

Inspection of safeguarding and looked after children services

London Borough of Sutton

Inspection dates: 10 April to 20 April 2012

Reporting inspector: Richard Nash

Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with children and young people receiving services, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
 - a review of 73 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in May 2011
 - interviews and focus groups with front line professionals, managers and senior staff from Sutton and Merton Primary Care Trust, Epsom & St Helier University Hospitals NHS Trust, Royal Marsden Hospitals NHS Foundation Trust and South West London and St George's NHS Trust.

The inspection judgements and what they mean

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

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements

Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

Service information

4. The London Borough of Sutton has a resident population of approximately 46,275¹ children and young people aged 0 to 18, representing 23.8% of the total population of the area. In 2012, 38.5% of the school population² was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall. Some 18.5% of pupils speak English as an additional language. Tamil and Urdu are the most recorded commonly spoken community languages in the area. Some 3.4% of pupils are of Tamil speakers and are therefore assumed to be of Tamil background.
5. Sutton has 62 schools comprising 43 primary schools, 14 secondary schools, two pupil referral units and three special schools. Early years service provision is delivered predominantly through the private and voluntary sector in over 60 settings; there are two local authority maintained nurseries.
6. Sutton launched its Children and Young People's Partnership in July 2002. This Strategic Partnership has developed over time into the current Sutton Children's Trust Board. The Children's Trust Board includes representatives of Sutton Council and Sutton Primary Care Trust services. Other representatives include Metropolitan Police, probation, public health, Epsom and St Helier NHS Trust, the Royal Marsden, child and adolescent mental health services (CAMHS), Jobcentre Plus, academy and maintained schools, colleges, school governors, Safer Sutton Partnership and South West London and St George's NHS Trust. The Sutton Safeguarding Children Board became independently chaired in March 2010. Social care services for looked after children include 78 foster carers. There are no children's homes managed by the council but small numbers of externally commissioned placements are commissioned as required. Community-based children's services are directly provided by the children's access team (since January 2010), the referral and assessment team, the family support and care planning team and are supported by borough-wide teams for family support, including the joint adolescent service (JAS), Sutton Family Centre, children with a disability, youth offending, adoption, fostering and teams for looked after children and young people leaving care. There is an emergency out of hours service. Other family support services are delivered through one family centre and 14 children's centres (including the development of Tweeddale Children's Centre into an integrated services hub) and extended services in schools. Other services

¹ ONS Mid 2010 Population Estimates

² Sutton School Census January 2010 (Primary, Secondary and Special Schools) Full Time pupils only

are provided or coordinated through children's services such as youth services, teenage pregnancy services, information, advice and guidance and youth offending.

7. At the time of the inspection there were 153 looked after children. They comprise 29 children under five years of age, 101 children of school age (5–16), 23 post-16 young people and a total of 106 with care leaver status. Sutton uses a virtual school approach in its support of the learning of looked after children. At the time of the inspection there were 175 children who were the subject of a child protection plan. These comprise 93 females and 81 males (one unborn child). Some 32% of these children are aged under five, 45% are 5 - 11 and 23% are 12 years or older. The highest categories of registration were emotional abuse at 47%, neglect at 43% followed by physical abuse at 6% and sexual abuse at 2%. Some 1% of cases had multiple categories of registration.
8. Commissioning and planning of NHS services and primary care are carried out by NHS Sutton and Merton. In April 2011 NHS Sutton and Merton came together with the four primary care trusts in South West London (NHS Croydon, NHS Kingston, NHS Richmond and NHS Wandsworth) to form NHS South West London. The main provider of acute hospital services is Epsom and St Helier University Hospital NHS Trust. Community-based CAMHS are provided by a borough based team from South West London and St George's Mental Health Trust. In-patient CAMHS is provided by South West London and St George's Mental Health Trust at a unit based at Springfield Hospital in Wandsworth. Since April 2011, the community health services have been provided by the Royal Marsden Hospital NHS Foundation Trust, previously Sutton and Merton Community Services were the provider unit in the PCT. Community paediatricians and the Children's Community Nursing Team are commissioned from Epsom and St Helier. Royal Marsden Hospital NHS Foundation Trust also provides specialist cancer services for children at their Sutton Hospital site in the borough.

Safeguarding services

Overall effectiveness

Grade 4 (Inadequate)

9. The overall effectiveness of safeguarding services is inadequate. Whilst inspectors did not identify any individual cases of children or young people at risk of immediate harm there were a number of cases seen by inspectors where harm had not been effectively risk assessed and plans to protect children at risk are insufficiently robust. In addition, the general quality of casework for children and young people who needed protection was poor and in numerous cases this had led to children and young people not being supported effectively enough resulting in insufficient positive change taking place in their individual circumstances.
10. Managerial oversight at all levels is a serious area of weakness and there is little evidence of appropriate challenge taking place leading to improve practice and outcomes for vulnerable children and young people. The quality of assessments and subsequent plans are generally of poor quality. The quality and effectiveness of management oversight of casework is not at an appropriate level despite this being an area for development in the last two inspections of referral, assessment and contact arrangements in 2010 and 2011. Supervision of social workers regularly takes place and caseloads are at manageable levels. However, supervision does not routinely address the quality of work undertaken or lead to improvements in assessments and outcomes for children and young people.
11. Core child protection work has had insufficient attention from the council and its partners. The Local Safeguarding Children's Board has not been effective in identifying or addressing weaknesses in multi-agency child protection case conferences and child protection plans. Assessments of risk are invariably very descriptive with little analysis resulting in high numbers of vague and non-specific plans. Direct work with children and young people is not well evidenced in case files seen by inspectors. Where direct work with a child does take place it is usually not related to the child's plan. Case files indicate a focus on the adults within the family and the level of cooperation they afford rather the child and their safeguarding needs. Case planning and child protection case conference chairs have not been robust in identifying these shortfalls. Once these issues, which were identified during the course of the inspection process, were raised with the council appropriate and measured action plans were put in place to address weaknesses in identified individual cases to ensure that children remained safe.
12. The contact, referral and assessment arrangements for responding to new concerns about the welfare of children and young people operate at an adequate level and are appropriately focused upon immediate safety needs. Cases in this service are allocated promptly and work is managed

in a timely way to ensure children and young people are seen promptly. However, the management oversight of the service is variable in that initial screening and decision making is appropriate but some of the quality assurance framework is weak. For example the decision to not hold a case conference after a Section 47 enquiry is not counter signed by a second manager.

13. Wider safeguarding provision is effective and in a number of instances there is evidence of good practice. The LSCB, supported by the Children's Trust has, for example, led on work to improve the multi-agency and strategic approach to domestic violence, substance misuse and adult mental health. This work has resulted in increased awareness across the partnership, the development of early intervention provision and improved links with colleagues in adult services. Established and joined up workforce development and planning has enabled staffing resources to be at appropriate levels and safe recruitment practices are well embedded across the partnership.
14. The shortfalls in child protection practice have been fully accepted by the council's political leaders and senior officers and there is a clear commitment to prioritise and implement an improvement plan. The morale of staff across the partnership is good and workers who deliver front line services want to ensure that children and young people are appropriately safeguarded.

Capacity for improvement

Grade 3 (Adequate)

15. Capacity for improvement is adequate. Political and senior management ambition and prioritisation across the partnership are adequate and demonstrate a clear focus upon safeguarding. Despite the failings identified in the child protection service the partnership retains a strong ambition to improve safeguarding outcomes for vulnerable children. The newly appointed Strategic Director of Children, Young People and Learning Services (DCS), the Chief Executive and elected members have a demonstrable and clear commitment to ensure that the safety and well being of children and young people remain central to service planning and delivery. The initial responses to the findings of this inspection from the council have been decisive. The DCS has drawn up an immediate action plan to address the poor practice identified throughout this inspection. This plan has been endorsed by the Chief Executive and political leaders and includes key actions such as an immediate audit of open cases by an external agency. In addition, prompt action was taken during the inspection by the DCS to increase senior management capacity through the appointment of an interim Executive Head of Service to drive through improvements. The council has accepted and is prepared to robustly address, the significant failings of managers at all levels to appropriately recognise poor practice and address areas of weaknesses within their own service areas.

16. Early intervention services are generally effective and there is positive feedback across the partnership in relation to the council's work in reorganising the social work team that responds to new contacts and referrals. Where senior managers and the partnership have recognised the need to further improve services this has been done effectively. Good quality services provided by the voluntary and community sector further enhance capacity.

Areas for improvement

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

Immediately:

- ensure that the improvement plan to address the findings of this inspection is prioritised and fully resourced
- undertake a comprehensive audit of all children who are subject to child in need plans, child protection plans and children looked after
- ensure that the serious deficits in quality assurance, management oversight and challenge in case work are addressed
- ensure that all child protection plans clearly identify what needs to change, by when and what the contingencies are in place if change is not forthcoming
- devise and implement an action plan to address deficits in the child protection reviewing service
- ensure that children in need plans stem from clear and robust assessments and that they are regularly reviewed
- Sutton LSCB to undertake a review of its proposed work programme for 2012/13 and ensure it reflects the findings of this inspection, particularly in relation to its focus on core child protection business.

Within three months:

- Sutton LSCB to undertake a comprehensive multi-agency audit of child protection work to ensure that it is fully compliant with statutory guidance
- ensure that the serious shortfalls in risk assessment, contingency and care planning are addressed and improved through appropriate staff development and training

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- Sutton and Merton PCT and South West London & St George's Hospital NHS Foundation Trust to review the care pathway for families accessing CAMHS to ensure that there is sufficient capacity to meet demand
 - Sutton and Merton PCT and the South West London and St George's Hospital NHS Foundation Trust to ensure that sufficient information is available to referrers to CAMHS so that the most appropriate service is accessed at the earliest opportunity
 - Sutton and Merton PCT, Epsom & St Helier Hospitals NHS trust and substance misuse services to develop a robust referral pathway between A&E and the substance misuse services to ensure that all young people are referred to services for intervention
 - Sutton and Merton PCT and the Royal Marsden Hospitals NHS Foundation Trust to review the capacity within the school nursing service to ensure that core school health nursing services can be delivered across London Borough of Sutton.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (Adequate)

18. The effectiveness of child protection services in ensuring that children and young people are safe and feel safe is adequate. Despite the shortcomings in child protection services found during this inspection no cases were identified where children or young people were at immediate risk of significant harm. Randomly selected case files from the safeguarding social work teams demonstrated that children and young people are regularly seen by social workers and that, in the main records, are up to date. However, the quality of assessment was poor and usually failed to fully analyse the descriptive information gathered. As a result, case planning and the individual plans for children are too superficial and do not support the achievement of improved outcomes.
19. The annual bullying review in schools showed a reduction in serious incidents of bullying. Increasingly students report that bullying is dealt with well in schools. Young people told inspectors that incidents of bullying were low, behaviour was managed well in their schools and they knew who to turn to to receive support and help should they have a problem. The use of social networking sites was identified as the most common form of bullying. Schools spoken to by inspectors receive good support to promote e-safety and there is effective monitoring of the council's own network.
20. Sound arrangements are in place to identify, find and return to safety, children who go missing from home, care or education. The definition of, and thresholds relating to missing children are agreed and well understood by all the relevant professionals and their agencies. This understanding is underpinned by comprehensive policies and a multi-agency protocol. Systematic and prompt information sharing between partners ensures there is a timely response when children are reported missing and the follow up action required. When a child or young person is located after going missing they are de-briefed by the police and then referred to Jigsaw4U Runaways Project for independent interviews and possible further work. Jigsaw4U has a track record of positively engaging hard to reach young people and its outcomes are positive with the project reporting a 69% reduction in missing episodes. The local authority has good communication with other authorities to track children who move schools between areas without notification. However, no overarching data is kept on missing children, this limits agencies effectiveness in analysing trends and patterns to facilitate service planning.

21. Arrangements for managing allegations against people who work with children are adequate. The service provides good support to a range of agencies, especially schools, in ensuring that children and young people are properly safeguarded in the event of an allegation made against a professional. Work is being undertaken to promote the function of the Local Authority Designated Officer (LADO) and to ensure that agencies understand safe practices but low rates of referral from some, in particular the police, indicate that the role is not yet fully utilised. Decision making is generally timely, sound and effectively tracked. Work that involves other local authorities is well handled and the outcomes of allegations are appropriately reported to registered bodies and restricted lists which ensure inappropriate people are prevented from working elsewhere with children. Cases seen by inspectors showed sound practice that led to fair conclusions. Local procedures have five categories of findings; untrue, proven with no remaining concerns, proven with remaining concerns, unproven with no remaining concerns and unproven with remaining concerns. This is seen as helpful in providing clarity to both the agency employing the individual under suspicion and the individual themselves.
22. Complaints regarding children's social care services are handled effectively with the majority being resolved at the informal level. There were 22 stage one formal complaints in 2010-11, most of which (69%) were resolved in a timely way. One of these complaints proceeded to stage two. There were no stage two complaints in 2011-12. The Ombudsman has not found the council to have committed maladministration in the last year. There is some evidence that the outcomes of complaints have been used to improve services and practice, such as a revision of the standard letters sent out from the access team. The easy to read complaints leaflet is available from a wide range of sources and it is also readily accessible on line. However there is insufficient evidence in case files to evidence that this information is given to families who are receiving services.

Quality of provision

Grade 4 (Inadequate)

23. The quality of assessments and direct work with children and young people is inadequate. The vast majority of assessments seen by inspectors are predominately descriptive and fail to demonstrate effective analysis. They do not show a clear understanding or assessment of risk. Whilst some may describe and list the obvious risks to the child or young person, most did not fully analyse the impact these might have and did not state whether they led to or might lead to significant risk of harm. Inspectors sampled the last five child protection reports submitted to case conference from one of the social work teams. Three of these five reports were wholly inadequate and the other two were marginally better. The themes within these assessments such as high levels of descriptive narrative and low levels of analysis were also evident in the majority of all assessments seen by inspectors. Given the quality of analysis it is not possible to be certain that these young people will be adequately protected.

24. Child protection plans and child in need plans are generally of a poor quality. The lack of analysis in assessment frequently leads to unfocused plans where the actions outlined are not specific and timescales are rarely appropriately set. Consequently social workers and the families of vulnerable children and young people are not usually assisted in achieving improved outcomes by these plans. There is confusion within children's services as to who is responsible for writing child protection plans.
25. The examination of case files indicate that there is little evidence of effective direct work carried out with children and young people by their allocated social workers. Direct contact with children and young people is rarely linked to the child's plan by the social worker and each visit appears, in the majority of cases seen, to be a one off event that is unrelated to previous visits. Case recording in the files seen by inspectors demonstrates a greater focus on the adults in the family network and the extent to which there are adjudged to be cooperating rather than the individual children and young people themselves.
26. Although most children in need cases seen by inspectors were reviewed in a timely way and the majority of child protection reviews are held within statutory timescales, there is little evidence of this being effective in ensuring that changing needs of the child and family are appropriately risk assessed. Similarly, cases are frequently discussed by workers and their supervisors but records indicate that the majority of these exchanges focus on sharing of information rather than clear analysis of risk.
27. Thresholds for referrals are increasingly well understood by agencies but the percentage of contacts that do not go through to referrals is inflated by the large number of police 'Merlin' notifications that are for information and do not require social care involvement. Contacts are responded to in a timely and appropriate manner and there is some risk assessment and prioritisation of them. However the pathway between the contact service and the referral and assessment duty service needs further development to ensure that there is no duplication of the work being undertaken. Referrals are allocated promptly to qualified social workers, with most cases allocated to staff with an appropriate level of experience.
28. Multi-agency assessment use of the common assessment framework (CAF) is becoming embedded into practice. It is used routinely by a wide range of agencies and professionals for children and young people of all ages who do not meet thresholds for social care. Processes are clear, but professionals recognise that their participation and understanding of CAF varies. They make good use of the support and advice from the CAF manager and a worker in children's access team. Partner agencies recognise the benefits for families in bringing services together effectively in a more coordinated way, and improved timely access to services such as short breaks. The quality of CAFs is variable. However examples were seen where their use underpins sound multi-agency working that

safeguard children and prevent the need for referrals to statutory provision. As yet there has not been an overall evaluation of the impact of the CAF.

29. Parents identified that they and their children benefit in a number of ways from the early intervention and help they receive through children's centres. They cited amongst these a better understanding of their children's behaviour and development, better understanding of their parenting role and strategies to support and manage their children, and appreciated the resulting increased social networks that reduced feelings of isolation. They were also enabled to gain access to specialist help such as 'messy play services.' Similarly, children and families, who are already known to social care, benefit from a wide range of preventative work including parenting courses, young parents' group and work with fathers. Parents seen consider that they and their children have benefited from these, with one calling them 'a life saver'. All the parents seen valued the approach taken by social workers who they described as respectful and prepared to listen to their concerns. Parents stated that they received practical help, for instance with benefits, and supporting access to nursery places.

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

30. The contribution of health agencies is good. Safeguarding children is a clear priority of the PCTs in the NHS South West London with the appointment of a Chief Nurse who has taken the responsibility of the executive lead. Good progress is being made with the development of a suite of safeguarding commissioning guidance.
31. The line management arrangements for the designated nurse for Sutton and Merton PCT are still with the Assistant Director for Children's Services and have not yet changed since the appointment of the executive safeguarding lead. This is not in line with the *Working Together 2010* and the intercollegiate guidance 2010. Changes to key safeguarding practice and service development within health providers in Sutton are not routinely discussed with the designated safeguarding professionals prior to becoming policy.
32. Appropriate arrangements are in place for the line management, supervision and access to training for named professionals in the London Borough of Sutton that support the ongoing development of good safeguarding practice across the provider organisations.

33. Good processes are in place in the Epsom & St Helier University Hospitals NHS Trust and the Royal Marsden Hospitals NHS Foundation Trust for monitoring safeguarding children practice and there are clear governance routes to enable the trust boards to confidently discharge their responsibilities on safeguarding.
34. Progress is variable in ensuring that all health staff access training in safeguarding children across all provider organisations, though Epsom and St Helier University Hospitals NHS Trust continue to demonstrate a high level of compliance. Action plans are in place to ensure that all staff across all health providers will access appropriate training within an acceptable timeframe. Arrangements to ensure that health practitioners working with children who have a child protection or child in need plan access one to one supervision are being strengthened. The improvement in quality of supervision was evident in recent supervision sessions recorded in case notes.
35. Good progress has been made in the number of GPs who have attended Level 3 safeguarding training and this has been extended to include practice based staff. However, Sutton and Merton PCT do not have a named GP in post and this continues to hamper engaging GPs in the safeguarding agenda across the London Borough of Sutton.
36. Contraceptive and sexual health services (CASH) services have recently restructured and young people have adequate access to contraception and sexual health services five days a week at clinics across Merton and Sutton. Young people were used extensively in the design and commissioning of the services. The outreach service "Check it Out" works effectively with vulnerable young people, including groups of young males. The team work with a "Clinic in a Box" and provide CASH services in a variety of accessible settings, including some targeted schools where they run workshops on risk taking behaviour. Access to emergency contraception is good and available from trained pharmacists; walk in centres and from the local A&E for young people aged under 16. Uptake of long acting reversible contraceptives (LARC) continues to improve. Good arrangements are in place to support young people under 16 and other vulnerable young women who undergo a termination of pregnancy. Progress in reducing rates of teenage conceptions is good. Data for 2010 shows significant progress in Sutton in reducing under-18 conceptions from the 1998 baseline. Rate of conceptions per 1,000 girls aged 15-17 years reduced from 38.8 in 1998 to 24.6 in 2010, a 36.6% reduction. This represents the third highest reduction in Outer London during the period 1998-2010.
37. Good arrangements are in place to effectively safeguard children and young people who access accident and emergency at St Helier Hospital. All children and young people are checked for repeat attendance and the

casualty card contains a flag if there is a child protection plan in place. All attendances are screened for potential child protection concerns against the National Institute for Clinical Excellence (NICE) guidance.

38. There is good paediatric liaison and the Paediatric Liaison Health Visitor (PLHV) screens all attendances and GPs are notified via email. All attendances are inputted into the IT system which alerts the health visitor, or where appropriate, the school nurse. The PLHV also screens attendances of domestic violence where there are children in the family or where adult A&E staff made any referrals to children and families team to ensure correct action has been taken.
39. CAMHS offer good support to the A&E services through the development of self harm pathway and access to a dedicated specialist CAMHS worker who is available during normal working hours. Out of hours support continues to be provided by a team of specialist medical staff with access to a Consultant in CAMHS.
40. Good arrangements are in place to assess vulnerability in pregnant women during the initial booking for ante-natal treatment. The use of the assessment form and the parenting assessment tool underpin a robust risk assessment that identifies where a woman may need additional support during her pregnancy. The trust recognises that there is a need to build into their appointment system safeguards to ensure that women who do not attend appointments can be easily identified. This is an issue for women who have elected to book appointments at GP surgeries and an action plan is being developed.
41. Good support is available for pregnant women who require additional care for either their emotional health or who misuse alcohol or substances. A dedicated vulnerable women's midwife works across Sutton and has good links with adult mental health services and the local authority's parental substance misuse team. The service is appreciated by service users and the majority engage well with the specialist midwife and access appropriate antenatal care.
42. Children, young people and their families have access to a comprehensive range of services to support their emotional health and well-being. CAMHS practitioners are integrated into community based services, including the looked after children's service, the local authority's assessment team, youth offending team and the JAS. Targeted, early intervention is accessed through the multi-agency children and young people's integrated support panel which matches local resource to need. Many schools have invested in emotional literacy for support assistants to help students through early identification and support.
43. The initial response by CAMHS to new referrals is not always timely. Initial assessments of need are made within 11 weeks of the new referral being made. However, families can wait up to an additional six months before

treatment begins depending on the level of priority given at the initial assessment. The quality of referrals to CAMHS is described as variable with half not assessed as meeting the criteria for a service. It is reported that some referrals are not of a good quality and they also portray a lack of understanding of threshold.

44. An effective adolescent outreach team provide intensive support to young people who are in mental health crises to enable them to remain at home and where possible avoid hospital admission. Transition arrangements from CAMHS into adult mental services are well planned and usually start at around 17½ years of age with joint meetings and appointments.
45. Education, advice and support for young people on substance and alcohol misuse are being reconfigured across London Borough of Sutton. A recent specialist substance misuse CAMHS post has been decommissioned and practitioners interviewed were unclear as to the current arrangements relating to the care pathway for young people who have mental health needs. In addition, only targeted support is available for young people who attend the local A&E following substance or alcohol misuse and this means that the opportunity to routinely engage young people early is being missed.
46. Families and children with disability and complex health needs have good access to effective services. The Dragonflies early years assessment unit for social and communication difficulties is an excellent resource for assessment and diagnosis of children where a diagnosis for autistic spectrum disorder is being considered.
47. An innovative approach to supporting young people involved with the youth offending team has been through the secondment of a speech and language therapist to the team to identify and facilitate communication with those young people who have a social or communication problem. This work has been highly successful in helping professionals working with some young people to understand and manage better their interventions with some young people, as well as making referrals to therapeutic services to obtain a diagnosis.
48. The community outreach home care team are able to provide overnight respite and support children at home or in school, to ensure that those children with complex health needs are able to access life's opportunities alongside their peers. Access to aids and adaptations is mostly good. However, insufficient equipment is available for infants with complex needs who attend pre-school nurseries.
49. Sutton's children with disability team coordinate and support families well. Regular core group and six monthly reviews are held with clear outcomes specified in all plans. This ensures that families receive ongoing and appropriate support. There is, however, a perceived gap in services

between a young person leaving the children's disability service and being engaged and supported by the adult disability service.

50. Good awareness on the impact of adult mental health issues on children in the family by adult mental health practitioners, with close partnership working with London Borough of Sutton's children and families' team helps to safeguard children effectively. Details of children are routinely recorded for all adult service users and there are well established care pathways for adults who demonstrate delusional beliefs that involve harming children.
51. Health visitors and school nurses are effectively delivering some parts of the Healthy Child programme. Following an earlier inspection in London Borough of Merton, commissioners have introduced a performance related target to ensure that the two year contact is re-introduced. This will mean an increased opportunity to identify vulnerability in families as well as any developmental concerns around the child. Health visitors use skill mix to work successfully in delivering packages of care in support of a child protection or child in need plan as well as part of CAF or team around the child.
52. Caseloads for health visiting and school nursing are managed corporately within both services and numbers are described as manageable within the health visiting service. However, the school nursing teams are unable to meet demand for their service and are exploring how their involvement in safeguarding and child protection can be maintained effectively. Current arrangements mean that requests for child protection work is allocated corporately at weekly team meetings to ensure continued school nurse involvement. However, this is at the cost of developing the public health element of the school nurse role. The school nurses are not able to regularly review health care plans in school and depend on families notifying them of any changes. School nurses are not able to run group work in schools to target those children and young people who may benefit from additional intervention, for example around self esteem, hygiene, smoking cessation, although those schools that wish to have a drop in clinic are accommodated.
53. An appropriately constituted and effective Child Death Overview Panel shared between Merton and Sutton reviews all unexpected deaths of children under 18. The panel is enriched by the attendance of a midwife who contributes well to the overall understanding and impact of ante natal care that mothers may have received. The Chair of the panel monitors actions against recommendations made by the panel through a rolling action plan. Findings from the panel have influenced and changed advice and care to mothers on co-sleeping of older, disabled children and revised guidance to urgent care on how to treat pregnant women with abdominal injury.

54. Assessment of the impact of domestic violence in families on children is a priority within health services and is resourced well. Staff in A&E and walk in centres receive training and support in identification of domestic violence through independent domestic violence advocates (IDVA). The IDVA attends the weekly safeguarding meeting, along with other agencies, including social care and CAMHS. A specialist health visitor for domestic violence supports colleagues in community services with multi-agency risk assessment conferences (MARAC) referrals. Health visitors and school nurses regularly receive notifications from police on any attendance to a domestic violence incident where children were present.
55. Good arrangements are in place for children to be examined for a child protection medical. Children and young people who need an urgent referral for an examination following alleged sexual abuse are seen at the local Haven where a paediatrician is in attendance. Good follow up arrangements are in place to provide ongoing treatment and support.

Ambition and prioritisation

Grade 3 (Adequate)

56. Ambition and prioritisation are adequate. The local authority and its partners have sought to improve outcomes for vulnerable children and address known areas for development. The consistency of the application of thresholds by children's social care has improved in line with the development of the children's access team and referral and assessment service. This has included the co-location of staff from other agencies with children's social care and these developments are closely linked to the proposed formation of a multi-agency safeguarding hub (MASH). Elected members champion the needs of all children and young people and are proactive in their response to identified need. For example elected members and senior officers ensured funding was available for parenting courses for those caring for children with disabilities who have challenging behaviour. In addition elected members, together with officers and partners have delivered improvements to services in relation to domestic violence and have increased awareness and partnership working in relation to the associated issues of adult mental health and substance misuse.

Leadership and management

Grade 3 (Adequate)

57. Leadership and management are adequate. Elected members champion the needs of all children and young people and are proactive in their response to identified need. For example elected members and senior officers ensured funding was available for parenting courses in respect of children with disabilities who have challenging behaviour. In addition, a number of individual elected members are effective 'champions' and take a lead on specific issues, such as domestic violence.

58. The consistency of the application of thresholds by children's social care has improved in line with the development of the children's access team and referral and assessment service. This has included the co-location of staff from other agencies within children's social care and these developments are closely linked to the proposed formation of a MASH.
59. Whilst local priorities have been developed and acted upon in order to improve safeguarding outcomes, the local authority and its partners have had insufficient focus upon the quality and effectiveness of child protection work.
60. However the local authority and its partners have sought to improve outcomes for vulnerable children and address known areas for development. Some weaknesses in services and resource deficits are understood and risk assessed and appropriate action is taken. An example being when there was insufficient capacity in the RAS and FS teams to allocate child protection cases safely arrangements were put in place which allowed them to be allocated and managed effectively in two other teams. This measure was closely monitored on a weekly basis by senior managers.
61. Well established workforce development arrangements have helped ensure that there are sufficient numbers of qualified and experienced social workers in place alongside other staff to deliver safeguarding services. Staff are encouraged to keep up to date with research and new developments in social work and there are a number of mechanism in place to help them achieve this. A good range of training is available to staff, however this inspection has clearly identified the lack of appropriate constructive training in a number of areas including, risk identification and management, analysis, and effective management.
62. Workforce planning takes into account the need to ensure that the diverse and changing needs of the local community are reflected within the local children's workforce and where possible take action to address any deficits. Commissioning is well established across the partnership and has been used effectively to improve outcomes for vulnerable groups. There is no joint commissioning or pooled budgets, but joint planning has resulted in a number of positive developments, such as CAHMS workers being placed in a number of different teams, and initiatives to tackle domestic violence such as men achieving change project.
63. The multi-agency commissioning group within the children's disability service includes parents and ensures that their views are taken into account when planning services. Greater flexibility has been introduced into the short breaks service for disabled children, and this has led to more efficient use of the service and better value for money. Contracts are becoming increasingly outcome focused, and some now are based on performance related payment.

64. An equalities impact assessment is carried out on every contract as well as business plans presented to council. The quality of these are scrutinised and challenged. The importance attached to this is underlined in training for commissioners and is apparent in the challenge and scrutiny of these statements by the council.

Performance management and quality assurance

Grade 4 (Inadequate)

65. Performance management and quality assurance are inadequate. There are significant failings in quality assurance arrangements across the partnership to ensure that the most vulnerable children and young people are appropriately safeguarded and receive services that reflect their identified need. The LSCB has not had a clear focus on core child protection business and has not utilised available management information to question and make appropriate enquiries regarding the effectiveness of practice. There is no oversight or evaluation of the quality of the work of the independent child protection chairs, who have failed to provide sufficient challenge to the work of front line social work teams or to be sufficiently robust in escalating any concerns they might have. There are significant gaps in quality assurance processes and where they are in place they are ineffective at identifying poor practice, drift and unaddressed need. Team, first line managers and heads of service have demonstrated that they do not always have a clear understanding of what constitutes good practice. These factors have contributed to the creation of an environment where poor practice, including ineffective assessment, can exist without challenge or identification. Despite being identified in two successive unannounced inspections of referral, contact and assessment arrangements as an area for development, management oversight of key decisions and social work reports remain weak and ineffective.
66. Good practice, where it exists, is primarily related to the skills and abilities of individual social workers and not a robust quality assurance process. Although social workers report that their managers are available and that they receive regular support and supervision it is often not clear how supervision has positively influenced practice.

Partnership working

Grade 3 (adequate)

67. Partnership working is adequate. The partnership including the voluntary and community sectors is becoming well established and has put into place strategies designed to improve outcomes. This includes mapping hotspots of actual and potential anti-social behaviour and putting in place effective provision for young people through youth and voluntary groups. The Children's Trust has identified the impact of these initiatives including decreases in teenage pregnancy, increased levels of engagement in

education and training and reduction in anti-social behaviour and youth offending.

68. The LSCB provides leadership in relation to a number of key targeted safeguarding services. These include the delivery of services by the Project Worker for Faith, Cultural and Community Groups which has been very effective in engaging with and delivering to safeguarding training and awareness. This has resulted in an increase in child protection concerns being identified and an improvement in services to previously hard to reach groups. Although the LSCB has a number of examples of delivering effective leadership and change in wider safeguarding issues it has not had an effective or sufficient focus on core child protection business. This has enabled poor and ineffective practice to continue without detection for significant periods of time.
69. The LSCB have successfully captured funding from the London Safeguarding Board to enable direct work to be done with faith and cultural groups who were not engaged in the safeguarding agenda. The LSCB has mapped that as a result of this work there has been a high take up of safeguarding training and safer recruitment training for these key organisations and an increase in consultations regarding safeguarding matters.
70. Partnership working between the statutory and third sector organisations is generally well established and has delivered improved outcomes for children with disabilities and young carers. Although the new overarching commissioning strategy has yet to become effective there are examples of strong and growing partnerships particularly in relation to young carers and joined up work that includes both adults services, children's services and the voluntary sector.
71. Partners report improved levels of consistency from children's social care in relation to responses to referrals regarding the welfare of children. In addition, they felt that thresholds are more consistently applied by children's social care and the heads of primary schools in Sutton report improved levels of service response by front line social work teams. The Children's Trust recognises that whilst CAF is well used and embedded there has not been any formal evaluation of its impact on outcomes for children and young people.
72. The local authority and its partners have sought to improve outcomes for vulnerable children and address known areas for development. The consistency of the application of thresholds by children's social care has improved in line with the development of the children's access team and referral and assessment service. This has included the co-location of staff from other agencies with children's social care and these developments are closely linked to the proposed formation of a MASH. Whilst local priorities have been developed and acted upon in order to improve

safeguarding outcomes, the local authority and its partners have had insufficient focus upon the quality and effectiveness of core child protection work resulting in significant levels of poor practice.

Services for looked after children

Overall effectiveness

Grade 3 (Adequate)

73. The overall effectiveness of services for looked after children and young people are adequate. Some outcomes are improving well; such as placement stability and the number of looked after children who are offenders is reducing. Outcomes for looked after children and care leavers are at least adequate with health outcomes judged to be good. Although the council states that no children and young people are in placements judged inadequate by Ofsted inspection reports, there currently is no systematic monitoring of placements to ensure that quality and value for money remain high. The network of educational professionals, including the virtual school delivers some very effective packages of support that enable children and young people to maintain their education. However, the attendance of Year 10 and 11 pupils remains a concern and the services provided to those looked after children placed outside of the London Borough of Sutton are not as strong for those within Sutton.
74. Social workers, their managers and other professionals have a strong commitment to improving the outcomes for children and young people looked after. Inspectors saw examples of good and effective practice during this inspection. However, the overall quality of casework was variable and this was characterised by the ineffective management oversight of the work and a reviewing service that does not meet statutory requirements. The timeliness of health assessments is good and the social work capacity is appropriate with caseloads manageable and social workers who clearly know their children and young people well. Management information is not well used to monitor the service as a whole and there is not a good understanding of the overall impact of the service by managers and service leads.
75. Corporate parenting is to an extent well established and engagement with young people is strong in some areas. The areas of weakness in relation to corporate parenting relate to a lack of awareness by some looked after children and young people of the advocacy service, the Children in Care council known as 'Decision Busters' and inactivity of the council's pledge to looked after children, young people and care leavers. Representatives from Decision Busters are included as members of the corporate parenting forum and have regular contact with elected members and senior officers. Young people looked after have been involved in key appointments such as the Chief Executive and recently appointed Strategic Director of Children Young People and Learning Services. However the council's pledge to children and young people looked after is not in current effective use and some young people reported not knowing about Decision Busters or the advocacy service.

Capacity for improvement

Grade 3 (Adequate)

76. The capacity to improve services for looked after children, young people and care leavers is adequate. The council, including elected members and senior officers, fully recognise and accept the weaknesses in the looked after service identified during this inspection. Actions to address the failings of the reviewing service and that of management oversight already form part of the action plan devised by the Strategic Director for Children's Services. Outcomes for looked after children and young people are at least adequate.
77. Overall there is sufficient capacity and a low vacancy rate within the looked after children's and care leavers' service to enable managers and staff to meet the needs of the service and to deliver its core functions. Staff in the service who met inspectors report they feel well supported by their managers and are determined to make a positive difference for the looked after children and young people with whom they work.

Areas for improvement

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

Immediately:

- instigate an action plan to improve the level of challenge and scrutiny provided by independent reviewing officers
- ensure that independent reviewing officers receive regular supervision and that quality assurance arrangements are put in place to guarantee that the reviewing process is of a consistently high quality
- ensure that children and young people have timely assessments that inform care planning and improve the quality of care plans so that they are up to date and contain objectives that are specific, measurable and achievable
- ensure that children and young people are visited in accordance with statutory guidelines and that the visits are purposeful and in accordance with their care plan

Within three months:

- ensure that a comprehensive strategy is in place for services to looked after children and care leavers, which identifies key priorities and timescales for improvement. Also ensure that key priorities are shared with relevant stakeholders and that priorities link clearly to team plans
- review the purpose and function of the strategic groups that oversee and drive improvements for looked after children and care leavers, removing unnecessary duplication and ensuring that the corporate parenting forum fully exercises its responsibilities
- ensure regular evaluation of services so that impact can be established and a continuous cycle of challenge and improvement can be developed
- ensure that an annual report for 2011-2012 for the independent reviewing officer service is produced and is presented to the Local Safeguarding Children Board
- strengthen family finding arrangements, to ensure that there is no delay by the local authority in securing permanent arrangements for children and young people
- strengthen the sufficiency strategy to ensure that it is based on a full analysis of need, and develop a project plan to increase the availability of local placements
- consult with foster carers with regard to their training programme, to ensure that their views are taken into account when planning the timing of training events
- ensure that systems are put in place to gather the views of children and young people and care leavers to inform service development
- Sutton and Merton PCT and London Borough of Sutton to review the arrangements for young people leaving care to ensure that they are provided with complete health summaries
- Sutton and Merton PCT to ensure that there is sufficient capacity to meet requests for initial health assessments in a timely manner.

Within six months:

- ensure that the electronic recording system is fit for purpose and that it is used by staff and managers effectively for accurate and accessible case recording

- improve the awareness and use of the complaints service and the advocacy service by looked after children and young people.

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

Being healthy

Grade 2 (Good)

79. Health outcomes for children looked after by London Borough of Sutton are good and exceed statistical neighbours and national performance. Young people are routinely asked where they would like their health review to take place and this helps to engage the young person in their healthcare. The arrangements for the line management and supervision of the designated health professionals for looked after children are appropriate and support them in delivering health care to children looked after by London Borough of Sutton. Good arrangements are in place to ensure that comprehensive and timely health assessments and health reviews are carried out on those children who are looked after by London Borough of Sutton and placed out of the area.
80. Although timeliness of initial health assessments remains good, the service is stretched and there is no capacity to cope with any peak in demand. This is due to recent changes in clinic venues and a reduction in community paediatric resource. Good partnership working between health and social care staff supports effective decision making on the appropriateness of family or residential placements for looked after children and young people.
81. The designated nurse for looked after children provides an annual update training session on the health needs of looked after children to health visitors and school nurses. However, some midwives and school nurses have not attended this update training for a number of years. Most health visitors and school nurses do not routinely discuss looked after children as part of the supervision in safeguarding children practice. This means that some looked after children health files have not had management review or discussion for some years.
82. Looked after children and young people have good support for their emotional health and well-being. Young people are supported to access universal services for contraception and sexual health services and substance misuse advice and support. However, young people leaving care are not currently provided with a comprehensive health summary. The partnership recognises this is an area for development. The designated professionals for looked after children and the looked after children CAMHS are actively involved in promoting the health of looked after children and provide good training opportunities to foster carers and other professionals working with looked after children.

Staying safe**Grade 3 (Adequate)**

83. Outcomes for staying safe are adequate. Local performance information indicates that improvements have been made to the stability of placements, where previously performance was below that of similar authorities. Young people who spoke to inspectors or who responded to the Ofsted survey as part of the inspection reported that they felt safe in their placements. The authority reports that no children and young people are in placements judged inadequate by Ofsted inspections. Currently there is no systematic monitoring of placements, although this will be considered as part of the new commissioning framework.
84. There is insufficient choice of placement to meet local need. Many children and young people are placed out of borough, although many are less than 20 miles away from Sutton, and schools placements are maintained whenever possible. A sufficiency strategy has recently been produced, which identifies priorities for types of placements, although the evidence to support the strategy is not sufficiently robust, and a project plan has yet to be produced. Multi-agency engagement in delivering services to looked after children and care leavers, including from housing services and from the voluntary and community sector, is good. Sound arrangements are in place to identify, find and return to safety children who go missing from care.
85. Children and families receive good post adoption support and effective intervention from relevant agencies such as CAMHS when placements become fragile. Placement breakdowns are rare, and disruption meetings are held to ensure that lessons are learnt. A wide range of services are available to divert children from care, for example through the joint adolescent service for older children, and the Sutton family centre for younger ones. Family group meetings are used effectively to identify resources within the wider family to support the children and young people. However, evaluation of these services is very limited, so it is not possible to identify the impact of much of the preventative work.

Enjoying and achieving**Grade 3 (Adequate)**

86. The impact of services on enabling looked after children and young people to enjoy and achieve is adequate. Children and young people spoken to by inspectors valued the support they received during their education. For those children and young people who receive their education within the boundaries of Sutton there is an effective service that is able to support their educational aspirations. The virtual school has a clear focus on the educational outcomes for all children looked after including those placed away from Sutton and will take an active part in the progress of personal education plans (PEPS). The support and monitoring arrangements for looked after children and care leavers placed outside of the borough are

not as established and achieve less positive outcomes than for those children and young people placed in Sutton. The leaving care support service seeks assistance from colleagues in other council areas where care leavers reside but acknowledges it is more difficult to deliver effective services. There is a lack of strategic planning and oversight in relation to systemic issues that impact upon educational outcomes such as placement moves, case planning and casework responsibility changing within social work teams at key times in the school year are not effectively addressed and therefore recur. Traditionally attendance at school has been good. However, in 2010/11 17% of the cohort missed 25 days or more of school. A disproportionate number of these children and young people were in Years 10 and 11 and those placed in educational establishments out of Sutton have higher absence levels.

87. Most looked after children have an up-to-date PEP. However, those seen by inspectors varied in content and quality. In some information is not always complete and the targets set are too broad and unlikely to be fully achieved. In contrast, some PEPs seen by inspectors were of good quality, they included the views of the young person and it was evident that the individual had made good progress from their starting points. PEPs are valued by the school staff spoken to by inspectors and are generally well used to review progress and ensure that current provision meets the child or young persons needs. Attainment at all key stages is in line with national averages for looked after children. There are no discernible trends in improvements over-time and attainment varies year-on-year and attainment of five GCSEs including English and mathematics has declined for three years since 2008/09. The vast majority of young people leaving school successfully move into further education and training.
88. Looked after children and care leavers have access to a wide range of leisure activities. Foster carers are informed by the children in care co-ordinator of the activities available to all children and young people, and looked after children and their foster families have free access to three local gyms and a swimming pool. Currently 89 young people are signed up to the scheme, but less than half have made use of it. Children under the age of 16 have access to free bus travel, and older young people have transport costs covered by the council. Young people with disabilities who stay at Cedar Lodge, a local respite unit, have been influential in designing activities such as transition weekends, where they can develop skills for greater independence. Following consultation with young people, one of the bedrooms at Cedar Lodge has been transformed into a sensory room. The unit has also made use of Aiming High funding to invest in a vehicle that was not obviously designed for young people with disabilities, helping them to feel less different.

Making a positive contribution, including user engagement

Grade 3 (Adequate)

89. Children and young people who are looked after have adequate opportunities to make a positive contribution. Looked after children and care leavers are represented on the corporate parenting forum and are encouraged to give their views to senior officers and elected members on matters important to them. The Decision Busters is an active and long standing group of ten looked after children and care leavers who play an active role in shaping services. They informed inspectors that they enjoy being part of the group, taking part in activities and feel valued by the corporate parenting forum with whom they meet with four times a year. Decision Busters have a webpage and are on Facebook, and are planning an open day in the summer to promote their activities. They have recently produced a DVD and have rewritten the children's guide for when a young person comes into care; this work is about to be finalised and will be launched later in the year. The experience has enabled young people to develop skills such as planning, filming and negotiating with others, and they are proud of their achievements.
90. However, not all looked after children are aware of Decision Busters and it is unclear as to how they represent all children and young people looked after especially those placed significant distances from Sutton. The council's pledge to all looked after children and care leaver's is not well developed. One young person remembered the pledge being produced but this was a long time ago and it appears to be in their view 'forgotten' by the Council. Decision Busters have been involved in staff recruitment including for senior managers, and in interviewing organisations who tendered for a mentoring project, and interviewing potential foster carers.
91. There is an effective advocate and independent visiting service provided by a local third sector organisation that also provides a range of other specialist services for young people. The advocate service is available to all of Sutton's looked after children and young people and care leavers should they need additional support to express their views and opinions. It works efficiently alongside the well established complaints and representations system, with the majority of complaints from looked after children and care leavers being appropriately resolved at an informal level with the help of an independent advocate where necessary. Whilst there is no waiting list for either the independent visiting or advocacy scheme and there are insufficient resources to enable 'matching' to take place. Some young people reported to inspectors that they did not know of the advocacy service but others who had used the service were very positive about the help they had received.
92. The views of looked after children and care leavers are not gathered systematically, and so cannot be used to inform service development. A new feedback form is being developed to gather feedback from children

and young people when they leave a placement, and from foster carers. This is being developed in response to a young person and a foster carer making complaints.

Economic well-being

Grade 3 (Adequate)

93. The impact of services to support and improve the economic well-being of looked after children and care leaver's is adequate. Over the last three years consistently high numbers of looked after young people who reach school leaving age go onto further education and training. Currently 71% of young people looked after and care leavers are involved in education or training which is a much improved figure and significantly higher than the national average. Further education and training is effectively promoted through events such as that delivered over two days in January 2012. Good financial support, including the use of incentives and support for educational materials and equipment, helps young people maintain education and training placements and employment and there are currently ten young people at university. However, for those young people who were not in full time education, training or employment they had no clear career goals and no clear plans to move on from their current position. It was recognised by managers that for some young people none of the tried interventions had been successful. In these cases, where little or no progress had been made there was little evidence of alternative courses of action being taken or planned. The qualities of pathway plans seen by inspectors are variable. In the main they had a clear focus on capturing the needs and aspirations of young people but a significant number did not adequately outline how these aspirations will be achieved, by whom or by when.
94. There are a good range of programmes that are offered to support the well-being; learning and development of looked after children and care leavers including sexual health workshops, Black History month celebrations and events for young parents and their children. One to one support is provided for those 16-18 year olds in further education and mentoring is used to provide additional support to looked after children and young people and care leavers who reside in the borough of Sutton and young people informed inspectors this is a very valued service.
95. Care leavers who spoke to inspectors were positive about the help and support that they had received over-time. They valued practical help and guidance that helped them find a college place, furnish their accommodation and they reported being accompanied to appointments and receiving preparation for interviews. However, a number of foster carers were critical of the arrangements put in place for some young people leaving care and described both them and the young person not being involved in key decision making and young people finding out without preparation that a flat had been found for them. Some looked after young people reported their perception to inspectors that when they

reach 16 years of age they will be expected to live independently and will need to leave their foster placements.

96. Families have access to a wide range of respite services, including Cedar Lodge which offers overnight placements. Cedar Lodge have worked with parents to offer some group activities for girls, which were all well attended and appreciated by the young people. They also have transition weekends where groups of young people work on developing independent living skills

Quality of provision

Grade 3 (Adequate)

97. The quality of provision is adequate. Assessment and care planning processes and practice are variable and some children and young people have been waiting for permanent placements for far too long. Family finding arrangements are not always sufficiently vigorous, and the lack of progress in some cases causes anxiety to young people and their carers.
98. Assessments seen on files vary between adequate and good, but some children and young people have not had an updated assessment for some time, which means that care planning is not always robust. While care plans can be found on the electronic system, many of them contain outdated objectives that do not reflect the current plan. Staff have difficulty updating the plans using the electronic recording system, so staff and carers rely on the decisions listed in the Chair's report following each review. These decisions are not always sufficiently measurable or outcome focused, and the absence of an effective plan leads to drift in some cases. This is despite the fact that reviews are timely and demonstrate good multi-agency engagement.
99. Case records and chronologies are mostly up to date, and many cases demonstrate that professionals know the young people well and care about their welfare. Children and young people and their parents and carers report that they are treated with respect. There is easy access to interpreters and young people and family members with disabilities report that they receive sensitive support. However, in too many cases children have not received statutory visits within expected timescales, and records of visits do not demonstrate a clear link to the care plan.
100. Unplanned changes of placement are avoided and placement stability meetings are held to provide additional support if placements become fragile. Good support is available following the making of Special Guardianship Orders, enabling successful long-term placements. Inspectors saw very good examples of life story work with children placed for adoption.

Ambition and prioritisation

Grade 3 (Adequate)

101. Ambition and prioritisation of services for looked after children, young people and care leavers are adequate. The Lead Member chairs the corporate parenting forum, which carries out regular performance monitoring of outcomes for looked after children and care leavers. Young people are represented on the corporate parenting forum and have presented a powerful session on being a looked after child which members said helpfully extended their understanding. Although the current Children and Young People's Plan has a focus on looked after children, the council does not have a distinct looked after children strategy that has clear links to both commissioning and other strategic plans. This, coupled with underdeveloped quality assurance mechanisms has resulted in a lack of progress in relation to improving outcomes for looked after children and care.
102. The independent reviewing service does not reflect statutory guidance in that there is not an annual report on its activities. Elected members, senior officers and managers within the service clearly have positive ambitions for looked after children and care leavers in Sutton but their ambitions have been restricted by a lack of strategic oversight and evaluation that has resulted in a lack of awareness of service weaknesses. Where concerns about the service have been identified, such as the suitability of accommodation for care leavers, effective actions have been taken.

Leadership and management

Grade 3 (adequate)

103. Leadership and management are adequate. There is competent leadership and management of services for looked after children, strongly supported by elected members. The corporate parenting forum provides champions the needs of children in care and care leavers. Senior managers are committed to improving outcomes for looked after children and young people although the lack of strategic planning and management oversight has restricted their effectiveness in some areas.
104. The workforce development strategy has ensured that overall there is sufficient capacity and a low vacancy rate within the looked after children's and care leavers' service to enable managers and staff to meet the needs of the service and to deliver its core functions. Staff clearly know their looked after children and young people well and managers support practice by ensuring caseloads are manageable.
105. Partnership working to meet the needs of children and young people in care and care leavers is well established in a number of key areas including support to foster carers, health input from the named nurse and psychologists as well as the educational support including mentoring involving community and voluntary groups. CAMHS workers are co-located

within both looked after children social work team and the youth offending team which enable positive and accessible support to be provided to support children and young people and those caring for them. There is a well established complaints and representations system in place with the availability of advocates to support children and young people in care as necessary. Most looked after children, young people or care leavers who met with inspectors and those who responded to the pre-inspection survey indicated that they know how to access the complaints procedure.

Performance management and quality assurance

Grade 4 (Inadequate)

106. Performance management and quality assurance are inadequate. There are significant failings in the quality assurance arrangements to ensure that looked after children and care leavers receive prompt and effective services that reflect their identified need. Despite the independent reviewing officer service performing well in terms of the timeliness of looked after children reviews, there is limited evidence of challenge or case direction that leads to sustainable improved outcomes for looked after children. No arrangements are in place to quality assure or directly supervise the work of independent reviewing officers, which has led to inconsistencies in practice, and the reporting arrangements for this service are not currently in line with statutory guidance.
107. Evidence from case file reading, supervision files and social workers indicates that many social workers receive frequent supervision, which they value. However, there is little evidence of supervision having a direct impact on the quality of casework planning, assessments or outcomes for children and young people. Where actions are agreed, they are not specific and measurable, and some are carried forward from one meeting to the next without explanation. Cases are audited regularly by managers, but this is purely a quantitative exercise, and is a missed opportunity for improving the quality of casework. The impact of a more thorough audit of 86 case files in 2011 is not clear.
108. Evaluation of services is very limited, so in many cases it is not possible to establish what is working well and how services could improve. Managers have access to regular performance information but this is not being used effectively to drive improvement. Local performance information shows that some performance is improving, such as the stability of placements, and strong performance continues with regard to the low numbers of looked after young people who are cautioned or convicted.

Record of main findings:

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