

Inspection of safeguarding and looked after children services

London Borough of Hammersmith and Fulham

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Reporting inspector: Stephen Hart HMI

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with three randomly selected groups of children and young people receiving safeguarding and child protection services, looked after children and care leaving services; parents and carers; front line managers, senior officers including the Director of Children's Services, senior health service managers and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives. In addition a range of front line practitioners such as social workers, health visitors, teaching staff and those working in preventative services were individually interviewed or as members of focus groups
 - reports from a variety of sources including a review of the Children and Young People's Plan and strategy, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
 - a review of 42 case files for children and young people with a range of need. This sample gives a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in September 2010
 - interviews and focus groups with front line professionals, managers and senior staff from the Inner North West London Primary Care Trusts, Imperial College Healthcare NHS Trust, Chelsea and Westminster Hospital NHS Foundation Trust, the West London Mental Health Trust and the Central London Community Health Care Trust.

The inspection judgements and what they mean

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

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

Service information

4. Hammersmith and Fulham has a resident population of approximately 38,600 children and young people aged 0–19, representing 21% of the total population of the area. In January 2010, 71% of the school population was classified as belonging to an ethnic group other than White British, compared to 24% in England overall. In January 2011, 46% of pupils spoke English as an additional language. Arabic and Somali are recorded as the most common languages spoken by children and young people, with each accounting for around 9% of pupils.
5. The Hammersmith and Fulham Children's Trust was first set up in 2004 and currently includes representatives from hospital trusts, the Primary Care Trust (PCT), the mental health trust, elected members, senior officers of social care and related services, the voluntary and community sector, Job Centre Plus, London Probation Service, Metropolitan Police, the Hammersmith and Fulham Safeguarding Children Board (LSCB) chair, local schools and colleges and school governors. The LSCB brings together the main organisations working with children, young people and families in the area to provide safeguarding and child protection services, and has had an independent chair since 2010. Social care services for children have 75 foster carers as well as long-term and kinship carers, 10 respite carers. With the exception of one short break facility, there is no residential provision for children and young people and the local authority uses 59 externally commissioned services. Community-based children's services are provided by four teams in the Contact & Assessment Service (CAS), four teams in the Family Support and Child Protection Service and six teams in the Looked After Children service. They are supported by teams for children with a disability, youth offending, adoption and fostering. There is an emergency out of hours service providing cover for the borough. Other family support services are delivered through 15 children's centres and extended services in schools. Some services are provided or

coordinated through children and young people's services such as youth services, teenage pregnancy services and Connexions. A new family support programme has been developed and three multi-agency teams are now in place in specific localities within the borough.

6. At the time of the inspection there were 240 looked after children. They comprised 50 children under five years of age, 152 children of school age (5–16), 37 young people age 16 and over and a total of 187 with care leaver status. Hammersmith and Fulham uses a virtual school approach in its support of the learning of looked after children. At the time of the inspection there were 137 children who were the subject of a child protection plan comprising 52 females, 84 males and one unborn child. Some 46% of these children are under 5 years of age, 59% are age 5 to 11 and 32% are 12 years or older. The highest category of registration is emotional abuse at 37.95%, while 32.82% of children with child protection plans are under the category of neglect, 26.15% for physical abuse and 3.08% for sexual abuse. A number of children have plans arising out of more than one category of abuse.
7. Commissioning and planning of child and young people's health services and primary care are undertaken by NHS Inner North West London (INWL) Primary Care Trusts (PCTs), comprising Hammersmith & Fulham, Kensington & Chelsea and Westminster PCTs. Universal services such as health visiting, school nursing, and paediatric therapies are delivered primarily by Central London Community Healthcare NHS Trust. The acute hospital providing Accident and Emergency services for children is Chelsea and Westminster Hospital NHS Foundation Trust. Maternity and newborn services are provided by Chelsea and Westminster and Imperial College Healthcare NHS Trust. Children and families access primary care services through one of 31 GP Practices and walk in centres including Parsons Green, and the Urgent Treatment Centre/ minor injury centres at Hammersmith Paediatric Ambulatory Care Unit. Child and adolescent mental health services (CAMHS) are provided by West London Mental Health NHS Trust and are commissioned by a joint commissioner based in the PCT. For children with learning disabilities and difficulties and who have complex health needs, services are provided by Chelsea and Westminster Hospital NHS Foundation Trust and Central London Community Healthcare NHS Trust. The Children's Health Team at INWL commissions almost all health services for both the PCT and the Council. Looked after children's health services are provided by Central London Community Healthcare NHS Trust, with consultant activity from Chelsea and Westminster. The team are co-located with children's social care.

Safeguarding services

Overall effectiveness

Grade 2 (good)

8. The overall effectiveness of the council and its partners is good. Ambitious targets for improvement and agreed priorities across the partnership are supported well by challenging and secure inter-disciplinary relationships. Senior managers provide strong and innovative leadership to secure a range of sustained improvements to services. These include the introduction of a revised, comprehensive, locality-based early intervention and prevention service. Although still new, this development illustrates the commitment to using resources most effectively and is enabling early responses to be made to families in crisis, resulting in children being safeguarded and a reduction in need for them to progress to initial assessment. Performance monitoring and quality assurance arrangements are good and well-established throughout the partnership, although the use of data to support performance management is not used consistently by front line services, particularly those with more recently appointed team managers. Regular reports are used well by professionals and politicians to identify and respond appropriately to service trends, new or changing demands or potential weaknesses. This led, for example, to much improved and consistently good initial responses to child protection referrals, although a minority of headteachers express confusion between the thresholds for the provision of children in need and child protection services.
9. An increasing use of service user views informs service planning and individual casework, the value of which is recognised in the current work to increase their participation and influence. A strong and established culture of continuous improvement is maintained by a well-trained and managed workforce. Staff benefit from an outstanding workforce strategy, which sets out the framework in which skills and performance improvement can flourish. Good achievement of advanced courses which includes a masters level degree enables staff to develop highly specialised skills to supplement an excellent range of core training which contributes to the high quality of work seen in the majority of cases examined as part of this inspection. Although development is actively considered for social workers and is recorded, similarly detailed evidence of the development aspirations and needs of more senior staff is not consistently present in supervision records.
10. Leadership is visible and there is confidence among the workforce in the skill, motivation and integrity of senior leaders across the partnership resulting in high levels of staff morale and professional commitment. The Children Trust is well established in its role in ensuring the effective co-ordination of the Children and Young People's Plan (CYPP) and has been influential in developing the new strategic plan. The LSCB provides good community and professional leadership and has a demonstrable

commitment to tackling challenging issues such as cases of children with long-standing or repeated child protection plans, which it does through multi-disciplinary case discussion. These have had positive impact on a number of complex cases. However, at this stage, cases of shorter duration in which parents are finding it difficult to comply with the requirements of a child protection plan are not considered.

11. Complaints policies are well understood and are managed satisfactorily. Allegations that relate to the conduct of staff members are investigated effectively by the local authority designated officer (LADO), but the post holder has limited time to undertake analysis of trends and themes or to provide training.

Capacity for improvement

Grade 1 (outstanding)

12. The council and its partners have outstanding capacity to improve. The well-articulated ambition, clear priorities and perpetual drive for continual improvement maintained by the council is not diminished by the political imperative to achieve savings. Highly skilled management of resources, which has resulted in service reconfiguration and modernisation, has successfully led to plans to achieve significant economies of scale through integration and collaboration with two neighbouring London boroughs. It has resulted in councillors committing resources to maintain the current good capacity of front line services.
13. The ability of the partnership to maintain mostly good or better standards in safeguarding and child protection services is well established and owes much to the vision, commitment and skill of managers, an increasingly well-trained and stable workforce, and a high level of support from councillors. The willingness of partners to work collaboratively and with innovation has increased the capacity to deliver consistently high-quality services. It has also enabled significant challenges to be overcome, such as the substantial and unsustainable overspend of two years ago, through rigorous management oversight. Service user involvement is well established and it has a significant impact on improving the quality of services.

Areas for improvement

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

Within three months:

- extend the terms of reference of the LSCB's child protection panel to enable consideration of those child protection cases where the parents or carers are failing to cooperate with the child protection plan

- increase the understanding across the partnership of the thresholds for access to children in need and child protection services so that appropriate referrals can be made
- Improve the consistency of the recording of management oversight of cases to ensure that required actions are specified and measurable.

Within six months:

- improve the quality of supervision records for more senior social care professionals to ensure they show how their developmental needs are being met
- ensure that all front line and service managers are able to understand and use data to support their management of services.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (good)

15. Robust procedures and good processes are in place to ensure that allegations against people who work with children are managed in a way that leads to improved levels of safety for children and young people. The role and function of the LADO is understood and used well across the partnership, including the voluntary sector. In particular, the LADO is used by schools and early years settings to ensure children and young people are appropriately safeguarded.
16. The formal complaints procedure is well established, widely disseminated and understood by children and young people who have good access to advocates, should they require independent representation. Formal complaints, although few in number overall, are treated seriously and in a timely fashion. Findings are systematically followed up by managers and used in supervision to inform an individual's learning as well as being disseminated more widely through management reporting, training and service improvement meetings. Children and young people who were interviewed or surveyed as part of this inspection were clear that they would have no hesitation in making a complaint if it was necessary, but most confirmed that in their experience every effort was made to resolve the particular issue without need for escalation. There was considerable confidence that the council and its partners would respond positively to their concerns.
17. Policies and procedures underpin practice which is fully compliant with safe recruitment guidance. The inspection of randomly selected personnel records confirms that robust safeguarding checks, including Criminal Records Bureau (CRB) checks, are carried out effectively to ensure that staff who work with children and young people are appropriately vetted. Recent action to close a deficiency in the council system requires that all applications where concerns are identified are forwarded to a senior social work manager for consideration and a final decision. CRB checks for social workers are repeated every three years and monitoring of professional registration with the General Social Care Council is now rigorous following the discovery of one member of staff who had apparently failed to maintain their registration. There is no suggestion that this lapse posed a risk to the safety and well-being of children but the potential for it to have done so is recognized. Contracting arrangements across the partnership for safeguarding children and young people are robust and include a requirement for all vetting checks to be undertaken by the service provider.

18. The scrutiny of children's social care files randomly selected for this inspection and the previous unannounced inspection demonstrated evidence of at least appropriate action to safeguard children and young people. In the majority of these cases, children and young people had been safeguarded well through timely and effective interventions. There has been consistently good practice in establishing the wishes and feelings of children and young people and using these to inform plans. Equality and diversity issues are being sensitively handled and young people interviewed as part of this inspection informed inspectors of highly effective work which had helped them to understand and consider issues about race, religion, culture and gender. In a small number of complex cases the planned safeguarding actions were less focussed on requirements to mitigate risk although no children were left unprotected as a result. Managerial oversight of cases is evidenced but not always consistently recorded in a structured way so that it reflects what are often good quality and decisive interventions.
19. Safeguarding arrangements in the inspections by Ofsted of adoption (December 2010) and fostering services (February 2009) were judged to be good and adequate respectively. Subsequently, there has been clear evidence of a concerted focus to drive up standards in the fostering service in order to specifically address the issues identified in the report. A good judgement was also achieved in the residential provision that provides short-term breaks for children with learning difficulties and those that are disabled.
20. Safeguarding arrangements in settings for learning are good and afforded the highest priority. Ofsted inspections of schools, early years settings and colleges in the local authority show that arrangements for keeping children and young people safe are at least satisfactory and most are judged to be good. Each school has a designated person for safeguarding and child protection. To ensure a high level of child protection awareness the council offers every school an opportunity to have an annual child protection training session. Additionally, there is an annual seminar for designated teachers and at least two sessions each year for school governors. In the academic year 2009/10, 2,014 education staff attended training or information sessions. This excellent multi-agency training, alongside clear and well known procedures gives designated teachers and other staff the necessary knowledge and skills to recognise and respond appropriately to safeguarding concerns. Anti-bullying strategies are in place in a majority of schools. Known incidents are recorded and monitored and young people are not unduly concerned about bullying. A strong safeguarding focus in schools is placed on safety issues relating to the internet, mobile phone and social networking usage, heightening children and young people's awareness of cyber bullying and more recently of hate crime.

21. Effective multi-agency work helps support schools in keeping children and young people safe by preventing the exclusion from school of some young people. Strong advocacy for inclusion from the local authority, targeted interventions from the pupil referral units, managed moves, learning mentors in schools and effective work with families have contributed to a marked reduction in permanent exclusions. This has led to a strong track record of continual improvement from being above, to in line with national figures, and to below rates for similar authorities. Fixed-term exclusions are less frequent than in similar authorities and mostly of short duration. Young people who are particularly vulnerable to exclusion, such as those with complex needs, are supported very well on transfer to secondary schools and to further education at age 16.
22. Young people of secondary school age who need to be safeguarded and who are not attending mainstream schools are supported very well by alternative and safe provision. This is reflected in the inspection by Ofsted of the pupil referral unit which judged safeguarding to be outstanding. Risk assessment for re-integration into mainstream schooling is comprehensive and thorough. Safeguarding concerns are identified quickly, and prompt action is taken to protect young people. An outstanding range of provision and excellent support for personal and social development has successfully re-engaged particularly challenging young people in their learning. It has also supported families to manage relationships with their children very well. Good processes identify children and young people in receipt of elective home education, and regular visits assure their safeguarding.
23. Arrangements for responding to children and young people missing from education, home and care are good. The police rigorously investigate reports of missing children and either a police officer or the child's social worker conduct a 'safe and well check' when the child returns home. Additional return interviews are offered to give the child or young person the opportunity to seek further advice and support to prevent the running away behaviour from escalating. A six-weekly multi-agency meeting takes place in order to review and monitor the response to missing children and, where necessary, to share information and to target actions. Good multi-agency working is integral to this approach; at the end of March 2010, there were 30 active missing children cases with 10 receiving a direct service from Barnardo's and the other 20 were receiving support from other agencies. Agencies have a good understanding of the safeguarding needs of these children and intervene well. For example, a service commissioned from Barnardo's effectively supports young people who are missing and at risk of being sexually exploited by adults, older adolescents or as part of 'gang culture'.

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

24. The quality of provision, which includes service responsiveness and the quality of assessment and direct work with children and families, is good overall with some outstanding features. The council and its partners have a wide range of child centred services in place to deliver support to families, ranging from early preventative services to interventions for those on the 'edge of care'. There are consistently high levels of commitment to ensuring the safety and well-being of all children who come to the attention of services and these are demonstrated by an informed and knowledgeable staff group across the partnership.
25. The establishment of a Community Development Officer post has resulted in significant progress being made to enable Black and minority ethnic groups to access services. These services include family support, safeguarding information, and advice and guidance provided by children's centres. Excellent links are established with over 30 related local groups and voluntary organisations to build the capacity to work effectively with a diverse community. For example, outstanding work has been undertaken to engage and train successfully Somali women to deliver to their peers the parenting programme 'Strengthening Families/Strengthening Communities' in their first language.
26. To accord with the key priorities for delivering children's services, the three newly established locality teams bring together a wide range of existing early intervention services. The aim of this initiative is to coordinate and facilitate the deployment and delivery of services, to provide more timely forms of intervention and, where necessary, offer intensive support before families reach crisis levels. Early indications are that services are being targeted well at the needs of local communities, but it is too early to see direct evidence of outcomes. Service provision continues to follow the well-established and effective Common Assessment Framework (CAF) approach which is being strengthened to ensure that 'the team around the child' becomes even more effective. Plans for individual children are reinforced in all cases by a fully completed CAF thereby reversing the recent trend which saw the CAF fall into disuse by some professionals, who perceived it to be a bureaucratic imposition.
27. Responses to children and young people referred to the children's social care assessment service (CAS) are good. All referrals are responded to within 24 hours of receipt and cases are allocated promptly. Thresholds are generally well understood by other agencies but some partners, particularly some head teachers, continue to experience confusion in their understanding of the difference between a child in need case and a child who needs child protection services. However, this confusion is diminishing over time as the benefits of an increasingly experienced and committed CAS take effect. Robust arrangements are in place for the management of formal child protection processes and these are entirely

consistent with statutory guidance and pan-London child protection procedures. Children and young people in need of protection are suitably prioritised and their immediate needs are assessed well through either the duty system or the family support and child protection teams. The majority of case conferences and review conferences are held within timescales.

28. Good arrangements are in place to safeguard children and young people outside regular office hours, including weekends. A designated team of social workers with good access to case records and senior managers provides the out of hours service, working closely with the Police and health partners. By arrangement, and where it has the capacity, the out of hours team undertakes pre-planned welfare checks for some children subject to a protection plan to ensure agreed safeguarding arrangements are being adhered to by parents or carers. Services, agencies and educational professionals work very effectively together to safeguard and promote the welfare of vulnerable children and those in need of protection.

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

29. The contribution of health agencies to keeping children and young safe is good.
30. Health partners communicate and work together effectively. Good systems and processes have been developed and implemented by trusts and these provide assurance that children and young people are effectively safeguarded. Children and young people receive safe and coordinated care where more than one provider is involved, and when they are moved between services. Health partners provide good support for people who use services to access the other health and social care services they need. There are good systems in place to ensure that the voices and active participation of children and young people are reflected in service planning and review. For example, members of the Borough Youth Forum, an elected body of young people drawn from diverse communities across the borough, effectively undertake work with general practitioners (GPs) in making health services more accessible to young people.
31. Named doctors, nurses and midwives are in place within provider health partners. They are well known and well regarded, and provide consistent and effective guidance in individual cases, as well as expert support and supervision. They have a good overview of safeguarding themes that arise and direct appropriate actions to mitigate risk. Since February 2011, two doctors have taken on the role of named GPs. They are very committed to the role and have a very clear focus on the work that needs to be undertaken to support other GPs in their key safeguarding role. The designated nurse for the borough is very proactive in working with GPs

and ensures that each practice has a safeguarding lead. She also works hard to establish a GP forum which brings together the safeguarding leads on a monthly basis. This provides a good opportunity to promote clarity about the expectations of GPs in their safeguarding role. It also gives GPs the chance to feed back issues of concern. A senior member of children's social care services also attends this forum. Currently the named GPs are working to ensure improvements in GPs' contributions, attendance and reports to child protection conferences. The current contribution by GPs is unsatisfactory but improving. The named GPs are also working hard to facilitate more effective communication between Health visitors and practices.

32. A designated nurse and doctor have specific responsibilities for Hammersmith and Fulham providing effective supervision and support to all named professionals in the area. This ensures that expert advice and guidance is available for named doctors and nurses within provider organisations and primary care. These arrangements have a positive impact, ensuring the right actions are undertaken when safeguarding issues arise. In addition expert support is provided to the LSCB and its sub-groups and their quality assurance and performance management roles provides good understanding of the quality of health contributions to safeguarding and child protection.
33. All NHS trusts in the borough have a specified executive lead for safeguarding who ensure that safeguarding remains a key priority item at trust board meetings. Each health provider has established governance structures which ensure safeguarding information is used to best effect and that each trust board is able to manage presenting risks. To ensure that staff are supported in all aspects of safeguarding, each trust has developed training and supervision linked to best practice guidance. Each trust board monitors? headline information about the impact of these processes at every board meeting, and work is continuing to put in place formal systems that systematically evaluate the board's impact on outcomes. In addition, the results of policy and procedure compliance audits and planned actions are considered and the impact of actions already taken is reported.
34. The single point of referral to CAMHS is effective and there are no waiting lists for children who are assessed to meet the threshold for services. Good communication and joint working takes place with partner agencies, including those providing services for disabled children or those with a learning disability. A persistent drive to keep services under review is part of a commitment to sustained and continued improvement. For example, further consideration is currently being given to to the best way of commissioning and locating mental health services to support those cohorts of children that do not meet the threshold for an immediate mental health service. The CAMHS team is proactive in ensuring attendance at assessment appointments. The team uses formal methods

of communication, supported by text messaging and this has resulted in a low rate of missed appointments. In-patient provision is accessible and is always provided in specialist adolescent facilities. There is similar provision for specialist services, such as for eating disorders, and these are spot-purchased as required.

35. Health partners provide effective services and support to children with disabilities, typified by good engagement with families. The child development teams undertake thorough assessments which can take between 4 and 6 months. However while these are being carried out, the provision of services like speech and language or occupational therapies, are not stopped from being provided concurrently. Feedback from families about the assessment is positive, even taking into account the comparatively long timescale.
36. The Chelsea and Westminster Hospital NHS Foundation Trust has an emergency department with dedicated paediatric provision staffed by competent and well-qualified clinicians. The children and young people who access this department benefit from a good service which is able to provide care, treatment and support in which the profile of safeguarding is well understood and applied in practice. Easily accessible information is on display to guide staff in relation to identified safeguarding concerns. The recording system in the department identifies any child or young person who is subject to a child protection plan and an effective notification system is in place to alert other agencies of unscheduled attendance. Staff are clear about the referral processes and are able to access comprehensive support in the hospital when required. The liaison health visitor for the department ensures that staff are well supported in deciding how best to respond to safeguarding issues. Good audit activity is carried out to ensure adherence to safeguarding policy and any identified gaps in service are addressed through guidance or by the provision of support to clinicians.
37. The children's facility located at Queen Charlotte's Hospital (part of Imperial College Healthcare NHS Trust), provides a very popular and effective specialist service to children and young people in the north of the borough. The service provision is excellent and well-used and is supported by a range of medical and nursing staff. The culture of safeguarding is established in this service and all aspects inspected are of a very high quality. Imperial College Healthcare NHS Trust currently have a paper-based system for identifying children and young people on a child protection plan. Weekly lists are provided so that the system can be updated which is a satisfactory solution until the electronic system currently in development is implemented.
38. Pregnant teenagers and their families receive very effective support from all health partners such as midwives in acute trusts, the community and the family nurse partnership. The Imperial College Healthcare NHS Trust

has a dedicated team to work with young mothers on a one-to-one basis throughout the pregnancy. The teams identify well any social risk factors that are evident and provide necessary support to the young person and her wider family when this is possible and necessary. Effective forums, such as the vulnerable women's forum, are in place to support this work and ensure that all cases are discussed and kept under review. Charing Cross and St Mary's hospitals have female genital mutilation clinics which provide good levels of specialist support. Volunteer health champions from local communities are very effective in encouraging engagement with local health services and in providing support and guidance for groups and individuals.

39. Sexual health and substance misuse services in the borough are working alongside each of the three locality teams to ensure that the services are as widely accessible as possible. The teams are very proactive in preventative work and have very strong links with schools, colleges and Connexions. The team also go out into the community and attend events where they are able to provide information about services and support. The team have developed links with the Lyric Theatre and Queens Park Rangers football club to ensure they are able to have a presence at events. The teams also provide training for other professionals in these specialist areas. A genito-urinary medicine clinic, 'contact2', is based at Charing Cross hospital and this provides a comprehensive support service, including outreach to people within the community.
40. Health partners and the Metropolitan Police fund a good service for children and young people who have been subjected to alleged sexual assault. The main sexual assault and referral centre (SARC) provides 24-hour specialist forensic, medical and aftercare services for all victims of sexual assault or rape and specialist follow up care such as the young persons support clinic, sexual health check ups and psychotherapy and counselling services are available in daytime clinics. The service is effectively supported by appropriately qualified and trained staff.
41. Front line staff, such as health visitors, school nurses and community children's nurses, work in one of six cluster teams. Health visitors relate to a GP but are linked to children's centres in the community to ensure good contact with children and their families. Vacancies have required the health visiting workforce to be supplemented by registered nurses. However all cases are risk-assessed to enable resources to be deployed most efficiently and within this system any vulnerable family would have a named health visitor to ensure appropriate and consistent support, guidance and advice.
42. Three dedicated safeguarding health visitors, based in children's social care provide excellent safeguarding support in the borough. Located in CAS and the family support and child protection teams, these dedicated roles have a very positive impact on enabling better outcomes for

vulnerable families. In a number of cases the health visitors were able to work with families who did not want to engage with social workers. An evaluation of this work demonstrated the positive outcomes for children and young people and improved partnership working with social care staff.

Ambition and prioritisation

Grade 1 (outstanding)

43. Ambition and prioritisation are outstanding. There is a very clear understanding of the national context for the delivery of children's services and of the partnership's position within that context. The importance of safeguarding and protecting children and young people is recognised as the highest priority at both strategic and operational levels across statutory, voluntary and community organisations in the borough. This commitment is constantly reinforced through training in policy and in practice guidance, and staff across the partnership are acutely aware of its significance and the expectations of them.
44. Councillors and senior managers have decided that the council is too small in size and without the resource capacity to be able to carry through and sustain its broad and challenging agenda of continuous service improvement. This has led to extensive and now well advanced work to implement a course of action agreed with ministers to seek economies of scale through close collaboration and management mergers with two neighbouring boroughs. The work so far has produced confidence and political assurance that sufficient savings will be met from reducing the number and cost of management and 'back office' posts to prevent the necessity for cuts to front line services in the next year.
45. Operational staff across the partnership demonstrate a very clear and high quality, child-centred commitment and approach to their work with children and young people. This results in highly effective practice and some outstanding outcomes for children and young people. For example, the skilled work of health visitors in engaging parents and carers who are reluctant to cooperate with the child protection process, has helped to reduce their resistance to the involvement of other key agencies.
46. The CYPP is based on a thorough needs analysis and is significantly informed by service user views and experiences. It articulates appropriate priorities that underpin multi-agency practice work and this work has been carried forward into the new children's strategic plan. This plan has a strong focus on early intervention and prevention and is delivered under the three main headings which have subsumed the five Every Child Matters outcome areas; these are education, health and safeguarding.

Leadership and management

Grade 1 (outstanding)

47. The leadership and management of safeguarding services are outstanding. The highly visible leadership of services across the partnership has laid the foundations for achieving many of the good and better outcomes for

children and young people. Leaders and managers have also generated a dynamic culture in which service development can take place and new demands can be identified and responded to by a workforce equipped for the task. For example, the work of the social care service to reconfigure early intervention services and to enable young people to remain in their communities supported where necessary by intensive packages of care. This commitment is shared by other Children Trust members, demonstrated, for example, by the highly effective work of the safer neighbourhood initiative which has eradicated the need for eviction over three years. These initiatives, and others like them, have each contributed to the general achievement of a comprehensive high quality service.

48. The workforce strategy which details how staff are to be developed to meet organisational needs and priorities is outstanding and reflects the commitment of the partnership to have a workforce of the highest calibre. It has led to a significant increase in staff retention rates and high levels of staff morale and, increasingly, to the establishment of a front line staff group with extensive experience and advanced qualifications. These developments are a logical consequence of innovative consideration of the requirement for services to be flexible in response to changing demands and of involvement with 'cutting edge thinking' to consider recruitment, retention and development at regional and national level. The raft of development opportunities, some in conjunction with local partners, is testament to the critical thinking which has gone into producing and implementing a plan which embraces specialist training for experienced staff and a comprehensive range of core training opportunities. In addition to a comprehensive core offer which effectively covers all aspects of safeguarding and child protection, there are programmes leading to advanced and specialist qualifications and higher degree awards. Access to training is good and is closely linked through manager endorsement to individuals' development needs. Good and effective supervision arrangements are in place for children's social care staff. The supervision records of social workers indicate good attention towards staff career development and demonstrate actions taken to develop and support a worker to gain promotion. However, similar records of more senior staff are not so clearly documented.
49. The voice and active participation of children and young people in service planning are good. A significant body of evidence and examples of the work they have done demonstrates their influence on the partnership and the work of the LSCB. For example, discussions between the Borough Youth Forum and LSCB identified the outcomes, progress and priorities arising from the CYPP consultation that ended in March 2011. In addition 20 young people are trained Youth Commissioners and since 2010 they have been fully engaged in the tendering and selection processes for youth service provision. They are now at the point of starting to undertake monitoring visits to the youth service provision to evaluate the quality of

services. Although the views of children and young people, including those with additional needs, are taken into account well in assessments and care planning, they are not always recorded effectively.

50. Parents report that they receive a highly effective and efficient service from the social workers in the children with disabilities team. These staff are described as being knowledgeable, responsive and prepared to advocate on behalf of disabled children and young people. The experience of service users of partnership working is that it is integrated and consistent. This is particularly welcomed in the context of securing specialist health services, school provision and negotiating a stress-free transition from school to college. Parents receiving child protection and children in need services were not as consistently complementary, but their variable personal experiences have not detracted from the achievement of good outcomes for their children, which the young people were able to describe well.
51. Constant consideration is given by councillors and senior and middle managers to how resources are best deployed. The need to generate savings consistent with the political imperative has generated advanced thinking and brought about a formal collaboration and integration of services across the three boroughs. Parallel to this work has been a specific drive to improve the range and quality of services by improved commissioning across the partnership. This is typified by imaginative developments to align health commissioning for children with social care services and focussed safeguarding work undertaken by partners in the Children's Trust.

Performance management and quality assurance

Grade 2 (good)

52. Good performance management and quality assurance systems are in place at both strategic and operational levels. They have a direct impact on improvements to the quality of work across the partnership. For example, at a strategic level, the LSCB is robust in auditing the work of agencies and their compliance with action plans arising from serious case reviews. Similarly, at an operational level in children's social care services, there is a consistent drive to improve the quality of casework through monthly peer audits of case files. However, the use of performance data for management purposes is less consistent. Monthly reports about all key indicators of performance are prepared for children's services and quarterly performance reports are prepared for the LSCB. These reports lead to thematic enquiry and action, such as the recent very important steps taken to improve the quality of social workers' written contributions to child protection conferences.
53. Effective use is made of internal evaluation and external challenge to identify and improve child protection processes and outcomes for children

and young people. A recently established multi-agency child protection panel systematically reviews all children who are subject to child protection plans for a second time as well as those lasting longer than 12 months. This ensures the plans are appropriately and sufficiently focused on those issues that will effectively reduce risk. Currently, no consideration is given to cases in which parents or carers are not compliant with the requirements of the child protection plan. There is also a heightened scrutiny of thresholds to ensure that they only focus on children who need to be protected.

Partnership working

Grade 1 (outstanding)

54. Partnership working is outstanding at both a strategic and operational level. The LSCB fulfils its statutory duties well and provides highly effective and consistent community and professional leadership in relation to universal, targeted and specialist safeguarding services. For example, under the auspices of the LSCB, as a result of low numbers of children with a child protection plan under the category of sexual abuse, a multi-agency advisory panel has been established. Professionals use the panel for discussion and to seek advice about cases of concern where there have not been any direct allegations. Since the panel was set up in September 2010 there have been 10 such cases referred. This initiative makes a positive contribution to keeping children safe by raising the awareness of professionals and increasing their ability to recognise potential harm at an early stage.
55. At an operational level, front line staff work collaboratively with partners to deliver children's plans and these identify and respond to consistently good risk assessments and an understanding of needs. Information-sharing protocols have been well established to good effect, with positive outcomes in individual cases. For example the Multi Agency Public Protection Arrangements are used effectively to alert safeguarding services to cases of concern involving violent offenders. This has resulted in the ability of agencies to ensure that safety plans for the victims are in place, in a timely manner. Inspectors noted many examples of good and better outcomes for children and young people as a result of multi-agency interventions.
56. Partnership working with housing and the voluntary sector is particularly effective in identifying vulnerable children and young people and in the provision of a range of housing and support services such as effective interventions in families in which domestic violence occurs. The newly established Youth Partnership Board has merged into one body from the teenage pregnancy/sexual health board, substance misuse board, CAMHS board, family nurse partnership board and the youth offending board. Although too soon for impact and outcomes to be fully evidenced in each case, these initiatives show a well established 'joined up' approach to

addressing complex safeguarding difficulties experienced by some young people.

Services for looked after children

Overall effectiveness

Grade 2 (good)

57. The overall effectiveness of services for looked after children and young people is good. Very strong leadership and good collaboration and joint working across the partnership have created a service which has secured sustainable improvement across most of its services. This includes fostering where placement stability has improved significantly, and to improving outcomes for those in care through innovative practice such as achieving high rates of permanent placement. This high level of success has been achieved without any placement disruption for three years reflecting significant praise upon the skills of all of the professionals involved in supporting placements. The strong commitment of social care staff to maximising life chances for those in care has resulted in consistently strong social care contributions to good assessments and high quality plans for most. However in a few complex cases, independent reviewing officers (IROs) are insufficiently rigorous in identifying and responding to slippages in the timely implementation of care plans. Excellent health care provided by the dedicated team of nurses has a relentless and highly successful focus on engaging young people, and currently 96% are contributing to their health care planning and review. Healthy lifestyles have been adopted and advantage has been taken of universal and specialist services. Immunisation rates, as well as those for dental checks and physical health, are significantly higher than comparators and only two conceptions were recorded in the last year among the looked after children and care leaver cohort. Educational achievement, supported by the effective virtual school team, has led to consistently good outcomes being achieved, evidenced by good attainment, progress and one of the highest rates of university entry in England. Care leavers are given good support to make the transition to independence and they are also supported by continuing opportunities to benefit from education and employment. Good partnership with the housing sector has secured a good range of accommodation for care leavers and asylum-seeking young people, all of which is at least suitable for its purpose.
58. A wide range of service users take part in consultation and join service development groups, and this engagement is being developed further as the children in care council works to formalise its role. Good account is taken of the views of service users who are generally satisfied with the quality of service they receive. Although parents and carers do not have sufficiently direct involvement in service development they do contribute to service evaluation through the review process. Excellent attention is paid to the diverse needs of children and young people and there is clear evidence of very skilled work by all staff. Unaccompanied asylum seekers and those leaving care receive good or better services although some care

leavers have not been helped to use pathway plans to voice concerns about their futures,

59. Performance management and quality assurance are robust and used well to inform service development. Workforce planning is outstanding and professionals from across the partnership benefit from excellent training and development opportunities. These are key factors in the recruitment and retention of the permanent and skilled staff group, where turnover rates are consistently low at 9%. Complaints processes are applied well. They are understood and known to children and young people who express confidence in the processes and their outcomes. Learning from complaints is used well in line management and any themes are incorporated into training. The role and function of the LADO is understood by professional working across the partnership and allegations against staff are rigorously investigated.

Capacity for improvement

Grade 1 (outstanding)

60. The capacity for improvement is outstanding. The comprehensive strategic plan for children sets out a shared vision, ambition and priorities and a platform of agreed actions to continue to improve services. The voluntary sector's commitment to delivering plans is significant but their future capacity is threatened by the uncertain financial climate. Senior managers know the current services well, and despite evidence of some highly effective practice across most areas that has led to improved social, education and health care outcomes for looked after children and young people, they are continually alert to opportunities for further improvement. Managers move fast when necessary, to commission services to meet new or changed demands, and use their highly skilled and well-trained workforce to do so. They have a demonstrable ability to identify and respond to service weakness in ways which bring about sustainable change. They have, over the recent, past eradicated a significant budget overspend through rigorous management and improved commissioning practices, without compromising the quality of service to children and young people. The partnership welcomes challenge for example from inspection and peer review and responds to recommendations positively, increasingly with the assistance of children and young people.

Areas for improvement

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

Within three months:

- work with the voluntary sector to maximise their contribution to the development, commissioning and delivery of service plans

- define the role and function of the children in care council and to further support its developing relationships with the council and its partners
- ensure that IROs bring to the attention of managers all cases where the care plan has not been implemented to enable the necessary action to be taken.

Within six months:

- ensure that the views of parents and carers of looked after children inform service development and review.

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

Being healthy

Grade 1 (outstanding)

62. Health outcomes of looked after children in Hammersmith and Fulham are outstanding. The council demonstrates a strong commitment to supporting the healthy development, education and social care of all looked after children. It shows ambition in the goal in maximising the potential and life chances of each child and young person. The co-location of the dedicated looked after children nursing team, comprising three nurses, with the social care staff promotes effective communication between professionals and reflects well the positive effect of collocating responsibility for health commissioning with social care counterparts. The weekly referral meeting with the designated doctor for looked after children ensures an effective allocation of work and planning for the needs of children and young people. The team has good access to supervision including some additional sessions from the named safeguarding nurse from Central London Community Health NHS Trust.
63. The designated nurse for looked after children was awarded the 'Nursing Standard Nurse of The Year' award in 2010 in recognition of the services she and the team provide. Their work was published by the Government Office for London as part of the emerging best practice guidance used nationally. The nursing team is active in ensuring that its role and function is understood by partners and looked after children and young people. The team's training plan clearly identifies opportunities for allied professions and carers to attend courses, elements of which are delivered by young people who have received services.
64. High levels of performance are achieved in relation to dental checks, where the current proportion of 92.1% significantly exceeds the England average of 82%. The current achievement, while high, is targeted for further improvement and looked after children's nurses are identifying children who have a fear or phobia of dentists so that they can be offered additional support and reassurance. Evidence from dentists indicates some real progress in this area.
65. More children have up to date health checks and assessments in the borough than in comparator authorities. The current, ambitious target for the completion of annual health assessments in 95% of cases has been exceeded in each of the last four quarters, and achievement is substantially higher than the England rate of 84%. The commitment to undertake assessments in locations determined by the young person, coupled with a rigorous policy of pursuing failed appointments, underpins this excellent outcome. Innovative methods and the skill and tenacity of the nurses successfully engage children and young people who are

resistant. Currently very few young people are resolute in their refusal to take up services.

66. The designated doctor undertakes all initial assessments and the looked after children nurses conduct the review assessments. The team has the necessary capacity to ensure that the great majority of looked after children placed outside the local authority area receive review health assessments carried out by the looked after children nurses. Last year, by arrangement, seven review health assessments were undertaken by external health professionals. In each case a considered decision was taken, based upon the need to provide the child with clinical continuity with a familiar health worker. The quality of assessments is good and records are compliant with guidance in all cases. Health promotion, education and information giving are central to the health assessment. Feedback from children and young people and their parents and carers shows that this approach is highly valued. Where relevant, good opportunity is taken to consider cultural issues which impact on health. Specialist advice on population specific health issues such as Sickle Cell anaemia and Thalasaemia is available. Access to translation and interpretation services is good and this supports communication with children and young people for whom English is not their first language.
67. Service user confidence in the professionalism and knowledge of the nursing team is high. This is demonstrated by the take-up of further consultations in key areas, which has led to good outcomes. For example contraception and the practice of safe sex are routinely discussed during health assessments and significant numbers of young people make subsequent contact with the nursing team for further help and advice. This includes support in attending specialist clinics as young people build their confidence. Significantly there were no conceptions among the looked after children group during the year ending March 2011 and only two in the care leavers group.
68. Considerable work by the looked after children nursing team ensures that recommendations of health assessments are central to the child or young person's care plan. As a consequence the difficulties in achieving full implementation of the required actions are largely overcome. Good practice by the looked after children nurses ensures that an advance copy of each child and young person's health plan is provided to the independent reviewing officer responsible for the statutory review. This enables progress to be monitored effectively. Service user feedback about health assessments is formalised and consistently good.
69. The dedicated looked after CAMHS is located with the looked after children's social care service. This has led to considerable improvement in planning for children's emotional well-being including those placed out of borough. CAMHS demonstrates highly effective practice in a number of areas. For example it provides support to looked after children through the

work of the fostering and permanency therapists who facilitate bi-monthly consultation and training for foster carers. Although CAMHS does not provide an emergency response, intensive and planned support is offered in conjunction with social care colleagues, in cases where placement disruption is identified as a possibility. Carers report that this service has increased their ability to manage difficult situations. The leaving care team clinical nurse specialist is involved with helping young people make the transition to independent living and ensures young people continue to receive services from adult mental health teams when it is appropriate.

Staying safe

Grade 2 (good)

70. Safeguarding arrangements for looked after children are good. Ensuring the safety of children is the highest priority for the council and its partners who are committed to improving practice. For example, recommendations from the 2009 Ofsted inspection of the fostering service highlighted two safeguarding concerns about recruitment practices and the operation of the fostering panel. Both have been resolved through rigorous action.
71. The commitment to safeguarding permeates all policies and procedures that relate to looked after children. A strong and increasingly successful commitment is in place to reduce the traditionally high use of in-care services in favour of services that maintain children and young people in the community. As part of these policy and practice shifts a range of effective measures is in place, although more remains to be done as the newly commissioned locality services roll out. The specialist services of Adolescent Crisis Intervention and Support Team and Parents and Children Together, as well as the use of accredited parenting programmes and the expanding and effective use of Family Group Conferencing, reduces the necessity for care in a number of cases. The proportion of children in care in the borough has fallen year on year for ten years, at a time when the national trend is rising. Performance is now in line with comparators. Where care is required, particularly in relation to children and young people at immediate risk of harm, provision is timely and the focus of the safeguarding work centres on the viability of securing a safe return home. Where this is not possible, the council and its partners seek to secure the child or young person's security in an alternative permanent placement. The adoption of a twin tracking approach to planning, early consideration of the use of the public law outline and robust case reviews have a positive impact in minimising delays in achieving permanency in a number of cases.
72. All commissioned placements have specified safeguarding requirements that are consistent with the high expectations of both council and LSCB policies. Provision is systematically monitored for compliance. The collaborative work by the local authority with other councils across London and in the West London alliance ensures that placements are only made in provision that is judged by Ofsted as good or better. Good information

exchange enables the council to keep abreast of any deterioration in standards which would necessitate removal of the young person and decommissioning of the resource.

73. The stability of placements shows an improving trend. Short-term placement stability demonstrates strong performance compared with that of statistical neighbours. The national average, trend and current performance for long-term stability is generally in line with the national average. Comparatively high numbers of children are placed in adoptive homes or subject to residence orders or special guardianship. In these groups, placement stability is very high with no disruptions for the last three years.
74. Children and young people who spoke directly to inspectors or responded to the survey undertaken as part of this inspection report that they feel safe in their placements. All can identify a trusted adult with whom they could share concerns. They are seen alone by their social workers on a regular basis, and this mostly happens at intervals which exceed the statutory visiting requirement which is a very positive reflection of staff commitment to provide a positive service. The children and young people say they have good access to independent visitors if necessary. In all cases selected as part of this inspection, looked after children were at least adequately safeguarded with a significant majority receiving good or better services. All were allocated to a suitably qualified social worker who had previously undertaken good quality safeguarding training. Case records show that practitioners draw on contemporary understanding of research and best practice to inform their assessments and work with children and young people.
75. Foster carers receive good support in keeping children safe through required training. The dedicated support from specialist CAMHS provision increases their knowledge and understanding of the needs of young people. Unaccompanied asylum-seeking children are provided with a high standard of support by a specialist social work team. Immediate and targeted support to meet needs is focussed and highly sensitive to the relevance of race, culture and ethnicity in each case. In addition some outstanding multi-agency work has been carried out with young people whose life experiences made them vulnerable to risk. The leaving care team is similarly effective in supporting young people as they move towards adulthood. These young people are supported by initiatives such as the Breakaway project, a four-day course held semi-annually to prepare young people for independence. Supported housing and opportunities to develop essential life skills such as budgeting, job searching and cooking are highly praised by care leavers including unaccompanied asylum seekers.
76. Arrangements for responding to children and young people missing from care are good. Rigorous police action followed by 'safe and well checks'

and return interviews by social workers or police officers ensure that support is offered to the child or young person to prevent risky behaviour from escalating. Good awareness among staff means that the risks posed by bullying, sexual exploitation and gang related activity are considered in each case. Any relevant information is shared at the six-weekly multi-agency meeting that formally reviews and monitors the response to missing children.

Enjoying and achieving

Grade 2 (good)

77. Outcomes for enjoying and achieving are good, with some outstanding features. The local authority has high aspirations for the achievement of looked after children, who are supported very well by the effective virtual school located in the education service from which it can draw upon a wide range of resource and professional expertise, multi-agency teams, designated staff and specialist provision. Inspection shows outstanding provision for education from the adoption and fostering services. Multi-agency information is used well to support individual young people in their learning but a database that provides clear management oversight of educational provision is not yet complete.
78. Looked after children generally make good progress in their learning from their starting points, despite more having special educational needs and/or disabilities than in similar authorities. Test results in primary schools are higher than in similar areas and nationally. At age 16, more young people are taking examinations, more are gaining qualifications and higher grade GCSE results are above those for similar areas and nationally. Although results that include English and mathematics are average, predictions for 2011 show improvement.
79. Good quality personal education plans (PEPs) that are completed by teachers from the virtual school with good involvement of foster carers, schools and other services are fundamental to improving educational outcomes. Plans show good understanding of individual needs and suitably personalised support, such as individual tuition and flexible curriculum provision, which meet these well. Targets are suitably challenging and the distinct roles and responsibilities of professionals in achieving these are clear, as are actions and timescales. The views of young people on their learning and progress are sought actively and most make a suitable contribution. PEPs are used well to monitor and review progress and to overcome barriers to learning, such as on change of school placement, in the allocation of additional funding to young people with special educational needs and/or disabilities, and when specialist placements out of borough fall short of expectations. For looked after children educated in schools outside of the borough, monitoring through PEPs results in judicious interventions to address concerns in provision.

80. Services and agencies contribute strongly to raising the achievement of looked after children. Statements of special educational need and/or disability provide good support for learning and behaviour, as do individual learning plans. Designated educational psychologists give good advice to schools and good support to young people with special educational needs and/or disabilities that has improved their literacy skills and helped them develop relationships with their peers. Training for foster carers has resulted in the reading skills of children in their care showing good improvement. A newly launched web-based resource for looked after children, foster carers, social workers and designated teachers that has good potential to support personalised learning is not yet utilised fully. Academic and personal successes are celebrated very well. Young people are proud of their achievements and value their inclusion in the virtual school newsletter.
81. Continuity of education is prioritised and support for transition through stages of education, between schools, for alternative provision and for reintegration into mainstream education is outstanding. Two PEPs for pupils in year six transferring to secondary schools, and for young people in year 11 in preparation for further education assure continuity, as do transition tutors in all secondary schools. Some particularly effective multi-agency work with pupils with complex needs includes regular mentoring so that they do not miss school. Successful interventions minimise the impact of placement changes. Strong and highly effective support and advocacy from virtual school staff enables excluded pupils to complete examination courses. They are helped considerably by pre-visits to learning provision to assess suitability as well as support at entry to secure continuity. Good support for teenage mothers who are looked after, such as with childcare facilities, enables them to continue in education and gain qualifications. Tailored learning programmes and dedicated support from a learning mentor for other particularly vulnerable young people, such as those who are seeking asylum and engaging in formal learning for the first time, secures smooth transition to mainstream learning.
82. Targeted multi-agency work prevents exclusion and secures improved attendance. Fixed term exclusion rates are consistently lower than in similar authorities and nationally. Fewer young people are excluded more than once and there have been no permanent exclusions from school in the past four years. Attendance at school is broadly average and persistent absence has reduced to average.
83. Most looked after children have a leisure plan as part of their PEP. Young people benefit from an increasing range of high quality and enjoyable recreational activities of their choice that promote independence, raise self-esteem, improve their personal and social skills and secure continuing engagement in learning. These are well attended and include the Duke of Edinburgh's Award scheme, enrichment activities in higher education, a cookery club that encourages healthy eating and career considerations,

theatre visits and sporting, art and musical activities. Provision also includes access to activities available for all young people but take-up is not yet monitored.

Making a positive contribution, including user engagement

Grade 2 (good)

84. Arrangements for making a positive contribution are good. The council's strengthened strategy for children and young people's involvement is increasingly involving children and young people in the design, commissioning and evaluation of local services. A toolkit designed by young people for social workers and practitioners enables them to consider how best to make use of children's contributions. This work is being taken forward by the children in care council, which is yet to develop its formal relationship with the council and its partners. However some considerable impact has already been achieved by the children in care council such as in the recruitment of staff, the commissioning of leisure activities, the design, delivery and monitoring of youth services and in the development of services for teenage mothers. Looked after young people's views also directly informed the development of the independent visitor scheme. Young care leavers who have previously been homeless are trained by the council to work with young people in supported accommodation, who are at risk of being evicted. This work includes presentations to schools about the realities of homelessness and the challenge of living independently. Young people's views about their education are sought regularly and used to inform support for individuals as well as curriculum and course provision, such as accredited learning after the age of 16. However the views and experiences of parents and carers are not used systematically in the same way.
85. The contribution of looked after children and care leavers to their statutory reviews and PEPs is an important source of information about the quality of service as well as a vital contribution to individual case planning. To support the statutory review process, children and young people are allocated an independent reviewing officer who remains responsible for them for the time that they remain in care. The IRO establishes how children and young people wish to participate in reviews and the key issues to be considered in advance of each review. The 96% participation rate achieved by children aged 4 and over in reviews is testament to the approach of this initiative. It is highly valued by children and young people. A personal approach is also used to develop personal education plans and was considered to be highly effective by young people who considered that their learning needs were properly identified and represented. This is reflected in the achievement and progress of young people.
86. An effective advocacy service that is sensitive to diverse needs is made available in order to provide additional support when necessary. For

unaccompanied asylum-seeking children very good use of interpreters ensures that their specific needs are understood and are fully taken into account in plans for their care and education. Care leavers are involved well in pathway planning but some told inspectors that they felt unable to share their personal concerns fully at the planning meetings. Such concerns include their lack of confidence in managing the practicalities of independent living.

87. The Children's Trust Board oversees the work of the Youth Offending Service and supports strong partnership arrangements. These are helping to reduce crime, which is a council priority. All children and young people arrested trigger an immediate referral to the Youth Offending Service and tailored packages of support seek to divert children and young people entering the criminal justice system from further criminal activity. Restorative justice is effective in diverting young people, and the rates of offending and re-offending are lower than statistical neighbours. Fewer than five looked after young people offended in the last year. This is far better than comparator authorities which average at 16. Young offenders' engagement in suitable education and employment, which is central to the council's diversion strategy, is higher than neighbouring authorities for the year 2010–11.

Economic well-being

Grade 2 (good)

88. Outcomes for economic well-being are good. Low attainment for some young people at age 16 does not prevent success in learning as they progress through later years. Proactive support is given for the continuation of learning after the age of 16, and there are well established partnerships with providers of further education and other providers of learning. There is access to a good range of suitable provision, including for some young people with learning difficulties, those needing to develop employability skills and those learning English as an additional language. More young people are in full-time education than in similar areas and nationally, and more in further learning, training or work. Apprenticeships develop confidence and skills and lead to work for some, although opportunities are limited.
89. Tenacious and good support from Connexions advisers and other key professionals secures the engagement of young people who are not in education, employment or training in pathway planning. Numbers of young people in this situation have reduced substantially and casework shows considerable success in securing further education placements appropriate to their needs and career aspirations, with many progressing through accredited routes. Young people value this good support and the funding available to them.
90. Transition to further education is supported very well by the virtual school. Two PEPs are completed for year 11 students in preparation for

placements after the age of 16 and staff from the virtual school visit each student in their new college to carry out an education 'MOT' to ensure appropriate support and guidance. In addition, transition mentors and Connexions staff secure continuity of support for students with statements of special educational need and/or disability.

91. Aspirations for care leavers are high. Good opportunities for care leavers to take part in programmes linked to university entrance shows considerable success. For example, 27 young people are currently undertaking a range of degrees with a high representation from asylum-seeking young people. The strength of the authority's commitment extends to grant funding and to open placements after the age of 18 that provide continuity of accommodation between college semesters.
92. Good multi-agency support prepares care leavers well for transition to adulthood, as do intensive courses for independent living. Pathway plans are timely and comprehensive. They show good multi-agency involvement that secures suitable provision for further learning or employment, smooth transition to adulthood and a good range of suitable and affordable accommodation which is allocated according to need. Young people are involved well, their needs are well known and the responsibilities of professionals and young people themselves in meeting these are clear and reviewed regularly. In the fostering service, this same good provision helps young people to develop the confidence and skills necessary for transition to adulthood and independent living.

Quality of provision

Grade 2 (good)

93. The quality of provision is good. The council has a clear understanding of the needs of children and young people in the borough. It has an agreed multi-faceted strategy to reduce the number of looked after children safely and to ensure they are placed in provision best suited to their needs supported by highly effective services. Successful implementation of the strategy has resulted in the number of looked after children falling steadily from 371 in 2006–07 to 247 at the end of March 2011. This contrasts positively with the national average which shows the number of looked after children to have risen by an average of 8% since 2007. In addition, work is continuing to reduce the use of residential and out-of-borough placements in independent fostering agencies. Some progress is being made and the 48 placements (36% of the total) currently commissioned are targeted to reduce as the fostering service's recruitment campaign begins to reach its aim of recruiting 20 new sets of carers per year. This number will, consistent with the sufficiency plan, include carers from specific ethnic backgrounds and others with specific skills. Some 36% of children and young people are placed in the borough boundary and of those placed outside the borough, 68% are placed within 20 miles of their home. This proportion is higher than that of statistical neighbours and reflects a good outcome from a commitment to provide children with a

resource that meets their health, social care and educational needs while at the same time maintaining appropriate family contact.

94. A strong drive to ensure permanency placements identifies at the earliest stage those children and young people subject to care proceedings who are unlikely to be able to return to live with their parents or carers. This process is supported well by the adoption service, which was judged good in the 2010 Ofsted inspection. Very good outcomes for permanency are being achieved with 14% of looked after children in secure placements in the last financial year, a figure significantly in excess of comparator local authorities.
95. All looked after children are allocated to a qualified social worker. There is clear management oversight in decision making through the Looked After Children Monitoring Panel that meets monthly to review progress in relation to case planning, contact and transport. All cases are subjected to traffic light monitoring about case planning and cost. This monitoring enables effective management oversight to significantly reduce drift.
96. Children and young people who become looked after receive timely and appropriate assessments. Many assessments (80% in the audited case sample selected for this inspection) are of good or better quality and are demonstrably informed by research. This promotes effective analysis of risks and protective factors to steer planning and identify need alongside the early identification of parents whose may not be able to resume care. One case inspected demonstrated very effective multi-agency consideration of risk at the pre-birth stage. That assessment led to highly skilled, sensitive and effective case planning which resulted in the child being placed for adoption at the earliest stage with the consent of his birth parents.
97. Case files inspected are all of at least satisfactory quality. Most show evidence of good or better assessment with, or including, examples of direct work with children and young people. Recording is up to date and includes contributions from a range of agencies but most particularly health and education. These agencies continue to provide high quality, targeted services for looked after children and young people. The importance of undertaking life story work to help children and young people to make sense of their lives is supported by training events and the procurement of 'Life Store', an interactive electronic record that can store moving images as well as photographs and text. Care plans are sufficiently detailed and comprehensive to ensure clear case direction.

Ambition and prioritisation

Grade 1 (outstanding)

98. Ambition and prioritisation are outstanding. There is strong commitment from involved and committed politicians, the council and its partners to offer children and young people every opportunity to reach their potential. Excellent inter-agency collaboration results in clear ambitions being set out

in the strategic plan. The plan is informed by active consultation with service users and a comprehensive joint strategic needs assessment. Highly effective practice enables considerable impact and at least good outcomes to be achieved in social care, education and health. For example, the borough is one of the highest performing authorities for achieving consistently good attainment and progress in education, in achieving children and young people's participation in their health care planning and in securing permanent placements for looked after children. For each of the last three years there has been no placement disruption. The revised focus of the adoption and fostering service, the very successful implementation of the policy requiring permanency plans to be in place for children and young people who cannot return home by the time care proceedings are completed, the imaginative and skilful use of family group conferences, special guardianship, and placement with family and friends have each led to improved outcomes. These were achieved with the consistent and highly effective support of partners such as the looked after children health care team and members of the virtual school. Both groups have been very persistent in their endeavours and highly successful in achieving their objectives for example in relation to reducing teenage conception rates among the looked after population and in securing university places or further education for care leavers.

99. There is clarity of focus on achieving the highest standards of placement for children and young people, social care support, health care and education. The priorities associated with the ambition demonstrate the high degree of multi-agency sign-up to the improvement agenda. This is very well reflected in the work to increase placement choice, the commitment to achieve permanency for children, either by an early return home to their parents and carers or, if that is not a safe or viable option, by timely placement in alternative forms of provision with family care being the preferred option. Active commissioning, including joint commissioning, for children and young people with complex needs leads to the provision of suitable resources to meet need in almost all cases. Care leavers and unaccompanied asylum-seeking children benefit from a strong drive to enable them to make successfully the transition to independent living and adult life.
100. The strategic plan is kept under constant review by councillors in their role as increasingly able corporate parents, by rigorous scrutiny at the Education Select Committee and by managers across the partnership. The most recent review was informed by active consultation with children and young people. This reflects the significant commitment by the council to hear the voices of the service user and to promote further the role of the children in care council.

Leadership and management**Grade 1 (outstanding)**

101. The leadership and management of the looked after children's service are outstanding. Supported by very strong partnerships, a clear strategic direction is underpinned by a commitment to help all children to thrive well and succeed. This is supported well by an informed understanding of what is required to achieve the shared vision and objectives and, as an integral part of that process, the sufficiency duty is discharged effectively. A strong commissioning function is increasingly effective in securing a wider range of provision to improve choice and meet need. The location of the children's health commissioner in the social care management team is highly effective in securing jointly financed placements but also in aligning commissioning priorities across the partnership. An example of this is the range of suitable housing provision to assist young people in making the transition to independent living. Equality and diversity is understood well by a workforce at all levels that is experienced and knowledgeable. Case files demonstrated some excellent and highly sensitive work to promote equality across the spectrum of the borough's diverse community. Good use is made of specialist support groups in the community as well as community leaders to build knowledge of needs so that appropriate service provision can be made.
102. Partners, including the voluntary sector, understand well their individual strengths and weaknesses, are unafraid to hold each other to account and demonstrably willing to change course if that is required, for example, when changing the management arrangements and broadening the brief of the adoption and fostering service to achieve an integrated family placement service. At operational levels, partnership working is equally very effective to ensure looked after children and young people are safeguarded and their welfare promoted. Consistently good or better outcomes are achieved in terms of health, educational attainment and progress and in securing sustainable permanent placements. Imaginative use of a range of community resources, including a strong contribution of the voluntary sector, complements those deployed by statutory agencies to good effect; for example, during the inspection inspectors saw cases of asylum-seeking young people benefit from intensive CAMHS support to help them deal with personal trauma and a newly looked after child receiving psychotherapy to support his emotional health while settling in to a new placement. The voluntary sector's continued contribution is now under threat due to severe financial pressure, and it is not clear how this is being considered by the Children's Trust or in the commissioning process.
103. Staffing and resource capacity is very good and practice improvement is supported by an outstanding workforce strategy which details how staff are to be developed to meet organisational needs and priorities. It reflects well an understanding that services need to be flexible in response to changing demands. The significant range of development opportunity

includes specialist training for experienced staff and a comprehensive core offer of basic skill development for all inexperienced staff. Each child and young person has their own qualified social worker with whom they have good levels of contact. Additionally they have excellent access to the looked after children health team and the virtual school. Access to additional resources is good and managed well through the Children's Resources Panel, which has the capability to authorise funding for resources to meet need. Service configuration is kept under constant review by managers to identify new trends. High levels of flexibility in the system enable appropriate responses to changing demands where necessary; for example the need to better support children on the cusp of care resulted in the creation of a community-based service which contributes to the year-on-year reduction in the numbers of children in care.

104. Looked after children and young people know how to use the formal complaints procedure, which is well established, and widely disseminated and understood. Good support systems are in place for those who wish to use the procedure and the well regarded children rights officer or advocates are very accessible should a child or young person require independent representation. Children and young people who were interviewed or surveyed as part of this inspection are clear that they would use the complaints procedure if it was necessary. Robust procedures and good processes are in place to ensure that allegations against people who work with children, including foster carers, are managed in a way that leads to improved levels of safety for children and young people. The role and function of the LADO is understood well and used appropriately in order to make referrals and also to discuss concerns.

Performance management and quality assurance

Grade 2 (good)

105. Performance management and quality assurance systems are good at both strategic and operational levels in services and across the partnership. In the children's social care service, key performance management information based upon the national data set is produced each month. This shows generally good or better performance when compared to other comparator authorities. Data are subjected to rigorous scrutiny at all levels of management, by politicians through the Education Select Committee, and in the lead member's regular interviews with managers and staff. The virtual school has a significant database to monitor and evaluate attainment and progress; this is being extended further to cover all provision. Health trusts have assurance systems that fully comply with central government requirements. The looked after children health team has further performance systems, in addition to core data, to enable effective monitoring of their own services, such as the impact of implementing the recommendations of health assessments. In addition the Children's Trust and, more recently, the LSCB have

commissioned case audits to examine the quality of practice which has been further informed by the high levels of involvement of children and young people (96% of all children aged 4 or more) in their statutory reviews. The fostering, adoption and permanence panel provides a good level of independent scrutiny and challenge to the council to improve outcomes for looked after children and young people.

106. External challenge is welcomed and is seen as a crucial element of the authority's commitment to being a learning organisation which seeks continual improvement. The recent peer review advocated that the local authority "be brave when considering the future of its looked after children service". That view generated added momentum to the current developments and the creation of the current 0–18 years service to try to provide continuity of staff and service to children and young people. Inspection reports are welcomed and acted on. For example, the 2009 fostering report highlights concerns about the assessment of carers and panel functioning. This led to an improvement plan addressing the key issues that were implemented with management oversight and kept under review. The level of challenge provided by the IROs is mostly effective although there is a lack of rigour in some cases in highlighting drift. Performance on the timely completion of looked after children's reviews is good.

Record of main findings:

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