

# Inspection of safeguarding and looked after children services Hertfordshire

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**Reporting inspector** Lynne Staines HMI

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# Contents

<b>About this inspection</b>	<b>2</b>
<b>The inspecton judgements and what they mean</b>	<b>2</b>
<b>Service information</b>	<b>3</b>
<b>The inspection outcomes: safeguarding services</b>	<b>4</b>
1. Overall effectiveness	4
2. Capacity for improvement	5
3. Areas for improvement	5
4. Outcomes for children and young people	7
a. The effectiveness of services in taking reasonable steps to ensure children and young people are safe	7
b. The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe	9
5. The quality of provision	9
6. Leadership and management	13
<b>The inspection outcomes: services for looked after children</b>	<b>17</b>
1. Overall effectiveness	17
2. Capacity for improvement	18
3. Areas for improvement	18
4. Outcomes for children and young people	20
5. The quality of provision	25
6. Leadership and management	27
<b>Record of main findings</b>	<b>31</b>

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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 64 children and young people receiving services, 31 parents or carers, front line managers, senior officers including the Director of Children's Services, Directors and senior manager representatives of NHS Hertfordshire, Hertfordshire Community NHS Trust, East and North Hertfordshire NHS Trust, West Hertfordshire Hospitals NHS Trust, Hertfordshire Partnerships NHS Foundation Trust, the Chairs of the Hertfordshire Children's Trust Partnership (HCTP) and the Hertfordshire Safeguarding Children Board (HSCB), 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 five serious case reviews undertaken by Ofsted during 2009–10 in accordance with 'Working Together To Safeguard Children', 2006;
  - a review of 28 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, assessment and referral centres undertaken in October 2009.

## 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. Hertfordshire has 261,461 children and young people up to the age of 19 years. This is 23.87% of the total population of the county. The proportion entitled to free school meals is below the national average. Children and young people from minority ethnic groups account for 16.64% of pupils in primary schools and 13.38% of pupils in secondary schools which is below the national average of 24.5% and 20.6% respectively.
5. The Hertfordshire Children's Trust Partnership (HCTP) was established in 2006. The HCTP Executive sets the overall strategic direction and priorities for multi-agency children's services. A Strategic Stakeholder Group (SSG) provides challenge, support and advice to the HCTP Executive. The Trust Executive and the SSG includes representatives of NHS Hertfordshire and foundation trusts, Hertfordshire Police Authority, the Probation Service, district councils, Connexions, the Learning and Skills Council, community and voluntary organisations, schools and the early years and further education sectors. As Hertfordshire is a large county, the work of the Trust is supported by ten district children's trust partnerships (DCTP). Each DCTP holds accountability for taking forward the multi-agency children's services agenda at a district council level and reporting to its Local Strategic Partnership. The Hertfordshire Safeguarding Children Board (HSCB) is chaired by an independent chair and brings together the main organisations working with children, young people and families in Hertfordshire to deliver safeguarding services.
6. Social care services for children has 518 approved foster carers. Children's residential care is provided by six local authority children's homes and services commissioned from approved independent providers. Community based services are provided by 19 social work teams including five teams working specifically with children with disabilities, two care leaver teams, six family placement teams including family and friends and recruitment teams and four adoption teams. Private fostering services are provided through the family and friends fostering team. Other family support services across Hertfordshire are delivered by 10 family support teams and 82 designated children's centres across Hertfordshire.
7. At the time of the inspection there were 1164 looked after children. This includes 249 children under five years of age, 596 children of school age (5–16) and 319 young people over 16. Hertfordshire uses a virtual school

approach, launched on 17 May 2010, to support looked after children to raise standards of individual achievement and attainment, celebrate their successes and increase their overall rates of progress.

8. Commissioning and planning of health services are carried out by NHS Hertfordshire. Acute hospital services are predominantly provided by East and North Herts Hospital Trust and West Herts Hospital Trust with a number of other trusts dealing with smaller volumes of cross border activity and specialist requirements. Community based paediatric medical services are provided by East and North Hertfordshire Hospital Trust and Hertfordshire Community NHS Trust. Learning disability services are provided by Hertfordshire Partnership Foundation Trust, Hertfordshire Community NHS Trust and Hertfordshire County Council. Commissioning and planning of Child and Adolescent Mental Health Services (CAMHS) are carried out by NHS Hertfordshire and Hertfordshire County Council under joint arrangements. Child and Adolescent Mental Health Services are provided by Hertfordshire Partnership Foundation Trust, Hertfordshire Community NHS Trust and a variety of smaller contracted providers for specialist provision.

## The inspection outcomes: Safeguarding services

### Overall effectiveness

**Grade 3 (adequate)**

9. The overall effectiveness of safeguarding services in Hertfordshire is adequate. Significant improvements have been made by the partnership in all aspects of children's safeguarding services since the Joint Area Review (JAR) in 2007 resulting in many of the recommendations being implemented effectively. While there is still more to do, significant improvements have been made and services are much safer. The unannounced inspection of children's social care contact, referral and assessment arrangements carried out in October 2009 identified two areas for priority action and seven areas for development. As part of the council's response to the inspection findings a Targeted Advice Service (TAS) was set up and this is proving effective in ensuring the safeguarding and child protection needs of children are prioritised. Comprehensive and up-to-date statutory policies, procedures and guidance for the protection of children are in place and used appropriately. Despite strong commitment from all professionals to delivering a child-centred approach and safe services, in some areas (such as health provision), the East and North Hertfordshire NHS Trust and the Hertfordshire NHS Foundation Trust do not currently have the capacity within the safeguarding team for designated staff to carry out the full range of responsibilities, as outlined in the guidance *'Working Together to Safeguard Children'*. The urgent care centre and some of the accident and emergency units do not have up-to-date, secure electronic access to child protection plans. There was a similar finding in the JAR, indicating that little progress has been made to

address this issue. The Common Assessment Framework (CAF) is being used increasingly to good effect, particularly within schools and some health settings to deliver early intervention and prevention services.

10. The quality of multi-agency early intervention is good, and services provided through children's centres and extended schools' programmes are well regarded by parents and carers. The Family Intervention Project is seen as particularly effective in supporting and promoting the safeguarding of children and young people through direct parental engagement in the programme. Improved partnership working has produced timelier and better quality responses to domestic abuse and public protection arrangements. Multi-agency and single-agency safeguarding training is well established across all partner agencies and ensures that staff are equipped with the skills to recognise risk and take appropriate action to safeguard children and young people. Within the health community, accident and emergency units and the urgent care centre do not always ensure that notifications of all attendances by children and young people are forwarded to school nurses. The partnership engages well with children, young people, their parents and carers in seeking their views about improvements needed to the way services are planned and delivered.

### **Capacity for improvement**

### **Grade 3 (adequate)**

11. Capacity for improvement is adequate and improving. HCTP has set challenging ambitions and priorities for children and young people in Hertfordshire. These are based on both needs analysis and extensive consultation. Strong leadership, self-awareness and effective partnership working at the strategic level, including the voluntary sector, are providing a clear direction and actions for improvement. To improve services further the partnership is starting to implement its Transformation of Children's Services programme. In some areas, such as health provision, there is insufficient capacity to provide equitable services across the county. Capacity issues within the health visiting and school nursing service compromise the service's ability to provide adequate safeguarding for vulnerable children. For example the 'Healthy Child' programme cannot be fully delivered. There are some assessed, high-risk priority areas that cannot be responded to because of overly-high caseloads in some areas of the county. However, this is closely monitored by Hertfordshire Community NHS Trust and reported to the trust board. Performance monitoring is improving but incomplete and insufficiently interrogated data detracts from effective performance management. Consequently, in some service areas it is not possible for the partnership to demonstrate the effectiveness of its interventions.

## Areas for improvement

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

### Immediately

- Hertfordshire NHS providers of accident and emergency and urgent care services should ensure notifications of all attendances by children and young people are notified as appropriate to either the health visitor or school nurse.
- Hertfordshire County Council and Hertfordshire NHS providers of accident, emergency and urgent care services should ensure information regarding children and young people with a child protection plan is up-to-date, securely transferred and stored electronically.
- Hertfordshire County Council should ensure supervision of social work staff is improved to address development of practice as well as case direction.
- Hertfordshire County Council should ensure case conference reports and reviews are shared with children, young people, parents and carers in a more timely manner thus allowing them to have sufficient time to prepare their response and contribution.

### Within three months

- Hertfordshire County Council should ensure robust arrangements are in place to consolidate learning from social care practice audits; improve the quality and consistency of assessments; and challenge to casework supervision.
- Hertfordshire County Council and Hertfordshire Police should review the high usage of police powers of protection to remove children and young people to a place of safety and ensure that agencies review decision-making processes to ascertain whether a lack of capacity within either of the services is influencing practice.
- Hertfordshire County Council should review its emergency duty team contractual arrangements to ensure that the service has sufficient capacity to respond to all Hertfordshire's priority referrals regarding children and young people.
- Hertfordshire Community NHS Trust should address capacity within the integrated health teams to ensure delivery of the 'Healthy Child'



services to the assessed red rated priority areas within the agreed timescales.

- East and North Hertfordshire NHS Trust should ensure a plan is in place indicating how mandatory safeguarding training will be delivered, within what timescales and how it will assure itself of the quality of training data held centrally.
- East and North Hertfordshire NHS Trust should ensure arrangements are in place for the safeguarding supervision of appropriate staff with a record maintained that supervision has taken place.
- Commissioners and providers of NHS services and specifically Hertfordshire Partnerships NHS Foundation Trust should review the capacity of their safeguarding teams to ensure there is sufficient time for designated staff to fulfil the full range of duties as outlined in *'Working Together to Safeguard Children'*.
- The Child Death Overview Panel should ensure it fulfils its statutory duty to report on the arrangements for the support of bereaved parents.

### **Within six months**

- Partner agencies should ensure that qualitative data are robust, are interrogated rigorously and used to inform effective strategic planning, service improvement, resource allocation and performance management.
- Hertfordshire Community NHS Trust should ensure there is sufficient capacity within health visiting and school nursing services to provide universal and targeted services to safeguard children and young people in Hertfordshire.
- Hertfordshire Community NHS Trust commissioners should ensure there is a robust database in place that holds accurate information on safeguarding training undertaken by General Practitioners (GPs), dentists and other independent practitioners

## **Outcomes for children and young people**

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

13. The effectiveness of services in Hertfordshire to ensure that children and young people are safe is adequate. Partnership working at the strategic and operational level is effective. For example, the Hertfordshire Access to Resources Panel (HARP) provides a strong focus on improving the quality of practice and ensuring outcomes meet the assessed needs of children,

young people and families. Although recently established it is proving to be effective and is viewed positively by workers in helping to secure appropriate resources more quickly to keep children and young people safe. Comprehensive and up-to-date safeguarding strategies and their accompanying policies, procedures and guidance support practice and are used appropriately by statutory agencies and the voluntary and community sector to safeguard children and young people. The HSCB is re-establishing itself following a significant period of time when it was without a permanent chair or board manager. During this period there was insufficient focus on the functions of the HSCB and its leadership role. The appointment of an independent chair and board manager in mid 2009 has provided the necessary resources and impetus for the HSCB to make rapid progress in providing adequate leadership on safeguarding matters. There is good evidence that learning from serious case reviews is well disseminated by agencies and informing practice. Action plans arising from the serious case reviews are being monitored by the HSCB and meeting timescales for implementation.

14. The recording and monitoring systems for the vetting and barring of staff in children's services have significantly improved since the JAR and now meet statutory requirements. Senior officers take action strategically to monitor, challenge and intervene with key services and partners to ensure a rigorous approach is applied. This approach has proved effective. For example, challenge to schools has enabled them to significantly improve their recruitment processes resulting in a higher than average proportion of Hertfordshire schools judged good for safeguarding following their Ofsted inspection. Safe recruitment is set out as a standard requirement in all contracts with providers.
15. Partnership working in Multi-Agency Public Protection (MAPP) and the Multi-Agency Risk Assessment Conference (MARAC) is effective, with evidence of good assessments, actions and outcomes for most families. Staff across all agencies both in the statutory and voluntary sectors are aware of the risks to children in domestic abuse cases and take effective steps to protect children and young people. For example, improved assessment processes within GP, maternity and health visiting services ensure risks are appropriately identified and support offered at an early stage. The timeliness of notifications between the police and other key agencies has shown a marked improvement thus enabling any concerns to be responded to more quickly. Clear and effective protocols and procedures are in place to respond to children missing from care and home with separate protocols for children and young people missing from education. Further work has yet to be completed to ensure more coherence between the two protocols to ensure no child or young person slips through the net. Actions taken to follow up returnees are having a positive impact with the number of repeat incidences reducing.

16. Although the JAR noted that not all hospitals had electronic access to child protection plans, no progress has been made. Current working practice remains the same and is unsafe. Information is sent in paper form from the Children, Schools and Families Service to the accident and emergency unit and the urgent care centre where it is updated on a monthly basis. This method of transfer is not secure and poses a risk to the robust safeguarding of children and young people through the absence of up-to-date information. The accident and emergency units and the urgent care centre do not always ensure that notifications of all attendances by children and young people are forwarded to the school nurse. Such practice presents a significant risk to ensuring appropriate and timely responses to situations where concerns are identified.

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

17. Inspectors met with 64 children and young people representing a range of groups and backgrounds including young carers and children and young people who are looked after by the council. The views of children and young people have been sought on a wide range of issues by the council and its partners, and there is evidence of good impact. Examples include direct involvement in the sexual health mystery shopper project, safety on transport, promoting understanding of equality and diversity through the Unity group, work on e-safety and anti-bullying. Children and young people confirmed their views are listened to and are respected on a range of topics relating to safeguarding, through consultation events, student councils and other forums. The majority of children and young people interviewed and surveyed report they feel safe at home and in their communities and most know where and how to access help if they need it.

**The quality of provision Grade 3 (adequate)**

18. The quality of safeguarding provision is adequate and improving. Since the JAR the workforce across both statutory and voluntary agencies has significantly improved its practice and is more responsive to concerns about children's well-being and safety. Professionals at all levels throughout the partnership organisations demonstrate a child centred approach and a good awareness of child protection and broader safeguarding issues. Within children's social care, the quality of assessments and care planning is variable and although improving is adequate overall. Of the files randomly selected for inspection, there was evidence that some children's or young people's needs had not been fully addressed in a timely way.
19. Clear thresholds for services known as 'Meeting the Needs' have been re-launched. They are fully endorsed and understood by partner agencies resulting in more appropriate referrals made to children's social care. To respond to the outcome of the unannounced inspection the establishment

of the Targeted Advice Team has been effective in processing work more quickly, signposting where appropriate and allaying uncertainties about whether the criteria are met for a referral. There are still some transfer of initial call issues to be tightened up between the customer service centre and TAS that require further attention before the system is fully embedded. The team's consultative role is also proving to be effective. Schools and healthcare providers have welcomed this new way of working and report feeling more confident in seeking advice on safeguarding concerns. There is evidence of good partnership working with the co-location of two police officers to process and liaise on domestic abuse notifications. A specialist worker for young carers and contributions from other health professionals facilitate CAFs and early intervention. This new approach is proving effective by ensuring a more consistent and timely response to the provision of early intervention safeguarding services.

20. Although there has been additional investment in the out-of-hours service the lack of robust data relating to how police protection orders (PPO) are used means that the partnership does not know how responsive the out of hours service is and whether it can meet demand. Between October 2009 and October 2010, 98 PPOs were taken. However, the council could not provide any data to indicate whether the PPOs were taken in or out of office hours or for what reason. The absence of such information means safeguarding trends and themes cannot be identified, capacity issues within the service may be masked and the rights of parents or carers may not be fully recognised. Some foster carers report negatively on the out of hours service commenting that often they speak to an answer phone and that calls are not returned. On occasion the out of hours team specifically employs a call back delay to callers. This system is designed to allow for a cooling down period and possible resolution thus not requiring further intervention from the service. However, this practice presents risks to robust safeguarding practice.
21. The location in the child protection team of the local authority designated officer (LADO) has increased consistency of decision making and established an appropriate and proportionate response to referrals. Agencies are referring most cases appropriately and resolution is completed in a timely manner.
22. Responsiveness to complaints is adequate. Although the overall number of complaints received is relatively small there is a strong culture of using complaints to improve practice through the monitoring of trends, regular briefings and targeted training. The council is aware that it continually needs to ensure that service users have accessible information on how to make a complaint and are encouraged to use the formal complaints process if any concerns cannot be resolved.
23. Assessment and direct work with children and young people is adequate. The quality of initial and core assessments is variable and most are

completed to at least an adequate standard. Through the re-design of the TAS and assessment teams the timeliness of completion of initial and core assessments has improved with performance in line with that of similar councils. Assessments routinely take into account information and views contributed by other professionals, the child or young person and family to inform decision-making and case planning. Random sampling of section 47 child protection enquiries found most to be completed at least adequately and within timescales. Strategy discussions are generally timely. Child protection conferences and reviews are held in line with statutory guidance and are attended by partner agencies. An area for improvement identified by the council and partners and currently being addressed is to improve appropriate multi-agency attendance at core group meetings. In some instances, groups have not been quorate thus reducing the effectiveness of joint working to support families and deliver the objectives of the child protection or child in need plan. Health professionals report they are not routinely included in relevant strategy discussions and that invitations to initial and review conferences are often received at short notice or not at all. When the minutes are received they are then recorded as not attending. Consequently, opportunities are missed for them to be involved in discussing health concerns and plans to protect children and young people from further harm. At the time of the inspection, no cases were unallocated within the children, schools and families service, although some cases were awaiting transfer to community social work teams. Delay in transfer between teams led some parents to express their frustration at not getting sufficient support quickly enough, for example referrals to CAMHS or Homestart.

24. Case planning and review is adequate and supported by multi-agency partnership working. The quality of child protection plans is variable but at least adequate and demonstrates child-centred practice. In cases sampled, a small minority of plans show a lack of clarity as to how risks will be reduced or do not have clearly evidenced contingency plans in place. Children subject to child protection plans are visited in accordance with statutory requirements and most are seen alone by social workers. The role of the independent reviewing officers and child protection chairs includes a quality assurance aspect. To improve quality they provide formalised feedback to a social worker's line manager who follows up practice issues with the worker. While the quality of case conference reports has improved there remain issues of timeliness in sharing the reports with the child, young person or family prior to conference or review. In too many instances parents and carers are not having sight of the report prior to the actual conference thereby having insufficient time to consider the content and prepare their contribution. In cases where a child or young person requires protection through a court order planning is thorough with some good outcomes seen. However, there are delays in the court processes, which results in plans for children and young people not always being expedited in as timely a way as possible. To try to resolve this issue legal services and senior managers have recently met

with the judiciary but it is too soon for impact to show. The new electronic recording system is reported on positively by social workers who find it much easier to use and in a format that supports their work. Electronic records seen were up-to-date and the majority were at least adequate in content. However, the standard of recording, including the consideration of children's racial, cultural and religious needs, did not always do justice to the quality of practice observed by the inspection team.

25. Support for children and young people accessing CAMHS and substance misuse services is adequate. Care planning for children and young people on the autistic spectrum, including those with Asperger's Syndrome and attention deficit hyperactivity disorder (ADHD) is inconsistent across the county. Currently, young people with ADHD experience disruption to their plans through having to transfer from paediatric services to CAMHS when they are 16 and then transfer again to adult services when they are 18. The service has been subject to a recent review resulting in a detailed needs assessment. Consequently, the service is in the process of being re-commissioned from 2011 to better meet the needs of children and young people. Currently, there is inequality of access to the service and there is confusion amongst schools and social workers as to what level of service is provided. There is however agreement amongst professionals that once a young person receives a service it is good. The young person's specialist substance misuse service, A-DASH (Alcohol and Drug Advisory Service Hertfordshire) is effective. The service uses a method of treatment outcome profiles to monitor the effectiveness of its work with young people. Of 54 young people who were discharged in 2009, 36 reported a positive outcome in reducing or ceasing their substance misuse with a consequent improvement to their overall emotional health and well-being.
26. Access to contraception, sexual and relationship education is improving. Young people involved in a mystery shopper exercise to test out service availability concluded that while services are available, the attitude of some professionals providing the service towards young people was less than welcoming or helpful. They considered this to be a barrier to young people seeking advice in a timely or proactive way. Key health professionals have listened to the feedback from young people and are taking positive action to address their concerns. The latest data on teenage pregnancy shows a decreasing trend in the number of young women who become pregnant with overall countywide numbers less than those in similar council areas. There is however an increase in the number of young women who have repeat abortions, particularly in and around Stevenage. Action is being taken through a pilot project to address this issue but it is too soon for impact to show.
27. Good paediatric services are available at Watford General Hospital with robust systems in place to audit safeguarding and child protection practice. There are clear processes in place for appropriately escalating concerns to paediatricians and children's services for children attending

accident and emergency. Robust arrangements are in place throughout the county for any young person requiring medical examination following an alleged sexual assault. All such medicals are carried out by appropriately skilled and trained staff in a safe environment. Of particular note are the excellent facilities and environment at the Lister Hospital Bramble Suite which is a newly purpose built centre and which has access to specialist equipment, including 24-hour photography services.

28. Inspection outcomes indicate that schools are increasingly effective in managing behaviour and are offering good support to individual pupils who may have previously been subject to exclusion. Permanent and fixed term exclusions overall are continuing to reduce. Alternative education provision for disengaged young people is effective and showing positive impact in re-engaging pupils. Schools have high regard for the support and advice provided by the child protection school liaison officers. Arrangements to support children and young people educated at home are good. Regular home visits are undertaken by the home education service. Home visiting staff are aware of child protection issues and procedures. All children and young people are visited and none have been identified as not being safe.

## **Leadership and management**

## **Grade 2 (good)**

29. Leadership and management of safeguarding services for children and young people are good. Since the JAR in 2007 all key partners including the voluntary and community sector have made progress in developing leadership roles through membership of the Hertfordshire Children's Trust Partnership Executive Board and the Strategic Stakeholder Group. There are clear lines of accountability for the delivery of the partnership's ambition and priorities for children and young people. The Hertfordshire Children's Trust Partnership Executive Board is supported by 10 district council partnerships that have responsibility for taking forward the work of the Trust and ensuring 'safeguarding is everybody's business'. Each district council partnership is accountable to its Local Strategic Partnership. Following the appointment in 2009 of an independent chair of the Hertfordshire Safeguarding Children Board, governance and accountability arrangements between the trust and the safeguarding board have been reviewed and updated to specify clearly each board's leadership role and functions. There is good, cross-party political support from elected members for children's services. The Lead Member for Children, Schools and Families services takes an enthusiastic and active interest in all aspects of its work. The scrutiny committee takes an active interest in the performance of services for children, young people and their families. It receives regular performance information and reports from the Director of Children's Services and has scrutinised a range of services and issues and their impact on children and young people, for example children's centres and extended schools, social worker recruitment and retention, safeguarding, youth connexions and the foster care service.

30. All key partners, including the voluntary and community sector, are focused on delivering robust safeguarding services with good outcomes for children, young people, their families and carers. Ambition and prioritisation are clearly articulated and defined with a robust focus on two key priorities; to safeguard children and young people and to narrow the gap between vulnerable children and all children. Priorities are clearly outlined in the CYPP and are underpinned by appropriate service plans.
31. Performance management and evaluation arrangements are adequate overall. At the end of 2009 when performance gains made after the JAR began to dip, the Director of Children's Services stepped in to provide direct, robust and highly visible leadership. His priority was appropriately directed towards ensuring improved performance within safeguarding and protective services to ensure children and young people were safe. Intervention was effective and, supported by changes to the senior management team, overall performance improved. Social workers and managers report positively on those changes describing clearer direction and expectations resulting in improved morale within the workforce. At a corporate and strategic level performance management systems are good. However, although the partnership collects a wide range of data it is not always used to best advantage. Focus has been directed towards national and local performance indicators with less attention given to collecting and analysing qualitative data. For example, insufficient attention has been given to exploring the reasons underpinning the high use of police protection orders. Consequently, although numbers can be produced it is not possible for either the police or children's services to identify any trends or themes arising from their usage. Similarly within health insufficient attention has been given to monitoring or exploring performance issues that impact on safeguarding. Examples include no adequate recording or monitoring by Hertfordshire Community NHS Trust of safeguarding training for dental practitioners, the lack of safeguarding supervision in some other key health settings, and the performance of GPs against the safeguarding agenda.
32. At an operational level within children's social care, performance management information is readily available but used variably to inform practice. While good arrangements are in place for case and specific topic audits to be undertaken regularly, it is not always clear how the findings are used to improve the quality of practice. Within the children and young people's service staff receive regular supervision in accordance with council policy. Social workers report positively on its benefit but the quality of recording within randomly selected supervision files only had case directions noted with no evidence of reflective practice or how workers are challenged and supported to improve and develop their professional practice. Within health communities, child protection supervision structures are inadequate in some Trusts.



33. Recruitment practice across the partnership is compliant with statute and guidance, and good progress has been made in attracting children's social care staff to Hertfordshire. Establishing a social work academy for newly qualified social workers has proved to be an outstanding success in attracting good quality workers to Hertfordshire and improving retention rates. The academy's reputation is strong and now in its second year attracted over 80 applicants for 30 places. Despite the success of the academy, workforce development plans for career progression and maintaining low vacancy levels still remain a challenge for the council.
34. Through the course of the delivery of the healthy child programme, the health visitor is most likely to be the first professional to recognise signs of abuse or neglect within a family. The Hertfordshire Community NHS Trust use a traffic light system to prioritise delivery of service according to the capacity of the integrated health teams. Some staff reported that because of excessively high case loads, some teams are not able to fully deliver on priorities graded as high risk within the timescales allotted, and described the delivery of universal services as being 'reactive rather than proactive'. This presents a risk to the safeguarding and protection of young children, although the Hertfordshire Community NHS Trust are monitoring vacancies and caseloads and are able to demonstrate how the risk is being managed or escalated where necessary. Similar, capacity issues prevent the national guidance that there should be one allocated school nurse for every secondary school being complied with. Currently, although there are vacancies in west Hertfordshire, midwifery services provided by both acute trusts are adequate.
35. The active participation of children and young people in service planning are good. There is significant evidence and examples of the work they have done to influence the council. Examples already cited include the direct involvement of children and young people in the sexual health mystery shopper project, safety on transport, promoting understanding of equality and diversity through the Unity group, work on e-safety and anti-bullying. Children and young people confirmed their views are listened to and respected and that they have many opportunities to make their views known to elected members, senior managers and other professionals who have influence to effect change. Some children and young people have made a number of DVDs for use in staff training to inform professionals from all agencies how they feel about and what they want from services. Although the views of children and young people including those with additional needs are taken into account, they are not always recorded well in assessments and care plans.
36. Partnership working is adequate. Early intervention services are well provided and integrated through the CAF process. Multi-agency work to respond to the needs of children affected by domestic abuse through the MARAC and through the establishment of the multi-agency county community safety unit is good. However, the contribution made by CAMHS

is insufficient to meet demand, and access to services is too inconsistent to enable children and parents to access appropriate levels of intervention and support early enough. The HSCB is now fulfilling its statutory functions in a more robust manner. The Board has recently completed an audit of how well partner agencies meet their duty to cooperate with the welfare and safeguarding arrangements for children and young people. It has made good use of the audit to help partner agencies identify where improvements to their practice need to be made. District councils report that the audit is useful in helping them understand and deliver the wider safeguarding agenda. The establishment of partnership reviews to consider cases that do not meet the criteria for a serious case review is proving effective in improving joint understanding, learning and identification of risks. The multi-disciplinary child death overview panel meets monthly to review cases and where appropriate provides feedback on individual practice issues. Currently it is not fulfilling its statutory duty to report on arrangements for the support of bereaved parents and carers.

37. The effectiveness of services in considering the promotion of equality and diversity is good. Equality Impact Assessments are in place for most plans and strategies and the resulting action plans are robustly monitored by senior managers. Systems are in place for reporting, recording and following up on individual incidents of discrimination. The need to challenge discrimination and inequality is incorporated within the CYPP priorities. Examples of improved outcomes include targeted working to improve the life chances of 16-18 year old Pakistani and Bangladeshi young people by increasing the proportion entering education, employment and training from below the Hertfordshire average to above. Strong partnership working between schools, early years providers and children's centres has been successful in narrowing the gap by improving performance between the lowest achieving children in the Early Years Foundation Stage and all other children in Hertfordshire. Schools, children's and family centres and locality teams have good knowledge of their local communities and they work well to meet diverse needs. As a result of listening to the local needs of minority ethnic communities, a specialist health visitor now runs specialist groups such as one for Asian families who have children with complex needs. Direct payments have increased to enable some service users to obtain services more in keeping with the requirements of their faith and culture.
38. Safeguarding services provide good value for money. In its organisational assessment in 2009 the Audit Commission confirmed that the council commissions services that provide value for money and deliver better outcomes. The council aligns resources to reflect its strategic and operational priorities across all directorates including children's services. Early intervention and support services such as the Family Intervention Project and the Adolescent Resource Centre are successful in demonstrating both the positive impact these projects have on the lives of individual children, young people and their families and the benefit of the

longer term savings these projects will bring. Good commissioning partnership initiatives are leading to significant savings in residential care services. The re-commissioning of CAMHS is being undertaken to improve service provision while ensuring value for money. The council and partners are currently planning the transformation of children's services scheduled to become effective in September 2011. It is planned that this new model will provide better safeguarding and protective services and will demonstrate value for money through the establishment of multi-agency teams and shared resources. The commissioning of services from the voluntary and community sector supports delivery of early intervention and preventative services, adds value and enhances the capacity of statutory services.

## **The inspection outcomes: services for looked after children**

### **Overall effectiveness**

**Grade 3 (adequate)**

39. The effectiveness of services for looked after children, young people and care leavers is adequate overall with some good aspects. Since the joint area review (JAR) in 2007 there has been improvement in most areas of service provision. The Children Looked After Strategy is explicit in its expectation that most children should not spend their childhood in care. This is being realised through investment in early intervention and prevention services. These services support children and young people on the edge of care to remain in their families and communities. They also enable looked after children to return safely where possible to their birth families or to live with families through adoption, residence orders or special guardianship arrangements. However at the time of transition for some older looked after young people and care leavers the quality and provision of services is variable. For example there is insufficient suitable and safe accommodation for some young people age 16+ who are care leavers or on the edge of care.
40. Outcomes of inspections of the council's adoption, fostering, private fostering and residential services are judged to be good by Ofsted. Statutory requirements are met including those for assessment, care planning, review and social worker visiting. All looked after children and young people are allocated to a qualified social worker. The knowledge, learning, skills and understanding of staff and carers are generally good and commitment to improving outcomes is strong. Not all looked after children and young people know how to access the complaints procedure or how to contact an advocate to help them. The capacity of health services to meet the needs of looked after children and young people is insufficient countywide to meet demand. Despite not receiving prompt notifications that a child or young person has entered care or changed placement, the overall timeliness of health assessments is adequate. However, the quality of assessments is variable and there is inconsistency

countywide as to who completes them. Corporate parenting arrangements are limited to an individual agency approach and not undertaken as a shared responsibility across all agencies. Elected members who sit on the corporate parenting board do not provide an effective level of challenge to some aspects of performance in looked after children's services. Changes in council commissioning practices have improved the quality and choice of independent placements while ensuring value for money.

## **Capacity for improvement**

## **Grade 3 (adequate)**

41. The council and its partners have adequate capacity to improve services for looked after children, young people and care leavers. There is a good and accurate awareness of improvements made and areas still identified for needing further improvement. The Director of Children's Services provides robust and effective leadership. However, despite shared ambition and prioritisation to meet the needs of Hertfordshire's looked after children and care leaver population the partnership is not fully focused on ensuring services are delivered to meet their needs. The HCTP and HSCB have not demonstrated sufficient leadership with regard to looked after children and care leavers. Performance against indicators for looked after children are at least in line with similar areas, with improvements continuing to be made. Although good management information systems are in place to identify any emerging problems these are not always interrogated robustly or in a timely manner. Consequently it is not always possible for the council and partners to demonstrate whether preventative work is being effectively targeted or is successful in achieving its objectives. Effective programmes to prevent children and young people entering care and work to minimise them needing to remain in care are starting to produce improved outcomes. Key improvements in the quality and costs of provision are secured through sound commissioning arrangements. Looked after children, young people and care leavers contribute well to service planning, with tangible evidence of their views effecting change. Across the partnership shared training and more inter-agency working is developing. Dedicated and committed practitioners work hard to deliver good quality services for looked after children, young people and care leavers. Over the past year increased workloads coupled with high sickness levels and vacancies, although both have more recently improved, resulted in the partnership being unable to deliver services to its full capacity.

## **Areas for improvement**

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

## **Immediately**

- Hertfordshire Community NHS Trust should ensure care leavers are provided with a full summary of their healthcare history in a format suitable to their needs.
- Hertfordshire County Council and partner agencies should review the provision of services to looked after young people aged 14+ and ensure that a full range of services are available to meet their needs.
- Hertfordshire County Council should ensure all looked after children, young people and care leavers are enabled to attend their reviews in person where they wish to do so.
- Hertfordshire County Council should ensure supervision of social work staff is improved to address development of practice as well as case direction.
- Hertfordshire County Council and partner agencies should ensure that youth offending data relating to looked after children and young people is collected and analysed so that appropriate services can be provided.

## **Within three months:**

- Hertfordshire County Council should strengthen the Corporate Parenting Board to make it an effective multi-agency partnership, driving the corporate parenting agenda and providing more effective challenge to the partnership to improve the lives of looked after children and young people.
- Hertfordshire County Council should ensure looked after children and young people are fully aware of the complaints procedure and how to access it and ensure they have an advocate to support them should they so wish.
- Hertfordshire County Council should ensure the more timely notification to the looked after children health team of any admissions to care or placement changes of looked after children and young people; and furthermore should ensure that all notifications are made to the looked after children health team and not sent direct to paediatricians.

## **Within six months:**

- Hertfordshire Community NHS Trust should develop a consistent countywide approach to the commissioning of initial and review health assessments for looked after children and young people and ensure that they are carried out by appropriately trained individuals.

- Hertfordshire County Council and partner agencies should ensure that qualitative data relating to looked after children and care leavers is robust, is interrogated rigorously and used to inform effective strategic planning, service improvement, resource allocation and performance management.
- Hertfordshire Children's Trust Partnership should ensure that strategic partnerships demonstrate effective leadership in setting vision, ambitions and priorities for looked after children and care leavers with clear performance expectations and robust monitoring of these.
- Hertfordshire County Council and housing partners should review and improve access to emergency and long-term supported accommodation for young people aged 16+ who are care leavers, or who are homeless and on the edge of care.

### **Outcomes for children and young people Grade 3 (adequate)**

43. Services to promote good health outcomes for looked after children and care leavers are adequate. The looked after children health team supports universal services by providing positive health promotion advice to looked after children and young people on substance misuse, sexual health and smoking cessation. The team contributes well to training sessions for foster carers and has worked with children, schools and families staff to deliver a course to care leavers on independent living skills. Most children and young people who responded to the pre-inspection Care4me survey report they have a healthy diet, receive good support to sustain a healthy lifestyle, take regular exercise and enjoy a good range of hobbies and activities.
44. There is a range of specialist mental health and substance misuse services, including a drug and alcohol outreach team available to looked after children and young people. These services are well known and accessible but the level of take up is variable and not always timely. A policy in children's homes of zero tolerance to drug and alcohol misuse does not help partners work together to support a young person who wants to use the outreach service. CAMHS are in place for looked after children, young people and care leavers but do not meet demand and are in the process of being re-commissioned to provide improved services. At present the allocation of specifically designated CAMHS workers for looked after children is spread too thinly across a number of workers' caseloads resulting in a lack of clarity between CAMHS and schools and social workers as to the level of direct support available to looked after children and young people.
45. There are no formal systems in place within the looked after children's health team to monitor the update of dental checks or to provide care leavers with a detailed healthcare summary of their medical history during

their time in care. Similarly, there is a lack of clarity as to the incidence of teenage pregnancy in the looked after children population. This information is not recorded. It is solely reliant upon the social worker advising the team that a looked after young person has become pregnant. Once identified appropriate services are provided.

46. Arrangements for monitoring and following up the health needs of looked after children and young people placed out of Hertfordshire are good and well coordinated by the looked after children health team. All out of county health review forms are scrutinised on their return to ensure the needs of the child or young person are being appropriately identified and met. However, within Hertfordshire practice in commissioning and carrying out initial health assessments is inconsistent and is not being developed on a countywide basis using appropriately trained medical professionals. For example, some initial health assessments are carried out by GPs and some by community paediatricians. Consequently, there is significant variability in the quality, comprehensiveness and timeliness of completion of initial health assessments. The looked after children health team has audited returns, identified training needs for GPs and to improve practice is currently developing an e-module on what makes a good quality initial assessment. Similarly, annual health reviews are conducted by health visitors for looked after children under five and school nurses for those over five. For young people who are not in school or who do not want to engage with the school nurse the looked after children team carry out the review. The lack of a coordinated approach and inconsistency in practice reduces the opportunity to develop an overall picture of the health needs of looked after children. Without an overall picture the partnership cannot assure itself that preventative work is being effectively targeted or that there is accurate information available to influence service planning.
47. Safeguarding arrangements for children and young people who are looked after are adequate. There is a range of services to prevent family breakdown and to support children to remain at home where it is in their best interests. The recently established Hertfordshire Access to Resources Panel is proving to be effective. For example, it ensures all appropriate preventive measures have been taken before a child becomes looked after. All looked after children and young people are allocated to qualified social workers. The latest inspections by Ofsted of council adoption, fostering and private fostering services were judged as good or better comparing favourably with the performance of similar councils. Work within the adoption service is good with effective and creative solutions to ensure positive and timely outcomes for children and young people. In 2009-10 all 20 children for whom adoption was the planned outcome were placed with families; 18 of the 20 children were placed within the county. Good quality commissioning and procurement processes are in place to actively promote and monitor safeguarding arrangements in residential and fostering provision commissioned from the independent sector. No looked after child is placed in any provision that has been judged by

Ofsted to be inadequate. A high proportion of children and young people who completed the pre-inspection survey confirmed that the advice they receive from adults about keeping safe is useful. In addition they said they knew who to turn to for protection if they were being harmed. Although the frequency of social workers' contact and visits to looked after children and young people generally meet statutory requirements they do not always see children and young people alone to discuss their placements or ascertain how safe they feel. Only 69 out of 126 looked after children and young people who responded to the pre-inspection survey reported that their social worker always saw them on their own with a further 34 reporting 'sometimes'. Such practice reduces the opportunity for social workers to assure themselves that the child or young person is being sufficiently well protected.

48. While there is an increased emphasis on ensuring permanency for looked after children, placement moves are often too rapid to ensure effective transition. Targeted work has been effective in increasing the number of approved local foster carer placements and there is a clear focus on work to reduce the number of placement moves experienced by looked after children and young people. However, it has yet to show sufficient impact. Despite these improvements looked after children and young people report a lack of choice in placement provision and in some cases inconsistency of care. Some young people reported that they are denied access to the foster home if the carers are out and have to 'hang around' or find somewhere else to go until their carers return. Transition arrangements for care leavers are variable. There has been productive work with housing providers and joint protocols are proving effective in increasing suitable accommodation options for care leavers. However, some care leavers expressed their concerns at not being prepared sufficiently well for independence and having to leave their foster homes too soon. Some expressed the view that a more carefully planned transition into supported lodgings would help them feel safer and prepare them better for eventual independence and living alone.
49. The impact of services on enabling looked after children and young people to enjoy and achieve is good. This is due to the shared commitment, of all partners, to raising the standards, achievement and school attendance of looked after children and young people. Partners share a clear view of what is working well and of what needs to be done to improve further. For example, they recognise that in order to improve the progress of looked after children and young people the team supporting their education and well-being needs to be sited in the school effectiveness service. They also recognise the need to accelerate the development of the virtual school. Although it is in the early stages of development the virtual school is already demonstrating a much greater focus on tracking the progress of individual looked after children and young people. It ensures actions are better targeted to meet their individual needs. The role of the virtual school is highly valued by established schools. They report positively about



the quality of partnership working, the timeliness of interventions and the challenge and support provided to them and looked after children and young people.

50. The Hertfordshire schools attended by looked after children and young people are good schools. In the pre-inspection survey 91% of looked after children and young people reported that they get a good education and think they obtain appropriate help and support to succeed. Robust actions are taken to assure the quality of provision for those placed out of county. For example, advisory teachers attend the personal education planning meetings of looked after children and young people to track their progress and ensure their needs are met. Within Hertfordshire the effective deployment of educational support workers is helping to ensure looked after children can be maintained in mainstream schools. All looked after children and young people have a personal education plan. However, the quality is variable and actions are in place to address this issue. The use of the personal education allowance is used to increasingly good effect to provide additional learning opportunities or activities that will help with the education and personal development of looked after children and young people. There is good access to a range of leisure activities and looked after children and young people are encouraged and supported to engage in a range of hobbies and extra-curricular activities.
51. The educational attainment of looked after children and young people has continued to improve. Their results are above national averages at level 4 in English and for mathematics are in line with the national average. There has been good improvement at key stage 4 in the proportion of children looked after gaining five GCSEs at grades A-G with performance increasing from 9% in 2008-09 to 18% in 2009-10. This has been supported by an increase in one to one tuition for some young people. Similarly, the percentage of looked after children attaining five A\*-C including English and mathematics increased by 6% to 14% overall. Targeted actions are effective in reducing the proportion of looked after children and young people missing 25 days or more education and the proportion is now similar to looked after children nationally. Schools are telephoned daily to ensure that looked after children and young people are in school and where appropriate absences are followed up. As a result very few looked after children and young people are persistent absentees and there are no persistent absentees at primary school level. Before 2009-10, no looked after child or young person had been permanently excluded from school during the past three years. However, there were two permanent secondary school exclusions in that year. Both young people were provided with alternative provision in a timely manner.
52. Opportunities for looked after children and care leavers to make a positive contribution are adequate. There is a strong culture of celebrating the achievements of looked after children and young people. They report enjoying an annual celebratory event that includes senior officers and

elected members. The advocacy service is well respected by professionals and looked after children and young people. Formal communication with senior officers and elected members is well developed with opportunities for all looked after children and young people to engage in consultation on the strategic direction of services. There are good examples of their contribution to service design and delivery in social care: for example the newly revised Children Looked After Strategy and the council's promises known as the Pledge. However, in the pre-inspection Care4me survey, despite the Pledge having been widely disseminated, only 36% of respondents reported knowing what it was. Currently within health, the looked after children's team have not yet developed any system to obtain the views of looked after children, young people and care leavers on the health services they receive or how they could contribute to service plans.

53. Looked after children and young people do not feel their views are recognised sufficiently well in their personal reviews. This is despite the focus on seeking their views and encouraging them to contribute to consultations and decision making. In the pre-inspection survey less than 60% reported contributing to their reviews. In interviews with inspectors concerns were expressed by some care leavers and young people that their reviews did not always take place at a time when they could attend in person. Having their views represented by a social worker or others was not felt to be satisfactory. While it was acknowledged that some improvements have been made, the lack of personal involvement in their reviews reduces their ability to participate effectively.
54. The understanding of the level and impact of youth offending in the looked after children and young people population is not analysed or understood. At the time of inspection there were 11 looked after young people in custody which is a high proportion of the looked after children population. There is no partnership strategy in place to ensure effective action is taken to prevent offending or re-offending. As information is not collated about these young people planning and service provision cannot be effectively targeted.
55. The impact of services to improve the economic well-being of care leavers is adequate. The majority of care leavers have an up-to-date Pathway Plan which is reviewed although the quality of the plans is too variable. Looked after young people and care leavers report that pathway plans do not effectively represent their needs and that it is difficult to get changes made to their plans. There has been a significant increase since 2008 in the proportion of looked after children and young people in education, employment and training. Performance is now similar to that of other councils with a 5% increase in the proportion of care leavers at the age of 19 in education, training and support. Effective academic support is provided to the 44 care leavers who are in higher education. All colleges and universities who have students who are looked after young people from Hertfordshire have identified key lead staff to provide on-site support

where needed. The council has funded a designated worker to support and encourage looked after children to apply to university. This has resulted in a consistent take-up of approximately 12 places per year and is cited by the Department for Education as good practice. This additional support has reduced the number of looked after young people repeating years and in the staying on in higher education rates. However, once at university, support from the council other than finance is limited. For example, there are some identified concerns as to where these young people return to in the holidays, who maintains contact with them during term time or who fulfils the role of a caring parent.

56. Transition planning is adequate and improving. However, transfer arrangements between the looked after children team and the independent support services team are insufficiently robust to ensure the personal needs of the young person are well met during the transition between teams. There are some opportunities for care leavers to remain living in their foster homes beyond 18 years of age but these are limited. Good protocols are in place with housing providers to ensure suitable housing provision is available for care leavers. While care leavers speak very positively about supported accommodation they express their concerns that there is insufficient supported accommodation to meet demand. A small number of care leavers are placed in bed and breakfast accommodation for extended periods without an increase in support. Partnership working with Youth Connexions identifies services appropriately for those looked after young people with special educational needs or disabilities. However, parents still express concerns about transitions for young people with complex needs and report that new developments have yet to show impact. For care leavers with health needs, including mental health, there is limited specialised support available. As a result, work with a young person is often provided too late in the process. This delay impedes their ability to stabilise into independence, employment or higher education.

## **The quality of provision**

## **Grade 2 (good)**

57. Service responsiveness is good. The Children Looked After Strategy is well embedded within the service and there are good preventative services in place for children and young people on the edge of care. Increased use of the CAF, multi-agency support such as that provided by the Family Intervention Project (FIP), the Adolescent Resource Centre (ARC) and the family support worker service are all showing effectiveness in improving parenting capacity and supporting children and young people to remain at home. Parents who contributed to this inspection spoke positively of the support they had received from the FIP expressing comments such as 'I would be dead without them' and 'they are always there when I need them'. They considered the work to be outstanding both in terms of responsiveness and effectiveness in meeting their needs. Young people who met with inspectors felt the ARC had made a significant difference to

their lives. One young person commented 'me and Mum talk to each other now and don't fight over silly things'. The increased use of Family Group Conferencing (FGC) is good and has had a significant impact on reducing the number of children and young people entering public care. Conference participants feel they are enabled to create their own plans and with appropriate support from the FGC families access support systems that they had not previously considered. Although social workers recognise the benefits of FGC referral rates across teams are not consistent and the reasons for this have not been explored. Decision making in respect of children becoming looked after by parental request is at an appropriate level of seniority. There is a good resource panel in place that ensures all alternative safe options have been considered before agreement is given to the child or young person becoming looked after. The use of the CAF is improving and being used to support children in need plans and young people to return home where appropriate. Young people aged 16+ at risk of homelessness are not always assessed or, in cases where they are, do not always receive an appropriate assessment of need. Although there are good housing protocols in place there is a lack of access to emergency and long-term supported accommodation for those who are homeless.

58. Assessment and direct work with looked after children and young people are adequate overall. Vacancies and sickness absence rates in the workforce, although improving, have led to frequent changes of social worker for many looked after children, young people and care leavers. Frequent changes results in their experiencing difficulties in sustaining positive relationships with their workers. This was a particular concern voiced by young people in interviews with inspectors. There is a multi-agency steering group that has developed effective systems to ensure timely notifications of to looked after children and young people missing from care and home. Actions taken to support young people when they return to their placements by following them up is having a positive impact through reducing the number of repeat occurrences. In an attempt to reduce the numbers of looked after children and young people to a safe but manageable level, managers are reviewing and strengthening the use of alternatives to care. These include the use of special guardianship allowances and preventative services to enable children in need to live with friends and family. Cases selected at random for this inspection found that using these arrangements children and young people had been placed appropriately.
59. There are currently 1164 looked after children and young people. Numbers increased during 2009–10 reflecting the national picture of an increase in demand for public care for very young children and older teenagers. Partnership working to meet individual and changing needs is at least adequate with some good and some outstanding aspects. For example, some adoption work sampled and the ARC project are outstanding and work in schools is good. However, capacity issues in health result in a lack of information, advice and guidance being

systematically offered to care leavers. CAMHS overall are of variable quality and universal counselling services do not prioritise looked after children and care leavers. Looked after children and young people are encouraged to develop good self-esteem and to have high aspirations. All looked after children are allocated to a qualified social worker. At 16 years of age most looked after young people transfer to the Independent Support Service teams which provide services more appropriate to their needs. However, the transitions are not well managed and many looked after young people find the cultural change between care and independence difficult.

60. Complaints are used adequately to improve practice through effective monitoring of trends, regular briefings and targeted training. The advocacy scheme is used by some looked after children and young people to resolve difficulties and support them in making a complaint. A system of 'grumbles' has been established in some residential units to respond promptly to low level concerns. However only 53 (44%) of looked after children and young people who completed the pre-inspection survey indicated they know how to make a complaint. Twenty two young people reported having used the process in the previous 12 months with 67% considering their concerns had been dealt with fairly.
61. Care planning, review and recording are adequate overall. Case recording inspected was up-to-date with evidence of managerial oversight through case directions recorded. A majority of looked after children and young people have an adequate care plan but in some cases sampled not all care plans were documented clearly. In some, there was a lack of analysis, contingency planning or updated assessments and in others there was too much detail about siblings' needs rather than those of the subject. However, in a number of cases sampled, the quality of work being undertaken was significantly better than that recorded in the care plan. The role of the independent reviewing officer is recognised as being significant in providing robust challenge to practice and quality assuring the process. Feedback is provided to both the social worker and line manager to address any identified issues. The importance of permanency planning for looked after children and young people particularly for those under five is well understood and effectively demonstrated in practice. Most plans for looked after children and young people are reviewed on time through statutory processes. Of the 126 children and young people who took part in the pre-inspection survey, 77% reported they felt their reviews worked well or very well to make sure the care they receive is what they need but only 68% reported that they felt their wishes were taken into account well or very well. Social workers interviewed highlighted some good work and articulated well the outcomes they were working towards with children and young people.

## Leadership and management

## Grade 3 (adequate)

62. Strategic leadership and management of services for looked after children are adequate. A child-centred approach, the promotion of their safety and well-being and raising their educational attainment and achievement are at the heart of the partnership's ambition and priorities for looked after children, young people and care leavers. The priorities and ambitions are good, reflected in the Children and Young People's Plan and have cross-party support. However, the attention given to improving safeguarding and child protection services overall has resulted in less focus being given at a strategic level to improving outcomes for looked after children and young people. Despite this, practitioners across agencies have continued to secure adequate and sometimes good outcomes for most looked after children, young people and care leavers. Elected members on the corporate parenting group are committed to the achievement and well-being of looked after children, young people and care leavers. However, the corporate parenting group is made up of predominantly county council elected members and employees and its composition is not reflective of the wider partnership. Consequently, challenge to officers is insufficiently robust. Reports are received rather than commissioned and performance data is not scrutinised sufficiently by the group. For example, the reasons for the numbers of looked after young people in custody are not explored. Similarly, the inconsistencies within health services with regard to the completion of initial health assessments are not challenged. While elected members do demonstrate a commitment to listening to the views of children and young people and to the issues that affect their lives there is little evidence about how this has effected change.
63. Performance management at the strategic level within the looked after children's service is adequate. The HCTP, the HSCB and the corporate parenting group all receive management information on looked after children's services but it has mainly focused on performance indicators or reviewing the outcome of external inspection reports. The HCTP and HSCB have not built into their work plans any reference specifically to looked after children and care leavers. At an operational level performance management systems for managers, to ensure statutory visits are made within timescales, that children are seen alone, and that reviews are held on time, are adequate. Monitoring of commissioning arrangements is good and is leading to improved outcomes for children and young people. Working in partnership with other council areas, Hertfordshire has developed a detailed commissioning strategy which ensures good quality placements that offer value for money. Supervision takes place regularly and social workers report that they find it supportive and beneficial. However, supervision files randomly selected did not reflect the reported quality of practice discussions or identify areas for development. There is some evidence that managers have used the findings from audits to improve practice, for example, in raising the quality of care planning.

However, it is less clear how other audits are being used across the service to improve practice as a whole.

64. The engagement of looked after children and young people in service planning, training events, consultation events and service delivery is good. Children and young people who met with inspectors confirm that the Director of Children's Services and elected members meet with them, listen to them and they feel valued. They feel their views have some influence on outcomes at a strategic level through the work of the Children in Care Council and other events. While there are good participation opportunities for older looked after children and care leavers, the challenge to the partnership remains how best to engage with younger looked after children. Participation workers are used effectively to engage children from the age of five on a one to one basis for their reviews but have yet to ensure that this group of children have opportunities for meaningful involvement in service improvements.
65. Partnership working for looked after children and care leavers is adequate. Professionals at all levels across agencies understand their responsibilities to looked after children, young people and care leavers. Voluntary organisations play a part in delivering services to looked after children and young people. The Corporate Parenting Board is not well constituted and some multi-agency planning groups struggle to engage all partners. At an operational level a wide range of services work together adequately to meet the needs of and deliver improved outcomes for looked after children and young people. Regional joint commissioning of placements is improving the quality of care although choice remains limited.
66. The promotion of equality and diversity for looked after children is good overall. The partnership's knowledge of its children and young people population is on the whole secure and the variety of needs known. The updated self assessment derived from the CYPP has identified well the relevant issues and priorities for 2010–11. Evidence shows that in most individual cases of looked after children, young people and care leavers, the ethnicity, cultural, religious, linguistic and disability needs of the child or young person is taken into account and influences assessment and case planning. There is good use of interpreters to facilitate placement and review meetings. Strategies are in place to recruit foster carers from minority ethnic communities. The strategies have been effective in increasing culturally and racially appropriate placements. However, it is recognised that more diverse placements are still necessary to meet demand. Similarly, appropriate positive action is being taken to build the local capacity of foster carers to meet the needs of looked after children and young people with complex special educational needs. This has resulted in more looked after children and young people with complex needs returning from out of county placements to their own communities.

67. The quality of support provided to unaccompanied asylum-seeking young people is variable. Age assessments are not consistently applied, which on occasion has resulted in a young person aged under 16 being placed, inappropriately, in independent accommodation. While some asylum-seeking young people are benefitting from support to pursue higher education others feel that their specific needs are not understood by foster carers and the level of support they receive from the specialist team is inconsistent.
68. Value for money for looked after children and young people is good. For example, an internal review of the Family Group Conferencing service found it to be an effective model both in terms of significant savings compared with children being accommodated and delivering better outcomes for children and young people on the edge of care. The HARP arrangements provide rigour and challenge to ensure no child or young person becomes looked after unnecessarily. The Children and Young People's Commissioning Team has led or collaborated in a number of sub-regional and cross regional initiatives to increase value for money and to make more efficient and effective use of resources in the commissioning of out of county placements. This has improved the range and quality of placements available to looked after children and young people while producing significant savings in the cost of placements. High spending is identified and addressed effectively. However, the recent rising numbers of looked after children and young people, including those whose needs are best met in external placements, has created budget pressures. Appropriate management oversight is in place to monitor the situation and take timely action.



## Record of main findings: Hertfordshire

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

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