

Inspection of safeguarding and looked after children services **London Borough of Camden**

Inspection dates: 20 February – 2 March 2012

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Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with 46 children and young people receiving services and 20 parents and carers, front line staff and managers, senior officers including the Director of Children's Services and the Chair of Camden Safeguarding Children Board, elected members and a range of community representatives
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluation of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children 2006'*
 - a review of 60 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 arrangements undertaken in November 2010
 - interviews and focus groups with front line professionals, managers and senior staff from NHS North Central London, Camden Borough Presence, Central and North West London NHS Foundation Trust, the Royal Free Hampstead NHS Trust, University College London Hospitals NHS Foundation Trust, Camden & Islington NHS Foundation Trust, the Tavistock & Portman NHS Foundation Trust and Great Ormond Street Hospital for Children NHS Foundation 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. The London Borough of Camden has a resident population of approximately 41,800 children and young people aged 0 to 18, representing 18% of the total population of the area. In 2011, 75% of the school population was classified as belonging to an ethnic group other than White British, compared with 22.5% in England overall. Approximately 17% of pupils are from Black African backgrounds, 15% are from other White backgrounds, 10% of pupils are of mixed ethnic origin and 15% are from Bangladeshi backgrounds. About 55% of pupils speak English as an additional language. Bengali, Somali, Albanian and Arabic are the most recorded commonly spoken community languages in the area.
5. The Children's Trust has been established since 2003 and membership includes the key statutory agencies including children's services, Camden Borough Presence, the Police, schools, and representatives from the voluntary sector. Camden Safeguarding Children Board (CSCB) is chaired by an independent chair and brings together the main organisations working with children, young people and families in Camden to deliver safeguarding services. Both Camden's Shadow Health and Wellbeing Board and the Clinical Commissioning Group were established in 2011.
6. Camden has 61 schools comprising one nursery school, which is also a children's centre, 41 primary schools (of which 32 have nurseries and three have linked children's centres), nine secondary schools, six special schools, three pupil referral units and one free school. In addition to school based provision, early years child care and nursery education are provided by 12 other children's centres, about 180 childminders and over 70 private, voluntary and independent providers.
7. Commissioning and planning of children and young people's health services and primary care are undertaken jointly by NHS North Central London, Camden Borough Presence and Children Schools and Families, Camden Council, led by the council under delegated authority. Universal health services (health visiting, school nursing and child health records), child protection support, looked after children's health services and the joint service for disabled children are commissioned from Central

and North West London NHS Foundation Trust. Physiotherapy, occupational therapy, community nursing and community paediatrics are commissioned from the Royal Free Hampstead NHS Trust. Speech and language therapy, specialist nursing for children who are technologically dependent, palliative care, sickle cell and thalassaemia and tier 2 audiology services are commissioned from Whittington Health, which is located in the London Borough of Islington. Children with learning disabilities and difficulties are supported by Camden's community child health services and at the higher end of need by the multi-agency service, MOSAIC. Health, education and children's social care services work closely together to meet the needs of these children in the community.

8. The acute hospitals providing accident and emergency (A&E) services for children are the University College London Hospitals NHS Foundation Trust and the Royal Free Hampstead NHS Trust. Community paediatrics are provided by the Royal Free Hampstead NHS Trust, which also provides maternity and newborn services along with the University College London Hospitals NHS Foundation Trust. Great Ormond Street Hospital for Children NHS Foundation Trust is based in Camden and provides services nationally. Children and families access primary care services through Camden GP practices and walk in centres, including at the Royal Free Hampstead NHS Trust. The Tavistock & Portman NHS Foundation Trust is the main provider of community child and adolescent mental health services (CAMHS) services in Camden, supported by services at the Royal Free Hampstead NHS Trust and by the voluntary sector. The Tavistock and Portman NHS Foundation Trust provides a single point of entry for all children and young people who require access to Camden's community CAMHS, and also provides CAMHS input into a range of multi-agency teams. NHS Camden commissions tier 4 psychiatric inpatient provision through a block contract with Whittington Health and individually commissions other arrangements.
9. Community-based children's social care services are provided by four duty and assessment teams, including one duty and assessment team at the Royal Free Hospital and one at the University College London Hospital and four children in need teams. An out of hours service is available to all Camden residents. The Multi Agency Liaison Team (MALT), CAMHS and substance misuse services (known as FWD) are jointly commissioned teams providing services for families and young people. A family service provides early help and targeted support to families, individually and through group work. A quality assurance team oversees the quality of services provided to children. At the time of the inspection 249 children were the subject of a child protection plan.
10. At the time of the inspection there were 267 looked after children. They comprise 63 under five years of age, 136 children and young people of school age (aged five to 16) and 68 looked after young people between ages 17 to 18.

11. The council and its partners support 233 care leavers. Children's social care services have 95 households offering foster placements. Additional foster placements are purchased from independent fostering agencies when required. Commissioning arrangements are overseen by a resources team.
12. Camden have no residential provision and commission all residential placements. The one children's home in Camden is managed by the voluntary sector and commissioned by Camden. Residential respite unit places for a small number of children are provided through spot purchase arrangements with independent providers outside Camden and a voluntary agency provider is commissioned to deliver overnight camp holidays and weekends. As part of the new Swiss Cottage Special School, progress is being made to develop a small unit within the school to provide overnight provision.
13. Care leavers are supported by the leaving care service. They have access to supported housing in Camden, which is managed by a range of providers and commissioned by the council.
14. Services to children and young people who are at risk of offending or have offended are provided through the Integrated Youth Support Service. There are no Young Offender Institutions in the area.
15. In excess of 60 voluntary and community sector organisations work with children and young people across the Borough.

Safeguarding services

Overall effectiveness

Grade 2 (Good)

16. The overall effectiveness of safeguarding services is good. In a significant number of areas the partnership is contributing effectively to improving outcomes for children and young people. Strong partnership arrangements have resulted in a shared vision and good prioritisation, and a good understanding of safeguarding from strategic to operational levels. For example the strong commitment to early intervention has resulted in a wide range of well developed services working to a common purpose. The effective partnerships have resulted in good use of the common assessment framework (CAF) across schools and children's centres and staff are increasingly confident in taking on the role of lead professional. Many children whose needs are below the threshold for children's social care services have networks of professionals supporting them, which is good. Thresholds for access to children's social care services are clear and understood across the partnership.
17. Excellent work has taken place to secure a stable workforce and high morale within children's social care services, and senior managers demonstrate very strong commitment to the training and development of staff. The views of children, parents and carers are used well to inform priorities and service development. Resources are well managed.
18. Joint commissioning between health and social care is well developed and effective. Robust performance monitoring of quantitative data takes place, supplemented by some good examples of qualitative audits. Successful performance management has led to improvements such as a reduction in rates of re-offending. However, performance monitoring has not been effective in identifying deficits in initial responses by the duty and assessment service. In addition, the impact of the CAF has not been systematically evaluated.
19. Partnerships with other agencies including the voluntary and community sector are strong, and a good range of services has been developed. The CSCB is effective and improving well. Particularly good work has taken place in raising awareness of e-safety. Recruitment processes in the council's children's services are robust and the role of the local authority designated officer (LADO) is well understood by agencies. Complaints are handled well and are used to improve service delivery. Good arrangements are in place to support children and young people who go missing from home or school. Services for young carers and for monitoring private fostering arrangements are good. Work to minimise exclusions is effective and pupil referral units achieve success in re-integrating children and young people into mainstream schools.

20. In the majority of cases, when serious safeguarding concerns about children are identified, the initial response is effective and agencies work together well to ensure that plans are put in place to protect children. However, in some child in need cases the initial response by children's social care services has not been robust, demonstrating a lack of thoroughness and professional curiosity, and resulting in decisions that are not child centred. Some child in need referrals encounter delays, and some cases show significant drift. Lack of sufficiently targeted planning has also led to drift in some child protection plans; appropriate action is being taken by the partnership to improve performance. The quality of assessments is variable. Some assessments are not up to date and this impacts on the quality of plans. The quality of management oversight is not consistently effective.

Capacity for improvement

Grade 2 (Good)

21. The capacity of the partnership to improve is good. Camden is an ambitious Borough that strives to deliver the very best services to children and young people. A solid foundation to deliver effective services for children and young people has been developed through good strategic leadership and strong partnership working. The partnership has a track record of a high level of performance which has led to many improvements for children and young people such as the wide range of excellent support for their emotional and mental health, and the frequent use of family group conferencing. A clear strategy is in place with regard to securing further improvement to services for children and young people, based on a good understanding of strengths and weaknesses. Staff in children's social care services have excellent opportunities for training and development. However, this has not yet led to a consistently effective service to families who meet the threshold for social care intervention.
22. The Director of Children's Services has been effective in improving partnership working, particularly with regard to schools. Children and young people and parents and carers have been influential in service improvement. For example the recommissioning of short breaks services for families with children with disabilities has been significantly influenced by the views of families. Partners are working well together to deliver services such as the integrated service for children with disabilities, and have achieved significant improvements with regard to pre-birth assessments. Excellent work is taking place to engage local community groups from a range of minority ethnic backgrounds. Plans are being put in place to address capacity issues with regard to the recruitment of school nurses and occupational therapists. Plans are also in place to improve the quality of social work practice through enabling social workers to spend more time working directly with families.

Areas for improvement

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

Immediately:

- ensure that the duty and assessment teams consistently take previous history into account when making decisions on contacts and referrals.
- ensure that all referrals to the duty and assessment teams that require action are allocated promptly and that children are seen by social workers as a matter of priority.

Within three months:

- ensure that the policy on updating core assessments is clear and effective and that all assessments clearly identify risk and need and effectively inform planning.
- ensure that management oversight focuses on the impact of intervention and the current experience of the child, and that managers ensure that agreed actions are followed through.
- ensure that child protection and child in need plans are focused on the key assessed areas of risk and need, have clear timescales which are effectively monitored and include good contingency planning, and ensure that progress is regularly evaluated.
- NHS North Central London to ensure that effective flagging systems are in place across all providers so that hospital staff and GPs are aware of when a child is subject to a child protection plan.

Within six months:

- ensure that performance monitoring takes account of qualitative information when relevant, and that decision making on contacts and referrals is regularly reviewed.
- ensure that the impact of the CAF is systematically evaluated.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (Good)

24. Safeguarding outcomes for children and young people are good. Children and young people who spoke with inspectors, including young people with disabilities, report that they feel safe in Camden. Young people are confident in the Police and good relationships have been established, for example by the Police visiting youth clubs. Bullying in schools is being tackled well. Comprehensive policy documents provide good guidance to schools and other settings on dealing with incidents of intimidation and bullying, including e-bullying. Children from two schools spoken to by inspectors confirmed that incidents of bullying are taken seriously by schools and acted on promptly. Children are helped well to take responsibility for their own safety, including safe use of the internet. Much effective work is done by schools to help children build up resilience and appreciate diversity.
25. The council and individual schools are committed to minimising exclusions. Procedures for identifying those at risk of exclusion and intervening early are used well, as are managed moves between schools. Pupil referral units support children well and are increasingly successful in re-integrating pupils into mainstream provision. There have been no recent permanent exclusions from primary schools and numbers of exclusions from secondary schools are low. Effective oversight is in place for children who are educated at home. The quality of learning is monitored carefully and parents are provided with information about websites which provide suitable resources to support learning. Any concerns about the safety of children being educated at home are investigated appropriately.
26. Arrangements to identify and follow up children missing from education are good. Effective links are in place between children's social care services and other agencies such as health and housing, and information sharing with the specialist health visitor for homeless families is good. Information on children approaching school age is checked to ensure that school arrangements are known.
27. In most cases, when serious safeguarding concerns about children are identified, agencies work together well to ensure that plans are put in place to protect the child. In a small number of cases seen by inspectors decision making on safeguarding issues was not sufficiently robust, however in each case the child or young person had been correctly re-referred to children's social care. A very effective system is in place for pre-birth assessments, which ensures that clear and safe plans are in place at the time of the birth. Children's centres provide good support to

families where there have been some concerns about domestic violence, but where the threshold for social care services is not met.

28. Recruitment procedures for children's social care services are effective. Paper files contain appropriate evidence of identity, qualifications, Criminal Records Bureau (CRB) checks and references. Elected members are subject to vetting procedures after election and then every three years while they are in office. Where concerns are raised as part of the CRB process, clear and robust systems are in place to ensure that decision making safeguards children. The role of the LADO is well understood and agencies such as schools value the opportunity to access the LADO for guidance and advice. Referrals to the LADO are increasing and come from a range of agencies, including the voluntary and community sector. A new database is enabling better monitoring of cases, although some cases tracked during the inspection showed delays in processing activity.
29. Complaints by children, young people and their families are handled well, and families are made aware of how to complain when they first come into contact with children's social care services. Staff aim to resolve complaints at a local level in the first instance, and training of staff in how to effectively manage complaints is routine. Commissioned advocacy services are available to all children, with a specialist service for children with disabilities; which has been used well. Senior managers are informed of all of the learning from complaints and this is effectively shared with front line staff. Cases are held open for three months after completion to ensure that all recommendations and learning outcomes are implemented; which is good practice.
30. Safeguarding provision is judged good or better in the children's centres that have been inspected by Ofsted, and in most school inspection reports. The most recent inspection of the local authority fostering service judged safeguarding to be outstanding, and safeguarding in the adoption service was judged to be good. The small number of known private fostering arrangements is effectively monitored and wide ranging activity has taken place to raise awareness of private fostering. However, up until recently the CSCB has not effectively monitored private fostering arrangements. A report on private fostering arrangements is being presented to the CSCB later this year.
31. Arrangements for supporting children and young people missing from home are good, and are supported by a clear multi-agency protocol. Effective information sharing arrangements are in place between the Police, children's social care services and Barnardo's. All incidents are risk assessed and return interviews are offered whenever appropriate. A series of one-to-one sessions are offered to young people following return interviews, if required. Good systems are in place to consider the links between children going missing and sexual exploitation. Information on

missing episodes is presented to the CSCB on a quarterly basis. Monitoring of outcomes is now being more tightly measured, as from April 2011.

32. Services for young carers in Camden are good, and some have become mentors to other young carers as they have grown older. Young carers receive good support for their education and for their emotional well-being. Young carers of adults with mental ill-health have access to Kidstime, a monthly group which works very effectively with parents and carers together to increase mutual understanding. Young carers have good opportunities to influence the programme of activities available to them, and some young carers were involved in the tendering process for the new contract for the service.

Quality of provision

Grade 3 (Adequate)

33. The quality of provision is adequate. Early intervention services are effective in safeguarding children and are central to the council's approach to improving outcomes for children and families. Children's centres are good in reaching most families of very young children across different ethnic and religious groups. Good information sharing between health visitors and children's centre staff enables children's centres to engage well with mothers of newly born children. Housing services are proactive in helping children's centre staff engage with families in receipt of housing benefits. The family intervention team is effective in working with families of children aged five and over. Over 30 troubled families a year have been supported by family support workers over the last three years and the work has been successful in reducing demand on other services. Integrated youth support services provide a single point of access to secure a wide range of services and projects to support children and young people at risk of disaffection. The youth and disorder panel enables youth workers, Police, the youth offending service and others to intervene early with children and young people aged ten and over who are at risk of offending, involvement in gangs or antisocial behaviour. Family group conferences are used frequently and successfully by different services to help children, young people and their families contribute to resolving family difficulties and take responsibility for the actions necessary to bring about improvement. Panels are chaired by trained facilitators who are independent of the council. A range of effective parenting programmes is in place.
34. The use of the CAF across schools and children's centres is well established and staff are increasingly confident in taking on the role of lead professional. Good training and support are available for preparing CAFs, with easily accessible advice and guidance from the duty and assessment teams when required. The electronic CAF is effective for sharing information, particularly when contributions are required from different services. In CAF assessments seen by inspectors, action points are clear, as are timescales and review dates. Regular audits of CAFs are

effective in improving the quality of assessments. Individual services such as the early years, family intervention, integrated youth support, the youth offending service and health also audit the quality of CAFs, ensuring actions are implemented to set timescales and monitoring outcomes. The use of a centralised electronic system for monitoring the impact of CAFs is at an early stage of implementation.

35. Thresholds for children's social care services are clear and understood and are implemented across the partnership. Schools, health professionals and the voluntary and community sector receive good feedback on the referrals that they make, and also value the advice and guidance provided by the duty and assessment service. However, in a small number of cases seen by inspectors there were delays in agencies making referrals to children's social care.
36. In many cases management decisions on contacts are appropriate and well recorded, and notifications from the Police are managed rapidly and effectively. Good liaison arrangements are in place between duty and assessment teams and schools and children's centres, so that cases are handed over if they are below the threshold for social care services, or as part of step down arrangements for child in need cases. Child protection concerns are identified and most are dealt with rapidly, with good liaison with the Police and other agencies for strategy discussions and meetings. Child protection cases are allocated to qualified social workers. However, in too many instances inspectors saw child in need cases that had not been managed effectively, demonstrating a lack of thoroughness in initial screening, and resulting in decisions that were not focused on the well-being of the child or young person. Some referrals were not allocated for some days, and some initial assessments were authorised by managers before the work had been completed. This leads to delays in assessing whether children are safe and may lead to families failing to appreciate the seriousness of the concerns.
37. Assessments vary in quality between inadequate and good. Most assessments seen by inspectors are adequate. Assessments are not always sufficiently analytical and explicit about risk and need. The policy on updating assessments is not clear. Some core assessments are significantly out of date and therefore do not provide a good framework for planning. Some child in need cases show significant drift. This has been recognised by the council and concerted action is being taken to ensure that child in need cases are managed more robustly and that partner agencies are confident in the process.
38. Child protection plans illustrate the wide range of services available to support children and young people with regard to domestic abuse, substance misuse, mental health and emotional support. However, plans seen by inspectors are too task focused and are not sufficiently clear about intended outcomes. In addition, clear contingency planning is not in

place. The combination of these factors means that parents are not clear about what has to be achieved by when and what the consequences are if they fail to work to the plan. Parents who met with inspectors, and who had had experience of the child protection process, felt well informed about the conferences, and received the social workers' reports well in advance. However, many child protection plans had been in place for some time and parents felt that the process for discharging plans was unclear. A comparatively high proportion of child protection plans have been in place for over two years, and some indicate drift in progressing plans. The council has recognised the weaknesses in the planning process and has very recently introduced a new model for child protection conferences and for plans, which is intended to ensure that practitioners and families are clear about the concerns, and are much more focused on the key changes that are required.

39. Case records demonstrate that a high priority is given to seeing children on child protection plans, and seeing them alone, and the frequency of visits is closely monitored by senior managers. Core groups and child protection conferences are taking place regularly and are well attended by the relevant agencies. Social workers benefit from access to clinical senior practitioners who help them to reflect on their cases, and from the complexity forum, a multi-agency group that offers reflection on 'stuck' cases, with evidence of successful outcomes.
40. Records demonstrate that the culture and religion of children and their families are routinely taken into account. Interpreters are easily accessible and regularly used. The council is considering how to engage more effectively with some families from minority ethnic groups, for example where child protections plans have been in place for some time without achieving significant change.
41. Case records and chronologies are up to date in most cases. Recording is clear and includes the decisions made in supervision and the subsequent action taken. However in some cases the records do not demonstrate that these decisions have been followed through. Good examples were seen of the recording of observations of children and evidence of basic expected practice being followed.
42. The emergency duty team provides an effective service and liaises well with daytime services.

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

Grade 2 (Good)

43. The contribution of health agencies to safeguarding children and young people is good. Representation on the CSCB by health partners is good and has recently been strengthened by the inclusion of senior representatives from acute hospitals. This has strengthened the

contribution of health partners to the safeguarding agenda, and promotes consistency in awareness of local safeguarding priorities. Health providers are well engaged in the health and quality assurance sub-groups of the CSCB, leading to good multi-agency partnership work at all levels. The sub-groups are effective in developing consistent policy and practice across agencies, for example in ensuring that health trusts prioritise safeguarding training in compliance with the latest recommendations.

44. The Child Death Overview Panel is rigorous in identifying and analysing child deaths in Camden, and in driving consequent changes in policy and practice. Learning from serious case reviews and other incidents relating to child deaths is clearly demonstrated in a number of service, policy and procedural changes. For example protocols have been strengthened and quality assurance has been improved in relation to identifying failure to thrive or with regard to non-attendance of children at follow-up medical appointments. A good system has been established to review lessons from serious case reviews in other local authority areas in which the Great Ormond Street Hospital for Children NHS Foundation Trust has been involved, to maximise learning.
45. The designated doctor and nurse for safeguarding have clear roles and responsibilities in taking a strategic lead on the clinical aspects of safeguarding in health. They are effective in overseeing quality assurance through audit, action planning and performance monitoring, and in ensuring that providers implement improvements. Prioritisation of ensuring that providers are compliant with safeguarding training has led to significant progress. Targeted training is provided to health visitors, school nurses and GPs. However, targets of ensuring that 80% of all health staff have received the required safeguarding training have not yet been achieved. Performance monitoring of safeguarding practice in health has improved and includes monitoring in key areas including the participation of staff in safeguarding training, the number of referrals that are made to children's social care and attendance of professionals at child protection case conferences. However, this is not yet fully established or embedded across all health partners.
46. Contracts with NHS Trust providers have a clear focus on standards and of demonstrating compliance with safeguarding requirements, including safer recruitment. Inspectors saw good examples of outcome-focused performance monitoring in mental health services and substance misuse services. Compliance with Section 11 safeguarding audits across providers is good, and action plans are closely monitored to ensure that targets for improvement are achieved.
47. Arrangements for the governance of safeguarding are now consistently robust across provider trusts and acute hospitals, having recently been reviewed and strengthened following the Safeguarding Improvement Team visit in 2011. Trusts have clear structures for assuring the quality of

safeguarding for children and young people and clear reporting lines to executive boards and to the CSCB. Named professionals for safeguarding at acute hospitals and in provider trusts are effective in promoting awareness of, and compliance with, safeguarding standards and procedures. The volume of work for some named professionals impact on their ability to consistently fulfil their role with regard to training, supervision and clinical work. The most significant area with regard to lack of capacity is the safeguarding lead for GPs. A review of the role of named professionals is taking place to ensure that there is sufficient capacity and that roles are consistently undertaken in line with statutory guidance. Named and designated safeguarding leads have good access to supervision at the Tavistock clinic.

48. Safeguarding policies are in place, and safeguarding champions are being developed across the range of providers to promote compliance and good practice. Systems for ensuring that health practitioners are aware of whether the children and young people that they are treating are subject to child protection plans vary in their effectiveness. The newly developed flagging system at the Royal Free Hampstead NHS Trust is effective. However, the system at University College London Hospitals NHS Foundation Trust is inadequate as it does not ensure identification of all children and young people on child protection plans across all departments. In three out of 10 cases viewed by inspectors where children attended the A&E department at the University College London Hospitals NHS Foundation Trust the staff had not checked whether child protection plans were in place. GP practices have developed individual systems to identify whether children are subject to child protection plans, and whilst most have an electronic system, the effectiveness of these systems has not been assured.
49. The physical environments for A&E services at the Royal Free Hampstead NHS Trust and at the University College London Hospitals NHS Foundation Trust do not meet the current standards. Plans are being developed at both sites for refurbishment, although these are not yet finalised. Priority is being given to ensuring that children and young people are assessed and moved from the generic reception areas into the specialist children and young people's triage area at both sites. Notifications are made to GPs, health visitors and school nurses when a child or young person attends A&E. Children and young people are discharged appropriately. Medical examinations of children and young people, where there are suspected non-accidental injuries, are undertaken by appropriately trained staff and there is good access to dedicated safe centres for children and young people who may have been sexually abused, as well as an innovative chronic sexual abuse clinic at the University College London Hospitals NHS Foundation Trust. This provides good diagnostic services, appropriate links to safe centres, and effective pathway planning to treatment services. Co-location of CAMHS teams at hospital sites has improved timely access to assessment for children and young people who

self-harm. Good links are in place between A&E and paediatric in-patient wards to ensure that children and young people are assessed and admitted appropriately from A&E. Health professionals working in A&E demonstrate a good awareness of safeguarding, resulting in appropriate and timely referrals to children's social care services.

50. A clear strategy to embed the Think Family approach across adult health services has not been sufficiently developed and implemented which means that there is not comprehensive awareness and knowledge of children's safeguarding across all staff. However, there were some very good examples of child protection awareness by some adult health staff which has led to effective action. The interface between children's social care and adult health services is good.
51. Health professionals state that thresholds are clear and that children's social care services are responsive to referrals that are made relating to child protection and children in need. There is a high rate of attendance of health professionals at case conferences, with increasing rates of GP participation in person or by submitting reports. There are ambitious targets to increase these further within the next financial year.
52. Specialist midwifery teams at the Royal Free Hampstead NHS Trust and at the University College London Hospitals NHS Foundation Trust provide an excellent service to vulnerable women who are pregnant. The teams work effectively with maternity staff and hospital social work teams to prioritise the safety of children across perinatal care. Some deficits in communication with community teams have been identified and are being addressed by strengthening protocols and reviewing the health visitor liaison role, to improve communication between health professionals.
53. There is an excellent range of high quality services to meet the emotional and mental health needs of children and young people in Camden and access to these services is prompt. The MALT provides a very good and flexible service to effectively support the emotional well-being of children and young people and there is a good range of services to support parents in developing parenting skills or in improving their emotional and mental well-being. The availability and quality of therapeutic services are valued by parents and carers and are effective in supporting early intervention and positive outcomes. Good work is undertaken by the refugee team, which works with parents to improve parenting skills and engages with children and young people to support their emotional well-being. The team also raises awareness in communities about local services. Good integrated services are provided by MOSIAC to meet the needs of children with severe and profound disabilities.
54. Access to CAMHS is prompt. CAMHS is highly effective in improving emotional well-being, and is valued by service users. Recent reconfiguration of tier 4 in-patient services has ensured more appropriate

local services, and children and young people are not placed in adult mental health services. Children and young people in Camden have good access to substance misuse services.

55. Initiatives to promote health in mothers and young babies are effective in increasing breastfeeding and decreasing the numbers of pregnant women who smoke. Targeted work to promote early booking for pregnant women from the traveller community is beginning to increase take up of services by this group. Rates of teenage pregnancy are low, and children and young people in Camden have good access to sexual health services. Health staff are increasingly engaged in multi-agency initiatives to promote the health and protect the well-being of children and young people, such as the early identification of domestic violence and sexual exploitation.
56. Early intervention to support the health and well-being of young children and their families is delivered through a range of services. Good sharing of information between health visitors and children's centre staff helps staff engage with mothers of newly born children. Good multi-agency early intervention projects are effective in supporting families and children attending early years services and children's centres.
57. Lack of capacity has led to school nurses holding very high caseloads, leading to difficulties in effectively undertaking their role with regard to health promotion. This is acknowledged and a bid is being developed to increase the number of posts.
58. While there are good arrangements for sharing information with parents who access the MOSAIC service about services available, some parents are concerned that they do not have sufficient information about the wide range of services and support available in the area, particularly with regard to respite opportunities, and occupational therapy services. Capacity issues with regard to insufficient occupational therapists impact on the service delivered to families. Parents who met with inspectors stated that accessing occupational therapy services is difficult and that reasonable requests for services are refused. Plans have been developed by the partnership to address this.
59. Effective early pathway planning for young people moving into adult services is well supported by a number of services that continue to work with young people beyond the age of 18, with a specific remit to improve multi-agency working in this area. For example, adolescent services at the Tavistock centre work with young people up to the age of 25. While improvements in protocols and practice have been made in response to previously identified deficits in practice, the transition arrangements are not effective for young people who are receiving adolescent mental health services and who do not have a diagnosis of psychosis, or are not on the Care Programme Approach.

60. Rates of immunisation in Camden are lower than comparator groups. Targeted information sessions on immunisation have been delivered to the Somali and Bangladeshi communities and to teenage parents, but have yet to have an impact.
61. Young people have been involved in projects to evaluate the quality of health services. Youth Health Ambassadors took part in the You're Welcome accreditation process for a genito-urinary medicine clinic, and others have been trained in mystery shopping for illegal sales of tobacco.

Ambition and prioritisation

Grade 2 (Good)

62. Ambition and prioritisation are good. Senior managers across the partnership, including the voluntary and community sector, demonstrate ambitious and effective leadership to promote and safeguard the welfare of children. The partnership is committed to delivering the best services to children, young people and their families. The ambition of the council and its partners is reflected through their commitment to innovative ways of working such as the effective Family Drug and Alcohol Court. The partners work hard to enable children to remain safely with their own families and many successful interventions have been developed, including good use of family group conferencing, an excellent range of accessible services to support the emotional well-being of families and a wide range of family support services.
63. There is strong prioritisation of services for vulnerable families with regard to financial planning and decision making. One of the council's key priorities has been the creation of a stable workforce; this has led to effective action and social workers are provided with some excellent support. However, this support has not yet been translated into consistently effective practice.
64. Partners have a clear vision with regard to developing work with families. This includes enabling social workers to spend more times with families and creating a more child centred approach. For example the electronic recording system is being developed to create a child protection report that will also enable an assessment of the family's situation.
65. The partnership is continuously working to address inequalities within Camden, and this is demonstrated by some excellent examples of engagement with local communities. Good cross party political support is evident with regard to safeguarding, which is being championed by the recently appointed lead member for children's services.
66. Local priorities are clearly identified within the Children and Young People's Plan, which is regularly reviewed. In a number of areas this has led to improvements for children and young people, for example with

regard to early intervention services, the increasing use of the CAF and effective partnership working to reduce offending. The partnership has demonstrated that it is able to deliver improvements on identified priorities and has been successful in creating an infrastructure that enables a strong culture of learning and development.

Leadership and management

Grade 2 (Good)

67. Leadership and management are good. Clear and ambitious commissioning priorities are in place and being implemented through a five year strategy. Joint commissioning between the council and health partners is well embedded and delivers a wide range of services, demonstrating good use of resources. An effective joint commissioning board with appropriate governance arrangements and quality assurance processes leads to the provision of valuable services such as The Brandon Centre, which provides three themed programmes of multi systemic therapeutic interventions. The council's understanding and knowledge of their service user group is demonstrated by family services teams being located in the most deprived areas of the council, offering evidence based parenting programmes and interventions across all levels of need. All contracted services are subject to outcome focused service level agreements which set targets for performance and which are monitored on a monthly basis to ensure efficient use of resources. A well considered approach has taken place with regard to financial planning, including a comprehensive review of children's services to enable resources to be used more effectively.
68. Workforce planning with regard to social workers is excellent. Very effective work has been undertaken to improve recruitment and retention of staff in children's social care. This has led to much less reliance on agency staff and significant improvements for families with regard to the continuity of their social workers. The workforce reflects the diversity of the population. Caseloads are manageable and very good opportunities for training are available for staff at all levels. Social workers value the range of support given to them including senior clinical practitioners, child protection officers, managers, health professionals and the complexity forum; this has led to very high morale within children's social care services. Staff are provided with many opportunities for reflection and consultation on case work, as well as joint working. A significant number of student social workers benefit from placements in Camden and social workers are given opportunities to develop through practice teaching. Staff take significant pride in working for Camden; which has led to many staff working in Camden for many years.
69. Consultation with children, carers and parents is well established and there is strong commitment from senior managers. The Director of

Children's Services meets regularly with children and young people. The views of children and their parents have had a significant impact on the development of the Children's and Young People's Plan and the review of the plan. Elected members regularly listen to the views of children, carers and parents. Young people spoken to during the inspection stated that they were listened to by elected members and that their views were taken into account. There are many examples of children's, parents' and carers' views being taken into account in setting priorities and in service development, for example the consultation with regard to short breaks has had significant impact on the commissioning of these services. In addition children and young people who have participated in family group conferences have worked with the partnership to produce two DVDs and a leaflet to explain the service to teenagers and younger children. Children and young people have attended the Children's Trust meetings and the Children, Schools and Families Scrutiny Committee.

Performance management and quality assurance

Grade 3 (Adequate)

70. Performance management and quality assurance are adequate. Rigorous monitoring of quantitative data and performance indicators takes place and this is well embedded throughout children's social care services. In some cases performance monitoring of data has been used effectively to identify issues that need further exploration, for example the duration of child protection plans. However, there is an over reliance on quantitative rather than qualitative information in some areas. For example performance monitoring and quality assurance processes had not effectively identified deficits in the response of the duty and assessment service to contacts and referrals. Additionally a systematic approach to the evaluation of the impact of the CAF has not taken place. However, good ongoing audits of the quality of CAF assessments have been undertaken and these have led to improvements in this area. In response to previous concerns regarding the number of changes in social worker that children and their families experienced, a local performance indicator was developed to monitor turnover of social workers on individual cases; this is good practice. The partnership has recently started meeting with a neighbouring London Borough to discuss and compare thresholds across the two areas, which is good. A Social Care Institute for Excellence review of a serious incident is currently being undertaken and early messages have already been disseminated to staff. Good learning has taken place following a serious case review. The partnership has worked hard to understand the lack of participation of GPs at child protection conferences; this has led to appropriate action and some improvement in this area and progress is currently being monitored.

71. Quality assurance processes include some good specific auditing of both children in need and child protection cases. This has led to good identification of key issues and appropriate recommendations which are being implemented. Managers undertake some of these audits. However, there is no system in place for managers to audit cases on a regular basis.
72. Management oversight on cases is not sufficiently robust. Management oversight includes some evidence of providing direction for case work activity. However, evidence of audits and of cases seen by inspectors indicates that actions agreed are not consistently and effectively followed through. In too many cases seen by inspectors, management oversight is not sufficiently focused on the impact of intervention and current level of risk and need, and does not identify whether plans are being effective. Supervision is in the main regular and is valued by staff. However, recording of supervision is variable. Managers use a variety of formats and objectives identified for staff development are not consistently clear.

Partnership working

Grade 2 (Good)

73. Partnership working is good, with effective involvement from a range of agencies at all levels and evidence of a strong commitment to working together to improve outcomes for children and young people. Partners have decided that they will continue with the Children's Trust arrangements to ensure that the good communication that has been developed is maintained. Consultation with children and young people is good, and includes children and young people making presentations to the Children's Trust Board. The Children's Trust is clear about its priorities, for example through focusing successfully on reducing rates of re-offending.
74. Partnership working with the voluntary and community sector is good at all levels. The voluntary and community sector feels valued and participates in several sub groups of the CSCB, including the community engagement sub-group. The voluntary and community sector has been involved well in developing commissioning, which has now become more outcome focused. The sector reports that the council has been receptive in ensuring that budget cuts have not impacted significantly on the quality of services delivered.
75. The Camden Safeguarding Children Board is effective. Membership is appropriate and is at a sufficiently senior level. Low levels of attendance by a small number of agencies have been recognised and are being addressed. The members report a high degree of trust in each other, which enables good challenge. The role and influence of the independent chair is valued. The board has recently spent some time evaluating its effectiveness, and as a result it has reshaped the business plan and is looking to become far more outcome focused, with much better alignment between the board and the sub-groups. The board has been effective in improving the quality of multi-agency work at an operational level, and the

work of the sub groups is effective and valued by staff. Partnership working and communication at an operational level is particularly good between children's social care and adult mental health services, which impacts positively on assessment and intervention for these families.

76. Services are working together effectively to tackle domestic violence. A multi-agency service, the 'Camden Safety Net', has been effective at reducing risk for the vast majority of families who access the service. Services are able to respond effectively to specific local communities such as Asian families. Arrangements for multi-agency risk assessment conferences are working well, and promote good information sharing and improved safeguarding. Multi-agency public protection arrangements are also well established, with good representation from relevant agencies.
77. Good partnership working is taking place to protect children abused through sexual exploitation. Young people have good access to support, and information gathered has enabled better targeting of Police activity of venues where young people risk being exploited. Information sharing protocols are established across the partnership.

Services for looked after children

Overall effectiveness

Grade 2 (Good)

78. The overall effectiveness for services to looked after children and care leavers is good. Strong partnerships have led to an ambitious vision for looked after children and clear priorities that are effectively implemented. The partnership is improving outcomes for looked after children and care leavers and all outcome areas are judged to be good. Strong cross party political support for looked after children and care leavers ensures that services receive a high priority within the council. A good and increasing emphasis on direct work with looked after children and young people is having a positive impact. Significant challenges remain for the partnership with regard to meeting their sufficiency duty by ensuring effective placement choice for children and young people within Camden. Consortium based commissioning of placements is in the early stage of development and so far the partnership has yet to achieve maximum cost effectiveness. The majority of children entering the care system have a good experience, however some older teenagers entering the care system are not as positive about their care experience. Strong commitment from the partnership to enable care leavers to remain in Camden has led to the development of the 'pathways' project. However, care leavers met during the inspection stated that the available accommodation does not fully meet their care needs. Young people are currently being consulted on how the arrangements can be improved.
79. Health outcomes are good. Children and young people who are looked after have access to an excellent range of services to support their emotional and mental health. Overall performance in relation to annual health assessments, dental checks and immunisations is good. However there is no designated doctor and there is a lack of clarity with regard to the role of the designated nurse.
80. Services to support children and young people in their placements are good and there is a wide range of effective services to divert children from entering the care system whenever possible. Long term placement stability has improved and there is an increasing focus on achieving permanency for children and young people, which has led to an increase in the use of Special Guardianship Orders. However, care plans are not sufficiently specific and assessments are not all up to date, and therefore do not consistently inform planning. Arrangements for young people to stay in their placements after they reach the age of 16 are not sufficiently robust.
81. Overall attainment for looked after children is improving and there are indications of gaps between them and others in the borough narrowing. Looked after children do better at Key stage 1 and 2 than the national

average. Opportunities for looked after children to undertake positive activities and enjoy their time outside school are very good. Performance at Key Stage 4 for attainment of five GCSEs at grades A*-C for maths and English has improved and is now broadly in line with attainment for looked after children nationally. This is an area which remains a challenge for the partnership, particularly for those children that enter care during Key Stage 4. Personal education plans (PEPs) are used well in identifying additional support needs. However they are not sufficiently integrated with tracking and monitoring processes within schools, which means that their impact is limited. At the age of 19, significantly more care leavers are in education, training and employment than similar councils.

82. Good participation of children and young people takes place both with regard to their individual care plans and in influencing service development. Increasingly effective work is being undertaken to divert looked after children and young people away from the criminal justice system. Robust performance management systems have been effective in highlighting areas for development and this has led to some significant improvements in outcomes, for example with long term placement stability.

Capacity for improvement

Grade 2 (Good)

83. The capacity of the partnership to improve is good. The partnership has a consistent track record of improving outcomes for looked after children and care leavers. The partnership knows itself well and has a good understanding of its key strengths and weaknesses; which leads to good and appropriate priorities which are effectively implemented. Workforce planning with regard to children's social care services is excellent and has led to reduced turnover of social workers for children, young people and their families.
84. The partnership has been effective in its ambition to enable children to remain with their families where this is in their best interests. Family group conferences are used well to try to enable children and young people to remain in their families and communities and there are a good range of family support services. Where the partnership identifies areas for improvement, appropriate action is taken, such as the further development of edge of care services due to the increase in the number of teenagers entering care. An outstanding fostering service delivers high quality care to children and young people, however the biggest challenge is ensuring sufficient local placement choice within Camden. Good action is being taken to address this, although progress is being hampered by the limited amount of households with suitable accommodation in Camden. Engagement of children and young people in service development is good, with some outstanding examples of positive impact. For example all young people at University now have laptops.

Areas for improvement

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

Within three months:

- continue to improve outcomes at Key Stage 4 and particularly so for those who come into care during Key Stage 4.
- ensure that an updated comprehensive assessment of a child or young person's needs is in place and that this effectively informs care planning.
- ensure that care plans contain specific objectives, have timescales for actions to be completed, contain explicit contingency arrangements and are systematically reviewed and updated to reflect progress made.
- NHS North Central London to ensure that a designated doctor for looked after children is appointed and that a clear job description is in place for the designated nurse, so that statutory guidance is met and that strategic management oversight is robust.

Within six months:

- ensure PEPS are integrated with school based processes to avoid duplication and maximise the impact on learning and development.
- ensure that arrangements for young people 16+ to 'stay put' in their placements are strengthened.
- ensure that care leavers have sufficient placement choice and levels of support that meet their care needs.
- ensure that the sufficiency duty is met by increasing local placement choice, in particular foster placements for teenagers.

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

Being healthy

Grade 2 (Good)

86. Health outcomes for looked after children and care leavers are good. The looked after children steering group effectively monitors the health of looked after children. This has led to some good service developments, such as joint funding between Camden and a neighbouring authority to develop a post with the specific aim of reducing both substance misuse and teenage pregnancy rates for care leavers. However, strategic oversight is not sufficiently robust as a result of the absence of a designated doctor and poor development of the designated nurse's job description. The medical advisor fulfils elements of the designated doctor role, including producing the annual health report, as well as taking an operational lead in the absence of a specified named doctor. The looked after children annual health report is satisfactory, providing an analysis of performance relating to the health of looked after children and an overview of health issues such as obesity. The report includes clearly identified areas for development. Plans are in place to increase capacity in the looked after children's nursing team in response to the growth in numbers of older looked after children.
87. Overall performance in relation to annual health assessments, dental checks and immunisations was good in 2010–2011, although delays in arranging assessments for children placed out of the Borough and lack of effective engagement with older teenagers have led to a decline in performance in relation to undertaking annual health assessments however this is still slightly above the national average. Particular challenges remain for the looked after children nurses in creatively and consistently engaging older teenagers. The quality of health assessments and plans is good and they are subject to regular, effective auditing. The protocol for ensuring an appropriate handover of health care arrangements for looked after children who are placed outside London is not robust, and has not consistently ensured that looked after children have health assessments undertaken by specialist looked after children nurses.
88. The medical advisor for looked after children is successfully addressing the higher than average levels of obesity amongst looked after children. An effective protocol has led to the identification and monitoring of looked after children who are overweight, promoting better engagement in healthy eating and exercise. Effective action has been taken to address delays in the health care assessment of looked after children who are of pre-school age. An early years panel, which has oversight of performance, has ensured improvements in timeliness of assessments as well as

providing a valued forum for practitioners to discuss cases and good practice.

89. The proportion of looked after children with an identified substance misuse problem has decreased significantly which is good. Although there is a range of appropriate services for looked after young people who have a substance misuse problem, levels of take up fell in 2010–11 from a previously very good level. The reasons for this change have not yet been clearly identified across the partnership.
90. Wide ranging services to support and promote the emotional and mental health of looked after children are outstanding. Access is prompt, with clear referral routes and no significant waiting times. The availability and quality of therapeutic services are valued and effective in supporting early intervention and preventing placement breakdown. Many looked after children who receive a service from CAMHS benefit from improved emotional health. Due consideration is given to ethnicity, religion and disability in the provision of services to looked after children. The health needs of unaccompanied asylum seeking children are effectively met.
91. Looked after children and young people have access to an effective range of sexual health services, and rates of pregnancy among looked after children are low. Support for looked after young people who are pregnant is good and has had led to positive outcomes for young people and their babies.
92. Transitions into adult health services are good and supported by multi-agency, integrated working that is effective in promoting clear pathways. In some cases this includes the provision of children's services to young people beyond 18 years old, which is good. Care leavers are provided with a copy of their health assessment and recommendations, together with information sign-posting them to local health services. However, there is not a sufficiently proactive approach to ensure that care leavers are engaged and have access to appropriate health services.
93. Participation of looked after children in evaluating health services is underdeveloped. Plans to introduce the 'You're Welcome' standards with the involvement of looked after children are in place, but no action has been taken to implement them.

Staying safe

Grade 2 (Good)

94. Safeguarding arrangements for looked after children are good. Of the looked after children that responded to the Ofsted pre-inspection survey, almost all reported that they feel safe or fairly safe, and almost all stated that there was at least one person they could talk to if they felt unsafe. The vast majority of children and young people who responded to the survey found the advice that they receive from adults about keeping safe was useful. Ofsted's inspection of local authority fostering services in 2008

judged the service to be outstanding, and an inspection of local authority adoption services in 2011 judged the service to be good.

95. Good multi-agency arrangements are in place for children who go missing from care. Consideration is given to the most appropriate professional to undertake the return interview. Barnardo's offer targeted work with young people who have been missing, where this is assessed as being in their best interests. Good awareness of the links between children going missing and sexual exploitation has led to a good assessment of the risks to young people, and good committed partnership working has resulted in the risk of sexual exploitation being significantly reduced for some young people.
96. Performance in relation to long term placement stability has improved significantly. Improvements in the matching process and support services for foster carers and children and young people have led to greater placement stability. In the majority of cases, stable placements are delivering good outcomes for children and young people. There are a few examples of difficulties in effectively engaging teenagers, which has impacted on the ability of the partnership to secure good and safe outcomes for these young people. However, the partnership shows strong commitment and perseverance in working to improve the situation of these young people.
97. The fostering service in Camden is judged by Ofsted to be outstanding. However, a significant proportion of children are in residential care and local placement choice is severely limited. Impressive and imaginative work takes place with the North London consortium of adoption and fostering services, which rotates the responsibility of accepting and progressing enquiries from potential carers. This is maximising opportunities to recruit adopters and foster carers. However, this has yet to have sufficient impact in recruiting foster carers, and the limited amount of households with suitable accommodation in Camden makes this a very significant challenge for the partnership. In the Ofsted pre-inspection survey nine out of 15 children and young people stated that they had no choice of placement. Some young people met during the inspection who were living in residential children's homes report having no choice of placement and are concerned that they may have to move to semi independent supported accommodation once they reach 16 years old. Lack of local placement choice means a higher proportion of looked after children are placed more than 20 miles away from their home compared with the statistical neighbour average. In addition a higher proportion of looked after children are placed in residential provision compared with the statistical neighbour average.
98. Effective commissioning arrangements ensure appropriate safeguarding standards are in place where children are placed in independent provision. Good contracting arrangements ensure effective monitoring of

safeguarding standards for all commissioned services. All looked after children and young people, including those placed outside of Camden, are placed in provision that is judged to be adequate or better.

99. Overall there is a good and increasing focus on achieving permanency for children and young people. This has led to an increase in the number of adoptions and Special Guardianship Orders since April 2011. Evidence was seen of Special Guardianship Orders being used well to achieve permanency for children and young people. The local authority adoption service is good. Effective implementation of permanency plans leads to children being placed for adoption in a timely manner following the decision that this is in their best interests. However, the timeliness of decision making with regard to children and young people being placed in permanent placements is too variable. Good examples of robust, promptly implemented plans were seen by inspectors alongside plans where there is evidence of significant delay. Adoption support services are accessible and wide ranging, and effectively support permanent placements.

Enjoying and achieving

Grade 2 (Good)

100. The impact of services to help children and young people enjoy and achieve is good. The virtual school is well established and the virtual school headteacher, together with consultants for primary and secondary phases of education, is effective in supporting schools and social workers and in raising standards. Schools are committed to improving outcomes for looked after children and young people and monitor their progress carefully. School improvement advisers challenge schools on the performance of looked after children and young people during annual conversations, and governors regularly monitor their progress. Eighty per cent of looked after children attend good or better schools. The virtual school is now more rigorous in monitoring the overall effectiveness of schools prior to placements being made and is increasingly challenging good or better schools who may be reluctant to accept a looked after child.
101. Personal education plans are adequate overall and provide a useful focus for discussing pupils' progress and support needs. Schools and social workers are careful to ascertain the views of children and young people and often those of carers. Although good use is made of PEPs in identifying additional support and one to one tuition needs, PEPs are not closely enough linked with the tracking and monitoring processes of individual schools. As recognised by the virtual school, social workers need further support to enable them to make full use of attainment and progress data to challenge schools to maintain improvements in attainment. PEPs are monitored by the virtual school and any concerns over progress are investigated further and appropriate action taken. Schools have found PEPs particularly useful in helping secure funding to

enable children and young people to participate in after school activities and in supporting their personal development.

102. Schools and education welfare officers are increasingly effective in addressing poor attendance and the virtual school monitors the attendance of children and young people placed in schools outside the Borough. The proportion of looked after children who miss 25 days or more of education is decreasing steadily and is now in line with the picture nationally, although higher than for all children in the Borough. Persistent absence is lower than that seen nationally or in similar areas. Schools are committed to inclusion and the virtual school works well with individual schools to avoid exclusions. Children and young people at risk of exclusions are identified early and good use is made of managed moves and alternative provision to avoid exclusions. Pupil referral units are increasingly effective in helping pupils with behavioural and emotional problems to re-integrate into mainstream schools. There have been no permanent exclusions in recent years and fixed term exclusions have reduced over the last four years and are just below the rate in similar areas.
103. Overall, attainment for looked after children and young people is improving and there are indications of gaps between them and others in the Borough narrowing. Young children mostly do better than the same group nationally in reading, writing and mathematics with all children assessed in 2011 achieving level two or above in all three subjects. The use of one to one tuition support has been successful, and children mostly make better progress than the same group nationally between Key Stages 1 and 2. At the age of 11, proportionally more children than nationally achieve level four or above in English and maths. Historically, children of this age have not done as well as the same group nationally in achieving level four or above in both subjects but there are indications of an improving trend and Camden children did well in 2011. At Key Stage 4 young people do relatively well in achieving five or more GCSEs at grade C or above, but are broadly in line with standards for the same group nationally in the extent to which they gain five GCSEs at grades A*-C including English and maths. Young people had not made the same level of progress in either English or maths in 2011 as in previous years and the virtual school is working with schools to provide more targeted support.
104. Children and young people are helped well to enjoy their free time outside school. The innovative 'Coo-I Card' provides looked after children and young people with £40 a month to spend on positive activities and they have free access to gyms, swimming pools and leisure activities. The Coo-I Card helps develop independence and the council receives regular statements of expenditure which enables social workers to continue to encourage young people to participate in positive activities. A freedom card also provides free travel for children and young people and their carers. Children are encouraged to participate in a wide range of activities

such as music lessons, dance, drama and sport, as well as Duke of Edinburgh scheme. The youth service monitors the participation of young in youth clubs and activities and some 80 looked after young people are involved. Significant annual events such as the summer picnic, Christmas party and opportunities to celebrate the achievements of looked after young people are well attended and provide them with opportunities to help them develop their organisational skills. Looked after children are given priority to access Camden Summer University.

Making a positive contribution, including user engagement

Grade 2 (Good)

105. The extent to which looked after children and care leavers make a positive contribution is good, with some outstanding features. The children in care council is a well established group who regularly meet with elected members and senior officers. Children and young people are positive about these meetings and feel that they are listened to. The children in care council has had a significant impact, for example in ensuring that all young people who attend university have laptops. Younger children have been effectively involved in consultation events, which is good. Young people are regularly involved in the recruitment of managers and staff and are clear that their views are taken seriously. Young people also take part in the training of foster carers. The children in care council is part of the London Pledge group and young people are proud of the Camden Pledge, which they have developed. Children and young people are confident that elected members and senior officers will ensure that the promises in the Pledge are adhered to. Foster carers' birth children have been involved in consultations which is good. Looked after children and young people and foster carers have been consulted in the development of information cards on foster carers, so that children and young people have information about foster carers prior to being placed with them; this is good practice. The quality of services has improved as a result of young people's involvement. For example young people's involvement in influencing foster carer training has led to increased support for carers to help children with their education and homework. The children in care council is currently developing its own website, to increase the number of children and young people who are involved in influencing service development
106. The outstanding young inspector scheme undertakes reviews of specific service areas, which lead to recommendations which are effectively implemented by senior managers. Reviews have taken place of the leaving care service, the looked after children service and MALT. The latest review undertaken by young inspectors is the looked after children's academy. The quality of information and recommendations from these reviews is excellent. In addition, young people benefit significantly from being part of the young inspectors scheme, for example in relation to developing their skills and increasing their confidence.

107. Looked after children and young people in Camden are enabled to contribute to decisions about their lives. A high number of children and young people participate in their reviews. A range of methods are used to help children participate fully in reviews and make their views known. Children are consistently seen by reviewing officers before their reviews to ensure that their voices are heard and are fully represented. Commissioned advocacy services for both disabled children and all other looked after children and young people are used effectively to help children express themselves, including participating in their reviews. The practice of individualised commissioning for advocacy services is well established. In individual cases where a child has a specific need or disability appropriate specialist advocacy services are commissioned. The independent visitor service was decommissioned due to the service not meeting the specific needs of children and young people. Work takes place where appropriate for children to have mentors and children are enabled to build links with their own community groups. The partnership has found this to be more effective in meeting the individual cultural needs of children and young people.
108. The number of looked after children who offend has been consistently higher than the national average. However, there are more recent indications that work to reduce rates of offending for looked after children and young people are becoming more effective. Restorative approaches are not used systematically in children's homes and foster placements but individual incidents are subject to restorative processes where appropriate. Work in relation to gang related serious violence is showing early signs of positive impact. Independent reviewing officers have been instrumental in providing intelligence on relationships between families and gang allegiances, to better match and place young people in pathways accommodation.

Economic well-being**Grade 2 (Good)**

109. The impact of services to promote the economic well-being of looked after children and care leavers is good. Discussions with young people who are looked after about options for continuing with their education or undertaking training after the age of 16 are initiated in schools in year 10 and continue during year 11. Connexions personal advisors provide good additional support and guidance when young people are unsure about the choices open to them or are at risk of not continuing with education or training. The virtual school monitors those at risk of failing to continue in education and training carefully and a wide range of support and provision is available for 14-16 year olds. The pupil referral unit provides good support for those who find it difficult to settle at school, and increasingly specific packages of support are developed for individuals. Schools, the virtual school and integrated youth support services are clearly focused on working with those young people in year 12 who are likely to find it difficult to progress successfully to adult life, particularly those with

behavioural difficulties, low literacy levels and those at risk of involvement with gangs and breaking the law.

110. Schools, colleges and universities which are easily accessible to young people in Camden offer a wide range of provision and a varied curriculum at all levels. Free travel provided for looked after young people by the Borough is particularly valuable in this respect. The leaving care team has good links with work-based learning providers which provide young people with good opportunities for undertaking apprenticeships, although the council does not have specific apprenticeships for looked after young people. Almost all care leavers have pathway plans to support their progression and information provided by schools, Connexions personal advisers and the virtual school is used well in formulating pathway plans. Young people are consistently encouraged to contribute to formulating their plans and by far the majority engage well. Rates of progression of young people to education and training on leaving school have improved as a result of the increasing focus on supporting individuals although a core of young people, many of whom came into care as teenagers, are difficult to engage. The post-16 team does however continue to work with these young people and a newly commissioned service for New Horizons is designed to work with young people aged 16 to 25 with complex needs through providing accommodation and developing life skills.
111. Despite some young people initially finding it difficult to settle in appropriate post-16 provision, the council's persistence in continuing to support young people is effective and at the age of 19 more care leavers are in education, training or employment than elsewhere. Numbers of young people progressing to higher education are high with 49 young people at university at the time of the inspection. Unaccompanied asylum seekers do particularly well in the Borough and take full advantage of the good support and guidance offered by the post-16 team. Young people who spoke to inspectors spoke highly of the support and encouragement they receive from the leaving care service. They have good access to services at the post-16 drop in centre, personal advisers are accessible and are in contact with almost all care leavers. Despite a significant level of success in helping many young people achieve self-confidence and self-reliance, the post 16 team is mindful of the continuing vulnerability of many young people once they have left care.
112. The partnership is consistently good at ensuring young people are accommodated, and makes good use of mediation services where possible to resolve conflicts and family tensions where young people present as homeless. The partnership's Young People's Pathway is designed to prepare young people for independent living, there are clear stages of progression to enable different levels of support to be provided to young people. Hostels act as assessment centres and young people are supported through to their own tenancies. Whilst this is an ambitious approach which reflects good strategic management and a commitment to

enable care leavers to live in Camden, young people who spoke to inspectors were clear in their view that the accommodation provided does not meet their care needs. Despite the specification for the services commissioned by the partnership emphasising the importance of care and support for young people, the young people who spoke to inspectors expressed significant concerns about the way care leavers are viewed and treated by staff. Care leavers reported feeling unsupported, being bullied and they feel their concerns are not listened to. There are currently no supported lodging placements and the current pathway project is not able to meet the care needs of all care leavers. Senior managers have increased staffing levels and levels of support in the pathways project within the last year and are in the process of reviewing the service to make further improvements.

Quality of provision

Grade 2 (Good)

113. The quality of provision is good. The number of children who are currently looked after has remained broadly constant since 2008. These figures do not reflect the increased activity with regard to children entering and leaving the care system particularly with regard to teenagers. Services available to families with children on the edge of care are wide ranging and effective and help to ensure that only children that need to be in care are in care. For example Families in Focus, a community based service has been independently evaluated by the Coram Research Unit, which found that the service was successful in engaging hard to reach families, being cost effective and empowering parents. The service provision to support children and families' emotional well-being is excellent. The Family Drug and Alcohol Court is effective. It is improving the reduction in substance misuse for some parents and enabling quicker decision-making with regard to permanency for children. Pre-birth assessments are started at an early stage, enabling planning and intervention to be more proactive. In the vast majority of cases thresholds are being applied appropriately and used well so that children can be returned to their families in a timely manner where this is in their best interests. However, drift in progressing some child protection plans effectively, and delays in seeking legal advice, leads to decisions about whether children need to be in care not always being made promptly. Unplanned placement moves are rare and overall placement stability is prioritised and is at least satisfactory.
114. Services provided to unaccompanied asylum seeking children are good. Experienced workers are able to engage well with children and young people who have arrived in this country unaccompanied. Effective work is undertaken to ensure that these children and young people have links to their own community groups. MALT provide a good and flexible service to better engage unaccompanied asylum seeking children in supporting their emotional and mental health. There is consistently good access to interpreters.

115. Assessments seen by inspectors are of at least satisfactory quality and effectively identify the needs of children and young people and record the views of children and their parents. Core assessments completed in relation to young people who are aged 16 or over who are potentially homeless are of good quality and have an explicit assessment of risks, needs and strengths. Some assessments take good account of the diversity of an individual child's needs but some do not fully consider the impact of specific issues with regard to the child's daily life. Core assessments are not consistently updated so that there is not a contemporary comprehensive assessment of children and young people's needs to effectively inform planning and intervention. Evidence was seen where the conclusions in assessments were not clearly reflected in care plans.
116. Independent reviewing officers are experienced and knowledgeable and have manageable caseloads. The vast majority of reviews are undertaken within timescales. Care plans are reviewed regularly by a consistent reviewing officer. However, evidence of effective challenge is variable. Reviews do not consistently ensure that plans are progressed in a timely way.
117. Caseloads are manageable and children are regularly seen alone. The increasing focus on the importance of undertaking direct work with children is having a positive impact. Evidence was seen by inspectors of sensitive and very good quality life story work being undertaken. It is good that life story work is being expanded to include a wide range of children and young people who have permanency plans or are in long term placements. Determined work is carried out to engage birth mothers so that they are enabled to contribute to life story work where their children are being placed for adoption or in alternative permanent placements.
118. Case records seen by inspectors are up to date and their quality is generally good; this includes some very good observations of the child's presentation, interactions and behaviour. Most cases include an up to date chronology, but these are of variable quality.
119. Most children and young people who responded to the Ofsted pre-inspection survey stated that the care they received was either good or very good. Children that inspectors met who live in foster placements stated they are receiving a very good standard of care and that they are living in the right place for them and are positive about their relationships with foster cares, which are secure and trusting. However older teenagers who are placed in residential provision are not as positive about their care experience.

Ambition and prioritisation

Grade 2 (Good)

120. Ambition and prioritisation are good. Leaders and managers are effective and ambitious, and show a determination to safeguard and promote the welfare of looked after children and care leavers. Many partner agencies are represented on the looked after children steering group, which sets appropriate priorities and realistic targets for service development, based on a good analysis of need. Regular reporting to the Children, Schools and Families Scrutiny Committee ensures that effective challenge and monitoring of services to looked after children and care leavers takes place. Ambitious joint commissioning priorities are in place and are being implemented through a five year strategy. Progress is being made on a key priority which is to reduce the use of out of Borough placements for children with complex needs. This work has already had a significant impact, demonstrated by the reduction in use of tier 4 in patient beds for young people with significant mental health issues. The number of young people in this provision has reduced to nine from 33 as a result of the development of an effective outreach team and specialist foster carers.
121. Determined and bold ambition by the partnership is demonstrated by the young people's pathway project, which is in response to the need for suitable local supported accommodation for young people including looked after children and care leavers aged over 16. The project started in 2007 with 30 places for care leavers and is now a comprehensive three staged provision offering over 320 placements of supported accommodation with tiered levels of support, commissioned from a wide range of providers. This has resulted in young people no longer being placed in bed and breakfast accommodation. Service level agreements have been continually amended to reflect recognition of the need to increase and individualise support for vulnerable young people. The partnership is determined that this service should more consistently and comprehensively meet the need of looked after young people and care leavers and young people are being effectively involved in the recommissioning of the service.
122. The Corporate Parenting Group has been underdeveloped until recently. However, there is now a passionate and increasingly effective cross party Corporate Parenting Group who champion the needs of looked after children and young people. The Corporate Parenting Group is influencing the council wide housing review so that it takes the impact on foster carer recruitment into account. Young people make regular direct representations to the Children, Schools and Families Scrutiny Committee when issues are being discussed that will affect them. The children in care council and young inspectors also meet regularly with elected members and inform them about progress on the Camden Pledge. Elected members meet young people in informal settings such as at celebration days and festive events. Strong prioritisation is given to ensuring that care leavers are in education training, and employment which has led to very good performance in this area. The Chief Executive is committed to developing

more support for work placements and job opportunities for young people at the council. Corporate parenting is routinely considered by the looked after children steering group as well as the Children, Schools and Families Scrutiny Committee. Regular reports to the committee by officers include progress by the Corporate Parenting Group and the looked after children's steering group.

Leadership and management

Grade 2 (Good)

123. Leadership and management are good. Senior managers are visible and accessible and take a direct approach in dealing with complex cases. In most service areas there are well embedded and strong joint commissioning arrangements between the council and its partners, including independent providers and the voluntary sector, which deliver a wide range of services and provide effective use of resources. A stable and established joint commissioning board with appropriate governance arrangements and quality assurance processes has resulted in good provision of quality services, such as the very good multi-agency liaison team (MALT) as well as a wide range of effective support services for looked after children and a good range of services for children on the edge of care. However, Camden does not meet the sufficiency duty and too many children and young people are placed away from their own communities. In addition the council, despite robust recruitment efforts, has too few carers from minority ethnic communities and no supported lodgings provision. The council does have a clear strategy to address this issue, but so far significant progress has not been made.
124. Good examples of resources being used effectively are evident, such as the successful mediation service which has safely negotiated the return home of half of all young people presenting as potentially homeless where family conflict was a presenting factor. However, Camden does not have its own preferred provider system so is not ensuring maximum cost effectiveness. The partnership has reduced some unit costs for residential placements due to improved procurement processes. Work with other North London boroughs through the North London Consortium in relation to fostering and residential care placements is at an early stage and so Camden is not yet benefitting from planned block purchasing of independent fostering placements.
125. The complaints service has a high profile and is used routinely by looked after children, which is good. The high proportion of complaints from looked after children and young people demonstrates the accessibility of the complaints system. A culture of learning from complaints is well embedded and cases are held open until recommendations are implemented. The reviewing process ensures that young people are aware of how to access the complaints process.

126. The majority of service users, including parents and those who responded to Ofsted surveys are satisfied with the services they receive. Some young people placed in pathways placements are dissatisfied and report feeling unsupported and at times unsafe. This is being taken into account as part of the overall improvement of the service. The views of service users are taken seriously and have, for example, improved the quality of support given to children by their foster carers in relation to homework and education.
127. Recruitment and retention of social workers are excellent. Very good opportunities for training are available for staff at all levels. Social workers value the range of support given to them including by senior clinical practitioners, who offer advice and consultation based on expertise, research and experience. Clinical practitioners have assisted significantly in the improvements in undertaking direct work with children and young people. The complexity forum also supports social workers where they need support to develop and progress a child's care plan. Caseloads are manageable, enabling social workers to spend sufficient time with individual children. Social workers report regular good quality supervision with time to consider both cases and their professional development. Training is encouraged, easy to access and the newly qualified social worker scheme effectively supports new professionals including providing them with a personal budget for resources and direct work. The council staffing profile reflects the diversity of the local community.

Performance management and quality assurance

Grade 2 (Good)

128. Performance management and quality assurance are good. Robust monitoring of quantitative data takes place alongside some qualitative auditing. This, combined with regular consultation with young people, enables a good understanding of the strengths and weaknesses of the service. Performance management has led to some significant improvements. A priority for the partnership has been the long term stability of placements, which has improved significantly since 2009. Securing permanency for children is improving and the number of Special Guardianship Orders and adoptions has increased in the last year. The partnership has managed to sustain good performance for care leavers aged 19 in education, employment and training. Good action is taken when priorities are identified, for example a local indicator monitors the proportion of teenagers entering the care system, to help to establish the effectiveness of intervention for young people on the edge of care. Another example is the development of accommodation in Camden for care leavers to enable them to live in Camden. Camden is now consulting young people on their experience so that accommodation for care leavers can more effectively meet their needs. Audits have identified the need to prioritise direct work with children and young people and this is leading to

some significant improvements. However there is no system for front line managers to routinely undertake auditing of cases.

129. The council effectively benchmarks itself against similar councils and overall performance is better than statistical neighbours. Front line managers are provided with a range of performance management information to enable them to monitor performance.
130. Management oversight varies from inadequate to good. There is inconsistent evidence of robust challenge, and management oversight does not sufficiently focus on the impact of intervention and the effectiveness of the current care plan.

Record of main findings:

Safeguarding services	
Overall effectiveness	Good
Capacity for improvement	Good
Safeguarding outcomes for children and young people	
Children and young people are safe and feel safe	Good
Quality of provision	Adequate
The contribution of health agencies to keeping children and young people safe	Good
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Adequate
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
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Good
Equality and diversity	Good