

Inspection of safeguarding and looked after children services

Medway

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Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four 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 children and young people receiving services, front line staff and 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
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision, and the evaluation of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
 - a review of 68 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 January 2011
 - interviews and focus groups with front line professionals, managers and senior staff from NHS Medway (formerly known as the Primary Care Trust), Medway NHS Foundation Trust, Kent and Medway Health and Social Care Partnership NHS Trust (KMPT) and the Community Provider Unit Medway Community Healthcare.

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. Medway Council has a resident population of approximately 66,020 children and young people aged 0 to 18, representing 25% of the total population of the area. In the January 2011 school census 18.9% of the school population was classified as belonging to an ethnic group other than White British. English, Punjabi and Polish are the most commonly spoken community languages based on the January 2011 census, and 8.4% of pupils speak English as an additional language.
5. Medway has 91 maintained schools comprising 81 primary schools, four secondary schools, four special schools and two pupil referral units. A number of schools have converted to academies and there are 13 secondary and one primary academy. Early years services are delivered predominantly through the private and voluntary sector in over 144 settings; there are 32 local authority maintained nurseries.
6. The Medway Children's Trust was set up in December 2008 and includes representatives of Medway Council, NHS Medway, Kent Police, Job Centre Plus, Medway Youth Trust, young people, representatives from the community and voluntary sector, local schools and colleges. The Medway Safeguarding Children Board became independently chaired in June 2006, bringing together the main organisations working with children, young people and families in the area that provide safeguarding services.
7. Social care services for children have 124 foster carers, two children's homes and commissioned placements from 19 external providers. Community-based children's services are provided by two duty and assessment teams and two children's safeguarding teams, supported by authority-wide teams for family support, children with disabilities, youth offending, adoption, fostering and a team for looked after children and young people leaving care. There is an emergency out of hours service providing cover for Medway and Kent County Council. Other family support services are delivered through 19 children's centres and a range of commissioned services. Some services are provided or coordinated through children's services such as youth services, teenage pregnancy, Connexions and children and adolescent mental health services (CAMHS).
8. At the time of the inspection there were 441 looked after children. They comprise 119 children less than five years of age, 203 children of school age (5–16), 119 young people over the age of 16 and 167 with care leaver status. Medway uses a virtual school approach in its support of the

learning of looked after children. At the time of the inspection there were 343 children who were the subject of a child protection plan. This is a significant increase compared with 230 children being subject to a plan in September 2009. These comprise 172 females and 165 males (six were unborn children). Of these, 45% are aged under five, 40% are aged 5–11 and 15% are 12 years or older. The categories of the child protection plans were neglect at 46%, emotional abuse at 31%, physical abuse at 15% and sexual abuse at 8%.

9. Commissioning and planning of NHS services and primary care are carried out by NHS Medway. The main provider of acute hospital services is Medway NHS Foundation Trust. Community-based CAMHS are provided by Medway Community Healthcare and Medway Council. In-patient CAMHS is provided by South London and Maudsley NHS Foundation Trust. The community health provider is Medway Community Healthcare.
10. Universal services such as health visiting, school nursing and paediatric therapies are delivered primarily by Medway Community Healthcare and Medway Foundation NHS Trust. The acute hospital providing Accident and Emergency (A&E) services for children is Medway Maritime Hospital, run by Medway Foundation NHS Trust which also provides maternity and newborn services, paediatrics and community paediatrics. Children and families access primary care services through one of 62 general practitioners (GP) practices, walk-in centres, including the Sunlight Centre where salaried GPs are employed by Medway Community Healthcare, and the Urgent Treatment Centre at Medway Maritime Hospital. Out of hours services are provided by Medway On Call Care (MedOCC) at Chatham Dockside and Medway Hospital. Medway residents may also access the minor injury units in Sittingbourne and on the Isle of Sheppey. Services for children with learning difficulties and/or disabilities and those who have complex health needs are provided by Medway Community Healthcare and Medway Foundation Trust.
11. Jointly commissioned services with Medway Council include speech and language therapy, young carers' support and the child and adolescent support team (CAST) who work with children and young people where early emotional wellbeing difficulties are becoming apparent.
12. Looked after children health services are provided by Medway Foundation NHS Trust. Health provision at Cookham Wood Young Offenders' Institution (YOI) is currently provided through the prison service. However, health assessments for looked after children who are serving a sentence in the YOI are undertaken by the looked after children health team. Medway also has a Secure Training Centre and health support is provided by Primecare at this facility.

Safeguarding services

Overall effectiveness

Grade 3 (Adequate)

13. The overall effectiveness of safeguarding services is adequate. The council meets its statutory requirements for the management and delivery of safeguarding services. Steady improvements have been made in the recognition and management of safeguarding concerns. No services are deteriorating, though some are at an early stage of improvement. A range of effective plans are in place to secure better outcomes for children and young people by the council and its partners, and these are based on a full understanding of their needs. Needs analyses are regularly refreshed, ensuring that plans can be adjusted to take account of changes to the population. The Children and Young People's Plan and the Corporate Parenting Plan are influenced by the views of children, young people and their families. The council's team of Young Inspectors who have reviewed a range of services across the partnership are able to describe the difference their views have made, demonstrating good service responsiveness.
14. Health partners provide adequate services for children, with the safeguarding aspects of service provision being subject to multi agency scrutiny by the Medway Safeguarding Children Board in addition to scrutiny by their own NHS governance boards, and all demonstrate continuous improvement. Access to CAMHS has improved, although some health staff still report difficulty in making referrals at some times of the day. Some structural weaknesses currently exist such as a lack of adequate security at Medway Maritime Hospital and an appropriate designated Mental Health Act (Section 136) place of safety. The Foundation Trust is aware of deficiencies and has plans for a separate upgraded children's A&E department which, it says, will be achieved by December 2011.
15. Staffing resources are adequate across the partnership and there is some planned growth, for example funding has been secured to increase the number of health visitors. Additional social work posts were created during 2011. The workforce in children's services reflects the ethnic diversity of the local population well, with a higher proportion identifying themselves as from minority ethnic communities, compared to the general population of the area. Case loads are high but staff report these are manageable and that they have good support. The established numbers of qualified staff are adequate to deliver the service's priority areas. However continuing difficulty in filling vacancies with permanent post holders and high use of agency staff reduces the effectiveness of the service. There is a legacy issue with some staff who transferred from Kent County Council at the time of local government reorganisation not having complete employment records.

16. The council has made good efforts to counteract discrimination experienced by some children, young people and their families, and has been nominated as an 'education champion' by the charity Stonewall for its efforts to eradicate homophobic bullying in schools. Recent community tension in one area of Medway between recent immigrants from Eastern Europe and more settled residents was responded to promptly with children's partnerships taking a good lead on consulting with people about what they wanted and providing a range of engagement activities to provide positive activities whilst concurrently breaking down barriers.
17. A range of quality assurance mechanisms and monitoring arrangements ensure that the council and its partners have an adequate oversight of safeguarding performance across the partnership. The quality of social work practice with children and families is adequate and continues to be closely scrutinised. An appropriate range of measures to improve standards has been introduced including the 'Medway Model of Practice', a comprehensive and relevant training programme, regular staff supervision and good access to managers for advice and consultation. Social workers report they are now clearer about the expectations of them. Some areas require further improvement and consistency, such as the quality and clarity of child protection planning and assessments.
18. Joint working across partner agencies has improved with clear thresholds now agreed and published, although some staff outside children's social care report they still experience difficulties in having referrals accepted promptly or remain unclear why some referrals are refused. Accepted referrals are responded to in a timely fashion but a minority are not allocated directly to a named social worker and are categorised as 'allocated to team'. In cases seen by inspectors these children had unknown levels of risk as they remain unassessed and were experiencing drift. Senior managers immediately reviewed all these children once they were brought to their attention. Partner agencies value the opportunity to consult with social workers in children's services but some report confusion about when this consultation is available during the working day.
19. There has been progress in arrangements to support and safeguard children and young people who are experiencing domestic abuse. However, it is acknowledged that the pace of change has not been swift enough. Community health staff are not routinely advised of incidents of domestic abuse that do not result in a strategy discussion, and this is a missed opportunity for health visitors and others to engage with families at the earliest opportunity to provide advice and support. The acknowledged long standing deficiencies in CAMHS, including a lack of priority services for looked after children, are now being addressed via a re-tendering process. Child safeguarding concerns in adult mental health services provided by KMPT have properly been identified as requiring

urgent action, and a range of initiatives are currently in place to ensure adequate child safeguarding arrangements

Capacity for improvement

Grade 3 (Adequate)

20. The capacity of the council and its partners to improve is adequate. Much work has been undertaken to improve partnership working between statutory and non-statutory partners from a historically low base and partnerships such as the Children's Trust and the Medway Safeguarding Children Board now function well, and enable effective joint planning of priorities and services. There is cross party political support for vulnerable children, including looked after children, and the Corporate Parenting Panel meets regularly to improve services and outcomes for looked after children. The local strategic partnership's plan and the council plan include priorities relating to vulnerable children, and there has been significant protection of spending on children's services, particularly in comparison with budget contraction experienced by most other council departments.
21. The council has reshaped social care services by combining adults' and children's services under a single Director. The council has progressed an improvement programme across children's services following the previous inspection in 2006 which found inadequate safeguarding provision. Senior leadership is effective and continues to drive forward improvement plans. However, the pace of change has been slow in some areas, including where closer integration of children's and adults' services could be expected to produce benefits, such as good transition arrangements for young people with disabilities, increasing independent living accommodation for vulnerable young people, and improving safeguarding in adult mental health services. These are now priority areas for further improvement. The senior management team in children's services is fully staffed with permanent appointments, and the current head of service for children's social care is implementing an improvement plan to improve workforce stability whilst increasing staff competence and skills. Phases of development have been staged to ensure service stability during the change process. However, some changes are not understood by all staff and communication of key changes is not always sufficiently widespread, resulting in variable practice.
22. Managers are clear about the quality standards they are aiming to achieve across the service although not all standards of practice are achieved or fully embedded yet. Performance management and quality assurance arrangements are in place and quality auditing of cases is undertaken, although with variable levels of detail. The quality of performance data in order to measure the impact and effectiveness of services has improved, although data cleansing is required in order to achieve this because of the limitations of the children's electronic recording system. A new children's electronic case recording system is currently being procured. Additional in-depth quality auditing undertaken in recent months continues to identify

significant deficiencies in practice and management oversight of cases, although good practice was also identified. The supervision and management of social workers and family workers is adequate although there remains too much variability in practice. Medway is participating in a South-East area management development programme for succession planning and currently has three managers undertaking the programme.'

23. The views of children and young people, particularly the Children in Care council, the youth parliament and the Young Inspectors group, make a valuable contribution to service design and delivery. The contribution of children and young people's views remains under-developed in safeguarding and child protection services with, for example, few children attending child protection conferences. Difficulties in recruiting social workers and managers, and the high use of agency workers, result in some children having too many changes of social worker, have a negative effect on case planning and contribute to drift. Capacity to improve children's services is also being impacted upon by the increasing volume and complexity of work, with a sustained increase in referral rates and numbers of children becoming looked after. This increases the urgency of an effective workforce strategy.

Areas for improvement

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

Immediately:

- ensure that all referrals accepted by children's social care services are allocated promptly rather than being 'assigned to team' and that managers clearly record further actions required
- NHS Kent and Medway and Medway Foundation NHS Trust to ensure adequate security at Medway Maritime Hospital A&E department so that only legitimate individuals have access to patients' areas, especially where children and young people are located.

Within three months:

- ensure that thresholds for access to children's social care services are applied consistently and that when referrals are not accepted, referring agencies understand the reasons for the decision
- improve the quality of assessments, ensuring that risk and protective factors are clearly identified, that the child's culture and identity are well considered and that the impact of the current circumstances on the child are fully explored
- improve the quality of child protection planning so that families are clear about what needs to change, how this is to be achieved, how the

plan will be monitored and the contingency arrangements should the plan prove ineffective

- ensure that children and young people are enabled to attend, or be represented at, their child protection conference should they so wish, with regard to their age and understanding
- ensure that the employment records of all children's social care staff, including those who transferred in via local government reorganisation, include copies of qualifications
- Medway Safeguarding Children Board to ensure that the appropriate notification arrangements are in place so that children affected by domestic violence are identified, protected and supported
- NHS Kent and Medway to ensure there is an appropriate designated Mental Health Act (Section 136) place of safety that all partner agencies are aware of, accessible at all times for mental health advice and assessments
- NHS Kent and Medway and Medway Foundation Trust to ensure that children and young people are seen in separate areas from adults at all times
- NHS Kent and Medway and Medway Council to ensure access to the CAMHS single point of access referral system throughout the working day to enable timely referrals to be made by all health practitioners.

Within six months:

- ensure that the children's case recording system enables accurate case recording and improves management oversight of case work.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (Adequate)

25. The extent to which children and young people in Medway are safe and feel safe is adequate. The role and function of the local authority designated officer (LADO) are clear. Arrangements for handling allegations against adults working with children and young people are sound. Allegations are responded to rapidly and cases are managed in a timely way. Comprehensive reports of activity and outcomes are presented to the Medway Safeguarding Children Board, which include appropriate recommendations for developing the service. Processes to ensure the safe recruitment of staff are sound. Electronic records demonstrate a clear recruitment trail and evidence of management oversight and accountability at key decision making points. Criminal Records Bureau (CRB) checks are completed for all relevant staff, and any issues arising from positive disclosures are risk assessed effectively by a senior manager. Health trusts also ensure that all relevant staff have up to date CRB checks. Good systems are in place to enable social workers to maintain their registration with the General Social Care Council. However records for staff who transferred from Kent County Council to Medway as part of local government reorganisation in 1998 do not contain evidence of identity checks or qualifications.
26. Most parents and carers who met with inspectors were satisfied with the service that they had received when their children had child protection plans. Most felt respected by their social worker and reported that their views had been taken into account. Young carers who met with inspectors receive good support from the group coordinators and they benefit from activities that develop their social relationships and their skills. They are clear about the improvements that are needed to support them with their caring responsibilities, and have had recent opportunities to present their views to the Carers' Partnership Board and also to senior council officers.
27. Actions taken by children's social care services when receiving referrals setting out safeguarding concerns are not always sufficiently robust. In most cases prompt and appropriate action is taken, but in a small number of cases seen by inspectors, initial responses were ineffective and lacked clear management direction, leaving children and young people in situations where risks and protective factors remained unclear. These cases were raised with senior managers at the time of the inspection and appropriate action plans are now in place to address the deficiencies in each case and to ensure that lessons are learned.

28. Arrangements for the safeguarding of children and young people who are privately fostered are good. At the time of the inspection 19 children and young people were known to be in private fostering arrangements. Most are visited within the expected timescales and some continue to be supported beyond the age of 16, to ensure good transition to further education or employment. Reports on the monitoring of private fostering arrangements are presented annually to the Medway Safeguarding Children Board, and this is used as part of sustained and wide ranging activity to improve awareness amongst professionals who may come across private fostering arrangements. Arrangements to ensure the safety of children and young people who go missing are adequate and improving, with services becoming increasingly well coordinated. The Police carry out a 'safe and well' check when a child is found, and a more comprehensive return interview is offered by the Attendance Advisory Service to Schools and Academies (AASSA). Information is collated by children's services on children and young people who go missing, but this is not yet analysed to identify trends and themes. The Police report that repeat incidents are reducing as a result of good joint work by local agencies. Inspectors were advised that a report on children going missing will be presented to the Medway Safeguarding Children Board for the first time in January 2012, A new protocol is currently being consulted on, which includes improved arrangements for recording information. Good arrangements are in place for children missing from education to be identified, including liaison with health and independent schools.
29. Whilst survey information indicates that more children and young people in Medway feel unsafe going to and from school compared with similar areas, young people who met with inspectors reported that they now feel safer in school and the wider community, although there are places that have developed a reputation for being unsafe. This sense of safety is, in part, attributed to a strong Police presence, including Police community support officers.
30. Safeguarding children is given a high priority within education services and positive educational outcomes are achieved for vulnerable children, for example through alternative curriculum pathways in school such as nurture groups, play therapy and personalised learning; these help to keep children in full-time education and safe. Good preventative strategies are in place to support pupils at risk of exclusion, including managed transfers, in school support from Connexions personal advisers, inclusion officers and outreach workers. The number of permanent exclusions has significantly reduced from 54 in 2006-07 to nine in 2010-11. Robust monitoring is in place for children who are home educated. Children and young people report that schools take a proactive approach to countering bullying or unsafe behaviour and evidence from schools indicates that the incidence of bullying is reducing. The council has appointed a dedicated lead officer on anti-bullying to provide support to schools and families, including mediation. The strategy has included extensive training to school

teachers and pupils by the Health for Learning Team on cyber bullying, emotional literacy and raising awareness of homophobic bullying. Five thousand children have been trained on e-safety issues, including cyber bullying. Ofsted inspection reports indicate that children and young people are safe in schools.

31. Safeguarding provision is judged to be adequate or better in services that have been inspected. Four children's centres have been inspected by Ofsted, all of which were found to be satisfactory or better in the extent to which children are safeguarded and protected, and one was judged to be outstanding. Medway's Adoption and Permanence Team was inspected by Ofsted in August 2011. Its overall quality rating was good, and the provision was judged to be good at protecting children from harm or neglect and helping them to stay safe. The fostering service was inspected in January 2008 and all aspects of the service were judged to be at least good and some were outstanding. The inspection of private fostering arrangements in January 2008 judged the service to be good overall, and good at protecting children from harm or neglect and helping them to stay safe. The respite care unit, jointly funded by the local NHS Trust and the council, was judged to be good overall at the most recent inspection in July 2011, and outstanding at keeping children and young people safe.

Quality of provision

Grade 3 (Adequate)

32. The quality of provision is adequate. Thresholds for access to children's social care services have been clarified following multi agency consultation in 2010 and launched in March 2011. The guidance has been agreed jointly between Medway and Kent and this assists partners who also work across both local authority areas, for example, health trusts and the probation service. Most agencies report that there is now a better understanding of thresholds, although some health professionals and schools, and occasionally other social care teams, report a need for persistence when making referrals.
33. Most referrals to children's social care services are responded to in a timely way and in most cases there is appropriate risk assessment. However a small number of cases are 'assigned to team' rather than being allocated to a social worker and some of these seen by inspectors had not been effectively managed, with risks remaining unquantified. The local authority has reviewed all these cases and advised of improved arrangements for the allocation of new referrals. Notifications from the Police regarding domestic violence and child protection concerns are sent electronically and are timely. Notifications are not routinely copied to health professionals which means that health visitors and midwives are not informed about families where domestic violence incidents are below the threshold for a strategy discussion. Professionals from other agencies are able to contact children's social care services for advice and consultation, and report the written responses they receive following a

consultation to be very helpful, although there is a lack of clarity across agencies about times during the day when contact for consultation can be made.

34. Referrers are generally informed of the outcome of their referral, and parents/carers are also informed if a referral to children's social care in respect of their family has been made. In many cases parents are informed of services to access for advice and support if children's social care services are not taking up the referral. Where children and young people are clearly at risk of significant harm, strategy discussions with the Police and other agencies are timely and children and young people are seen without delay. Cases are allocated promptly to qualified and experienced social workers.
35. The quality of assessments is adequate. A high priority is given to ensuring that children are seen promptly following referral, and this is demonstrated in most cases seen by inspectors. Most assessments identify risk factors impacting on children's safety and welfare, although protective factors are not always made explicit. However some assessments seen by inspectors were insufficiently thorough and did not demonstrate full consideration of risk or consultation with other relevant agencies. Some assessments take good account of children's culture and identity, but this is not consistent in all cases. Assessments are authorised by managers although there is delay in some cases, and management directions are not consistently clear. Assessments of children with disabilities showed good consideration of needs. Case planning, reviews and recording are adequate and case recording is timely and sufficient. Systems for recording are inefficient, with some records being kept solely on paper files and handwritten. This means that managers cannot easily track progress of cases.
36. The timeliness of initial child protection conferences and review conferences is adequate. Some cases seen by inspectors indicated that staff were unclear about when an initial child protection conference could be booked, but once the initial conference has taken place, review conferences take place within expected timescales. The quality of social workers' reports to conference is variable but child protection conference chairs report that the quality continues to improve. There is further work to be done on ensuring that the child's views, wishes and feelings are clear, and in ensuring that the family history is fully considered. A new format for reports has been introduced recently, although some social workers are still using older versions. In most cases seen by inspectors, social workers shared their reports with families at least 24 hours before the conference, and most families who met with inspectors said that they had good opportunity to discuss the report. Multi agency engagement in child protection arrangements is adequate with most key agencies providing reports in advance and attending conferences. However, increasing agency attendance remains an area for improvement with some

agencies, such as GPs, reporting that short notice of conferences inhibits their attendance and ability to provide written reports. There is good access to interpreters when necessary. Children and young people rarely attend conferences and there is further work to be done to ensure that they are aware of the opportunity to attend, and that advocates are available. Child protection plans are adequate and follow the recommendations set out at the child protection conference. They are clear about the risks and actions required. However, more clarity is needed so that parents understand the actions they need to take in order for the child to be removed from the plan, and for plans to state what will happen if they do not co-operate. Some plans seen clearly specify the frequency of core groups and home visiting arrangements, but not all do so, although statutory visiting requirements were met in all cases seen. Child protection plans are monitored regularly by managers, ensuring children's safety, but in some cases seen by inspectors, a swifter return to conference was warranted due to parental non cooperation. All children with a child protection plan are reviewed in a timely manner, and those children who have had a plan for two years are reviewed by senior managers to ensure the plan is still required and is meeting their needs.

37. Out of hours arrangements are effective. There is good liaison between the out of hours service and daytime teams. However the out of hours service has 'read only' access to electronic records, which means that they are unable to update the records the same evening. The service is also unable to access the paper files, which means that actions may be based on incomplete information.
38. Early preventative services offer a wide range of interventions to help children and families. The impact of these services is demonstrated, for example, through improving outcomes at the early years foundation stage from below average to in line with the national average, positive health and well-being outcomes for teenage parents, and a significant reduction in first time entrants to the youth justice system. Services provided by children's centres are effective in safeguarding children and promoting positive parenting. Parents who met with inspectors report that children's centres meet their needs well. Families facing challenging circumstances are provided with good support to help prevent issues escalating, and, as a result, the number of children with child protection plans has reduced in certain geographical areas in the borough. The use of the common assessment framework (CAF) as a method of early intervention is increasing, albeit from a low baseline, and is now well used by children's centres, underpinned by strong partnership working with schools, health services, Police and social care. Some agencies report that they are unclear as to the services available for children who do not meet the threshold for access to children's social care services. In response to this the council is developing an 'Early Help Framework' to map services available and routes that can be followed by professionals.

The contribution of health agencies to keeping children and young people safe Grade 3 (Adequate)

39. The contribution of health agencies to keeping children and young people safe is adequate. There is good commitment from all health providers and commissioners with regard to health safeguarding, with recent increases in funding to improve front line capacity. There is now a named GP in post, which is an improvement as this post had been vacant for a number of years. There is a stable designated nurse and doctor workforce with clear, formal reporting structures, although not all the designated posts have access to, or are accountable to, their organisations' executive director for safeguarding. Additional investment in specialist nurse posts such as the domestic violence nurse has improved joint working with other agencies and engagement in multi-agency risk assessment conferences (MARAC). Safeguarding governance structures in the NHS Trusts have improved with robust performance monitoring of action plans arising from serious case reviews and other safeguarding audits. The KMPT has introduced safeguarding champions to support frontline staff. However progress has been slow and this is attributed to the high number of interim senior managers. Arrangements to review child deaths in Medway are sound and lead to evidence-based public health campaigns.
40. The views of parents have positively helped to shape services. For example parents of children with disabilities have shaped the training provided for new parents and also contribute to training programmes for foster carers, school staff and others who care for children with disabilities. Parents and the National Childbirth Trust representatives influenced the design of a new midwifery-led birthing centre. Early feedback from new parents is very positive.
41. Thresholds for safeguarding referrals to children's social care are generally well understood and publicised. For example, they are on display in the Medway Foundation NHS Trust's A&E Department. There is good joint working between health and children's social care staff regarding vulnerable unborn babies with effective and timely strategy and pre-birth planning meetings. An improved recording template, introduced in line with recommendations from a serious case review, has enabled better record keeping and monitoring of risk factors. The named midwife for safeguarding is highly valued by staff who report she has a positive impact on services in terms of ensuring child safeguarding issues remain at the forefront of practice. There are robust systems for notification of high risk pregnant women who go missing. Some newborn infants experience delay in discharge from hospital to foster care due to the time needed to obtain court orders. Some health staff report initial difficulties in getting referrals to children's social care accepted, notably for children where emotional abuse or neglect is suspected. However they report timely use of the escalation policy resulting in swift allocation of referrals for assessment.

42. There is adequate flagging and communication between staff in the A&E Department at Medway Maritime Hospital and community practitioners in respect of children known to social care and other children who are frequent attendees at the Department, although GPs report that notifications do not always contain full attendance information. The current lack of a paediatric liaison advisor is acknowledged by Medway Foundation NHS Trust as resulting in vulnerable children, who are not known to social care or who do not meet the threshold for social care intervention but who may benefit from preventative services, not being identified and appropriately supported. However there has been a very recent agreement to re-establish this role. The children's area and resuscitation bay is based in the adult trolley and resuscitation area and there is no segregated children's waiting area; the Trust has recognised that this is not fit for purpose and building work on a new extension is due to commence October 2011. Security is currently inadequate and the inspector witnessed members of the public accessing an area not open to the public, where adult and child patients were on trolleys.
43. Sexual assault referral centre services for young people over the age of 13 years are provided from Darent Valley Hospital, located outside Medway. For young people requiring services out of hours, staff liaise with the police. Children under 13 years are seen at Medway Foundation NHS Trust although there is no forensic facility at this hospital site which risks compromising evidence gathering.
44. Sexual health services provide sexually transmitted disease testing, the condom card (C-card) scheme and drop-in clinics. Recent consultation with young people has identified their desire for evening and weekend clinics which are currently not available. The closure of the Chatham-based sexual health clinic because the building is not fit for purpose is understood by community health staff, but they express concern about the re-provision as none of the four 'Healthy Living Centres' are located in Chatham which is an identified 'hotspot' for teenage conceptions and Medway continues to have the highest rates in the South East. Long acting reversible contraception is not regularly promoted or used, attributable in part to a lack of confidence and competence in some health practitioners despite a training programme being in place for a year. An action plan includes increasing access in primary and community services.
45. Access to CAMHS is now via a 'single point of access' for all referrals introduced in September 2009. This intended to improve service responsiveness and a first year evaluation of this was positive. An online referral system is being developed to enable GPs and other referrers to submit referrals any time of the day, any day. Most urgent patients are now offered a screening appointment within five days or up to four weeks if non urgent. Practitioners report that referring children and young people for CAMHS still remains a challenge, with insufficient telephone support and some delays in the commencement of treatment. A&E staff report

that access to CAMHS and mental health advice outside of office hours is variable with delays in calls being returned resulting in some young people being admitted to a ward to ensure their safety in the interim. CAMHS 'did not attend' and 'fail to engage' informal procedures are adhered to ensuring children are followed up when appointments are missed. A revised policy to strengthen these arrangements is awaiting ratification and service developments to improve the engagement of young adults are yet to be implemented. There is an effective and responsive 17-18 year old assessment and short term treatment service provided through Kent and Medway Health and Social Care Partnership NHS Trust. A transition protocol between CAMHS and adult mental health services was implemented in June 2011, feedback is being sought to evaluate its effectiveness. Practitioners from the self harm team undertake assessments on children's wards with family members present, and this has improved discharge pathways and engagement with follow-up services.

46. School nurses have good involvement with the CAF in schools, which are effective at addressing the needs and improving outcomes for young people. Some community and maternity health staff report that a lack of administrative support is a barrier to them instigating CAFs, resulting in safeguarding referrals being made to children's social care instead. A CAF pilot commenced in maternity services in September 2011. Its focus is on providing better support for families where there are maternal mental health concerns and for pregnant women who are substance misusers, but it is too early for any impact or outcome to be evident.
47. Transition arrangements for young people with mental health needs and young people with learning disabilities to the respective adult service remain underdeveloped. The Transitional Operational Group reviews cases that do not meet the thresholds for adult services. However, there remains a lack of commissioned provision to support these young people.
48. There is good access to safeguarding training provided through the Safeguarding Board and Level 1 training is mandatory for all staff. This is supported by a wide range of relevant thematic training sessions. Evaluation of the impact of training on practice remains an area for development; however, limited evaluation within maternity services shows that there has been an improvement in both the quality and number of safeguarding referrals. For example, in the Chatham area there are 19 unborn baby child protection cases being assessed, which is attributed to a cultural shift in referral patterns following training. Whilst training strategies are mostly in place, compliance is variable although this is monitored and reported on by Medway Community Services, KMPT and Medway Foundation Trust.
49. There is good access to safeguarding supervision within maternity services, with good monitoring of take up and outcomes. Supervision in

the A&E department is not systematic and does not include all clinical staff on a regular basis. There is good use of debriefing sessions following a child death. There is highly visible support and supervision, including reflective practice meetings, from the named nurse and named doctor within Medway Community Healthcare. Health staff working in the youth offending team have good, regular safeguarding supervision with the named nurses for safeguarding and looked after children. GPs who were interviewed report valuing the regular support and supervision they receive from the named GP and designated nurse.

Ambition and prioritisation

Grade 2 (Good)

50. Ambition and prioritisation are good. The council and its partners provide strong and effective leadership in safeguarding and promoting the welfare of children and young people. Elected members are supportive of the needs of children and young people and are active in championing their case for resources, recently evidenced by the council agreeing, after careful consideration of young people's views, to subsidise public transport costs for all children in Medway. The Medway Safeguarding Children Board and the Children's Trust Board are properly constituted and well attended by a wide spectrum of senior representatives including a GP representative at the Children's Trust Board. Voluntary and community sector interests are represented and contribute to the Children's Trust and its sub-groups. Ambitions for the development of children and young people's services are articulated and understood by partner agencies including, health, housing, children's social care and the Police, with lead responsibilities being shared amongst them.
51. The Medway Safeguarding Children Board and the well-established Children's Trust have set out clear and ambitious targets to improve outcomes for children, particularly vulnerable children. Accountability arrangements are specified and priorities identified by the Medway Safeguarding Children Board are included in the Children and Young People's Plan. Some ambitions for children are also included in the Local Strategic Partnership's plan and the council plan for 2011-12. Priorities are evidence-based from, for example, needs analyses and findings from serious case reviews. Recent developments have improved opportunities for children, young people and their families to contribute through, for example, the 'Parents4 Medway' community group and consultation with the Young Inspectors. Priorities are translated into measurable action plans which drive the planning and commissioning of services: for example, the priority to ensure that children and young people have good mental health has resulted in the de-commissioning and re-tendering of CAMHS. Ambitions that require a longer time to achieve the desired outcomes, such as the intention to improve services for children with disabilities set out in the previous Children and Young People's Plan, are reviewed to clarify improvements that have been achieved. This includes better joint working and more access to respite care, identify

further improvements needed, and identify areas requiring urgent improvement such as transition arrangements with adult services. These priorities are then carried forward into refreshed plans.

Leadership and management

Grade 3 (Adequate)

52. Leadership and management are adequate. There is regular oversight of activity and progress in children's social care services by elected members, including the chair of the children and young people's overview and scrutiny committee. This is supported by regular reporting from senior officers in children's services to the portfolio holder for children's services and chair of corporate parenting panel who meet with the senior officers frequently. The overview and scrutiny committee periodically reviews the Children and Young People's Plan and considers progress against targets. It also considers annual and mid-year reports from the Medway Safeguarding Children Board and uses key findings to inform its activities, for example hosting a session on bullying in Medway, the findings of which were presented to the council's full cabinet.
53. There is good understanding of the strengths and areas requiring further development in children's services. Senior managers are leading a range of initiatives to improve the service including staff development, service reorganisation, improved supervision and management of staff, and improved social work practice with children, young people and their families. Some of these have been introduced very recently and their impacts are not yet fully evident although early signs are encouraging. Commitment by group and team managers in children's social care to the improvement agenda has been assisted by recently introduced management changes and regular communication with senior managers. Middle managers report that active involvement in service development and their inclusion within the senior management group meetings since the reorganisation has reduced isolation and improved their engagement.
54. Social workers and their managers are generally positive about the recent reorganisation of the children's service and express the view that children are safer overall as a result of the changes. Recent clarity about case transfer arrangements between teams and workers has reduced delays and improved management oversight of casework. New documentation is being introduced and is expected to assist workers with recording practice and also be more user friendly. The recently introduced 'Medway Model of Practice' is understood by staff and positive impacts are expected. Caseloads fluctuate and can be high, but workers are well supported by managers and provided with regular supervision, although the extent to which this is documented remains too variable. The electronic children's recording system hampers efficient performance management and oversight of practice, with managers reporting difficulties in monitoring individual caseloads and difficulties in establishing all outstanding matters in respect of individual children. Partial paper records make case oversight

difficult with the recording of activities being split between two formats and systems.

55. Resources are managed adequately. The council has maintained its spending on children's services, including children's centres which are regarded as a key element of preventative services. Additional investment in children's social care has been made to increase the capacity of front line social workers. There are a number of joint appointments with, for example, health partners, to maximise impact such as the joint funding of the Assistant Director for Commissioning. Central government funding has been secured for some initiatives - for example, to divert young people who are substance misusers from the court system. The voluntary and community sectors are engaged with commissioning arrangements and provide a range of specialist services such as substance misuse services and family group conferencing, the latter being expanded following an evaluation of its cost effectiveness. Attention is being paid to ensuring that all services meet expected minimum standards as exemplified by the recent decommissioning of adult substance misuse services for non-adherence to several requirements, and in respect of CAMHS retendering with new services to be provided from 2012. The council recognises that there is still further work to do to shift resources towards preventative services and this remains a key priority. However, resources within children's social care services are affected by most spending being on looked after children services and commissioning arrangements here are under-developed, for example, in ensuring the most cost-effective procurement of children's placements.
56. The workforce planning strategy is up to date, based on the current demand for services as well as anticipated future demand, and takes into account the views of children, young people and parents regarding qualities they see as important in social workers and other support staff. Staff can access a wide range of practice and professional development opportunities, including an induction programme for new staff, protected caseloads for newly qualified social workers, annual development reviews, and support for some staff to achieve the Foundation degree (children and families pathway). Staff report valuing these options. However there remain significant challenges in maintaining competitiveness with neighbouring authorities and developing the workforce at a sufficiently swift pace. Vacancy rates for practitioners and managers remain persistently high despite the current recruitment and retention activity and this continues to result in a high turnover of social workers for too many children. The review of the skill mix in the health visiting teams within the community health workforce is currently underway. The school workforce accesses good multi agency training and receives regular briefings on safeguarding issues. School staff who met with inspectors demonstrated a good understanding of safeguarding issues, access to training and awareness of professional responsibilities.

57. Service users have been able to contribute their views to service planning and development. For example parents of disabled children have been fully involved in the recent review of services for disabled children, and contribute to the training programme for foster carers. The 'autistic spectrum disorder' steering group has a parents' representative, and parents of children at risk of exclusion from school report feeling listened to and respected by pupil referral unit staff. There is an active Youth Parliament which links directly into council scrutiny arrangements and lobbies for its priorities. The council's Young Inspectors have also been involved in reviewing disability services as well as other services across a wide range of partner agencies. Specialist services, such as those providing young person's substance misuse services, routinely gather feedback from young people to monitor effectiveness on a continuous basis and to help ensure the service is young-person friendly. The Medway Youth Trust has recently been awarded the silver level 'Hear By Right' award in recognition of the extent to which the organisation has empowered young people to have a say and influence service delivery. However service user involvement remains an area for development, particularly within children's social care including, for example, increasing children and young people's involvement in child protection conferences; this is recognised and the service's business plan for 2011-12 includes a target to develop a sustainable framework to capture children's and parents' views at all stages of their involvement with children's social care services.

Performance management and quality assurance

Grade 3 (Adequate)

58. Performance management and quality assurance arrangements are adequate. Performance targets are satisfactorily achieved and are mostly in line or better than in similar authorities. Despite the weakness of the children's electronic recording system a significant amount of data cleansing has improved the robustness of information in the monthly 'Data Digest'. Good use of performance management information has led to improvements in performance, for example, increasing the number of child protection cases reviewed within timescales and reducing the number of children becoming the subject of a children protection plan for a second or subsequent time. Other areas of practice, such as the timely completion of initial and core assessments, are closely monitored but performance is being adversely affected by increasing numbers of both initial and core assessments undertaken and increasing numbers of children being made the subject of child protection plans, which are now at record levels for the council. Quality assurance measures are basically in place but further work and capacity is required to fully embed robust quality auditing arrangements. Evidence of management oversight on case files seen by inspectors was variable.

59. The Medway Safeguarding Children Board has overseen a pan-agency audit of safeguarding arrangements across partner agencies (the 'Section 11 audit'). Individual agency action plans in relation to this activity are adequate and improving, as a result of regular progress monitoring by the Board and additional work to improve partners' understanding of how to develop action plans that are clear and measurable. Health providers submit their safeguarding annual reports to the Medway Safeguarding Children Board for scrutiny, and this has resulted in continuous improvement in the safety of health services for children. The Board is also currently piloting innovative ways of improving performance management arrangements on three sites to ensure a focus on improving outcomes for children is maintained. To complement this oversight, the Board's quality assurance and case review sub-group receives regular updates from partner agencies regarding key aspects of performance that are identified as requiring improvement. These include updates from Cookham Wood YOI in relation to improving safety in the institution, from probation in relation to ensuring child safeguarding issues are considered in respect of offender management, and from the CAF coordinator in relation to the need to increase the number of CAFs undertaken and also increase the number of agencies who instigate CAFs to improve preventative services.
60. The Children's Independent Safeguarding and Review Service makes an effective contribution to quality assurance and performance management in children's social care. Its quarterly reports provide information for both staff and elected members about key performance indicators, and also provide narrative that helps understanding of reasons why targets such as the timeliness of child protection conferences may, or may not, have been met. The Service also collates more 'qualitative' data, such as feedback from individual children, and this is used to inform service improvements and also to inform children's individual plans.

Partnership working

Grade 2 (Good)

61. Partnership working is good. There are good, effective strategic links between the Children's Trust, the Medway Safeguarding Children Board and the Local Strategic Partnership. NHS Medway and the council jointly fund a commissioning and strategy division which has led on re-commissioning of key services. The Children and Young People's Plan sets out the intention for NHS Medway to channel its investment in children's services through the Children's Strategic Change Programme Board, part of the Children's Trust, and for the joint commissioning division to procure evidence-based services for children based on findings from the Trust's six thematic sub-groups. Reporting arrangements and lines of influence are clear, for example the priorities identified by the Medway Safeguarding Children Board informing the priorities and work programme of the Children's Trust. A positive commitment to the continuation of the Children's Trust is indicative of a shared commitment by partners to

maintaining a strong focus on children's issues and the Children and Young People's Plan clearly articulates areas for improvement in line with the needs of children, including vulnerable children. The Medway Safeguarding Children Board is well established and very effective. It meets all its statutory requirements, is independently chaired and well attended by sufficiently senior staff from all relevant partner agencies. Partners are clear about the Board's priorities and each agency's role in achieving better outcomes for children and young people. There is wide membership on both the Children's Trust and the Medway Safeguarding Children Board, including representatives from adult services and criminal justice agencies. This enables the Board to impact on safeguarding arrangements in, for example, Cookham Wood YOI and in adult mental health services. The Medway Safeguarding Children Board regularly reviews progress on priority areas of safeguarding such as domestic abuse and adult mental health and provides robust challenge where necessary. The child death overview panel is robust and enables multi agency collaboration in reviewing events surrounding all child deaths within Medway, and in learning the lessons from serious case reviews. There are agreed up to date multi agency arrangements for safeguarding children which are published and can be easily accessed.

62. Good partnership working has led to some joint appointments to support integrated planning and delivery of children's services and effective co-located services designed to improve ease of access to more holistic service provision, for example, health visitors and midwives providing services in children's centres and seven schools and colleges having NHS facilities on their campuses thereby improving young people's access to services, including sexual health services. Further co-location of services is imminent with the Police, social care and health partners planning to co-locate staff in a pilot project intended to improve responses to domestic abuse.
63. The domestic violence forum is well established with good participation from agencies. A wide range of support is available for families affected by domestic violence. MARACs take place regularly and agencies value the opportunity to share information and ensure that coordinated plans are in place to protect children and parents. There is a dedicated midwife for domestic violence with good flagging of cases known to involve domestic violence. Notifications of incidents of domestic violence in households with children are not currently sent to health providers or schools by the Police. This misses an opportunity to ensure that information is appropriately shared on lower risk cases.
64. Partnership working to safeguard vulnerable children and young people in schools or those otherwise educated is good. For example work to support the countering bullying initiative has been done in partnership with Police, pupil referral units, inclusion team and voluntary organisations such as Medway Mediation and 'Just Different'. There are good links with the

health service to ensure that home educated children receive vaccinations. The youth offending team includes education and health staff to ensure young offenders have their needs addressed routinely. There is a good range of health prevention and promotion activities with all partners involved in substance misuse services. Evaluation of the effectiveness of these is under developed although the 'clever thinking' and the 'aspirations' health prevention programmes have had positive evaluation from the young people. There is good use of the 'SOS Bus' to deliver outreach work and provide a safe haven for young people who may be under the influence of alcohol or other substances.

65. Collaborative working between schools to avoid permanent exclusion of pupils is effective. All schools cooperate in managed moves and the pupil referral units effectively support vulnerable young people to remain engaged in education. Fixed term and permanent exclusions have significantly reduced over the last three years. The number of pupils with statements of special educational needs who are excluded has reduced in the last three years.

Services for looked after children

Overall effectiveness

Grade 3 (Adequate)

66. The overall effectiveness of services for looked after children is adequate. Statutory requirements are met, there is evidence of improvement in service provision and no services are deteriorating. This is supported by a performance management framework including quality auditing of cases although, as elsewhere in children's services, this is made more difficult by the current case recording system of paper files and computer based records in respect of each child and is completed to a variable standard. The Children's Independent Safeguarding and Review Service contributes to performance management of social work with looked after children and report regularly on the extent to which, for example, children's views are set out in their care plans and whether their individual and diverse needs have been fully taken into account. Findings are reported to children's social workers to ensure appropriate action is taken, as well as being recorded in review recommendations to ensure follow up, although this is not always done in a timely manner. Aggregate information is regularly reported back to the senior management team and the Corporate Parenting Panel.
67. There are plans in place to improve outcomes for looked after children and care leavers and these are shared by partner agencies; for example, the increase in housing supply for care leavers is being led by the Assistant Director for Housing and Corporate Services. Plans are showing some improved outcomes, such as in relation to responding to children going missing, but many are at too early a stage of development for impact to be evident. The views of children and young people contribute to service delivery improvements, for example in relation to independent reviewing officers and the effectiveness of their reviews, with feedback informing service development. The Children in Care council are able to describe improvements to services they have lobbied for, such as increasing the leaving care grant. The council recognises the need to create more opportunities for user feedback and increase service responsiveness to feedback, and this is reflected as a priority in the current children's services business plan.
68. Workforce capacity with respect to looked after children and care leavers is adequate with a more stable workforce than in other parts of children's services, although this section also has high vacancy rates and therefore a high use of agency social workers. Some looked after children report frequent changes of social worker and inadequate opportunities to say goodbye. Social workers and personal advisers in this service have access to a good range of support and development opportunities. The children's senior management team is able to match resources with demand as detailed information on staffing is reported in the monthly Data Digest

alongside detailed caseload information, and this evidence has been used to reconfigure services and secure additional social worker posts and other resources.

69. Children are placed in accommodation which meets their needs well. There is good performance on children benefitting from permanency with high numbers of children placed in adoptive families and in families under Special Guardianship Orders. Improvement within the council's foster carer workforce is ongoing and has been encouraged by the introduction of a payment scheme linking improved skills and competencies to higher payments and the complex needs of children in placement. However foster carers report being unclear about progression routes and how this links to payments.
70. Productive partnerships are in place with key stakeholders and are becoming increasingly more effective: for example, good working relationships between the Police and the council's own children's home are leading to positive outcomes for young residents. The contribution of education services towards improving safeguarding outcomes and educational attainment and life chances for looked after children is good. Partnership working with Connexions and further education providers effectively ensures most looked after young people enter education, employment or training after leaving school. Looked after children know how to complain and have access to advocacy services which they appreciate. Complaints procedures are robust and outcomes of complaints are reported at senior levels with key themes being identified in order to improve services.
71. There is continuous improvement in planning for looked after children and ensuring they make steady progress whilst they remain in care. In cases seen by inspectors the quality of assessments is at least adequate with some good examples of high quality practice including good attention being paid to individual needs such as ethnicity and disabilities. However this is not yet consistent enough across all cases seen. Reviews of looked after children's plans are robust and the views of children are clearly taken into account and are recorded. Looked after children have also been consulted about the quality of their independent reviewing officers and the conduct of their reviews; those who responded were positive about both aspects. There has been a significant reduction in the number of reviews held without any supporting documentation and an increase in the number where care plans were available. This remains under close scrutiny to maintain improved performance. Record keeping on files seen by inspectors is adequate and up to date. Chronologies are in place although some have key gaps in significant information whilst others include too much case detail.
72. Contact between independent reviewing officers and looked after children between reviews is improving, albeit from a low base, and is directly

attributable to the increased capacity in the service. Good consideration is given to permanency planning although there is still some drift, particularly when children experience changes of social worker and actions identified in reviews are not always completed in a timely fashion. Social workers do not commence life story work for children at a sufficiently early stage in their care history and this has a negative impact on care planning and their sense of security when moving to permanent placements. Whilst there has been historical difficulties in accessing CAMHS services for looked after children, Independent Reviewing Officers and social workers report that access is improving; the council is aware this remains an area for development.

Capacity for improvement

Grade 3 (Adequate)

73. The capacity to improve in looked after children's services is adequate. Energetic and skilled leadership by senior managers has improved the quality of services. The council has responded well to the significant increase in numbers of looked after children and ensured that most children are placed locally. There are good permanency outcomes for looked after children.
74. The increased numbers of looked after children are being sustained and continue to have an impact on a range of services including health services, the independent reviewing service and on placement options. The council has responded by increasing capacity in social work provision and in the independent reviewing officer service. Thresholds for entry into care are reported to be appropriate by reviewing officers and legal staff, with effective gate keeping arrangements at the Resource Allocation Panel which is chaired by the Assistant Director, ensuring that only children who need to be looked after, are so. Thresholds are also supported by effective use of legal planning meetings. Strategies to reduce the numbers of looked after children are in place but these tend to be longer-term, such as providing alternative family support services as part of a wider preventative strategy, and have yet to have an impact. In order to provide targeted support at the most appropriate times in a child or young person's life and prevent them becoming looked after, the council is currently tendering for an 'end to end' review of care journeys to inform future service developments.
75. Looked after children's health needs are adequately met. However the increased numbers of children are stretching the capacity of the looked after children health team and this is exacerbated by a high level of 'did not attend' missed appointments for health assessments. Children's emotional well-being is assessed well with good use of the strengths and difficulties questionnaire (SDQ); this information does not currently inform health assessments and this is a missed opportunity to improve assessments. There are good arrangements to provide written guidance for young people in care and those leaving care; at the present time this

does not routinely include details of their health history which care leavers are entitled to, and which can assist with making future choices.

76. Financial plans for the whole looked after children and care leavers service are in place based on a detailed needs assessment of the current population of looked after children and care leavers, and planning is enhanced by estimates of future numbers. There is good use of existing resources. There is a clear commitment to joint commissioning of services for looked after children, with health and council partners financially contributing to a joint commissioning division. Services for care leavers have not been effectively commissioned because of the absence of a clear analysis of need. However, a recent needs assessment has resulted in a joint housing strategy which is intended to be the first step in addressing this deficit. Placements for looked after children are currently identified and procured on an individual basis by children's social work staff, with the Resource Allocation Panel providing senior manager oversight and approval for all of these. However these arrangements have a number of weaknesses, including missed opportunities for advance purchasing, and to ensure that contracting arrangements not only secure placements that are safe and meet children's needs, but also represent the best possible value for money. The council advises that the intention is that the joint commissioning unit will be overseeing commissioning of all external placements and independent living arrangements in the near future to ensure consistency and maximise purchasing power.
77. Progress has been made in relation to transitional planning between adults' and children's services for children with disabilities who require ongoing support services. The Transition Strategy Group continues to implement the improvement plan, operational protocols and pathways have been implemented, and a practitioner group raises individual cases of concern. An online tracking database for young people in transition has recently been introduced to assist individual case progress monitoring and service planning although it is too early to evaluate its impact. However, the local authority and its partners recognise there is more to do to and services for disabled young people remains a priority in the Children and Young People's Plan with, for example, increased opportunities for work, training and other activities scheduled to be in place by March 2013.

Areas for improvement

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

Within three months:

- ensure all care leavers receive a copy of their health histories to equip them to make effective future health choices

- ensure that outcomes from the 'Strengths and Difficulties Questionnaires' (SDQs) are used within looked after children health assessments
- ensure that the 'did not attend' rates for looked after children health assessments are significantly reduced
- ensure that all staff in children's social work teams are clear about the purpose and value of life story work, that this work starts sufficiently early for relevant children and becomes embedded practice
- ensure that the council's foster carers are clear about the arrangements linking skill development with additional fee payments and the complex needs of children placed.

Within six months:

- Ensure that all external placements are commissioned and monitored in line with proposed strategic commissioning arrangements to ensure maximum value for money and provide clarity and rigour regarding expected standards of care.

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

Being healthy

Grade 3 (Adequate)

79. Health outcomes for looked after children are adequate. The recently introduced looked after children database is showing early signs of improved monitoring and quality control of the health assessment process. Health outcomes for looked after children are generally satisfactory with 80.4% of looked after children having had a health assessment during the year which is a reduction on the previous year's performance and slightly worse performance than similar areas, and 73.9% having had a dental check which is lower than both the national average and similar areas. The number of looked after children who have been immunised is 84.8% which is a reduction since February 2011 but is above the national average. Locally collated data suggests 25% of young people who are engaged with substance misuse services are looked after. All looked after children's health records seen during the inspection complied with both statutory and professional record keeping guidance but there is variable quality in the recording of the timescales in health action plans which are not always 'smart' and do not allow for effective monitoring. There is some evidence in the records of follow up of the action plans.
80. All initial health assessments for children who become looked after are completed by the designated doctor or a consultant paediatrician, although not all are timely and health staff attribute this to delays in referrals from children's social care. The looked after children health team includes two named nurses with special interests, one for teenage conception/pregnancy and another for mental health, including substance misuse. This enables improved targeting intervention with the most vulnerable young people. There is improving attention given to cultural and diversity issues. The looked after children's designated nurse provides a health assessment service to both Medway looked after young people and other authorities' young people placed in Cookham Wood YOI, and monitors Medway children who are in external placements outside of the local authority area, ensuring their health needs are met.
81. There remain too many 'did not attend' appointments for looked after children health assessments and reviews. There is a limited choice of locations for reviews to be held. The high 'did not attend', rate coupled with the increasing number of looked after children (both Medway children and those from other authorities) has been highlighted at the Medway Foundation NHS Trust Board, although not at the Medway Safeguarding Children Board or Corporate Parenting Board. Remedial action is beginning to be implemented, for example launching the on-line health assessment questionnaire for older looked after young people. The outcomes of the SDQs are insufficiently used to inform looked after children health

assessments or to inform onward referrals, for example, to CAMHS. CAMHS staff are not involved in the analysis of the SDQ scores.

82. The looked after children health team are notified by Medway Foundation NHS Trust A&E department when a looked after child has attended the department, provided their status is known. However, because there is no identification or 'flagging' system in place, this is not a fully robust system. Notifications received by GPs do not contain information relating to the frequency of attendance, although appropriate action is taken to address any concerns.
83. The looked after children health team provides a highly valued training programme for foster carers, residential care staff and adoptive parents, all of which contributes to healthy lifestyles, meeting the health needs of the child and placement stability. There is a 'Personal Health Facts Handbook' given to all looked after children, if they wish, which is then adapted based on the individual's need and may contain health history information; however health history is not always included and is not linked to the young person's pathway plan. Care leavers are supported until they are 19 years old, providing for effective and timely signposting to health services although higher numbers are increasing the pressure on the looked after children health team. The Goldilocks groups provide a range of therapeutic teaching and role model behaviours for parents and foster carers of pre-school age children with disabilities. The groups also reduce the number of appointments that the family are required to attend. Similar provision is made available to the special schools, such as addressing the needs of children with feeding difficulties.
84. The team's annual report and accompanying work plan is ratified by the Medway Foundation NHS Trust Board, ensuring appropriate oversight and quality assurance. However the designated nurse for looked after children does not report to, nor is held accountable to, the identified Executive Director for safeguarding and looked after children, which is a gap in accountability arrangements.

Staying safe

Grade 3 (Adequate)

85. The arrangements for ensuring that looked after children and care leavers are safe are adequate. The local authority ensures that looked after children and young people are only placed in establishments where the arrangements for safeguarding are judged by Ofsted to be either good or outstanding. The council's own children's home was judged as outstanding at its last two inspections and the standards of care and support are highly valued by the resident young people. There is effective joint working with partner agencies: for example, the Police work closely with the residential staff to support both the staff in managing behaviour, and with young people to divert them from criminal or anti-social behaviour and encourage their involvement in positive activities.

86. Despite a 19% rise in the number of looked after children over the last 12 months the council has been successful in keeping the use of external placements to a minimum. Children's needs are identified and matched to placements through the Resource Allocation Panel which is chaired by the Assistant Director although there is no clear route by which external placements are procured. The Panel ensures consistency in application of thresholds for children and young people being admitted in to care. The safety and well-being of children who are placed outside of Medway is monitored at their looked after children's reviews and also during statutory social work visits although the extent to which the records of visits describe children's views of their placements is too variable.
87. The Children Workforce Development Council training standards for foster carers has been implemented. Identified levels of competency are agreed but some foster carers are unclear as to how to progress through the competency levels and achieve additional payments for particular children placed, and few have achieved higher levels of competency. Partner agencies are actively engaged in keeping children safe, for example services for children missing from care are becoming increasing well coordinated with the Police conducting 'safe and well' checks and return interviews are offered by AASSA.

Enjoying and achieving

Grade 2 (Good)

88. The impact of services in enabling looked after children and young people to enjoy and achieve is good. The virtual school head teacher is having a positive impact on the quality of educational planning and support for looked after children. Data on their progress is gathered regularly and used effectively to monitor their achievements, identify underachievement and provide challenge and support to schools. Different groups of learners' achievements are monitored so that support is appropriately matched to their needs. The achievement of looked after children educated outside the area and those placed in Medway by other local authorities is monitored just as rigorously. Care is taken to ensure that looked after children are placed in good schools and receive additional support if they are not making sufficient progress. They receive good personal tuition through pupil premium funding. The main focus is on building capacity within schools through good quality training and regular briefings for designated looked after children coordinators. The progress and well being of looked after children are regularly reviewed by School Challenge and Improvement Leads.
89. Schools have an inclusive approach and demonstrate a high level of commitment to ensuring that looked after children achieve as well as they can in all areas. Good action has been taken by schools to improve attendance and avoid exclusion in partnership with carers and other agencies. The percentage of looked after children missing 25 days or more is similar to all pupils. The incidence of fixed-term exclusion has reduced

and there have been no permanent exclusions in the last two years. A number of programmes are in place to support those at risk of exclusion, including managed moves, emotional support programmes, counselling and alternative provision. However, although there is a number of support routes available, these are not as well signposted to schools as they could be. The local authority recognises the need to develop an 'Early Help Framework' to provide such information.

90. The clear focus on supporting looked after children's education is reflected in their achievements. Overall educational attainment for looked after children in Medway is higher than national averages for looked after children. Their attainment in English at Key Stage 2 is consistently high but attainment in mathematics is more variable. However the majority make good progress from their starting points in both subjects. At Key Stage 4 the percentage of looked after children attaining five or more GCSEs at Grade C and above has been above the national average for the last five years. The performance gap between Medway looked after children and all pupils nationally has narrowed significantly in English at Key Stage 2 and continues to narrow at GCSE. The achievement of looked after children from different minority groups is similar to that of their peers. Where language is a barrier, support is offered to the family and child. Outcomes for looked after children with disabilities are promoted well through special schools, all of which have been judged good or outstanding in Ofsted inspections.
91. Designated looked after children coordinators make a good contribution to ensuring children can access a relevant curriculum and make progress in their personal development. Children report that they feel well supported and can turn to teachers for additional help. They have been able to pursue alternative curriculum provision appropriate to their needs and interests, including vocational options. Where support has been most effective the schools have provided personalised programmes, flexible timetabling, additional tuition and pastoral support. However the quality of personal educational plans is variable. The best examples have measurable targets to promote children's overall development and high academic progress. They are routinely reviewed and progressed in agreement with the children and young people. In less effective plans there are several gaps and targets lack specificity. Improvements are being implemented through monitoring and feedback on all personal education plans by the virtual head teacher. The format has been revised and training has been provided for designated teachers. The personal education plans for children educated in schools outside the area are similarly monitored and funding for additional one to one tutoring is linked to them. These recent revisions and new guidance and training have improved the quality of personal education planning. Young people's continuing progress is promoted through good transition procedures between schools and colleges. There are procedures in place to ensure

schools are alerted to the looked after children who join the school, so all are known to relevant staff.

92. Looked after children can access a range of positive activities and out of hours learning. They greatly value the Challengers Youth Group and its leaders who make a good contribution to the development of their personal and social skills. They appreciate leisure passes giving free access to swimming and reduced price access to gym and sports. They have enjoyed targeted projects such as a creative arts project and are supported to participate in youth service activities, summer schools and Duke of Edinburgh awards. Positive action has helped to overcome barriers to participation, including the provision of transport to school, activities and personalised tuition. The looked after children bursary fund is used to provide specialist equipment to support young people in education or employment, for example in the provision of hairdressing and cookery equipment. The Children in Care council are rightly proud of their work to establish a laptop library which has helped many children access educational and leisure information.

Making a positive contribution, including user engagement

Grade 2 (Good)

93. Opportunities for looked after children and care leavers to make a positive contribution are good. Those who spoke with inspectors felt they had good opportunities to contribute to key decisions in their life. Most looked after children (86%) participate in their own reviews, either at or in advance of the review. This is below the council's target of 95% participation, but the trend is an improving one. An increasing number of looked after young people are being supported to chair their own reviews. Young people also report that their preferences for schooling are listened to and every effort is made to maintain stability with respect to school placements. They are well supported in schools to review their progress, set personal targets and plan for their future.
94. The council has a well-publicised Pledge to looked after children which is understood by them. The influence of looked after children is enabled by a well established Children in Care council, which contributes to strategic decision-making. Young people on the council meet regularly with the Director of Children's Services and members of the Corporate Parenting Board and the council's Overview and Scrutiny Committee. These channels enable them to influence policy and improve services that directly affects the wider population of looked after children and care leavers. Young people who met with inspectors said they felt valued and listened to by senior managers. Elected members are proactive in representing looked after children's interests and lobbying for improvements to provision. The chair of the Corporate Parenting Panel reported regular attendance by some elected members, but was of the view that there is more to do to increase members' interest in this area. The Children in Care council are

clear they have played a part in securing better housing choices for care leavers and increasing the size of the leaving care grant. Looked after children are enabled to influence service delivery and design, by, for example, contributing to the design of information leaflets for children who become looked after, and participating in interview panels for senior managers. They are also actively encouraged to influence service planning and delivery for young people through the Young Inspector group and the Youth Parliament. Young Inspectors, who are recruited and supported by children's services, have been commissioned by partners to assess the 'young person friendliness/effectiveness' of a wide variety of services including libraries, parks, youth clubs, sexual health services and CAMHS. Young Inspectors seen were able to describe the impact of their activities as they are given feedback on actions taken as a result; this evidences the value placed on their work by partner agencies. They were also able to describe the positive benefits they gain from working as Young Inspectors including improved self-esteem, pride in improving services for young people, and enhanced personal options for employment or training. The council is sponsoring its first celebratory event for looked after children, the forthcoming 'Time to Shine', which young people are looking forward to. It is recognised that there is a need to ensure more looked after children are made aware of the existence of the Children in Care council and other opportunities for them to contribute.

95. Looked after children and young people make good contributions to social worker training and to the written guidance for foster carers. Their views have been sought and fully taken into account in the recent revisions to personal education and pathways plans and have informed guidance for designated looked after children teachers and other staff who work with looked after children. Looked after children and young people are consulted regularly by the research team in children's services and have significantly shaped the edition of the Children and Young People's Plan that is intended for children to access.
96. Looked after children report knowing how to complain and have access to support to enable them to do so, if they wish. Response to complaints about social care is generally good. Response letters are detailed and show care has been given to responding to all the points raised in the initial complaint. This ensures that individual's concerns are dealt with appropriately and are resolved. However patterns and trends are not always considered to inform improvements in social work practice.
97. Multi agency actions to prevent offending and re-offending are well embedded and effective. There is a high level of commitment to a preventative and supportive approach from a wide range of agencies, including the youth offending team, Police, education, social care, health and voluntary sector agencies. The Police-led triage system is helping to avoid criminalisation and support young people who have committed low level misdemeanours or anti-social behaviour. Work with foster carers and

residential staff to develop restorative justice to reduce incidents involving Police has been welcomed and effective. This well joined up, multi agency approach has led to reductions in offending and improved life chances for those at risk. The number of looked after children who are cautioned or convicted has significantly reduced over the last four years. Looked after children and young people who are engaged with the youth offending team receive good support to ensure good quality education and personal development and prevent reoffending.

Economic well-being

Grade 3 (Adequate)

98. The impact of services to promote the economic well-being of looked after children and care leavers is adequate. Improving the outcomes for care leavers has been and remains a key priority in Medway. Accurate self review and prioritisation is informing planning. Services are now working together effectively to improve access to accommodation, support care leavers into further education or employment and ensure that pathway plans are successful in supporting their transition to adulthood. Although some changes are at relatively early stages they are beginning to improve outcomes and provide a good foundation on which to secure further improvements. Care leaving services are in contact with almost all care leavers up to the age of 21.
99. Local post-16 educational provision offers a varied curriculum at a range of levels from foundation to advanced. A high proportion of looked after children go into full-time education following the completion of Year 11, with many going to MidKent College. However the retention of care leavers beyond this transition point has been problematic in the past. Withdrawal rates are now reducing due to improved working with the virtual head teacher, and close liaison between college and school designated staff and data sharing. Care leavers are offered ongoing support through mentors and dedicated tutors. They also receive good support in financial management and work skills. Connexions and the Aim Higher care leavers group are working closely with young people to ensure post-16 provision is well matched to their needs. Those who wish to go to university are given every encouragement and financial support and currently 13 care leavers have accessed higher education.
100. The proportion of 16 year-old care leavers in education, training or employment is in line with the national average. However, the overall proportion in education, employment or training, including those aged 18 and over, is lower than the national average. This reflects the relatively high level of unemployment amongst young people as a whole in Medway, due to reducing employment opportunities in the area. The proportion of care leavers in employment, education or training shows more recent improvement during 2011, reflecting the targeted support they have received. Bringing about further improvement remains a challenge for the area and is a high priority in improvement planning. There are local

schemes to support young people into work, including apprenticeships programmes match funded by the local authority, and support through the Reach Out team funded by central government. Care leavers are able to participate in these programmes but are not given priority places at the present time. However there are currently four care leavers in apprenticeships, two of which are with the local authority.

101. Care leavers who spoke with inspectors said they had been well supported to enable them to continue with education or training, including vocational options. They have high aspirations and were achieving well in their chosen vocations including army training, hairdressing, football scholarship and apprenticeships. They were positive about the support they receive from their personal advisers with whom they are regularly in contact. Pathway planning has been reviewed and the forms have recently been revised to provide a fuller needs analysis and better indication of progress or actions pending. The completion rate has improved significantly this year, with 90% of recent care leavers having fully up to date plans. The quality of more recent pathway plans has improved. However the quality of plans is variable overall and some are not fully up to date. Some of the targets are insufficiently detailed to identify the steps young people need to take to achieve longer term goals. Capacity within the care leaving team has been reviewed to ensure that demands can be met. Managers have a good understanding of where further improvement is needed and there are sound plans in place to achieve goals. Transition planning is a current priority, particularly in supporting young people with mental health or disability issues to access adult services. The recent initiation of a 'vulnerable adults group' provides multi agency support to young people leaving care. It is still at very early stages of its work so impact is not yet evident.
102. Support for transition into independent living is adequate. The proportion of care leavers in suitable accommodation is in line with the national average. The establishment of a joint strategy between housing and leaving care services has helped to increase capacity with more good quality independent options being offered. Care leavers who met with inspectors reported that their accommodation is appropriate, safe and relatively stable. They feel that their needs are considered and have been met appropriately. On rare occasions when young people are placed in bed and breakfast accommodation at times of crisis, they are well supported to find more permanent accommodation and their safety and welfare remain closely monitored by the team manager for the leaving care service.

Quality of provision

Grade 3 (Adequate)

103. The quality of provision for looked after children and care leavers is adequate. The detailed needs analysis in respect of looked after children and care leavers has been used to good effect to inform the service's

improvement plan. Clarity about young people's leaving care needs has resulted in additional independent bed spaces being commissioned and made available with further work to do to increase the range and choice, appropriate to needs. There is also further work to do to improve the procurement and ongoing monitoring of all other externally commissioned placements for looked after children as this activity is currently devolved to children's social workers.

104. Looked after children's reviews are timely and provide good support for the planning and review process for children. These are independently chaired by Independent Reviewing Officers and ensure that the plans for looked after children meet their needs and that these are kept under regular review to reflect changes in circumstances or needs. The quality of information presented at a child's review is improving, thereby improving the reviewing and planning process, although there is further work to be done on ensuring that the child's views, wishes and feelings are clear, and to fully consider the child's history and journey through care. There is good access to interpreters when necessary. Children and young people usually participate in their reviews and review recommendations are clear and support care planning. There is effective use made of family group conferences to ensure that only children who need to be looked after outside of their family of origin, are looked after. Plans show adequate consideration is given to permanency or alternative arrangements through Special Guardianship Orders, adoption, placement with family members or a return home, although this is not consistent and there is some evidence of planning drift. Additional support is provided to the child and their family when placements are deemed to be fragile to avoid unnecessary admission to care.
105. The quality of direct work with looked after children is adequate. Case files demonstrate that children are seen regularly by their social workers, and some describe effective practice to improve children's outcomes. Risks are identified and assessed although these are not always recorded in sufficient detail. Independent Reviewing Officers report that social workers have better knowledge and understanding of children than is sometimes recorded in the child's file. The quality of assessments is adequate or better. However some assessments and plans fail to fully consider the young person's culture and identity needs and there was evidence that some workers did not fully understand these concepts.
106. Placement stability in both long and short term placements is good. Twin tracking is usually explored at an early stage in a child's care 'history' although in some cases seen by inspectors, there were no contingency plans in place if the current plan for the child breaks down. Lengthy care and permanency legal proceedings have impeded the progress of some children towards living with secure permanent families. Too many children do not have life story work started at a sufficiently early stage.

107. Record keeping on files seen by inspectors is adequate and up to date. All have chronologies but these are variable in quality with some having gaps in significant information whilst others include too much case detail. Arrangements for keeping children and young people informed when there is a change of social worker are not sufficiently robust, with some children advising inspectors they did not have the opportunity to say goodbye to their worker. Transitional planning for children with disabilities is in place but the local authority recognises that there is more to do to embed this work at a sufficiently early stage in a young person's life. Some children with disabilities do not meet the threshold for adult services and this impacts on them being able to secure suitable support.

Ambition and prioritisation

Grade 3 (Adequate)

108. Ambition and prioritisation with respect to looked after children and care leavers is adequate. Local priorities for looked after children are clear and well articulated by the council and partner agencies. Elected members and the Corporate Parenting Board champion the needs of looked after children and regularly meet with representatives from the Children in Care council. Young people report that promises made by the Corporate Parenting Board are honoured. The council's Overview and Scrutiny Committee gives looked after children priority and regularly schedules in opportunities for the Children in Care council to present its views, which are given careful consideration.
109. The local authority and its partners have set ambitious but realistic targets to improve outcomes for looked after children and there is evidence of improvement in all of the five outcome areas, for example, improving accommodation choice for care leavers, and improving educational attainment. However, some improvements are relatively recent against an established history of poor progress, such as in relation to care leavers remaining in education, training or employment. Service improvement is supported by regular monitoring of progress against targets. Shortfalls are examined to understand the reasons and determine what action to take: for example, the reduced effectiveness of the independent reviewing service was recognised by senior managers and elected members, resulting in additional resources being allocated to increase the numbers of independent reviewing officers to ensure that children have timely reviews. Reports are used to good effect to monitor progress.

Leadership and management

Grade 3 (Adequate)

110. Leadership and management for looked after children and care leavers is adequate. The local authority and its partners are securing improvements to services for looked after children and care leavers, albeit from a low base. Targets are realistic and focused. All initial placements are agreed by the Assistant Director at the resource allocation panel, and monitored thereafter by the allocated child's worker, but fully commissioned

placement arrangements are yet to be introduced, with all external placements currently being spot purchased. A recently commissioned needs led analysis of the current and projected population of looked after children and care leavers has enabled the local authority to improve its current and future provision. The analysis identifies key services which need to be in place to ensure young people have the best preparation for independent living and sufficient choice of accommodation, having mapped existing provision and arrangements, and made recommendations for improvements. These recommendations are being taken forward via the joint housing strategy, commissioning developments and other means such as the foster carer recruitment campaign to increase the sufficiency of placements. Increased choice is at an early stage of development and this remains a significant area for improvement. The council is currently tendering for a further analysis of 'end to end' care journeys; this is intended to provide the local authority with information about key points in the child's journey when the provision of particular services would have prevented their accommodation or improved transitions in their lives, according to their needs.

111. There are sufficient numbers of social workers and personal advisors in place to support looked after children and care leavers. Newly qualified social workers are supported with protected caseloads, and staff report that their caseloads are manageable. The children's social care workforce development strategy is comprehensive and based on a thorough analysis of the existing workforce balanced against current and anticipated future demands for the service. It is strengthened by incorporating the views of children, young people and parents about the key qualities they value in social care staff alongside existing staff's views of the support that encourages their retention and skill development. Looked after children and care leavers benefit from a more stable and experienced workforce in the social work team that supports them compared with other social work teams in the authority. However, there remains a persistently high vacancy rate across specialist services despite a rolling programme of recruitment for social work staff and this is reflected in looked after children's reports of multiple changes of social workers.
112. Productive partnerships are in place with key stakeholders and are becoming increasingly more effective: for example, good working relationships between the Police and the council's own children's home is leading to positive outcomes to divert young people from involvement in the criminal justice system and promote good alternatives for them. Looked after children know how to complain and have access to advocacy services which they were positive about; young people who met with inspectors were able to describe safe adults they would approach for help if they needed it. Complaints made against staff or foster carers are responded to promptly and thoroughly, with clear outcomes being reached and properly recorded. There is good liaison with the LADO.

Performance management and quality assurance

Grade 3 (Adequate)

113. Performance management and quality assurance arrangements to support looked after children and care leavers are adequate. Managers in children's social care have access to monthly reports on progress against performance targets. This includes information on the numbers and ages of looked after children, the type of placement they are in and which social work team has case responsibility for them. This enables managers to oversee workload arrangements and make adjustments where necessary. Additional quarterly reports from the Children's Independent Safeguarding and Review Service provide information on compliance regarding statutory visits to looked after children, reports provided for looked after children reviews, and feedback received from children in relation to their independent reviewing officers. Individual children's files are subject to dip sampling audit by managers to assess compliance against expected standards, and recent audit exercises commissioned from an external consultancy and also from the Children's Independent Safeguarding and Review Service has enabled an in-depth audit of cases. These have highlighted some areas of good practice but also identified a number of significant areas requiring urgent improvement. This strengths and weaknesses analysis has been used to inform the improvement plan for the social work service for looked after children. The quality audit tool has been revised to improve its usability, but quality auditing remains time consuming and difficult because of the dual recording system for each child and this limits the volume of quality auditing that can be undertaken as part of routine management activity.
114. There is good strategic oversight of performance monitoring by elected members with some performance and quality assurance targets for looked after children being incorporated into the council's overarching plan for 2011-12. Reports on the performance of the adoption and fostering service and the independent reviewing officer service are presented on an annual basis to children's services management, the council and other strategic partnerships. Analysis of weak performance, for example, in the conduct of some aspects of looked after children reviews, has led to increased independent reviewing officer capacity. Elected members regularly monitor targets including the extent to which looked after children participate in their reviews, the timeliness of these reviews, and whether care leavers are in suitable accommodation and engaged in education, training or employment. The Corporate Parenting Group contributes to performance monitoring with an action plan that includes a wide range of improvement objectives against each of the five outcomes for looked after children. They each have ascribed actions and lead officers, and progress is reported back to the Board at specified intervals although, at the present time, the plan lacks completion dates against the activities.

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	Good
Leadership and management	Adequate
Performance management and quality assurance	Adequate
Partnership working	Good
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	Good
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