

Inspection of safeguarding and looked after children services

London Borough of Barnet

Inspection dates: 9 – 20 January 2012
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Age group: All
Published: 24 February 2012

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with 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 evaluations of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
 - a review of 73 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 November 2010
 - interviews and focus groups with front line professionals, managers and senior staff from NHS Barnet, Central London Community Health NHS Trust, Barnet and Chase Farm Hospital NHS Trust, Barnet, Enfield and Haringey Mental Health Trust and North Central London NHS (PCT).

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. Barnet has a resident population of approximately 88,700 children and young people aged 0–19, representing 25% of the total population of the area. Boys slightly outnumber girls. Approximately 47% of the population of children and young people are classified as belonging to an ethnic group other than White British, and the January 2011 school census recorded 143 different languages apart from English spoken by pupils in Barnet schools, the most common of which are Gujarati and Persian-Farsi. 'White, other' is the most commonly recorded minority ethnic group of pupils with 17%, followed by 'Black African' with 11% of pupils. Barnet also has a significant Jewish population, with 15.7% of residents under 16 identifying themselves as Jewish in the 2001 Census.
5. Barnet has 121 schools, comprising four nursery schools, 88 primary schools, 22 secondary schools, four special schools and three pupil referral units. There are 14 academies in Barnet (13 secondary and one primary), and there is one primary free school.
6. Barnet has had a strategic children and young people's partnership board in place since 2004/05, which formally became the Barnet Children's Trust Board in 2010. The Board is supported by an appropriate range of partners including the voluntary and community sector. The Barnet Safeguarding Children Board was established in 2005, has had an independent chair since 2009 and has four sub groups in addition to the serious case review sub group and the child death overview panel. Both Boards have a corresponding structure for children and young people, the Barnet Youth Board and Youth Shield, which include representatives from the Children in Care Council known as the Role Model Army.
7. The council increased investment in early intervention and prevention services in April 2011 to deliver Family Focus, a new suite of locality-focused family support services, some of which are delivered through Barnet's 13 children's centres and their network of 10 outreach venues. A community budget is in place to resource a new interdisciplinary workforce working directly with vulnerable families. Barnet is one of the first 16 Community Budget pilots. Safeguarding and social care services are organised in teams responsible for safeguarding, referral and assessment, children in need, children in care, provider services, and specialist resources and disabled children. The emergency duty team is an out of hours service delivered in conjunction with Harrow.
8. Commissioning and planning of health services is carried out by NHS Barnet now part of the North Central London PCT cluster arrangement. Health commissioners have retained a Barnet Borough presence with a

range of local responsibilities including children and safeguarding. The main providers of acute hospital services are Barnet and Chase Farm Hospital NHS Trust and children also use the Royal Free Hospital which is out of area. Community based child and adolescent mental health services (CAMHS) are provided by Barnet, Enfield and Haringey Mental Health Trust, and the Tavistock and Portman Trust. Community health services are provided by Central London Community Health NHS Trust.

9. At the time of the inspection, 288 children and young people were being looked after by the local authority. They comprised 48 children under five years of age, 201 children of school age (5-16 years old), and 39 young people aged 16-17. There were 211 care leavers (18-24 years old). Barnet uses a virtual school approach to support the learning of looked after children. At the time of the inspection there were 269 children subject to child protection plans. The majority of children subject to a protection plan are aged 0-4 years, with the highest registration rates linked to neglect and emotional abuse. The local authority currently has 103 foster carers including kinship foster carers. Residential care is provided through two council-run residential accommodation units, currently caring for 12 children and young people, with a further 21 children and young people placed in external accommodation.

Safeguarding services

Overall effectiveness

Grade 2 (good)

10. The overall effectiveness of safeguarding children and young people in Barnet is good. To meet changing demands the council and partners have built upon existing services to develop an ambitious strategy and model for early intervention and prevention services. The strategy is owned across the partnership and although it is too early to identify trends, early indications are that outcomes for children and families are improving.
11. The senior management team benefits from joint health and social care appointments to secure integrated partnership working and commissioning with a strong focus on improving safeguarding outcomes for children and young people. A relentless drive to reduce the numbers of children and young people subject to a child protection plan for longer than two years has resulted in a reduction in this area of 36% between April and December 2011, where performance was then at 8%. Referrals and child protection enquiries are responded to promptly, initial and core assessments are mostly timely and all child protection reviews are held within timescales. However, more work is required to ensure that initial child protection conferences and core groups are held within timescales.
12. Strong commissioning and joint commissioning arrangements are in place across the partnership and provide robust scrutiny of the effectiveness of services procured and appropriate action is taken to address areas of poor performance and value for money. This includes ensuring young peoples' views are fully considered in determining future commissioning priorities and focusing on quality in service specifications and contracts.
13. Performance management is well established across the partnership. Corporate reporting mechanisms are in place There is clear evidence of the 'golden thread' of strategic management from the Children's Trust to the senior leadership team of children's services and health services, middle managers and directly to front line workers. However, the use of performance management information and outcomes from audits of practice in social care are not used as effectively to drive up the quality of provision. For example initial and core assessments are not always sharply focused, and in some cases they contain too much description and not enough focus on risk and protective factors.
14. Efficient and effective use of resources has ensured that children's services are projected to come in on budget in 2011/12. Savings of £6.4 million have been made across the service, although there has been an additional investment of £1.5 million in children's social care and safeguarding and £1 million has been invested into early intervention and prevention model from an invest to save perspective.

15. Workforce planning has ensured that there are sufficient numbers of qualified and experienced staff in place to meet statutory requirements. Workforce pressures in community health services have been clearly identified and additional investment has been secured to increase the numbers of health visitors and establish the new family nurse partnership. However, caseloads of health visitors and school nurses remain high resulting in families with lower levels of need receiving a low priority.
16. User engagement is firmly embedded in all aspects of work for safeguarding with clear evidence of how consultation and participation of children and young people has an impact on the development and delivery of services.

Capacity for improvement

Grade 2 (good)

17. The capacity to improve safeguarding services for children and young people in Barnet is good. The partnership is ambitious and has a clear vision to continue to improve outcomes for children and young people. Strong and effective corporate support from the Lead Member, Chief Executive, Director for Children's Services, senior health service managers and the Children's Trust is shaping the vision to ensure a clear focus is maintained on safeguarding.
18. The strategy for early intervention and prevention is clearly focused on the implementation of plans to deliver a range of services through the safer families and family focus model and this work is beginning to demonstrate discernable, improved outcomes for some families across the borough. For example effective work has prevented some children coming into care, some child protection plans have ceased and there is clear evidence that some children and young people's educational outcomes and life chances are improving. This has also resulted in a corresponding reduction in costs for the council and partners.
19. Children, young people, parents and carers and other service users are consulted regularly and their views inform service design and delivery. Service users regularly attend the Children's Trust meeting and the Barnet Safeguarding Children Board (BSCB), and their input clearly helps to improve service design and delivery. The development of the family intervention project is one such example, where parents who had been part of the pilot for this programme provided information to the Children's Trust Board on how their families had benefitted as a result of the work undertaken. Youth Shield provides opportunities for young people to voice their concerns on safeguarding matters and they report directly to the BSCB to promote change. The impact and authority of the group has been clearly evidenced during a consultation process about CAMHS provision at a local clinic resulting in the consultation being halted to ensure full consultation with young people.

Areas for improvement

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

Within three months

- the Domestic Violence Strategic Board to review the services provided through housing for victims of domestic abuse
- the council to review its current processes for initiating child protection enquiries and the use of strategy discussions and follow up meetings in order to be fully compliant with *Working Together* 2010 and local safeguarding procedures
- strategy discussions and meetings should be chaired as a matter of routine by team managers including those undertaken through the Local Authority Designated Officer (LADO) service
- the BSCB to ensure that all schools adopt the correct safeguarding procedures by referring appropriate safeguarding concerns to either the LADO or children's social care before interviewing children in detail or undertaking any further investigative actions before a strategy discussion or meeting has been held
- LADO arrangements to be reviewed to ensure the procedures, especially in relation to advice given, strategy discussions and meetings are compliant with *Working Together* 2010 and local safeguarding procedures
- review child protection and children in need plans to ensure actions are specific and timescales are identified
- ensure that supervision records are suitably detailed and contain actions that are clear and measurable.

Within six months:

NHS Barnet and NHS providers take action to:

- ensure there is sufficient capacity to support planned changes to inter-agency strategic and commissioning work
- ensure that front line health staff can access Level 3 of the multi-agency safeguarding training.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (good)

21. Safeguarding outcomes are good for children and young people in Barnet. The vast majority of children and young people seen during the inspection reported that they felt safe.
22. The Tellus survey and the young people's consultation organised by Youth Shield indicates that effective work is being undertaken to reduce incidents of bullying. There is good and effective involvement by the Police in addressing bullying and cyber bullying, with Police presence in some individual schools being particularly effective in promoting safeguarding combined with the use of restorative justice.
23. The safeguarding and child protection needs of children and young people receive prompt attention through the children's service teams, supported by an innovative early intervention and prevention project. Early indications are demonstrating that some families are receiving a prompt service without the need for social care intervention. Overall, whilst children and young people are effectively safeguarded, the quality of work across the children's services teams is variable and can lead to some plans not being regularly reviewed nor being sufficiently robust in terms of measurable timescales.
24. For families experiencing domestic violence, a good service response is provided through designated workers in the referral and assessment teams and within the early intervention and prevention team. There is a good range of services for victims and their families experiencing domestic violence including a sanctuary scheme. However, parents reported that housing was a significant issue which was not being adequately addressed in terms of access to alternative accommodation.
25. Information is circulated regularly to schools to draw attention to issues such as forced marriages and a range of work is undertaken with faith/community groups, and youth groups, to ensure safeguarding arrangements are implemented effectively. Children's services and partners have worked well to gain the trust and involvement of supplementary schools, which are run by local community groups. These groups offer out of school hours educational opportunities for children and young people, many of whom come from minority ethnic communities. The groups are working to achieve different levels of the equality framework with appropriate safeguarding arrangements part of this framework. A 'safeguarding month' across the borough includes all

partners and is held annually to draw attention to the safeguarding needs of different groups within the community.

26. A good range of support services for young carers is provided through a contract with a voluntary agency. The focus on educational support is appropriately strong and promoted by a designated school liaison officer. The service has been successful in extending its reach with 463 young carers now identified, of whom a large proportion are from Indian, Asian and black African communities.
27. New multi-agency procedures approved by the BSCB, for responding to missing children are currently being trialled. Return to home interviews are routinely undertaken by the Police. However, where there are repeat incidents of children missing from a children's home, these are undertaken by children's home staff which is not sufficiently independent.
28. The contribution of health agencies to keeping children and young people safe is good. The Child Death Overview Panel (CDOP) arrangements are robust with regular reporting to the BSCB. Whilst there has been a backlog of cases for review, there has been some recent success in reducing numbers through improved administrative arrangements.
29. Statutory responsibilities to respond to complaints against people with access to children are well embedded in policies and practice. Local Authority Designated Officer (LADO) arrangements are clear and supported by a designated investigating officer that ensures consistency of approach, good service responsiveness, effective coordination and a well informed contact point for agencies. Most cases examined demonstrated appropriate and sound decision making. Whilst schools report they are aware of the LADO processes, they find the contact with the LADO service helpful and that they attend training, consistent application of correct safeguarding processes by schools was not evidenced in all the cases sampled.
30. Processes to ensure safe recruitment meet statutory minimum requirements. All files are scanned on to an electronic system and whilst this is generally appropriate, it can be difficult to locate recruitment documents efficiently and effectively. There is a good system for recording and monitoring follow up of Criminal Record Bureau (CRB) checks and General Social Care Council (GSCC) registration when required. A good flagging system ensures that human resources are prompted five months before renewals are required and managers are informed three months before current registrations expire.
31. A very large majority of institutions, settings and services are good or better at helping children and young people stay safe. At the last inspection the local authority fostering and adoption services were judged to be good overall with a good judgement for staying safe. The level of

childminder settings which are good or better at keeping children safe are a little lower than in similar areas or seen nationally.

Quality of provision

Grade 3 (adequate)

32. The quality of provision for safeguarding children and young people in Barnet is adequate. The development of the early intervention and prevention strategy is coherent, well constructed, involves all the necessary agencies and early evidence shows that it is beginning to demonstrate improvements for families across all levels of need. The use of the common assessment framework (CAF) is increasing well with a high proportion being completed by schools. Good support is provided by designated CAF officers, 'team around the child' meetings and multi-agency coordinators (MAC's) who provide responsive advice to professionals along with Family Focus practitioners who can act as lead professionals for cases. Two multi-agency groups (MAGS), chaired by senior officers, provide a coherent approach to targeting support and using resources efficiently, enabling access to a range of services including CAMHS, targeted youth support, family support, early years child care and the intensive family support service. The multi-agency Safer Families Project, run through three designated children's centres, provides an effective service to victims of domestic violence and their children. Parents speak highly of the support they receive and there is clear evidence of improved outcomes as a result of this service. The family nurse partnership provides intensive and targeted support to teenage parents who have been identified as requiring a high level of support to provide safe and appropriate care to their babies.
33. Service responsiveness and direct work with children and young people who have learning difficulties and/or disabilities is adequate. Most children with disabilities have children in need plans, although the regularity of reviews is variable, with some, but not all, being reviewed on an annual basis or at other times when needs have changed. Parents confirm that transition from children's services to adult services is a concern for them. These concerns have been recognised by the partnership and consideration is being given to restructuring the service. A new Youth to Adult transition strategy document sets out the case for an integrated transitions strategy jointly owned by Adult Social Care and Health.
34. Thresholds for making referrals to social care are well established and understood across the partnership. Social care referrals are responded to in a timely manner with cases allocated appropriately to qualified social workers.
35. The joint screening of domestic violence referrals by children's services and the Police ensures an effective and appropriately proportionate response to meeting children's safeguarding and protection needs. This

effective screening has resulted in a decrease in the number of referrals to the referral and assessment service, with many being signposted to the domestic violence workers within the early intervention and prevention service who then make contact with all victims. Links between social care and the Child Abuse Investigation Unit are good with timely dialogue through strategy discussions where there are safeguarding concerns. Quarterly meetings between senior Police and children's services managers promotes good working relationships. Police powers of protection are used appropriately to safeguard children.

36. The current process for progressing child protection enquiries, whilst not placing children at risk, is not strictly compliant with *Working Together* 2010. The routine use of strategy discussions and follow up strategy meetings results in child protection enquiries being undertaken inappropriately outside Section 47 requirements. A formal decision to classify the enquiries as Section 47 investigations often only takes place at the follow up strategy meeting. This practice has led to some issues with the validity of data and this has impacted upon the true picture for initial child protection conferences being held on time. In some cases schools are not applying the correct safeguarding guidance. For example, inappropriately contacting parents about whom an allegation has been made by their child, before referring the matter to children's social care services.
37. Overall, the quality of initial and core assessments is variable with some of a good standard. Children are recorded as being seen and seen alone where appropriate. The experience of the child however, is not always given sufficient focus. Parents interviewed all reported that they are provided with copies of assessments and are consulted during the assessment process. The use of research to inform practice is not routinely evident in assessments; although where it is included it is appropriate and supports a better understanding of the case. The majority of core assessments are completed within the required timescales. The analysis in core assessments is not always sharply focused, being too descriptive, and in some cases lacks a focus on risk and protective factors. The completion of risk assessments is variable but where they are included they help to identify risks and to construct risk management strategies. There is good access to interpreters and social workers' assessments and casework practice recognise and address the identity and cultural needs of children, young people and families. They are well supported by the social care resources panel which is responsive to requests for additional services to address equality issues.
38. Case recording is well maintained, appropriately detailed and up to date. The valued work of administrative staff is effective in collating comprehensive and accurate information at the initial stage. The completion of chronologies is inconsistent. Those completed chronologies seen, are appropriately detailed and provide a good overview of significant

events. Supervision is regular and recorded on case notes. However, the impact of supervision is not sufficiently effective in most cases seen by inspectors because actions are not given specific timescales and some actions are not being rigorously followed through.

39. Reports to child protection case conferences are generally good with risk and protective factors explicitly considered. All child protection cases are reviewed within timescales. Whilst monitoring of attendance at conferences is undertaken, the monitoring of children and young people attending is not included. Conference chairs meet routinely with families before the conference and offer to meet afterwards. Child protection plans are comprehensive and very extensively detailed. Parents report that they find these difficult to follow and that in some cases the length and detail of the plan makes it unmanageable. Some social workers confirm this view. Contingency plans are routinely entered onto child protection plans and this provides an added rigour to the plan. Plans provides parents and professionals with a clear message that legal action will be taken if the plan is not complied with and children are placed at potential or real risk of significant harm. Core groups are not always held on time.
40. Children in need plans are routinely completed. However, similar to the child protection plan format, some children in need plans are lengthy and in some cases lack a focus on being specific and measurable. Most children with disabilities have plans which inform service provision. However, the review of children in need plans is not routine across the children's services teams.
41. Good arrangements are in place with Harrow emergency duty team (EDT) who manage the service for Barnet. The service is staffed by a manager and a number of staff who all have remote access to the electronic recording system in Barnet, with good information sharing between day time service and EDT. Access to duty managers and service managers is good and responsive. Regular dialogue with service managers on a quarterly basis ensures clear channels for communication. Robust contingency arrangements are in place in the event of a system failure preventing access to the electronic records. Health agencies and foster carers report that they receive a good response from the emergency duty service when they have concerns regarding children and young people.

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

42. The contribution of health agencies in Barnet to keeping children and young people safe is good. Safeguarding policies and procedures are up to date and are regularly reviewed to support changes in national policy, organisational structures and learning from review of local practice. Front line staff clearly understand their roles and statutory responsibilities, are actively engaged in child protection and core group work and ensure

regular monitoring of the health needs and risks to children. All health care records seen were of an adequate or good standard. Designated and named safeguarding staff provide strong leadership and contribute positively to quality assurance and governance arrangements within their own organisations and wider health and council partnerships. The work plans and service level agreements of designated and named safeguarding and children in care staff require further review to accommodate recent changes in health services and to ensure sufficient capacity to support planned changes to inter-agency strategic and clinical commissioning work.

43. Health staff demonstrate good awareness of the importance of gaining consent and communicating effectively with children and their families. Children are spoken to alone and a detailed record is made of their responses. Front line reception staff in walk-in centres and accident and emergency services ensure children's records are complete and up to date.
44. Safeguarding arrangements recognise and are responsive to the diverse needs of children and their families. Faith and cultural issues that may impact on the provision of safe care are appropriately identified and followed up. Health staff, including GPs, are effectively involved in supporting families where there is domestic violence. This is an area where the involvement of health has been reviewed and strengthened.
45. Health staff provide good support to teenage parents and young mothers. The family nurse partnership, although still at an early stage of implementation, is enabling a comprehensive package of support to young women, centred in helping them to problem solve and make safe decisions for themselves and their babies. Health commissioners have increased their investment in health visiting activity and child protection work is effectively managed. However, the caseloads of health visitors and school nurses remain high and challenges remain in recruiting staff to key posts. Action is being taken to strengthen the skill mix of the workforce and to share capacity across teams where appropriate.
46. Safeguarding arrangements for children with disabilities, young people who self-harm and families where parents have mental health needs require further review to strengthen preventative capacity. Although there is prompt follow up and support to young people and their families, including effective support by CAMHS to young people who self-harm presenting to A&E, work with independent health care providers and schools requires development to ensure there is a clear shared joint strategy and procedures for sharing information and addressing risk.
47. Health staff have good and regular access to a range of safeguarding training. NHS trusts have effective monitoring and reporting systems to ensure staff access training at the appropriate level. Provider trusts

achieve the target that at least 80% of their staff receive training in child protection, and some significantly exceed this. Regular supervision and appraisal enables proactive identification of staff requiring additional training or mentoring support. GPs have strengthened their involvement in a range of safeguarding health and multi-agency forums and the new clinical commissioning groups have clearly identified their role and responsibilities in keeping children safe. Some front line health staff report delays in being able to access Level 3 multi-agency training provided by Barnet Council.

48. Medical examinations of children, including those who have been sexually abused, are effectively managed. Children are examined in a suitable environment by appropriately trained staff. There is strong leadership by paediatricians secured by effective partnerships with the Police and children's social care staff, with timely access to support and appropriate equipment, including out of hours.

Ambition and prioritisation

Grade 2 (good)

49. Ambition and prioritisation of safeguarding services in Barnet is good. The local authority and partners demonstrate good ambition and continue to prioritise and effectively safeguard children and young people whilst they respond to new and changing demands to services. Priorities are acted upon and translated into clear actions to deliver positive results.
50. There is strong and effective corporate support from the Lead Member, Chief Executive, Director for Children's Services, senior health managers and the Children's Trust in shaping the vision to ensure a clear focus is maintained in safeguarding. Children's Trust arrangements are effective. The lead member is the chair of the Trust and effectively champions the needs of children and young people. The culture of mutual challenge is accepted and well established. There has been a strong focus on specific areas of concern, for example the increase in child protection plans which has now reduced. However, there has been less focus on the timeliness of core groups and initial child protection conferences.
51. GPs have strengthened their contribution to the work of the Children's Trust, the BSCB, and the Health and Well-being Board. Governance arrangements are secure between the BSCB and the Children's Trust. Whilst there is effective work undertaken by sub groups on behalf of the BSCB, the board itself needs to strengthen its management oversight of the impact and quality of work undertaken on its behalf.
52. The engagement of voluntary sector organisations in the delivery of services across the range of outcome areas is good although some voluntary groups have commented adversely on the short term nature of contracts. A strong commitment to early intervention and prevention is evident with the majority of partners investing resources and demonstrating their commitment to the safer families and family focus

model. Health, education, Police and social care could all provide evidence of the positive outcomes from the family intervention project and family focus work. Within the current financial climate all agencies have ensured that services to the most vulnerable children and families are appropriately prioritised and maintained.

Leadership and management

Grade 2 (good)

53. Leadership and management of safeguarding services in Barnet are good. Governance arrangements within the Children's Trust, the BSCB and the wider council and partners have developed well and are secure. Integration of staff at senior management level between the local authority and health services is proving effective in securing safeguarding outcomes for children and young people. The local authority has recognised that the children's services management structure and organisation requires review in terms of management roles and responsibilities and this review is underway. The development of the Health and Well-being Board has been well thought out with good inclusion of members and agencies across the partnership to ensure continuity and oversight of the delivery of services for children and young people. Management oversight of social care practice is less well developed. Whilst front line and middle managers are visible and active, there is less evidence of their input into improving some aspects of the quality of provision for safeguarding, for example the variable quality of assessments, care plans and supervision.
54. Workforce planning is effective in ensuring that there is a skilled, knowledgeable workforce in place across the partnership to deliver services to children and young people. An accredited course on common core training for the common assessment framework (CAF) is available to all staff across the partnership, enabling staff to gain basic levels of training up to degree level. Social workers are encouraged to access the post qualifying award and undertake the Advanced Practitioner Award. A well regarded graduate training scheme is in place with evidence that social workers have been successfully retained following this training and have moved into Principal Practitioner posts. A newly developed bespoke leadership and management programme has enabled 64 multi-agency staff to gain certificates in leadership and management, with a clear route up to MA level.
55. The voice of the child team, supported by a participation strategy, ensures that there is a strong focus on children and young people having a voice through a variety of groups including the Youth Shield, the Youth Board, and the Role Model Army (the Children in Care Council) which have all had an impact on service design and delivery. Service users are regularly used for the recruitment of staff across the partnership. The Youth Shield and Youth Board have been effective in assisting the council and partners to identify priorities, for example, developing the CAMHS service. A

complaints system is suitably promoted and accessible and most complaints are resolved at early stages. However, the annual complaints report is under developed as it stands and does not provide enough specific information about details of complaints or the key issues raised.

56. Efficient and effectiveness use of resources has ensured that children's services are projected to come in on budget in 2011/12. The North Central London PCT has made savings by actively managing individual cases in acute mental health private placements and there has been increased funding into CAMHS in recent years.

Performance management and quality assurance

Grade 2 (good)

57. Performance management and quality assurance of safeguarding services is good. Overall, performance management is well established and is an integral part of the partnership. Corporate reporting mechanisms are in place and there is a golden thread of performance management information which feeds into the Children's Trust Board and into the senior leadership team of children's services (including health), middle managers and front line workers.
58. The monthly statutory officers group, which includes legal services, ensures that the Chief Executive is up to date and well informed with regards to the performance of children's services. Senior managers with statutory responsibilities provide updates and discuss key issues, for example high risk cases, and performance outcomes. The 'first stats' groups include officers, partners and elected members who ensure that performance across children and adult services is regularly discussed and creative solutions to problems are identified. The Chief Executive meets the Director for Children's Services on a monthly basis, where performance indicators are scrutinised and discussed. The rise in child protection plans has been a regular focus of meetings between the Chief Executive, Lead Member and the Director for Children's Services and the sustained focus on this area has resulted in a reduction in the numbers of children and young people subject to a plan over two years. However, some children remain on child protection plans for extended periods, where a robust children in need plan could be more appropriate.
59. The Children's Trust makes effective use of performance information, including exception reporting. For example, each meeting has a focus on one of three overarching priorities, safeguarding, health and narrowing the gap. Good attention is paid to the diverse needs of local communities. For example, the voluntary and community sector have to date, enabled 50 minority ethnic families to access parenting groups and undertake parenting courses, presented in a variety of languages with services provided sensitive to ethnicity and cultural factors. Young carers have received an increasing focus as the partnership aim to ensure that services

are meeting their needs. Whilst the BSCB receive safeguarding performance information, scrutiny of this data is not robust and there is limited evidence that the board's oversight is having an impact in driving improvements.

60. Multi-agency audits are regularly undertaken and the themes from these audits are fed into management forums and up to the corporate directors group for scrutiny. However, scrutiny of social care practice is not as robust. A newly developed protection panel meets on a monthly basis to examine findings from case audits so that managers have up to date information on quality and trends. However, this information is not routinely shared with the senior management team and there is limited evidence to demonstrate that this work is driving improvements at the front line. Overall the supervision of social workers takes place regularly, although it can lack critical rigour and clear timescales for agreed actions. The audit of safeguarding practice in the disabled children's team undertaken by the safeguarding service accurately reflects the findings of this inspection. Whilst actions are being progressed for improvement, the action plan is also being further developed to include more detail and a specific database is being introduced to support clear measurable improvements. Included as part of these developments are discussions regarding the restructuring of the service.
61. The council has a clear commitment to improve data information. A data governance group has developed creative and innovative approaches to offer focused support to staff at all levels to enable them to meet their duties and responsibilities. Data assistant posts have been created to input family and agency information into the electronic recording system. This ensures that initial information is comprehensive, detailed and accurate, and provides social workers with more time to focus on their work with children and families. All social care staff have electronic tablets, BlackBerry phones and remote access to the electronic recording system to enable them to update their records swiftly and efficiently.

Partnership working

Grade 2 (good)

62. Partnership working to safeguard children and young people in Barnet is good. Strong and mature partnership arrangements, with good communication and cooperation between agencies are leading to improvements in outcomes, service design and the quality and equity of delivery for children and young people. This is clearly evident in the development of the ambitious strategy and model for early intervention and prevention services. Children's Trust arrangements are well established with good involvement from the voluntary and community sector. The Lead Member is the chair of the board and effectively champions the needs of children and young people. Governance arrangements are secure between the BSCB and the Children's Trust. Good links have been established between the Health and Well-being

Board and the Children's Trust with members placed on both boards to ensure good communication and consistency.

63. The BSCB continues to be developed to ensure an effective structure is in place which promotes ownership, accountability and challenge. A wide ranging membership ensures all agencies and services are represented including the adult services safeguarding board representative. However, attendance by all members at meetings is not consistent. The work of the BSCB is well supported by a clear structure in which sub groups and task and finish groups carry out specific work strands. However, the BSCB needs to have a sharper oversight of the work of the sub groups and the impact and quality of work undertaken on its behalf. There is an established children's and adults services cross generational sub group which links the two services well. The Child Death Overview Panel (CDOP) is well managed with close links to the serious case review sub group. The serious case review sub-group has a wider remit in supporting learning from reviews and has carried out a SCIE case review as part of a London pilot. This has identified learning and improvements in practice for a range of multi-agency front line staff. The BSCB benefits from a group of young people, Youth Shield, who participate in meetings and were funded to carry out a very successful young people's consultation to identify issues of concern to them.
64. Good partnership work takes place through the multi-agency domestic violence strategy group which includes the voluntary and community sector, resulting in improved support and services to victims of domestic abuse. Partners have also worked effectively to create the special court system to deal with domestic violence cases which has resulted in an increased conviction rate and perpetrators pleading guilty at their first court appearance. Further cooperation has led to the probation service providing staff to cover the special court work and a legal adviser provided by the Police.

Services for looked after children

Overall effectiveness

Grade 2 (good)

65. The overall effectiveness of services for looked after children, young people and care leavers is good. Outcomes in respect of being healthy, staying safe, enjoying and achieving, making a positive contribution and economic well-being are all good. The council and partners provide effective management and leadership, including through elected members, to secure a wide range of services across the borough to meet the diverse needs of the looked after population.
66. Workforce development and safe recruitment strategies are suitably prioritised to ensure children and young people are provided with services by skilled and suitably qualified people.

67. Performance management processes are firmly embedded and performance targets are being set which are increasingly stretching. Quality assurance systems are less well embedded which is reflected in the variable quality of assessments, case recording and care planning, although most of the work is at least of an adequate standard with some good examples. Performance information is shared with relevant committees and boards but reports on service quality are not routinely available. Case files are audited but the process is not sufficiently challenging, particularly in relation to the quality of practice and direct work with children, young people and parents.
68. Children and young people on the edge of care are appropriately identified with good examples of service provision to help keep them within their own families and communities. Permanency principles are being applied in order to secure children in stable families but the policy in this regard is not yet sufficiently robust or consistently applied across all services.
69. The timeliness of case reviews is good and participation levels in reviews are also good. Nevertheless, some children and young people report dissatisfaction with the number of social workers they have had and in some instances feel social workers should have responded more quickly to specific requests.
70. The council and partners make considerable effort to gain the views of looked after children and young people through a range of methods. The Care4Me survey, as part of this inspection, shows a good level of general satisfaction from looked after children and young people in respect of feeling safe, their health promotion and access to other support services. The Borough utilises the London Pledge which explicitly sets out partnership commitments to looked after children and young people but most looked after children and young people spoken to reported they are unaware of its existence.
71. Commissioning arrangements are robust with many good examples of well organised and monitored service provision which supports the care of looked after children and young people. There are good examples of partnership working, including with voluntary sector organisations and North London Consortia.

Capacity for improvement

Grade 2 (good)

72. The capacity for improvement is good. The partnership is demonstrating its commitment to continuously improving services for looked after children and care leavers leading to good outcomes. There is an improving trend in performance in most outcome areas and there are good examples of services producing positive outcomes for children. Good overall performance management arrangements drive improvement, although front line auditing arrangements need to be made more effective.

73. Leadership within children's social care is effective. The trend in service improvement is good with examples where performance has improved in recent years to be in line with, or above, similar areas and national averages. A good workforce development strategy is in place and staff experience, skills and stability are good. Staff across the partnership report they enjoy working in the borough and demonstrate commitment to the values of the partnership and sense of direction. Although the capacity of the looked after children's nurse team has been strengthened, a designated doctor has not been appointed as required by statutory guidance. Healthcare commissioning with NHS Barnet are aware of this gap and are highlighting this as part of their commissioning plan.
74. The council's commissioning strategy for looked after children and young people clearly identifies the challenges in providing a sufficient range of placement options. The council is aware of this and their analysis is being used to implement strategies to maintain the range and quality of its own service provision. The strategy to reduce the looked after population rightly includes the increased use of Special Guardianship Orders (SGO) and securing and supporting placements with families and friends.

Areas for improvement

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

Within three months:

- ensure looked after children and young people are made aware of the existence of the Pledge and how they can use this to monitor the commitment of partners to providing good quality care and support
- ensure that robust case audit systems and reporting mechanisms in both looked after children and safeguarding services are sufficiently challenging, particularly in relation to the quality of practice and direct work. Ensure that audit findings are routinely shared with the senior management team to drive improvement
- develop the existing mechanism to support complaints to ensure that there is a framework for annually reporting to relevant committees and boards on representations and complaints by looked after children and young people to include issues of service quality and practice.

Within six months:

- develop and implement an explicit permanency policy to secure long-term, stable and legally protected placements for looked after children

- ensure longer-term looked after children are provided with permanent and legally secure placements.

NHS Barnet and NHS providers take action to:

- appoint a designated doctor for looked after children to strengthen the capacity of health staff to support the work of the designated nurse for looked after children.

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

Being healthy

Grade 2 (good)

76. The health of looked after children and young people is good. Health outcomes for most children and young people who are looked after have continued to improve and risks to their well-being are effectively monitored. Performance in ensuring regular dental and optical checks is good. The designated and specialist nurses, co-located with the council's corporate parenting team, support the timely identification of individual needs and ensure strong partnership working, including focused work with young people who require specialist or intensive support. There is good information sharing and joint working between health and children's social care staff, and with foster and adoptive carers to ensure the health needs of children are effectively met. Transition arrangements to adult services have been strengthened and are adequate. Care leavers who require ongoing support from adult health, disability or mental health teams have their needs clearly identified.
77. Young people are supported to take responsibility for addressing their own health needs. The Role Model Army, a consultative group of looked after young people, has recently produced a DVD for health staff to enable them to improve their awareness of young peoples' views and experiences of health care. Children who may be at risk of sexual exploitation are closely monitored and young people are encouraged to access local sexual health and contraceptive services. Effective support is provided by the nurse working with the youth offending team to ensure children in custody have their health needs appropriately met. Three looked after young people who are parents are currently supported by the family nurse partnership and receive intensive support to help them develop parenting skills.
78. An additional specialist nurse has been appointed to support the work of the designated nurse, although work is needed to ensure outcomes are more robustly monitored, including for those with specific health needs. The joint strategic needs assessment recognises that children who are looked after are vulnerable to poorer health outcomes, but this is not sufficiently analysed or used to evaluate the effectiveness of existing

health provision. Barnet does not currently have a designated doctor for looked after children contrary to statutory guidance, and as a consequence some strategic work in supporting better outcomes for looked after children is not sufficiently well coordinated.

79. Children and young people actively participate in their health assessments. They are encouraged to provide feedback on their wishes and feelings through the use of consultation booklets in advance of their statutory reviews. Health assessments are comprehensive and include substance misuse and sexual health checks. Cultural and faith needs are clearly identified and effectively met. Strengths and difficulties questionnaires (SDQs) are routinely used to identify risks to young people's well-being. Children's emotional and mental well-being is clearly identified, joint working with CAMHS is effective and they are actively involved in developing the health plans for looked after children. Case records provide a clear history of children's health checks and immunisations, including for care leavers. Training provided to foster carers includes healthy lifestyles, medication management and first aid skills. The transfer of health records is well managed when people move in to or out of area.

Staying safe

Grade 2 (good)

80. Staying safe outcomes for looked after children and care leavers are good. Children and young people in need of care are suitably identified and robust systems are in place to monitor those children and young people on the edge of care. Action is taken promptly if children or young people cannot remain with their families and need to be admitted into care.
81. Good training opportunities are provided to carers to enable them to provide appropriate levels of support to looked after children and young people and to raise awareness of safeguarding matters. Family finding activity has been extended through carefully planned campaigns and this is leading to an increase in the pool of carers available within the Borough. Good work is also being undertaken within the North London Consortium to recruit more carers and to ensure they are given all the help and support needed.
82. Placement stability is improving and is now in line with national average performance. The number of children and young people with three or more placements during the year is now below the target of 9% which is good.
83. Nearly all children and young people who responded to the Care4Me survey as part of this inspection reported that they feel safe or very safe in their placements and know who to speak to if they feel unsafe. A high proportion of children and young people surveyed (83%) indicated that they were satisfied with their current placements, although a similar level

felt they did not have a choice of placement. Leaving care services are suitably sensitive to safeguarding issues and all placements are carefully vetted before being made.

84. All looked after children are allocated a suitably qualified social worker who visits them regularly. Reviews are conducted by independent reviewing officers (IROs) and are all completed on time. Young people are supported to attend their reviews and nearly all contribute in various ways.
85. The complaints system for looked after children makes good use of advocates to support children and young people in making complaints about the care they receive. Most complaints are successfully resolved at an early stage and IROs routinely ensure children and young people are aware of the process. The annual complaints report is not effective as a monitoring and planning tool in its current form. An independent visitor scheme is in the early stages of implementation with 16 visitors trained and three matches made with young people. A further 12 matches are planned to be in place by June 2012.
86. Good arrangements are in place, including the role of the Local Authority Designated Officer (LADO), and are used effectively to recognise and deal with allegations against members of staff and any potential or significant safeguarding concerns affecting children or young people. Strategy and review meetings deal with specific issues and good links between the LADO and the complaints service ensure information is shared well.

Enjoying and achieving

Grade 2 (good)

87. The impact of services in enabling children and young people to enjoy and achieve is good. The borough is committed to improving educational outcomes for looked after children and young people and narrowing the gap between these young people and others in the borough is a priority. The borough takes its corporate parenting role seriously and there are strong links between the borough's corporate parenting function and the work of the virtual school team. School placements are reviewed carefully, whenever possible looked after children are placed in good or better schools and the virtual school ensures schools meet the needs of individual pupils. Almost all looked after children and young people placed in Barnet schools are in good schools as are 66% of those placed externally. There are no children or young people in inadequate schools.
88. Working relationships between the virtual school team and schools and other settings are good and virtual school staff advocate well on behalf of children and young people. The virtual school monitors the progress of looked after children and young people carefully. Good use is made of data to track the progress of children and young people year on year and the approach adopted provides an accurate overview of the impact of interventions on outcomes. Personal education plans (PEPs) are

satisfactory overall, reviewed every six months and identify broad improvement targets. In order to achieve the council's aim of narrowing the attainment gap between looked after children and others, the virtual school has correctly identified the need for PEPs to focus more robustly on raising attainment and is implementing new arrangements, including revised PEPs. These revised PEPs are of a good quality, provide a clear overview of attainment and progress and set well considered targets for improving both attainment and children and young people's enjoyment of school. Approximately a quarter of looked after young people received additional tuition in 2011. This is monitored carefully by schools and the virtual school and in almost all cases additional tuition was effective in improving behaviour and attainment.

89. The attainment of looked after children at Key Stage 1 matches that of other pupils in the borough. Over the last four years overall attainment for looked after children improved at Key Stage 2 and the gap between looked after children and others in the borough narrowed. Attainment in English at Key Stage 2 has improved significantly over the last four years and is consistently above that seen nationally or in similar areas. Initiatives to improve children's reading have been effective as has support targeted to individual children. At Key Stage 2 in 2011, half of the looked after children in Barnet were Black African, Black Caribbean or mixed race and attainment was in line with other Barnet looked after children at this age.
90. Up to 2011, young people in Barnet had done better at Key Stage 4 than young people nationally or in other areas. In 2011 33% more looked after young people had statements of special educational needs than in previous years and this affected overall attainment levels. Despite this high level of need, 37% of young people achieved five A-G grades. Overall, looked after children make satisfactory or better progress at Key Stages 1 to 2 and Key Stages 2 to 4. Of the borough's care leavers 15% are at university and predictions for 2012 are higher.
91. The virtual school works closely with schools to minimise incidences of exclusion. There have been no permanent exclusions of looked after children for the last three years and levels of temporary exclusion are in line with the national average, although higher than in similar areas. Young people becoming looked after following permanent exclusion have made progress at the pupil referral unit.
92. Looked after children and young people are encouraged well to participate in additional out of school activities including sport, music and dance and those under the age of 18 have free access to leisure centres. Local data indicates that over 90% of children and young people participate in some form of after school activity, which is important in helping to improve their self esteem and development. Access to activities is an important part of personal education planning. The virtual school team ensures young

people have access to, and are provided with, computers and this was confirmed by children and young people.

Making a positive contribution, including user engagement Grade 2 (good)

93. Opportunities for looked after children and young people to make a positive contribution are good. Elected members are committed to listening to the views of children and young people and to giving them opportunities to influence the development of services. They have a range of opportunities to express their views through surveys and response rates are consistently high. The Borough's commitment to listening to children and young people is underpinned by effective advocacy and the emerging independent visitor service. Case files and local authority data show that almost all children and young people contribute to their reviews and children and young people's achievements are celebrated. Young people are encouraged to participate in activities such as the Duke of Edinburgh's award scheme which is delivered more flexibly to engage vulnerable groups.
94. The Role Model Army, the Children in Care Council, enables children and young people, including those with disabilities, to express their views and contribute to the development of policies and practice. However, representatives of the Role Model Army have indicated that their views are not always fully considered by senior managers and elected members. Looked after children and young people are also represented on the Barnet youth board who have helped to develop materials to inform social workers, counsellors and other staff about their views of care and how professionals engage with young people in care. Young people have also produced a useful booklet which provides information and advice for young people coming into care, although young people report that they have not been supported to ensure it is widely circulated.
95. Looked after children and young people have been involved in the appointment of senior staff in children's services and feedback from appointment panels comment favourably on their contribution and maturity. The borough has not developed a local Pledge but use the London Pledge to enable looked after children and young people to have a voice about the services they should reasonably expect to receive. However, a significant number of looked after children and young people report they are unaware of the Pledge. Young people in foster care have produced information about living in a foster home and prepared family profiles for children about the families they are joining.
96. The number of looked after children and young people in Barnet who offend for the first time is lower than in similar areas and decreasing, and the rate of reoffending is in line with similar authorities. The Police work

well with schools and support services to reduce incidences of bullying and their contribution is effective and appreciated.

Economic well-being

Grade 2 (good)

97. The impact of services to enable looked after children and young people to achieve economic well-being is good. Work starts in schools in Year 9 to prepare looked after young people to progress to education or training programmes after the age of 16. When agencies identify young people at risk of not transferring successfully at the end of Year 11, additional support and guidance is provided.
98. This planning and support is increasingly effective and data provided by the authority indicates an improving trend in the proportion of looked after young people who progress to education, employment or training at the end of Year 11 with a success rate of 87% in 2011.
99. Barnet College works well with the virtual school and the leaving care team and provides a wide range of provision at all levels for those cared for by the local authority. Where appropriate, looked after children follow programmes for 14-16 year olds at the college. The council recognised the need for more specialist provision for those who are not in education or training at 16 and has developed a range of programmes with training providers. These focus on developing personal, social and IT skills and provide work experience.
100. Pre-apprenticeship training and a new 26 week programme designed specifically for 16-18 year olds in care help to develop work skills. The council now provides five apprenticeships for young people looked after and the Borough has commissioned an apprenticeship agency to promote further apprenticeship opportunities. The virtual school reviews young people who are not in education, employment or training every six weeks and interventions are implemented or amended. Actions to re-engage young people who did not progress successfully at 16 are beginning to improve outcomes. The number of care leavers in education, training or employment at the age of 19 increased to 67% in 2011 which is in line with similar areas and above the national average. The Borough has also been successful in supporting young people to progress to higher education with 15% of care leavers currently at university. Over 25% of 19 year-old young women leaving care were mothers in 2010 and 2011 but most were continuing with education or training or had gained qualifications.
101. Planning for those with special educational needs starts early and is effective in identifying appropriate options for progression at age 16. Parents and carers of young people with disabilities expressed their view that procedures and timescales were not always clear and the local

authority has taken action this year to clarify these aspects and strengthened arrangements for communicating with parents and carers.

102. Although staff in the leaving care team provide additional support to help young people prepare for independent living, those young people who spoke to inspectors expressed the view that the preparation they receive is not always sufficient. Pathway plans are prepared and completed for all young people within timescales but are not always effective in supporting the progression from school to post-16 provision.
103. Almost all care leavers are in suitable accommodation and an appropriate range of accommodation is available to meet different needs. Appropriate temporary accommodation is available for homeless young people and advocacy services are often successful in supporting young people to return home through mediation. The leaving care and housing teams are careful to match accommodation to individual needs and the wishes of young people, although young people who spoke to inspectors expressed the view that more supported and independent living accommodation is needed. In response the council has recently invited tenders to increase the availability of specific types of accommodation.

Quality of provision

Grade 3 (adequate)

104. The quality of provision for looked after children and young people is adequate. The threshold is clearly defined to decide whether a child or young person needs to become looked after. These decisions are taken by senior managers who maintain good oversight of all children and young people on the edge of the care. Programmes successfully support families to sustain placements at home or help in returning young people home when appropriate.
105. The quality of assessment and direct work with children is at least adequate and in some instances good. However, case files seen by inspectors and those audited by council staff identified some common areas for development which related to the variable quality of assessments, case recording and care planning. Early case planning and action is generally robust, with good legal support and advice, but an element of planning drift is noted in some longer term cases where planning sometimes emphasises maintaining sibling contact at the expense of securing permanent and secure placements.
106. Some examples of direct work with children and young people and parents are recorded. However, recording is not consistent and in several cases seen by inspectors, planning aims and objectives are set in too broad terms, which makes it difficult to understand what outcomes are intended and within what timescales. For example, in some looked after children's cases the same actions have been identified in successive reviews without final resolution. Case recording overall is of variable quality and work

which has been undertaken with children, young people and parents is not always recorded in a timely manner.

107. Children and young people with disabilities who become looked after are effectively assessed and good attention is given to securing good quality placements with appropriate support through joint agency working. Respite care arrangements are suitably monitored and reviewed although the amount of respite care provided to some families is limited. Parents who met inspectors expressed a view that the range of respite care could usefully be expanded to relieve times of significant family pressure and crisis.
108. Managers maintain oversight of cases and there is evidence of regular staff supervision. However, supervision recording does not always provide robust directions or define timescales to support staff to manage their cases effectively.
109. Social work staff and managers work hard to provide permanent placements for young people who become looked after and there are good examples where adoption has been achieved in a timely fashion for children who cannot safely return to live with their natural families. However, the absence of an effective permanency policy means that relevant services are not systematically provided in a coherent way to children and their parents at each stage and this can delay the process. A permanency panel is in place to oversee cases and this is aiding early decision making in some cases.
110. Good legal support is also available with evidence of well considered court applications in order to secure children's futures. The number of adoptions and Special Guardianship Orders for looked after children and young people is increasing and is currently above the council target of 9%. Some parents of looked after children and young people were positive about the help and support they had been given. Others, particularly parents of children and young people in long-term care, expressed dissatisfaction with the services they had received where they feel the focus of attention has shifted away from reconciliation and return home.
111. Adoption support services are good. Workers in this field are very experienced and provide imaginative approaches including post adoption support to parents, carers and children. The timeliness of placements of children following the agency adoption decision is improving and since April 2011 only two placements have been out of time and the delays were for good case planning reasons.
112. Out of borough placements for all looked after children and young people are well monitored through the review process, the completion of statutory visits by social workers and ongoing evaluation by procurement staff. In the cases seen, health assessments, personal education plans and

pathway planning, where appropriate, were all up to date. Access to CAMHS is good.

113. Performance on the timeliness of reviews for looked after children and young people is very good and reviews are held within timescales. IROs organise their caseloads to retain the same cases which means they develop a good knowledge of the children, who report that they like having the same reviewing officer. The Care4Me survey indicates that a high proportion of children and young people feel their reviews are conducted well, they know who their reviewing officer is and they understand their care plan. The level of independent challenge to ensure all plans are actioned within a reasonable timescale is variable and some plans are repetitive because sufficient progress has not been made.
114. The majority of children and young people who met inspectors confirm that they enjoy positive relationships with their carers, social workers and other support staff although some expressed concern about changes of social worker and their failure to respond quickly to requests for information. The advocacy service quarterly monitoring report in October also identified that some young people felt social workers do not spend enough time with them, do not respond to telephone calls or text messages and promises are not always kept.
115. The council is currently supporting 66 unaccompanied asylum seeking children and young people up to the age of 25 years. Services to unaccompanied asylum seeker children and young people are effective, sensitive to religious and cultural needs and regarded positively by the young people themselves. Age assessments are completed in a sensitive and timely manner and young asylum seeking people are supported well in appropriate placements.

Ambition and prioritisation

Grade 2 (good)

116. The council and partners demonstrate good ambition and prioritisation for looked after children and care leavers leading to good outcomes overall. Corporate parenting arrangements are established and elected members are committed to raising levels of aspiration and attainment. The inclusion of young people within the corporate parenting board is also ensuring that the voices of looked after children are being represented. The board is rigorous in highlighting that all council departments are responsible for corporate parenting. Health services fulfil corporate parenting responsibilities well, including to children and young people who are looked after and placed out of borough. Achievement and attainment are regularly celebrated with good attention given to the efforts of individual children and young people whether academic, practical or helping others.
117. Senior managers across the partnership have established a culture of service improvement and set realistic targets for services. Resources are being appropriately provided in response to increasing and changing

demands with a greater emphasis on targeting and commissioning. Joint commissioning is effective in the borough with good examples of innovation to meet identified need.

Leadership and management

Grade 2 (good)

118. Leadership and management of services for looked after children and care leavers are good. Joint strategic plans provide the framework for service delivery and expectations in terms of objectives and standards. National indicators are used to monitor key targets and the priorities set out in plans. Corporate parenting training is provided for elected members to enable them to fulfil their responsibilities. There is close scrutiny of children and young people on the edge of care to ensure that services are available to prevent family breakdown if this can be achieved safely and is in the interests of the children concerned. Family support and early intervention services are used well to support vulnerable children, young people and families and these services are being increasingly well targeted.
119. Looked after children's cases are allocated to suitably trained staff and staff training and development opportunities to maintain skill levels are good. Workforce development arrangements are in place and workforce stability is generally good, although some children and parents have commented on the high number of social workers they have had. Fostering champions work with different communities to help increase the number of foster carers from different faith and minority groups.
120. Leadership at team level ensures the timely completion of assessments and plans. However, management intervention to ensure that the quality of front line practice is consistent is less effective, particularly where it is deemed that children and young people are in stable placements and they seem to be making satisfactory progress. Managers pay good attention to the diverse needs of children and families and take appropriate steps to ensure these are considered in case planning. Where necessary, advocates and interpreters are commissioned to enable children and young people to access services and make representations.
121. Commissioning arrangements for a wide range of services for looked after children and young people are robust. Placement monitoring is also rigorous including for children and young people being looked after out of borough. Financial management is good with a clear focus on achieving efficiencies and value for money. Where additional resources have been required to meet increasing demands for services or changing needs elected members have been proactive.

Performance management and quality assurance

Grade 2 (good)

122. Performance management and quality assurance arrangements for looked after children and young people are good. Performance management is given a high priority across the partnership. Good corporate reporting arrangements are well established and senior managers across the council receive regular information about the performance of children's services. The Chief Executive and the Director of Children's Services meet regularly and performance data are discussed. The council's commitment to using and improving data is evidenced in the establishment of a data governance group who have developed effective arrangements to support staff in delivering services effectively.
123. Current systems for performance management are good at measuring performance against indicators. The use of case audits is less effective and requires further work to develop a robust system which will help managers and staff deliver consistently good quality casework. All social care staff are provided with the equipment needed to undertake their roles and maintain recording up to date. Overall performance is on an improving trajectory against increasingly stretched targets. Performance in respect of regulated provision is judged to be good overall.

Record of main findings:

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