

Inspection of safeguarding and looked after children services

London Borough of Havering

Inspection dates: 12 – 23 September 2011

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Age group: All

Published: 28 October 2011

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI), one Additional Inspector and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - information gathered through discussions with children and young people receiving services, front line managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
 - the analysis and evaluation of reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with *'Working Together to Safeguard Children'*, 2010
 - a review of 39 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in June 2011
 - interviews and focus groups with front line professionals, managers and senior staff from NHS Outer North East London, Outer North East London Community Services, North East London Foundation NHS Trust, and the main provider of acute hospital services, Barking, Havering and Redbridge University Hospitals NHS 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
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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. The London Borough of Havering has a resident population of approximately 56,400 children and young people aged 0-18, representing 24% of the total population of the area. In 2011, 22.5% of the school population was classified as belonging to an ethnic group other than White British compared to 24.3% in England overall. Some 8.4% of pupils speak English as an additional language and, within this diverse group, Yoruba and Lithuanian are the most commonly recorded community languages spoken.
5. Havering has 59 primary schools, 18 secondary schools (of which nine are academies), three special schools and three pupil referral units. Early years services are delivered predominantly through the private, voluntary and independent sector in 125 settings. There are 15 local authority maintained nurseries.
6. The Havering Children's Trust was set up in 2006 and is chaired by the council's Lead Member for Children's Services. The Trust includes representatives of the council, local NHS health providers, Police, Probation, the voluntary sector and representatives of local schools and colleges. The Havering Safeguarding Children Board (HSCB), independently chaired since October 2009, brings together the main organisations working with children, young people and families that provide safeguarding services in the area.
7. The council's resources for looked after children include 66 foster carers, and commissioned placements for looked after children from external providers placements. The council itself does not operate any children's homes. Community-based children's services are provided by a duty and assessment team and two children and family teams, supported by borough wide teams for family support, children with a disability, youth offending, adoption, fostering and teams for looked after children and young people leaving care. There is a joint local authority emergency out of hours service providing cover for children and young people's services. Other family support services are delivered through 13 children's centres and extended services in schools. Other services are provided or coordinated through children's services such as youth services, teenage pregnancy and sexual health, Connexions and special educational need. Havering uses a virtual school approach in supporting the learning of looked after children.

8. At the time of the inspection there were 180 looked after children and young people and 47 post-16 young people of whom 45 have care leaver status. There were 100 children who were the subject of a child protection plan. These comprise 47 females and 50 males and three were unborn children. Some 40% are aged under five, 42% are 5–11 years old and 18% are 12 years or older.
9. Commissioning and planning of children and young people's health services and primary care are commissioned by NHS Outer North East London (ONEL) Cluster. The acute hospitals providing accident and emergency services for children are part of the Barking, Havering, and Redbridge University Hospitals NHS Trust (BHRUT). Maternity health care and newborn services are provided by BHRUT. Community health services, including health visiting, school nursing, and paediatric services are delivered primarily by Outer North East London (ONEL) Community Services and by North East London Foundation Trust (NELFT) which also provides child and adolescent mental health services (CAMHS). All health services are commissioned under NHS Standard contracts. ONEL Community Services will transfer to NELFT on 1 October 2011.

Safeguarding services

Overall effectiveness

Grade 3 (Adequate)

10. The overall effectiveness of safeguarding services is adequate. While the council and partners are able to demonstrate improvements in service provision through inspection findings, audits and learning from serious case reviews, the quality of provision and safeguarding outcomes remain adequate. Unannounced inspections of front line child protection services in both 2010 and 2011 identified some strengths and a number of areas for development. The inspection of June 2011 found evidence of improved practice. However, in spite of the concerted efforts made by the local authority, four of the five areas for development identified were still unresolved from the 2010 inspection, including improvements needed in the common assessment framework (CAF), the variable quality of referrals and the case recording system. Coherent arrangements are now in place to address these, including the procurement of a new recording system due to go live in April 2012.
11. The Children's Trust demonstrates a clear and positive commitment to promoting safeguarding, as the highest priority. HSCB successfully promotes awareness of safeguarding across the community and key agencies. Joint and single agency safeguarding training is in place but the take up of training and its impact are not being systematically monitored. However, members' take-up of safeguarding training is good. Senior managers are committed to improving services for the most vulnerable children and young people in Havering and there is strong commitment by

elected members. Consequently, the council has ensured the protection front line social work positions, children centres and the increase in workforce capacity within the Safeguarding and Standards Unit. The council has an integrated commissioning strategy and this has led to better targeting of resources with the result that resources are more effectively targeted. There is good access to early support for vulnerable families including for children and young people on the edge of care. However, service planning is not always systemically informed by the views of children and young people.

12. Established arrangements are in place across the partnership to monitor and evaluate performance. However use of this performance information to improve services is not always evident. Managers at all levels are accessible and visible and this is valued by staff. Operational staff demonstrate a clear commitment to making a difference to children and young people's lives. The arrangements for the recruitment and retention of social care staff is good and have resulted in the low use of agency workers and a stable and experienced workforce. While the role of the local authority designated officer (LADO) is clear and Havering's procedures for managing allegations regarding staff and those adults with significant access to children are appropriate, they are not always consistently followed.

Capacity for improvement

Grade 3 (Adequate)

13. The capacity for improvement is adequate. Performance against national indicators is generally in line with, or above, the averages for England. Safeguarding outcomes are adequate. The ambition to drive further improvement in supporting vulnerable families and in taking forward early intervention strategy is good. However, the pace of addressing important identified areas for improvement is slow. For example, not all recommendations from serious case reviews have been implemented and within health partnerships there is an absence of timely progress plans with a lack of analysis about why this is the case.
14. The Children's Transformational Programme proposes far reaching organisational changes, through the delivery of Havering's Prevention Strategy and its development has been informed by wide consultation and successful engagement with partners and users. However it is too early to assess the impact of the strategy.
15. There have recently been significant changes at senior management level. The current Group Director, Social Care and Learning will be leaving at the end of October 2011 and this post will not be replaced. The interim arrangements for succession planning have been agreed and currently involve the separation of the adults and children's social care. Potential risks identified through the forthcoming period of transition have been well planned for to ensure sustainability. Nevertheless the interim

arrangements will leave the area without a permanent senior management team at a time of significant changes, such as the launch of the Children and Families Preventative Strategy Plan in October 2011 which is part of Havering's Transformation Programme.

Areas for improvement

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

Immediately:

- ensure that all assessments take full account of parents' past history when assessing risk and that the views of children and young people are consistently sought to inform all assessments
- ensure that timely support is provided to children and young people who move between councils and are designated as children in need
- improve the quality and consistency of the management of allegations against staff. Ensure that all planning, decisions and actions are comprehensively recorded and that the outcomes are clear.

Within three months:

- ensure that the progress of work to implement child protection plans is clearly evidenced and links to the identified risks set out in the plan
- ensure that staff supervision makes provision for reflective practice, challenge and support, especially in relation to complex cases
- ensure that HSCB makes provision for full and sustained participation by partners in all aspects of its work
- review the activity and capacity arrangements of the emergency duty team to ensure the service can respond to all referrals in a timely way, and

NHS Outer North East London should ensure that:

- general practitioners follow the local safeguarding children procedures and attend child protection meetings as necessary
- the capacity within the safeguarding children team is sufficient to meet the needs of the local population and the statutory requirements, so that children are safeguarded and all health staff have access to timely advice and support
- the safeguarding children annual reports are presented to the HSCB and that the reports provide assurance that the respective health

trust safeguarding arrangements comply with, and meet, national guidance

- there is consistent and appropriate health organisational representation at the HSCB and its subgroups.

Within six months:

- improve the quality of analysis of information regarding take up and impact of services to all children including children and young people from minority groups, and,

Havering Council should ensure that:

- concerns arising from complaints are fully understood and that the learning results in action to improve services
- services are promoted for young carers in order that they are aware of support available, are identified and receive the support they need, and

NHS Outer North East London and the HSCB should ensure that:

- systems can demonstrate clearly that the completion of safeguarding training complies with guidance and can monitor the effectiveness and impact of training on practice
- the capacity within the community practitioner teams and the timely recruitment to vacant posts to ensure that children, young people and families are safeguarded.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (Adequate)

17. Safeguarding outcomes for children and young people are adequate. Health providers and a wide range of agencies are generally effective in identifying child protection concerns and refer these concerns promptly to children's social care services. Where child protection concerns are clearly identified they are responded to appropriately. Section 47 child protection enquiries are undertaken promptly with the Police and investigations are thorough and well recorded. Management decisions about referrals are well recorded and generally comprehensive.
18. Timely pre-birth planning ensures that appropriate plans are usually put in place to protect new-born babies, however this is not consistent and previous child protection concerns are not always given sufficient weight in risk assessments. In some children in need cases seen that were referred or transferred into the borough, there were delays in putting in place appropriate plans.
19. Children in need of a child protection plan receive timely interventions. Their needs are adequately assessed and the risks to them are clearly identified. Agencies work well together to share information and progress plans. However, in some cases where children are subject to a child protection plan, progress in tackling concerns is too slow and it is not clear how the activities of the professionals involved are effectively reducing risks, particularly where parents are hard to engage.
20. The quality of the management of allegations against staff, carers and volunteers working or caring for children is variable. Decisions regarding action needed to investigate the allegations are not always clear and comprehensive, the views of children and young people are not consistently sought, recorded or reported in order to inform decision making and it is not always evident if the needs of other children within the family have been considered. The conclusions of investigations are not always clearly recorded. However, there is good involvement by other agencies in strategy meetings and there is evidence satisfactory communication and joint working across areas where appropriate.
21. The understanding of the LADO role is not sufficiently well embedded. Work is being done to raise awareness across agencies of the management of allegations and the role of the LADO. However, the level of reporting remains a challenge as referrals have remained static over the past three years. Statutory requirements for safe recruiting are met within children and young people's services.

22. The annual complaint/compliments report is detailed, although the report does not indicate how the information is used to inform learning and whether this has resulted in improved practice and service response to complaints/compliments made.
23. Good work has been undertaken by the child death overview panel (CDOP) to raise awareness among parents, carers and the public of the dangers of co-sleeping and overlaying through the 'My Sleep My Space' campaign. Posters, leaflets and embroidered blankets for all new born babies have been widely distributed.
24. The inspection of the Havering Youth Offending Service (YOS) found in August 2011 failings in ensuring that young people involved in offending are appropriately safeguarded. Assessments did not adequately reflect the risk of harm and young people's offending history was not sufficiently taken into account in assessing risk. However appropriate action plans have now been developed to address these issues.
25. Children and young people who go missing are effectively identified through good joint working between the Police, social workers and education welfare officers. Strategy meetings are held to discuss individual children who are identified as vulnerable, with good involvement from professionals, and plans have been put in place to provide support. However, the arrangements in place to ensure young people who go missing are seen and interviewed by an independent person are inconsistently applied, resulting in some children not being seen and interviewed. Children educated at home are identified appropriately although no initial checks are made with children and young people's services to establish whether there are any known risks. While the young carers' service is highly valued by young people and parents alike, the needs of young carers are not well understood across agencies, including adult health services, adult substance misuse services and children and young people's services. As a result, young carers are not consistently identified and referred to the service for support. Good quality training on e-safety has been developed and rolled out to the majority of schools. The inspections of the local authority adoption services in January 2009 and the fostering services in August 2011 judged safeguarding provision to be good.
26. Effective communication and joint working between housing and the children and young people's duty team ensures that the needs of homeless young people are appropriately referred and assessed. Agencies work well together to tackle domestic violence. The Domestic Violence Forum is very well established with good participation by most relevant agencies and a wide range of support is available for families affected by domestic violence. Multi agency risk assessment conferences take place regularly and agencies value the opportunity to share information and ensure that coordinated plans are in place. Notifications about incidents of

domestic violence in households with children are not currently sent to health providers or schools and this means that information is not shared on lower risk cases. There is a highly valued domestic violence midwife in post, although the impact of this service and associated joint partnership working has not been formally evaluated.

27. Social workers have a good awareness of the importance of taking account of diversity, including ethnicity and culture, in their work but case records and assessments do not always clearly evidence consideration of diversity issues and cultural needs. Audit reports do not consistently consider how well diversity issues are addressed or considered in social work practice. However, this is well covered in the audits of cases of children with disabilities.
28. During the inspection no children or young people reported that they felt unsafe. Children and young people were last surveyed in 2010 to establish their sense of personal safety and if they knew where to access help and advice if they needed it. Plans are well advanced to undertake another this year

Quality of provision

Grade 3 (Adequate)

29. The quality of provision is adequate. Parents have access to a wide range of support from children's centres and access to parenting programmes, including one to one tailored parenting support for harder to reach families. Family intervention project workers provide additional support for families with multiple difficulties and complex needs for up to two years. Community children nursery nurses are currently co-locating to children's centres to enhance the provision further. Evaluations by parents and staff are very positive about the impact that the support received through community provision has made on the lives of individual families. Parents who were receiving support from children's centres told inspectors that they valued this and the positive changes it had made to their family. There are individual examples of very positive outcomes. For example, parents that have accessed parenting skills' training courses speak highly of improved relationships with their children.
30. The CAF is not well established and is not used effectively by all services. As a result families do not always have access to well coordinated early intervention and support. As a consequence some children and young people are referred to children's services unnecessarily because appropriate support has not been put in place at a sufficiently early stage.
31. Well organised and effective social care duty system is in place to allocate and progress work with appropriate staffing by social workers and good management oversight. A feedback form is used to inform referrers of the outcome of their referrals and there is evidence that this is routinely used thereby supporting effective communication between duty team and partners.

32. Referral thresholds for levels of service are not well understood across agencies and the number of inappropriate referrals to social care is high. New guidance on thresholds is being developed but has not yet been introduced. A number of agency representatives spoken to by inspectors were concerned that children's social care do not respond appropriately to their referrals. However this is not generally evidenced in the work of the duty service seen during the inspection, where the large majority of referrals were responded to appropriately and in a timely way.
33. Cases are allocated appropriately to qualified social workers. Case loads for most staff are generally manageable but for some social workers keeping records up to date is a challenge. As a result not all cases are closed in a timely way. The council is aware of the challenges posed by the computer system and has coherent plans in place to replace the current computer system.
34. The emergency duty team is staffed by experienced social workers who have ready access to managerial advice and decision making. Systems of communication from the emergency duty team to day time staff have been identified by the council as an area for improvement. Recording by the emergency duty team staff does not always clearly identify when they have undertaken a Section 47 enquiry as they do not consistently use the appropriate Section 47 paperwork. This was an area for development at the recent inspection.
35. The quality of assessments is adequate overall. While some are comprehensive and provide good analysis, others lacked detail and the quality of analysis is variable. There are good examples of parenting assessments being undertaken across agencies and historical information is considered but not always given sufficient weight when assessing risk. There are some examples of appropriate consideration being given to ethnicity, culture and disability.
36. Child protection plans appropriately identify risks and desired outcomes. In some cases it is not always evident from the recording how the progress of plans in addressing identified risks lead to improved outcomes for children and young people. Whilst there is evidence of social work visits the purpose of the visit and content of discussion or challenge is not always reflected in recording. There is generally good engagement by a wide range of professionals in planning and work with children and young people identified as in need of protection. However, the involvement of general practitioners (GPs) is limited. Some send reports but the quality of these is variable.
37. Children on child protection plans are visited in accordance with statutory requirements by social workers and other professionals. In some cases children are seen alone and good efforts are made to seek their views where this is appropriate, but this is inconsistent. Children's experiences of

family life and the parenting they receive are not always clear from case records or consistently clear in assessments or reports to conferences.

38. Most parents of children with child protection plans have a good understanding of the concerns and what the child protection plan is designed to achieve. Most parents spoken to by inspectors felt that the work of various professionals, including social workers, family support workers, school staff, health visitors, and tenancy support workers was helpful. They felt well supported by their current social workers and were aware of how to complain. Parents engaged well in meetings and were able to have their say though some felt that their views were not always taken sufficiently into account. A small number of fathers have benefited from additional support to help them engage in child protection meetings.
39. Good use is made of family group conferences to involve extended families in supporting children and young people when there are difficulties within families. However plans and decisions are not always informed by timely assessments.
40. Child protection reviews and core groups take place within expected timescales and are generally well attended by parents, carers and professionals from relevant agencies, though there have been issues identified with poor participation by some agencies and professionals. Minutes are detailed. Plans are reviewed with appropriate challenge from chairs, but progress is not consistently addressed and impact of challenge on practice is not always discernable.
41. Recording is usually up to date but is primarily descriptive and provides variable evidence of analysis. Due to the weaknesses of the electronic recording system, in some cases, social workers write up their records on a separate word document leading to some delay in these records being input on the electronic record. This prevents managers and colleagues consistently having an up to date picture of the case.

The contribution of health agencies to keeping children and young people safe

Grade 3 (Adequate)

42. The contribution of health agencies to keeping children and young people safe is adequate. The annual safeguarding reports are of variable quality, contain insufficient information and analysis around areas of concern which are not reported to the HSCB. Consequently, the health trust boards and HSCB are not kept informed of the quality of safeguarding practice.
43. There is good access to multi agency safeguarding training. Monitoring of attendance at safeguarding training is variable and in most cases does not fully comply with the expectations set out in *'Working Together to Safeguard Children'*, 2010. Whilst there is evaluation of training in place, feedback is not used to determine impact of training on practice.

44. Although there has been a recent improvement in capacity within the health designated and named safeguarding health professionals to discharge their safeguarding responsibilities, capacity remains stretched. The designated job description for safeguarding staff does not comply with statutory guidance. There is a named GP in post but this role has a low profile, with limited capacity and GPs interviewed were not aware of it.
45. Adult substance misuse services effectively monitor safeguarding concerns through a risk based database. This ensures that at clinical meetings safeguarding concerns are reviewed and that progress to address these is monitored and maintained. Accident and emergency services have a 'flagging' system in place to identify children with child protection plans.
46. CAMHS, substance misuse and adult mental health services have a named social care link worker which has enabled effective joint training and better understanding of referral thresholds. Young carers are not consistently identified across adult acute and mental health services.
47. There are effective and confidential consenting procedures for young people attending sexual health services. This has increased compliance with tests and treatment regimes.
48. Children and young people with long term health conditions and learning difficulties and/or disabilities are involved in the development of their health care plans, and their views are incorporated into the Personal Education Plan (PEP), which supports the holistic approach to their health needs being met.
49. Parents of children with learning difficulties and/or disabilities have been actively consulted and involved in service evaluation and provision, including transition arrangements. Some parents are members of the recently formed children with disabilities and special needs strategy group, providing better inclusiveness and understanding of services pressures, and helping to improve service delivery.
50. There is a wide range of age appropriate oral health and dental health promotion activities provided. The dental strategy focus group for parents has led to a positive improvement in both the location and accessibility of routine dental services in special schools following the success in main stream schools.
51. Young people involved with CAMHS have developed a set of care and quality service standards; however the effectiveness of these standards has not been evaluated. The service is only now commencing use of the 'You're Welcome' quality standards. Children with learning difficulties and/or disabilities who use mental health services have good access to support with their physical care. Staff provide continual specialist physical care support when the young person is admitted to a CAMHS bed.

52. Maternity and sexual health staff engage well with two local Traveller sites, and this results in good engagement with statutory services. Although health practitioners are gaining an awareness of the changing diversity of the local population, especially within school age children, the impact of this on service design and provision is yet to be realised.
53. There is an increasing awareness among front line health staff of the changing demographics in the children and young person's population. Staff have access to an interpretation and translation service as required. Children's centres and youth centres visited during the inspection have very little information for service users available in languages other than in English.
54. There is good access to mental health services for those children who self harm. However, there have been occasions when child mental health advice has been not been available in out of hours periods.
55. Transition arrangements for young people with mental health difficulties are not fully implemented. Young people with mental health needs who are admitted to adult medical acute wards, at their request, may experience a delay in accessing CAMHS advice, as the focus of the CAMHS team is primarily work on the children wards. There is good joint working between young people and adult mental health services for those suffering with early psychosis, resulting in smoother transitions.
56. There are highly accessible sexual health services for young people, with good support provided within the Youth Zone and the walk-in clinics. This is further supported by health promotion provided in schools by school nurses. However young people who leave school at 16 years to go to the local colleges have less college based support, increasing their vulnerabilities and risk taking behaviours. School nurses report a correlation between this factor and the increase in the teenage conception rate. There is a dedicated youth worker providing sexual health services within the local colleges at open days. However, no evaluation of the effectiveness of this service has been undertaken.
57. The dedicated teenage pregnancy midwife is ensuring that all the necessary safeguarding referrals are made for young pregnant women, and that good support is provided throughout the pregnancy, and up to one month post birth. Safeguarding thresholds for those pregnant women who misuse substances have recently improved with a greater understand of the risks and the need for proactive early interventions. Audits of referrals show that risks are being identified and appropriate action taken.
58. Children's community nursery nurses provide healthy children programmes. This service is being co-located within children's centres, to improve access for parents who are positive about the changes.

59. There remains poor engagement with the HSCB by senior health staff, due to a lack of capacity within the safeguarding services, although there have been recent improvements following the appointment of new staff. There is minimal engagement of GPs within safeguarding and very poor attendance at case conferences. The HSCB have very recently agreed to hold a focus group with GPs as result of a Section 11 safeguarding audit to improve their engagements with safeguarding, and the new commissioning arrangements.
60. Accident and emergency care and minor injuries' settings send notifications of a child or young person's attendance and their rate of attendance to GPs and community health staff, and these are appropriately followed up.
61. There is good access to the local sexual assault referral centre, which is based out of the borough.

Ambition and prioritisation

Grade 3 (Adequate)

62. Ambition and prioritisation across the partnership are adequate. There is understanding of the significance of safeguarding as the highest priority at both strategic and operational levels which has translated into positive actions and improved outcomes. For example there is political commitment from elected members to maintain services for children and young people as a priority. This is reflected in the improved budgetary protection of services within all children's services, including safeguarding social work posts, children's centres and increased capacity within the Safeguarding and Standards Service Unit. However, there is insufficient engagement at strategic level across all partners within the HSCB which means that some agencies, including health agencies, do not consistently meet all their safeguarding requirements and HSCB cannot therefore effectively hold partners to account.
63. The Children and Young People's Plan (CYPP) and the Children and Young People's Delivery Plan 2009–2011 is underpinned by needs analysis and effectively sets out the Children's Trust's priorities. The ambitions and priorities set out in the CYPP are regularly monitored by the Children's Trust and HSCB. The ambition and commitment of the partnership arrangements to improving services is demonstrated in the recent decision to maintain and develop the Children's Trust model. There is political commitment and unity from elected members that services for children and young people are a priority. However, the implementation of agreed priorities at strategic level is not always fully embedded at operational level. For example, action to address some of the areas for development identified in the last two unannounced inspections of front line practice has been hampered by insufficient progress around the CAF and multi agency referral form. Whilst the council put in place plans to address these following the 2010 inspection, they have not been successful in

effecting the necessary changes required and thresholds for children's social care services are not consistently applied across the partnerships. This is recognised by the council as an area for development. Also the use of young peoples experience to inform strategic planning to safeguarding arrangements is not fully developed.

Leadership and management

Grade 3 (Adequate)

64. Leadership and management are adequate. The commitment to, and investment in, staff development within the children and young people's service is good and successfully underpinned by the council's workforce strategy. A good range of training opportunities are available to staff at all levels, and training needs are appropriately identified in annual performance reviews. However, training on equalities' issues is under developed. The local authority has a corporate training programme which promotes an understanding of equality and diversity issues. Staff greatly value the leadership and management training and this supports supervision and management practice. Vacancy levels within children's services are low and a number of staff are experienced, have worked for Havering for several years and provide stability within front line services. Staff morale is good. Staff are enthusiastic, hard working and committed, and show good knowledge and understanding of the key priorities. Case loads are generally manageable and newly qualified social workers have a protected caseload. However, not all records are up to date and social workers are not helped by the current cumbersome electronic recording system. Clear plans are now in place to replace the electronic system by April 2012.
65. Staff across teams in the prevention and intervention service feel very well supported by their direct line managers. Overall, the quality of managerial oversight is adequate and some aspects are good, such as the day to day oversight of duty arrangements. Case files and supervision files do not consistently evidence robust managerial oversight and the rationale for decision making is not always clear. The quality and frequency of supervision is variable though there is evidence of recent improvement. While most staff have regular supervision this is not been consistent for all staff. Recording of supervision shows appropriate attention is paid to the identification of training needs but there is evidence some cases are not discussed sufficiently frequently to ensure robust managerial oversight. All staff have up to date performance development plans.
66. Action has been taken to address the weaknesses in supervision practice and appropriate steps are being taken to improve its quality and its recording. A supervision policy in place is being further developed to meet the specific needs of social work staff. There is good access to safeguarding supervision for health staff, including the designated and named staff, some of whom have completed the strategic health authority

leadership programme. However there is no formal supervision for staff within accident and emergency care settings.

67. There is a lack of succession planning within community health services. A number of health visitor posts have been vacant for some time and as a result, caseloads for health visitors are too high. Newly appointed safeguarding staff within health have not received the training required to ensure their competence and confidence to undertake their roles and they felt unsupported in their roles. The CAMHS service has a stable workforce, with good retention rates.
68. The analysis of access and take up of services by children and families from minority groups is limited and does not sufficiently inform service planning. The views of children, young people and their parents and carers are not used systematically to inform service development.
69. Weaknesses in services are identified and appropriate plans are developed to address these. However, achievement of the desired outcomes is slow in some instances.
70. The integrated commissioning framework underpins the council's priorities within Havering CYPP 2009–2011 and Havering's integrated prevention strategy. The framework supports the council's development around the preventative agenda and is designed to support outcome based commissioning. However timescales for reviewing contracts for commissioned services are not sufficiently explicit.
71. Action plans from serious case reviews are being implemented but timescales are not consistently met across all agencies.

Performance management and quality assurance

Grade 3 (Adequate)

72. Performance management and quality assurance are adequate. Performance management information is comprehensive and provides information for the monthly monitoring of key areas of activity and budgetary provision across children's services. Performance against key national performance indicators and a range of local indicators is regularly monitored and reported on. Senior managers have a good understanding of local and national priorities and monitor performance closely. However, there is insufficient analysis and commentary of the issues and underlying reasons for current performance within performance reporting across a range of services and partnerships, for example, missing children and domestic violence.
73. The HSCB has completed a thorough safeguarding audit across agencies. Findings are clear and transparent in identifying challenges and areas for improvement. The findings present a detailed picture of safeguarding practice across some agencies but not all agencies took part. The HSCB

does not effectively hold health providers to account for the lapse in audits and action plans from serious case reviews, consequently the progress made against action plans is delayed.

74. Clear and appropriate audit policy and procedures are in place. Case file auditing is regularly undertaken by managers at all levels. Findings are collated and reported annually, however the impact of auditing in improving practice is not well evidenced. The audit reports focus more on compliance than on outcomes and do not present a comprehensive picture of the quality of practice or consider the impact of ethnicity and diversity. However, there are plans to draw out outcomes and learning points more clearly and report more frequently in the future and the HSCB has established a programme of themed multi agency audits.
75. Data on the management of allegations are gathered and reported but there is a lack of analysis of trends, referrers and the profile of children. Information on the ethnicity of individual children is identified but is not analysed.
76. Good information is available regarding individual children who go missing but this data are not collated, analysed or reported to senior managers to enable and support scrutiny of this or to inform strategic planning.
77. A detailed domestic violence action plan has been developed with clear responsibilities, targets and timescales. Agencies are held to account for their progress on actions but not all performance measures are sufficiently outcome focused to enable impact to be assessed. The use and analysis of data to inform the Domestic Violence Forum is not sufficiently well developed in order to measure the impact of this work. For example, no data are gathered on the overall numbers of children in households. Information on gender and ethnicity is gathered on service users but this has not yet been analysed.
78. Timeliness for initial assessments is good and better than similar areas and for core assessments is in line with similar areas. Timescales for initial conferences are just below similar areas. Timescales for review conferences are good and just above similar areas.
79. The Independent Reviewing Officers (IROs) are experienced, knowledgeable and confident. They understand their role well and there is evidence of challenge to social workers and managers when social work planning and practice is not ensuring that appropriate plans are in place and being progressed effectively. A dispute resolution process is appropriately used to resolve issues but the outcomes from this process are not clearly set out making it difficult to establish how well issues are resolved. IROs do not report on the quality of social work practice as part of their annual report and their quality assurance role is not well developed. This misses the opportunity to make best use of their knowledge and independence.

Partnership working

Grade 3 (Adequate)

80. Partnership working is adequate. Professionals meet regularly, share information appropriately and generally work together well with individual children and young people. A number of senior joint appointments with health have been made which have served to improve the understanding of the different organisational cultures. However, a number of well established partnerships ensure well coordinated activity in specific areas, like domestic violence and missing children. However, partnership working at strategic level has been hampered by changes of senior personnel across a number of agencies including health, and in addition, the quality of engagement of some partners with the HSCB is inconsistent. The CDOP is well established, working effectively with good involvement across all partner agencies.
81. The HSCB meets its statutory responsibilities adequately. Most agencies engage well but attendance by some key partners at HSCB meetings has not been consistent and limits the board's effectiveness. It has a strong knowledgeable independent chair who brings a clear focus and offers some challenge to members. It has well defined and appropriate priorities which are advanced by a suitable range of sub groups. Progress has been made in achieving most of the identified priorities but further work is needed on key areas such as embedding the use of the CAF and improving understanding of thresholds. The experience of young people and families is not used to inform improvements to safeguarding arrangements.
82. The HSCB commissions a full multi agency training programme available to all agencies but the take up and effectiveness of HSCB training is not systematically monitored. This has been recognised and a new training and development officer has been appointed to take this forward. HSCB does not receive regular reports on access and take up of services or details of children with child protection plans analysed by gender, ethnicity and disability. While information regarding the participation by agencies in child protection processes is gathered, an analysis of this has not been reported to the Board. Thresholds for access to children's social care services are not well understood or embedded. This is recognised as an area for development.

Services for looked after children

Overall effectiveness

Grade 3 (Adequate)

83. The overall effectiveness of services for looked after children, young people and care leavers is adequate. The Children's Trust and Corporate Parenting Panel are providing effective and improved leadership, with an increasingly shared vision and agreed priorities at a strategic level. Elected members on the Corporate Parenting Panel demonstrate a strong commitment to corporate parenting and as a consequence the panel is beginning to strengthening its role in scrutiny and challenge. There is a clear commitment to improving services for children, young people and care leavers. Elected members have put in place arrangements to meet with looked after children and young people on a periodic basis in order to listen to their views and experiences, however this is not yet formalised. The arrangements for promoting the involvement of the Children in Care council in the planning and delivery of services are being strengthened and this is timely as a number of children, young people and care leavers seen by inspectors had not heard of the Children in Care council. There is a strong commitment to ensure rigorous challenge of the Corporate Parenting Panel's work through Havering's Children and Learning Overview and Scrutiny Committee.
84. The case files inspected were mostly of an overall satisfactory quality, with evidence of some good work recorded. However, in some case files inspected, children had experienced multiple placement disruptions and had not achieved permanence. The placement matching arrangements in some cases seen were poor and were not always based on a needs assessment. In most cases seen statutory requirements for looked after children were met by the council and its partners. The virtual school is making a very effective contribution to improving educational outcomes for looked after children. PEPs are effective in supporting the planning and review of looked after children's educational attainment. School exclusions are low and well below the national average. Looked after children placed in the borough achieve more highly than those placed out of the borough. Overall the health outcomes for looked after children are in line with national averages and the health records of children placed out of borough are well maintained. However, emotional well-being assessments are not informed by the outcomes from the strengths and difficulties questionnaires and care leavers are not provided with their health records on leaving care. There is no annual report concerning the health of looked after children. The number of looked after children and care leavers in education, employment or training until recently was low. More recent unvalidated data show a significant increase in the number of young people in education, employment and training.

Capacity for improvement

Grade 3 (Adequate)

85. The capacity of the local authority and its partners to improve services for looked after children, young people and care leavers is adequate. Partners are ambitious for the children and young people in their care. The authority and its partners have an appropriate range of priorities. The transformation programme has a major objective: to reduce the unnecessary reliance on care by shifting the focus to effective community based services. This has coincided with a small reduction in the number of looked after children. A range of strategic plans contain objectives and targets to improve the services to looked after children. However, although some of the targets have been achieved or exceeded too many have fallen short of the requirements of the local plan, and performance remains below comparator authorities in a number of key areas, such as placement stability.
86. The most recent Adoption and Fostering Service inspections have judged the services to be good. Nonetheless there is a steady and long standing decline in placement stability of children in foster care and although plans are in place to address this there is, as yet, very limited evidence of discernible impact. Overall workforce planning is good and the capacity is sufficient. There are significant changes within the senior management team arising from the head of service having recently left and the imminent departure of the group director for children services and these have been well planned for. Service user engagement is limited and the Children in Care council is not well known across the looked after children population. Although the Corporate Parenting Panel is in the process of rapid development it is not yet fully effective in fully engaging with service users.

Areas for improvement

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

Immediately:

- ensure that the placement of all children, young people and care leavers is based on assessed need and effective matching
- ensure family support workers carrying out direct work are actively supervised so that allocated social workers with overall case responsibility have a clear overview of progression towards agreed outcomes
- improve the quality of pathway plans and ensure they contain important information about educational achievement to support effective planning and support for young people aged 16 and over

- ensure that all notification of all looked after children who attend the accident and emergency services at Queens Hospital are referred to children's services and the looked after children health service.

Within three months:

- ensure that the Children in Care council is representative of all looked after children, young people and care leavers to allow them to have greater influence in the planning and delivery of services they receive
- ensure that performance management information is used to better effect to inform understand of trends and impact on service delivery to support timely corrective action
- put in place a multidisciplinary framework for the coordinated and effective delivery of the corporate parenting function to include arrangements to extend the reach and strengthen the role of the Children in Care council
- review the arrangements for work experience placements and apprenticeship opportunities within the council for looked after young people and care leavers
- Improve the quality of recording of case discussions in supervision ensuring the rationale for decisions is clear, and

London Borough of Havering Council and NHS Outer North East London should:

- ensure that care leavers receive a copy of their health histories and have access to universal health services to equip them to make effective future health choices
- ensure that the outcomes from the strengths and difficulties questionnaires are used within the looked after children health assessments, and

NHS Outer North East London should:

- ensure that the capacity within the looked after children health team is sufficient to meet the needs of the local population and the statutory requirements of the roles
- ensure that there is an annual looked after children report presented to the corporate parenting board and that the report provides assurance that the respective health trust arrangements comply with national guidance.

Within six months:

- ensure that a sufficient number of appropriate placements are made available to met the needs of looked after children and young people.

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

Being healthy

Grade 3 (Adequate)

88. Health outcomes for looked after children and young people are adequate. Health reviews for all looked after children and young people meet statutory timescales. All initial health assessments are completed by medical practitioners and overseen by the locum designated doctor. However no health assessments seen during the inspection contained information from the strength and difficulties questionnaire (SDQ). This lack of information restricts the comprehensiveness of the emotional well-being screening. The health needs of looked after children placed out of the area are effectively monitored although health assessments do not always fully reflect cultural and diversity needs. Access to CAMHS meets statutory guidelines, but does not always support services users quickly enough to meet their needs.
89. The rate of immunisations is outstanding, with rates reported at 100% in 2009–10 due to the highly effective universal immunisation team. The data for dental and optician attendance are unclear and lack analysis and quality control.
90. The teenage pregnancy board re-established a dedicated teenage pregnancy worker post but recruitment is yet to be progressed. The previous post holder worked alongside the looked after children nurse to provide dedicated contraceptive services to looked after children. This gap in provision is being partially met by staff within universal services, although there has been no evaluation of the effectiveness of this provision.
91. The lack of capacity within the looked after children health service, has resulted in limited health promotion activities, training and supervision for health staff undertaking health assessments and reviews. Additionally, there is poor health representation at looked after children statutory review meetings, due to the capacity within the service.
92. An annual report covering the health of looked after children is not submitted to the health trust boards or the Corporate Parenting Panel to assure them of the quality of the looked after children health service. This is a requirement of the designated health professionals' role. There is no quality audit of the performance of the service or content of the health assessments and health action plans. However, surveys of service users show a high level of satisfaction with the range of location, choices and the conduct of health reviews.

93. There is no health 'care leaving' provision or monitoring of care leavers take up of universal provision due to limited capacity within the service. Care leavers do not receive a copy of their health history. School nurses ensure that looked after children receive health promotion services as part of the universal provision in schools along with other children. The health professionals working with looked after children who have a learning difficulty and/or disability have good access to services and a range of therapists to meet their enduring health needs.
94. Accident and emergency services at Queens Hospital do not have an alert system on the records for looked after children. Accident and emergency services send notifications to community staff and GPs of any child or young person who has attended the department. However, this information is not sent to the looked after children health team.

Staying safe

Grade 3 (Adequate)

95. The outcome for staying safe is adequate. Appropriate and timely decision making ensures that those children who need to be looked after are provided with placements that meet their immediate needs for protection. Looked after children and young people who spoke to inspectors reported that they feel safe and have someone whom they trust and with whom they can share concerns. They also feel safe where they live. Care leavers were less positive about their earlier experiences of being looked after. Children and young people who spoke to inspectors understood why they are looked after and what the long term plan is for them but are not confident that their current placement will last. A number of younger teenagers currently entering care do so in an emergency; these unplanned placements increase the potential for further placement moves. The council has suitable arrangements with the Police for those children who are missing from care.
96. The most recent data show that externally commissioned placements for looked after children are judged by Ofsted to be of at least good quality. The arrangements for the commissioning of services have adequate safeguarding measures in place. For instance the Pan-London contracting framework is used and safeguarding measures are incorporated in contracts for commissioned services and compliance is monitored. These include safe recruitment, child protection training for staff and knowledge of how to report concerns. Commissioners make periodic visits to settings to ensure that standards continue to be met.
97. External providers who were contacted during the inspection reported good attention by the authority to safeguarding of children in their placements with meaningful contact by social workers and IROs, most of whom they have established relationships with. They receive full information about the child's circumstances and needs and this enables them to provide the care required. They report that good attention is paid

by social workers to education and to promoting appropriate family contact.

98. In January 2009 the council's adoption service was judged good in relation to providing safe care for looked after children. While the timeliness of children placed for adoption within 12 months has fallen over the last two years and is now below that of comparators; recent unvalidated data show an improving position. The council's fostering service was judged good in August 2011 in relation to all outcomes for looked after children. Foster carers are subject to timely review. Provision is in place to ensure all children, birth families and social workers are asked to completed feedback forms at the time of a foster carers review. However, this provision is not systematically used by young people and social workers.
99. Long term placement stability for children shows a fluctuating picture over the past three year and performance until 2010 was in line with similar areas but just below England average. Throughout the period 2010–11 performance at 60% fell significantly short of the local performance target set at 90%. Short term placement stability performance is poor and well below similar areas and the national average and performance has deteriorated in recent years in contrast to the national trend. Too many children and young people in Havering experience a high number of placement moves. In the most recent quarter, local data show that there were a high number of placement moves, of which half were unplanned. The principle reason for the majority of these disrupted placements was due to the break down of emergency placements for teenagers.
100. To date there has been no systematic analysis to inform understanding around entry to care and placement disruptions. In particular there is insufficient analysis of the reasons for successive placement breakdowns, including when teenagers first come into care and children who have been in the care of the local authority for some considerable time but have not achieved permanence.
101. A range of action has recently been taken to develop work to prevent disruption of placements, ranging from the commissioning of independent consultants to assist with the development of Havering placement strategy and a joint bid had been made for a grant to fund Multi-Treatment Foster Carers. Also, foster carers have access to 24 hour phone support, and psychology and community CAMHS is available. Some carers report difficulty accessing counselling for young people due to capacity issues within CAMHS. There is improved focus in the training for foster carers through intensive bespoke programmes aimed at assisting them in managing challenging behaviour. This training, complemented by multi agency involvement helps to maintain support for the children and young people, including those children where disability features in their lives in school. This provision is well regarded by foster carers. It is too early to evaluate the impact of the changes made and some have yet to be

implemented. However, there are early indications that the multi-agency training is helping support placement stability through the joint approach between partners of maintaining young people in school.

102. The ability to match children and young people's needs with foster care resources is limited by a lack of success in recruiting increased numbers of in-house foster carers. The local authority acknowledges that there is a need for targeted recruitment, especially for older children. Similarly, current foster carer provision, though insufficient, does reflect the local demography although the range of foster carer skills necessary to meet the diverse needs of some young people in relation to ethnicity and culture or those demonstrating problematic behaviour is also currently insufficient. CAMHS staff are involved in the selection of, and training for, foster carers, which has been evaluated positively.
103. Children and young people are visited regularly by their social workers and are seen alone both in their placement and while undertaking various activities with their workers. There is evidence of good communication and understanding of the wishes and views of children. All children and young people spoken with knew how to contact their social worker and had confidence they could do so successfully.

Enjoying and achieving

Grade 2 (Good)

104. The impact of partnership working to raise the aspirations and attainment of children and young people who are looked after is good. The virtual school is providing both inspiring leadership and effective coordination. As a result there is a strong focus on improving educational outcomes for looked after children and an improving understanding of their educational needs across all council settings and services.
105. Schools are well supported and staff speak of the 'passion' and commitment to raise standards which the virtual school head teacher provides. As a result the partnership between education and social care is good and schools say that the virtual school provides an 'invaluable link' for them between the two services. Training for designated teachers is also good and they speak highly of it. Foster parents report good working relationships with schools.
106. Partners work well together to ensure that the large majority of looked after children attend school. Attendance is in line with the national average and a commissioned service provides a 'looked after call' to check that pupils are in school. The exclusions of looked after children are low and well below the national average, one young person was permanently excluded. There is a strong emphasis on preventative work to keep children and young people in school and targeted support and guidance is provided by the virtual school head teacher when necessary.

107. The achievement of pupils aged 16 is improving. A Saturday school to boost achievement at Key Stage 4 was well attended and the proportion achieving five good GCSEs is above the national target. The gap between them and all children and young people in the area has narrowed by 10% over the last three years. The attainment of pupils aged 11 is below the national target and the target set by the council but the cohort is small and the council is taking measures to improve this.
108. PEPs are well designed and provide an up to date snapshot of progress and they are regularly monitored to maintain a high standard of recording. Where appropriate, special educational needs are recorded, as are interventions put in place to support learning. The PEP is also used as the basis for annual reviews for those children and young people who have statements. The virtual school provides valuable advice on the use of additional help and good use is made of one to one tuition in schools; targets are set and progress against them noted in the next review.
109. Individual progress is monitored rigorously and schools are routinely challenged to ensure that all looked after children make at least two levels of progress per year. Arrangements to monitor the progress of looked after children educated out of the area are good. The local authority attends all statement reviews and both the support services and the virtual school head teacher maintain regular contact. However, looked after children educated out of the area achieve less well than those educated in local schools.
110. When looked after children are moved out of the area their progress is monitored and recorded through effective partnerships with other virtual schools. Partners also work hard to maintain the school placement when the foster care placement breaks down and this is achieved even when the child or young person may move out of the school's catchment area.
111. The council provides subsidised leisure and transport and allowances are made to all in house foster carers, but this is not effectively coordinated or widely promoted and it is not routinely available to those living out of the area. Schools make good use of targeted funding to enable looked after children to attend after school clubs and attend sessions at an activity centre.

Making a positive contribution, including user engagement

Grade 3 (Adequate)

112. The support provided to enable looked after children to make a positive contribution is adequate. The council is committed to empowering children and young people to review and improve services and there are examples of individual consultation with children and young people, for example on the quality of accommodation, which have brought about change. However, their views are not yet routinely influencing the shape of services.

113. The Children in Care council has been funded for three years but it is not well known to all looked after children and young people. As a result it is not adequately reflecting their views and priorities. It has provided training on participation to a small number of young people but this is not linked to external accreditation and is under developed. Similarly the impact of 'the Pledge' is variable and these targeted initiatives are not sufficiently linked to the wider youth participation strategy. This makes it difficult for the voice of looked after children to be heard and to influence change.
114. There is a good partnership between the advocacy service and the complaints service but some young people feel that issues of concern are not responded to. There are arrangements in place to ensure that all looked after children receive information on the advocacy service at the time they come into care. However, inspectors did not see evidence of effective ongoing promotion of the service. There is no needs analysis of the range of concerns expressed by children and young people.
115. There is evidence of consultation with a small number of looked after children and young people undertaken in April 2011, a number of whom were receiving leaving care services, however the outcome of the consultation is not clear. In addition to this, representatives from the Children in Care council have been involved in a number of local and regional events including consultations.
116. There is a well designed form to record the views of primary aged children on some PEPs. However opportunities are missed to analyse and use the views of young people expressed in their reviews more widely. The council celebrates the success of children and young people through an annual awards ceremony where talents and achievements are acknowledged.
117. The social care service and the YOS work together to ensure targeted support for young people with offending behaviours.

Economic well-being

Grade 3 (Adequate)

118. The impact of partnership working to achieve economic well-being is adequate. Young people receive satisfactory support to ensure that the appropriate provision is available. However some feel that their needs are not always well understood and that as a result the quality of the help they receive is variable. The council has recognised these concerns and is taking steps to strengthen the leaving care team and improve support and guidance
119. There is a strategy to reduce the numbers of young people not engaged in employment, education or training and local data indicate that three quarters of care leavers are now engaged in such activity. This is a significant improvement that has taken place over the last two years. A weekly group offers care leavers help with completing applications and

maintaining contact with local employers; young people are positive about this support. The local authority has in place a scheme for work experience placements within the council but its profile was not apparent to staff interviewed in the looked after children service during the inspection. Looked after young people do not have priority for the few apprenticeship opportunities available

120. All young people have a pathway plan and the majority are within timescales. However the quality of pathway planning is too variable and often does not effectively support the transition planning for young people aged 16, and important information about achievement is often not recorded. It is not possible to monitor the progress of young people from 16 or to judge the appropriateness of individual outcomes.
121. There is a well managed transition process for young people with learning difficulties and/or disabilities. The needs of those children and young people with learning difficulties and/or disabilities are coordinated through the transitions panel and there is effective partnership, including health staff with special educational needs and/or disabilities services, to check that the provision meets the needs of the young person.
122. The number of young people living in suitable accommodation is in line with the national average. However the local authority has recognised that improvements in range and quality are necessary in response to concerns expressed by young people.
123. The council is working to raise aspirations through arranged taster days at university and road show events. In recent years a consistent number of young people gain university places but continuing support for them is too variable. Vacation accommodation arrangements for those returning from university are not always well managed, for example young people in need of vacation accommodation returning from university do not always benefit from knowing in advance where they will be living and consequently can return to different accommodation each holiday. Although mentoring approaches are being introduced, opportunities to use the experiences of older, successful young people in order to inspire others are missed.

Quality of provision

Grade 3 (Adequate)

124. The quality of provision is adequate. There are clear processes for assessing risk and decision making regarding whether children and young people need to be looked after and these are consistently applied. In cases examined, assessments effectively informed decision making as to whether the child needed to be looked after. The family group conference service ensures opportunity for alternative care within the extended family network is identified wherever possible and the service commissioned by social care from Action for Children is enabling young people to return to their immediate families. Work is at an early stage of development to

support parents to continue to care for teenagers whose behaviour both poses a risk to themselves and is linked to deteriorating family relationships. However, it is too early to judge the impact. Action taken in conjunction with housing services has reduced the number of young people becoming looked after as a result of homelessness. The work of the permanency panel ensures good management of risk and helps ensure that only children who need to be looked after are in the care of the council and that resources are effectively targeted.

125. The quality of assessments is adequate overall and routinely includes the views of children and their parents or carers and provide the basis for adequate care plans. However some assessments, care and pathway plans do not evidence well that identity and cultural needs are identified and met as necessary. The educational plans for children and young people with learning difficulties and/or disabilities are good. Partners work well together to ensure that individual targets are known and understood, and that transitions are carefully planned.
126. Most cases have up to date care plans which are comprehensive and underpinned by an assessment of need. In some cases examined there was delay in implementing care plans, with a tendency towards a reactive rather than a proactive approach to achieve permanent care plans. In some cases progression of the care plan was delayed due to delays in securing a permanent placement. While the permanency panel considers appropriateness and cost of the overall plan, following up and monitoring of those cases discussed is as yet not fully developed.
127. The extent to which the views of children and young people are taken into account when making decisions about their placements is inconsistent. There are examples of child-centred decisions but also examples where the wishes of individual children have not influenced care planning. Care plans are regularly reviewed by experienced IROs and this provides consistency of relationships with some looked after children. There is a limited engagement with young people and parents or carers in preparation for reviews. However, the significant majority of children and young people are engaged in the meeting. Their views and wishes about their plans are taken into account. There is evidence of creative approaches to ensure parents are enabled to participate in the review in a way that acknowledges this is the young person's meeting.
128. There is good challenge by IROs at reviews when social work planning and practice is not ensuring that appropriate plans are in place and being progressed effectively, but it is difficult to evidence impact. In two cases examined by inspectors the process of moving between foster placements was not well managed for the children concerned. Not all their personal belongings accompanied the children and the considerable period of time it took to reunite the children with their belongings led to avoidable disruption and upset.

129. There is good focus on ensuring effective arrangements are made to promote and maintain contact for children and young people with their siblings, parents, family and friends. Good contact is maintained with birth family members by social workers as appropriate. All looked after children have an allocated social worker and there is good consistency of worker for most children. Although the council has a relatively small number of looked after children, no child has been assigned an independent visitor in the last two years.
130. Case recording is largely up to date although there is evidence of delay in making some 'journal' entries reducing the ability to see clearly what action has happened in respect of plans. Recording is often succinct but primarily descriptive of activity and does not generally reflect analysis or a clear rationale for decisions.

Ambition and prioritisation

Grade 3 (Adequate)

131. Ambition and prioritisation are adequate. The priorities and ambitions for children and young people who are looked after have been identified as a result of a good needs analysis and the findings from external inspection, partners and consultation with stakeholders. The strategic leadership shown by Havering Children's Trust to strengthen the prevention strategy through the transformation programme is good. It is an ambitious programme which aims to ensure only those children who need to be accommodated are in the council care. However at the time of the inspection the programme has yet to be implemented. The performance management framework provides a range of information for monitoring the progress of national and local targets, although trend analysis is not used to full effect to inform revised priorities and service development. The integrated commissioning strategy, underpinning the prevention strategy, is in the early stages of implementation. Elected members demonstrate a commitment to corporate parenting and effectively champion looked after children, young people and care leavers. However, the Corporate Parenting Panel has yet to become fully effective. The involvement of children, young people and care leavers in influencing the care they receive is underdeveloped.

Leadership and management

Grade 3 (Adequate)

132. Leadership and management are adequate. The strategic leadership and management of services for looked after children is adequate. While there is an integrated commissioning strategy in place, joint commissioning arrangements are under developed. However discussions are taking place with regional consortia in relation to semi-independent accommodation and independent foster placements. This is intended to achieve economies

of scale and boost Havering's ability to achieve an increased market share, so providing increased volume and range of provision.

133. The commissioning team is working towards ensuring all service providers, including those within the local authority, have agreements and contracts which are outcome focused and value for money. As a result of an improving partnership between the leaving care team, housing and commissioning services, the stock of supported accommodation for care leavers has been expanded and the quality of semi-independent tenancies has improved.
134. The family group conference service has assisted in increasing the number of family and kinship placements and work is underway to provide support to out of borough kinship and special guardianship order placements through adoption consortium arrangements.
135. The monitoring of the quality of care in commissioned placements is good. Intelligence is effectively gathered about the quality of care provided in commissioned placements through unannounced visits by commissioners and feedback on disruptions, and this has led to decommissioning in some cases. Provider feedback is also used to improve the potential of Havering to secure placements in a competitive market. Safeguarding measures are incorporated in contracts for commissioned services and compliance is monitored. These include safe recruitment, child protection training for staff and information on how to report concerns. The current tendering process for semi-independent accommodation includes the requirement for the provider to respond to scenarios. Contracts do not include a clause regarding decision making in relation to prosecution of young people by providers.
136. Good partnership working has facilitated the adoption of a common model of behaviour management for children with communication difficulties. Training provided to foster carers, school staff and parents has been effective in helping some children to remain in their school places thereby supporting parents and foster carers to continue to care for them.
137. The partnership between education and social care has contributed to a narrowing of the gap in educational outcomes between the achievement of looked after children and young people and others over the last three years.
138. The annual report for complaints/compliments 2010--11 does not demonstrate effective learning or improved practice arising from complaints/compliments in respect of looked after children. Information is not aggregated or analysed consistently in order to shape service development. A number of complaints seen by inspectors were from looked after children and related to placement moves but the impact of learning on practice was not evident.

139. Looked after children and leaving care workers report good attention to their continued personal development and they are encouraged and facilitated to access external courses leading to further qualifications. The range and quality of internal training courses meets their needs.

Performance management and quality assurance

Grade 3 (Adequate)

140. Performance management and quality assurance are adequate. Management information is used to support the delivery of the CYPP. The Performance Management Unit provides both comprehensive and good quality performance management information around local and national targets. At a strategic level there is robust oversight of performance some of which provides an understanding of trends. However data are not always sufficiently analysed to understand changing needs or inform service development and planning. For example, while the council monitors its performance around placement stability it does not fully utilise the information to explore the underlying causes.
141. There is evidence of some good management oversight, however this is inconsistent. While supervision takes place on a regular basis in most cases examined, in others there are lengthy gaps. Case supervision records do not always show evidence of challenge to workers and supervision is not effectively used to support the worker to implement the child's plan in a timely way. The arrangements for joint work between allocated social workers with responsibility for the case and family support worker carrying out direct work is not always evident in recording. In addition, supervision of family support workers is minimal in the cases examined.
142. The annual IROs' report indicates that monitoring of the reviewing process is focused on process rather than outcomes and quality of work. Whilst performance management information is regularly provided to both the scrutiny committee and Corporate Parenting Panel the impact of monitoring arrangements is not sufficiently clear.

Record of main findings:

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