

Inspection of safeguarding and looked after children services

London Borough of Greenwich

Inspection dates 28 June to 9 July 2010

Reporting inspector Gary Lamb HMI

Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI), one inspector from the Care Quality Commission and an Additional Inspector. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with 52 children and young people and 48 parents receiving services, front line managers, senior officers including the Director of Children's Services and the Chair of the Greenwich 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 three serious case reviews undertaken by Ofsted in accordance with 'Working Together To Safeguard Children', 2006.
 - a review of 24 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 August 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
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Service information

4. There are 65,613 children and young people aged 0 to 19 years living in Greenwich in 2010¹. This accounts for 26.9% of the total population in the borough. Greenwich is ranked as the 24th most deprived local authority in England on the Index of Multiple Deprivation². In 2009, 58.7% of pupils in primary schools and 58.4% of pupils in secondary schools lived in one of the 20% most deprived areas in England. The proportion of children and young people eligible for free school meals is significantly above the national average (28.0% of primary school children in Greenwich compared with 17.4% nationally and 25.5% of secondary school children in Greenwich compared with 14.2% nationally). In the 2001 Census, 35.1% of children and young people aged 0 to 19 years were from minority ethnic groups compared with 27.2% for the total population. The proportion of pupils who speak English as an additional language is significantly above the national average (37.4% of Greenwich primary school children compared with 16.0% nationally and 33.6% of Greenwich secondary school children compared with 11.6% nationally).

5. Greenwich became a pathfinder Children's Trust in 2003 with a Shadow Board drawn from the council and Primary Care Trust (PCT). In 2008, membership was extended to the police, schools and the third sector with the Children's Trust Board formally recognised in the Local Strategic Partnership governance alongside three other partnership boards. More recently the Children's Trust Board has agreed to broaden its membership to meet new statutory guidance. A senior officer group, the Children's Services Strategic Partnership, supports the Board and has broader membership, including Neighbourhood Services and Community Safety. Children Strategic Safeguarding Partnership members lead joint commissioning groups which identify priorities for children to inform planning and service design across agencies. The council is currently in discussion with the PCT on the establishment of a strategic health and social care board to promote integrated commissioning of all resources across the agencies.

6. The Greenwich Safeguarding Children Board (GSCB) brings together the main organisations working with children and families in Greenwich including the local authority, the Metropolitan Police, NHS Greenwich, South London Healthcare NHS Trust, Oxleas NHS Foundation Trust, Greenwich Community Health Services, the Probation Service, schools and the voluntary sector (through Greenwich Action for Voluntary Services). Plans are in place to include lay members. The GSCB has an independent chair who attends the Children's

¹ Based on the GLA's 2008 Round Post London Plan Low projection estimate.

² As at 2007.

Trust Board as part of the accountability arrangements to report on the activity and impact of the GSCB.

7. Greenwich has 114 fostering households³ and one children's home. Greenwich Children's Safeguarding and Social Care services are delivered on a borough-wide basis. The four Initial Response and Assessment Service (IRAS) Teams carry out assessments, respond to private fostering notifications, undertake child protection enquiries and deliver short term interventions for children and their families. The Preventions Teams work with other professionals to provide targeted, intensive family and parenting intervention to improve outcomes for children on the edge of care or harm. The Children with Disabilities Team provides a social work service to disabled children and their families. The Emergency Duty Social Work Team provides a generic out-of-hours social care service.

8. The Care Planning and Protection Service provides a social work service to looked after children, children who are the subject of a child protection or adoption plan, children in care proceedings subject to no order, children on supervision orders, privately fostered children, and children who have recently left the care system or had a child protection plan. There are five generic social work teams and two young people's teams providing a service for looked after children aged 14 or older and children in need. Leaving care support is provided through the Independence Plus team. As in other areas, over the last year, there has been a substantial rise in social care and safeguarding activity rates but the increase is far higher in Greenwich. The council consistently has around 2,000 children or young people receiving some form of support from social care. At the time this inspection started, 291 children in Greenwich were the subject of a child protection plan and there were 593 children looked after by Greenwich. Of these, 398 were of school age (5-16) and 37 were attending early years settings and 65% of looked after children were living in foster care placements.

9. There are 24 children's centres in Greenwich and 86 schools comprising four nursery schools, 64 primary schools, 13 secondary schools including one academy, four special schools and one pupil referral unit. The schools work through cluster arrangements to provide extended school services for their communities and to commission targeted services, such as speech therapy and counselling services. NHS Greenwich commissions all health services for Greenwich residents including those services from independent contractors such as general practitioners, dentists, pharmacists and orthoptists. The main health care provider organisations are Greenwich Community Health Services, South London Healthcare NHS Trust (Acute) and Oxleas Mental Health NHS Foundation Trust.

³ As at 31 March 2010.

The inspection outcomes: Safeguarding services

Overall effectiveness

Grade 3 (adequate)

10. Partnership working is a significant strength in Greenwich. The Children's Trust Board and the supporting, officer level Children's Services Strategic Partnership have good cross-agency representation including the voluntary and community sector. Better joint working is making an impact for example in the better application of safeguarding procedures in schools and addressing homelessness among young people. Safe recruitment is being effectively delivered across the council and its partners but the recruitment and retention of social workers are a challenge. There are high vacancy rates within community health services, particularly in the health visiting establishment which has reduced the reach and effectiveness of universal and early intervention safeguarding responses to children and families.

11. The council and its partners take swift effective action to tackle service improvement and respond to inspection findings such as children's homes inspections. However, progress in tackling improvements to the front line child protection contact, referral and assessment arrangements identified at the unannounced inspection August 2009 has been slow due to the high volume of referrals received and the lack of experienced staff and managers. The council has acted quickly to strengthen management oversight and support for staff to improve skills, competence and practice. Nevertheless, improvements in the timeliness and quality of assessments are not yet embedded across the service and although children are safe, this remains a challenge for the council.

12. The GSCB has comprehensively addressed effectively both the child protection and the wider safeguarding agenda. The GSCB has recently appointed an independent chair who is beginning to provide clear leadership. There is a cohort of managers at appropriate levels of seniority and good representation by agencies in sub groups. However, the membership at board level does not fully represent members of the community, such as representatives from Black minority ethnic groups and faith communities and the voluntary sector, and the attendance by some key partners has been inconsistent. There is a lack of medical leadership and guidance with no designated doctor for safeguarding or general practitioner representation at board level. The GSCB has undertaken three serious case reviews which have been evaluated by Ofsted as good and a valuable Case of Concern evaluation. The lessons learned from these reviews have been implemented effectively, and have for example led to the improved recognition of the safeguarding of unborn and non mobile babies.

13. School councils and youth forums are well developed and they provide good opportunities for children and young people to have their say about local issues which concern them. However, their views are insufficiently coordinated

at a strategic level to help influence the shape of services. For example they would value being more involved in how issues such as youth violence is addressed. The Children's Society has been recently commissioned to improve engagement and the coordination of the voice of children and young people in the borough but it is too early yet to measure impact. Children and young people report that they have some good opportunities such as the "Y Factor Conference" to voice their views on safeguarding issues. The children and young people who spoke with inspectors said they feel safe at school and in the community and that they recognise and appreciate the measures that have been taken to safeguard them.

Capacity for improvement

Grade 3 (adequate)

14. The council has a good track record of improvement across the Every Child Matters outcomes ensuring that statutory requirements for safeguarding children and young people are met. The GSCB is developing an effective oversight of safeguarding performance. It delivered the majority of actions in its 2009/2010 business plan, which has driven improvement, and has a comprehensive business plan for 2010/2011. The council knows its own child protection business operation very well. Over the last year, the council has undertaken audits of the quality of work and these have identified a number of areas for action that relate to the need for improvements in compliance with standards, the timeliness and quality of assessments, the quality and consistency of recording, the better monitoring of workflow and oversight of performance. There has been some progress on tackling these issues but due to the increased demand for services this has been slow. This work is subject to a robust improvement plan which is regularly reviewed. Staff shortages in children's social care have been matched by additional resources to ensure the council can meet its statutory responsibilities. High vacancy rates within community health services, particularly in the provision of health visitors, have adversely impacted on the service's ability to deliver universal preventative health services. Despite the uncertainties of future funding, the council and its partners maintain a strong commitment to safeguarding services.

15. The council is actively addressing social work staff shortages by recruiting from overseas. It has also recently re-shaped the way contacts, referrals and assessments are managed which has led to improvement. The level of inappropriate contacts has been reduced and the IRAS teams have been reorganised to provide a sound basis for child protection work. However the IRAS teams have a high percentage of vacancies and inexperienced or agency staff which is hindering progress. These staff, require intensive induction and this places considerable demands on team managers who themselves need support. Nevertheless, the council has ensured social work caseloads are manageable and there are some examples of good quality practice in front line child protection services. This includes comprehensive initial and core assessments, good identification of risk and appropriate interventions which match children's needs and ensure their safety. However, this sound practice is not consistent across all areas. Practice in areas such as supervision, record

keeping, chronologies and the accuracy of data require a more sustained approach and the council's intentions to address this is set out in current improvement plans.

Areas for improvement

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

Immediately:

- Ensure all locum medical staff working at the Queen Elizabeth Hospital and all independent contractors, including general practitioners, undertake appropriate levels of safeguarding training.
- Complete the planned reconfiguration of the out-of-hours emergency duty team to ensure responses are of good quality and meet the demand for service.
- Accelerate the implementation of the IRAS improvement plan to consolidate progress, tackle the poor quality and timeliness of some initial and core assessments, and provide training for social workers and their managers in the effective use of the council's electronic childcare record system.
- Ensure front line social work staff have access to routine high quality professional staff supervision which is rigorously recorded.

Within three months

- Continue to tackle the high vacancy rates in the health visiting establishment to ensure appropriate early intervention and support programmes are consistently available across Greenwich and secure the increased use of the Common Assessment Framework by health staff to support this work.
- Ensure all key personnel receive Tier One safeguarding training and particularly members of the adult services.
- Ensure the GSCB has a membership sufficient to enable it to identify and respond to its priorities.
- Accelerate plans to re-launch the Greenwich Children and Young People's Council to ensure the views, wishes and feelings of children and young people are represented and coordinated at a strategic level to help influence the shape of services.

- Ensure the views, wishes and feelings of children who enter the child protection system are effectively promoted and considered at child protection conferences.

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)

17. The GSCB is providing good leadership on safeguarding matters and awareness of safeguarding within the partnership and the community provides a sound basis for ensuring children and young people are safe. Children who are regarded as being 'at risk' are identified early through close collaboration across all agencies. The effective dissemination of lessons learned from serious case reviews has ensured safeguarding arrangements have been improved, such as those to ensure the most vulnerable children under one are protected. However, the shortage of health visitors has had a detrimental impact on the delivery of universal preventative health services for pre school children and their parents.

18. Arrangements for the notification and investigation of safeguarding issues in relation to the practice of professionals are good. The Local Authority Designated Officer (LADO) role is effectively undertaken by the Children's Safeguarding Manager and respected by colleagues across agencies in providing advice, support and guidance to people who need assistance. The post is well supported by human resource lead officers and provides an annual report to the GSCB which identifies the number of cases reported by each agency to enable effective planning. Ofsted safeguarding judgements for most settings and services are good or better and this is the case in over 90% of the schools inspected. The local authority fostering and adoption agencies have both been judged good and private fostering arrangements are adequate. Schools are making a good contribution to the safeguarding of children. School attendance has improved, the number of permanent exclusions has greatly reduced, and alternative education provision is of good quality. Outcomes for the health of children and young people are generally good; breastfeeding rates are well above the national average and infant mortality is similar to the national average, despite high levels of deprivation within Greenwich. Effective targeting of areas for improvement has resulted in better health outcomes for children, for example NHS Greenwich has been effective in promoting the sexual health screening of young people and there has been an increase in the uptake of Chlamydia screening. There are also small but significant reductions in the teenage pregnancy rates, although rates remain higher than the national average. Targeted work by community health workers in a variety of settings has led to a significant increase in the levels of childhood immunisations achieved in Greenwich. Although a new obesity strategy was agreed between the council and NHS Greenwich in 2009, this has not yet had impact. The latest data show a continuing rise in the percentage of children being classified as

obese in both reception and Year 6 and these figures are higher than those across London and England.

19. Services are regularly audited for quality and swift action is taken to tackle identified inconsistencies in performance through effective plans which are leading to improved outcomes. Some recent developments are proving highly effective. For example, recognising the prevalence of domestic violence, parental substance misuse and mental health issues, experienced social workers have been deployed in specialist roles in adult mental health, parental substance misuse and to work with the police on Merlin reports. The council and its partners have recognised that they need to improve the arrangements for children missing from home and care and are developing a fully integrated approach, supported by an inter-agency protocol.

The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe. Grade 2 (good)

20. The threshold for access to safeguarding services is clearly stated, well disseminated and understood across the professional workforce. More families are engaging with early intervention and prevention services and this is leading to improved outcomes and a high proportion of child protection referrals going on to an initial assessment which is reducing risk for children. Groups of children and young people and their parents seen by inspectors report that they are generally satisfied with the services they receive. For example parents and carers are positive about the use of the common assessment framework (CAF), the Team Around the Child (TAC) services delivered through children's centres and they report outcomes for their children have improved as a result. Children and young people are regularly visited by social workers and there is evidence that their views are sought, although this is not consistently recorded. Ways to involve young people in child protection conferences are still being discussed. The proportion of hospital admissions caused by unintentional and deliberate injuries to children and young people is low. There is good access to Child and Adolescent Mental Health service (CAMHS) assessments for young people presenting with self harm and other mental health related concerns; out-of-hours arrangements in place include the access to a consultant psychiatrist. A mental health link worker within the Accident and Emergency department is currently developing a flow chart to improve admission processes for children and young people under 16 years of age.

21. The safeguarding of children within the Accident and Emergency department includes a range of policies and supporting procedures which provide a sound basis to promote safeguarding. Although systems for the flagging of frequent attendees is in place, the recording of safeguarding concerns is not currently included in the electronic alert system used within the trust. Plans are being discussed to include this so that it provides an effective alert mechanism for health professionals. Clear procedures are in place to ensure that the safeguarding of children is assessed when adults with a mental health or substance misuse concern attend the main Accident and Emergency

department and there is an emergency protocol in place to escalate urgent concerns. All employed staff have received training in making referrals to social care and the named nurse reviews all referrals for appropriateness. A single point of access to assessment and care to adult mental health services has led to increased children's safeguarding awareness and higher safeguarding referral rates from workers in adult mental health teams.

22. Within the broad safeguarding agenda there is a good range of initiatives to ensure that most children and young people feel safe. Processes for gathering and listening to the views of children and young people are developing and leading to improved feelings of safety. All children and young people who spoke with inspectors said they felt safe in their schools and talked confidently about their relationships with the adults who work with or care for them. There are good examples of strategies to promote good behaviour in schools and anti-bullying strategies are effective. The increase in cyber-bullying is being tackled through the development of a toolkit which provides information and guidance on this issue across the children's workforce. Schools and the youth service effectively ensure children and young people know how to keep themselves safe, how to reduce risks to their personal safety and where to report concerns or seek the support of adults. A good example of effective partnership working directly impacting on young people's lives was seen at the Accident and Emergency department at the Queen Elizabeth hospital where staff are working with police to reduce gang related injuries in hot spot areas.

23. Children and young people involved in school councils and local forums who spoke to inspectors said they enjoy safe places to go such as youth clubs. They also identified their involvement in projects which have improved their safety and that of others, such as tackling homelessness for young people. A rapid response by the partnership to the concerns raised by children and young people about safety on public transport during journeys to and from school has resulted in improved safeguarding arrangements by the deployment of community safety officers travelling on the affected routes. However, the council is aware that children have ongoing concerns about youth violence. Work is on-going between schools, the police and housing associations to tackle this issue. This has led to the development of STEIP (support through early intervention panel) which was set up to tackle anti-social behaviour and coordinates multiagency programmes to divert young people on the edge of crime.

The quality of provision

Grade 3 (adequate)

24. Service responsiveness is adequate. The thresholds for access to child protection services have been reviewed and some, for example those in relation to domestic violence, have been lowered. Thresholds are now appropriate and used effectively by agencies to identify children in need including those who require protection. Performance on the proportion of referrals which lead to initial assessments is very good. The new contact and duty arrangements are effectively filtering out the high proportion of inappropriate contacts that do not

meet thresholds for services. This increased rigour is also enabling discussion to take place with referrers to improve their understanding. Designated child protection lead officers in schools receive a prompt response to referrals and also receive good advice and guidance from senior children's social care managers. Social work attachments to each school cluster group are acting effectively to improve communication and access to service.

25. In line with national trends the demand for the front line child protection service has increased. The allocation of work to appropriately qualified and experienced social work staff remains a challenge, but in the main the council responds promptly to child protection referrals and these cases are effectively risk assessed and managed well. Although the council has introduced routine audits on the quality of social worker cases management, oversight of the workflow is under-developed and a recent case file audit undertaken by the council identified a small number of cases which heightened concern that children were 'at risk'. In specific instances of concern the council has taken rapid remedial action. The audit identified that there had been some issues of delay and drift and poor recording but there had been an adequate assessment of risk and children have not been left unsafe. The out of hours emergency duty service does not meet the needs of children and young people because home visits and assessments are not made by social workers who have to refer work to the police. This is not in the best interests of children. The council has reviewed the service and is consulting on a revised service configuration and specification.

26. The attendance of parents and carers at child protection conferences is good, but the attendance of children and young people is more variable. There is no advocacy provision for children who wish to attend child protection conferences to support them in making an effective contribution. The council has identified that the response from complaints and representations is currently not at an acceptable level. Action has already been taken to manage the volume of work but it is too early yet to assess the impact. The GSCB Child Death Overview Panel was established early but has developed a backlog of 21 cases. NHS Greenwich will clear the backlog of cases which can be reviewed by October 2010 while ensuring that new cases are not being delayed. There is a good level of CAMHs provision for specialist input at Tiers Two, Three and Four. However, the provision of universal early intervention Tier One work has been adversely affected by shortages in health visiting.

27. Arrangements for the assessments of, and direct work with children and families are adequate. The timeliness of completing initial assessments within seven working days remains good and, despite increased demand, recent performance is improving and increasingly effective when measured against the new timescale of ten working days. However, the completion of core assessments within 35 working days is consistently poor. This is in part related to the increased demand for these assessments which has increased by 31% this year. A performance improvement plan is in place to ensure assessments are correctly counted, capacity is improved, and for engagement with other

agencies at an earlier stage. The quality of initial and core assessments varies from very good to poor and they do not always reflect the good level of work carried out by social workers and their managers. Cases where children are at risk are effectively prioritised and actioned. Responses are in the main timely and robust to ensure children are safeguarded. Steps are being taken by senior managers through thematic quality auditing to raise the quality of these assessments and there is evidence of improvement from the cases files examined by inspectors. Child protection enquiries carried out under Section 47 are carried out by qualified social workers in conjunction with other agencies but management decisions and discussions are not always well recorded. There are examples of good multi-agency working involving midwives and primary mental health staff in children's centres providing early intervention and targeted prevention work. Similarly multi-agency work in supporting young carers is excellent. Although the implementation of the CAF has been variable, particularly among community health staff, some case examples were seen where it is making a positive impact on children's lives..

28. Procedure and practice for case planning, review and recording are adequate. Within the IRAS team, there are some good examples of child-centred planning and monitoring. Although the quality of assessments and the thoroughness of how they are recorded are improving, too many records are poor and do not reflect the good practice which is occurring. Assessments do not always capture the analysis of risk and what needs to be done to reduce risk. Although the council's electronic childcare information system is adequate, training to support social workers in the use of the system has been ineffective. Procedures for recording are not always followed; the council's recent audit of IRAS evidenced that a number of forms including referrals, initial and core assessments were not completed fully or were mislabelled on the electronic childcare information system. This does not support good assessment nor provide a sound basis for social work interventions. Difficulties in retrieving documents make management oversight problematic.

29. Child protection conferences and reviews are held within timescales and child protection decision making is good despite increased levels in demand. Local management information indicates that the number of children subject to a child protection plan for more than two years has reduced and there has been a reduction in the number of children who are made the subject of a child protection plan for a second or subsequent time. The chairing of child protection conferences is good, although the capacity of the child protection chairs to track progress between conferences is limited and they recognise this as an area for development. From the case files examined by inspectors, it was identified that attendance by multi-agency staff at child protection conferences is good and has recently improved in some areas of representation, such as the police. Although general practitioners rarely attend conferences, their contribution through the submission of written reports is beginning to increase. Child protection conference minutes clearly identify the factors that increase and decrease risk and set these out in clear outline plans that are promptly distributed. The minutes contain the views of all participants including parents

and demonstrate that frank discussions take place so that parents are clear about what is expected of them. The work of core groups is inconsistent and the quality of some child protection plans is poor. The council recognises that it needs to improve the consistency of these plans to improve their clarity and focus on outcomes.

Leadership and management

Grade 3 (adequate)

30. Ambition and prioritisation are adequate. The council, including its members and partners, has a strong focus on improving outcomes for vulnerable groups while safeguarding children and young people. This is reflected in the CYPP and its review, which is based on a joint strategic needs assessment. The Children's Trust Board is committed to translating the CYPP into action with a multi-agency approach using the CAF, TAC and children's centres to improve early intervention and preventative services. Formal evaluation of the impact of these services is underway and there is some early evidence to demonstrate they are making a difference and improving outcomes for children and families.

31. Leadership through Children's Services Strategic Partnership and the GSCB has ensured that there is a good engagement in the safeguarding agenda by most agencies including the voluntary and independent sector. Improving outcomes for the most vulnerable children and young people is owned as a shared responsibility across agencies. The wider safeguarding agenda is being tackled well by the council. The council's leadership and management team is aware of the weaknesses in its core child protection business and are taking steps to address these. The need for improvement has been recognised at the highest level within the council and it is acting to address the issues that have been revealed through a quickly developed, comprehensive audit and action plan. Although the council responded well to the findings of the unannounced inspection of contact, referral and assessment arrangements, the increased demand for service and shortages in experienced and permanent social workers have had an impact on performance and the rate of improvement. However, the council and its partners are well placed to make improvement. Leadership is strong and there are clear lines of accountability in place. Social workers report positively that senior managers are accessible and respected.

32. Commissioning, including joint commissioning, has improved and continues to develop. It is now more transparent and soundly based on a good needs analysis. There are well established joint commissioning arrangements in place. For example, NHS Greenwich along with local authority partners jointly commissions teenage pregnancy, CAMHs, parenting, and substance misuse services. Information-sharing protocols are understood and partners report an improved sharing of knowledge and information which has led to better joint working. The absence of a designated doctor for safeguarding within NHS Greenwich has, however, hampered strategic medical leadership and guidance in this area resulting in a lack of medical engagement. A recruitment drive for

this key role is currently underway. Provision for children and young people with learning difficulties and/or disabilities is at least satisfactory and highly valued by parents. The council and NHS Greenwich are currently reviewing specialist provision and have a good understanding of changing need, for example the growing number of children on the autistic spectrum.

33. Evaluation, including performance management, quality assurance and workforce development, is adequate. Performance management at a strategic level is good and is leading to improvement across the safeguarding performance indicators but improvements in the IRAS have been slow. The Children's Trust Board and supporting officer group (Children's Services Strategic Partnership) use data effectively to drive improvement on both safeguarding and vulnerable children's outcomes. NHS Greenwich has effective performance monitoring systems in place to monitor safeguarding of children in the services which it commissions. Contract specifications and monitoring processes for its main providers have been revised and strengthened. Progress against all target and priority areas is rated and supported with a clear analysis of issues and progress against action plans.

34. Front line staff are very committed to the safeguarding needs of children and to engaging in the implementation of the new improvement agenda. Managers are accessible and supportive but some social workers who spoke with inspectors reported that they are not being sufficiently supported in developing a career path towards greater seniority. Social work caseloads are generally manageable but the recruitment and retention of social workers are a challenge for the council. There is a high proportion of newly-qualified social workers in IRAS teams and, due to the volume of work, it is not possible to protect them from having complex caseloads. However, they receive good induction and value the council's participation in the national scheme to support them. Induction for experienced social workers is less effective and all staff report the need for further training on the electronic childcare information system. The council recognises a need to expand the skills of the children's workforce to ensure that the good work of front line staff, such as learning mentors and family support workers, is sustainable. Staff supervision has improved but the frequency, quality and recording of supervision are inconsistent and in some teams do not allow sufficient management oversight of casework or enable performance to be managed appropriately.

35. The GSCB delivers good quality training to a range of agencies including the voluntary sector. However, it has not yet undertaken a training needs analysis of each agency to inform the range and volume of training and development opportunities required. The take-up of Tier One Safeguarding Children training by staff in the adult services is unsatisfactory. Although safeguarding adults training refers to child protection issues and the referral pathways, only seven of 35 members of adult services (20%) have attended the training. There is variable implementation of CAF by health staff; although training has been undertaken in the use of the Framework, it is not yet embedded in the everyday practice of community health staff. Oxleas Mental

Health NHS Foundation Trust and Greenwich Community Health Services have exceeded the targets for safeguarding training at all levels and good progress is being made by South London Hospitals NHS Trust towards the target for Level Two training. Although there has been a huge drive to improve safeguarding training within South London Healthcare NHS Trust, not all staff have yet received supervision in line with the policy currently being implemented. However, the liaison health visitors, mental health workers and midwives reported that they feel adequately supported. The designated nurse for safeguarding has developed a range of training opportunities for general practitioners and their practice staff. However the take-up of training offered to independent contractors, including general practices, is insufficient and does not effectively support best practice. Education professionals have good access to a wide range of training opportunities to support them in the safeguarding of children and young people. They receive good support from the council in relation to health and safety issues such as for school trips, and safe recruitment training has been rolled out to both teaching staff and school governors.

36. There are staff shortages within Greenwich Community Health Services. Action taken by Greenwich Community Health Services to address the high vacancy rate in numbers of health visitors includes both short and longer term measures. Skill mix, use of agency and bank staff, corporate caseloads and additional student health visitor numbers have resulted in the projection that establishment figures will be achieved by September 2010. NHS Greenwich has strengthened its contracting specifications relating to safeguarding to ensure commissioned and contracted services have appropriately trained staff. Good progress has been made by all main providers of health care in Greenwich in meeting targets for safeguarding training. However, there is inadequate monitoring of the safeguarding training of locum doctors working in Accident and Emergency department and other areas by South London Hospitals Trust. The designated nurse for safeguarding has developed a range of training opportunities for general practitioners and their practice staff. However, the uptake of safeguarding training among independent contractors remains low, although there has been an improvement within general practice.

37. Service engagement with users is adequate. The views of children and young people, including young people excluded from school or at risk of exclusion, disabled children and other vulnerable groups, have contributed to the development of the priorities for children and young people in the CYPP 2008 - 2011. Although there are a number of examples that demonstrate service user involvement at operational level, such as the redesign of housing assessment forms to make them more young people friendly, there are fewer such examples at a strategic level. The Greenwich Young People's Council does not sufficiently represent the views of children and young people across the borough and is at an early stage of being re-launched.

38. There is an adequate range of opportunities for children and young people to be actively involved in consultations about the broad safeguarding agenda.

Borough-wide and school specific data from Tellus4, the local health related behaviour survey, feedback from the Y Factor annual conference and focus groups run by Compass drugs misuse support service are being used well to inform service development. Children and young people have been involved in developing whole school anti-bullying policies. Substance misuse services have developed their engagement with young people in service planning. There are some good examples where this is leading to improved outcomes. For example, the nine accessible walk-in contraceptive services have led to an increased uptake in the numbers of young people attending for contraceptive advice and have coincided with a small decrease in teenage conceptions. Service users seen by inspectors, including parents of some of the most vulnerable children and young people, report that they are generally satisfied with services and describe being treated with sensitivity and respect. The young people involved in area forums across the borough told inspectors that they would like to be more involved in issues and decisions made around keeping them safe, for example in tackling youth violence.

39. Partnership working is good and is a key strength in Greenwich. All partners report improved joint working and improved shared understanding of each other's roles and responsibilities. The GSCB provides effective community and professional leadership in relation to universal, targeted and specialist safeguarding services. The Board is working well under the leadership of the new independent chair and is developing its quality assurance role. Lessons learned from three serious case reviews have been disseminated effectively. The voluntary sector survey carried out as part of this inspection shows that a higher proportion than nationally of third sector organisations agree that there is effective partnership working with the local authority. However, they have only recently engaged with the GSCB.

40. The implementation of integrated services in localities is leading to some good joined-up multi-agency work. These services are making a real difference and tackling some of the most challenging aspects of work, such as bullying, homelessness, substance misuse and youth violence. There is evidence of partnership working to reduce rates of teenage pregnancies through joint services delivered by NHS Greenwich, in partnership with the borough, of a young people's 'one stop shop', such as The Point, in Woolwich. The service which includes a range of advisory and support services from statutory and third sector providers also hosts a sexual health clinic. The Point, through its work with young people not in education, employment or training, directly serves young people who are vulnerable to early conception; uptake by young people is good and the clinic operated at maximum capacity immediately. There are examples of co-located staff working effectively together, such as health visitors and midwives working alongside social care staff in children's centres and the health and social care teams working collaboratively with children with disabilities and having a positive impact on practice and outcomes. Innovative approaches by school nurses have led to development of health centres in some schools and resulted in closer working between health, youth and

education services. Joint initiatives between schools and the police have ensured children feel safe in school and when travelling to and from school.

41. The promotion of equality and diversity is good. The council has a clear vision and focus on valuing diversity and tackling discrimination and achieved Level 5 of the Equality Standard for local government in March 2009. Its commitment is clearly evident in corporate and children's services strategic plans and effective measures track how well inequalities are being tackled. The planning of services for vulnerable groups throughout Greenwich has been the subject of a thorough needs analysis. Equality impact assessments are carried out rigorously and risks are identified and acted upon with tenacity. Recruitment and selection processes are sensitive to the diverse needs of applicants and the workforce population is increasingly reflective of the multi-cultural make up of the local population.

42. There are many examples of strategies that are having an impact and improving the lives and achievements of children and young people from diverse communities. These include targeted interventions for white British children and young people for whom there is a lack of aspiration and generational poverty, unemployment and disability. The roll out of locality services is helping to deliver more integrated, multi-agency services which are successfully meeting local needs. Children's centres are delivering a range of health and social care services that provide good, highly valued support to families with an increasing engagement of fathers in the care of their children. Access to learning mentors and family support workers is good.

43. Concerted and prioritised actions to narrow the attainment gap between pupils eligible for free school meals and their peers at KS2 and KS4 have been successful. Specific services have been developed to address low take up by some groups. These include youth clubs specifically for deaf children, stay and play sessions in mosques and temples, and yoga groups for children on the autistic spectrum. Work with families of children with an identified special educational need or a disability is developing well. Needs are being identified sooner and this has led to better support for parents and earlier interventions for children. Support for pupils at times of transition is good. Parents report that they remain living within the Greenwich area because of the high level of service they receive. The council has identified an increase in the number of children on the autistic spectrum and is currently considering how best to support these children at secondary school age as part of the review of specialist provision for pupils across the borough.

44. NHS Greenwich has robust commissioning processes in place to ensure the identification of diversity issues. These include clear contracting requirements for commissioned services to provide a monthly activity report which identifies the ethnic composition of the total borough caseload. Good targeting of services has reduced barriers to accessing substance misuse treatment by Black and minority ethnic groups. The comprehensive substance misuse needs assessment identified low engagement by Black and minority

ethnic groups and targeted interventions resulted in a noticeable increase in the uptake of services among Black minority ethnic groups, up from 21% in 1996/7 to 37% in 2009/20. CAMHs have a dedicated worker to facilitate the uptake of mental health services by young black people, who were under represented in the use of preventative and early intervention mental health services; some early increase in engagement and take-up of services is reported. There is under reporting of domestic violence incidents in Black minority ethnic families in the borough but work to address this has not yet commenced. The range of culturally specific services is not always known by social workers, many of whom are new to the area. The recording of ethnicity is not a mandatory field on the council's electronic childcare information system. There is therefore a risk that this information is not recorded and used to inform assessments and the planning and delivery of services.

45. Value for money is adequate. Although the council has set an appropriate budget for its front line child protection service, it has needed to redirect financial resources from other services at times of peak demand to ensure there is sufficient service capacity to protect children at risk of child abuse first and foremost; this has ensured that children are safe. The council's electronic childcare information system is not being used to its full potential and it is wasteful of staff and manager's time in effectively delivering children's services. Managers responsible for the financial management of their respective services know and understand the constraints of their budgets. There are good systems in place to monitor budgets across the council and this practice is embedded across the partnership. The Children's Services Strategic Partnership effectively bring services together to minimise duplication of service across the sector and ensure strategies and actions are joined up. Local resource allocation reflects priorities and supports the delivery of statutory responsibilities, such as pooled budgets between the police and schools to provide an officer in each school to tackle children's fear of crime and to ensure schools are safe places.

46. Resource deficits and the associated risks are well understood by both NHS Greenwich and Greenwich Community Health Services. Extensive changes to recruitment and retention of health visitors have resulted in more health visitors being trained and better retention of existing staff, although the numbers recruited do not meet demand. The Children's Services Strategic Partnership is accessing and harnessing available funds to deliver innovative projects. Government funding to prevent violent extremism is being used to improve community cohesion such as CARE programmes, a collaboration between Charlton Athletic Community Trust and the council, to provide positive activities for young people to divert them from crime and anti-social behaviour. Partnership work is increasingly effective and the voluntary community sector is making a valuable contribution to delivering a range of service across the borough. The costs of services are known and monitored effectively and funds are allocated to activities most likely to be effective through the Children's Services Strategic Partnership. A new commissioning and contracting framework is being implemented leading to improvement but the private and voluntary sector workers who spoke with inspectors said that while they

recognise the need for the new approach, this has caused anxiety across the sector. Contracting and commissioning arrangements deliver desired outcomes and lines of accountability are clearly understood.

The inspection outcomes: services for looked after children

Overall effectiveness

Grade 3 (adequate)

47. The effectiveness of services for looked after children is adequate overall. Although the impact of services for staying safe and economic well-being are good. Health outcomes for looked after children have improved following a dip in performance which was identified by the Childrens Trust Board and tackled by the partnership. Overall performance is now in line with the national average. Educational outcomes, although improving, are adequate. Positive contribution is only adequate because opportunities for looked after children and young people to engage and influence the shape of services are limited. Thresholds for access to the services are clear and understood across the borough and although the looked after population is higher than comparators, services to prevent the need for teenagers to enter the care system are highly effective. Early intervention strategies mean children are removed from their families appropriately and in a timely manner so they are safeguarded and experience good quality of parenting early. Placements are managed very well and a high proportion of children and young people are in stable, good quality family placements which provide good value for money. CAMHs performs very well to support looked after children with complex needs. However, there has been a lack of resources to support the wider health needs of looked after children which has only recently being tackled by NHS Greenwich. Health outcomes for looked after children have rapidly improved but this performance is only recent. There are still some significant gaps in the health service provision, vacancies in strategic posts and an absence of training for key staff to meet the needs of this vulnerable group.

48. Raising the aspirations and ambitions of looked after children and young people is an important priority for partners in Greenwich. The school attendance of looked after children has improved. The rate of permanent exclusions has reduced and is very good and looked after children have made adequate progress in their attainment in relation to their low starting points. The recently established looked after children education team is already having an impact in tracking individual children and the quality of personal education plans is improving. The council demonstrates a good level of commitment to the development of corporate parenting. The children and young people who spoke with inspectors said they enjoy good relationships with their carers. However, the development of the council's service offer in the Pledge has been slow and, although looked after children enjoy a good level of involvement in

their reviews and education plans, opportunities for them to have a voice and influence and shape services are limited. The support provided for care leavers is good. They enjoy good relationships with adults and good quality suitable accommodation. However, the rate of young people's engagement in education, employment and training fluctuates although a recent upward trend is noted.

49. The quality of service provision is good. Services are closely aligned to meet the needs of looked after children, young people and care leavers. Assessments and direct work with looked after children and young people are good. Social workers spend quality time with individual children and young people and their carers to ensure they get the support they need. However, they report that they spend too much time recording information using a system that does not support them or their managers very well. There are good arrangements to provide advocacy and independent visiting services which are valued by those who use them. Leadership and management of services for looked after children and young people are good supported by good ambition and prioritisation as well as strong and effective partnership working. The council effectively provides services for looked after children which take into account equality and diversity and deliver good value for money.

Capacity for improvement

Grade 2 (good)

50. Capacity to improve is good. The council has a good track record for providing good quality safeguarding services to looked after children and young people and performance across the outcome areas for looked after children and young people are good or improving. The political leadership and those responsible for the management of services consistently strive to improve the quality of services they commission and provide. This is contributing to improved outcomes for looked after children. The Children's Trust Board has a shared vision and agreed priorities for improvement based on ambitious targets; performance across a wide range of national performance indicators is good. Most looked after children, young people and care leavers benefit from highly effective permanency planning and experience good quality stable family placements. The partnership is increasingly effective at delivering the services looked after children and their carers need and want. This is leading to improved capacity to accommodate care leavers and care for some of the most troubled and troublesome children and young people who have experienced chaotic lifestyles and are difficult to manage. Early intervention and preventative services are highly effective and lessons learned from serious case reviews have led to demonstrable service improvements. For example, workforce planning and training have in the main ensured the right people are employed with the right qualifications and skills. However, improvement in health outcomes has been recent and the need to sustain and build on these improvements is recognised by the partnership. Despite the extensive efforts of the council, its electronic childcare information system does not adequately support social workers in their work with families or managers to monitor

effectively the quality and throughput of work. Although looked after children and young people's participation in their reviews is good, their opportunities to participate and influence the shape of service improvements is under developed. However children, young people, care leavers and their carers expressed consistent satisfaction in the quality of service delivery and overall services provide good value for money.

Areas for improvement

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

Immediately:

- Develop policy, procedure and practice to ensure foster carers know and understand their responsibility for giving permission to looked after children in their care to join school trips, determine where they can stay overnight and giving consent for medical treatment.
- Ensure that NHS Greenwich develops robust management information systems for looked after children's health assessments and health outcomes are audited.

Within three months:

- Develop and implement a comprehensive system for monitoring and evaluating the placements of looked after children placed out of the borough.
- Ensure looked after children have a voice and engage in programmes which help influence the shape and quality of the service they receive and the youth agenda across Greenwich.
- Ensure that NHS Greenwich and GCHS develop the capacity of the nursing team to provide care leavers with the support they need and want.

Outcomes for children and young people

52. Services to promote health outcomes among children in care are adequate. There has been a lack of resources to support the health needs of looked after children which has only recently being tackled by the NHS Greenwich. A sharply focused response to target services has led to recent and rapid improvement in the number of looked after children who have received an appropriate annual health assessment. Performance has improved from a low base to 88.3% of looked after children with an up-to-date assessment and

77.4% with up-to-date immunisations. However, NHS Greenwich currently has no systems in place to monitor and evaluate the overall quality of health assessments provided for looked after children. Clear arrangements have recently been identified to ensure consistent health care provision for out-of-area placements; these arrangements include CAMHS cover. However, the looked after children's health named nurse is not routinely consulted on any external placement decisions until after the decision has been made. The role of designated doctor for looked after children has been vacant for some time but the new post holder starts work in September 2010. The designated nurse role is currently being undertaken by the named nurse and her role is being back filled by health visitors and school nurses. The impact of services to reduce pregnancy rates among looked after young people shows a significant year on year reduction. A dedicated contraceptive service for children in need and looked after children ensures that any referrals from these two groups of vulnerable young people are fast tracked. There is a dedicated CAMHS provision for looked after children. NHS Greenwich has set out clear service specifications for the looked after children mental health team including data quality, reporting methods and timescales for action plans. Good support is provided to foster carers by the looked after children's CAMHS team through training sessions, one-to-one consultations and any therapeutic intervention felt necessary, all of which is helping to support placement stability. However, there is currently no capacity within the looked after children's health team to offer training or support for foster carers in the provision of healthy lifestyle advice. Greenwich performs well against the National Treatment Agency target for the percentage of looked after young people referred for specialist substance misuse services and 37% of referrals into treatment are for looked after young people as compared to 15% for statistical neighbours and 11% nationally. Once in treatment, most are successful in meeting care plans with any unplanned withdrawals from treatment followed up appropriately.

53. Safeguarding arrangements for looked after children and young people are good. Although the looked after children and young people population is high, only those children who need this level of care enter the system. The multi-systemic therapy team provides focussed and effective support to enable some children who have entered the care system to return home. There is good focus on placement stability and all looked after children have a named qualified social worker. They benefit from a wide range of universal and targeted services to support their placements. Looked after children are placed with families in good quality placements. The local authority foster and adoption services are judged good and local management information shows that looked after children placed out of the borough live in independent fostering placements which are safe and meet their needs. However, the council acknowledges there is no overall comprehensive monitoring of the quality of these placements. Short and long term placement stability is good and 83% of children surveyed felt that they are currently living in the right place and 81% said the quality of the care they get is very good. Some 80% reported that their most recent placement move had been in their best interests. However, 89% of children reported that there is insufficient

placement choice available, although this is beginning to improve through the increased use of placements with relatives and friends and adoption. Most looked after children and young people who spoke with inspectors said they feel well supported, particularly where they have experienced a consistent worker or placement. Some 78% of children who responded to the local children survey reported that they feel very safe and a further 17% felt fairly safe.

54. Performance on the timeliness of looked after children reviews is very good. The council's own data at June 2010 identify that 99% of reviews were held on time and improvement was confirmed by looked after children and young people, parents, carers and other professionals who spoke with inspectors. The council has identified the need to improve the procedures for reporting and monitoring of children missing from care, particularly those in out of borough placements. For example, 38 children were missing from out of borough placements at different times between 1 March to 31 May 2010. New procedures have been developed but not implemented.

55. The impact of services enabling looked after children and young people to enjoy and achieve is adequate. Raising the aspirations and ambitions of looked after children and young people is an important priority for partners in Greenwich. The review of the CYPP 2009/2010 acknowledges that improving school attendance and attainment continue to be areas for development with a focus on especially the high proportion of looked after children who are educated outside of the borough who do not perform as well as those children who are educated in borough. The school attendance of looked after children in borough is closely monitored and recent local data show that there has been improvement at both primary and secondary level. Primary attendance is now better than the borough average for all pupils. Secondary attendance is not yet in line with the borough average for all pupils, but the gap is narrowing. Schools' performance in behaviour management is good. The rate of permanent exclusions of looked after children and young people has reduced and is very good. There were no permanent exclusions of looked after children attending schools within Greenwich in 2008/2009 and only one permanent exclusion out of borough. Fixed term exclusions have also reduced slightly and monitoring is increasingly rigorous. Looked after children who are not in mainstream school have timely access to high quality alternative learning, for example in the outstanding pupil referral unit. Looked after children receive the highest priority within the school admission process and access to Portage and free child care entitlements. The council did not meet Local Area Agreement targets for looked after children reaching level four at Key Stage 2 or for those achieving five good GCSE's at Key Stage 4 in 2008/2009. However, it has introduced improved tracking and monitoring systems using real-time data and schools report greater challenge and support for vulnerable pupils. This is having an impact on educational outcomes for all pupils, including looked after children, as focused interventions are being made earlier. Looked after children have made adequate progress in their attainment considering their low starting points. For example, at Key Stage 2, over 40% (8 out of 19) of the children have a

statement of special educational needs. Two-thirds of children (10 out of 15), for whom matched data is available, made the expected two levels of progress between Key Stage 1 and Key Stage 2 in English and over half did so in mathematics at this Key Stage. In January 2010 the local authority established a looked after children education team (LACE). The recently appointed manager has immediately introduced more robust systems to monitor personal education plans and all looked after children and young people have a current plan in place. Although personal education plans are currently variable in quality, evidence shows that recent plans are more focused on educational outcomes and include starting points so that progress can be assessed. Children's views are routinely incorporated into their plans and looked after children and young people reported to inspectors that their views are taken into consideration and they feel involved. Looked after children and care leavers report that they have good access to leisure activities and are supported to participate in a range of activities in the local community for enjoyment, health and exercise. This is promoting self-esteem and the development of social skills well and looked after children and young people said they enjoy their leisure time, particularly events which celebrate their achievements.

56. Opportunities for looked after children and young people to make a positive contribution is adequate. Looked after children have good involvement in their individual care plans but the council acknowledges that their opportunities for participation and engagement in shaping are limited. For example the role of the Children in Care Council is under developed and there is not yet evidence of the routine involvement of looked after children and young people in service development, quality assurance and workforce development. However, there is evidence that the Children's Society which has been commissioned recently to address this issue, is impacting in key areas such as in improving opportunities for looked after children and young people to express their views to shape services for care leavers.

57. Looked after children's involvement in their plans is good, a judgement confirmed by young people, with 94% of children participating in reviews. The impact of services to reduce looked after children and young people's involvement in the youth justice system is good. The Support Through Early Intervention Panel (STEIP) is particularly effective and is developing targeted multi-agency responses which aim to divert at an early stage looked after children and young people into positive activities. Over the last three years the proportion of looked after children and young people committing offences has reduced from 8.2% in September 2007 to 4.3% in March 2010.

58. The impact of services to enable looked after children and young people and care leavers to achieve economic well-being is good. Care leavers enjoy a good level of support from services as a result of effective partnership working, targeted support and interventions which are sharply focused on meeting individual needs. Young people and care leavers said they feel very well supported by their individual workers. One young person said "Every time I broke down they picked me up". The percentage of care leavers in suitable

accommodation has been consistently high over the last five years at 90% and the care leavers spoke of generally good quality accommodation. However, there are some examples where care leavers felt the system does not enable effective choice. The number of looked after young people in bed and breakfast is low, reflecting the work undertaken with care leavers and partners to provide suitable accommodation. The joint housing strategy has a number of safety nets to prevent looked after young people and care leavers losing their housing tenancies. These include holding multi-agency conferences to problem solve issues and providing a return to supported accommodation for those young people who are experiencing difficulties while preserving their housing rights.

59. Looked after young people are very involved in their pathway plans from an appropriate age. Plans are realistic, work to young people's strengths and provide direction and stability for individual young people. The proportion of care leavers in employment education and training is in line with similar councils and the national average for 2008/09. The council has recognised that these percentage figures fluctuate rapidly due to the small numbers involved and this is being tackled by the care2work programme to provide looked after young people and care leavers with additional support. This is leading to a clear upward trend with 50% of care leavers in education, employment and training in 2010 compared with 44% in May 2009. The partnership has also been particularly effective in the support it provides for individual young people to enable them to enter education, employment or training when they leave care. For example, the number of young people leaving Year 11 classed as not in employment, education or training has dropped from 218 in 2007 to 98 last year. There is a good programme to support the aspirations of care leavers into higher education and the rate of young people engaging and going on to higher education is increasing year on year. The young people who spoke with inspectors felt that their education, employment and training plans met their needs and they were well engaged, well motivated and had realistic high ambition for their future.

The quality of provision

Grade 2 (good)

60. Service responsiveness is good and the council has a strong commitment to making sure children are safe. There is no evidence that children are entering the care system inappropriately. The "Newly accommodated" panel monitors admissions to verify appropriateness. The age of children entering the care system reflects the council's policy of early intervention leading to improved outcomes for young children who would otherwise stay in their families too long at risk. The council is effective at reducing the number of teenagers entering the care system through the use of comprehensive multi-agency early prevention and intervention strategies. Social work caseloads for looked after children and those leaving care are manageable and workers are able to provide the necessary level of support for looked after children and young people and care leavers. Although the council has made extensive efforts to place children as close to the point of where they lived before they were admitted into the care system, the capacity of the local service provision is not

sufficient to meet demand and this leads to the majority of children being placed out of borough. However, the council ensures that children are placed in services that closely match their assessed needs and placements are well supported by a wide range of services. This has ensured looked after children and young people enjoy a high level of stability in their placements.

61. Most looked after children and young people are aware of how to make a complaint. Access to the complaints service is at least adequate. Looked after children and young people report generally good levels of satisfaction with the service they receive. A high proportion of the young people who responded to the care4me survey reported that they know how to make a complaint to the council and that they did not feel the need to use the service. The arrangements for advocacy and independent visitors are supported well through commissioned services provided by VOICE (Advocacy) and Barnardo's (Independent Visitors) which effectively promote independence. These services are reviewed regularly to ensure effectiveness. However there is a lack of clarity in the policy and procedure over the extent to which foster carers can consent to everyday activities such as school trips and overnight stays with families of friends. In addition, some foster carers do not always have consent to medical treatment.

62. Assessments and direct work with looked after children and young people are good. Looked after children placements are supported by good clear care plans that are reviewed regularly. However, the timeliness and quality of core assessments are inconsistent and it is not always clear if needs have been identified early due to the lack of detail in some assessments. Independent Reviewing Officers (IROs) ensure that a high number of reviews are conducted on time and involve children and young people. The IROs provide a high level of independent scrutiny and challenge to the implementation of care plans which is leading to improved outcomes such as support to stabilise placements. There are good examples of children being secure and stable in their placements. Parents and foster carers said they were aware of the care plans and fully involved in revising them when necessary. Children and young people said they were involved in their reviews and found these useful; they were positive about the care they receive and commented on how secure they feel, particularly as they understood what was happening to them. The relationships which exist between looked after children and young people and their carers are strong. The children and young people who spoke with inspectors said they enjoy good relationships with their carers. One young person stated "...they are loving and kind..." and another said "...this was a happy ending for me."

63. The quality of case records is variable. Case files do not always record progress in meeting assessed needs and whether services have been provided or why they were not provided. Looked after children are visited regularly by social workers in accordance with statutory timescales. However, the sometimes frequent changes in social worker introduces inconsistency and repetition. Some foster carers and looked after children and young people

reported that they had to “tell their story” too many times, particularly when new social workers were not aware of the facts of the case.

64. The arrangements for case planning, review and recording are adequate and the council has recognised that the cumulative effect of improvements to electronic childcare information system presents difficulties. The social work survey has identified that 64% social workers have reported they do not feel they have sufficient time to work effectively with young people because of time spent servicing the electronic system. The quality of case chronologies is variable with some very good examples. However, in other records there was no evidence of a chronology. There are examples where core assessments have not been completed to the required standard which compromised effective planning for children. The quality of looked after children's health records is also variable. Not all records are complete and it is not always possible to check whether objectives identified within the health care plan have been actioned. The service has commissioned specific training and a number of other initiatives to tackle these issues. Although the quality of case work recording is variable, it is improving overall and there are many examples of good practice. Permanency planning for looked after children and young people is good as a result of well planned and regularly reviewed placements. The work of the IROs is good, reviews are timely and practice ensures IROs connect with looked after children and young people very well. Looked after children and young people report that they are well informed through the review process and positive about the experience of their review.

Leadership and management

Grade 2 (good)

65. Ambition and prioritisation are good and are strong across the political leadership and local partnership. The council and its partners provide strong leadership which is resulting in sustained and improved outcomes for looked after children, young people and carer leavers. The gap between this group and the non looked after population is narrowing. Strategic plans give high priority to raising ambition and aspirations in looked after children's education and some outcomes are improving but improvement in health assessments for looked after children is only recent. The need to sustain and build on the improvements in looked after children's health assessments and dental checks are priorities in the NHS Greenwich Operating Plan for 2009/10. In addition, NHS Greenwich with Greenwich Community health services and Greenwich children's services has explored and evaluated alternative models of service delivery to meet the health needs of the children looked after. NHS Greenwich reviewed the current service specification in April 2010 and the partners are currently discussing a new draft specification. All key partners, including the voluntary and community sector, are engaged well and focused on improving outcomes for looked after children and care leavers. The vision and priorities for looked after children are clearly set out in the CYPP but the development of the Pan London Pledge, which sets out the service available to looked after children, has been slow. The council demonstrates a good level of commitment to the development of corporate parenting, which has been the subject of a

recent Best Value review. This is helping to shape the service across the council. For example, all departments have an identified looked after children champion. The council has ensured a good level of external scrutiny of its performance through the independent evaluation of services. There is a strong focus on learning from previous inspections such as priorities to improve corporate parenting, educational outcomes and developing in-house foster care.

66. Local commissioning, including joint commissioning of looked after placements, is well developed. Evaluation of practice is used very well to secure improvement, such as the swift action taken to improve standards in the children's home judged to be inadequate by Ofsted in its inspection. Reviewing risks and opportunities for looked after children and care leavers is fundamental to almost all planning and service delivery. Advocacy services and the provision of independent visitors to looked after children are both effectively provided by a voluntary organisation. This demonstrates the positive contribution of commissioning to the delivery of the children and young people's plan and to improving outcomes for looked after children and care leavers.

67. Evaluation, including performance management, quality assurance and workforce development, is adequate. An effective workforce strategy is in place supported by adequate training and staff development arrangements. These ensure there is sufficient capacity and enables staff to acquire the skills they need to deliver service priorities for looked after children and care leavers. Processes to ensure safe recruitment are soundly based and comply with statutory minimum requirements. There is, however, a lack of capacity within the nursing team and this has resulted in a low level of support offered to care leavers. Although the caseloads of social workers are generally manageable, staff supervision in the children and young people's teams is not sufficiently robust. When the adoption team is unable to meet peaks of demand the council employs sessional workers and buys in families already approved by other agencies. Although the Council prioritises prompt adoption placement its approach incurs extra cost, and does not always effectively support the expansion of adoption placements or reduce the delays that some children are experiencing. Looked after children's placements are supported by high quality training for foster carers. There is a wide range of training to support teaching staff and the specialist learning mentor which has led to improved outcomes for looked after children such as in managing behaviour. However, this is not consistent across the partnership, for example in the provision of key health professionals such as school nurses who have not yet had any specific training in the needs of looked after children.

68. Interventions are having a good impact on stabilising looked after children and young people who have experienced chaotic lifestyles and work with some very difficult to manage children and young people is effectively reducing their vulnerability. Performance management is leading to a good level of sustained performance and improvement across the national performance indicator set. Managers identify weaknesses early and know where performance needs to improve. They take effective action to address these such as action to drive

improvement in the proportion of looked after young people involvement in the criminal justice system. The council's electronic childcare information system is adequate but training to support social workers in its use has been insufficient and does not adequately assist managers to monitor the progress of cases. The social work survey identified that front line social workers see this as an area of weakness. Nevertheless, case work auditing systems are increasingly effective leading to improved outcomes and better value for money. Performance and financial management and evaluation are well established and increasingly effective at tackling improvement across most outcomes for looked after children and care leavers but the arrangements to support the recent improvements in health outcomes are not yet secure.

69. User engagement is adequate and procedures for involving looked after children and young people in the management of their individual care plans, reviews and personal education plans are embedded in practice. This results in improved outcomes. The looked after children and young people who met inspectors reported that the adults who work with them listen to what they say, treat them with dignity and take time to explain if requests need to be refused. The opportunities for looked after children to participate and influence the shape of services are insufficiently developed. Although there are some examples of looked after young people assisting in the recruitment of staff, opportunities to contribute to quality assurance and to influence the shape of local services at a strategic level are limited. The Young People's Council is not fully developed and does not actively represent the views and influence the shape of services for all children and young people across the borough, including for looked after children. Work to implement and spread the understanding of the Pledge has been slow and many of the looked after children and young people who spoke with inspectors did not know what this was.

70. Work in partnership is good and the Children's Trust Board and supporting officer group, Children's Services Strategic Partnership, provide effective leadership of services for looked after children and care leavers. The Children's Services Strategic Partnership has very good cross agency representation including the voluntary and community sector. Vision and priorities are clear, articulated well, coordinated and delivered through effective multi-agency plans which address weaknesses and secure continuous improvement, such as support provided for individual looked after children in local schools. There is a well developed culture of engagement with partners in corporate parenting and the commissioning of services for looked after children and care leavers is strong. As a result, children and young people are taken into care only when necessary and suitable plans, placements and support are in place. Arrangements are in place for joint commissioning and a multi-agency strategy for the commissioning of services ensures service delivery is sharply focused on changing needs. For example, plans are in place to improve support to frontline staff and provision for girls aged 12-15 years who start to be looked after and who have acute emotional and behavioural needs. The council monitors commissioned services in line with policy and procedure and ensures delivery to

service and quality standards. There is as yet, however, no systematic and comprehensive monitoring and evaluation of the effectiveness of placements of children in agency provision. Quality assurance information is obtained through the views of individual social workers and issues arising from statutory reviews. The council is not always immediately aware of changes to inspection judgements about out of borough registered services they use and is therefore unable to react quickly to any concerns that may arise about the quality of placement.

71. Equality and diversity are good and the profile of the looked after children population and their parents and carers is known and understood. The social care workforce broadly reflects the diverse population of Greenwich. Induction training for new council staff and foster carers includes equality and diversity training. An active approach is taken to the recruitment of carers to match the diverse identities of children and young people in care, although these placements are often outside the borough. If a direct placement match cannot be achieved, additional resources are used to secure placements from elsewhere such as independent providers to ensure children's racial and cultural needs are met. There is an independent reviewing officer specialising in work with disabled children. Joint working with the Children with Disabilities Team has improved the engagement of disabled children in their reviews. This enables the authority to provide a greater level of expertise to meet specific needs of children with disabilities. The adoption service receives applications and approves relatively high numbers of single sex couples. This improves placement choice for children and young people.

72. Value for money for looked after children is good and the council and its partnership demonstrate a strong commitment to ensure looked after children are safe and protected, balanced against the need for value for money. Although the council sets budgets appropriately, additional resources are allocated to support looked after children in emergencies or periods of high demand. Strong performance on placement stability and the high percentage of looked after children placed with families in foster care represent good value for money. There is a robust approach to financial management which ensures the right balance of cost versus need supported by good management oversight of case decisions and placements. Systems to support value for money are well embedded through Best Value, such as in the recent corporate parenting review. The High Cost Panel uses data and management audit reports to provide effective challenge in tackling high cost spending such as in out of borough placements. Strong partnerships between agencies have enabled significant joint commissioning to take place which avoids duplication. An example of this is the joint purchase of a previously derelict property which is now used to provide targeted preventative services for looked after young people to divert them away from offending. The area has a thorough understanding of the local social care market and there are some good examples of innovative and imaginative measures with providers such as the CAMHs helping to sustain fragile placements. The Multi Systemic Therapy Team provides intensive community-based treatment for young people with chronic

and/or severe anti-social, violent or offending behaviour who are at risk of care or custody to help reduce the need for costly in care placements.

Record of main findings: Greenwich

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

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