

Inspection of safeguarding and looked after children services

London Borough of Tower Hamlets

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Reporting inspector: Sean Tarpey

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 67 children and young people receiving services, 13 parents and carers 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 the fostering and adoption services, 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 100 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 January 2011
 - interviews and focus groups with front line professionals, managers and senior staff from. NHS North East London and the City, East London Foundation Trust and Barts Health 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. Tower Hamlets has a resident population of approximately 60,000 children and young people aged 0 to 18, representing 24% of the total population of the area. In 2012, 89% of the school population were classified as belonging to an ethnic group other than White British compared to 26% in England overall. English is an additional language of 74% of pupils. English and Bengali are the most recorded commonly spoken community languages in the area. Of those children and young people under 19 years, 55% are from Bangladeshi background.
5. Tower Hamlets has 98 schools (including one secondary and one primary academy school), comprising 70 primary schools, 15 secondary schools, the pupil referral unit and six special and short stay schools. Early years' service provision is delivered predominantly through the private and voluntary sector in over 53 settings; there are six local authority maintained nurseries.
6. The Tower Hamlets Children and Families Partnership was established in 2006. The Partnership includes representatives of Tower Hamlets Council, NHS East London and the City, East London NHS Foundation Trust and Barts Health NHS Trust. Other representatives include the Metropolitan Police, the Tower Hamlets Housing Forum, general practitioner (GP) lead for childhood and maternity services, representatives of the voluntary sector Children and Youth Forum, and local schools and colleges.
7. The Tower Hamlets Safeguarding Children's Board became independently chaired in February 2011, and continues to bring together the main organisations working with children, young people and families in the area that provide safeguarding services.
8. As of 31 March 2012 social care services for children had 203 registered foster carers and two residential children's homes. Some 150 children were being internally fostered, a further 68 were placed in externally commissioned foster placements and 22 children were in externally commissioned residential care (including schools and secure accommodation).
9. Community-based children's services have been provided, since July 2009, by the integrated pathways and support team (IPST) together with the assessment and early intervention service, and supported by the integrated service for disabled children, family support and protection team, children looked after and leaving care service, children's resources (fostering and adoption) and youth offending team. There is an emergency out of hours service providing cover for Tower Hamlets and the City of London. Other family support services are delivered through 12 children centres and extended services in schools. Some services are provided or coordinated through children's services such as youth services, teenage pregnancy, careers services and child and adolescent mental health services (CAMHS).

10. At the time of the inspection there were 298 looked after children. This is a decrease of 25% over the course of the previous two years. They comprise 92 children less than five years of age, 178 children of school age (5–16), 28 post-16 young people and a total of 67 with care leaver status. In total, 297 young people were supported by the leaving care service. Tower Hamlets uses a virtual school approach in its support of the learning of looked after children.
11. At the time of the inspection there were 305 children who were the subject of a child protection plan. This is an increase over the previous two years. These comprise 156 females and 147 males (two were unborn children). Some 39.7% of these children are aged under five, 40.3% are 5-11 and 20% are 12 years or over. The highest categories of registration were emotional abuse at 71.5%, neglect at 23.6%, physical abuse at 2.95% and sexual abuse at 1.97%.
12. Commissioning and planning of health services and primary care are carried out by NHS East London and the City Primary Care Trust (PCT). The main provider of acute and community health services is Barts Health NHS Trust. CAMHS are provided by East London NHS Foundation Trust. This includes community based and inpatient facilities as well as services at the Royal London Hospital (for A&E and inpatients).
13. Accident and emergency (A&E) services for children are provided by Barts Health NHS Trust. There is a dedicated Paediatric A&E Unit at the Royal London Hospital located within Tower Hamlets. Maternity and newborn services are provided by Barts Health NHS Trust.
14. Children and families access primary care services through one of the 34 local GP practices, walk in centres, including St Andrews and Barkantine GP walk in centre, and the urgent treatment centre.

Safeguarding services

Overall effectiveness

Grade 2 (Good)

15. The overall effectiveness of the council and its partners is good.
16. There are many ambitious targets for improvement and agreed priorities across the partnership that are supported well by challenging and secure inter-agency relationships. Senior managers provide strong and innovative leadership to secure a range of sustained improvements to practice. These include the further development of revised and comprehensive early intervention and prevention services resulting in children being helped earlier and the sustained reduction of children and young people entering the care system. The council and its partners meet all statutory requirements for the management and delivery of safeguarding services.
17. Direct work with children and families is judged as good or better. Work within specialist teams, such as those dedicated to children with disabilities and private fostering, demonstrate exemplary practice. There is evidence of improving practice in the undertaking of assessments most of which are good, some being excellent. The development and introduction of the London Borough of Tower Hamlets (LBTH) understanding families assessment model is a considerable achievement and it has been received favourably by staff who contributed significantly to its design. The council are aware further work is required to consider how the new model will dovetail with the report required for initial child protection conferences and to increase the participation of children and young people at such meetings.
18. There are variable arrangements in place to monitor performance in terms of the quality of work and achieving timely impact. Within children's social care there is a delay in entering records onto the electronic recording system in some cases. As the emergency duty team rely on this information to make decisions regarding risk this is an area for development. Similarly, within health not all records fully comply with the required standard of professional practice and ICT systems do not efficiently support joined up assessments and the sharing of information between partner agencies. The contribution of GPs to safeguarding children work requires further development. It is noted that health action plans have been developed to address most of these areas for improvement, including training and supervision of health staff and the need for low level support to children with emotional and mental health needs.
19. Threshold guidance is encapsulated into the Tower Hamlets family wellbeing model which clarifies thresholds from early help through to specialist social care services. The model is promoted through both guidance and training. However, although the guidance summary is clear and of good quality, the model is not yet fully embedded across the partnership. The council is aware that there is further work to do to support and develop the consistent use of 'step down'

processes to support children, young people and their families as risk is reduced.

20. Educational outcomes in Tower Hamlets are good and improving. The council understands very well that positive educational experiences and outcomes for children and young people make a significant contribution to their well-being and safety.
21. The wishes and feelings of children and young people are routinely sought to inform service planning and individual casework, the value of which is clearly evident by the high regard taken to ensure the needs of children and families from minority ethnic communities are fully taken account of, and recorded in assessments, plans and reviews.
22. Although the Local Safeguarding Children Board (LSCB) meets its statutory responsibilities it does not currently exercise effective community and professional leadership in relation to universal, targeted and specialist services. Recent restructuring of the composition of the LSCB, including the sub-groups, alongside the development of an appropriately ambitious work plan seeks to address this area for improvement, although it is too early to measure impact.

Capacity for improvement

Grade 1 (Outstanding)

23. The ambition for, and prioritisation of, safeguarding services to children and young people in Tower Hamlets is outstanding.
24. The strategic leadership within the council and across partners give safeguarding the highest priority. Cross party commitment to safeguarding by elected council members demonstrates a consensus that services for children and young people are a priority and must be appropriately resourced. This has resulted in councillors committing resources to maintain the very good capacity of front line services.
25. The ability of partner agencies to work very closely together at a strategic level through the children and families partnership is established and mature and provides demonstrably strong leadership at a high level to deliver the priorities in the Children and Young People's Plan (CYPP). All partner agencies appropriately ensure that safeguarding is prioritised within their services and necessary resources are assigned. The engagement of the third sector at a strategic, operational and commissioning level is outstanding. This high level of collaborative working is supporting the establishment of highly regarded service delivery, particularly early intervention and support to children and families.
26. The council has made considerable investments to maintain a stable workforce and there is a healthy culture of investment in staff development. The training and professional development needs of newly qualified social workers are well recognised and effectively met. Overall the workforce is very well trained and supported by a comprehensive, recently revised workforce development strategy which in turn is responsive to changing demands, and reflective of

local demography. Practitioners across the partnership demonstrate high morale and report they enjoy working in the borough as a result of much innovative practice as well a shared commitment to the values of the partnership, its priorities and direction.

27. The council and its partners are able to demonstrate improvements in service provision through the good and open use of findings from inspection, audit, peer review and service user feedback. There has been a good focus on the areas for development identified following the unannounced inspection of contact, referral and assessment arrangements undertaken in January 2011. The work of the IPST has been further developed and threshold guidance re-issued. All child protection enquiries are undertaken by suitably qualified staff and supervision is occurring regularly to assist case planning and risk management. Work to both recognise and consider the implications of ethnicity, culture and religion is apparent in all casework examined. Arrangements for case transfers are increasingly child centred and there is no unallocated work.
28. In order to improve the quality of provision and services for safeguarding children and young people in the London Borough of Tower Hamlets, the local authority and its partners should take the following action.

Immediately:

- ensure that electronic case recording systems effectively support staff to record their work and demonstrate management oversight in all cases to assure risk management is effective.

Within three months:

- ensure that staff within Royal London Hospital site have the required level of training and supervision appropriate to their roles and responsibilities in safeguarding children
- review the format of reports to initial child protection conferences in order that there is consistency across the authority to more robustly record and evaluate risk and protective factors, as well as making such reports available to all practitioners and conference chairs and parents in a timely manner.
- ensure the children and families partnership holds the LSCB to account for the effective delivery of the LSCB work plan for 2012/13
- appoint a named GP to support the work of the LSCB and continue to develop the role and contribution of GPs in keeping children safe at strategic and operational levels

Within six months:

- ensure that NHS commissioners and local providers strengthen their capacity to deliver lower level support to young people with emotional and mental health needs
- keep under review the implementation across the partnership of the family wellbeing model in order that all agencies have a shared understanding of the thresholds for access for children in need and children in need of protection
- review how the views, wishes and feelings of children who enter the child protection system can most effectively be promoted and considered at child protection conferences, including their supported attendance.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 1 (Outstanding)

29. The effectiveness of services to ensure that children and young people are safe and feel safe is outstanding.
30. The scrutiny of children's social care files and a more limited number from partner agencies randomly selected for this inspection provides sound evidence that appropriate action is taken to address risk by suitably qualified and experienced front line staff. In all cases considered by inspectors, children had been appropriately safeguarded. Managerial oversight of such cases is well evidenced to ensure that effective and timely interventions take place. Safeguarding concerns are responded to swiftly and effectively, with robust and thorough enquiries undertaken under Section 47. Strategy discussions with the police result in joint investigations where necessary, although these are not always recorded and shared promptly. Ofsted inspections of schools, residential settings and colleges within Tower Hamlets show that the arrangements for keeping children and young people safe are almost always good.
31. The Local Authority Designated Officer (LADO) role is very effectively discharged with appropriate levels of reporting from schools, early years, foster carers and the police. Previously low levels of referrals from health professionals have increased following an increase in the resource to enable awareness raising work by the LADO. The partnership has a clear understanding of the difference between LADO function and disciplinary and criminal processes.
32. Processes to ensure safe recruitment are sound and meet all statutory requirements. There are robust and effective processes to ensure Criminal Record Bureau (CRB) checks and social work registrations are kept up to date. Processes for risk assessing and authorising the appointment of staff who have positive disclosures are good and embedded in practice.
33. Complaints are managed well and most are resolved at an early stage with appropriate support from the Children's Rights Officer. Findings are analysed to consider trends and reported to senior managers quarterly and by way of an annual report. Most children and young people told inspectors that they knew how to complain and they felt confident that their complaints would be responded to. The very helpful introduction pack given to all new service users by the assessment and intervention teams does not always include information on complaints or access to records that would further promote the effective work in this area.

34. The local authority makes a very swift response through the social inclusion panel (SIP) to ensure young people do not suffer unnecessary disruption to their education. Very good tracking of the most vulnerable young people shows that this group is making sustained and steady progress in various subjects.
35. All young people who spoke to inspectors were confident that they were safe in school and in their local community. They report that anti-bullying work in schools is strong, making sure that bullying incidents are rare, and when they do occur that they are tackled well. There are a large range of effective initiatives, both council and school driven, to tackle bullying and anti-social behaviour quickly to ensure it does not spill over into the community.
36. Children and young people spoken to during this inspection reported that their views and feelings are nearly always taken into account and inform nearly all assessments and planning undertaken through the common assessment framework (CAF), child in need, care planning and child protection arrangements. However, not all recording reflects the very good standard of this work.
37. The authority has an excellent focus on early intervention and preventative services demonstrating innovative and very effective work in children's centres, family support teams, targeted youth work and a very wide range of voluntary and faith provision. All partners are highly committed and work hard to ensure young people and their families are well supported, particularly in times of crises. Most schools, for example, offer a wide range of enrichment and out of school provision, often staying open during the evening and over the weekend to ensure that young people have a safe place to play and meet. The appointment of additional independent child in need reviewing officers to review child in need plans demonstrates both innovation and insightfulness in wishing to address concerns in a coordinated, robust and preventative manner.
38. Excellent proactive actions and tracking for those young people missing from education ensures Tower Hamlets knows the whereabouts of the vast majority of its young people of compulsory school age. Good arrangements for those children educated at home ensure their education and progress is well tracked and support is given regularly to parents to help young people achieve to their full potential. A broad range of effective services support adults and children in domestic abuse situations. There is a sufficient range of refuge accommodation, including refuge accommodation that admits older male children on a case by case basis. Other families are supported through outreach. The Caring Dads is a creative programme that incorporates work to male perpetrators alongside the revised integrated domestic abuse programme (IDAP) available to some of those perpetrators convicted of domestic abuse. The domestic abuse, stalking and harassment (DASH) assessment tool has been very effectively implemented and is used by all agencies to determine risk. Multi-agency risk assessment conferences (MARAC) work purposefully, are well attended and receive referrals from a range of agencies. Domestic abuse

training has been streamlined and aligned to the family wellbeing model. Such training is mandatory for all staff within children's social care.

Quality of provision

Grade 2 (Good)

39. The quality of safeguarding provision is good with several outstanding features.
40. A wide and effective range of early intervention and support services intervene early where there are identified difficulties for families and reduce the likelihood of children needing protection or care.
41. The family wellbeing model provides clear thresholds for access to preventative services and an effective SIP prevents statutory intervention and results in the provision of well-coordinated multi-agency support, however, it is not yet sufficiently well understood and embedded across the partnership. The model is not sufficiently inclusive of intervention by children's social care under Section 17 of the Children Act 1989, and implies that the threshold for social care intervention is high. Use of the CAF amongst partners is variable, though often very effective, to support some of the most vulnerable young people and many services are confident in its use. However, the ICT systems in health do not support effective sharing of information of the e-CAF. This is recognised and a programme of improvement activity is on-going.
42. A safe, timely and appropriate response to contact and referrals is provided by the IPST. The multi-disciplinary make up of the team considerably assists the effective and prompt sharing of information to inform assessments and case planning. The co-location of the child protection advice line to schools is a considerable strength and is staffed by the attendance welfare advisors (AWA). Similarly the co-location of the disability service duty worker ensures that all duty services concerning the welfare of children are integrated within the team, and this facilitates considerably both the sharing of intelligence and efficient consideration of agency intervention. The outstanding multi-agency commitment to service development forms the basis for the imminent establishment of a multi-agency safeguarding hub. Building upon the success of the IPST, the police plan to join other agencies in co-located premises.
43. Specialist safeguarding staff for African and Muslim communities has raised awareness of safeguarding in these communities through a range of highly effective programmes, as well as through their attendance at strategy meetings. A designated private fostering team provides highly effective support to all privately fostered children, including the significant number within the Bangladeshi community. There is evidence of sound child protection practice within these specialist teams and they are a significant strength of the organisation.
44. Cases are allocated promptly to qualified workers who have sufficient capacity to undertake the work. Assessments seen by inspectors were of a very high standard and some were excellent. The LBTH 'understanding families' framework is highly effective in assessing risk, and including the perspectives

of professionals and the family, resulting in recommended actions to protect children. It is greatly valued by social workers who said that they appreciated the opportunity to use the analytical tools and record the "child's journey". However, the framework is relatively new and senior managers acknowledge that some aspects are 'work in progress'; some records are overly descriptive and extensive and an agreed format for social work reports to initial child protection conferences needs to be developed and implemented consistently.

45. Safe and highly effective services are provided by specialist services. The service to children with a disability is well resourced, fully multi-disciplinary and demonstrates exemplary practice.
46. A high standard of case recording is in evidence although recording is not always up to date.
47. Child protection conferences are consistently well chaired by very experienced independent child protection managers and further consideration of their potential role in quality assurance processes are being considered by the council. The quality of social work reports to conferences is variable though mostly good. The voice of the child is well represented evidencing good direct work with children, young people and their families. There is inconsistency in the report format used by social workers for initial child protection conferences. Some social workers think they that they need to complete a LBTH assessment leading to long and detailed assessments, while in other formats reports are more condensed. The council is aware of this issue which is currently being addressed.
48. The sharing of social work and agency reports with parents in sufficient time so that they are suitably prepared for the conference, is inconsistent and is of concern. This disadvantages parents and can have a negative impact on the management of the conference. This is recognised by the local authority as an area for development. In 2011/12, 82% of parents attended conferences. However, the participation of young people is low although work is being actively undertaken to ensure they are engaged and their views are being reported. There is no access to designated advocates to support parents or children at conferences. Child protection plans address risk but not all are written in accessible language or sufficiently focused on specific outcomes with clear timescales.

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

49. The contribution of health to safeguarding children and young people is good.
50. Senior health managers, designated and named staff provide strong leadership, support and oversight of safeguarding children work resulting in good and continuously improving practice in most areas. They make a significant contribution to the work of the LSCB, and to regional and national development work. However, although a named GP has been in place for some time, GP

representation is not yet secured on the LSCB as required within *'Working Together To Safeguard Children'*, 2010.

51. The Clinical Commissioning Group's focus on child health and vulnerable children and their families are recognised as areas for further development and work is planned to progress this. Child Death Overview Panel (CDOP) arrangements are effectively secured through strong multi-agency working.
52. Professional standards and accountabilities for improving outcomes for local children and young people and for the quality and safety of health services delivered are clear and regularly audited to promote individual, team and organisational learning. NHS provider trusts and primary care services have up to date policies and procedures that provide good guidance for staff about their responsibilities for safeguarding vulnerable children. The inspection of child health records identified areas where the quality of practice is not consistent with the required standards of record keeping practice. Further training is being provided to achieve full compliance.
53. Health staff demonstrate effective communication and partnership working with young people and their families. Consent is well managed, although it was not fully recorded on a number of child health records seen. The play worker in the paediatric emergency department at the Royal London Hospital actively promotes understanding of the care and treatment required, sensitively addressing young peoples' questions and concerns reducing the need for sedation. The deployment of bi-lingual support workers and health advocates promotes shared understanding of individual needs and wishes. Assessment work undertaken by members of the child development team in partnership with parents ensures they are appropriately informed and supported in meeting the needs of their children.
54. Inspectors found good work in some teams and services to ensure arrangements for listening to and learning from, the views and experiences of young people and their families to shape the way local services are commissioned and delivered. This has led to better engagement in addressing areas of concern and promotes child centred practice. NHS commissioners and LSCB members are working to further strengthen arrangements for ensuring the experiences of young people and their families are consistently taken into account in the way services are provided and delivered.
55. There are a good range of sexual health and contraception services, with good support provided to young people at risk of sexual exploitation. Teenage pregnancy rates are low and have steadily reduced in recent years. However, it is acknowledged that the engagement of young males needs to be stronger. Teenagers who are pregnant and young fathers benefit from good support in helping them prepare for parenthood and promote the healthy development and safety of their babies. Family nurses provide comprehensive, individually tailored support with some excellent outcomes for young parents and their babies. A strong focus on engagement and successfully maintaining young people on the programme has led to relatively low numbers of children being

placed on, or remaining on, child protection plans. Young people are highly satisfied with the quality of services provided.

56. The work of CHAMP and Breaking the Cycle has promoted a strong focus on the safety, well-being and resilience of children living in families with mental health or substance misuse issues. The CAMHS is easy to access, offers a timely response to individual needs, and is effectively tailored to support early intervention and recognition of the diverse needs of young people and their families. However, some gaps remain in local provision of lower level support to young people with emotional or mental health needs. The trauma care and support for children and young people with complex health and long term conditions provided at Royal London Hospital is secured by a comprehensive focus on the safety and well-being of children, with some good outcomes from the work of the hospital teaching team in diverting young people from gang activity through re-engaging them in education or training.
57. Joint working between adult mental health and substance misuse teams, midwifery, health visitor and children's social care teams is good and is secured by clear pathways and shared approaches to safeguarding children. It is recognised that further work is required to strengthen roles and accountabilities between health visitors and children's centre staff to support more effective means of delivery of the lead professional role in CAF activity. Current information and communication systems in health do not support the efficient transfer of confidential information between teams and agencies. This is recognised as an organisational risk and action is being taken to address this. There is strong partnership working between paediatric staff and the children's hospital social work team in enabling the effective coordination of care and safe discharge from hospital. New approaches to health promotion by school nurses provide a structured and effective means of addressing the health inequalities of the local population, improved screening for neglect, and enabling targeted preventative work with families.
58. Community health staff and those working for East London Foundation Trust comply with the required training targets. However, some Royal London Hospital staff have not yet achieved the required level of training. There is evidence of a steady increase in the numbers accessing training and progress is closely monitored by senior managers and commissioners. All GP practice staff have received training and have systems in place to flag and report concerns about the safety and well-being of children, with lead GPs identified in each practice. However, GPs have low attendance at child protection conferences and submission of medical reports to child protection conferences is variable. New arrangements for safeguarding and peer supervision are effective in supporting front line staff working with complex cases, but there remain some areas where this is not yet fully embedded.
59. There is good consultant and paediatric nursing cover at the A&E department of the Royal London Hospital. Medical examinations, including child protection medicals, are appropriately managed. Medical reports seen, including of

children alleged to have been sexually abused, were appropriately detailed with good oversight by senior clinical staff. The Royal London Hospital has good arrangements to identify, report and follow up concerns about risks of harm to children and young people presenting at A&E and the minor injuries unit. An electronic flagging system has been recently introduced that supports improved identification and tracking of children attending A&E who are subject to a child protection plan in Tower Hamlets.

60. Workforce capacity has been reviewed and in most areas is sufficient to meet local demand. Workforce plans are progressing well to enable the full delivery of the Healthy Child programme. Service re-design or reductions have been carefully managed, underpinned by effective risk management. Action is being taken to strengthen the knowledge and skills of front line staff to provide a wider range of targeted support within universal services to support implementation of the family wellbeing model. Workforce development is effective and has actively promoted job enrichment and skill mix in front line health teams enabling improved capacity to both respond to urgent work as well as meet requirements for lower level on-going support.

Ambition and prioritisation

Grade 1 (Outstanding)

61. The ambition for, and prioritisation of, safeguarding services to children and young people in Tower Hamlets are outstanding.
62. The strategic leadership within the council and its partners give safeguarding the highest priority. Cross party commitment to safeguarding by elected council members demonstrates a consensus that services for children and young people are a priority and must be appropriately resourced.
63. Partner agencies work very closely together at a strategic level through the children and families partnership, which provides strong and demonstrable leadership at a high level to deliver the priorities in the CYPP. Although no longer a statutory requirement, partner agencies have highly valued the joint planning processes afforded by the partnership. Notable successes from recent work include improved outcomes for young women working with the family nurse partnership including increases in breastfeeding and immunisation rates. The partnership ensured the very effective development of the social care caseloads matrix and all social workers reported their workloads to be manageable. This has impacted very positively on staff retention rates with vacancy rates in the children's social care being half of that for the council overall.
64. As the CYPP ended in March 2012 there is on-going extensive work to develop the new plan for 2012-2015. The plan is based on thorough analysis of the impact of the previous plan, though will realign work previously aligned to Every Child Matters themes to take a life course approach within which specific issues such as substance misuse or domestic violence will be addressed.

65. Service commissioning is being developed with some examples of pooled budgets and integrated services. Commissioned services place a high priority on safeguarding children and young people.
66. The engagement of the third sector at a strategic, operational and commissioning level is outstanding. This high level of collaborative working is supporting the establishment of service delivery and particularly early intervention and support to children and families.
67. Tower Hamlets' commitment to develop its children's workforce is excellent and as a consequence service development is innovative, clearly leading to improved outcomes for children and young people as evidenced by educational attainment. There is a good track record of target setting and delivering improvements to safeguarding services by a workforce committed to the high ambitions of the borough. Senior managers in children's social care share a clear vision with front line managers who report they feel professionally valued and engaged. Social workers feel engaged in service development and it was an overriding characteristic of the inspection that there is a very strong and open learning culture throughout the borough. Issues most pertinent to Tower Hamlets, such as the very high levels of poverty, are identified and multi-agency work prioritised, leading to very effective safeguarding services.

Leadership and management

Grade 2 (Good)

68. The leadership and management of safeguarding services are good.
69. The highly visible leadership of services across the partnership has laid the foundations for achieving many of the good and better outcomes for children and young people. Leaders and managers have generated a culture in which innovative service development can take place, including the adoption of the social care institute for excellence model to consider serious case incidents and the London Borough of Tower Hamlets understanding families assessment model. Although there are many examples of innovative practice it is not always apparent that the impact is consistently considered or at all levels.
70. Oversight of activity and progress in children's social care services is routinely undertaken by elected members, who have access to training that enhances their knowledge of child protection and early help provided to children. This is supported by regular reporting from senior officers in children's services to the portfolio holder. Effective leadership is provided by the Lead Member for Children's Services, the Director of Children's Services and the senior management team within the department for children and young people.
71. The workforce strategy which details how staff are to be developed to meet organisational needs and priorities is comprehensive and reflects the commitment of the partnership to have a workforce of the highest calibre. Staff retention rates are good and improving as experience and knowledge of front line staff is developed through training and the gaining of advanced qualifications. The creation of the post of Principal Social Worker has effectively

raised the profile of the service and supported the growth of reflective peer supervision as well as promoting cumulative risk assessment. The recent creation of posts of senior social worker further supports career advancement. There is a comprehensive training plan informed by learning from serious case reviews that provides both specialist training for experienced staff as well as a comprehensive range of core training opportunities which effectively covers all aspects of safeguarding and child protection services. Access to training is informed by a staff appraisal scheme that is well used. Training for managers is also extensive and there are programmes leading to advanced awards, including at Masters Degree level. Acknowledging the need for succession planning, 18 managers from Tower Hamlets have successfully completed the Leaders for London programme.

72. There are good examples of children and young people being involved in the planning and commissioning of services including the Youth Opportunity Fund and the young inspectors who have undertaken work to accredit young people 'friendly' local pharmacies. Work within Youth Council enables the voice of children and young people to be heard and is supported by the role and function of the Young Mayor.

Performance management and quality assurance

Grade 2 (Good)

73. Performance management and quality assurance in Tower Hamlets is good.
74. Performance management information is timely and comprehensive with service managers and team managers given daily data on timescales and on whether work has been undertaken. The integrated children's system and the arrangement of dual record keeping however, presents a challenge for the council in ensuring all information is in the electronic record, and that this is achieved in a timely manner. The council acknowledges this and had taken action to improve recording processes.
75. Managers at operational level across the partnership are accessible to staff who feel very well supported. Managers exercise suitable oversight of the work of their teams and are increasingly influencing planning through the use of the LBTH understanding families assessment model. The model is being evaluated internally and externally by Brunel University at frequent intervals to critically examine its validity, inform training needs and maximise its usefulness to practitioners, children, young people and their families. Within children's social care this highly effective planning is not always sufficiently reflected in all case records. A system requiring front line managers in children's social care to audit cases has been implemented although it is too early to assess sustained impact.
76. Following evidence that there were some inconsistencies of practice within teams aligned to timeliness, a programme entitled back to basics has been

deployed within children's social care. Although fairly recently devised there is already convincing evidence that the approach has improved the understanding of standards and performance across the management group and led to a more timely response to child in need cases. Underpinned by the LBTH assessment framework the back to basics programme provides social workers with a number of tools to assist in their work and has raised the undertaking of cumulative risk analysis and the use of chronologies, genograms and eco maps to improve and further improve assessments from their current high base.

77. Case audits and thematic audit systems have been established by agencies and the LSCB to enable local managers to monitor performance, sustain service quality and improvements to outcomes. Recent quality assurance audits, for instance on domestic violence and inter-agency working, are informative and appropriately self-critical. Most have led to action plans to improve services.
78. The quality of supervision is good and in most instances leads to sufficiently clear planning and risk management. Managers are appropriately tackling issues of poor staff performance and are increasingly clear about their expectations for high quality performance and practice.

Partnership working

Grade 2 (Good)

79. Partnership working within Tower Hamlets is good.
80. The Children and Families Partnership Board very effectively demonstrate their shared vision and commitment to children, young people and their families in the recent articulation for the new Children and Families Plan that presents a life course approach for the four life stages of maternity and early years, childhood, young people and preparing for adulthood. Such planning is informed by high profile national reviews, including Munro, aligned to insightful analysis of current performance, noting for instance that Early Years Foundation Stage at 50% which is below the national average of 59% leading this to be a priority for the council and its partners. By adopting this holistic approach, the partnership is proactively preparing for the potential changes associated with current welfare reforms that have the potential to create a whole range of additional demands on all services.
81. The Tower Hamlets LSCB is led by an independent Chair, and, with the exception of a GP, it has appropriate membership in place to meet its statutory requirements. A review of the LSCB's arrangements led to its current structure which includes an Executive Board with decision making authority. The number of sub-groups is considerable and consideration is being given to rationalising them. A number of the priorities in the work plan have yet to be delivered, such as the development of a quality assurance framework. In addition some sub-groups such as training and communications have yet to deliver to their revised role.
82. The LSCB conducts occasional audits and deep dive audits where the monitoring of performance indicators highlight performance deficits but actions

are not always brought together in a focused plan outlining measurable improvement within suitable timescales. There is effective communication between the CDOP and the serious case review sub-group through joint membership by a number of professionals, including the designated health professionals. Serious case review recommendations are monitored effectively, and have informed staff training, such as courses for working with fathers and those families unwilling to engage with services.

83. The police are effectively engaged in partnership working at all levels and report a good relationship with children's social care. Multi-agency public protection arrangements (MAPPA) and MARAC work well, with appropriate reporting from a range of agencies, good attendance and effectively delivered actions. At an operational level, very effective arrangements enable close collaboration and communication between partner agencies; schools are well engaged in processes to support vulnerable children.

Services for looked after children

Overall effectiveness

Grade 2 (Good)

84. The overall effectiveness of looked after children services is good.
85. The leadership within children's social care, supported by elected members, demonstrates commitment to looked after children and care leavers that is effectively articulated within the Tower Hamlets children looked after strategy with the clear aim and vision to improve outcomes for children looked after and care leavers. The necessary resources have been committed to this aim. The strategy is robustly monitored through the corporate parenting steering group (CPSG) which has been in place since April 2004.
86. The council has demonstrated sustained improvement in a number of areas including placement stability and the achievement of educational outcomes. Outcomes in relation to staying safe and enjoying and achieving are judged to be outstanding and are good for being healthy, making a positive contribution and economic well-being. The council is committed to improving permanency arrangements, in particular permanency through adoption where appropriate, and has taken active steps to reduce court delays. However, improving performance around this key area remains an area for further development. The proposed expansion of the quality assurance function of the independent reviewing officers (IROs) is planned to assist in this function.
87. The inspection of the adoption service in February 2011 was judged to be good overall, including for staying safe, and positive contribution was judged to be outstanding. The recent inspection of the fostering service undertaken in May 2012 was judged to be good overall, including for staying safe. Outcomes for children and young people were judged to be outstanding. Within the council's two children's homes, staying safe was judged as good.
88. Partnership working is effective in delivering improved outcomes and opportunities for looked after children and care leavers. Performance on fixed term exclusions is excellent, as is school attendance of looked after children. The timeliness and completion of personal education plans is also very good. However, the collaborative working between the virtual school and the care leaving service for those pupils over 16 is not yet sufficiently effective to improve transition, particularly to enhance young people's learning and career pathways.
89. Inspectors identified areas for development in some key areas of practice, including the absence of up to date care plans on a small number of cases. Similarly not all children and young people in long term care have had their needs formally reassessed. The integrated children's system and the arrangement of dual recording poses a challenge for the council in ensuring all records are on the electronic record. The council recognise this and have taken action to improve recording processes.

90. The London Borough of Tower Hamlets Children in Care Council (CiCC) is well established and the range of work undertaken by the CiCC is outstanding. Representation on the CiCC is inclusive and reflective of the wider looked after children and care leavers population. Inspectors were impressed by the engagement of these young people in the work of the council, who actively seek out and promote the views and experience of looked after children and care leavers through a range of communication methods.

Capacity for improvement

Grade 1 (Outstanding)

91. The capacity for improvement is outstanding.
92. The comprehensive strategic plan for looked after children and care leavers sets out the shared vision, ambition and required priorities to continue to improve and develop services. Senior managers know the service well and while aware of highly effective practice are also aware of further areas for attention, including the further development of services for care leavers. Placement stability is good and improving. There is a good strategy in place to increase both the capacity and quality of foster carers within the borough, underpinned by a training strategy that is held in high regard by foster carers. The council and its partners have invested in a highly effective range of interventions which has contributed to the reduction in the number of looked after children and young people.
93. Exceptional workforce planning to develop managerial and professional expertise has been highly effective in training the workforce to undertake complex direct work with children and their families. Effective workforce planning, the flexibilities within the transfer of cases protocol and retention of social workers have all contributed to the reduction in the number of changes in social workers for young people. The excellent engagement of young people through the CiCC ensures that looked after children's reviews and planning of services takes into account the views and wishes of children and young people. For example, the CiCC has secured the purchase of computers for all looked after children at Year 11. The involvement of CiCC representatives in the training and recruitment of foster carers ensures practice remains sensitive to young people's views and experiences.

Areas for improvement

94. In order to improve the quality of provision and services for looked after children and young people in the London Borough of Tower Hamlets, the local authority and its partners should take the following action

Immediately:

- ensure case records are up to date and being consistently entered into the electronic recording system

- improve the quality of care planning for looked after children and pathway planning for care leavers by ensuring all care plans are updated regularly and that desired changes and outcomes are made specific within a stand alone document. Ensure that timescales are clear and that tasks and actions are followed up in reviews
- ensure robust monitoring and tracking arrangements are in place to identify barriers and take action to ensure the timely placement of children for adoption.

Within three months:

- ensure that explicit reassessments are completed for children who remain looked after so that changing circumstances are reflected in care planning and case work
- improve the transition arrangements from the virtual school to the leaving care team to ensure young people have the best opportunities to improve their economic well-being
- increase the take up of apprenticeships for young people leaving care.

Within six months:

- review the tasks and function of independent reviewing officers (IROs) to ensure they have the capacity to undertake a full role in quality assurance processes.

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

Being healthy

Grade 2 (Good)

95. The health provision for looked after children is good.
96. Partnership working with children's social care is good and is being further strengthened and secured through a shared vision and commitment to delivering better outcomes and achieving compliance with statutory guidance. Notification of children coming into care or changing placement has improved and ensures good performance in achieving the timescales set for statutory health assessments.
97. Foster and adoptive parents benefit from regular training, and have good access to advice and support to promote attachment and address specific child health and development needs, this assists in reducing the risk of placement breakdown.
98. Initial health assessments are comprehensive and provide a clear picture of the health needs of children coming into care. Children and young people actively contribute to their health assessments and their experiences and wishes are clearly recorded. Action is taken to promptly address risks to the health and well-being of young people. However, some review health assessments of older children and young people placed out of borough provide only limited information about their emotional well-being and mental health. Work is required to more effectively use the findings of Strengths and Difficulties Questionnaires to inform health support plans and oversight of risks.
99. CAMHS has a clear pathway for ensuring a timely response to looked after children referrals and will work with young people up to the age of 18 years. There is good support for young people with substance misuse issues. Health promotion is clearly addressed in children's annual health reviews. There is very good coverage of annual health checks (95%) and immunisations (89%).
100. Looked after designated health staff are beginning to provide health summaries to young people leaving care, but currently have reduced capacity to provide on-going health support to young people beyond the age of 16. This is a known area for further development and resourcing. The experiences of children and young people is being increasingly sought to help shape local health care arrangements.

Staying safe

Grade 1 (Outstanding)

101. Safeguarding services for children who are looked after are outstanding.
102. Children and young people at risk are identified promptly and appropriate action is taken to secure their welfare and safety. The majority of looked after

children who took part in the Care4Me and the After Care survey reported feeling very or fairly safe. All the young people in the Care4Me survey said there is at least one person they would tell if they were being harmed. Similarly, all looked after children and care leavers who met with inspectors were able to identify one adult who they trust and would tell if they were being harmed. Most young people identified their foster carer as the person they would tell if they had a problem, others identified their social worker or school. Half of the looked after children who took part in the survey reported knowing how to get in contact with an advocate, however the remainder reported not knowing what an advocate is.

103. The proportion of looked after children in care in Tower Hamlets is significantly lower than comparators. The decrease in the Tower Hamlets looked after children population is linked to a number of factors, including the extensive range of highly effective early help and early intervention provision. The outstanding work of the SIP ensures that services are targeted and very well coordinated. The children's centres work pro-actively with other services and intervene early when there are identified difficulties for families to reduce the likelihood of children needing protection or care. Children's centre inspection reports indicate good outcomes for the most vulnerable children aged 0-5. The council recognises that the very robust processes to 'step up' cases where concerns are seen to be increasing are more fundamentally developed and effective than those 'step down' services when risk is reducing following successful interventions. Action planning is in place to address this area for development, including a further review of the family wellbeing model to coincide with the launch of the full multi agency safeguarding hub (MASH).
104. A significant proportion of looked after children are placed out of borough with independent providers, most of whom are assessed as good or better. The council's performance information shows a steadily improving picture year on year as a result of increased local provision and reduction in the looked after children population.
105. The inspection of the adoption service in February 2011 was judged to be good overall, including for staying safe, and positive contribution was judged to be outstanding. The recent inspection of the fostering service undertaken in May 2012 was judged to be good overall, including staying safe. Outcomes for children and young people were judged to be outstanding. The local authority has two residential children's homes, both of which were judged as good in their most recent inspections and judged as having made good progress in their interim inspections in February 2012. No placements are made with any provider judged to be inadequate by Ofsted.
106. Placement stability is good. In the majority of cases seen by inspectors, children and young people were in stable placements and this demonstrates effective matching. Most looked after children and care leavers who met with inspectors reported having been in their placement over two years and a number had been in placement for longer periods.

Enjoying and achieving**Grade 1 (Outstanding)**

107. The impact of services to enable young people to enjoy and achieve is outstanding.
108. Exceptional leadership is provided by the virtual school, and strong and successful partnership working is making a positive difference to looked after children's attainments and achievement despite the high numbers of looked after young people accessing education outside Tower Hamlets. Outcomes for looked after children at all Key Stages have improved markedly and have done so for three consecutive years; projections are also very good for pupils at Key Stages 2 and 4 in 2012 and 2013. The attainment gap is narrowing at a very good pace across all Key Stages with the exception of Early Years Foundation Stage. Strong progress is being made at Key Stage 2 with 66% of looked after children achieving Level 4 English in 2010-11, an improvement from 55% in the previous year. Improvements have also been made by young people achieving Level 4 mathematics by a similar amount. Key Stage 3 shows an improving picture across all outcomes for looked after children. Key Stage 4 targets were met and exceeded targets; in 2010/11, 43% of looked after pupils achieved five A* to C including English and mathematics while 93% of looked after pupils achieved five A* to G. This is an excellent result considering their starting points.
109. The processes for tracking the progress and attainment of looked after children are robust and highly effective. The use of regular and focused professional dialogue and challenge led by the virtual school about every child's educational pathway is highly valued by designated teachers. Effective pre-emptive work is being undertaken with schools within and out of the borough prior to each personal education plan meeting. Learning needs and objectives for each child are clearly identified and addressed. The result of this work is that academic outcomes are improving steadily for all looked after young people.
110. Personal education plans are of a consistently high standard and have improved steadily as a result of the virtual school involvement. Plans are clearly linked to academic achievement, contain realistic and achievable short and long term targets and have good involvement of young people. The pupil premium is being effectively monitored and used particularly well to support young people in relation to their targets and personal education plans, for example by funding one to one tutoring.
111. Tower Hamlets has not excluded any looked after child permanently in the last three years. Fixed term exclusions are low and have reduced slightly for those young people who have been looked after for a year or more. School attendance of looked after children is well monitored and is currently 87% which is good. Following research, innovative work is planned to ensure those children most at risk of exclusion are identified earlier so that interventions can be made in a more systematic and coherent way with a range of partner agencies, and to prevent children and young people from becoming further disaffected from the learning process and ultimately their communities.

112. Young people have a variety of opportunities to undertake both universal and bespoke leisure activities, for instance music, theatre and art through well-established schemes with the Guildhall, Tate Modern and the Summer School. Young people say they enjoy these opportunities immensely. All looked after young people have free access to the full range of local leisure facilities. Excellent opportunities are available supported by the youth service to ensure young people make the most of leisure, sporting and cultural opportunities that the capital has to offer.
113. Partners show high commitment when mainstream education is not suitable, working collaboratively to find viable alternatives quickly to ensure the least disruption for the young person. Provision from the pupil referral unit provides outstanding support for the most challenged young people. Parents speak highly of the individual tailored support which is helping raise young people's self-esteem, widen their horizons and help them overcome significant and often long-standing barriers to learning. In many cases young people are able to return to mainstream provision.
114. The range of respite activities for children and young people with special educational needs and/or disabilities is increasing and access to this provision is effectively managed ensuring fair access to this much used and valued resource.

Making a positive contribution, including user engagement

Grade 2 (Good)

115. Opportunities for looked after children and young people to make a positive contribution are improving and are good.
116. These include formal structures and events where children and young people are represented, as well as opportunities across a range of services and settings. This enables children and young people to develop good communication skills and the self-confidence to speak out on issues that matter to them. The proportion of looked after children who participate in their reviews is good and above the national average. The involvement of care leavers in pathway planning is very good.
117. The CiCC is well established and the range of work undertaken by the council is outstanding. Representation on the CiCC is inclusive and reflective of the wider looked after children and care leaver population. Inspectors were impressed by the engagement of members in the work of the council, who actively seek out and promote the views and experience of the wider looked after children and care leaver population through a range of communication methods. Members of the panel were intelligent, articulate young people who provide an excellent role model for young people. The CiCC meet regularly with lead officers and have made representation of the experiences and views of looked after children and care leavers at the All-Party Parliamentary Group for looked after children and care leavers at the Palace of Westminster. The council has strengthened its

commitment and capacity to give children and young people a voice in decision-making by the appointment a participation worker.

118. A number of improvements in the service are as a direct result of children and young people's feedback, for example in relation to reviewing and revising the looked after children's pledge, complaints processes and information, and access to housing support. The Just4U events are well supported and allow younger children to participate with their own events. Children and young people develop their own themes and actions are followed up through regular newsletters and on the website. Looked after children are actively involved in council staff recruitment and selection, and a new initiative is planned to include them in the assessment of foster carers.
119. Looked after children and care leavers who met inspectors said they were happy with the quality of the services they received overall and most understood how to complain.
120. Very good preventative work is undertaken through targeted youth provision to ensure those young people in danger of becoming offenders or more widely at risk become engaged in positive activities. Good advice and guidance is provided through one to one support for these young people. As a result offending rates for looked after young people show an improving trend and are better than the national average for this group.

Economic well-being

Grade 2 (Good)

121. Economic well-being outcomes for looked after children and care leavers are good.
122. The local authority are making very good progress to close the gap between looked after young people and all pupils post-16. Local data indicates that at aged 17 years 25% of looked after young people are not in education, employment or training and this rises to 31% for those young people aged over 18. This is part of an improving trend which is set against a challenging backdrop of higher than average youth unemployment across the London as a whole. Partners are rightly proud of these achievements, working very hard with young people to secure appropriate training and employment opportunities.
123. The collaborative working between the virtual school and the care leaving service for those pupils over 16 is not yet as effective as it might be in order to improve transition, particularly to enhance young people's learning and career pathways. Support tapers off post-18 years for those young people not in full time education, at a time of change and transition in their life. For a small group of care leavers barriers remain such as pregnancy, or mental health concerns, which mean the options for finding suitable employment, appropriate training as well as securing affordable and safe accommodation, are reduced.

124. A good variety of post-16 education and training opportunities are available to care leavers. In a small number of cases matching for those young people with educational challenges is more difficult. A long standing and effective local college partnership provides both flexible and tailored support to care leavers, including good advice and guidance.
125. While the local authority offers 50 apprenticeships annually only a small number of care leavers are successful, and only three care leavers successfully secured an apprenticeship in 2011. In a proactive response to this the authority is developing a pre-apprenticeship programme to better prepare care leavers for the processes of application and interview.
126. A good package of support is available for care leavers going on to higher education. This includes financial support for fees, and living costs, personal support and the opportunity to take up paid internships during the summer break. Currently 22 young people are being supported in higher education and this number is likely to rise. Ten young people have benefited from internships.
127. All care leavers have a good pathway plan, which is up to date and reviewed regularly. Plans are comprehensive, of good quality and support young people's transition to independent living. However, educational objectives are not as sharply focused or as realistic as they could be, particularly for those young people who are likely to need additional learning support.
128. Young people leaving care and moving into their own accommodation receive very effective support and advice for setting up home and living independently. Monthly meetings of the council housing panel ensure priority is given to young care leavers and crises are responded to quickly. Tower Hamlets guarantees all young people leaving care a permanent tenancy within the borough, although some care leavers report that they were not aware of this option. Support from the leaving care team ensures that young people are well prepared to live by themselves. As a consequence, no permanent tenancy has broken down in the last three years. While a good range of supported accommodation is available, the authority is aware of a short fall and is currently developing a scheme involving care leavers living with specially recruited families. For young people placed out of borough, accessing support from the leaving care team is limited.
129. Care leavers have good support to live healthy lifestyles. Regular weekly opportunities for cook and eat sessions are well attended and appreciated by the young people. Care leavers are encouraged to make regular use of primary health care, such as sexual health services, as well as specialist provision such as that for substance misuse. Services need to be further developed for care leavers with mental health issues and to ensure there is suitable access to services for the small number of care leavers who become pregnant.
130. The partnership is aware of the whereabouts and circumstances of the majority of care leavers by robust tracking and good information sharing. Care leavers who met inspectors described the support they received as excellent.

Quality of provision, including service responsiveness **Grade 2 (Good)**

131. The quality of provision for looked after children is good.
132. There are clearly understood arrangements which inform when children should be brought into the care of the local authority and this ensures timely decision making and action. Underpinning the council's preventative strategy is the critical and effective role of the entry to care panel. The panel is responsible for authorising the accommodation of children and young people into the care of the council. This provides for consistency in decision making. The panel is made up of representatives across the partnerships including CAMHS, education and legal services, and meets weekly. The thresholds for entry to care are well embedded and understood across the partnership. The joint approach to decision making ensures only those children and young people who need to be accommodated are appropriately received into the care of the local authority. The council undertook a review of the work of the panel in 2011 and analysis of decisions made reflects that a high proportion of children accommodated returned home. This finding has formed the basis for the further development of preventative services and the Entry to Care Proceedings Panel.
133. The overall quality of assessments seen by inspectors is good and in some cases excellent. In most cases assessments are detailed, addressing both risk and protective factors. Analysis is good and child focused and reflects a critical approach with outcomes that follow logically from the assessment findings. The views and wishes of children and young people, parents and carers routinely inform the assessment process and case planning.
134. Most assessments were timely and informed by previous history and demonstrated involvement of key partners in evaluating need and analysing risk. Such assessments also highlighted the unique needs of each child and young person, in particular around disability, religion and cultural needs. For a small number of children and young people who have been in the care of the local authority for some considerable time and whose circumstances have changed, do not always have their needs formally re-assessed. Arrangements for life-story work is good and reflects a child focused work around each child's individual history. The life story work seen by inspectors was of a very high standard. Post adoption support is good.
135. All children have a care plan, but these have not always been regularly updated and consequently the statutory review process is weakened. Initial plans, in particular those completed as part of the court process, were detailed and were informed by a full assessment of need. However, some plans were basic and contained limited information. Social workers spoken to knew the children and young people and were aware of their needs and able to articulate a more detailed plan than was recorded. The council acknowledges that the ICS does not effectively support the completion of care plans and some care plans are

subsumed within the social work review report. This does not provide for an overarching up to date statement of need or provide for outcome focused objectives or timescales to measure progress. It also results in some instances in children and young people, parents and/or carers not having access to the current plan.

136. All plans gave consideration to permanency, including adoption where appropriate, although in some instances, the rationale for revising the plan for adoption was not always clear. The number of looked after children adopted in 2009/10 and 2010/11 is significantly below comparators. The percentage of children adopted and subject to special guardianship orders as of March 2012 is 10.37% and shows a small improvement on the 2011 performance for adoption placements. The local authority recognises they have a lower performance against national benchmarks in the length of time between the date of care application to obtaining an adoption order although performance against the other three measures of timeliness that make up the adoption scorecard is better than the three year average. This is linked to the court process and supporting children with complex needs. The council has made strenuous efforts to reduce the length of care proceedings and have made notable progress. This has been assisted greatly by the excellent assessment and contact work undertaken within the Eva Armsby Family Centre. A key priority of the children looked after strategy for 2011 to 2014 is to develop further approaches regarding securing legal permanence for each child where appropriate. Also the council has put in place an agreement with parents and children together (PACT) a voluntary agency to help identify families for more challenging children.
137. The timeliness of reviews is good. All plans seen were reviewed within statutory timescales and inspectors saw good evidence of IROs actively supporting children and young people, parents and carers to contribute to and participate in the review process using a range of communication methods, including consultation documents and age appropriate booklets. Children and young people can contact IROs between reviews and have direct contact details. The majority of children and young people spoken to know who their IRO was and how to contact them. Support to parents and carers in attending reviews are good. Feedback is sought from representatives at the review and used effectively to improve services.
138. Review meeting minutes overall are detailed and address outcomes and progress made since the last review. In some instances the lack of progress against previous recommendations were not sufficiently challenged by the IRO. In one case the significant delay in progressing life story work for a child who had repeatedly asked questions regarding their birth family was not rigorously challenged and in another case the overcrowded sleeping arrangements of a looked after children placed in a connected person's household remained unresolved.

139. Children are seen and seen alone as appropriate. The local authority's local protocol ensures all children and young people are seen very regularly and this is commendable. Social workers seen by inspectors knew the children and young people well and this is reflected in their recording of statutory visits. Children and young people seen by inspectors reported seeing their social worker regularly and many undertook activities with them and know how to contact them. The communication standard for IRO and social workers designed by children and young people supports good practice. In a small number of cases children had frequent changes of social worker and manager.
140. Placement stability is good and this demonstrates good matching. Most children benefit from stable long term placements and the local authority performance demonstrates sustained outcomes, and children and young people in out of area placements receive the same level of support. The arrangements for monitoring and reviewing vulnerable placements are good and this supports continuity.
141. Most cases records were up to date. However, in some cases the delay in inputting information on the ICS from the date of the event was significant. For instance the recording of statutory visits on ICS was often significantly delayed. Most cases had updated chronologies but the quality was variable.

Ambition and prioritisation

Grade 1 (Outstanding)

142. Ambition and prioritisation are outstanding.
143. There is exceptionally strong commitment politically to improving outcomes for looked after children and care leavers reflecting the similarly strong prioritisation in services to safeguarding. The clear ambitions articulated in the looked after children strategy are implemented and effectively monitored by the Corporate Parenting Steering Group. There is strong engagement with looked after children involved in the CiCC and the Lead Member acts as a passionate advocate for these children and young people, familiarising himself with services with both planned and unannounced visits to services.
144. Strong partnership working between all agencies is improving outcomes for looked after children and the council is aware that these can be further strengthened for all care leavers. All looked after children are placed in the highest performing schools and there is committed planning to further develop placement availability within the borough through the targeted recruitment of foster carers. A strong commissioning function is highly effective in securing a wider range of provision as well as providing cost efficiencies through work with partner local authorities. Case files demonstrate excellent work to promote equality and good use is made of the many specialist and voluntary support groups within the diverse community.
145. Staffing and resource capacity are generally excellent and the workforce development strategy ensures practitioners and foster carers are developed to meet organisational needs and priorities. Inspectors saw evidence of a recent

conference on attachment with active and productive dialogue between foster carers and practitioners helping them understand the implications for their joint working. All looked after children and care leavers have a social worker and report good levels of contact. In addition, most have excellent access to the highly performing virtual school and looked after children's nurse. Outstanding support to children and young people on the cusp of care and a reduction in the length of care proceedings has contributed to a sustained reduction in the numbers of children in care.

Leadership and management

Grade 2 (Good)

146. Leadership and management are good.
147. There is exceptionally strong elected member commitment to improve outcomes for looked after children, reflecting the picture for the safeguarding for children and young people. Excellent multi-agency collaboration results in clear ambitions in the CYPP that is itself informed by service user involvement and the joint strategic needs assessment. Highly effective practice promotes at least good outcomes in social care and education while the role of the virtual school promotes excellent attainment and progress in education. There is outstanding engagement of the looked after children and young people who are involved in the CiCC. Areas for further development such as outcomes for those leaving care are recognised and responded to. The strategic plan is kept under review by councillors in their role as increasingly able corporate parents.
148. The local authority has well established arrangements in place for the commissioning of services which is underpinned by the council's priority to support children to remain within their families, promote outcomes for children in care and achieve value for money. The council has established effective partnership working with the East London group of authorities and the Pan London group.
149. The council has in place a sufficiency strategy dated May 2012 which clearly sets out the local authority's arrangements in respect of the procurement of placements for Tower Hamlets children and young people. The approach is underpinned by best value principles. A range of services support the delivery of the sufficiency strategy including the entry to care and joint commissioning panel. The local authority works with five other authorities to identify joint commissioning opportunities in order to manage the markets more effectively and achieve economies of scale. The sufficiency strategy is supported by an effective action plan which was reviewed in April and May 2012, however key aspects of the strategy are in the early stages of development.
150. The council currently places 81% of children and young people in provision judged to be good or outstanding and the aim is to achieve 90% by 2014. The provision for troubled teenagers with complex behavioural and emotional needs who become looked after children, remains a challenge. The council recognises increasing placement choice to meet the diverse needs of the community remains an area for development, but has made sustained efforts in improving

both the quality and range of placement choice. This has resulted in the increased numbers of local foster carers.

151. The service manager responsible for the looked after children and leaving care service demonstrates effective leadership of the service. Workers report they feel valued by the management group and have clear understanding of the council's priorities in supporting outcomes for this vulnerable group. Managers are visible and provide both formal and informal support to workers and supports shared ambition for meeting the needs of CiCC.
152. Partnership working is good. The council has in place established forums for progressing the work of the council which are routinely well attended by key partners in the delivery of services. This has helped achieve and maintain good outcomes in number of areas, for instance placement stability, education and health.

Performance management and quality assurance

Grade 2 (Good)

153. Performance management and quality assurance arrangements are good.
154. Well established performance management arrangements are in place and managers across the partnerships are clear of the council's priorities. Performance management information against overarching priorities is utilised well within the looked after children service. The service manager demonstrates a clear overview of performance and outcomes for looked after children and care leaver and holds regular meetings with team managers to review progress of targets set.
155. The arrangements for case file audits are not yet fully embedded across the management group and learning from the audits is not consistently evaluated. As a consequence not all learning is identified or disseminated to drive up standards or celebrate good practice. The council recognises this is an area for development.
156. The multi-agency case audits completed for the inspection were comprehensive providing an overview of the case, identified learning and actions required. These were appropriately signed off by the head of service for children's social care and endorsed by senior colleagues in health. In addition the council provided single agency audits, which were also helpfully detailed. Some of the audits completed appropriately identified learning and positive practice. Others did not always effectively identify poor practice and the council's audits did not always concur with inspection findings. The local authority audits found no significant risks to children and young people and this was supported by inspection findings.
157. In the majority of cases seen supervision is highly consistent and the recording of meetings of an excellent standard. Records demonstrated very good practice

with detailed overview of practitioner's work including their development and training needs. The majority of staff have a current annual development review and these are completed to a very high standard, are reviewed regularly and contain clear and specific objectives.

158. Evidence of management oversight of case supervision on the ICS was inconsistent and not always robust, and does not always reflect follow up or challenge in some cases.
159. The IRO annual report (draft 2012) gives an overview of the services work and includes performance management information. The report does not robustly identify patterns emerging for both individual and looked after children's collective experience and consequently trends are not rigorously identified to inform learning. The report identifies the arrangements in place to further strengthen the quality assurance arrangements, such as proposed introduction of a toolkit across the looked after and care leaving service. The report effectively highlights the support given to support the participation of children and young people to attend their reviews and reflects the support given to parents and carers. IROs are involved in the wider work of the council in promoting outcomes, including representation at the adoption summit meetings, participation group, and review of foster carer annual reviews and have close working relationships with fieldwork services.

Record of main findings:

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