

Inspection of safeguarding and looked after children services

London Borough of Merton

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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 three of Her Majesty's Inspectors (HMI), one additional inspector and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - 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, and information from the inspection of local settings, such as schools and day care provision
 - a review of 71 case files for children and young people with a range of need. This provided a view of services delivered 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 December 2010
 - interviews and focus groups with front line professionals, managers and senior staff from NHS Sutton and Merton, the Royal Marsden NHS Foundation Trust, South West London and St. George's Mental Health NHS Trust, and Epsom and St. Helier University Hospitals NHS Trust.

The inspection judgements and what they mean

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

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
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. Merton is an outer London borough situated to the south west of central London and covers 14.7 square miles. Predominantly suburban in character, it is divided into 20 wards and has three main town centres; Wimbledon, Mitcham and Morden. Merton has a population of 208,794, including 46,785 children and young people aged 0-19. The population as a whole is predicted to increase by 16% by 2025. Merton has a younger population than the England average and there has been a significant increase over the last few years with 2,535 births in 2002 rising to 3,521 in 2010, a net increase of 39%.
5. A key characteristic of the borough is the difference between the poorer, more deprived east (Mitcham), and the wealthier, more prosperous west (Wimbledon). Merton is less deprived than the national average, but some areas are amongst the 30% most deprived across England for children. About 45% of Merton school pupils live in an area of deprivation. The proportion of children and young people entitled to free school meals is 16.3%.
6. Merton is the 23rd most diverse local authority nationally, and the 18th most diverse London borough, with a minority ethnic population of 25% (2001 census). The projected rate in the 2011 census is in the region of 37%. The east of the borough is more diverse than the west, with the minority ethnic population rising to around 50% in some wards. In addition, pupils in Merton schools also come from a more diverse background, with around 60% from minority ethnic groups. Over 160 languages are spoken in Merton schools. The proportion of pupils with a first language other than English is 38.3%. The borough has, in particular, concentrations of Urdu speaking communities, Sri Lankan, South African and Polish residents.
7. The Children's Trust has been established since 2005. The Children's Trust Board has a very wide membership drawn from key agencies including children's social care services, NHS trusts, the Police, schools, Connexions, Jobcentre Plus and representatives from the local community and voluntary sector. The Merton Safeguarding Children Board has an independent chair and brings together the main organisations working with children, young people and families to deliver safeguarding services. The recently established shadow Health and Wellbeing Board includes appropriate representation from children's services, including the Director of Children's Services.
8. Early years child care and nursery education are provided by 344 childminders; two day nurseries run by the local authority and one by a maintained school; one family centre; one intergenerational centre; 11 children's centres; 31 pre-school play groups; nine independent school nursery units; 39 private nurseries; 43 maintained schools with 107 nursery classes, and one special school with one nursery class.

9. Primary and secondary education is provided by 43 primary schools; six secondary schools; two academies; three special schools and one pupil referral unit. A virtual school is provided for children and young people who are looked after. Post-16 education is provided by a sixth form campus of a further education college located in the borough and by 10 secondary schools, a special school and academies with sixth forms. The sixth forms work in partnership and one secondary sixth form is federated with the further education college.
10. Community-based social care services are provided by one access and assessment team, one children in need team, one safeguarding children team, one vulnerable children's team and an integrated service for children with special educational needs and disabilities. A shared emergency duty team is hosted by the London Borough of Sutton. At the time of the inspection 130 children were the subject of a child protection plan.
11. At the time of the inspection there were 133 looked after children. They comprised 24 under five years of age, 85 children and young people of school age (5-16) and 24 looked after young people aged 17-18. The council and its partners were supporting 72 care leavers. There is one looked after children team and one leaving care service. Children's social care services have 40 fostering households and one residential respite unit for children and young people with learning difficulties and/or disabilities. Residential services and additional foster placements are commissioned from registered and approved independent providers.
12. Commissioning and planning of NHS services and primary care are carried out by NHS Sutton and Merton. In April 2011 NHS Sutton and Merton came together with the four primary care trusts in South West London (NHS Croydon, NHS Kingston, NHS Richmond and NHS Wandsworth) to form NHS South West London. NHS Sutton and Merton commissions the Royal Marsden NHS Foundation Trust to provide a comprehensive range of children's community health services. Community paediatricians and community children's nursing services are commissioned from Epsom and St. Helier University Hospitals NHS Trust. South West London and St. George's Mental Health NHS Trust is the main provider of specialist mental health services to children and young people throughout Merton. Acute hospital services are provided by hospitals in neighbouring boroughs.
13. Policing services are provided by the Metropolitan Police. Services to children and young people who are at risk of offending or have offended are provided through the Merton Youth Justice Service. There are no Young Offender Institutions in the area.
14. In excess of 100 voluntary and community sector organisations across the borough work with children and young people, some 40 of which provide services directly commissioned by the council's Children, Schools and Families Department and Children's Trust partners.

Safeguarding services

Overall effectiveness

Grade 2 (good)

15. The overall effectiveness of safeguarding services is good. The council and its partners and elected members in Merton have identified and secured demonstrable improvements to services, which are contributing to improving outcomes for children and young people. Senior managers have a clear and shared vision and a determination to improve services, based on very good knowledge of the needs of children and young people in the borough. Targets for improvement are ambitious and are kept under close scrutiny. Some improvements to health and children's social care services, particularly at an operational level, are relatively recent and some aspects of services such as child protection plans and the use of chronologies require further strengthening, but most areas for development are known and are being tackled.
16. The commitment to learning is impressive, and is demonstrated through the use of peer review, self evaluation, good quality training and access to research, and the increasing use of audits. Performance management information is used effectively to secure improvement, for example with the significant improvement in child and adolescent mental health services (CAMHS) waiting times.
17. Partner agencies and voluntary and community organisations across the partnership benefit from good training opportunities. Children's social care services have significantly reduced the dependence on agency staff and have a programme in place to support unqualified workers on social work training courses.
18. The views of children and young people have contributed to service development, for example through the Youth Parliament, the Young Advisers and young people with disabilities, and young people have grown in confidence and skill through their involvement. Young people have also been involved well in the commissioning process for Catch 22, the local substance misuse service.
19. Partnerships, including through the Merton Safeguarding Children Board, are well established and have been maintained through the significant changes within the health economy. Partnerships with the voluntary and community sector are outstanding.
20. Resources are used effectively to improve the quality of services, and elected members have protected children's social care services from the most severe budget cuts.
21. Information sharing between children's services and adult social care services with regard to transition arrangements for children with complex

needs is not robust, meaning that no service has a holistic view of the needs of the young person. Social work staff within the integrated service lack sufficient child protection experience, resulting in some practice which is not sufficiently rigorous.

Capacity for improvement

Grade 2 (good)

22. The capacity for improvement is good. The local authority and its partners have a consistent record of improvement. The clear vision for improving outcomes, supported by effective plans, is shared across the partnership, and services are led by experienced managers who have drive and determination, supported by good political scrutiny. Children's social care services are working well with health agencies through a period of major change, to ensure that safeguarding continues to receive high priority. This has been particularly effective with the transfer of services from the Primary Care Trust (PCT) to the Royal Marsden NHS Foundation Trust.
23. The Merton Wellbeing Model, which describes the thresholds for services, is well understood across the partnership. The common assessment framework (CAF) is firmly embedded in the Merton Wellbeing Model. It underpins effective multi-agency interventions that safeguard children, reduces referral to statutory provision and informs the commissioning of services. Examples of effective joint and multi-agency preventative work in children's centres show much success in improving outcomes for the most vulnerable families.
24. Workforce planning and development are leading to improvements in the effectiveness of the workforce, and staff are positive about the support they receive.
25. Engagement with children and young people is effective, although less so with parents and carers. The council and partners recognise that there are opportunities for further development.

Areas for improvement

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

Within three months:

- ensure that referrers to children's social care services are consistently informed of the outcome of their referrals
- improve monitoring arrangements for Section 47 investigations so that the timeframe from the strategy discussion to the initial child protection conference is clear, and any reasons for delay are explored

- strengthen the management oversight of child protection work in the integrated team for special educational needs and children with disabilities, to ensure that safeguarding arrangements for children with disabilities are secure and that child protection plans are progressed effectively
- improve the transition arrangements for children with disabilities (whether living at home or looked after) to ensure that the information held by all agencies is integrated into a plan that provides a comprehensive understanding of the child's needs and the actions to be taken
- improve the timeliness and quality of communication between parents of children and young people, and children's social care staff, to ensure that parents feel that their concerns are listened to
- ensure that case recording and chronologies on case files are timely and of consistent quality
- put a plan in place to ensure the systematic reviewing of the progress of children aged between 2½ and 3½ years old, so that their health and developmental needs are identified before they start school
- revise the process for arranging appointments later in pregnancy to ensure all cases are tracked and emerging needs are identified promptly by midwifery services
- South West London and St. George's Mental Health NHS Trust to identify any staff who have yet to receive safeguarding children training and ensure that appropriate training is delivered
- South West London and St. George's Mental Health NHS Trust and Epsom and St. Helier University Hospitals NHS Trust to ensure that staff working with families where there are child protection plans or child in need plans access supervision by appropriately trained staff on a regular basis, and that robust monitoring mechanisms are in place.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (good)

27. The effectiveness of services to ensure that children are safe, and feel safe, is good. Safeguarding provision is judged to be good or better in most service, setting or institutional inspections. Recent surveys show that children and young people feel safe inside and outside school. They also

- report that there is a good range of successful multi-agency action to keep them safe.
28. Policies and procedures to ensure safe recruitment within children's social care services are good. Risks are managed effectively and Criminal Records Bureau disclosures are repeated every three years. Arrangements for managing allegations against people who work with children are adequate. Allegations are handled in a timely way, cross borough arrangements are effectively managed and the outcomes of allegations are appropriately reported to registered bodies. The role of the local authority designated officer is now being promoted more effectively across the partnership. However, the council cannot with confidence evidence that the number of allegations is appropriate and that they come from a sufficiently wide range of agencies as the collection of data has, until recently, been poor.
 29. A strong culture of safeguarding children and young people permeates the work of teams that are held to account by the Merton Safeguarding Children Board. Processes for the monitoring of private fostering arrangements are good. Young people are visited at the required frequency and there is good awareness of their safeguarding needs.
 30. Safeguarding in settings for learning is of the highest priority and services and agencies work very well together. Excellent multi-agency training and clear and well established procedures improve the capacity of schools to safeguard effectively. A comprehensive annual safeguarding audit is highly valued by schools and used extensively to improve practice.
 31. The prevention of bullying in schools and other settings for learning and leisure is high profile and shows considerable success. The comprehensive anti-bullying strategy focuses strongly on prevention. Excellent data and rapid sharing of information between services and partners identify groups and individuals vulnerable to bullying. Good initiatives in the community include strong partnerships with the Police in the prevention of bullying on public transport when travelling to and from school.
 32. Effective multi-agency work, a good range of alternative provision and good identification of risk helps to prevent young people from being excluded from school. Fixed term exclusions are subject to robust debate within the local authority. Elected members have commissioned a scrutiny review that recommends a range of suitable actions and an audit of each school has identified key contributory issues. Outcomes have included more preventative provision for the most challenging young people, work in individual schools and the sharing of good practice. Effective support from multi-agency teams, targeted provision, and casework with children and families prevents exclusion in primary schools.
 33. Permanent exclusions from secondary schools have risen from 19 to 24 in the past year, mainly as a result of one-off serious incidents, and a strategy to prevent exclusions through managed moves is well underway. Good

communication with other councils ensures the safeguarding of young people permanently excluded from secondary schools who live outside of the borough and prevents them from missing education. Young people who are excluded from Merton schools and who live in the borough receive timely, effective and sensitive multi-agency support to return to learning.

34. Documentation for parents and carers of children educated at home provides clear and helpful guidance. Management information is used well to assess risk, regular monitoring offers good advice and statutory powers are used, albeit infrequently, to secure appropriate provision.
35. Comprehensive multi-agency guidance for children missing from education secures clarity in the roles and responsibilities of professionals and clear procedures are followed well by agencies. Good use of data enables the identification and tracking of groups at risk of missing education and the CAF is used well for individual cases. Targeted work to improve attendance and to reduce persistent absence results in attendance that is above that in similar areas and nationally in primary and secondary schools. Persistent absence rates are below the national rate in both school settings.
36. Partnership arrangements for the prevention, identification, retrieval and support of children missing from home or care are good. When children are found they are de-briefed by the Police and then referred to a voluntary organisation for independent support. Data on missing children are interrogated and looked at in relation to children at risk of sexual exploitation and trafficking, to ensure their protection.
37. Parents and carers of children and young people with disabilities identify some excellent services including good provision for short breaks, especially for children with complex needs. Nevertheless, some are not aware of the range of services available and others express concerns about gaps for children aged between five and eight. Some parents report a lack of systematic support from the special educational needs team, and poor arrangements for transition to adult social care services are seen as major concerns.
38. Children and young people who met with inspectors report that their views and feelings are taken into account, and they are treated with respect by the staff and elected members with whom they come into contact. Young carers value the support they receive and report that their views are listened to when planning activities. Funding for the service is currently being reduced and eight young carers recently met elected members to talk about the impact of this.
39. The language, ethnic and cultural needs of children and young people are considered well in assessments and planning. Interpreters have been provided, with documents translated if required. Inspectors saw good examples where social workers had shared their assessments with young people and captured their views about plans.

Quality of provision

Grade 2 (good)

40. The quality of provision is good. The Merton Wellbeing Model clearly explains levels of risk, and partner agencies understand the relevant thresholds for referrals. Systems for child protection referrals are very clear, and consistently good advice for low level concerns is offered to partner agencies by the access and assessment team.
41. The council has invested successfully in preventative services for children of all ages. The CAF is firmly embedded in the Merton Wellbeing Model. It underpins effective multi-agency interventions that safeguard children, prevent referral to statutory provision and inform the commissioning of services. Examples of outstanding joint and multi-agency preventative work in children's centres show much success in improving outcomes for the most vulnerable families. A range of successful action for young people of secondary school age has prevented escalation of negative behaviour, diverted them from offending and improved the skills of parents to deal with issues such as substance misuse by their children.
42. Referrals to children's social care services are responded to promptly and work is prioritised appropriately. Decisions on referrals are authorised by managers in a timely way, and no cases are unallocated. The access and assessment team includes some newly qualified social workers but additional capacity has been built into the team to ensure there are sufficient qualified workers. Written feedback to referrers is consistently undertaken when the contact is to be taken no further but when contacts are accepted as referrals, written responses are less in evidence.
43. Section 47 enquiries are undertaken by appropriately qualified social workers in conjunction with the Police and partner agencies. Inspectors saw some cases where there had been a delay in moving from a Section 47 investigation to an initial child protection conference; this had been for appropriate casework reasons and had been sanctioned by managers. However, the council does not monitor these timescales efficiently. Child protection investigations within the children with disabilities team are few in number and are less well managed as social workers have less experience of the process.
44. Most assessments and social workers' reports to child protection conferences are of a good standard. Risk and protective factors are clearly identified and the views of other agencies are included. The timeliness of assessments is now being rigorously monitored by managers within the access and assessment team and current completion rates are high, although weaker performance earlier in the year is impacting on overall performance figures.
45. The involvement of children and their families with assessments and care planning is good. Children are seen alone on planned and unannounced visits. For non-verbal children, assessments showed good observation of

their behaviour. Case files include good evidence of engaging fathers and step-fathers, including those who no longer live with the family.

46. Multi-agency working is good. Health practitioners report significant improvements in information sharing in the last 18 months and health visitors regularly attend child protection conferences and core groups. Accident and emergency departments effectively identify and report safeguarding issues, though social workers report that there are sometimes delays in obtaining information for assessments from hospitals and GPs. There are positive working relationships with the Police and the voluntary sector.
47. Initial and review child protection conferences are timely and attendance by all agencies, including the voluntary and community sector, is mostly good. Parents, carers and young people are supported to attend child protection conferences and their attendance has improved. Young people are offered independent support to attend conferences by the advocacy service, who can represent their views.
48. The quality of child protection plans is adequate. Safeguarding the child is clearly a high priority. However, some plans are not sufficiently specific, measureable, or outcome focused. Outline plans agreed at child protection conferences are developed into written agreements at the subsequent core groups. Some written agreements are good and are signed by all of the relevant agencies, and some have been presented in pictorial form to improve clarity, but the quality is too variable and some are not written in plain English. The council has already identified that child protection plans require improvement, and work is in progress. Core groups are mostly timely and some core groups continue to meet after risks have reduced and the case has progressed to a child in need plan, which is good practice.
49. Management decisions made in formal supervision or informal case discussions are clearly and promptly recorded on the records and contain clear directions for social workers. Case recording is not consistently timely. Chronologies are present on files, but styles and content vary, and some are in need of updating.
50. The emergency duty service, hosted by the London Borough of Sutton, maintains good communication with daytime services, resulting in clear information regarding incidents that occur out of office hours. Local managers hold quarterly meetings with the manager of the service to ensure that the quality of the service is kept under review.

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

51. The contribution of health agencies to keeping children and young people safe is good. An appropriately constituted and effective Child Death Overview Panel shared between Merton and Sutton safeguarding children

boards reviews all unexpected deaths of children under 18. The panel has been successful in influencing care pathways across healthcare in Merton, including the management of abdominal injury in pregnant women.

52. Adequate arrangements are in place for the resourcing, line management and supervision of the named and designated professionals for NHS Sutton and Merton, and the Royal Marsden Hospital NHS Foundation Trust. Arrangements at Epsom and St Helier University Hospitals NHS Trust are outstanding, with a full complement of well resourced named safeguarding children professionals in post, supported by effective link safeguarding children roles in key areas.
53. Governance on safeguarding children activity within the South West London and St. George's Mental Health NHS Trust and the community services provided by the Royal Marsden Hospital NHS Foundation Trust is adequate. Appropriate key performance indicators are in development across both organisations. The Epsom and St. Helier University Hospitals NHS Trust has good arrangements in place for monitoring safeguarding children practice, with a clear governance route to provide good board assurance.
54. Effective action has been taken to ensure that health practitioners have accessed appropriate training in safeguarding children in community services provided by the Royal Marsden Hospital NHS Foundation Trust and the Epsom and St. Helier University Hospitals NHS Trust. The South West London and St. George's Mental Health NHS Trust is expecting to be able to report accurate training figures by March 2012. NHS Sutton and Merton provides training opportunities for independent practitioners, though they do not monitor or report on attendance.
55. NHS Sutton and Merton has no central record held of GPs attending training on safeguarding children. No named GP is in post, despite considerable efforts by the PCT to appoint; discussions are now taking place with regard to an NHS South West London cluster arrangement. Good partnership work is taking place through the Merton Safeguarding Children Board to identify GP practices that have high numbers of children with a child protection plan in place. This project is still in progress and has not yet been evaluated.
56. Supervision in safeguarding children practice across health partners is too variable. It is well established within community services provided by the Royal Marsden Hospitals NHS Foundation Trust. Supervision of midwives is inconsistent within the Epsom and St. Helier University Hospitals NHS Trust. Specialist midwifery staff receive regular supervision, and supervision is available to community midwives working with families where there is a child protection plan or child in need plan in place. However, current arrangements do not include monitoring of uptake. Provision of supervision of safeguarding children practice within the South West London and St. George's Mental Health NHS Trust does not conform to national guidance. There are no appropriately trained supervisors in safeguarding children

practice, and no mechanisms in place to monitor uptake of supervision or recording appropriately in case notes.

57. Practitioners working in adult mental health demonstrate an increasing awareness of the need to identify dependent children of adult mental health service users and of the importance of robust risk assessments to safeguard children of service users. However, practitioners are unclear about how much information should be recorded. This results in inconsistency of application of the South West London and St. George's Mental Health NHS Trust policy. Good arrangements are in place to safeguard children who visit their parents who are in-patients on an adult mental health ward.
58. The accident and emergency department (A&E) has good arrangements in place to identify children who may be at risk of harm. All children who are booked into A&E are checked for repeat attendance and for child protection plans. Although looked after children are not identified on the A&E computer system, part of the screening includes establishing if there is any social work involvement in the family and who is the child's carer. All attendances of children who have a child protection plan in place or that are looked after are notified to the social worker and the health team for looked after children if appropriate.
59. Paediatric liaison is good. The paediatric liaison health visitor (PLHV) screens all attendances of children and young people and notifies the GPs, health visitors and, where appropriate, school nurses. The PLHV will also screen attendances linked to domestic violence if there are children in the family or if adult A&E staff have made referrals to children's social care services.
60. CAMHS offer good support to A&E and to the young people who attend following an incident of self harm, substance or alcohol misuse or are acutely unwell. However, the Epsom and St. Helier University Hospitals NHS Trust does not routinely admit young people who have self harmed to a paediatric ward for a period of 'cooling off' and assessment as suggested in the National Institute for Health and Clinical Excellence (NICE) guidance. Any young person who attends the Epsom and St. Helier University Hospitals NHS Trust A&E department following alcohol or substance misuse is offered a referral to the local service, Catch 22.
61. Health visitors and school nurses work effectively to support families as part of the CAF and child protection arrangements, providing packages of care such as weaning, sleep training and behaviour management. Current arrangements for the delivery of the Healthy Child Programme for children between 2½ and 3½ years of age are not sufficiently robust. This is leading to unmet and unidentified need when infants start school. Adequate arrangements are in place for the transfer of children from the health visitor to the school nurse caseload, with face to face meetings taking place with regard to children with additional needs. School nurses create and monitor

health plans in school to ensure that they continue to meet the health needs of the child.

62. Provision of sex and relationship education is delivered effectively by the partnership. Additional resources are used well to support those schools where there are higher rates of deprivation and vulnerability. The number of teenage conceptions is continuing to decline and progress exceeds national performance. Young people have good access to effective contraception and sexual health services. Pregnant teenagers have good access to specialist ante-natal care and are well supported by the teenage parent worker, who facilitates contact with a range of services, including benefit advice, housing, and education, employment or training opportunities.
63. Good and comprehensive initial assessment takes place regarding the potential vulnerability of pregnant women. All pregnant women with identified vulnerabilities are discussed at the regular multi-agency midwifery safeguarding forum to ensure a coordinated approach to care and that appropriate arrangements are in place to support the family and newborn infant. However, a recent change to the midwifery appointment system means that the current process of arranging appointments for later in a woman's pregnancy is not monitored. This means that midwives do not know if appointments have been missed, or if opportunities have been missed for any newly emerging concerns to be identified. A specialist midwife works with women who are pregnant and either misuse substances or alcohol or require additional support for their emotional health and well-being. This is well received by the women, who participate well in their ante natal care, and by hospital staff, who feel much more prepared and informed about caring for the new family.
64. Young people who misuse alcohol and substances have access to a good range of support, advice and treatment through the recently commissioned Catch 22 service and from the specialist CAMHS substance misuse worker. Clear referral protocols are in place between the two services to ensure that young people access the most appropriate worker for their needs.
65. Children and young people have good, timely access to a range of effective emotional health and well-being services. There has been significant investment in effective early intervention services and families have access to accredited parenting programmes and support in schools. Most support is accessed via the multi-agency support panel. Referrals to core CAMHS are assessed within one working day and appointments are offered promptly if appropriate. Any young person who requires specialist in-patient care is admitted to the dedicated young person's Aquarius Ward and there are appropriate processes in place should a young person have to be admitted into either an adult mental health ward as an emergency or be assessed in the adult Section 136 suite.

66. Adequate arrangements are in place to transfer young people from CAMHS into adult mental health services for those young people who meet the criteria for ongoing support. CAMHS will complete a care plan where the interventions are scheduled for completion shortly after a young person's 18th birthday, to avoid unnecessary disruption.
67. There is timely access to therapy support and CAMHS for children and families where there is learning disability or complex healthcare needs, with many examples provided of joint visits and joint care planning across all services. The waiting time for assessment and diagnosis for autistic spectrum disorder for children over five years of age is approximately nine months, which creates anxiety for families. However, once the assessment phase begins, multi-agency involvement is good and the assessment is in line with NICE guidance.
68. Arrangements for transferring from children's health services into adult health services are effective for children placed in a special school and transferring into a special college. Community paediatricians continue to treat young people up until their 18th birthday and show flexibility in transferring or discharging young people into adult services, especially where there is no comparable adult service available.
69. Good arrangements are in place for child protection medical examinations. Urgent referrals for children and young people to be examined following alleged sexual abuse are seen at the local specialist centre, where a paediatrician is in attendance.
70. Partnership working between health and other agencies to safeguard children in Merton is good. A shared protocol is in place between South West London and St. George's Mental Health NHS Trust and Merton's children's social care services to work together to ensure the well-being of children. The protocol is supported by regular shared workshops which are leading to improved joint work as part of child protection plans and the CAF. The Epsom and St. Helier University Hospitals NHS Trust has regular, multi-agency individual safeguarding forum meetings in maternity services, accident and emergency and paediatrics that are attended by colleagues including social care. These provide good opportunities to share information and monitor families where there are safeguarding or child protection concerns.
71. Health practitioners demonstrate a clear understanding of the impact of domestic violence on children in families. Health visitors and school nurses receive Police notifications when they have attended a domestic violence incident and children are in the family. The Epsom and St. Helier University Hospitals NHS Trust works with independent domestic violence advisers to provide additional support to victims of domestic violence who attend A&E and to provide training to staff. Health staff are appropriately engaged in multi-agency risk assessment conferences.

72. Health practitioners are clear about how to refer concerns to Merton children's social care services. However, they are not routinely informed of the action taken on their referral.

Ambition and prioritisation

Grade 2 (good)

73. Ambition and prioritisation are good. Elected members champion the needs of all children and young people effectively. Members have been highly supportive of children's social care in protecting the service from the full impact of budget cuts. The Council Leader has good systems in place to ensure that he is well informed about issues concerning children and young people. The Cabinet Member for Children is highly experienced and very determined that children and young people achieve good outcomes. Members meet regularly with groups of children and young people, including representatives from the Youth Parliament. Young people who met with inspectors reported that they are able to have an effective dialogue with elected members and that their views are taken into account when decisions are made.
74. Children's social care services and the wider partnership are highly ambitious for the children and young people in Merton. The Children's Trust is well supported by key agencies and by the voluntary and community sector, all of whom describe a shared passion for improving outcomes. Priorities are identified and developed, based on a clear analysis of need. Performance indicators are closely monitored and reviewed as improvements to outcomes are secured. Well-established relationships between Trust members facilitate effective communication and decision-making, as well as appropriate challenge.
75. The Chief Executive takes a keen interest in ensuring that the quality of children's social care services is improving, and senior managers are clearly held to account for their performance. Strong links have been established between the Children's Trust, the Merton Safeguarding Children Board, the shadow Health and Wellbeing Board and other key groups such as the GP commissioning groups, ensuring good communication and continuity of purpose.

Leadership and management

Grade 2 (good)

76. Leadership and management are good. The council and its partners know themselves well. Senior managers have access to comprehensive and well presented information about the profile of children and families across the borough, which is regularly refreshed and enables targeted planning of services. Consideration of equality and diversity is secure in policy and strong in practice, and action is subject to regular monitoring and review. A full understanding of the rapidly changing composition of local communities, excellent use of comprehensive data, feedback from users of services and thorough equality impact assessments inform service planning.

Well considered action underpins a wide range of initiatives that secure good outcomes for children and young people from diverse groups. The leadership team within children's social care services is highly experienced and relentless in its determination to improve outcomes. Service planning is clearly focused on reducing risks to children and young people, and team plans link clearly to the Children and Young People's Plan.

77. Good use is made of survey information including a regular residents' survey that targets young people. Young people from the Youth Parliament and from the Young Advisers – a group of young people who seek out the views of other young people in the borough and then raise issues with elected members and council officers - spoke highly of their experience. In 2011 a group of Young Advisers were trained and supported to lead focus groups with young people linked to local faith and community organisations, for example a Muslim girls group. Their work was captured in a DVD which they presented to the London Safeguarding Board Annual Conference in December 2011, where it was very well received. Young people with disabilities who met with inspectors spoke very proudly of their involvement in the development of a new 6th form. However, the views of parents of children with disabilities, those who are engaged in the child protection process and those whose children are assessed as being in need are not regularly captured and used to inform practice.
78. The Children's Trust provides a common induction programme which is valued by staff. The quality of training provided by the Merton Safeguarding Children Board is good, as is attendance at the multi-agency training. Specific training for targeted groups such as GPs and early years has raised awareness of child protection issues and improved safeguarding outcomes. Social workers who met with inspectors placed a high value on the quality, range and accessibility of the training offered to them, and reported that this was contributing to staff retention. The Merton Safeguarding Children Board has not carried out a serious case review for some years, but learning from other serious case reviews and single agency reviews is incorporated into practice.
79. Effective and comprehensive workforce planning in children's social care services has resulted in a significant increase in the number of permanent staff, bringing more stability to the workforce, although there is more progress to be achieved. Specifically targeted work is taking place to encourage the development of managers from minority ethnic groups.
80. Commissioning is good, and the balance of cost and quality is carefully considered. The commissioning of services has become increasingly well targeted and outcome focused. For example, highly effective work has taken place in the recommissioning of CAMHS, which has resulted in a significant reduction in waiting times, specialist support to looked after children and children with disabilities, and much improved support to schools.

81. Complaints regarding children's social care services are handled effectively and most complaints are resolved in a timely way at a local level. An annual report with regard to complaints across the council is presented to elected members each year and complaints are subject to regular monitoring and review by senior managers. The Director of Children's Services takes a keen interest in the complaints received, and meetings have recently been introduced between senior managers and complainants to facilitate early resolution of concerns. Children's social care services have taken action to promote awareness of the complaints procedure, as the number of complaints was very low. This has resulted in an increase in complaints in 2010–11, as well as compliments, although no clear themes have emerged. Outcomes of complaints have been used to improve services and practice such as ensuring that core assessments clearly distinguish between fact and opinion. The council produces a wide range of information for parents, carers and children and this includes how to access their records, but not all files demonstrate that this information is given to families.
82. Financial resources are used effectively. In common with other local authorities, the council is facing significant reductions in funding. However, at a time of considerable budget pressure, the council agreed substantial growth for children's social care services in both 2010–11 and 2011–12. This has resulted in a significant net increase in children's social care staffing and placements budgets, to reflect sustained higher levels of activity. Children's social care services have been reviewed in terms of cost and value and changes have been made to improve efficiency, for example by the creation of the Access to Resources Team, to reduce dependence on independent fostering agencies.

Performance management and quality assurance

Grade 2 (Good)

83. Performance management and quality assurance are good. Performance management is well established across the partnership, and is being incorporated into the development of clinical commissioning groups. Good quality performance information is regularly presented to the Children's Trust and to the Merton Safeguarding Children Board and this is used to drive improvement, for example waiting times for CAMHS have reduced significantly, as has the rate of family non-attendance for appointments.
84. Strengths and weaknesses in services are understood through effective use of performance management information, the Joint Strategic Needs Assessment, peer review, audits and surveys. The partnership has accurately evaluated its own practice regarding safeguarding and looked after children and produced an appropriate action plan, both of which have been made publicly available. A comprehensive social care health check self assessment was carried out in July 2011 that provides a thorough and clear analysis of workload management and practice, and reaches well evidenced conclusions for improving processes within children's social care, including

learning from re-referrals, improving the quality of supervision and introducing an annual social work survey.

85. Performance information is used at all levels to improve practice. Managers in the access and assessment team meet regularly to review performance such as completion rates of assessments, frequency of supervision and size of caseloads. Information from children's centres is being used from the Every Child a Talker programme to improve readiness for school. School attendance rates have been tracked through postcode analysis, to identify trends in absentees and successfully drive down rates of absenteeism.
86. Routine auditing of case files is now taking place in children's social care services. Case file audits completed by the partnership for this inspection were thorough and rigorous, particularly at senior management level, where there was a clear focus on outcomes and the quality of work.
87. The quality of supervision of social care staff varies from adequate to outstanding. Supervision is taking place regularly and staff are supported well. Newly qualified social workers are provided with good opportunities for regular and reflective supervision, but this is less well evidenced on other files. Appraisals are carried out regularly and findings from appraisals are incorporated into training plans.

Partnership working

Grade 2 (good)

88. Partnership working is good. The Merton Safeguarding Children Board functions effectively, and has recently carried out a comprehensive review of its performance and effectiveness. It has held the Children's Trust to account on the review of early intervention services and there are robust debates within agencies on the board when different views emerge. The board has secured the active engagement of most members and has appropriate senior manager representation from most agencies including the chair of the Child Death Overview Panel. However, it has not yet secured the membership of lay members or a named GP, although efforts to address these matters are being actively progressed. Young people are being appropriately included in the board through strong links with the Merton Young Advisers group.
89. The arrangements for identifying and supporting parents, carers and children who experience domestic abuse are largely effective. Partners work well together to identify incidents; these are screened by the Police before being referred to children's social care services, who then forward them to health visitors. Refuge accommodation within the borough is satisfactory. Effective outreach support is provided to women who do not wish to leave their abusive partner and to women who prefer to remain in their homes after their partner has left. Children affected by domestic abuse are given good support and an effective parenting course is available for fathers, but therapeutic support for men and women who are perpetrators is not available.

90. Arrangements for multi-agency risk assessment conferences (MARAC) have been significantly improved in the last two years. Meetings are held monthly and good records of the cases are maintained, but the agreed actions are not consistently well recorded. Attendance by all agencies is good, as is the delivery of agreed actions. However, the number of cases considered by MARAC is significantly lower than comparator authorities and nationally. Non-Police referrals to MARAC are proportionately very high and the Police acknowledge the need to review their referral rates to ensure that they are identifying all incidents. The specialist domestic violence court in Merton closed on 1 January 2012; arrangements are in place to monitor the impact. There have been no domestic homicides in the borough for two years.
91. Multi-agency public protection arrangements are good. Meetings are effectively chaired and well attended by all relevant agencies at all levels. The contribution of the access and assessment team is highly regarded. Relationships with prisons are effective and notifications of release are communicated in time for arrangements to be made to ensure the safeguarding of children within the community.
92. Partnership working with the voluntary sector is outstanding. The voluntary and community sector is engaged very well with the authority at all levels and members feel respected and valued as professional equals. They are consulted early on any issues that affect them, and are well informed by senior officers when budgets are being considered. Council officers are seen as credible, trustworthy and fair, and deliver on their promises. Voluntary sector leaders new to the borough report easy access to established professional networks and information sharing.
93. A very clear framework for the management of young people at risk of offending or re-offending and for public protection, based on the Merton Wellbeing Model, sets out well defined thresholds of support and intervention that are shared by agencies. For example, the screening system that offers packages of support for young people and their families following the admission of minor offences has significantly reduced the number of first time entrants to the criminal justice system over the last three years.
94. Information-sharing protocols are established across the partnership, including a joint protocol between children's social care services and the probation service, which followed a recommendation in the unannounced inspection in December 2010.

Services for looked after children

Overall effectiveness

Grade 2 (good)

95. The overall effectiveness of services for looked after children is good. The council and its partners and elected members have high ambitions for looked after children and care leavers and all outcomes are good and improving. The Strategy for Looked After Children 2011 provides a comprehensive assessment of progress against all outcome areas, and identifies relevant strategic priorities based on the national context and local performance, supported by a clearly set out commissioning and delivery plan.
96. Robust analysis of data is used well to monitor and evaluate provision and outcomes. Rigorous and regular reviews have led to improvements in service provision such as the expansion of provision for disabled young people in school sixth forms, together with further opportunities for work experience and employment. A monthly permanency panel effectively monitors arrangements for looked after children, although a small number of cases involving children reunited with their birth families have been subject to drift. Regular audits of social care cases are being used to improve the consistency of practice. Supervision takes place regularly, and staff describe a positive and supportive learning culture that is solution focused.
97. Effective workforce planning has led to specific training for social workers in association with the British Association for Adoption and Fostering, and much improved training for foster carers, resulting in a more skilled and capable workforce.
98. Reviews are timely and children and young people are seen regularly. Children's rights are actively promoted, and children and young people are well supported by activities. The council is committed to listening to the views of looked after children and care leavers and has improved practice, for example through senior managers having individual interviews with children and young people. However, the parents and carers of looked after children who met with inspectors were critical of the quality of routine communication and the accessibility of social workers.
99. Partnerships with stakeholders, community groups and commissioned services such as providers of leisure and recreation activities, health, Police and youth services, are strong and effective and the Access to Resources Team has improved the effectiveness of commissioning.

Capacity for improvement

Grade 2 (good)

100. The capacity for improvement is good. The council and its partners are achieving and sustaining improvement in outcomes for looked after children

and young people. Key strengths and weaknesses are known. Appropriate and realistic targets have been agreed, and the focus on improvement is unwavering.

101. The partnership has achieved notable improvements for care leavers through the expansion of supported lodgings and preparation for independence. Supported lodgings carers receive regular support and training, which then helps them to provide improved support to care leavers. Almost all care leavers continue to be in suitable accommodation. School attendance of looked after children and young people has increased to above that in similar areas and nationally. The council has increased the number of local authority foster carers by successfully recruiting six more families, and longer term placement stability has improved significantly. The council is focusing strongly on improving short term stability, which has been harder to resolve. Educational outcomes continue to improve. The number of care leavers in education, employment and training has increased, with more gaining qualifications after the age of 16.
102. Staff are well trained, supervised and supported, and this has increased their motivation and commitment. Looked after children and young people who met with inspectors report that services are good and an increased number of children now attend their reviews. The re-invigoration of the Children in Care Council a year ago has increased opportunities for young people to express their opinions, and they are well supported by a participation officer.
103. In order to improve the quality of provision and services for looked after children and young people in the London Borough of Merton, the local authority and its partners should take the following action.

Within three months:

- ensure that all children and young people who are looked after are aware of the Children in Care Council and the Merton Pledge at an early stage
- ensure that the framework for the ongoing assessment of looked after children and young people is clear to social workers and managers
- ensure that the outcomes of planning meetings and reviews are followed through promptly, to avoid drift
- improve the timeliness and quality of communication between parents of looked after children and young people, and children's social care staff, to ensure that parents feel that their concerns are listened to
- ensure that case recording and chronologies on case files are timely and of consistent quality

- review the arrangements for initial health assessments to ensure that they are carried out within 20 working days of a child or young person becoming looked after
- ensure that looked after children and young people are provided with a comprehensive summary of their health history when they leave care
- ensure that a robust audit and review programme is in place for all initial health assessments, review health assessments and health plans, so as to promote improvement in their quality.

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

Being healthy

Grade 2 (good)

104. Health outcomes for looked after children and young people are good. The rates of immunisations and dental checks are high, and performance on health assessments is in line with similar authorities. The designated nurse for looked after children and young people is co-located with the children's social care team, which enables good opportunities for information sharing.
105. Children entering the care system receive a comprehensive initial assessment of their health needs by an appropriately qualified paediatrician. However, delays in notification of a child becoming looked after, as well as lack of availability of clinic time, mean that only a small number of initial health assessments are carried out within the statutory timescale.
106. Good processes ensure that health reviews are carried out by appropriately qualified health practitioners, and good arrangements are in place to involve young people in their health reviews. The Children in Care Council recently recommended that information provided to looked after children and young people about health assessments and reviews should be more child focused. As a result, young people are now working with the designated nurse and the local authority to produce new information leaflets.
107. Young people placed outside of the borough receive good support for their physical and emotional health. Health partners are included in the commissioning arrangements for these children and young people, and this helps to ensure that their health needs are met.
108. The designated nurse for looked after children reviews all initial health assessments, health reviews and health plans to check for appropriateness and these are copied to social workers, foster carers, GPs and the young person. However, there is no regular audit programme in place to check on

the quality of initial health assessments or reviews and this limits the ability to effect improvement.

109. Looked after children and young people have good access to highly effective emotional health and well-being services from the dedicated CAMHS service. Arrangements are in place to fast track those children who require a service and there is currently no waiting list to see a CAMHS practitioner.
110. Foster carers receive good training from the designated nurse and from the CAMHS service for looked after children. This helps to equip them with the necessary skills and understanding of health and emotional issues that young people are faced with and gives them the confidence to have conversations about risk taking behaviours. This is helping to improve placement stability.
111. Looked after young people have good access to contraception and sexual health services, including Check it Out, a commissioned service to provide assertive outreach. Looked after young women who become pregnant and who wish to continue with the pregnancy receive good support from the teenage pregnancy midwife, the teenage parent worker and the designated nurse for looked after children.
112. Looked after children and young people have good access to services for alcohol and substance misuse through Catch 22, a local substance misuse service. However, the local drug use screening tool is not currently used as part of the health review for looked after young people, and this is a missed opportunity to identify and support young people who may be misusing alcohol or substances.
113. Unaccompanied asylum seeking children receive good support for their physical and emotional needs. In addition, the designated nurse is a member of a sub-group of the local safeguarding children board which monitors children and young people who may be trafficked or subject to exploitation, ensuring that their health needs are well considered.
114. Current arrangements for young people leaving care include providing the young person with a copy of their most recent health review, and ongoing support from the designated nurse. However, young people do not leave care with a comprehensive summary of their health record, and this is unsatisfactory.

Staying safe

Grade 2 (good)

115. Staying safe outcomes for looked after children and care leavers are good. Decisions to accommodate children and young people are well considered by senior managers and show comprehensive risk management of complex cases. Robust arrangements ensure that only those who need to be in care

are in care. The number of looked after children and young people has remained consistently low for several years.

116. Early intervention and support services are wide-ranging and effective and are subject to regular scrutiny and independent review. For example the Phoenix Project provides a service to families with children aged nine and above where children may be at risk of entry to the care system. Local evaluation of the project indicates a high rate of diversion from care.
117. The most recent Ofsted inspection of the local authority fostering service in September 2008 judged provision as good, and all recommendations have been addressed. The local authority adoption service was inspected in July 2009 and was judged satisfactory. All recommendations have been addressed apart from one that concerned office accommodation, which is in the process of being resolved. The local authority's one children's home which offers short breaks provision for children with disabilities was judged as good overall in the most recent inspection in July 2011.
118. Most looked after children and young people are placed in fostering or residential provision that has been judged to be at least good in Ofsted inspection reports. Commissioning and ongoing monitoring of independent fostering and residential providers are good, and appropriate action is taken if an inspection judgement of inadequate is made while a child or young person is in placement. Looked after children and young people who were spoken to or who responded to a survey as part of this inspection, overwhelmingly reported being and feeling safe in their placements.
119. Effective work is taking place to improve long and short term placement stability. Long term stability has improved considerably from a low base. In 2010–11 performance was similar to that in comparable authorities, and it is continuing to improve. Short term stability is more variable but is improving during 2011–12. A small number of children and young people have been subject to three or more moves in the last year. Senior managers have a good understanding of their needs and provide packages of individual support to reduce risk.
120. Improving and sustaining placement stability are key priorities for senior managers. Capacity within the local authority fostering service has increased, with an additional six households being approved in recent months and more applications are being actively considered. The Access to Resources Team was created in November 2011 as part of the improvement programme to accelerate the recruitment process for foster carers and to improve local choice of placements. It is too early to identify the impact of this initiative.
121. Matching processes are effective and foster carers report that their particular skills and experiences are taken into account well to meet the diverse needs of children and young people. The use of a risk assessment tool for identifying children's needs has improved placement matching.

Support packages around foster carers which involve CAMHS, the virtual school and a dedicated out of hours service are highly valued by foster carers and help to ensure that looked after children and young people receive good quality support. All of these initiatives are contributing to the improved placement stability.

Enjoying and achieving

Grade 2 (good)

122. Outcomes for enjoying and achieving are good. Looked after children and care leavers receive cohesive and effective multi-agency support for their education and well-being from schools, the virtual school, local authority services and a range of agencies. This raises their aspirations, secures continuity in learning and results in good outcomes. The well established virtual school contributes particularly strongly to this, as do designated teachers in schools. The virtual school provides a good combination of practical support for learning, individual support and training for carers, and effective working with other teams and agencies, such as the 16+ team, enabling good opportunities for success.
123. Securing stability of education is managed successfully and well, and this includes looked after young people who are mothers or who are pregnant, and unaccompanied asylum seeking young people. Transfer between phases of education and on moving schools is supported strongly, with young people reporting ease of transition. For disabled children who are looked after, transition to school is supported very well by excellent portage services and support for transfer to secondary school is good.
124. Robust action results in good attendance. Absence is monitored rigorously and multi-agency follow-up is tenacious. In the last three years, attendance has improved to above that in similar areas and nationally. Persistent absence has reduced and reasons as to why individuals remain in this category are known well. No permanent exclusions have taken place for five years. Although fixed term exclusions have risen, the average length of exclusion is below that found nationally. Reasons for exclusion are also known well and reflect efforts made by schools to avoid permanent exclusion and days missed from learning.
125. Good quality personal education plans (PEPs) show thorough understanding of individual needs, suitably personalised multi-agency support and contribute well to improved outcomes. Funding for personal tuition and additional learning has accelerated progress. Learning needs are known well, targets are suitably challenging and the responsibilities of professionals, carers and young people themselves in achieving these are set out clearly. PEPs are used well to monitor and review progress in twice-yearly meetings that include education professionals and social workers. Most reviews show suitable involvement of children, young people and carers, although this is weaker for those with disabilities.

126. Ambitions for educational achievement are high, including from young people themselves, and outcomes are subject to regular review by officers and elected members. Work to narrow the gap effectively targets those with the highest risk of underachievement well, such as young people who have been out of school for some time prior to entering care. Despite a much higher proportion of looked after children with special educational needs than in similar areas and nationally, educational outcomes overall continue to improve. Small numbers of looked after children take national tests at the age of 11, so year-on-year results fluctuate widely. In 2011, half of the cohort achieved the national average for English and mathematics. Progress is evaluated very well. Tracking shows that most make good progress in English and the majority do so in mathematics. Increasing numbers of young people are gaining more GCSEs, although in 2011, none achieved five GCSEs at the higher grades. In September 2011, almost all young people continued in full time education after the age of 16, which is well above those in similar authorities and nationally.
127. Monitoring arrangements for looked after children and care leavers educated outside the local authority, in particular for those with special educational needs, ensure that they are well supported and achieve well. Good communication with their schools and additional support to achieve outcomes identified in their PEP from services and agencies in Merton secure good progress. Equally good support is offered to young people who are looked after by other boroughs but go to school in Merton.
128. Promoting access to leisure and recreation is integral to provision for looked after children and care leavers, including for those in placements outside of the local authority. Young people have access to a wide and varied range of high quality activities of their choice from universal provision as well as to tailored activities from additional funding. These develop their personal talents and interests and many are generated by young people themselves. Activities such as school trips, holiday activities, extensive opportunities for music, drama and sport and individual learning programmes in schools improve attendance, develop personal interests, build positive relationships with others and strengthen communication skills. Achievements are celebrated widely and include exhibitions of artwork and drama presentations.
129. Disabled young people benefit from equally good provision, including a wide range of well used short breaks and youth service provision, such as the step-up-club that provides good support to develop skills for independence, and specially commissioned services. Carers of children and young people with disabilities identify a number of accessible leisure activities of good quality but limited access to others, including after school clubs. Disabled young people report a too limited range of youth and sports activities.

Making a positive contribution, including user engagement

Grade 2 (good)

130. Outcomes for making a positive contribution are good. Good opportunities and strong support and encouragement enable looked after children and young people to influence service delivery and design. For example, young people raised concerns about the need for greater choice in accommodation, which led to a significant increase in the availability of supported lodgings. The Corporate Parenting Steering Group views the engagement of looked after children and young people as central to planning for the delivery of effective services. Young people who met with inspectors reported feeling valued, respected, taken seriously and influential; they considered that their experiences of being looked after had informed the understanding of steering group members.
131. Senior managers are committed to increasing opportunities for looked after children and young people to have an influence. Care leavers are routinely included in recruitment panels for social care staff and receive appropriate training. The social work healthcheck self assessment in July 2011 gave good consideration to how looked after children and young people and care leavers could have an impact strategically and on their own care plans. Senior managers have also been pro-active in carrying out individual interviews with looked after children and young people. Managers plan to take the findings to the Children in Care Council and use them to develop services.
132. Almost all reviews for children and young people who are looked after take place on time, and most children and young people contribute to their reviews. Some participate indirectly, either by briefing an advocate to represent their views through a written submission or through indirect means, such as asking carers to represent them, although some are now chairing or co-chairing their reviews. Easy access to interpreters means that children and young people who speak English as an additional language can contribute to their reviews. About 60% of children and young people attend their reviews in person, showing an increase on previous years. However, the individual consultations undertaken by senior managers have found some dissatisfaction with the review process, and the findings are being actively considered.
133. The independent advocacy service, Reconstruct, is widely publicised and well used. The service saw a substantial increase in referrals following its reporting of underuse. The council regularly monitors the effectiveness of the advocacy service, including the profile of users and themes from its use. Young people are routinely asked for feedback, and express satisfaction with the help provided.
134. Looked after children and young people receive good support at times of educational transition and as they prepare for independence. Those spoken

to and surveyed as part of the inspection were positive about the quality of care and relationships in their placements. They know how to make a complaint and many are aware of the advocacy service. However, not all children and young people, particularly those who have only been looked after for a short while, are aware of the Children in Care Council or the Merton Pledge.

135. The number of looked after children aged 10 to 17 years who receive final warnings, reprimands or convictions is consistently very low. Effective and well embedded partnership arrangements which include the Police, services run by the council and the voluntary sector are effective in diverting young people from offending behaviour.

Economic well-being

Grade 2 (good)

136. Outcomes for achieving economic well-being are good. Care leavers receive effective multi-agency support to access high quality and appropriate provision; this contributes to improved well-being, raises their personal aspirations, secures continuity in learning and provides good opportunities to gain employment.
137. Care leavers have high aspirations for their own achievement, largely as a result of work by the virtual school and the 16+ team. Good advice at the age of 14 prepares them well for learning choices. They receive good support to access suitable educational provision that enables them to continue in learning after the age of 16, including from vocational 'tasters', work experience and increasing opportunities for apprenticeships.
138. The number of care leavers in education, employment or training has increased in recent years and more care leavers gain qualifications after the age of 16. In 2011, more young people achieved higher level qualifications in further education, more continued to higher education and 11 continued to study at degree level. Unaccompanied asylum seeking young people are rapidly supported into education. Five currently attend university and they have access to local accommodation during vacations. In line with its high ambition for care leavers, the local authority has maintained financial assistance for further education or training, bursary payments for those in higher education and additional payments in recognition of additional or special needs. This is considered invaluable by care leavers.
139. Care leavers report excellent support and advice for transition to adulthood from well respected professionals in the 16+ team. Pathway plans are comprehensive, timely, tailored to need and reviewed regularly. These enable successful transition to independence. Most young people are involved well, their needs are known and the responsibilities of professionals and young people themselves in meeting these are clear. Young people are positive about their plans, although some participate in developing them more than others. Some care leavers are now chairing

reviews of their pathway plans and report more control and involvement from doing so.

140. Preparation for leaving care is comprehensive, systematic and begins well in advance. Care leavers acknowledge the outstanding support they receive for transition to independence that has resulted in external recognition for its excellence. A range of materials to prepare for independent living produced by young people themselves includes a self assessment portfolio that is used as key measure of readiness. These are used extensively, valued highly by young people and provide very good support for those who had previously lacked confidence in their ability to cope independently. All care leavers have access to independent living skills workshops, of which some are supported to facilitate, and consider these of great benefit. Workshops include support for learning to drive and for cooking cheap and nutritious meals and excellent advice on financial management. Networks, trips and 'buddy' groups, such as those for asylum seeking young people, forge strong friendships, reduce isolation and are highly valued, as is advice on welfare benefits from a specialist officer. All care leavers have exit interviews and all keep in touch with the local authority, showing more success than in similar areas and nationally.
141. Care leavers have access to a wide range of high-quality and affordable accommodation that meets their needs. Almost all are in suitable accommodation, as has been the case for several years. Effective work with providers secures a good range of safe options, including social housing tenancies and spot purchasing, and substantial and successful multi-agency preparation equips young people for sustained independent living very well. A significant increase in supported lodgings for 18 year-olds who are not yet ready for independent living is a result of the involvement of care leavers in strategic plans, and these lodgings are valued highly. Supported lodgings carers, who themselves receive regular support and training, meet their diverse needs well. Foster carers can be approved as supported lodgings providers, enabling a gradual transition to independence for care leavers.
142. Transition arrangements for disabled young people, managed by adult social care services, are adequate. The needs of young people are known well, but these are not reflected fully in transition plans because information held by children's social care services is not readily transferrable to adult social care services. Personal advisors provide specialist support for transition from school and young people themselves have produced materials to this end, but carers report insufficient support for learning choices at the age of 14, weak planning for transition in learning after the age of 16 and limited options after the age of 18. The council is aware of these issues and it is working hard to address them. Provision for disabled young people in school sixth forms has been expanded and opportunities for work experience and employment have been enhanced. Action is also underway to reduce the numbers of disabled young people not in

education, employment or training through work experience projects and regional networks.

Quality of provision

Grade 2 (good)

143. The quality of provision of services for looked after children and young people is good. The strong and dynamic multi-disciplinary 16+ team has developed successful partnerships with a range of agencies, resulting in the provision of services that are increasingly selected by young people themselves. A comprehensive understanding of needs leads to flexible and personalised support that secures good outcomes. In January 2011 Merton was awarded a From Care2Work Quality Mark by the National Care Advisory Service for demonstrating a commitment to excellence in supporting young people in transition from care.
144. The changing needs of looked after children and young people are routinely monitored through regular visits by social workers, statutory reviews, management oversight and effective multi-agency collaboration. All looked after children and almost all care leavers have an allocated social worker, and some children have had the same allocated social worker for many years. Almost all children and young people who responded to the survey as part of this inspection said that they knew how to get in touch with their social worker, and most reported that their views were listened to.
145. Children, young people and care leavers who spoke to inspectors were positive about the services that they had received. Parents who met with inspectors and who had received early intervention and prevention services also spoke highly of the quality of help they had received. However, parents of looked after children reported that it was often difficult to make contact with social workers, or to get responses when they left messages.
146. The quality of assessments varies from good to adequate. Some assessments demonstrate examples of good, sensitive, direct work with children and young people and also show very good evidence of partnership working, particularly with education and health. Core assessments are in place on most files seen by inspectors, although some are quite dated, and subsequent assessments are updated by social workers in their report for each statutory review. However, there is no policy in place with regard to the updating of assessments, and some staff are not entirely clear about the process.
147. Achieving permanent placements for looked after children and young people is a high priority for senior managers and this is reflected in strategy documents and in the independent reviewing officers' annual report for 2010–11. Performance in achieving permanency improved from two children in 2009–10 to 11 in 2010–11. A monthly permanency panel, chaired by the service manager for looked after children, reviews the progress of all looked after children who are not yet in permanent arrangements. This has had a positive impact on securing permanent

placements, and on placement stability. However, in a small number of cases where children have been re-unified with their families, and agreement has been reached at a legal planning meeting that application will be made to discharge the care orders, action has not been sufficiently prompt. Considerable efforts are made to ensure that members of the extended family, including those living overseas, are identified and provided with the opportunity to be assessed as carers, so that cultural needs can be well met. Special Guardianship Orders are being used increasingly to secure permanent arrangements for children, and financial support has been used effectively to enable adaptations to carers' homes to support placements. Managers have good access to legal support, and arrangements have been made for independent reviewing officers to have access to independent legal advice if necessary, in accordance with statutory guidance.

148. Case records demonstrate good understanding of the culture, religion and identity of looked after children and young people, with some very good examples of specific intervention. Services for asylum seeking young people are good and are tailored to their individual needs.
149. Case recording seen on files is thorough but not always completely up to date. Chronologies are in place but the quality is too variable and some are not up to date.

Ambition and prioritisation

Grade 2 (good)

150. Ambition and prioritisation are good. Elected members and corporate parents have successfully used their influence across the partnership to improve outcomes for looked after children and young people, for example by protecting educational allowances and making significant improvements to housing options for care leavers. The multi-agency Corporate Parenting Strategic Governance Group is clear about its priorities of achieving placement stability and permanence for children and young people, and ensuring that thresholds for becoming looked after are appropriate. Elected members on the steering group make it a priority to meet regularly with looked after children and young people and foster carers. The Children in Care Council was re-established a year ago and is well supported by a participation officer. Young people on the council reported to inspectors that they feel valued and listened to. This is demonstrated, for example, in the work to protect educational allowances. Elected members are pro-active in ensuring that the whole council is aware of its corporate parenting responsibilities, and briefings are held regularly for all members.
151. The welfare of looked after children and young people is high on the agenda for the local authority and its partners. Their priorities and needs are well known across the Children's Trust, by elected members, the Chief Executive and senior managers. The well presented Strategy for Looked After Children 2011 provides a comprehensive assessment of progress against all outcome areas, and including specific consideration of the

progress of looked after children and young people from ethnic minorities. The strategy identifies relevant strategic priorities based on the national context and local performance, and is supported by a clearly set out commissioning and delivery plan.

Leadership and management

Grade 2 (good)

152. Leadership and management are good. The local authority and the partnership provide strong and visible leadership for services to looked after children and care leavers. Services are kept under regular review and leaders and managers demonstrate a determination to achieve further improvement. Strong, well established and successful partnerships with stakeholders, community groups and commissioned services show a range of improvements in outcomes for looked after children. These include partnerships with housing providers that secure a good range of suitable accommodation for care leavers, partnerships that have resulted in low levels of offending and re-offending, and effective services that ensure that thresholds for becoming looked after are carefully applied.
153. The complaints procedure for looked after children and young people is well publicised and extensively promoted by the customer services and complaints officer. An effective advocacy service is available to support children and young people if required. Looked after children and young people who spoke with inspectors, and many who responded to the survey as part of the inspection, confirmed that they were familiar with how to make a complaint. Inspectors saw evidence of appropriate responses to complaints raised by parents of looked after children with regard to aspects of service delivery. These were resolved effectively and efficiently by senior managers holding resolution meetings directly with the parents, allowing full explanation and discussion around their concerns. At present there is no routine collation of the complaints by looked after children and young people to examine any emerging themes and to contribute to service development. However, there are plans in place to address this and also to involve the Children in Care Council with the analysis of complaints.
154. Effective action has been taken to ensure that social work teams are fully staffed. The workforce reflects the diversity of the population and staff provide a valuable source of knowledge and experience in the making of plans for children from a range of different cultural backgrounds and experiences. Staff within children's social care services place a high value on the quality, range and accessibility of training offered to them, which includes external speakers and courses. Foster carers who met with inspectors describe the training and support offered to them as excellent. Courses are publicised well in advance so that carers can make arrangements to attend workshops. Foster carers highly value the support and training provided by the CAMHS team, which includes an out of hours service, and this is contributing to improving placement stability.

155. Good analysis of local information means that the profile of looked after children and young people is known and is used to inform service planning and delivery. Resource deficits are understood and concerted action is being taken to ensure value for money. The predicted spend on agency placements in 2010–11 was reduced by £700,000 as fewer externally commissioned placements were used, with a positive impact on placement stability, and the Access to Resources Team has been recently been created to improve choice and availability of in-house placements. This is enabling even greater rigour in monitoring the appropriate use of resources.
156. Mechanisms for consultation with looked after children and young people are well embedded and show meaningful contribution to the shaping of services. Looked after children and young people report a high level of satisfaction with the services that they receive. They rate their provision for education highly and care leavers consistently report that support for independent living is excellent.

Performance management and quality assurance

Grade 2 (good)

157. Performance management and quality assurance are good. Performance management and evaluation are well established across the partnership. The Children's Trust Board regularly monitors and challenges performance indicators for looked after children, and senior managers and leaders take a very close interest in performance. A review of progress on performance is a key feature of the Strategy for Looked After Children 2011.
158. Senior managers have focused particularly on improving performance in stability of placements and in permanency arrangements, and this has had a positive impact on outcomes. The recruitment and training of foster carers have both been identified as areas for improvement and successful outcomes are now being achieved. The timeliness of processing adoption applications has increased significantly in the last three years, and is now three times faster than it was. The timeliness of reviews of looked after children is at a higher level than similar authorities and nationally, and reasons for missed reviews are thoroughly interrogated.
159. Service managers and team managers undertake regular case audits using a standardised tool, and this is leading to improvements to practice. Auditing of supervision of staff is also undertaken by all managers and the quality assurance officer reports findings to the Head of Service. Staff receive regular supervision, which they value, although some staff have had several managers over a short period of time. Supervision files for newly qualified social workers demonstrate good reflective practice.

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	Good
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	Good
Services for looked after children	
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Good
Equality and diversity	Good