

Inspection of safeguarding and looked after children services

London Borough of Richmond upon Thames

Inspection dates: 19 – 30 March 2012

Reporting inspector: Sheena Doyle HMI

Age group: All

Published: 14 May 2012

© Crown copyright 2012

Website: www.ofsted.gov.uk

This document may be reproduced in whole or in part for non-commercial purposes, provided that the information quoted is reproduced without adaptation and the source and date of publication are stated.

Further copies of this report are obtainable from the local authority or at www.ofsted.gov.uk

Contents

About this inspection	2
The inspection judgements and what they mean	2
Service information	3
Safeguarding services	5
Overall effectiveness	5
Capacity for improvement	7
Areas for improvement	8
Safeguarding outcomes for children and young people	11
Children and young people are safe and feel safe	11
Quality of provision	12
The contribution of health agencies to keeping children and young people safe	14
Leadership and management	17
Performance management and quality assurance	19
Partnership working	20
Services for looked after children	22
Overall effectiveness	22
Capacity for improvement	23
Areas for improvement	23
How good are outcomes for looked after children and care leavers?	25
Being healthy	25
Staying safe	26
Enjoying and achieving	27
Making a positive contribution, including user engagement	29
Economic well-being	30
Quality of provision	31
Ambition and prioritisation	32
Leadership and management	32
Performance management and quality assurance	33
Record of main findings:	35

About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with children and young people receiving services, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluation of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
 - a review of 62 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in December 2010
 - interviews and focus groups with front line professionals, managers and senior staff from Hounslow and Richmond Community Healthcare NHS Trust, South West London and St Georges Mental Health NHS Trust, NHS South West London – Richmond Borough Team, and NHS South West London cluster.

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 Richmond upon Thames has a resident population of approximately 43,660 children and young people aged 0 to 18, representing 22.9% of the total population of the area. In 2011, 34.5% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall. Some 18.9% of pupils speak English as an additional language. Polish, Punjabi and Arabic are the most commonly spoken community languages in the area.
5. The borough has 51 schools comprising of one nursery school, 40 primary schools, eight secondary schools (including three sponsored academies), two special schools and 20 units for children with special needs attached to primary and secondary schools. Early years' service provision is delivered predominantly through the private and voluntary sector in 114 settings; there are 17 local authority maintained nurseries.
6. The Richmond upon Thames Children's Trust was set up in 2008. The Trust includes representatives of the local authority, health services, police, probation service, the voluntary sector, local schools and colleges. The partnership voted for its continuance when its statutory nature was removed.
7. The Richmond upon Thames Safeguarding Children Board became independently chaired in 2007, bringing together the main organisations working with children, young people and families in the area that provide safeguarding services.
8. Social care services for children have 35 foster care families and one externally commissioned service. There are no children's homes. Children's social care teams comprise an initial response team, a child protection team and a team for looked after children. They are supported by teams for children with a disability, care leavers, adoption and fostering.
9. Protective and preventative services are organised in five locality areas of the borough, known as Quindrats. In each Quindrat, schools work together in order to promote early intervention and are supported by multi-disciplinary teams working across the area. There is an emergency out of hours service providing cover for the borough managed by the London Borough of Sutton. Other family support services are delivered through eight children's centres and extended services in schools.
10. At the time of the inspection there were 77 looked after children. They comprise 11 children less than five years of age, 56 children of school age (5–16), 10 post-16 young people and a total of 61 with care leaver status. The borough uses a virtual school approach in its support of the learning of looked after children. At the time of the inspection there were 49 children who were the subject of a child protection plan. These comprise 25 females

and 23 males (one was an unborn child). This is in line with the previous two years. Some 39% of these children are aged under five, 45% are five to 11, and 16% are 12 years or older. The categories of child protection plans were neglect at 33%, emotional abuse at 20%, physical abuse at 0%, sexual abuse at 6% and multiple abuse at 41%.

11. Commissioning and planning of national health services and primary care are carried out by NHS South West London (the PCT). The main provider of acute hospital services are West Middlesex University Hospital NHS Trust and Kingston Hospital NHS Trust. Child and adolescent mental health services (CAMHS) are provided by South West London and St George's Mental Health NHS Trust. The community provider unit, Hounslow and Richmond Community Healthcare NHS Trust, provides community health services such as health visiting, school nursing and children's community nursing.

Safeguarding services

Overall effectiveness

Grade 2 (Good)

12. Overall effectiveness in safeguarding children in the London Borough of Richmond upon Thames is good. The strategic leadership of the council and its partners ensures that safeguarding is given high priority. Elected members rigorously scrutinise safeguarding services and there is good reporting and communication between key elected members and senior officers. This ensures that local politicians are well informed and take an active role in progressing priority areas. The Local Safeguarding Children's Board (LSCB) and other strategic partnerships such as the Children's Trust provides senior representatives from health, education and voluntary services, and there is a strong track record of effective multi-agency work. There has been sustained improvement in safeguarding services underpinned by good quality management information, audit and challenge. The establishment of a 'single point of access' (SPA) within children's services is widely regarded by statutory and voluntary partner agencies as a positive development and ensures that all professionals and members of the public are able to access advice and information about services, and that referrals to children's social care or alternative services are responded to swiftly.
13. Significant additional funding by the council has enabled the creation of a range of early intervention and preventative services that are increasingly effective in reducing the number of children and young people in need of statutory services. These services continue to be strengthened by the introduction of bespoke training for staff working in preventative services. Children, young people and their families reported that they highly value the services they received and were able to articulate clear benefits to them and improved outcomes to the children and young people supported.
14. All child protection work is undertaken by qualified social workers who are well supported by accessible line managers and have manageable caseloads. A successful ongoing recruitment and retention strategy is increasing the permanency profile of the workforce, and the skills of social workers continue to be developed with good access to training. However, supervision arrangements for social workers remains under-developed, currently relying on a brief corporate code of practice; this leads to most supervision time concentrating on case issues at the expense of other aspects of worker development and support. Overall, caseloads are manageable.
15. The council has taken appropriate action since the unannounced inspection of the contact, referral and assessment arrangements to ensure all identified areas for development are being effectively responded to. There has been improvement in the quality of assessments and casework across the service over the past year, as supported by the council's own audits, and ongoing

performance monitoring. Children and young people at immediate risk of significant harm are identified and responded to in a timely way to ensure that they are safe. Inspectors identified some cases where there had been delays in responding to potential concerns about neglect and suspected child sexual abuse, which if not checked, could lead to children being at risk of harm. These cases were the exception however and most casework was of at least an adequate standard, with some good examples. The views of children, young people and their parents and carers are generally sought on an individual basis, although there is more to do to embed this within child protection conferencing, and the LSCB recognises the need to ensure the views of children and their families are more systematically gathered and used to influence service delivery. Nevertheless, children and young people told inspectors that the services that they receive make a positive difference to their lives.

16. The very low numbers of children identified as being privately fostered in the borough indicates a need for an awareness-raising activity to ensure that families, particularly for those whom English is not their first language, are aware of the need to report arrangements. Awareness-raising is also required in respect of the role of the Local Authority Designated Officer (LADO) given the current low number of referrals from sectors such as leisure services, the third sector and faith and community groups. There is also a need for more robust monitoring of LADO-overseen investigations to ensure there are clear outcomes and full consideration of support needs during such investigations.
17. The local authority's children's electronic social care record (ESCR) recording system does not currently support effective practice, and the recent system upgrade, which is causing serious system errors, has resulted in social work staff devising individual methods for recording and filing information. Multiple locations of recorded work means that the out of hours service may not have access to full information about a child as these staff can only access the electronic record. Current arrangements result in excessive time required to record work, locate records, track the child's journey through services and hampers robust management oversight of casework. The detailed knowledge that staff and managers have of the children they work with helps to mitigate these difficulties, but the local authority's intention to procure a replacement ESCR as a matter of high priority is intended to overcome these unsatisfactory arrangements.
18. Health services make a good contribution overall to services for vulnerable children and there is training underway to increase the number of staff trained to a high standard, Level 3, in safeguarding in Hounslow and Richmond Community Healthcare NHS Trust. Most health staff have Criminal Records Bureau (CRB) checks and renewals, although there are no arrangements within South West London and St George's Mental Health Trust for CRB checks to be routinely renewed after three years. Effective work has been undertaken to engage general practitioners (GPs) in

safeguarding children, resulting in an increase in the number of GP reports for child protection conferences. However further progress is needed. Health visitors are linked to GP practices and this ensures good liaison and timely information exchange. However, difficulties ensue when the health visitor post is vacant because of its pivotal role, and cover arrangements need to be implemented.

19. Whilst levels of satisfaction with the overall functioning of the SPA are high, more systematic oversight of social work decision-making within the SPA would assure consistency and quality, particularly in relation to contacts deemed to require no further action.

Capacity for improvement

Grade 2 (Good)

20. Capacity for improvement in safeguarding children in the London Borough of Richmond upon Thames is good. The local authority with its partners have a track record of delivering sustained and high quality improvements to services that result in improved outcomes for children. This includes: promoting the health of vulnerable children, expanding children's centre provision, ensuring children and young people have good opportunities for recreation and development and are diverted from the criminal justice system leading to decreasing numbers of children being involved in crime and anti-social behaviour.
21. The strong local political commitment to improving outcomes for the most vulnerable children and young people has been underpinned by protected spending on children's social care services and increased spending on preventative services. The council and its partners continue to clearly articulate high ambitions and priorities for children and young people, these are realistic and based on thorough needs assessments. These are responsive to fluctuations in demographic changes within the borough and sufficiently detailed to ensure services are targeted on the areas/groups with the highest levels of need. This is particularly important given the close proximity of affluent areas to those of high deprivation. Good use is made of audits to identify strengths and areas for improvement in services, improvement processes are put in place and monitored, and good quality performance information ensure that partners have a clear understanding of areas that require further development. The LSCB has a detailed action plan in place following a recent serious case review (SCR), supported by rigorous monitoring arrangements to ensure timely progress of improvements. There is good forward planning to ensure future effective use of resources. Priorities appropriately include the most vulnerable groups of children, such as those in need of safeguarding and early intervention services, and issues such as tackling 'hidden harm', an issue emerging from the SCR, are informing strategies and service developments.
22. Multi-agency early intervention services have reduced referrals to statutory social work teams, against national trends indicative of effective signposting

systems and services. Thresholds are appropriately applied and feedback from service users indicates that early intervention and prevention work is well targeted and effective. The development of 'Quindrats' (geographical clusters of services) within the borough is widely supported by partner agencies and is increasingly contributing to effective joint working within the clusters, for example, children with early signs of difficulties identified by school staff now being able to access help swiftly. This results in high levels of satisfaction reported by school staff and parents, and significant improvements in outcomes for children and young people, thereby reducing the need for more serious or statutory intervention. The effectiveness of preventative services is kept under close review by senior managers and further refinements flow in relation to areas identified as needing to be strengthened, such as the monitoring of effectiveness. This has led to, for example, the introduction of the 'distance travelled' tool to monitor the impact of CAF arrangements. This ensures that services are constantly being refined to maximise their effectiveness.

23. The effective application of thresholds by partners now means that more referrals to children's social care lead to initial assessments, and that social work services are no longer spending time dealing with inappropriate referrals. There has been an appropriate increase in child protection (Section 47) inquiries and core assessments and the borough is now closer to its statistical neighbours in terms of the number of these undertaken. There has also been a steady increase in child protection conferences convened and the borough's own audits indicate that these are being held appropriately; cases seen by inspectors confirmed that conferences were being held appropriately, indicating good identification and management of risk to children.
24. There has been effective action to ensure that social worker's caseloads remain manageable and enables them to spend quality time with children and young people to support assessments and therapeutic interventions. The quality of this work has been enhanced by targeted training to increase the skills of the workforce. Workers confirm they are able to spend sufficient time with the children on their caseloads and this is reflected in case recording that evidences good quality observations and analysis of need. Good working environments for staff, coupled with accessible management support and an effective recruitment strategy, bodes well for maintaining the capacity to continue to improve the service provided by children's social care.

Areas for improvement

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

Immediately:

- ensure LADO investigations are recorded robustly so that allegations are managed appropriately, in a timely fashion, and result in clear outcomes
- ensure robust management oversight of work undertaken by social work staff within the single point of access to ensure that decisions to close cases or refer cases to preventative services have fully considered child protection issues.

Within three months:

- ensure that children's wishes and feelings are fully explored in assessments and child protection arrangements within children's social care. Cumulative views of children should then be used to inform service delivery and service improvements
- ensure that social work staff have access to regular supervision which includes personal and professional development issues as well as casework discussions
- ensure that the function of the LADO is strengthened so that organisations/agencies who do not currently refer cases understand this role and when they should refer
- NHS South West London – Richmond Borough Team to work with South West London and St George's Mental Health NHS Trust to ensure CRB checks are routinely updated every three years
- Hounslow and Richmond Community Healthcare NHS Trust to continue their current staff training programme to ensure at least 80% of staff who require Level 3 training are trained to Level 3 in child protection
- Hounslow and Richmond Community Healthcare NHS Trust to ensure there is sufficient cover for GP practices with a health visitor vacancy.

Within six months:

- NHS South West London – Richmond Borough Team should continue to work with GPs to improve their contribution, via reports to, or attendance at, child protection conferences
- ensure that staff are aware of risk factors and good case management arrangements, including when to consider undertaking child protection enquiries and plan interventions, particularly with relation to child neglect and sexual abuse

- ensure that all communities within the borough, particularly communities that include people who do not speak English as their first language, are made aware of the requirements of private fostering regulations

- ensure there is an electronic social care recording system which supports social work activity with children and families, and enables robust management oversight of practice.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (Good)

26. The extent to which children and young people are safe and feel safe is good. There is good inter-agency practice in responding to concerns about significant harm, and there is an evident commitment by partner agencies to contribute to effective risk assessments which safeguard children, particularly including children's social care, police, health agencies and education staff. Organisations within the private and voluntary sectors refer concerns about children to the single point of access appropriately, and are kept informed about the progress of their referrals. Child protection enquiry records seen demonstrate good understanding of risk factors that impact on children, with appropriate decisions made to safeguard them. When requested to do so, police undertake welfare checks, and, where necessary, take action to safeguard children. Children who are educated at home have their welfare and safeguarding needs considered well at regular meetings between partner agency staff, including education welfare officers, and health visitors.
27. Children's social care files seen demonstrate evidence of appropriate action to safeguard them. In most of these cases, children and young people had been safeguarded well through timely and effective interventions. Children's ethnicity, religion and language are usually recorded on case summaries. However not all of the cases seen by inspectors demonstrate sufficient recognition or exploration of the impact of these issues on parenting styles and on children's experiences.
28. Core assessments include detailed family circumstances and most include the views of children and young people. Observations of family members by social workers are recorded well and clearly link to analysis of the impact on children and young people. Research is used well to understand the impact of noted risk factors on children. Plans are clear and set out the actions to be taken, and in most recent cases seen these flow logically from the assessment. However the borough recognises there is more to do to routinely include the views of children and young people, particularly within the child protection conferencing system, where their contribution currently remains low. The safeguarding needs of disabled children are now better protected following an internal audit of recent child protection enquiries undertaken by the children with disabilities social work team which found deficiencies. The improved arrangements mean that all concerns are now managed by the Initial Response Team to ensure that any child protection issues in relation to disabled children are inquired into promptly.

29. Within statutory services such as schools, early years' services and the police, the role of the LADO is well understood and the majority of referrals to the LADO come from these services. However, awareness of the LADO's role is less developed in other services such as leisure services, the third sector and faith and community groups, resulting in very few referrals, suggesting the need to increase awareness of the statutory role of the LADO more widely. For those cases which were referred to the LADO, a sample of investigations did not demonstrate clear records of strategy discussions, next steps and outcomes, so the effectiveness of these arrangements cannot currently be assured. Furthermore, no cases seen demonstrate any consideration or provision of support to children and families during the investigations, and this is a gap in practice, potentially leaving families feeling unsupported and vulnerable.
30. There are thorough staff recruitment systems in place which include ensuring a clear CRB check is received before new staff start work. Existing staff have renewed CRBs every three years, and a project is currently being managed by human resources to renew CRB checks for staff across the trust. Recruiting managers ensure that career gaps evident in application forms are checked.
31. There are robust tracking arrangements for responding to children and young people missing from education, home and care. The police always investigate reports of missing children and conduct interviews with young people once located, to determine the underlying reasons for their behaviour. A monthly, multi-agency group, reviews those who go missing with the aim of improving responsiveness and reduce incidences. However at present there is no monitoring of themes to identify emerging patterns.
32. Inspections of adoption and fostering services judged safeguarding arrangements to be good. All children placed with independent providers are in settings judged at least adequate and the large majority are in settings that are good or better. Private fostering arrangements are monitored through the local authority's fostering team. There are very low numbers of children identified as being privately fostered in the borough and more awareness-raising activity is needed to ensure wider understanding.
33. The out of hours service provides an effective safeguarding service for children and young people in the evenings and at weekends. Staff have access to the children's electronic social care record but, as alternative paper and electronic documents are currently being kept in relation to children who are known to social care, the out of hours service may not have access to full information about a child, and may not be aware of the most recent events in a child's life, with the potential for risk factors to be overlooked.

Quality of provision

Grade 2 (Good)

34. The quality of provision in safeguarding children is good. Thresholds for children's social care are clear, consistently applied and well understood

across the partnership. The CAF process is well embedded with a wide variety of professionals acting as the lead professional for 'teams around the child' (TAC). Preventative services are well developed and meet children and young people's needs, including higher level needs. Services such as the targeted youth support (TYS) and family support teams (FST) provide support to staff in schools and other agencies in carrying out CAF assessments.

35. Through the SPA, children are referred to appropriate services to meet their needs. There are effective systems to support and safeguard children who are recognised as needing a service from both the preventative and specialist teams and, where appropriate, there are good systems in place to 'step up' or 'step down' existing provision through transfer meetings. In most, but not all cases seen by inspectors there is a response to the referring agency to advise of next steps. The authority has acknowledged the importance of ensuring this happens in all cases.
36. Social care cases are allocated promptly. Where recently-qualified workers hold child protection cases they are closely supervised by managers and have access to mentoring from senior practitioners. Management oversight of casework in social work teams is good. However, oversight of cases in the SPA is inconsistent and in consequence the quality of decision-making is not sufficiently assured. The local authority has recognised that a more systematic review of closed cases would ensure that decision making is more robust. Social work staff in all teams receive regular casework supervision and have good access to informal supervision, though the latter is not always recorded on case files.
37. The quality of initial assessments has been variable, as evidenced by the local authority's most recent audit report in January 2012 which identified insufficient account being taken of historical information and excessive focus on parental issues with insufficient weight being given to the child's needs and risk factors. In reviewing cases, inspectors saw evidence of sustained improvements over the last six months, with some recent cases demonstrating assessments of a very high standard. Similar recent improvements were also seen in relation to core assessments with many more now being undertaken, in line with recommendations of the internal audit, thereby responding more appropriately to the findings of initial assessments. However, there remains insufficient knowledge and skills amongst practitioners and managers regarding good oversight and practice with regard to complex child abuse issues, such as neglect and suspected sexual abuse to ensure robust action is taken at the earliest possible point.
38. The local authority's children's electronic social care record recording system does not currently support effective practice, necessitating a recent return to using paper files. Variations in recording and filing methods employed by staff means that managers cannot always locate information, and current arrangements intended to ensure that the records accurately reflect the

changing needs of a child are extremely time consuming and only partially successful. This impacts negatively on the management oversight of casework.

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

39. The contribution of health agencies in Richmond upon Thames to keeping children and young people safe is good. Providing good, appropriate services for children and families, early intervention and safeguarding is seen as priority for commissioners, health professionals and senior managers. Staff generally reported good and well-established partnership working.
40. Governance regarding safeguarding children within Hounslow and Richmond Community Healthcare NHS Trust and South West London and St George's Mental Health NHS Trust is good. Appropriate systems are in place to monitor safeguarding children practice with a clear governance route to provide good Board and Clinical Governance Group assurance. Key performance indicators are recorded and reviewed within the trusts. Health partners are represented at senior levels on the LSCB, the tripartite child death overview panel, the children's trust and the shadow health and wellbeing board.
41. A high percentage of health staff have up-to-date child protection training to Level 1, 2 + 3, depending on their role. Ongoing training programmes are in place to increase the number of staff trained to Level 3 standard within Hounslow and Richmond Community Healthcare NHS Trust. Staff trained to Level 1 and 2 are over the 80% standard set by NHS London.
42. Safe recruitment is assured with CRB checks being completed for all new staff, and renewals for those staff in post prior to 2002, in the provider units (Hounslow and Richmond Community Healthcare NHS Trust and South West London and St George's Mental Health NHS Trust). The Hounslow and Richmond Community Healthcare NHS Trust renews CRBs for staff every three years, however, there is currently no comparable arrangement within South West London and St George's Mental Health NHS Trust.
43. Named staff are in post across the provider organisations and ensure good information and support to health staff. Named staff do not report any issues with capacity and executing their roles. Health staff gave examples of being given prompt responses to requests for information and guidance from named staff regarding making referrals to children's social care. There is no named GP despite numerous attempts to recruit to this post; however, a named nurse primary care is in post that covers this role with processes in place to address issues around clinical practice if required.
44. GPs have attended appropriate training in child protection and are aware of the local designated professionals they can contact for information and support. GPs are familiar with the procedures for making referrals to

children's social care and have a good understanding of thresholds to access a service for children in need and children in need of protection. Further work is necessary to ensure that all GPs are able to fulfil their full responsibilities with respect to safeguarding children. There has been an increase in the number of GPs sending reports for child protection case conferences from none being provided during April to July 2011, to seven reports provided during July to November 2011, following a change to GP practice support arrangements by the named nurse primary care. However, GPs continue to report difficulties with attending child protection conferences in person due to short notice or the timing of conferences.

45. A designated nurse is in post, and there has been a locum designated doctor in place for the last year with a newly recruited designated doctor currently completing her induction programme. Both have attended good training and have supervision and support to enable them to carry out their roles.
46. There are effective systems in place in South West London and St George's Mental Health NHS Trust to identify if patients are parents and the Trust operates a 'think family' strategy which helps staff identify if their children may be at risk from the parents' behaviour. The Trust is developing mechanisms to identify young carers so they can be provided with support and information. The Trust has an appropriate child visiting policy which sets out clearly who can visit, where visits should take place, and what to do in the event of issues or concerns during a visit to in-patient accommodation.
47. There are no acute hospital services in the borough although there is good access to these services at Kingston Hospital NHS Trust and West Middlesex University Hospital NHS Trust in neighbouring boroughs. Both dedicated paediatric emergency departments at Kingston Hospital NHS Trust and West Middlesex University Hospital NHS Trust have effective systems in place to identify if children attending are on a child protection plan. There are good systems in place to inform GPs, health visitors and/or school nurses, and social workers when a known child has presented at the emergency departments.
48. The walk-in clinic, operated by Hounslow and Richmond Community Healthcare NHS Trust, also has a good system in place enabling staff to identify if a child or young person attending is on a child protection plan or is otherwise at risk, again, with notifications being routinely sent to GPs, health visitors and/or school nurses, and social workers, as appropriate.
49. Services to meet the needs of children and young people who self-harm are good. Appropriate protocols are in place for young people up to the age of 18 attending Kingston Hospital NHS Trust and West Middlesex University Hospital NHS Trust to be assessed by CAMHS specialist staff and a social worker.
50. Access to health support for families with children who have disabilities is provided at an early stage of diagnosis. Lead professionals are nominated

then liaise with all professionals to minimise disruption to family life. Examples of good outcomes for individual children with disabilities were shared with the inspector, such as health professionals training care staff in various short break services, thereby enabling children with complex health needs to participate in activities and holidays with their peers. Arrangements for transferring from children's to adults' health services are effective with the process starting at approximately 16 years of age.

51. CAMHS are provided by South West London and St George's Mental Health Trust. This includes a range of effective services for children and young people within the borough, and the service has been reshaped in line with consultation with children and young people. Clinicians report that they seek feedback regarding the services provided during sessions with children and young people. However, staff reported some children could wait up to seven weeks for a first appointment. An appropriate transition policy is in place which identifies the process with evidence of good joint work in individual cases. There is currently no equivalent adult services for young people who have Attention Deficit Hyperactive Disorder (ADHD) although this is being sourced from another provider.
52. There are good arrangements in place for child protection medical examinations. Children and young people are referred to a specialist service when required. Specialist services for teenagers who are pregnant are provided and midwives provide good support during pregnancy and after the birth. The local referral system ensures that all under 16s who are pregnant are referred to children's social care.
53. Good systems are in place to ensure health staff receive regular updates on the findings of SCRs. There is sufficient capacity for school nurse and health visitors to deliver the Healthy Child programme supported by a strategy to recruit more staff from the current student cohorts over the next three years. Children's needs are identified and shared across agencies via established multi-agency meetings and linkages. For example, health visitors are linked to GP practices and have monthly meetings, and school nurses are linked to all schools except the independent sector.
54. There have been significant changes to the substance misuse services provided to young people with issues over the last year resulting in improved partnership working, better targeting of services to areas with the highest need, and better direct engagement with young people to improve their health. Although the service has yet to be reviewed to see its impact on outcomes for young people, there are plans for this to be undertaken.

Ambition and prioritisation

Grade 2 (Good)

55. Ambition and prioritisation regarding improving outcomes for children and young people across the partnership is good. The Children's Trust and the LSCB both set out ambitious but realistic priorities to improve outcomes for children. These are well-informed and based on detailed needs analyses,

emerging issues and wider policy changes. Children and young people who experience the greatest deprivation are clearly identified for targeted support, ensuring resources are used to maximum effect. However issues of vulnerability within, for example, higher socio-economic groups are also recognised as requiring attention by all partners include adult services, for example, the need to improve responses to 'hidden harm', such as parental drug/alcohol misuse and mental health problems.

56. Elected members provide good support for safeguarding children. The Lead Member for children's services expresses strong commitment to driving forward improved services for vulnerable children and young people and clearly articulates priorities for the borough's children. Her role is supported by regular meetings with, and briefings from, senior officers which are used to ensure good progress is being maintained.
57. There is strong support across the partnership and understanding of the benefits of investing in preventative services as a long-term strategy to achieve improved outcomes for children, resulting in additional funding allocations. This is despite reductions in spending elsewhere in public services across the borough. Prioritisation and ambition in this area is evidenced by the creation of an Assistant Director role for 'protection and preventative services', and the council has fully supported the development of highly effective preventative services that meet the needs of children and families with the minimum of statutory intervention. This investment in preventative services is monitored closely and is demonstrably effective in ensuring children and their families receive help at the earliest opportunity, confirmed by staff in partner agencies such as schools and health, and also confirmed by parents and young people spoken to. The beneficial outcomes of this approach are shared well across the partnership, resulting in the council and its partners continuing their strong commitment to maintaining preventative services. There is a robust approach to ensuring support continues to be focused on the most vulnerable groups within the borough. An important outcome of the range of preventative services on offer to families has enabled children's social care services to appropriately concentrate its resources on the highest level of need.

Leadership and management

Grade 2 (Good)

58. The contribution of leadership and management to safeguarding children in the London Borough of Richmond upon Thames is good. There is an effective scrutiny committee which is kept informed of developments in children's services by senior officers and is also assisted by the provision of regular detailed performance reports, reports from the LSCB, and is able to undertake in-depth scrutiny of priority areas. However, there is no committee member with specific expertise in children's social care work. Elected members participate in both the Children's Trust and the LSCB so are fully aware of, and involved in, shaping current and future priorities of these groups. There are clear reporting and accountability arrangements between

the Children's Trust and the LSCB, avoiding overlaps or gaps between the areas the LSCB leads on and the areas led by the 'Stay Safe' sub-group of the Children's Trust.

59. There is good multi-agency ownership of the LSCB and the independent Chair is able to share ideas and methods for Richmond partners from his experience of chairing other boards. The Board is well attended and has appropriate representation, including the voluntary sector and benefits from a GP representative. Multi-agency safeguarding training sponsored by the Board is highly valued across the partnership and improves safeguarding awareness, including across independent health providers such as GPs, dentists and pharmacists, the voluntary sector, and childminders. The programme is responsive to emerging needs and findings, such as the need to improve support for young people engaged in various 'risky behaviours' such as drug misuse, and awareness of 'hidden harm'. The Board's responsiveness to emerging developments is evidenced by its identification of the need to formalise arrangements with the 'shadow' Health and Wellbeing Board, and of the need to improve ways of capturing the views of children and young people in order to inform its activities.
60. The children's workforce, including children's social care and the wider workforce within the 'protection and preventative services', benefits from training and development opportunities appropriate to their professional roles. Preventative services now have a detailed bespoke training programme which ensures that staff are able to work with higher levels of need. Work is underway for this bespoke course to be formally accredited and for its impact to be evaluated. Social work staff have access to a detailed and relevant training programme which they report positively on. There is good support for newly qualified social workers including mentoring from senior practitioners who are readily accessible to them and provide detailed case guidance. Social work managers have access to management training which they report positively on, and work is underway to improve access further.
61. The senior management team in children's services is effective in driving forward improvements, and is assisted by good performance information which enables trends to be monitored closely. Effective work has been undertaken to ensure that social work vacancies continue to fall and are now at a very low level, against trends in other London boroughs, and a significant achievement has been the initial response team recently achieving fully permanently-staffed status. Staff have good access to case supervision and report this impacts positively on their work, this is well recorded. However, there is more to do to establish effective and sufficiently frequent personal supervision for all staff including annual developmental reviews.
62. Young people have many ways of having their views and opinions heard and their views have influenced service development, for example in the provision of substance misuse and sexual health services, and they contribute their views to staff recruitment. There are very active Youth and

Children in Care Councils (CiCC) which are well supported by the council; an annual youth crime conference and more frequent, well-attended 'Your Voice' sessions encourages young people's views to be heard and helps break down barriers between young people and law enforcement agencies. Effective consultation exercises have included disabled children, for example, about the provision of short break services. All of this activity has generated an embedded view across the partnership that children's services cannot properly be developed without their involvement and views. To further facilitate this, the council has personalised and improved the 'TellUs' survey, despite this no longer being mandatory, and this is scheduled to be rolled out from May 2012 to widen the scope of views being sought.

63. Within individual cases in children's social care, most assessments evidence that children's wishes and feelings have been considered, and this is assisted by the provision of a dedicated advocacy service which also effectively supports children with disabilities. Children's views are not yet systematically collected within the child protection conferencing arrangements although the use of the electronic survey tool 'Viewpoint' is about to be expanded for these children. Further work is required to ensure that within CAFs the voice of the child is consistently recorded.
64. The creation of the SPA has improved and streamlined the route for all enquiries to the council about children's issues, ensuring referrers receive a prompt response and feedback. There is generally effective screening of contacts undertaken by a senior social work practitioner which enables appropriate signposting of contacts to ensure children's needs are met, and that thresholds for services are being correctly applied. However, more oversight of decision-making practices within the SPA would improve consistency and ensure management accountability. Nevertheless, the SPA is widely reported across the partnership to be a good service, providing swift and relevant responses in relation to enquiries, and the service is kept under close review to ensure it continues to meet its aims.
65. Lessons from the SCR are taken seriously across the partnership, as evidenced by detailed action plans that are kept under close review by the LSCB. These have led to improvements, for example, in the advice given to schools, influencing arrangements at the SPA, and in ensuring social workers are provided with written guidance on expected actions when cases are allocated.

Performance management and quality assurance

Grade 2 (Good)

66. The contribution of performance management and quality assurance to keeping children safe in the London Borough of Richmond upon Thames is good. The Children's Trust ensures that performance against its priorities, as articulated in the children and young people's plan, is kept under close

review, which ensures that progress in most areas is achieved. Similarly, the LSCB contributes to performance monitoring across the partnership, for example in ensuring that all partner agencies undertake audits of their own organisation's safeguarding arrangements. The Board is working to improve performance monitoring via regular reviews of a multi-agency suite of performance indicators, but acknowledges that further work is required to ensure this usefully includes all partners' performance, particularly in relation to health partners. It is intended to align this with the 'shadow' Health and Wellbeing Board's work to improve oversight of vulnerable children's outcomes.

67. The quality assurance sub-group of the LSCB is a key driver in quality auditing of performance across the partnership, for example in undertaking audits of CAFs and attendance and reporting at child protection conferences, which lead to demonstrable improved outcomes such as improved attendance by sectors within health and education who had previously had poor conference attendance records.
68. There is good partnership work underpinning performance monitoring. This is carefully tailored to ensure it considers local initiatives, for example the effectiveness of the triage work within the youth offending team can be demonstrated because of ongoing analysis of impact.
69. There is evidence of regular, frequent supervision of social workers regarding their cases with clear decision-making. Social workers report that they have the opportunity for reflective discussions and that they are challenged about their views. However, supervision arrangements for social workers, that includes consideration of personal issues, professional development and annual performance reviews, remains underdeveloped, currently relying on a brief corporate code of practice; this leads to some social workers having infrequent supervision in these areas. Overall, caseloads are manageable.

Partnership working

Grade 2 (Good)

70. Partnership working is good at both strategic and operational levels and there is evidence of this supporting improving outcomes for children and young people across all services. Partnership working is driven forward by the Children's Trust Board, and the Board is a high level exemplar of the value placed on partnership working in order to maximise impact. The 'Quindrat' geographical clusters of services are led by multi-agency boards and regular meetings support partnership-working at the strategic level of the area, as well as providing the forum for individual issues of concern to be raised and solutions to be identified.
71. Good partnership working is reported by front line staff, many of whom work in co-located teams, for example, comprising staff with health, social care, youth work and education experience, effectively breaking down professional barriers and delivering more co-ordinated support to children and their families. This is very much apparent in the spectrum of services delivered in

the protective and preventative services, but also in the multi-agency teams supporting looked after children and children with disabilities. Good multi-agency working was also seen by inspectors, for example, in supporting children missing from home or care, children who have experienced sexual abuse, in schools to support children who are struggling or who are at risk of involvement in crime. Multi-agency working is supported with good information-sharing arrangements.

72. Whilst there is good support for disabled young people in their transition to adult services, the local authority and its partners recognise the need to improve arrangements further. This is particularly so for those families who experience a reduction in support provided by children's services to the support available from adult services. Partnerships effectively manage high risk cases which involve perpetrators of serious domestic or sexual violence, such as the multi-agency risk assessment conference (MARAC) and multi-agency public protection arrangements (MAPPA) arrangements are well-embedded.
73. The voluntary sector is effectively engaged at both strategic and operational levels. The sector actively participates in shaping priorities at the strategic level, and also delivers a range of services within the borough, many of which are commissioned by statutory partners. The strength of these, particularly in engaging with families who may hold negative views about statutory services, is recognised by commissioners.
74. There are effective partnerships between the council and neighbouring councils, for example, in relation to placement commissioning and the tripartite Child Death Overview Panel. Work is currently underway to develop the 'Achieving for Children' social enterprise in partnership with a neighbouring borough.

Services for looked after children

Overall effectiveness

Grade 2 (Good)

75. The overall effectiveness of services for looked after children in the London Borough of Richmond upon Thames is good. Multi-agency approaches to promoting looked after children and young people's participation are well developed and effective. The views of looked after children and care leavers routinely inform service development, they are enabled to critically comment on the quality of provision. Looked after children are actively involved in training programmes, such as for foster carer applicants, and in recruiting staff.
76. Thresholds for children becoming looked after are appropriate and there are good arrangements to review decision-making at sufficiently senior levels. However, the presumption of homeless 16 and 17 year olds needing to become looked after unless they can return to family care, is not currently being applied in all cases. There is an effective range of services to prevent children becoming looked after, where it is safe and in their best interests to do so. Looked after children and young people experience high quality health care including access to mental health and emotional well-being support. Looked after children benefit from good residential and fostering placements and multi-agency partnerships are effective in diverting looked after children from the criminal justice system.
77. Educational and economic well-being outcomes are good. Looked after children have their care plans and personal education plans (PEPs) reviewed in a timely manner, although there is more to do to improve recording within PEPs. The council ensures that looked after children and young people are in the most appropriate placements which have good safeguarding arrangements, although there is still inappropriate use made of bed and breakfast accommodation for a small number of emergency placements. External placements are effectively monitored to ensure expected standards are maintained and that placements continue to meet children's needs. There is strong performance in children progressing to permanency, such as through adoption and there is also good placement stability. Access to advocacy for young people is good.
78. There is good monitoring of performance against targets by senior managers which enables areas of weaker performance to be addressed swiftly with progress being kept under close review, such as the timeliness of looked after children reviews and their educational progress. Performance management is supported by the LSCB quality assurance sub-group's audit programme including looked after children's issues.
79. The council and its partners have good information about the outcomes for care leavers, particularly regarding their progress in education, employment and training coupled with detailed information on their accommodation,

supported by feedback from the young people themselves. However, young people are only offered one choice of accommodation which some were unhappy about, and the consequences of individual locations are not considered in sufficient detail in relation to the individual needs and vulnerabilities of each care leaver.

Capacity for improvement

Grade 2 (Good)

80. The capacity for improvement in services for looked after children is good. A stable and effective senior management team is well supported by elected members who are actively involved in overseeing all aspects of service delivery to looked after children and their carers. The council and its strategic partners have a detailed understanding of the current and projected profile of the looked after children population and this analysis enables effective forward planning to ensure sufficiency of resources. The council's fostering and adoption services have a track record of maintaining very high quality standards as evidenced in inspection judgements. There are sufficient managers, social workers and other specialist staff to effectively support looked after children and care leavers. The children's social care workforce benefits from an effective programme of staff development, quality auditing and feedback, and good access to appropriate training and professional development opportunities. All these elements contribute to a continuous process of raising standards of practice within the service.
81. Partner agencies make a strong contribution to improving outcomes for looked after children and care leavers, particularly health partners, the young offending service, and the police. Health assessments are recorded well although more detail on children's height and weight recording would assist health planning. A range of services are well engaged in supporting care leavers, particularly in terms of helping them into work experience and training opportunities. Effective partnerships with further education providers ensure a wide range of training opportunities for care leavers.

Areas for improvement

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

Immediately:

- ensure no homeless 16 and 17 year old is placed in unsuitable accommodation prior to a social work initial assessment and apply the presumption that they become looked after unless assessments indicate otherwise

Within three months:

- consider options for care leavers to have a greater choice of tenancy when moving to independence and for risk assessing proposed properties
- ensure that personal education plans (PEPs) record fully the progress made by children and young people
- Hounslow and Richmond Community Healthcare NHS Trust to ensure annual health records include the reason why height and weight is not recorded and indicate if there are health concerns in this area.

Within six months:

- ensure there is a sufficient range of suitable temporary accommodation for young people thereby ceasing the need to use bed and breakfast provision.

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

Being healthy

Grade 2 (Good)

83. Health outcomes for looked after children and young people in the London Borough of Richmond upon Thames are good and generally better or the same as those in similar areas and better than nationally. The specialist multi-disciplinary team provided by Hounslow and Richmond Community Healthcare NHS Trust of a senior specialist nurse, a looked after children nurse, the designated doctor, a CAMHS worker and a drug and alcohol misuse worker, ensures the health needs of looked after children are met holistically.
84. Good systems are in place to inform the looked after children's health team when a child becomes newly looked after, enabling most initial health checks to be completed in a timely fashion, within the 28 day timescale. Following a review of looked after children's health assessments in March 2011, the Trust now ensures that the community paediatrician completes all initial health assessments and six monthly assessments for children under the age of five; the looked after children nurse completes annual health assessments for children over the age of five. This ensures consistency in the quality of assessments for looked after children who live within the borough and also for those placed outside the borough.
85. All annual health assessments were completed last year, which is an improvement in performance from previous years. Health assessments contain detailed information and are generally completed well, although a small number seen did not include the child's height and weight. Careful consideration is given to cultural, religious and gender issues when delivering annual health assessments, and access to translation services is good. There are good arrangements in place to involve young people in their health reviews and examples were given of young people requesting a specific location or health professional to carry out their assessment, which was responded to. The looked after children's nurse provides good information to other health professionals about the information required in annual health assessments, and this contributes to a good consistency of quality.
86. A very high number of looked after children are up to date with immunisations with 100% achieving this during 2010 – 2011, although case file audits indicate that some young people are due their final immunisation but are still within the age range to receive it. High numbers of looked after children were seen by the dentist last year, although this is an area the looked after children team have identified for further improvement. There is a specialist dental service in the borough that offers support to looked after children who are anxious about attending the dentist.

87. Foster carers receive good training from the looked after children's health team to equip them to respond to looked after children and young people's health issues well. This results in, for example, 'Strengths and Difficulties' questionnaires, which gauge the state of children's emotional well-being, being routinely completed by foster carers before the children's reviews and used, where necessary, to refer to specialist support agencies. There is a good range of health promotion initiatives for looked after children and young people which are well used, include smoking cessation, sexual health and contraception. There have been consistently very low numbers of looked after young people who become pregnant, and the looked after children's nurse provides contraceptive and sexual health advice and is reported to be responsive to needs of young people, including by young people themselves. Looked after young people are regularly asked if they have issues with alcohol, substance misuse or drugs and are referred to specialist services if necessary, although the take up of such services has been historically low. Work is underway to integrate the range of health promotion services in order to address 'risky behaviour' as a whole and provide young people with holistic and integrated support, instead of the current arrangements of targeting each area separately.
88. Health staff in the provider health units know if a child is looked after and/or if there are concerns about the child's safety because it is recorded on their computer system which is routinely checked. There is good liaison between the provider health units and other services for looked after children, ensuring effective oversight of their access to all health services.
89. Good systems are in place to fast track looked after children to CAMHS although there is no formal system for similar speedy access to other therapists such as physiotherapists, occupational therapists and speech and language therapists. However, individual health professionals were clear that looked after children would be treated as a priority group, and the low numbers of looked after children within the borough ensures that each one receives individualised and responsive packages of health care. Care leavers who require ongoing support from adult mental health, disability or other health teams have their needs clearly set out with good systems in place to hand over information to adult services in a timely manner.

Staying safe

Grade 2 (Good)

90. Staying safe outcomes for looked after children and young people in the London Borough of Richmond upon Thames are good. An effective network of preventive services including school-based provision, targeted youth support and adolescent support helps to reduce the need for entry to care and improve outcomes for children and young people. Examples seen include the reduction of first time offending and improved school attendance. Inspectors saw evidence that prompt action is taken to ensure children's safety through the appropriate use of both court action and voluntary care arrangements.

91. Arrangements for monitoring care placements are good. Looked after children reviews take place mostly in line with statutory requirements and they review all aspects of the child in placement as well as progress against the care plan. Children's social workers visit them more than statutory minimum requirements and routinely see and spend time with them alone; case records provide good evidence of dialogue and observational information about children.
92. Placement stability has improved since 2009-2010. The local authority places a strong emphasis on supporting carers through the multi-agency team. A wide range of professional disciplines combine to ensure that looked after children benefit from quality services. The multi-agency team is at the heart of this, delivering a comprehensive nursing service, rapid access to CAMHS provision, educational support, help to access cultural and sporting activities, and advice and guidance about employment and training. The co-location of this team alongside the social work service for looked after children and care leavers ensures highly effective communication and swift action in response to identified needs.
93. Young people aged 16 and 17 who present as homeless receive a service from the TYS team and housing staff to resolve their family problems with interventions such as mediation. If alternative accommodation is subsequently still required, a referral is made to children's social care for an initial assessment and determination of whether admission to care is necessary. Occasional delays in undertaking assessments have led to young people being placed temporarily in unregulated settings such as supported hostels, prior to a full assessment of their needs. This does not comply with the presumption that such young people should become looked after unless assessments clearly indicates otherwise. In consequence, the young person may miss out on the additional enduring support and safeguards that looked after status confers.

Enjoying and achieving

Grade 2 (Good)

94. Enjoying and achieving outcomes for looked after children and young people in the London Borough of Richmond upon Thames are good. The head of multi-agency services for looked after children is having a positive impact on the support they receive and on the quality of their education. The very large majority of pupils attend good or better schools and the head of multi-agency services is careful to ensure the support provided by schools is appropriate to the needs of individual pupils. The achievements of looked after children are monitored regularly both by individual schools and multi-agency services centrally, and additional personal tuition is arranged either at school or elsewhere if pupils are not making the anticipated progress.
95. Schools and services are inclusive in their approach to supporting looked after children and in helping them achieve. Attendance is much higher than seen nationally or in similar areas. There have been no permanent exclusions

of looked after children in recent years and fixed term exclusion rates are decreasing. Schools and the authority work together well to minimise exclusions and there are effective arrangements in place to identify early those at risk of exclusion. The multi-agency services team conducts holistic assessments of children and young people's behaviour, identifies causes, provides emotional support and helps them develop coping strategies. Schools work together well in managing moves between institutions and the multi-agency team designs specific learning programmes for individuals where they spend varying periods of time at school and receiving 1:1 tuition, with a focus of reintegrating them into mainstream education at school or college. At the time of the inspection a third of looked after Key Stage 4 pupils were out of school on 1:1 personalised programmes of this kind. This is because the borough has opted for personalised programmes for young people who find it difficult to settle down to school life and does not have pupil referral units.

96. Schools and the multi-agency team are effective in responding to the needs of individual children and young people as well as in ensuring the curriculum is relevant to their needs. Considerable emphasis is placed on personal development. They work well with colleges to broaden vocational options. Personal education plans are prepared and reviewed in a timely fashion and provide valuable opportunities for focusing on individual needs. They do not, however, focus sufficiently on the progress made by children and young people and do not collate the information and data available to schools and services.
97. Numbers of looked after children sitting national tests or examinations in Richmond are low with only two and eight pupils respectively on average in recent years sitting tests at Key Stages 2 and Key Stage 4 making comparisons with national attainment rates for similar groups difficult. Attainment levels at Key Stage 4 are mostly satisfactory although individual young people often make good progress from a low base particularly when improvements in behaviour and self esteem are taken into consideration. In 2010-2011 for example, of the nine looked after young people in Year 11, three made satisfactory progress and six made good progress.
98. Looked after children are helped well to enjoy themselves and try new activities. The 'Culture for Keeps' initiative provides opportunities for them to participate in cultural, arts and sports activities which are not only enjoyable, but promote health and well-being and develop social skills. All looked after children have free access to leisure facilities and swimming pools in Richmond for themselves and one other. Children and young people placed at a distance from the borough do not, however, always benefit from similar opportunities although increasing use is being made of personal education plans to identify the needs and interests of children placed outside the borough to ensure parity. Children are encouraged to learn to play musical instruments and to participate in organised activities during holiday periods, youth service activities and Duke of Edinburgh's Award.

Making a positive contribution, including user engagement

Grade 1 (Outstanding)

99. The extent to which looked after children and young people in the London Borough of Richmond upon Thames are able to make a positive contribution is outstanding. Young people who met inspectors expressed the view that elected members and managers are very approachable and consistently take their views seriously. Looked after children and young people are provided with a wide range of opportunities to express their views and regularly respond to online surveys which are used to develop services. The advocacy service is well-publicised to looked after children and readily accessible to support all looked after children and young people in expressing their views and concerns. Some advocates specialise in working with disabled children and young people. In consequence, over one third of children and young people using the advocacy service have a disability, including some children with significant communication difficulties. Examples of the impact of advocacy include cases where contact arrangements with siblings have been altered in response to children's wishes. Case files show that almost all children contribute regularly to their reviews and their achievements are routinely celebrated.
100. There is a well-established CiCC which meets on a monthly basis. Members of the council are very well supported by the Council's participation officer and taken seriously. Two of its members sit as full participants on the Corporate Parenting Board. Children and young people placed out of borough are strongly encouraged and supported to participate fully. The CiCC has a budget which can be supplemented where justified. For example, funding for 'Total Respect' training for looked after young people and care leavers was agreed in response to a well-developed business case from the CiCC. The council is very active; it played a key role in developing the borough's pledge and holds elected members and managers to account. The CiCC is mindful of the need to reach and represent as many looked after children as possible, including younger children and those placed out of borough. It produces a regular newsletter and organises, with council officers, a range of events to achieve this. CiCC members are fully involved with pan-London CiCC forums and some members regularly contribute to the all-party parliamentary group on looked after children. They have also established links with groups of looked after children overseas, visiting and addressing conferences in, for example, the USA.
101. Looked after children and care leavers have been able to influence workforce development within the council and beyond. For example, a number of them have undertaken formally accredited learning to deliver 'Total Respect' training to the professional workforce and have participated in staff interview panels. A suggestion from looked after children that they are provided with foster carer profiles prior to placement has been adopted by the council and is felt by young people to have been helpful in settling in with a new family.

102. The number of looked after young people who offend are low. The police work well with schools in raising awareness about the consequences of crime. A well thought-out policy supports school-based initiatives to reduce incidences of intimidation and bullying. The Schools' Behaviour and Attendance Partnership identifies children at risk of bullying, enabling early intervention. Schools are building on the firm foundations laid by the SEAL (social and emotional aspects of learning) initiative to build the resilience of young people through funding allocated through the partnership. Restorative justice approaches have been developed well in one school and are being increasingly adopted by other schools and services such as the youth service. The approach is underpinned well by the triage process implemented by the police and youth justice partners which is helping keep children and young people out of the youth justice system.

Economic well-being

Grade 2 (Good)

103. Economic well-being outcomes for looked after young people in the London Borough of Richmond upon Thames are good. Young people are supported well by schools and the multi-agency service for looked after children in progressing to post-16 education and training. Information and guidance on options and opportunities is timely. Individualised programmes of support and 1:1 tuition for those who are at risk of exclusion or not progressing to education or training at the end of Year 11 continue through transition. The multi-agency team and integrated youth support services are particularly effective in helping young people through transition and in re-integrating those who have found school life difficult into full-time provision at college after the age of 16. Pathway plans establish a common agenda to help prepare young people for independence and young people who met inspectors spoke highly of the support they receive from the council, the accessibility of staff and their readiness to help them. A strong feature of services in Richmond is the close working between teams and their consequent detailed knowledge of young people and their needs.
104. As a result of the support provided pre-16 and through transition, almost all looked after young people progress to education and training in Year 12. Retention rates are not as high however, with around a third of young people on average not completing their programmes and five of the eight young people who completed Year 11 in 2011 are now not in education, employment or training. However, the borough is tenacious in working with young people to achieve positive outcomes and by the age of 19, more care leavers in Richmond are in education, training or employment than in similar areas or nationally on average. Young people are encouraged to progress to university and receive good financial support for four years as well as free transport in London and continuing free access to leisure and sports facilities in Richmond. The rate of progression of young people who have been in care during their secondary education to higher education is good and number attending university are boosted well by asylum-seeking young people who take full advantage of the opportunities and support provided by the

borough. The leaving care team is in contact with all care leavers and know their young people well.

105. Richmond and West Thames Colleges work well with schools and the other services to provide a wide range of provision at all levels for young people including English as a Second Language provision for unaccompanied asylum seekers. 'Way to Work', a training provider based at the council, provides opportunities for young people to progress to apprenticeships and also works with other providers to identify opportunities in other occupational areas.
106. Almost all care leavers are in suitable accommodation and the council has a good range of appropriate accommodation to help care leavers prepare for living independently. This includes supported accommodation and floating support. Many opportunities are provided to help young people gain the skills they require to manage their finances, prepare food and care for themselves. Young people who met inspectors spoke highly of the help they receive and the way in which it alleviates their concerns. Young people can express a preference as to where they would like to live although they are only made one offer of a tenancy and sufficient attention is not given to assessing the risks of the location offered to their safety. Young people advised inspectors that some had turned down the offer where they had concerns about their personal safety.

Quality of provision

Grade 2 (Good)

107. The quality of provision for looked after children and care leavers in the London Borough of Richmond upon Thames is good. Most core assessments of looked after children seen by inspectors present detailed information with sufficient analysis to identify and respond to children's needs. However, they are not updated with sufficient frequency. The good level of detail in social workers' reports for reviews goes some way to compensating for this, but these do not routinely present a comprehensive re-appraisal of all aspects of a child's life and this may cause opportunities or needs to be overlooked.
108. The views of children and young people are described well in assessments and reviews, including when their views are at odds with existing arrangements or their care plan. This is supported by the good quality knowledge and understanding of looked after children that social workers derive from the significant amounts of time they can spend with them.
109. Looked after children say that their views are seen as important and that they are listened to. The views of parents and carers are routinely sought and considered in care planning, and in most cases seen, records show careful consideration of them. Where the local authority overrides the wishes of children or parents, the reasons are also carefully set out in most records seen.
110. Return home and permanent alternatives are considered from an early stage in a child's care experience, and permanency planning is triggered at the

second looked after children review if not before. Realistic alternative plans are evaluated and identified. However, in a small number of cases seen there is sequential rather than parallel implementation. This has the impact of delaying permanency and in one case seen, there had been drift, as the local authority's own audit identified.

111. Most records seen are up to date. However, the limitations of the ESCR are not fully compensated for by the paper records. Within the looked after children team, social workers were too often unable to locate key documents such as care plans. Nevertheless, records of reviews are very detailed and capture clearly the overall plan, progress towards achieving the stated outcomes and required actions.
112. Parents of looked after children say that their children are in good, caring placements and most spoken to report that staff in the children looked after team and that care leaver teams are reliable and keep them informed. However, they do not always feel respected by social workers in other teams, often finding them difficult to contact and poor at returning calls.
113. Children and young people are well supported to develop their own identity. There are clear examples of support given by social workers and carers to children to follow their religious preferences or to choose not to follow the religious preferences of their parents.

Ambition and prioritisation

Grade 2 (Good)

114. Ambition and prioritisation for looked after children and care leavers in the London Borough of Richmond upon Thames is good. The Corporate Parenting Board effectively champions outcomes and improvements in services for looked after children and care leavers. The views of these young people are valued and informs priorities, and there is good engagement with them, for example, the Lead Member participating in an 'away weekend' with other staff and young members of the CiCC to be involved in updating the Richmond Pledge for looked after children.
115. The LSCB and the Children's Trust also monitor arrangements for looked after children and there is a strong expectation from elected members that each looked after child will receive an individualised package of support, according to their needs. Young people have access to a wide range of support services and their own articulation of their needs influences the priorities of the partnerships. Finances to support individual children and young people are sufficient, and additional support is funded according to identified need. Good initiatives are supported by elected members and senior managers alike.

Leadership and management

Grade 2 (Good)

116. Leadership and management for looked after children and care leavers in the London Borough of Richmond upon Thames is good. There is strong support

for looked after children from elected members, particular those with lead roles and an effective corporate parenting group. The council's children's services leadership team provides oversight of safeguarding as well as looked after children's services, so arrangements to oversee service delivery for looked after children mirror those described previously in this report.

117. There is clarity about the local authority's sufficiency duty and commissioning of placements. The borough's size enables a bespoke service to be provided to each child, and cost benefits and other flexibilities are achieved through consortium membership. Children's services is currently working to increase the number of in-house placements and is employing a range of innovative ways to do this, for example social network websites, and offering prospective carers the opportunity to speak to existing foster carers, leading to the positive impact of more people making enquiries about becoming foster carers.
118. Effective workforce planning and workflow adjustments ensures that social work caseloads are manageable in the social work teams for looked after children and care leavers and staff have more time to spend with the children on their caseloads. Parents and young people were able to clearly describe significant benefits they had received from services such as the TYS team, clearly stating this had avoided family breakdown, and also led to young people's improved school attendance, abstinence from drugs and improved parental ability to manage behaviour. Delegated budgets, including some down to case holders, ensures that the needs of looked after children and care leavers are responded to swiftly and bureaucracy is kept to a minimum.

Performance management and quality assurance

Grade 2 (Good)

119. Performance management and quality assurance for looked after children and care leavers in the London Borough of Richmond upon Thames is good. The corporate parenting group routinely receives management reports, holds officers and partners to account through robust scrutiny and establishes priorities for action. For example, consideration by the board of placement stability reports has supported the prioritisation of increased recruitment of in-house foster carers.
120. Whilst the children's ESCR makes it difficult to track and evaluate a child's journey through services, and hampers the council's ability to collate and analyse key data, the small size of the looked after children cohort enables effective alternatives to be used to monitor performance. Most indicators are in line with or better than statistical neighbours. Those that have not been in line are now improving.
121. The Principal Manager in children's social care routinely scrutinises case records, identifying strengths and areas for improvement. He maintains a

high level of knowledge of individual looked after children and care leavers, and this supports senior level management oversight of practice. the independent reviewing officers (IROs) are sufficiently independent of operational practice and managers and this supports their independence. Records show evidence of monitoring and challenge by IROs between reviews.

122. Foster carers receive regular and focused supervision within a consistent overall framework. Records show evidence of reflective discussions, individual case discussions, consideration of carers' needs and those of their family. Reviews are carried out annually and include the views of looked after children as well as the carers' own children. These reviews clearly identify skills, but learning needs are not fully explored which limits the overall value of the critique.
123. There is a transparent and well-publicised complaints process with service users having access to independent advocacy. Learning points from complaints are identified and reported widely. These lead to improvements, for example, training for police officers in the restraint of children and young people with special needs following an incident involving a young person with a severe autistic spectrum condition. However, the corporate complaints annual report is of limited value, being primarily descriptive with little analysis or action planning.

Record of main findings:

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