

Inspection of safeguarding and looked after children services

Kent

Inspection dates 11-22 October 2010

Reporting inspector Stephen Hart 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), two additional social care inspectors and three inspectors from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with children and young people receiving services, front line managers, senior officers including the Managing Director, Children, families and Education (the statutory 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 serious case reviews undertaken by Ofsted in accordance with 'Working Together To Safeguard Children', 2006.
 - a structured review of 20 case files for children and young people with a range of need complemented by detailed examination of key aspects of a further 24 cases that were selected at random. 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, assessment and referral centres undertaken in August 2010.

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. Kent is a shire county located in the south east of England. Within the county boundary are 12 district councils and one unitary authority (Medway Council). Parts of Kent share the affluence of the south east England region and, overall, Kent ranks as the 48th least deprived local authority. However some areas of the county are amongst the most deprived in the country.
5. Some 17.3% of Kent's children were living in poverty in 2007, the majority in lone parent households claiming income support and job seekers allowances, although poverty among those in low paid employment is an increasing concern. The districts of Thanet, Swale, Shepway, Gravesham and Dover have the highest percentage of children living in these categories.
6. With a population in excess of 1.4million, Kent is the largest county council in England, with a population growth rate significantly in excess of regional and national averages. While almost three-quarters of the county is rural, most people live in the main 26 towns, the largest of which is the county town, Maidstone. In 2009, just under a quarter of Kent's population (348,200 people) was aged 0–19 years.
7. Kent's population is largely of white ethnic origin. In 2007, 6.3% of Kent's population was estimated to be of minority ethnic origin with people of Indian origin representing the largest minority ethnic group (1.4% of the total population). This compares with 8% for the south east England average and 11.8% for the England average. Of Kent's minority ethnic population, 25.3% are aged 0–15 years and the majority of minority ethnic residents are located in the districts of Gravesham, Dartford and Canterbury. This number includes 850 asylum-seeking children.
8. Children, families and education (CFE) services in Kent have recently been reorganised, with the new structure built around a 12 district model operational from 1 September 2010. The CFE districts are coterminous with 12 district and borough council areas located within the Kent county boundary.
9. The CFE Directorate comprises two operational and three support groups:
 - The specialist children's services group which provides a full range of children's social care services and some specialist education services

- The learning group which provides universal and some specialist education services and workforce development opportunities for all staff
 - The commissioning and partnerships group which supports the Kent Children's Trust, the Kent Safeguarding Children Board, independent reviewing officers and the policy overview and scrutiny committees. It also provides a range of management information reports about key aspects of the children's service which are intended to inform strategic and practice development.
 - The resources and planning and capital programmes and infrastructure groups which both provide support services to the directorate.
10. At the end of August 2010, Kent had 1362 children subject to child protection plans. In addition 1568 children, including 248 unaccompanied asylum-seeking children (UASC), were looked after by the council. Kent has 680 foster carers and two specialist fostering schemes; treatment foster care for teenagers and therapeutic foster care for primary age children. There are 83 children currently placed in children's homes, including 34 UASC, with 192 children, including 100 UASC, currently in independent fostering agency placements. Care leavers receive services from the 16+ leaving care service, which is a commissioned service between Kent County Council and Catch 22, a national charitable organisation. Approximately 1500 children who are in care are placed within the Kent boundary by other local authorities
11. Education for children and young people under 16 years is provided to approximately 230,000 children in the following settings:
- one local authority maintained nursery and a further 776 early education settings (childminders, playgroups, full day care and nursery units in independent schools)
 - 97 designated children's centres
 - 447 primary schools
 - 81 secondary schools (including 32 grammar schools)
 - 22 academies (19 secondary, 2 primary and one 'all through')
 - 24 special schools, 51 schools with special units within mainstream provision and 18 pupil referral units (including alternative curriculum provision units).

12. Post-16 education and training is provided by:
 - 75 mainstream schools with sixth forms educating approximately 15,500 pupils (approximately 67% of pupils attending year 11 in a Kent maintained school stay on to a school sixth form)
 - 16 academies with sixth forms educating approximately 2,800 pupils
 - seven colleges within Kent and a number of other colleges in the area, for example in Medway.
13. Youth services, youth offending services, Kent drugs action team and the supporting people team are within the communities directorate of Kent County Council. The Children's Trust works very closely with colleagues in these services from policy and planning, through to local delivery.
14. Health services for children and young people in Kent are commissioned by two primary care trusts (PCTs); NHS Eastern and Coastal Kent and NHS West Kent. Community services are mostly provided by Eastern and Coastal Kent Community Services and West Kent Community Health. Acute hospital services including maternity and accident and emergency care are provided by Dartford and Gravesham NHS Trust, East Kent Hospitals University NHS Foundation Trust, Maidstone and Tunbridge Wells NHS Trust and Medway NHS Foundation Trust. Specialist Child and Adolescent Mental Health Services (CAMHS) in West Kent are provided by Kent and Medway NHS and Social Care Partnership Trust (which also provides adult mental health services across the County) and in East Kent by East Kent Hospitals University NHS Foundation Trust, which also provides some specialist therapies and community paediatric services.
15. A large number of statutory and voluntary sector partners are engaged in the work of the Kent Children Trust Board and the Kent Safeguarding Children Board and are crucial to the delivery of a whole range of services for children, young people and families and the universal services that support them.

The inspection outcomes: Safeguarding services

Overall effectiveness

Grade 4 (inadequate)

16. The overall effectiveness of services in Kent to ensure that children and young people are safeguarded and protected is inadequate. While there are areas of adequate and better practice across the partnership, including the voluntary sector, serious deficiencies in the social care fieldwork service result in too many children being left without sufficient safeguards or adequate protection arrangements. Partner agencies are failing to consistently raise concerns in these circumstances, although there has been an increase in the number of cases raised as part of the escalation protocol by health professionals over the last twelve months. In approximately half of cases seen by inspectors, there were significant concerns about the quality of practice and management; in the worst of these cases, children were left unprotected and were at risk of significant harm. The council and its partners have not yet sufficiently addressed areas for action identified through their own audits or the unannounced inspection of contact, referral and assessment arrangements which took place in August 2010. This leaves children at continued risk. The Improvement and Development Steering Group, chaired by the lead member for children, has been created to oversee the improvement plan produced in response to the findings of the unannounced inspection, but it is too early to see evidence of sustained improvement.
17. The council and its partners have also been ineffective in ensuring that quality assurance and performance management arrangements are used to ensure that children are appropriately safeguarded or to effect improvements in policies and systems to support improved practice. Despite a wealth of performance information from audits, the impact of performance management in ensuring improved management and practice as well as compliance with policies, procedures and guidance is limited. Overall, line managers do not provide sufficiently robust scrutiny of, or challenge to, the quality of child protection and children in need assessments and plans.

Capacity for improvement

Grade 4 (inadequate)

18. The capacity for further improvement is inadequate. The council and its partners have had considerable evidence of poor management and front line practices for some time. Despite this, very little impact has been made on achieving continuous improvement in key areas of service provision. Quality assurance and performance management have been ineffective in achieving consistently good standards. Despite successful recruitment of committed and enthusiastic social workers, staff and management capacity and capability are still insufficient to drive the urgent and

necessary changes required. Leadership by the Children's Trust and the Kent Safeguarding Children Board has not been sufficiently evident although work is now in hand to strengthen both partnerships.

Areas for improvement

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

Immediately:

- Review the current childcare caseload and ensure that all children in need of safeguarding and protection are identified and receive appropriate services.
- Ensure that all partners are fully conversant with the threshold for accessing social care services and provide the appropriate levels of referral information
- Improve the quality and timeliness of initial and core assessments
- Establish clear arrangements for the referral and treatment of young people aged 16-18 requiring a CAMHS service

Within three months:

- Establish systematic performance management processes at all levels to improve the quality of practice and management across the partnership.
- Improve the child protection conference process to ensure that professionals are properly prepared and service user confidence is restored.
- Ensure that each child protection plan sets out measurable recommendations
- Review the effectiveness and value for money of the Kent contact and assessment centre
- Ensure that ethnicity data are entered in each child and young person's electronic and paper file
- Ensure that health services subscribe to a suitably independent interpreter service

Within six months:

- Review the workforce and take the necessary steps to address capacity and capability shortfalls.
- Review the effectiveness and value for money provided by the current computer based recording systems.
- Take steps to align training and development opportunities with service priorities

Outcomes for children and young people**The effectiveness of services in taking reasonable steps to ensure that children and young people are safe. Grade 4 (inadequate)**

20. The council and its partners have had access to a large amount of information that, over the last two years, has strongly and consistently indicated significant weaknesses and workload pressures in child protection and safeguarding services. Despite this information there is little evidence of sustainable change in practice and until recently the Kent Safeguarding Children Board has not been proactive in establishing a fully effective leadership role in relation to practice standards. During the course of this inspection, 22 of the current cases selected for scrutiny raised serious concerns about practice and management. In a significant proportion of these cases children were judged to be vulnerable with their safeguarding needs either unrecognised or not responded to. In the worst cases, children and young people were unprotected from the likelihood of significant harm, a finding which necessitated immediate action to ensure their safety. Wider safeguarding arrangements in some universal services and in settings are adequate or better with some examples of strong and well established practice in one area of the county. However the accident and emergency facilities for children at the Maidstone hospital site are inadequate. There are no children's nurses, the children's area is insufficiently separate or secure from adult care and adults' and children's major injury cases are seen together. Plans are in place to improve the quality of services through recruitment and relocation to a more suitable environment.

The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe Grade 3 (adequate)

21. The Kent Children's Trust second annual review for 2009-2010 summarises the feelings of children and young people in a number of key areas. The proportion of 7 to 16 year olds who feel safe at school has increased. In addition the concerns of 11 to 16 year olds in relation to issues such as use of drugs, knife crime and safety on public transport have decreased. This is further supported by the reduction in the number of children and young people who have been a victim of crime, (from 27.9

per 1,000 of the population to 20.0 per 1,000 of the population in 2008-09).

22. There is a clear acknowledgement within the council of the need to continue to strengthen the children and families workforce. A specific consultation with children and carers has identified the key qualities that these important groups feel professionals should have in order to effectively work with children and young people. The outcomes of this work have informed recruitment processes and have led to young people being involved in staff interviews.
23. There is a commitment to involve children and young people in the processes that affect them and some successful work has been undertaken to improve children and young people's contribution to case conferences, reviews and planning meetings. Conference chairpersons encourage children to contribute to these meetings although wider issues about the structure of child protection conferences have prevented the realisation of the full effects of this initiative.

The quality of provision

Grade 4 (inadequate)

24. The responsiveness of services is inadequate. There are significant differences in the quality of the service being provided across the eleven duty access points, and all are experiencing a significant increase in the number of referrals. Thresholds are being applied differently in different parts of the county. Not all agencies appear to understand or exercise their safeguarding responsibilities by ensuring that their referrals contain accurate and sufficient information to enable informed responses to be made. Some partners do not have a shared understanding or consensus about the issues. This is preventing progress although some work is taking place in one area to try to achieve a common understanding of requirements and the newly appointed preventive service managers have this issue as a key area to address. It is as yet too early to evidence sustained improvement. Some teams have very high thresholds for access to assessment services which are reflected in high re-referral rates. In too many cases the quality of initial decision making by managers is poor, typified by a lack of understanding of the significance of family history and significant risk factors such as parental mental health and substance misuse. These findings were mirrored in a recent Kent Safeguarding Children Board audit (July 2010) which found significant weakness in the referral process and that 23% of cases that had been closed required either children in need or safeguarding and child protection services.
25. Assessment and direct work with children and families are inadequate. The quality of assessments and direct work with children and young people is variable, although there are secure arrangements for the provision of out of hours services to children and young people. The current arrangements for screening and prioritising contacts and referrals

are duplicative and not cost effective. All children's social care contacts and referrals, totalling on average 2000 each month, are made through the Kent contact and assessment centre, where they are screened by unqualified staff who are supported by one qualified social worker. Child protection concerns, which have increased significantly over the last two years, are forwarded immediately to the duty team. Those contacts and referrals about children who are currently or historically known to social care services are entered into the ICS system. In respect of the remaining cases, the staff team gathers relevant information and, within 24 hours, forwards those classified as referrals for action or, in respect of the remainder, provide information or signpost to other services. All referrals and contacts about children who are known are then screened and reviewed again by the duty team manager. Currently between 10 and 12% of contacts are returned to the contact centre for re-classification as a referral. There is widespread acceptance by managers and staff that this practice is neither an effective use of time nor good use of a significant resource.

26. Although the Common Assessment Framework (CAF) was launched during 2007–08 it is not yet established in any of the universal services with the exception of one locality. This is recognised and acknowledged by the council and partners. Consequently, a key strand of the partnership's preventative agenda is ineffective. A clear plan is in place to re-launch the CAF and the necessary resources have been secured at both managerial and operational levels.
27. Some assessments of risk at the initial stages of case work are satisfactory or better and reports to child protection conferences are usually informed by good analysis and recommendations. However, too often, this standard is not achieved and initial assessments are inadequate overall. In some cases there are significant delays in seeing the child, key information is overlooked or discounted, and decision making is based upon assumption rather than fact, for example the view that anonymous referrals are malicious. Health professionals confirm these weaknesses and have experience of cases being closed prematurely without reference back to them as referrers although it is not clear what action was taken as a result.
28. Core assessments are not completed as required in significant numbers of cases or, where they are completed, are often of poor quality. In one office, 23 of the 65 currently allocated core assessments have not been completed within required timescales with some dating back to July 2010. Case files selected for inspection and followed up in interviews with staff demonstrate a lack of skill in completing evidence based assessments in longer term casework, a view echoed by CAFCASS officers who were involved in court proceedings.

29. Case planning, case reviews and case recording are inadequate. As a result of poor assessment practice and poor identification of risk, inter-agency child protection plans are inadequate and too often comprise a list of actions that are not explicitly linked to assessed need or intended outcomes and timescales. As a consequence the core group is often unable to manage risk effectively and in some cases meetings are irregular or participants miss opportunities to put in place a detailed protection plan. This reflects reflecting poor levels of understanding across partner agencies of the purpose of core groups and the frequency at which they should be held. These inadequacies are also linked to poor arrangements underpinning the child protection conference and review processes, which are not sufficiently sensitive to those services and professionals who are unable to change existing commitments, for example doctors. Professional reports are shared shortly before the conference, which does not permit sufficient opportunity to understand what is commonly a highly complex situation. Clarifications about report content are frequently sought in front of the parents and carers giving them the impression that professionals are poorly prepared for highly significant discussions. This diminishes service users' confidence in the plan and in those charged with its delivery.
30. The templates for recording interventions, case planning and reviewing work in the computer based integrated children's system (ICS) are not well used or of good quality. The ICS system is recognised as being ineffective in supporting the business processes of the organisation. Three disconnected systems, including ICS, are used in tandem to compensate. This results in generally poor recording and difficulties in obtaining and understanding case histories exacerbated by missing or poorly completed case chronologies which are only required to be compiled in cases that are proceeding to court. The current templates and reports produced by the system are not in a format which can be easily shared with service users. Managers and staff are consequently not motivated to use the system and are frustrated and demoralised by its inadequacies. One social worker described how he spent "many futile hours servicing the beast (the ICS system) which offers nothing in return, except frustration and inaccuracy".
31. Social workers in long term children and families teams hold a mixture of cases including children who are subject to child protection plans, looked after children and cases involved in care proceedings. By their very nature, some caseloads contained cases that at the time of the inspection were very active and requiring significant attention. This meant that other cases that were not obviously in crisis were left without a service or significantly reduced contact, sometimes contrary to statutory requirements. There was little evidence of contingency planning in this circumstance or consideration at a strategic level about whether staff deployment in mixed teams resulted in the most efficient and safest service.

Leadership and management

Grade 4 (inadequate)

32. Although leadership and management are overall inadequate, the council's ambition and prioritisation of safeguarding services are adequate. The Kent Safeguarding Children Board has identified appropriate priority actions to improve safeguarding and the effectiveness of monitoring, for example the development of a partnership approach to domestic abuse by working with the police service on notifications and planning the introduction of a neglect toolkit. Within the county's PCTs and acute trusts there is a strong strategic awareness of the importance of safeguarding.
33. There are now clear connections between KSCB, the Children's Trust and the Children and Young People's Plan although work is continuing to improve currently underdeveloped governance arrangements and to further align policy and practice. This will ensure that practice developments take place against a well understood and prioritised policy framework. Well articulated ambitions for locally led commissioning and service provisions are at early stages of implementation although there are inconsistencies across the county in terms of the clarity of planning and resource availability. However, there are already some good examples of what can be achieved. For example, work has been undertaken in Dartford to implement effective multi-disciplinary teams in children's centres and to commission an innovative YMCA service which will combine health, education, teenage conception, drug and alcohol services and family breakdown prevention services.
34. The council is committed to improving social work practice, investing a significant sum (£5.6 million) and making a commitment to maintain expenditure on priority actions to improve the quality of service which it recognizes as deficient. For example, the social work fieldwork establishment has been increased to cope with additional demands, including a significant increase in the number of children with child protection plans. However, many of the newly recruited staff are from overseas or are recently qualified which has an impact on overall competence and capacity of the workforce at a time when the service has lost considerable professional experience through turnover and retirement.
35. The newly appointed independent chair of the KSCB is beginning to provide effective professional leadership. Board members have confidence in his ability and acknowledge that he has brought a more outcome focussed approach to the board's work. However not all agencies are represented on the KSCB, in accordance with the requirements of statutory guidance. PCTs and health provider services are appropriately represented on the KSCB and sub committees, but senior managers have expressed concerns that the KSCB has become very large. This has resulted in difficulties in the decision making process with much of the work being carried out through email exchange outside of the meetings and limited resolution of issues. This is acknowledged by the partnership

and, together with the issue of membership, is being addressed as part of a review of the structure of the board and its sub-groups.

Evaluation, including performance management, quality assurance and workforce development **Grade 4 (inadequate)**

36. Performance management arrangements are inadequate within children's social care. This is exacerbated by the inadequacies of the ICS system which cannot produce comprehensive and accurate management reports. The KSCB does not currently have an effective quality assurance framework although work is currently underway to address this. Similar deficiencies exist within the health services also as a result of inadequate information technology systems. However, in social care services, there has been an appropriate drive to gather information through activities such as audits of referral and assessment activity. Consequently senior managers are very clear about serious weaknesses in safeguarding services, the need to improve practice and address the capability of managers and staff. However planned actions in response to audit findings are inadequately focussed and despite the introduction of some performance measures such as the case tracking spreadsheet, there is little evidence of sustained improvements having been made. As a result of these major deficiencies some children are not protected.
37. Independent reviewing officers and child protection conference chairs have a specified quality assurance role and, in some individual cases, they have a significant influence on the quality of plans and in bringing shortcomings in practice to the attention of managers. District managers also have prescribed responsibilities for quality assurance but the requirement on them to audit cases on a monthly basis has not been achieved for some time.
38. Workforce planning, linked to a proactive recruitment campaign, resulted in an intake of 115 qualified social workers over the last two years, a significant number being recruited from America and mainland Europe. Good induction and mostly protected caseloads have led to good retention among these groups. There is an expectation that caseloads of newly qualified staff are protected until they have been in post for several months and, when they are ready to begin to undertake child protection and court work, they work alongside experienced colleagues. However in some parts of the county this expectation cannot be realised due to significant capacity challenges. Despite the commendable efforts to increase staff numbers at the front lines of service, vacancy levels at 13% have remained high as a result of more experienced workers leaving the service. Some of the vacancies are in management posts, which has depleted the capacity to support inexperienced or newly qualified social workers.

39. There is very high awareness across all health staff of the need for safeguarding training and supervision, with the latter process being implemented effectively across all health partners where retention is comparatively high. This results in health staff feeling well supported by named and designated professionals in carrying out their safeguarding responsibilities. However the impact and outcome of the teams are not formally measured and their effectiveness is not evaluated or monitored.
40. Supervision in social care services is inconsistent in terms of frequency and its quality, although the recent introduction of a supervision policy accompanied by a training programme for supervisors is intended to address these issues. Capacity challenges are evident and some supervisors have caseloads as well as significant supervisory responsibilities. However workload pressures do not provide the full explanation for poor supervision practice. The limited examples of good supervision demonstrated good reflective qualities as well as understanding of practice and law and a thorough comprehension of the complexities of the case. Conversely there are too many case examples where this level of expertise is missing which results in poor planning for the child and missed developmental opportunities for the practitioner.
41. Access to training is reported by managers and staff to be good, and the council has reinstated professional training packages to enable untrained social care staff to qualify. However there is a shortage of advanced training for experienced practitioners and managers in need of development opportunities. The existing training programmes within children's social care services and across the wider partnership are not aligned to current developmental needs of the workforce, although this is now planned. Some health partners report satisfactory dissemination of learning from serious case reviews. However the experience of front line social care staff is that current arrangements for dissemination of learning and improving practice are inadequate.
42. User engagement is adequate. Arrangements to involve service users in service development and their individual case plans are adequate and the Kent Children's Trust are able to identify how children, young people, their parents and carers have contributed. For example there is a very high participation rate in family group conferences (FGC) and children and parents contribute significantly to training and recruitment. Some early work in local district arrangements is proving effective in engaging service users in strategic developments. Regular surveys are undertaken by prevention services in Dartford to seek user views and to enable more effective targeting and engagement of hard to reach groups. There are also examples of service users being enabled to become volunteers. In some children in need cases children's wishes and feelings had influenced case management and planning. In contrast, child and family involvement in formal child protection processes is poor and is impeded by the current

practice of sharing report information shortly before conferences or planning meetings.

43. User involvement within health services is variable with some areas of good practice, particularly around sexual health outreach where feedback from surveys has resulted in changes to drop-in clinic times and venues. Young people are involved in staff recruitment in drug and alcohol services and as 'mystery shoppers' in clinics to evaluate responses to requests for services.

Partnerships

Grade 4 (inadequate)

44. Partnership arrangements across the county are inadequate overall although there are some examples of good working relationships which are developing. The Children's Trust has developed its role and function but its relationship with the local safeguarding children board is not established and neither body has effectively addressed the inadequacies of the safeguarding and child protection service.
45. The quality of serious case reviews has improved, and since 2008, nine of the 10 undertaken have been evaluated as good by Ofsted, with the exception being adequate. The safeguarding board is beginning to use the outcomes to prioritise its activity but it is too early for this work to have had any sustainable impact. Strategic responses to identified need have been slow in a number of cases. For example there has been a long standing failure to implement fully the CAF process to provide a responsive preventative service and until the launch of a recent initiative by KSCB, there has been a serious lack of concerted action by the partnership to address the disjointed working arrangements between child protection services and other key services such as adult mental health, learning disability services, general practitioners (GPs) and CAMHS. This is a major failing given the findings of previous serious case reviews.
46. At an operational level there are some examples of positive partnership working, for example with the police in relation to child protection and more recently on the pilot work in respect of domestic abuse. However these good examples of inter-agency practice are not the norm. In too many cases, quality work is dependent upon the good practice of individuals rather than as a result of a managed and systematic approach established throughout the service.
47. Health partners communicate well in relation to child protection matters despite the deficiencies of the IT system. However, in cases of apparently lower priority, such as children in need, communication and professional links between different clinical disciplines are less evident. There are missed opportunities for more effective exchange of ideas, information and initiatives between the community teams with evidence of duplication and some resentment over historical budget differences. Consequently

agreement has not been reached on a shared IT system for children's health services.

Equality and diversity

Grade 3 (adequate)

48. Equality and diversity issues are adequately addressed. The recording of basic data on ethnicity, religion and language is variable and the ICS system does not require this information to be recorded. This shortcoming is understood by senior managers and, although action has been taken, its impact has not been effective in ensuring that these key data are recorded in respect of all cases. This lack of information prevents managers from assessing on a county wide basis whether services are reaching the full range of vulnerable groups in the community or whether any groups are over represented so that the necessary plans and actions can be put in place. However at a local level, a small number of district based partnership arrangements are beginning to demonstrate the ability to collate detailed demographic information thereby enabling services to reach groups that are not easily engaged. Some of this work has led to outstanding outcomes for children and young people. For example, in Dartford pupils have been able to undertake GCSE examinations set in their first languages with very good success rates. Across community health teams there are a number of positive and focussed initiatives to enable access to mainstream services by minority communities. However minority ethnic service users remain under-represented within children's and adults' mental health services. .
49. At an operational level there is some good recognition of the needs of individual children and young people in respect of their race, culture, religion and language although this is not reflected in supervision records which make little reference to equality and diversity. Practitioners working with asylum seeking children, children with disabilities and the Romany communities demonstrate clear commitment to effective communication using trained professional interpreters, although not all of those used by health professionals are considered to be suitably independent.

Value for money

Grade 4 (inadequate)

50. The management of resources to support the safeguarding and child protection service is inadequate. The ICS recording system is ineffective and inefficient in supporting the council's business processes and is incapable of producing validated performance information without cross checking against alternative data sources. The work of the extensively staffed contact and assessment centre is duplicated in some respects by the duty and assessment teams and the absence of a functional CAF process denies children and families the benefits of an important strand of the early intervention and prevention service. Initial assessments too often fail to identify and respond to need which means that children are sometimes left unprotected. Core assessments which should underpin

effective safeguarding practice and child protection planning are too often incomplete. Necessary improvements to partnership working arrangements are beginning to be addressed and much is planned but at this stage there is little evidence of sustainable impact upon service improvement.

The inspection outcomes: services for looked after children

Overall effectiveness

Grade 4 (inadequate)

51. The overall effectiveness of services for looked after children is inadequate overall. Despite this, increased numbers of looked after children and young people (including care leavers and unaccompanied asylum-seeking children and young people) benefit from good adoption and fostering services, and none are placed in settings where there are concerns about safeguarding. They are also supported well in contributing to decisions about their lives and towards achieving future economic well being. However these positive attributes are fundamentally undermined by poor quality assessments and care planning together with widespread failures in systems and practices which should ensure that children and young people remain healthy and achieve educationally. Although these significant deficits are understood, the absence of effective and systematic performance management has meant that partners across the Children's Trust have taken little action to achieve continuous improvement in outcomes for children and young people.

Capacity for improvement

Grade 3 (adequate)

52. The capacity of the council and its partners to improve services for looked after children and young people is adequate. There have been sustained improvements in some services which have had beneficial impacts upon outcomes for looked after children. Improved and outcome focussed commissioning and the development of the county's own fostering service has significantly increased choice of placement and enabled skilled, specialist resources to become available to children and young people. Placement stability has increased and young people themselves report very positively about some of the help and assistance they have received from services such as the post-16 team. Inter-agency working to achieve good outcomes for looked after children is not yet well developed but some co-located services have now been established which are resulting in improved outcomes.
53. Children and young people are contributing directly to service development and a strong partnership is being forged with the county council as the corporate parent which has produced good outcomes particularly in relation to housing for care leavers.

Areas for improvement

54. In order to improve the quality of provision and services for looked after children and care leavers in Kent, the local authority and its partners should take the following action:

Immediately:

- Ensure that all assessments of looked after children are completed to the standards required by statutory guidance, contain the necessary health and educational information and are included on the child's record.
- Improve the quality of case planning and ensure that all relevant professionals are able to participate and contribute to the process.

Within three months:

- Establish a functional performance management system and ensure that the integrated children's system is fit for purpose
- Ensure that all looked after children can access CAMHS up until 18 years of age
- Ensure that missing from care and missing from school policies are aligned for looked after children
- Reduce the numbers of looked after children who are excluded from school and ensure that policies and practices relating to excluded children are consistent across the county

Within six months:

- Review the effectiveness of generic social care teams for looked after children and their impact upon the quality of service that is provided
- Develop a multi-disciplinary looked after children strategy and clarify management and leadership roles and accountabilities
- Develop a screening tool for substance misuse for use with looked after children and young people
- Strengthen the arrangements for the contribution of the voluntary sector to enable their full contribution to good outcomes for young people and care leavers

Outcomes for children and young people

Being Healthy

Grade 4 (inadequate)

55. Services to promote the health of looked after children are inadequate. Initial health assessments for looked after children are carried out by dedicated doctors, although a vacant post in the west Kent area is creating pressures. In addition, delays in the notification process and pressure on medical staff meant that a significant (but unrecorded) number of children failed to have a health assessment within four weeks of becoming looked after. Only 78% of looked after children had assessments in the last year which is below comparator authorities (82.4%) and England averages (85.4%). It is reported by the PCT that information from health assessments is shared with carers, social workers and IROs. However, health information does not sufficiently inform core assessments or looked after children plans nor is it available on children's files. Where health assessments are undertaken for unaccompanied asylum seeker children interpreters are available and referrals are reported to have good timely responses. Follow up health reviews are conducted by the looked after children nurses and dental and optical checks are conducted alongside the initial health assessments. All looked after children are reported by health trusts to have a GP, although one trust is unable to confirm this from its records. Rates of immunisation at 92% exceed comparator and England averages and 86% of children have had dental checks in the last year, a figure in line with comparators and England averages. The latest statutory annual health report in relation to looked after children has not been produced by either PCT.
56. CAMHS support for looked after children is inadequate, with excessive waiting times for services, inconsistent community provision for young people between 16 and 18 years and no fast track access to services. The service that has been recently commissioned to provide specialist support and advice to professionals working with children with significant mental health problems is providing a responsive service but its impact on the overall demand across the county is limited.
57. The profile of Kent's looked after children reveals that more than half have birth families where substance misuse is prevalent. However young people are not screened and there is an acceptance that the 3% or 30 young people (compared to 5% nationally) who have been identified with a substance misuse problem of their own reflects significant under-detection. There is no clarity about whether the newly launched 'Hidden Harm' strategy targeted at substance misusing parents will be developed or adapted to the needs of looked after children and young people.

Staying Safe

Grade 3 (adequate)

58. Children and young people who are looked after are adequately safeguarded. The majority of children's homes inspected are safeguarding

children well. There is an effective annual process for monitoring the effectiveness of arrangements in all local and external placements where a wide range of evidence, including the outcome of regulation 33 visits and inspections, is actively collated and assessed. Both the fostering and adoption services were judged by Ofsted to achieve good standards of safeguarding practice in their last inspections. However IROs and social workers experience difficulty in supporting children and young people placed out of the local authority area and acknowledge that caseload pressures reduce their capacity to spend sufficient time with children in their placements. In other cases unqualified social workers are effectively the key worker in the absence of sufficient suitably qualified and experienced social workers. In many of these cases good visiting frequencies are achieved but the required level of managerial oversight and scrutiny is not always present.

59. The policy for children missing from care is well understood but 'return interviews' once children have returned are not always carried out as required. The professional responsible for children missing from education is located in another division of the children's service and there is a lack of consistent practice which brings together these two inter-related safeguarding issues.
60. Too many looked after children are excluded from education and there is not a common approach to ensuring that they are appropriately safeguarded by the provision of an alternative resource. In some areas of the county those who are excluded are immediately placed on the roll of the pupil referral unit and any alternative provision is quality assured and monitored to ensure that they are kept safe. Elsewhere, however, young people are given individual tuition for which there is no central record and no robust monitoring of its appropriateness or effectiveness. The local authority is also not always able to secure next day provision following exclusion and for some young people there is a significant delay in securing an alternative placement.
61. The work of the local authority designated officer (LADO) is well developed with clear protocols and evidence of systematic training and support to relevant staff groups across CFE. However the service is experiencing increasing pressure as additional responsibilities have not been matched with resources. The commissioning service works closely with the LADO to ensure that any complaints against staff members are actively considered as part of the contracting process.

Enjoying and achieving

Grade 4 (inadequate)

62. The impact of services in enabling looked after children and young people to enjoy and achieve is inadequate. Partnership working is not yet helping to raise the aspirations and standards of looked after children and young people. Achievement, attendance and progress are inadequate. The

headteacher of the virtual school is a very recent appointment and the team of looked after children (education) advisors has been restructured to ensure sufficient challenge to improve outcomes. It is too soon to see the impact of this newly established team although the plans to improve outcomes are based on a clear analysis of current performance and refocused, appropriate priorities.

63. Standards at the end of Key Stage 2 have improved since 2009 and achievement is in line with local authority targets although below the standards achieved by all children and young people. In 2009, educational attainment at Key Stage 4 for looked after children in Kent was slightly worse than the England average for this group which is in contrast to the general population where attainment is very slightly better. The analysis of 2010 performance indicates that standards at the end of Key Stage 4 are below national averages for looked after children. Just over half of young people achieved any GCSE passes at A*-G and only 8 out of 147 achieved 5 A*-C including English and Maths.
64. The number of fixed term exclusions is too high and 19 % of looked after children experience some time excluded from school. Those who are looked after are much more likely to be excluded from school than all young people. There is no local authority protocol with schools to prevent permanent exclusion and in 2009/10 there were 9 looked after young people permanently excluded. This represents a decrease over the previous two years but demonstrates a failure in corporate parenting. Attendance is inadequate overall and a target for improvement has been incorporated into the children and young people's plan. The number of unauthorised absences is significantly higher than the rates for all children and also higher than the national average for looked after children.
65. The monitoring and tracking of individual progress are inadequate and unsupported by a central database which keeps the relevant information in one place. As a consequence it is not possible to establish the starting points for children and young people and it is therefore impossible to measure progress, particularly for the large cohort who have special educational needs and account for over 50% of the total looked after population. In addition, the targets on statements of special educational needs do not routinely inform planning on personal education plans (PEP). Where data do exist there has been insufficient analysis to plan actions designed to secure improvements.
66. The large majority of looked after children reviews are held on time and designated teachers have received training on their roles and responsibilities but the quality of the PEPs is inconsistent. There are some plans where progress is recorded and targets are meaningful and helpful to the child or young person. Too often, however, the PEP process is inadequate and fails to record the educational history and provides no evaluative comment on progress. Schools report that they are given clear

advice on the use of personal educational allowances and that individual tuition is well used. However some young people report delays in actually receiving the support once the funds have been allocated.

Making a positive contribution.

Grade 3 (adequate)

67. Looked after children and young people are adequately supported to make a positive contribution. The partnership provides adequate support to ensure that children and young people's views are heard. Agencies consult regularly with looked after children and there are examples where service delivery is influenced by their views. The children in care council is regularly consulted both by members and services in regular meetings where views are shared and challenged. For example, the 16+ service is currently seeking views and taking action on accommodation. This has directly led to the decommissioning of bed and breakfast placements and improvements in the remaining provision. Of the 10 places still used the majority are effectively supported lodgings though still formally classified as bed and breakfast places. Two apprenticeship posts within the council offer opportunities for young people to develop their skills in participation and young people are regularly invited onto interview panels for the appointment of social workers. They speak positively about the difference this has made. It has led directly to an ambitious change of career plan and both care leavers are now determined to go to university. There is a formal pledge which sets out the commitment of the council to all children and young people in its care. It is being implemented currently and having impact on young people. However not all young people are able to articulate its content and therefore they are not able to see its benefits.

Economic well-being

Grade 2 (good)

68. The support to promote the economic well being of looked after young people is good. Looked after young people were consistently very positive about the quality of service provided by the 16+ service. Good outcomes, particularly in raising ambition and aspiration, have been consistently achieved and one young man reported that, '... (the 16+ service) has changed my life.' Three quarters of young people are in education, employment or training and 20 apprenticeship places have been commissioned from the partnership for care leavers. Funding is allocated to provide two internal apprenticeships in youth participation and both are now set on following university courses.
69. All young people have a pathway plan but their quality is variable. Members of the care leaver team attend 15+ reviews to ensure a smooth transition. There is then a relentless focus on sustaining young people in their college placements and as a result the drop out rate has decreased and the numbers not in education, employment or training has dropped to approximately 25%. There are also examples of young people who had disengaged from education but through targeted intervention they are

now achieving at entry level 2. The proportion of care leavers in education, employment or training was higher than the statistical neighbour average in 2009 and around the same as the England average. Further progress has been made in 2010 and the proportion is now higher than the England average.

The quality of provision **Grade 4 (inadequate)**

Service responsiveness, including complaints **Grade 3 (adequate)**

70. There is some evidence that the needs of the looked after population are reviewed and that this leads to changes in the services provided. The very recent appointment of a headteacher for the virtual school is in response to recognition that outcomes are not good enough. There are some good and effective services providing support to looked after children and young people. These include Catch 22, the fostering service (including the treatment and multi-disciplinary team fostering), the service to unaccompanied asylum-seeking children and young people, and the advocacy and support services provided by Action for Children. Despite these good features weaknesses in the capacity and capability of frontline children and family services mean that the service is adequate overall.
71. The quality of service provided to looked after children is compromised by the generic nature of long term teams. There is evidence that settled children and young people sometimes fail to receive an appropriately prioritised service because other urgent demands divert social workers. However, the service is generally child focussed and there is some evidence that it contributes to a range of positive interventions with children including asylum seekers.
72. Thresholds for accessing social care services are not well understood across the partnership. For example, schools express some concern at the effectiveness of local authority support and intervention to prevent children entering the care system and there is a general lack of clarity about thresholds. CAF has not been properly or systematically implemented therefore effectively closing down an alternative route to follow rather than making a direct referral for children in need services.
73. The customer care service which manages complaints is good and provides effective reporting. Feedback is given routinely to managers and staff and the analysis of complaints is thorough and effective, lending itself to informing service development and management. Learning is integrated into training programmes including induction and managers are responsive to complaint feedback. Looked after children and young people know how to complain and have access to effective advocacy. A national charity, Action for Children, effectively undertakes independent investigation of stage 2 complaints.

Assessment and direct work with children and families**Grade 4 (inadequate)**

74. Assessment and direct work are inadequate. Initial and core assessments of the needs of looked after children are of poor quality overall. Too often they are incomplete and lack analysis. Therefore they do not support focused, effective care planning or the necessary legal interventions and are not compliant with statutory requirements in some cases. The assessment process is not helped by the frequent absence of relevant health and educational information and as a result decisions are insecure.
75. Nevertheless there are some examples of good direct work with children and families by some social workers and commissioned services. For example the therapeutic re-parenting work with young children and the treatment work with young people who have behaviour problems (the multi treatment foster care scheme) are both particularly strong. In both services there are individual examples of improved outcomes as a result of these interventions. Foster carers are clear about how beneficial targeted support is for them but this learning has not been used to bring about improvements elsewhere. In the absence of a responsive CAMHS, a specialist service, comprising mental health clinicians, has been commissioned to provide support and consultancy to professionals working with children and young people but at this early stage of implementation it is not clear what impact the service is having or how many children are being assisted.

Case planning, case reviews and case recording Grade 4 (inadequate)

76. Case planning and recording are inadequate. Too many plans are poor and fail to meet the child's needs as a consequence of the deficiencies in their assessments. Although reviews are mostly carried out on time, in too many cases partner agencies do not make a sufficient contribution and intended outcomes of care plans are too often non specific and therefore not measurable. Case records are incomplete and insufficiently related to the case plan; weaknesses exacerbated by the inadequate ICT systems.
77. Supervision is ineffective in some cases and where managers are recording on case notes there is a lack of robust challenge to support improvement. This is particularly evident in complex cases where the lack of management oversight is a major concern. Actions are not timely and there is significant evidence of drift for example in the review process and where core assessments are incomplete or overdue. The recording of education interventions is inconsistent and it is not clear how observations feed in a systematic way into target setting. The impact of IROs in affecting drift and improving outcomes for looked after children is variable. However their role has recently been clarified and strengthened and as a result there is some evidence of increasing challenge.

Leadership and management**Grade 3 (adequate)****Ambition and prioritisation****Grade 3 (adequate)**

78. Ambition and prioritisation are adequate. Despite the looked after children service having no documented strategic policy to give it focus and clearly understandable purpose, there is evidence that standards in some services are at least adequate, and good in respect of fostering, adoption, post-16 and commissioned services. In addition a number of actions have been taken in parts of the service which have led to some improvement in outcomes for looked after children and young people.
79. Despite the recent appointments of a head of corporate parenting and a headteacher for looked after children, which is helping to provide some greater focus on priorities, the distributive leadership model, in which responsibility for the service is spread across a number of managers in the looked after children service, is confused and therefore not effective. This means that staff in front line services do not have a clear understanding of how the various strands of service fit together to form a whole. Consequently they are unsure of their roles in delivering the priorities and improvements in the quality of service, some of which are set out in the Children and Young Peoples Plan. Looked after children managers do not have an understanding of their individual and collective accountabilities. They are unclear about how the partnership is addressing key issues such as how increasing numbers of young people aged 13 or older entering the care system is to be tackled. Local authority council members are well informed and are ambitious to improve the outcomes for looked after children and young people. They demonstrate a good understanding of the pressure points in the system and understand the need for greater clarity and coherence in the service.
80. There is an increasingly coherent approach to the commissioning of services. Further improvements have been approved and are in the process of being implemented. Placement costs are being driven down by improved contracting arrangements with clearer placement specifications which are linked to outcomes for children and young people. Progress against these outcomes is beginning to be evaluated during the now formalised process of contract review. District panels decide on most placements but complex cases requiring joint funding are decided upon by a multi-disciplinary meeting attended by the four heads of service, although staff still experience these processes as being frequently delayed by funding and contractual discussions.

Evaluation, including performance management, quality assurance and workforce development**Grade 4 (inadequate)**

81. There is no effective performance management system in place which contributes to improving outcomes and as a result, performance management is inadequate overall in the looked after children service. The

social care management information unit produces significant volumes of data and the range of audit material produced over the last two financial years have pointed to areas of service which warranted significant attention. For example, improvements have been made to the arrangements for pathway planning and commissioning. The lack of an established performance management culture throughout the service has also meant that critical opportunities are being missed to affect service quality. In addition the lack of a functional integrated children's system means that the integrity of key data is compromised and is therefore undermining the ability of managers to make informed casework decisions. Healthcare professionals produce little hard evidence of impact or improved outcomes for looked after children and auditing and monitoring is not mature.

82. IROs are increasingly appropriately used to assure quality, to challenge casework decisions and to draw attention to unacceptable delays in statutory timescales. Social workers and team leaders report increased contact from IROs between reviews, which has in some cases resulted in appropriate changes being made to the looked after children plan. Foster carers also reported increased contact with progress on recommendations being actively monitored in some cases. The data collected by IROs in relation to individual case and team based performance have also enabled some key findings to be incorporated into their annual report which has been belatedly produced. Recent changes to the structure of district children's service plans is a development intended to improve the focus on local performance targets but it is too early to show any impact on outcomes.
83. Recruitment of suitably qualified and experienced social workers and social work managers has been a significant challenge over recent years. However a good and successful recruitment campaign in England as well as in the USA and mainland Europe has resulted in the appointment to 120 posts over the last two years. However staff retention problems in the wider workforce have meant that social worker vacancy levels are currently 13% although recent actions to incentivise staff to remain in Kent are beginning to show some signs of promise in relation to reducing turnover. The profile of the staff group has also significantly changed over the last four years with the current service needing to rely on enthusiastic but inexperienced and often newly qualified social workers (NQSW). The induction programme for NQSW is however highly valued by staff, particularly the time and support that is given for reflective practice throughout the first year of service, processes which are supported by ensuring that caseloads are manageable during the induction period.
84. There are significant workload pressures in the long-term children and family teams as a result of high levels of demand, and a significant proportion of caseloads are numerically high. The complexities of managing mixed caseloads of child protection, children in need and looked

after children caseloads mean that social workers are under significant pressure in trying to discharge their statutory requirements. Court work, complex child protection investigations and crisis interventions in current cases mean that there is inevitably reduced time spent with children and on their case planning. Management oversight and quality assurance by team leaders fails in too many cases to identify adequate responses to these pressures. Foster carers noted that social work visits are often hurried and one carer commented on a social worker who always starts their visit stating that they “cannot stay long”; an expression which serves to undermine the child’s confidence in their worker.

User engagement

Grade 2 (good)

85. There is regular and systematic involvement of service users in service development and processes and user engagement is therefore good. Council members formally champion the rights of children and young people through the children’s champion board. The board is well established and has recently developed a clear relationship with the children in care council. As a result young people and members meet regularly in a variety of settings, some of which are informal at the request of the young people concerned. Both groups speak positively about this process and the progress that is being made. The Kent pledge to looked after children and young people which details the council’s commitment to each young person is adequate and has been distributed. Young people spoken to are as yet unfamiliar with its detail although there is evidence of it making a significant difference to the quality of services as a result of each commitment being aligned to resources. For example the council has a good record in supporting young people through further and higher education, which includes the provision of laptop computers. The council is also offering employment opportunities to care leavers. Two young people are currently employed on a youth participation scheme which is helping them to acquire good work habits. They are enthusiastic about the opportunities this is giving which include a meeting with a government minister.
86. Foster carers have been more engaged in supporting children and are helping them to become more involved in their reviews. In particular, specialist foster carers feel well supported and able to present their views on children’s needs and report positively on the fact that their opinions are sought and listened to. IROs have developed a range of effective methods for involving and preparing children to attend and fully participate in their statutory reviews. This includes working with disabled children and asylum seekers and where necessary using alternative means of communication to ensure that their views are heard.
87. Users’ views have also been gained within Eastern and Coastal Kent Community Services about the experiences of carers and looked after children and young people. This work, which is part of the trust’s patient

experience survey annual programme, will be taken forward by the head of service and their looked after children team.

Partnerships

Grade 3 (adequate)

88. Partnership working to secure improved outcomes for looked after children and young people is adequate. The council has established some secure arrangements with local stakeholders, relevant community groups and commissioned services. In addition members of the Children's Trust are aware of the need to further improve their recently increased effectiveness so that they can properly hold the executive to account for decisions in relation to looked after children and ensure that the Trust board's relationship with the twelve district boards is functional.
89. Over the past year the Trust has strengthened its membership to include a greater number of partners but the representation of some agencies is not at a sufficiently senior level to ensure that decisions are implemented in accordance with intentions. Voluntary sector representation on the Children's Trust has increased but despite improvements in understanding the capability of the sector, its full capacity has yet to be realised. However it is the clear intention of the county's medium term plan to ensure that the size and impact of the voluntary sector is increased and in turn the sector itself is very clear about how it can increase its contribution. However the voluntary sector is not clear how the necessary dialogue will take place and still senses some doubt in the minds of statutory agency representatives about their capacity and capability to play a full role in children's services.
90. At an operational level there are examples of some good practice. For example, effective partnership working with the youth offending service has led to effective interventions with a number of young people. In addition, effective partnerships with 16+ providers and some case examples of good engagement with the adolescent resource centre result in improved educational outcomes. However across the partnership there is insufficient interdisciplinary collaboration to improve outcomes for looked after children or for those children who need early interventions to prevent their situations deteriorating. Professionals have lost confidence in CAF as a means of securing preventative services and there is unacceptably poor access to child and adolescent mental health services. Despite a priority action in the Children and Young People's Plan, those attending looked after children reviews and planning meetings too frequently fail to have before them the necessary and key social care, health and education reports to enable informed plans to be made.

Equality and diversity

Grade 3 (adequate)

91. The county's diversity and equality strategy and attendant policy and procedures are implemented effectively. In particular, the council and partners have responded well to the challenge of providing services to

high numbers of asylum seeking young people. Services provide good support for education and effective advice on housing and the IRO service has two posts dedicated to asylum seekers. The council and partners take their responsibilities seriously and have effectively discharged them in securing solutions to major difficulties. However, the partnership has limited impact in ensuring that young asylum seekers have easy and quick access to good quality legal advice. The customer service team has an effective relationship with the asylum seekers team and information on the complaints process is available in a range of languages online. Children and young people are mostly positive about the sensitivity of support.

92. The disabled children's team provides a good service. Effective use of Aiming High investment opportunities has led to improved outcomes such as increased availability of short breaks with foster carers for disabled children. However the circumstances of vulnerable care leavers such as those with learning disabilities or communication difficulties who do not meet the threshold for adult services continue to give cause for concern. Children and young people and their parents and carers report that they are treated with dignity and respect and there are fewer complaints on behalf of disabled children than in the recent past.

Value for money

Grade 3 (adequate)

93. The children's service has achieved adequate value for money with areas of substantial progress, which although recent, are showing signs of sustained impact on service quality. Improved commissioning arrangements and a significant increase in the numbers of Kent foster carers as a result of an effective recruitment campaign have reduced reliance on more costly, spot purchased placements in independent fostering agencies. A clear commitment to use family placement as the preferred resource for looked after children is also impacting upon costs and improving placement stability. The use of residential care has reduced but where justified placements continue to be made on the basis of a rigorous matching of resource to need.
94. There is evidence of reinvestment as a result of service decommissioning. For example the savings from the closure of a children's home have enabled the development of a targeted mental health service which is beginning to have some limited impact on the demand for the inadequately resourced CAMHS service.
95. The family group conferencing service (FGC) and the parenting capacity assessment service (PCAS) provide good quality services to children at risk of becoming looked after but waiting times are long and the absence of clear and robust commissioning strategies means that the full benefits of the skilled work of those involved is not realised.

Record of main findings: Kent

Safeguarding services	
Overall effectiveness	Inadequate
Capacity for improvement	Inadequate
Outcomes for children and young people	
Children and young people are safe: effectiveness of services in taking reasonable steps to ensure that children and young people are safe	Inadequate
Children and young people feel safe: effectiveness of services in helping to ensure that children and young people feel safe	Inadequate
Quality of provision	
Service responsiveness including complaints	Inadequate
Assessment and direct work with children and families	Inadequate
Case planning, review and recording	Inadequate
Leadership and management	
Ambition and prioritisation	Adequate
Evaluation, including performance management, quality assurance and workforce development	Inadequate
User engagement	Adequate
Partnerships	Inadequate
Equality and diversity	Adequate
Value for money	Inadequate

Services for looked after children	
Overall effectiveness	Inadequate
Capacity for improvement	Adequate
Outcomes for looked after children and care leavers	
Being healthy	Inadequate
Staying safe	Adequate
Enjoying and achieving	Inadequate
Making a positive contribution	Adequate
Economic well-being	Good
Quality of provision	
Service responsiveness	Adequate
Assessment and direct work with children	Inadequate
Case planning, review and recording	Inadequate
Leadership and management	
Ambition and prioritisation	Adequate
Evaluation, including performance management, quality assurance and workforce development	Inadequate
User engagement	Good
Partnerships	Adequate
Equality and diversity	Adequate
Value for money	Adequate

96.