaccompanied asylum seeking children. Recruitment is currently underway for a permanent named doctor, and the team has an ambitious action plan for developing the service over the coming year. However, much work is needed to catch up on the backlog of work outstanding and enable the team to turn its focus to developing and improving the service overall. Formal quality assurance systems need to be developed to ensure that improvements are embedded and that any performance issues are effectively managed.
100. The jointly funded looked after nurse post is co-located with both social care and the children with disabilities teams. The post holder also attends joint meetings across social care teams for leaving care and unaccompanied asylum seekers. This promotes good personal contact and care planning. However, the arrangements for recording and electronic sharing of information relating to care planning for looked after children are not fit for purpose, as the two services operate different recording systems with no effective process for ensuring that relevant information is shared. This has undermined communication between professionals, and there is insufficient coordination to ensure that social care staff are aware of health plans and that health professionals are notified of looked after children reviews. All looked after children of pre-school age are allocated a

named health visitor and those in school a school nurse, which promotes good joint working. In addition, there is a good notification system in Kingston for the hospital and GP practices to be alerted about looked after children who are accessing their service.

101. Young people who met inspectors reported that they appreciated the advice of the looked after children nurse, on a range of health matters including smoking and sexual health.
102. The looked after children's health team undertakes assessments for young people up to age 18. However, there are no targeted health services or protocols to ensure robust pathway planning for young people leaving care or support for care leavers over 18.
103. A high percentage of children looked after by Kingston are placed out of the borough with 95% placed within 20 miles of the child's home area. The looked after children's nurse takes the lead in overseeing the health care of this cohort, including visiting them in the area in which they live to undertake their health assessment which is good practice. For those that are placed further afield, the health assessment undertaken by their local area is reviewed by the looked after children's nurse. A health passport is being developed for young people placed out of borough to ensure that there is continuity of care through good information sharing about their health needs, along with protocols with neighbouring boroughs to ensure that they have clear and equitable access to health services in the area in which they are placed.
104. Looked after children in Kingston have good access to mental health services through a dedicated CAMHS worker post for looked after children. This provides a link to access the family advice and support service, which offers input to those young people with mild to moderate mental health problems and their families. A gap has been identified in counselling services, through a mapping exercise undertaken by the looked after children's nurse in consultation with young people, and action is being taken to address this gap.
105. The role of the looked after children's nurse within the integrated team for children with disabilities at Moor Lane promotes good access to their services for looked after children and effective joint working in planning their care. There are effective processes for the transition of looked after children with disabilities into adult health services which are supported by increasing multi-agency and integrated working, ensuring a well-coordinated pathway. However, there are some difficulties in securing smooth partnership working for young people transitioning into the adult physical disabilities teams following recent reorganisation of that service.
106. Looked after children have good access to an excellent range of sexual health and contraception services, through "KU19" community based clinics. Rates of pregnancy among looked after children and care leavers

are reported by the looked after children health team to be low. However, there has been no analysis of this, and a random sample of case tracking for the inspection identified a high proportion of pregnancy and young parents amongst this group. There is evidence of some good planning and co-ordinated work to support young people who are pregnant and ensure the well-being of their babies, with the involvement of the specialist teen pregnancy midwife at Kingston Hospital Trust. However, this is not consistent, particularly where the young person has a chaotic lifestyle or is living in another borough. There is good post-natal support for young mothers, including specialist supported accommodation for young mothers and their babies, at which three looked after young people or care leavers are currently placed.

107. Numbers of looked after children using the Kingston substance misuse service are low, due in part to the high number of looked after children being placed outside of the borough. Where it is identified that these young people need substance misuse services, the looked after children nurse notifies the Kingston team which coordinates services for them in their local area and monitors the input that they receive.
108. There is a range of services available to support the diverse needs of looked after children, including a well-regarded unaccompanied asylum seeking children's service. The looked after children's health team ensures that there are appropriate translation services available when undertaking health assessments and young people are well engaged in their health assessment and plan to express their views and needs.

## **Staying safe**

## **Grade 3 (Adequate)**

109. Staying safe outcomes are adequate. The council is achieving good rates of short and long term placement stability for children. Published performance on placement stability is good. However, the council's own current unvalidated performance data suggest that long term stability has decreased and therefore is an area for further scrutiny. Foster carers seen were well informed about children's needs for continuity and highly committed to promoting safe and stable care for them.
110. The 2012 adoption inspection judged the local authority adoption service as being good for staying safe. The fostering service inspected in 2010 was judged outstanding for staying safe. Children and young people are placed in appropriate settings with the vast majority of independent provider placements judged to be either good or outstanding for staying safe. The council recognises the need to strengthen quality assurance arrangements for all children and young people placed with independent sector providers, including those which are not regulated by Ofsted. For example, supported lodgings.
111. All children and care leavers who responded to the Care4Me survey reported that they felt safe or fairly safe in their placements, and could



get in touch with their social worker. Those who met inspectors said that they had adults in their lives – foster carers, teachers and family members – to whom they could talk if they had worries. However there is limited use of independent advocacy for children who are currently in care, meaning opportunities to ensure their voices are heard should they be unhappy with their care plans and unable to talk with adults who can make a difference may be lost.

112. Sustained focus on permanency is reflected in steady numbers of children who are adopted or supported via Special Guardianship Orders. Adoption rates are in line with comparators. Due to the high number of current care proceedings, a considerably higher number of adoptions is expected in 2012/13. There has been a steady year on year rise in Special Guardianship Orders, currently standing at 15, 13 of which are supported financially. Skilled work by the experienced adoption team leads to timely adoptions with high rates of ongoing stability for children. Only two adoptive placements made by Kingston have broken down in the past 10 years.
113. Inspectors found variability in looked after children services in relation to children and young people staying safe. Whilst inspectors saw no evidence in their case file sampling of decisions being made for a child not to be looked after which placed the young person in a position of ongoing significant harm, the inconsistent quality of casework and decision making at the point of referral to the safeguarding teams in relation to new referrals means that the council cannot be certain that the right children and young people are becoming looked after or that they become looked after in a timely way commensurate with their needs.
114. Casework within the looked after children service is variable and whilst inspectors found some examples of good practice there were other examples where practice was insufficiently focused on the needs of the child and young person. For example, inspectors saw one case where a looked after young person had gone missing from their placement several times over a number of weeks and the missing young person procedures had not been followed. In discussion with managers it was acknowledged that the missing from care procedures were not fully embedded in practice and that currently there is a lack of strategic overview or joined up monitoring of practice.
115. The Independent Reviewing Officer service is not always effective in identifying and challenging poor casework practice. Senior managers acknowledge that the statutory Independent Reviewing Officer report from last year is not fit for purpose. Consequently, whilst there is evidence of variable practice, there are too many cases where the current needs of young people are not fully known because core assessments have not been updated, where individual care plans contain old and outdated

information and statutory visiting is not in line with the current needs and circumstances of the looked after child or young person.

116. Children who met inspectors were clear about the purpose of their reviews, most attended their meetings and were confident that they could have their say. However none of those who spoke with us, and only 15 of the 22 children who responded to the Care4Me survey, knew how to contact their Independent Reviewing Officer, confirming a finding in the 2012 adoption inspection that there is a need to strengthen children's awareness of this role.
117. Cases tracked show that effective joint work between the leaving care and looked after children teams has led to swift action to address and manage the separate safeguarding and care needs of young people and their children, and that good quality mother and baby placements are supporting assessments. Service users, including care leavers who were receiving intensive support and supervision to promote their safe care of young children, confirmed this finding.
118. The prevention and resources panel has been effective in securing placements where appropriate within 20 miles of a child's home area resulting in a minority of placements outside this radius.

## **Enjoying and achieving**

## **Grade 2 (Good)**

119. Enjoying and achieving are good. Strong partnership work between the local authority and schools and the good contribution made by specialist education advisors and school improvement teams underpin the high quality and effective support for looked after children's education in Kingston and for those educated out of the borough. Good collaborative efforts are made to ensure that, wherever possible, children and young people have a stable, positive and rewarding education which enables them to make progress, achieve well and enjoy learning.
120. The very large majority of looked after children and young people are in good or outstanding early years settings and in good or outstanding mainstream or special schools. The local authority ensures that looked after children are given a high priority in its school place planning and schools admissions policies and procedures. Local authority officers have advocated effectively on the small number of occasions when proposed placements in schools outside the area have been challenged. No Kingston schools have challenged a decision to place a looked after child for some years. Every effort is made to minimise disruption to school placements, particularly near to examination times, and therefore the large majority of children experience a settled school life. Children and young people are very well supported to prepare for change or transition from early years to primary and from primary to secondary school as the local authority knows that this can be a very difficult time for some looked after children.

Looked after children have good access to specialist support from a dedicated educational psychologist.

121. Most looked after children and young people enjoy school and attend regularly. Very good school attendance was a notable feature in the majority of the children's case files seen by inspectors. Absence rates for looked after children in 2010/11 were in line with the similar area and national averages and have improved to be closer to the average for all Kingston pupils. The numbers of looked after children and young people who are excluded from school have been very low for many years. This performance overall is in line with the consistently low level of fixed-term and permanent exclusions for the borough as a whole. Intensive targeted support is put in place when attendance drops or children and young people risk being excluded. In almost all cases, this intervention is enough to turn things around or to prevent attendance or behaviour deteriorating further. The circumstances of individual children and young people are very well known to the schools and the education services that work with them and this knowledge is used well to carefully match support and provision to children's individual needs and interests.
122. The progress, attainment and, more recently, the attendance of looked after children are monitored closely on a central database overseen by the education advisor for looked after children. The quality of individual personal education plans is variable, but satisfactory overall. Those seen by inspectors ranged from good to poor. The best plans gave a comprehensive overview of the child and their education, their achievements and progress to date, together with clear, measurable targets and actions for the future. They also included important information about the child's attitudes, interests and hobbies in and out of school. For those with special educational needs there was often robust and effective joint planning and review. However, in a small number of cases seen, personal education plans were incomplete with key data on progress and attainment missing. Missing information could sometimes be found in school reports elsewhere on the children's social care record, but had not always been brought together in one place. Inspectors saw some good examples of children's participation, views and experiences informing education plans and reviews, including for a child with profound communication difficulties. In contrast, however, it was not clear in other cases if the children had attended the meeting or their views been sought at all. Effective action has been taken to improve the timeliness of plans and reviews, and work is on-going to improve the effectiveness of target setting and reviewing, identified as a weakness in an audit undertaken in autumn 2011.
123. Most children achieved or exceeded their individual targets for progress and attainment. A strong and effective focus is placed on developing children's literacy, numeracy and communication skills from an early age. The attainment gap between the lowest 20% of all children and the

majority in the Early Years Foundation Stage is closing. Kingston's bespoke Letterbook Adventure scheme is developing looked after children's literacy skills and enthusiasm for reading. Feedback from the children and foster carers involved is positive and the scheme is being expanded to include all 11- and 14-year-old looked after children. Children receive well targeted additional support to help them overcome barriers to learning. Bespoke packages, including high quality alternative educational provision, are put in place for the older age group where young people risk dropping out of learning or not achieving their full potential. Schools are exploring the most effective way to use the pupil premium to best effect in supporting looked after children.

124. All of the current Key Stage 2 children are making the progress required to meet their attainment targets in 2012. In 2011, almost half the young people at age 16 achieved five or more good GCSEs compared to under a third of looked after children who do so nationally. Some 29% of the Kingston group also achieved good grades in English and mathematics and this performance is double the national average for looked after children. Performance in both respects improved from 2010. Young people who follow BTEC programmes also achieve well.
125. Against this positive picture, some key challenges remain. For a very small number of looked after young people, often those with very disrupted education or those who have been out of full-time education for substantial periods of time despite efforts to re-engage them, the educational outcomes are poor. The attainment gap between looked after children and young people and their peers of the same age in Kingston remains wide. This is particularly so at the age of 16, as overall standards at Key Stage 4 are amongst the highest seen nationally. Narrowing attainment gaps at all Key Stages and improving outcomes for looked after children, as well as other vulnerable groups, remain a top priority for the local authority.
126. Looked after children and young people have access to a range of leisure and recreational provision as well as tailored activities in and out of school and are actively encouraged to develop new skills and wider interests. Opportunities for children and their carers to do things together are also offered, for example, through the library service and family learning. Some of the young people who met inspectors felt leisure and recreation opportunities were not always well publicised or affordable.

### **Making a positive contribution, including user engagement Grade 3 (Adequate)**

127. Making a positive contribution is adequate. Those young people who have been in care for several years spoke positively to inspectors about the variety of opportunities they had when they were younger to have a say in decision making. However, until recently, there has been no established

forum or mechanism to enable all looked after children and young people to come together as a group and to influence the services they receive.

128. Children and young people, individually and in small groups, are supported well to develop communication skills and to gain confidence using a variety of media to speak out on matters that interest or concern them. For example, some have helped to design a dedicated page of useful advice and information for looked after children linked to the well-used Young Livin' website. A safe and secure on-line forum has also been established to enable looked after young people to make contact with each other and their key workers. Looked after children in local primary schools worked with an author to publish a book of creative writing and illustrations, *Magical, Mythical & Monstrous Creatures*, and this has been circulated widely in local schools.
129. Looked after children with disabilities make a powerful contribution to decision making and the well-trained Recruits Crew are regularly involved in staff recruitment and selection within services for disabled children. These young people receive excellent support from the participation officer for disabled children to help them engage actively in shaping services, such as those provided at Moor Lane and Warren Park. Young people from schools councils who met inspectors included children and young people in care who were actively involved in their school community, for example developing anti-bullying policies and fundraising for events.
130. Initiatives designed to bring care leavers together were popular and successful, but have been discontinued due to budget pressures. These included a Cook & Eat course and drop-in group. Some unaccompanied asylum seeking young people who are placed out of the borough have good opportunities to establish peer relationships and links with faith communities which they value highly. Young people have been involved in recruitment and selection for posts within the care leaving team, but across children's services overall, their involvement in recruitment and staff and member training is insufficiently developed.
131. A high proportion of looked after children and young people contribute to their reviews. The local authority's ambition is for all looked after children and young people to be actively involved. Good action has been taken to increase the engagement of children with disabilities and special educational needs in their reviews, using a variety of communication methods and creative approaches. Viewpoint, a software package to enable children and young people to give their views, is being put in place.
132. The Children in Care Council is in its infancy and yet to make a substantial impact. A small, diverse and active group of older looked after young people and care leavers meet regularly and have made good progress in a

relatively short time, re-establishing a group now called Kingston Fostered and Cared For Council (KF-CFC), with a new identify and logo. The group has been supported well during their early phase by the youth support service and has made useful links with the well-established Kingston Youth Forum to ensure the views of looked after children are represented in that setting. However, there is a long way to go before KF-CFC's wider ambitions and priorities will be realised.

133. A new pledge which sets out clearly what children and young people can expect from the council has been developed by KF-CFC and was launched in December 2011. Plans are in hand to promote awareness of the pledge and to engage more children and young people in the children in care council's activities. Work is underway to widen participation, including through a fun day and the roll out of Viewpoint. The lead member and director of children's services meet with KF-CFC and have taken effective action to address some of the concerns raised by individual young people. However, formal, regular and effective links with the corporate parenting panel do not exist.
134. The council's corporate complaints service is not being used effectively to ensure that the complaints, comments and compliments made by children and their parents and carers are informing systematically the evaluation and development of services. No complaints have been received from children and young people in the past year, and no previous complaints have been progressed beyond an early stage. Whilst no formal complaints have been raised by children, the independently conducted Inspection Support Exercise in March 2012 identified that the service manager for looked after children dealt individually with issues raised by children. These have included contact with family members, relationships with staff and the use of external placements. However, as these issues have been dealt with outside the formal complaints procedures, they have not been regarded as user feedback that should inform service development.
135. Advocates had been used effectively in a small number of cases and have successfully supported young people who wish to stay on in placements. Social workers told inspectors that they saw themselves as the principle advocate for the children and young people with whom they work. The use of independent advocacy services is not well established and opportunities are lost to ensure that children and young peoples' views are heard. Of the young people who responded to the Care4Me survey, 54% indicated that they either did not know what an advocate was or did not know how to get one.
136. Good partnership work helps to ensure that rates of offending by looked after children remain low. Effective links between the youth offending service and children's social care mean that young people's individual circumstances are well understood and this knowledge is used effectively to target support when young people become involved in the youth justice

system. Youth offending team staff contribute regularly to care planning for looked after children. Joint work, including rehabilitation plans for young people who have been in secure accommodation, helps young people make a successful transition to the community. However, social workers currently make little use of preventive services provided by the youth offending service for young people on the edge of offending and anti-social behaviour.

## **Economic well-being**

## **Grade 3 (Adequate)**

137. Economic well-being outcomes are adequate. On completion of compulsory education, looked after young people in Kingston and in out of borough schools achieve above the average for their peers nationally. As a result they are well prepared for the next stage of their education or training. A consistently high proportion of looked after young people progress into further education at the age of 16. In contrast, however, the outcomes for older care leavers are not nearly as good. By the age of 19, only 60% of them are in full or part-time work or learning and this performance has dropped by 10 percentage points over the last two years. Just over half of all looked after young people and care leavers aged 16–20 are in education, employment or training, compared to 69% two years ago. While performance remains broadly in line with comparators, the outcomes for care leavers are significantly worse than for all young people of the same age in Kingston for whom there have been consistently high levels of participation in learning or work for many years. The local authority does not monitor or report on the overall attainment of care leavers as a group, as it does for looked after young people up to the age of 16.
138. Good partnership work has expanded the range of post-16 education and training opportunities including those at Level 1 and on apprenticeship and pre-apprenticeship programmes. The local authority has worked effectively with local further education and training providers and employers to secure external funding to enhance provision. The council is developing a youth employment strategy and is exploring options for more apprenticeships within its commissioned and provider services. Work experience and work shadowing opportunities for care leavers within the council have been offered on an occasional and individual basis, but had not been developed systematically prior to the youth employment strategy.
139. Increasingly effective work is undertaken to identify and target information, advice and support for young people at Key Stage 4 who are at risk of disengaging or not gaining a full Level 2 qualification. Strategies to raise young people's aspirations and ambitions are also having a positive impact. Successful university graduates who were care leavers from Kingston have been used as positive role models on the Aim Higher programme. There are currently 11 care leavers in higher education and

five more have been offered places for September 2012. Young people are given advice and support to access higher education bursaries.

140. Unaccompanied asylum seeking minors receive good support which is sensitive to their cultural identity and religious needs. They have good access to college courses including accredited programmes in English for Speakers of Other Languages (ESOL) and, in most cases, young people attend regularly and achieve well. In the files examined by inspectors, there was good evidence of partnership work contributing effectively to the social inclusion and economic well-being of this group.
141. All care leavers have a personal advisor who provides information, advice and guidance as well as practical hands-on support. The care leavers who met inspectors were satisfied with the services they had received whilst in care and felt well supported by the care leaving team. They were positive about the future and their progress in moving towards independence. Personal advisors and social workers in the care leaving team are highly committed to the young people they work with and understand their individual circumstances well. In providing support, workers are often resourceful and knowledgeable about where to get help and advice from other agencies, partners and voluntary sector organisations.
142. The quality of pathway plans for care leavers is satisfactory overall and some plans are good. Young people's views and aspirations are clearly at the heart of the most effective plans which address all aspects of their lives and support them well in achieving their goals. However, there were common weaknesses in the action plans scrutinised by inspectors which included insufficient focus on outcomes and time scales and expectations about the next steps that were not clear. While the electronic case file system flags when pathway plan reviews are overdue, it does not readily produce management information to show how many plans are up to date at any one time. The council's audit in 2010 identified that plans were not always completed and reviewed on time. The sample seen by inspectors confirms that this remains an area for improvement.
143. A protocol to support the transition of young people with learning difficulties to adult services has been developed in consultation with young people and their parents and carers. New guidance and planning tools have been disseminated to schools and key partners. However, transition arrangements for young people with physical disabilities are under review. Parents told inspectors that while they feel well supported by children's services, transition to adult services is an area that still concerns them.
144. Care leavers have access to a good range of accommodation. This includes high quality supported housing, where all the current residents are in education, employment or training and planned moves to other provisions are supported well. The care leavers who met inspectors reported that they felt safe where they lived and were happy with their



accommodation. The needs of 16/17 year olds who present to the council as homeless are assessed promptly and jointly by housing and social care services. Young people who can return home safely are supported to do so, including through mediation and family support services. The council has undertaken a comprehensive assessment of housing need and is commissioning specialist provision for young people with the most challenging behaviour for whom recently there has been very limited choice and a reliance on high-cost placements outside the borough.

## Quality of provision

## Grade 3 (Adequate)

145. Quality of provision is adequate. Care plans are of variable quality. Plans for children who have recently entered care or are the subject of court proceedings are informed by core assessments and reports, including parenting assessments. These are generally well written and include a good standard of analysis. In other cases, core assessments are not routinely being used to comprehensively re-assess a child's needs. Instead, reports for, and minutes of, statutory reviews and pathway plans summarise the changing needs of the child. Plans for children in longer term care are not of a consistently good quality. They are not all completed fully or updated following decisions made at reviews, and are not printable in a format that children or their families can easily understand and read. However, more young people who responded to the Care4Me survey stated that they knew what was in their care plan compared with those who did not know what a care plan was.
146. Too many care plans are insufficiently focused on outcomes and timescales within which to achieve these. Not all reviews are held within required timescales and performance at the end of 2011/12 stood at 86%. The majority of young people who responded to the Care4Me survey replied that their reviews worked well or very well to make sure that their care was what they needed.
147. A recent drive to sharpen care planning is resulting in improving measures to avoid drift in progressing children's care plans. Formal arrangements are now in place to ensure permanence is considered for every child before the second review, and further monitoring is assured via consultation and child tracking meetings. Legal planning meetings, which include monitoring of care planning within proceedings, are now established to prevent drift. However these recent measures are not yet impacting positively on care planning for all children in care and inspectors saw evidence of unacceptable drift in some cases tracked which included the use of voluntary agreements under Section 20 of the Children Act 1989 where the prognosis for permanence within the birth family was poor. In stark contrast, inspectors saw examples of adoption work that was swift, sensitive and effective in respect of a young child relinquished at birth.

148. Records for all cases seen are up to date. However most do not demonstrate that considered analysis had taken place to inform case management and review. Supervision records, while in most cases clear and thorough in terms of tracking and progressing activity, do not evidence considered reflection or reference to research when developing care plans.
149. Chronologies are incomplete or missing on case files of most children who have not recently been subject to care proceedings. Whilst the council has commissioned focused training to support social workers in this aspect of their work, the deficit means case planning is too often limited by a lack of an up to date record of significant life events for each child.
150. While some files demonstrate clearly that children's views have been heard and taken into account in their review meetings, this is not consistently reflected in all review records seen. Inspectors heard and saw evidence of some excellent direct work with children using a range of techniques, including creative play, to enable children to understand and talk about their situation. However the voice of the child is not consistently reflected in all social workers' recording of contacts. Children in care are also not routinely reminded of how and where to complain or compliment. The majority of young people who responded to the Care4Me survey either did not know, or were not sure, how to make a complaint. There is currently no information pack or process to explain to children and young people on becoming looked after how to complain.
151. There is a strong focus on keeping children who need to enter care in touch with their local community. Effective oversight by the prevention and resources panel has ensured that children are matched with local carers wherever possible and in the past year only 5% of newly looked after children were placed more than 20 miles from their home address.
152. Active recruitment of foster carers has resulted in a net gain of five fostering households in 2011-12 and, given that eight couples are currently being assessed for approval, the expectation is that numbers will continue to build. The council is aware that gaps remain for adolescents and for mother and baby placements and is taking appropriate action to address these gaps by supporting existing carers to extend their knowledge and skills.
153. Sustained and sensitive work is undertaken by health and social care professionals to establish a rapport with young people and help them keep safe. Examples of high quality work include use of a communications passport for a child with complex needs, and work with an unaccompanied minor who has been supported to give evidence in a case of child trafficking.
154. Effective mechanisms are in place to match placements with need, and inspectors saw examples of timely and appropriate intervention including

joint work with co-located CAMHS and health professionals to offset risk of disruption. Foster carers share their knowledge and skills, providing support and practical help including planned respite breaks for children already known to each others' families.

155. Experienced members of the adoption team are supporting workers in conducting life story work, writing later life letters and raising the standard of child permanency reports. Some examples of life story work seen by inspectors are of excellent quality which brings to life sensitively the child's journey to permanency.
156. Foster carers report that not all children in longer term care are visited within statutory timescales, and that too often social workers who are busy with court work are unable to attend planned appointments with children. Case tracking and the council's own audit during this inspection has confirmed this. The council's audit during the inspection showed that 11% of children were not visited within the required timescale, with one young person's visit being more than three months overdue.

## **Ambition and prioritisation**

## **Grade 3 (Adequate)**

157. Ambition and prioritisation are adequate. Effective leadership of the looked after children and leaving care service has been significantly affected by interim staffing arrangements in key posts. Whilst some progress is being made, there is clear evidence of some of the good work undertaken previously being lost or not sustained. These staffing arrangements have impacted on the direction of the looked after and care leavers service and the quality of services being provided. In recognition of this, the council has appointed a permanent head of looked after children and active recruitment is currently taking place to appoint to the team leader role.
158. The service provided by an external agency for the provision of Independent Reviewing Officers is neither a specifically commissioned nor contracted service and therefore lacks clear specified outcomes to strengthen accountability and performance expectations. The council recognises that this service is not fulfilling all its statutory functions under the revised care planning guidance and has incorporated an action within their rapid improvement action plan to address this.
159. The ambition for looked after children and young people and care leavers expressed by elected members and staff is high, supported by a genuine aspiration to support these young people into successful adulthood with the advantage of a good educational and care experience. This ambition is clearly articulated within the children and young people's plan and related action plan and is reflected strongly within the strategic plan for looked after children. However, this strategic plan is not one developed with key partners. In practice, some of the critical mechanisms for promoting this ambition are yet to be fully embedded and effective.

160. Elected members champion the needs of looked after young people and some good examples were provided which demonstrate the commitment of elected members to secure improved outcomes. Chaired by the Lead Member, the corporate parenting panel has recently been re-established and the impact of the panel is yet to be measured. Whilst there is a small group of panel members, the opportunity to promote corporate parenting across the partnership with a wider membership has not been explored fully. Similarly in terms of development, the Children in Care Council is in its infancy and therefore the voice of looked after young people and care leavers is not yet strongly represented within the corporate parenting agenda.

## **Leadership and management**

## **Grade 4 (Inadequate)**

161. Leadership and management are inadequate. The direction of the looked after children and care leavers service and the focus on improved outcomes has been significantly affected by the instability in key management roles. As a result, leadership of the service has lacked focus and the level of management oversight and direction has been insufficiently robust.
162. Prior to the inspection, the council had gained a better understanding of weaknesses in the looked after children service having benefited from an independent inspection support exercise conducted in March 2012 from which flows a comprehensive action plan which has had insufficient time to deliver measurable improvements.
163. Commissioning is less well developed for children in care than elsewhere in the learning and children service and individual commissioning arrangements lack the support of a designated contracts officer post. However, through the focus of the prevention and resources panel, the scrutiny and careful recommissioning of placements including the drive to recruit local foster carers are resulting in a reduction in overspend on expensive placements.
164. The profile of children is known and this informs the strategy for recruiting to a more diverse group of foster carers to promote more ethnically sensitive matching. A recent successful targeted recruitment has resulted in a 50% increase in foster carers.
165. The prevention and resources panel is the gateway to all placements which are either provided through in house resources or through the pan-London preferred provider consortium. The panel reviews service provision on a regular basis in order to seek to prevent drift and to ensure placements remain appropriate to the needs of young people. Effective work has been undertaken to secure placements, where appropriate, within 20 miles of a child's home area resulting in a minority of placements outside this radius.

166. The successful workforce strategy in respect of social work staff has ensured that the looked after and leaving care service has a high number of permanent social workers with only one post being filled by an agency worker. The team manager post is in the process of recruitment and the service manager post has been appointed to with a start date within the next two months.

## **Performance management and quality assurance**

### **Grade 4 (Inadequate)**

167. Performance management and quality assurance are inadequate. In many areas, performance shows as good and either equally matched to statistical neighbours or better. The council sets targets which are a blend of aspiration and realism which matches their ambition for improved performance. However, management information has not been used effectively to scrutinise the quality of practice behind the quantitative outputs.
168. The arrangements for quality assurance and management oversight of looked after children and young people are insufficiently robust at operational and strategic levels. Consequently, casework and care planning in some cases is inadequate. With the exception of themed audits, case file auditing by managers at all levels is not routinely undertaken and the council is currently working with another local authority as part of a peer review on introducing a new audit framework.
169. Team managers lack basic performance management data that enables them to maintain a strong oversight of casework and related performance. Currently, according to the council's own figures, placement stability is deteriorating and team managers acknowledge that they do not have a strong enough view of statutory visits to looked after children to be confident that such visits are linked to identified need or changing circumstances. In one case seen by inspectors the missing from care procedures had not been followed in response to a vulnerable young person going missing on a regular basis and no additional support had been provided, despite information suggesting she had been putting herself at considerable risk.
170. Senior managers are aware that the current statutory Independent Reviewing Officer report is not fit for purpose and work is underway to address the lack of line management and quality assurance arrangements of the service. In the meantime, whilst there is some isolated evidence of Independent Reviewing Officers exercising their responsibilities under the revised care planning guidance, this is not routine nor is there consistent evidence of robust challenge within reviews or following reviews. Escalation processes are rarely used and reviewing officers reported that whilst they had only recently received a copy of the escalation protocol,

there is no established route to share issues arising from looked after children's reviews. Inspectors saw a number of examples of current care plans of children that were populated with information from before they had been looked after and in one case information from a child protection plan dated 2009.

## Record of main findings:

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