

Inspection of safeguarding and looked after children services

London Borough of Barking and Dagenham

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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 47 children and young people receiving services, 15 parents and foster carers and 118 front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluation of a serious case review undertaken by Ofsted in accordance with '*Working Together To Safeguard Children*', 2010
 - a review of 77 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 Barking and Dagenham PCT (NHS North East London and City), Barking, Havering, and Redbridge University Hospitals NHS Trust and North East London NHS Foundation Trust.

The inspection judgements and what they mean

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

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements
Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

Service information

4. Barking and Dagenham is an outer London borough at the heart of the Thames Gateway and is a borough with an expanding and changing population. Its population is one of the fastest growing in the country and across London, placing great pressures on early education, school places and all other services. It has a resident population of approximately 57,000 children and young people aged 0-19, representing over 30% of the population. The rise in the numbers of children aged under five is particularly high, increasing from just over 12,119 in 2001 to a projected level of over 18,215 in 2012.
5. Barking and Dagenham is an area with high levels of poverty and deprivation. The borough remains ranked as the 22nd most deprived local authority and has the ninth highest level of child poverty in England (Index of Multiple Deprivation (IMD) 2007). Some 17% of children in the borough are living in households with significantly below average income levels. Many children and young people are growing up in deprived areas as five of the 17 wards in the borough are within the 10% most deprived wards in England and 14 wards are within the 20% most deprived. According to the January 2012 Census, 29% of pupils in Barking and Dagenham schools are eligible for free school meals in the borough compared to the 2011 national average of 17%.
6. The population is becoming increasingly diverse with over 100 different languages spoken in local schools. Some 62% of school pupils are from ethnic minority communities and over a third speak English as a second language.
7. Barking and Dagenham currently has 45 primary schools and 9 secondary schools, one special school and one pupil referral unit. Post-16 education is provided by school sixth forms and Barking and Dagenham College. Further education is also provided through the Adult College of Barking and Dagenham. Some 72 children and young people received education at home through choice. Early years provision is delivered through the private and voluntary sector in 52 settings, two local authority maintained nurseries and 18 children's centres. Early help is co-ordinated through children's centre networks and the borough's six multi-agency locality teams. The Emergency Duty Team (EDT) is shared with the London Borough of Havering and covers adult and children's services.
8. The partnership arrangements of children's services in the London Borough of Barking and Dagenham are overseen by the Children's Trust Board which was established in 2006. The Children's Trust is linked to the Local Safeguarding Children Board (LSCB), the Health and Well-being Board, the Community Safety Partnership and Corporate Parenting Group through shared membership arrangements. The London Borough of Barking and Dagenham LSCB is independently chaired and brings together

all the main agencies working with children, young people and their families to provide safeguarding services.

9. At the time of the inspection, there were 238 children who were subject to child protection plans. Of the 421 children that were looked after by the local authority, 247 were placed in foster placements provided by the local authority and 90 were placed with independent foster care agencies. There are no children's homes within the local authority but 22 children and young people were placed in residential placements that are commissioned externally.
10. The council's resources for looked after children include 139 foster carers and commissioned placements from external providers. The Assessment Service comprises triage, which is multi-agency and operates as the first point of contact for all contacts and referrals, and is a gateway to targeted family support services as well as specialist social care intervention; and two assessment teams of qualified social workers who respond to those referrals assessed by triage that meet the threshold for social care. The care management service is made up of three teams carrying out statutory safeguarding social work as well as complex court work. The service also includes the children in care team and the disabled children's team. The service is supported by adoption, fostering, Learn2Live (leaving care) and youth offending team (YOT). Other services, such as integrated youth services and sexual and reproductive health services, are provided or coordinated through children's services.
11. Health services in London Borough of Barking and Dagenham are commissioned by NHS North East London and City (NELC). Acute hospital services providing accident and emergency services for children are part of the Barking, Havering, and Redbridge University Hospitals NHS Trust (BHRUT). Maternity health care and newborn services are provided by BHRUT. Community health services, including health visiting, school nursing and paediatric services are delivered by North East London Foundation Trust (NELFT), which also provides child and adolescent mental health services (CAMHS) and adult mental health services.

Safeguarding services

Overall effectiveness

Grade 2 (Good)

12. The overall effectiveness of service in the London Borough of Barking and Dagenham to safeguard children and young people is good. The council and its partners have a clear vision to deliver high quality services to children and young people in the borough with an appropriate emphasis on the importance of early help. The Children's Trust and Barking and Dagenham LSCB have been pivotal in improving the quality of services across the partnership. Performance information is used well to drive improvements in service but quality assurance processes are not fully embedded. The implementation of the multi-agency triage screening system has improved the quality and speed of decision-making for referrals to children's social care. However, its interface with the multi-agency locality teams (MALTs) needs further development. The quality of work with children on child protection plans is effective but child in need planning is too variable. Although caseloads are high, staffing resources meet the needs of the service and the increasingly stable workforce results in children, young people and their families receiving a more consistent service.
13. Partnership work in the majority of areas is effective. Good working relationships with the Community Safety Partnership have led to the development of services to protect children and young people from the impact of gangs and sexual exploitation. Resources are used well and the commissioning of early help services, including children's centres, has resulted in good outcomes for children and young people. The views of service users are reflected well in the planning and design of services to ensure that they respond to the community that they serve.

Capacity for improvement

Grade 2 (Good)

14. The capacity for improvement is good. The council and its partners know the borough that they serve well and are committed to ensuring that they offer a responsive service to a rapidly changing community. A history of improving services and learning lessons from inspections and serious case reviews has led to some high quality and responsive provision. The successful implementation of *Project Safe* has raised the quality of safeguarding practice across the partnership and most performance indicators are now in line with comparators. The majority of judgements on inspected services are good or better. Hearing the voice of service users is important to the partnership and the introduction of the *Signs of Safety* model at child protection conferences has resulted in better engagement with parents and carers. Partnership work is strong and has resulted in some effective multi-agency work, including the development of the troubled families initiative and work to support children who go

missing. However, key agencies in adults' services, such as probation and adult mental health services are yet to be fully engaged in the safeguarding agenda. While the development of the MALTs are key in offering community based services to vulnerable families, further work is necessary to ensure that information is shared appropriately and responses are timely, appropriate and proportionate.

Areas for improvement

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

Immediately:

- improve the quality and timeliness of record keeping so that the key issues in cases are clear and progress can be monitored
- ensure that cases that are referred to the MALTs contain a clear assessment of risk and potential level of help needed and information-sharing is compliant with local and national protocols.

Within three months:

- improve the quality and timeliness of responses to families, children and young people who are subject to child in need plans to ensure that they have access to appropriate interventions to meet their assessed needs
- review thresholds for services to victims of domestic abuse to ensure that they reflect current research and good practice
- ensure that all assessments contain a comprehensive analysis of the information available, properly represent the views of the child or young person and are updated to reflect the changing needs of the case
- review the quality of child protection plans to ensure that they focus more clearly on the outcomes intended and include robust contingency plans, should the plan fail to address risk effectively.
- NHS North East London and City and City to review the arrangements for supporting primary care in meeting their responsibilities in safeguarding children and child protection review the roles, responsibilities and resourcing of the named and designated safeguarding professionals across Barking and Dagenham

to ensure they reflect the guidance in *'Working Together To Safeguard Children'*, 2010 and the *Intercollegiate Guidance 2010*.

- NHS North East London and City and City, NELFT and Barking Havering and Redbridge University Hospitals NHS Trust to review the care pathway for supporting young people who attend accident and emergency department with self harm to ensure it meets NICE guidance

Within six months:

- Review the provision of sex and relationship education and contraception and sexual health services across the partnership to provide a more integrated approach
- review the working relationships with adult mental health services and the probation service to ensure that both agencies understand their responsibility in safeguarding children
- improve the quality of development planning for social workers to ensure that they receive the appropriate training opportunities to meet their needs
- evaluate the quality of interventions offered by the MALTs to ensure that they offer a timely and responsive service to improve outcomes for children and young people and offer best value.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (Good)

16. Safeguarding outcomes for children are good. The outcomes for all types of inspected provision is improving and the majority are judged good or better in helping children and young people stay safe. All the children's centres that have been inspected by Ofsted have been judged as outstanding in both safeguarding and overall effectiveness. Responsive arrangements are in place to identify and safeguard children who are privately fostered. Children and young people who are carers are properly identified and offered appropriate support. A wide range of early intervention services are helping families to safeguard their children, through high quality children's centres and interventions to help parents develop effective parenting skills. Most outcomes for children from vulnerable groups, including those on low incomes and those with English as an additional language, are improving and above national comparators.
17. Recruitment processes are rigorous and meet statutory requirements. Criminal Records Bureau (CRB) checks are requested appropriately and, where these indicate concerns, risks are assessed and authorised by a designated senior officer. Good links are made with the voluntary and community sectors to ensure that safe recruitment processes are in place. The identification and management of allegations against staff who work with children and young people is good. The role of the Local Authority Designated Officer (LADO) is well understood and used effectively within the partnership. Cases are dealt with in a timely manner and an annual report on the work of the LADO is considered by the LSCB each year. Effective work has been undertaken with community and faith groups and protocols are in place with the local mosque to promoting good safeguarding practice. Complaints are managed well and most are resolved at the earliest stage. Lessons from complaints are used well by the partnership to improve practice, for example in improving facilities for contact between children and young people and their parents. However, the provision of advocacy for children and young people who are not looked after is limited.
18. The partnership listens well to the concerns of children and young people about their safety. A Young People Safety group of the LSCB, made up of young people from the borough, and the BaD (Barking and Dagenham) youth forum work hard to promote safety in the borough. As a result of concerns about safety issues in local parks, new lighting has been installed in two parks. Anti-bullying has been promoted well through the production of an anti-homophobic DVD, policy reviews within schools, and workshops

delivered by young people. Well targeted work has been undertaken by the partnership to reduce the risk of young people becoming involved in gangs and becoming victims of sexual exploitation.

19. Children who go missing from school, home or care are effectively monitored. Good information sharing processes with the police leads to good outcomes. All children who go missing are offered an interview on their return to discuss the reasons why they went missing and they are offered appropriate support, if necessary. Data about missing children is monitored on a quarterly basis to establish any patterns of behaviour and the LSCB receives regular reports.

Quality of provision

Grade 3 (Adequate)

20. The overall quality of provision is adequate. Strong universal services provide good support for vulnerable children and their families. Those children's centres that have been inspected are of the highest quality and deliver outstanding outcomes for users. Access to free childcare places for eligible two year olds from the most disadvantaged households is well promoted and the majority of parents whose children use this scheme register with their local children's centre. Parenting programmes deliver good outcomes for adults, including the development of strategies to better manage their children's behaviour, increased confidence as parents and greater access to support services.
21. Multi-agency assessment using the common assessment framework (CAF) is very well embedded into practice and practitioners across universal settings see it as a key tool in meeting the needs of children. A sound infrastructure supports practitioners well to complete high quality assessments; this and effective multi-agency work through Team Alongside the Family (TAF) provide good oversight in safeguarding children and young people whose needs are not sufficient to require a statutory social care intervention. The introduction of the family CAF has been a positive innovation and allows practitioners to work with families in a more holistic way. Good systems are in place to escalate cases where there is need for statutory involvement. Families who no longer need statutory involvement are offered intervention via a CAF to ensure that their support needs are still met. Good progress for families and children who have been subject to the CAF is evident, for example in the improved punctuality of children attending school, the accurate diagnosis of health problems and the effective support provided to secure more appropriate accommodation.
22. Triage arrangements for screening all referrals to children's social care have been in place since August 2011. This system has improved the quality, consistency and timeliness of responses. There is appropriate prioritisation and decision making in most cases, although the thresholds for referrals regarding domestic violence are not sufficiently clear. Cases

that do not meet the threshold are referred to the MALTs to offer voluntary support to families. However, procedures for the transfer of relevant information are not sufficiently robust. Cases that are already known to other services are inappropriately included and others do not outline the reasons for referral. In some cases, the agreement of parents and carers has not been obtained before making the referral to the MALT.

23. Cases where there is a clear significant risk are identified and receive a timely and appropriately robust response and are promptly allocated to suitably qualified and experienced social workers for a Section 47 enquiry and assessment. Strategy discussions are routinely held with the police. However, in cases where there is no immediate risk, the initial contact with families is less timely which delays them receiving the help that they need.
24. The timeliness of initial and core assessments has improved and is now similar to that of statistical neighbours. The quality of assessments is also improving following a comprehensive training programme for social workers. In almost all cases seen by inspectors, information was sought from a range of appropriate sources and the assessment properly established the risks in the case. Historical information is collected and taken into account with children usually seen and their views recorded when appropriate. However, in assessing larger sibling groups the individual perspective of each child was often not clear. The overall level of analysis in assessments is limited and often primarily a descriptive summary of the information gathered. Although systems are in place to update assessments, these are not used routinely to ensure that the changing needs of the child or young person are recognised and addressed. The explicit considerations of needs arising from ethnicity, religion or culture are not consistently considered fully but where language needs were recognised, these were addressed through the use of interpreters. The quality of case recording is too variable and is not sufficiently up to date. The lack of detail in records makes it difficult to assess the progress of the case and the quality of work undertaken on visits.
25. Child protection conferences are timely and attended by most key agencies and review progress against the plan. Some examples seen demonstrated appropriate challenge and escalation. Reports to initial conferences outline the risk in the case but most subsequent reports provide information on actions from the plan but do not give sufficient analysis about the success of the work in safeguarding the child or young person. However, the recently developed practice of using Signs of Safety techniques in child protection conferences is improving the quality of child protection planning and parental engagement.
26. Child protection plans are used to ensure that children and young people have access to a good range of support, including during evenings and

weekends. They set out activities to be undertaken but are often insufficiently clear or specific about what outcomes are to be achieved. The majority of plans do not contain sufficient contingency arrangements, should the plans fail to achieve their goals or circumstances change. As a result, where families are resistant to change, plans are not sufficiently robust to drive the necessary improvements.

27. Children with child protection plans are visited and seen regularly but the purpose of social work visits beyond this are often not clear and the recording of these visits is sometimes minimal. Core groups meet regularly, are well attended and work to a shared purpose. The recording of these meetings varies in quality and format but it is usually evident that they are properly monitoring the child protection plan. It is less clear whether they are reviewing the overall effectiveness of this plan and very few examples were seen of core groups developing plans. Plans for children in need are too variable in quality. Some good examples were seen of plans to support children being 'stepped down' from child protection processes but not all children in need had clear or up to date plans. Where cases transfer from the assessment team to the case management team, these cases are not prioritised and initial visits are not timely.

The contribution of health agencies to keeping children and young people safe **Grade 3 (Adequate)**

28. The contribution of health agencies is adequate. The NHS North East London and City and NHS North East Inner London have recently merged and the new executive lead for safeguarding children is having an impact in improving services. Governance arrangements, including the reporting on safeguarding practice across commissioning and the Barking, Havering and Redbridge University Hospitals NHS Trust and the NELFT are being refreshed to reflect the recent changes to health care provision across the area. Excellent progress has been made in ensuring that practitioners across both trusts have been trained appropriately in safeguarding children practice at Levels 1, 2 and 3. However, the key performance indicators for safeguarding activity used by commissioners are not sufficiently embedded in the two provider NHS Trusts. Named and designated safeguarding professionals across the Barking and Dagenham PCT and the two provider NHS Trusts are in place and appropriately resourced. However, there is a lack of clarity about their roles and responsibilities. As a result, the named and designated professionals are not fulfilling their statutory functions as outlined in '*Working Together to Safeguard Children*', 2010 and the *Intercollegiate Guidance* 2010 and this impacts on partnership working.
29. The arrangements to support children and young people who attend the accident and emergency department following an incident of self harm

work well during normal working hours. However, there can be long delays in accessing specialist psychiatric advice out of hours and young people are not routinely admitted for a period of "cooling off" as detailed in statutory guidance. There is no formal referral mechanism or support offered to young people who attend the accident and emergency department through alcohol or substance misuse and therefore the opportunity to offer specialist support to these young people is being missed.

30. Effective processes are in place to identify repeat attendance by children at accident and emergency. Good arrangements are in place to identify children who are subject to a child protection plan and good use of information sharing forms mean that social workers working with families receive up to date information on any accident and emergency attendance. However, at the time of the inspection, the local authority did not provide a list of looked after children to the service and this was addressed as a priority during the course of the inspection.
31. Young people have adequate access to contraceptive and sexual health (CASH) services five days a week in Barking and Dagenham, with a sixth clinic held in a neighbouring borough. There are no single sex clinics available locally, which is a deficit. There are a good number of pharmacists across the borough who prescribe emergency contraception. The CASH service has a young people's lead in post, however, the effectiveness of her role is compromised by her increasing clinical commitments.
32. The number of teenage conceptions in Barking and Dagenham remains higher than the national average and statistical neighbours, as is the number of conceptions that lead to termination. Provision of sex and relationship education across the borough is variable, with poor integration of CASH services.
33. High quality support is available to pregnant teenagers from the team of specialist teenage midwives, with good provision of ante-natal clinics and parent craft classes in children's centres. The family nurse partnership has supported young families well; in particular there is good user engagement in the programme and there are good links with the local employment support workers with high numbers of young mothers returning to education or work.
34. There is a comprehensive assessment on vulnerability carried out when women register their pregnancy with a midwife and throughout their pregnancy, with effective arrangements to follow up non attendance. However, assessments of vulnerability are not routinely shared with the women's GP so they are not aware of any increased support that may be necessary once the baby is born. Good support is available to women who misuse alcohol or substances in pregnancy, with close liaison between the

specialist substance misuse midwives, the local adult substance misuse services and the local authority children and families team. High quality and innovative peri-natal, parent and infant health service provides effective support and, where safeguarding issues are recognised, referrals are properly made to the local authority children's services. Regular multi-agency partnership meetings and the creation of pre-birth plans ensure a coordinated approach to support the new family and protect the newborn baby. Health visitors use their skill mix to effectively deliver most core contacts of the Healthy Child programme, finishing a check when the child is aged between two and two and a half. There are no formal and regular meetings between health visitors and GP practices to discuss vulnerable families; instead these discussions take place on a case by case basis.

35. Arrangements are insufficiently mature to enable an assessment as to the effectiveness of general practitioners (GPs) in safeguarding and child protection across the borough. A named GP has very recently been appointed but is not yet operational in the role. However, good arrangements are in place at the specialist Haven facility to ensure that appropriate child protection medicals for children and young people who may be subject to sexual abuse are carried out.
36. Young people and their families have good access to effective support for substance and alcohol misuse through a range of interventions. High numbers of young people complete their care plan or leave the service in a planned way and non-attendance is followed up through assertive outreach and the innovative use of re-engagement cards.
37. Children, young people and families generally have access to good therapy services, however there can be delays for those children whose needs are not urgent, particularly in speech and language and occupational therapies.
38. Children, young people and families have good access to a wide range of CAMHS to meet identified emotional health and well-being support which helps to prevent the escalation of need before it becomes harder to address. Outcome scores are used to demonstrate effectiveness of interventions used with children, young people and families to good effect. The Trust has a policy on never admitting young people into adult beds which is good practice. Transition from CAMHS into adult services is improving with the creation of a newly created transition database. This will help services plan more effectively for when a young person transfers into appropriate adult services.
39. The child death overview panel (CDOP) is appropriately constituted and has had its membership refreshed, with improved notifications of child deaths now in place. Rapid response works well and is compliant with *Working Together To Safeguard Children*, 2010. However, the panel has

not yet had the opportunity to evaluate the effectiveness of the bereavement support offered to families.

Ambition and prioritisation

Grade 2 (Good)

40. Ambition and prioritisation in safeguarding are good. The council and its partners know the borough well, understand its needs and are committed to providing and retaining high quality and responsive services to vulnerable children and young people, despite considerable budgetary pressures. Priorities for the councils are articulated effectively through the statutory plans that have been developed from the evaluation of the Joint Strategic Needs Assessment. The Children and Young People's Plan (CYPP), although no longer a statutory plan, is monitored effectively through regular reports to cabinet. The well-established Children's Trust offers effective leadership to the partnership and effectively monitors the CYPP. Representation from partner agencies is comprehensive and includes members from the voluntary sector. However, the regular use of deputies by some partners means that representation is not consistently at a sufficiently senior level to challenge effectively. Links with the shadow Health and Well-being Board have been established and there is a clear understanding of the distinct roles of the two Boards.
41. The LSCB is properly constituted and fulfils its statutory duties. Independent chairing arrangements are in place and arrangements are in the final stages to recruit lay members to offer increase rigor to the Board. Sub-groups of the Board are used well to progress the priorities of the Board and the faith sub-group and Young People Safety group are well in ensuring that the needs of the community are properly reflected by the Board. Good working arrangements between the LSCB and Community Safety Partnership has resulted in an effective response to the increased risk to children and young people posed by the London Olympics 2012. However, the importance of multi-agency file audit as a tool to monitor the safeguarding practice of the partnership is not fully embedded or understood by all partners.
42. The authority and its partners act swiftly to address shortfalls in performance and to respond to the changing needs of the borough. Following an unannounced inspection of contact, referral and assessment arrangements in December 2010, which highlighted a number of shortfalls in practice, the partnership undertook a thorough review of safeguarding services in the borough. From the findings, Project SAFE was implemented to improve the safeguarding processes across the partnership. The plan was monitored well by the LSCB and has led to considerable improvements in the notification and response to child protection concerns and in the quality of partnership work to safeguard children. Following the evaluation of the project in April 2012, Project SURE has been launched to address outstanding issues, including improving the quality of recording.

43. The Lead Member for children is enthusiastic and committed to ensuring good services for children and young people. However, their role varies significantly from statutory guidance. The responsibility for education is held by another cabinet member and the Lead Member for children also carries the responsibility for adult services. While this variation is supported by the required risk assessment, this is not up to date and does not reflect the council's long term vision for this role, in championing lifelong services within the borough. No method of monitoring the effectiveness of this role has been put in place. The council is aware of this shortfall and has immediate plans to address this.

Leadership and management

Grade 2 (Good)

44. Leadership and management are good. Effective systems are in place so that children and young people are protected and are enabled to keep safe. Good workforce planning has enabled the authority to develop a permanent and more experienced workforce, with limited use of temporary social workers. Newly qualified social workers receive good support for their professional development and appropriate caseload protection. More experienced social workers can access a good range of training and have a clear route to become senior practitioners. The workforce is strengthened by being increasingly representative of the diverse community it serves and this is supported by thorough monitoring. Sickness levels within children's social care have been significantly reduced and are now relatively low, reflecting improved morale in the workforce.
45. The authority has a clear set of priorities for developing its staff based on a sound training needs analysis which draws on the outcomes of serious case reviews (SCRs), audits findings and changes in legislation. For example, good training has recently been undertaken with the local district judge and justice's clerk about the impact of planned changes to the family court system.
46. Resources are managed effectively to ensure that the service meets the needs of the local population. Early intervention has been prioritised by the partnership and this is showing a positive impact on improved outcomes for children and young people. Arrangements to jointly commission some services are in place and have resulted in the development of high quality services for children with disabilities. The voluntary and community sector are engaged in commissioning arrangements and they report that information-sharing with the local authority is improving.
47. Staff feel well supported by managers at all levels, whom they describe as accessible and knowledgeable. Workers receive regular professional supervision which they find helpful and supportive. However the context of supervision is largely based on case monitoring and direction with limited emphasis on reflective practice or professional development. Not

all social workers have clear individual development plans through which their progress can be structured and evaluated. Most workers interviewed as part of the inspection felt their caseloads were manageable but the numbers of cases did present challenges in terms of prioritisation and allowing time for direct work with children and families.

48. The use of views of service users is well embedded in the design of commissioning structures within the council. The views of parents and carers are routinely used to plan and evaluate services in children's centres. Children and young people from a range of backgrounds, including those with disabilities, come together as the BaD forum and meet regularly with elected members and senior officers of the council to debate issues important to them and they have been instrumental in making changes in the borough. However, service users are not currently involved in the tendering process for new contracts and feedback is not regularly sought from parents who have received statutory interventions.
49. The dissemination of recommendations from serious case reviews is good. Actions plans are properly monitored by a sub-group of the LSCB to ensure that their impact is maximised. As a result, services to children with disabilities have been improved and a large number of staff have been trained to deal more effectively with parents who are resistant to involvement with agencies.

Performance management and quality assurance

Grade 3 (Adequate)

50. Performance management and quality assurance arrangements are adequate. The performance of the authority against key indicators is largely in line with national and local comparators. Data are reported well using a red, amber, green (RAG) rating system and each target has a responsible officer who is accountable for progress. This is reviewed by a range of operational and strategic groups. Within the council, performance is scrutinised on a quarterly basis in 'trigger' meetings with the senior officers of the council, the Leader of the Council, Lead Member for children and the Chair of the Lscb The Lead Member also meets regularly with DCS for briefing meetings. Where shortfalls in practice are recognised, work is undertaken to understand and address deficits. The performance sub-group of the LSCB acts as an effective forum to challenge data from across the partnership and reports any deficits that pose a risk to safeguarding practice to the Board for action and resolution. Although performance information is disseminated to operational staff, it is not widely used as a trigger to improve practice.
51. Although performance management is effective, the importance of effective quality assurance is not embedded within the partnership. Multi-agency audits prepared for the inspection indicated that some partners were not clear about their roles in monitoring safeguarding practice within

their agency. The LSCB is aware of this deficit and a new quality assurance policy has recently been approved by the Board. Senior managers undertake case file audits and the results are collated and used to improved practice. However, there is a lack of consistency in assessing the quality of social work files, and this was evident in variations in the grading of work on the files prepared for the inspection.

Partnership working

Grade 2 (Good)

52. Partnership working is good. Engagement of key agencies is good at both strategic and operational levels. Most agencies spoken to, including health and schools, understood and were satisfied with current service thresholds. They value the capacity to support children through the CAF and a range of early intervention resources that are available.
53. A range of multi-agency processes are working effectively to safeguard children, with appropriate engagement and commitment from key agencies, good information sharing and robust monitoring processes. Examples of this include work with missing children and multi-agency risk assessment conferences (MARAC). Multi-agency public protection arrangements (MAPPAs) have good links with children's social care and consider safeguarding effectively as part of their risk assessment processes. Good partnership working is also well reflected in strategic planning and has impacted positively on service design and improvement through, for example, the success of the CAF, the development of the triage process and the planned implementation of the troubled families programme.
54. Staff and managers communicate well and work collaboratively to a common purpose with effective challenge and dispute resolution procedures. Relationships with the voluntary and community sectors are generally effective and improving. However, sector representatives feel that their role could be more fully used in service design and delivery. The probation service and adult mental health services are not fully engaged in safeguarding children and young people. For example, attendance at core groups is inconsistent and in some cases seen workers were not able to access appropriate guidance about the risks that adults may pose to the child or young person.

Services for looked after children

Overall effectiveness

Grade 3 (Adequate)

55. The overall effectiveness of services to looked after children and young people is adequate. A wide range of placements are available to children and young people and effective work has been undertaken with neighbouring authorities to ensure best value. Adoption services have been judged as good and fostering services are outstanding. Looked after children receive good support to achieve in education and this has resulted in improving educational outcomes as a result. Good support is given to young people to become independent. Offending rates by looked after children are low and few receive custodial sentences.
56. Although services are in place to support children and young people who are looked after, strategic planning and oversight is not sufficiently robust to ensure that services are effective. Corporate parenting arrangements are not well-embedded and the Lead Member is not part of the Corporate Parenting Board. However, the council's pledge to children and young people in its care is not widely known or used. Outcomes in most areas are adequate and the availability of some health provision is limited. Despite the fact that an increasing number of young people are entering higher education, too many looked after children are still not in education, employment or training. The majority of children are in stable placements that meet their needs, but too many have multiple placements.

Capacity for improvement

Grade 3 (Adequate)

57. The council and its partners have adequate capacity to improve the outcomes for looked after children, young people and care leavers. Through effective partnership working, the council has made good progress in improving educational outcomes for children and young people and in ensuring that they have suitable accommodation. Investment in improving specific services has resulted in a high quality fostering and adoption provision and some innovative practice supports children who are experiencing difficulties with their placements. There is an increasingly stable and experienced workforce and the recruitment of more foster carers means that placements can better reflect the diversity of the children and young people who are looked after. The lack of effective strategic planning and corporate parenting arrangements means that the response to the needs of the children looked after population is not sufficiently coordinated. Although performance targets are reviewed regularly, there is insufficient scrutiny of the factors that influence performance and quality assurance arrangements are not well embedded. As a result, some deficits in service delivery and in practice are either slow to be addressed or go unrecognised.

Areas for improvement

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

Immediately:

- review procedures for children and young people entering the care system through the police powers of protection so that this response is only used when no other alternative is available
- ensure practice is improved so that children and young people do not miss school to move placements or attend appointments linked with their looked after status
- London Borough of Barking and Dagenham and North East London Foundation Trust to review the provision of CAMHS to children who are looked after to ensure that they receive a prompt response to their needs

Within three months:

- corporate parenting arrangements and strategic planning are strengthened to ensure that they properly reflect the council's responsibilities to children looked after
- improve the quality of practice in moving children and young people to new placements to ensure that they are properly prepared for their new home
- ensure that all children and young people who meet the criteria to have an independent visitor are aware of the service and, if required, receive a prompt response to their request
- the partnership should ensure that the newly developed care pathways fully meet the emotional health and well-being needs of looked after children and young people and that a coordinated approach is taken to the use of strengths and difficulties questionnaires.
- the NHS Outer North East London City, Barking, Havering & Redbridge University Hospitals NHS Trust and the NELFT to review the roles, responsibilities and resourcing of the designated professionals for looked after children to ensure they meet legislative requirements
- The NHS Outer North East London and City and NELFT to ensure that quality assurance and audit processes are put in place to ensure

consistent and high quality initial health assessments, health reviews and health plans are in place to fully identify and meet the health needs of looked after children and young people

- the NHS Outer North East London and City, NELFT and the substance misuse service to consider how the review health assessments can include the use of the local substance misuse screening tool to help identify and refer young people who are at risk of substance misuse.

Within six months:

- assessments of children and young people who are looked after are updated to reflect their changing needs
- London Borough of Barking and Dagenham and the Children in Care Council, (Skittlez) review and endorses its pledge to looked after children and young people so that elected members, officers and children and young people have a shared understanding of the council's commitment to them
- improve the quality of personal education plans (PEPs) to ensure that they have clear and monitorable targets to improve the educational attainment of looked after children and young people.

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

Being healthy

Grade 3 (Adequate)

59. Services to promote good health outcomes for looked after children are adequate. Health outcomes for children and young people who are looked after by the London Borough of Barking and Dagenham are good and almost all children receive regular medical and dental checks. Immunisation rates are also high with a large majority of such checks being up to date. Health reviews are carried out appropriately by the named nurse and nurse advisor for looked after children, with the more complex reviews allocated to the named doctor for looked after children. Good systems are in place to ensure that health reviews are timely and children and young people, including those placed out of the area, are well-engaged in the process.
60. Too much variability exists, however, in the quality of the initial health assessments and health plans for children and young people entering the care system. Insufficient numbers of young people have their initial health assessment within 28 days and the process for completing these assessments is inconsistent. Most initial health assessments are carried out by the named doctor for looked after children but some are carried

out by GPs and these are often incomplete. The local screening tool for alcohol and substance misuse is not used as part of initial health assessments or health reviews. As a result, health assessment and care plans are not sufficiently detailed and may not be available in time for the child's first review. The quality of the audit of health assessments and reviews is not routinely monitored so there is no opportunity to promote improvement.

61. Although there is a full time named nurse for looked after children, however, there is insufficient capacity for this post-holder to carry out their role effectively. A designated doctor is in post for looked after children, there is no job description for this post and there is no formal time allocation to the role. However, a named doctor is in post for NELFT who has a time allocation to work with looked after children and carry out initial health assessments and adoption medicals.
62. Adequate arrangements are in place to maintain the emotional health and well-being of looked after children are adequate. An interim mental health practitioner and a care pathway to the service have very recently been introduced and they provide the opportunity for an early initial assessment. However, once a need has been assessed and the referral is made, there is no prioritisation for a service. Some children wait too long to obtain a CAMHS service and no systems are in place to monitor the number of children waiting. Access to appropriate mental health provision for children is also difficult who are placed out of area and they too do not receive a responsive service. The importance of the information gained from strengths and difficulties questionnaires (SDQs) to assess the needs of children and young people is under-developed and the questionnaires are not used in a meaningful way to holistically monitor the emotional health and well-being of children and young people.
63. Young people who are looked after are encouraged to access universal services for support around contraception, sexual health and substance misuse. The specialist health team will make appointments on a young person's behalf and accompany them if necessary. However, there is neither service has a designated link professional who has a specific expertise in the needs of children and young people who are looked after to ensure that their specific needs are fully met.
64. Foster carers report receiving good training in a range of health issues, including health promotion and managing children with autism, and they receive good support from the nurse for looked after children regarding specific health issues related the children and young people in their care.
65. Effective working is undertaken between the designated health team with the "Learn to Live" team for care leavers. The staff have attended the "Fun Day" and used the opportunity to promote healthy lifestyles to care leavers. Plans are in place to offer a drop-in health session on a regular

basis. However, the health team are not involved in pathway planning. Current arrangements to provide those young people leaving care with a complete summary of their healthcare are unsatisfactory. This is recognised as a deficit and the health team are working with the children's rights service to develop a health passport.

Staying safe

Grade 3 (Adequate)

66. The arrangements for looked after children and young people to remain safe are adequate. A comprehensive range of services are available to prevent family breakdown and ensure that children and young people remain at home when this is in their best interests. Children's centres provide a comprehensive range of parenting programmes and support. Individual support to families is available through targeted family support packages. Family group conferences are used well for children who are on the edge of care to ensure that they are, wherever possible, placed with someone who knows them well. Where children need to be accommodated by the local authority, an effective placement team ensures that the individual needs of the child or young person is paramount in the decision-making process. The monitoring of the quality of in-house placements is effective. Social workers who supervise foster carers are knowledgeable and experienced in ensuring that children's needs are properly met when they are in placement. Monitoring of external placements is regular and robust and no child is placed in a setting that is judged inadequate by Ofsted. Recent inspections of both adoption and fostering services have judged that services to ensure that children are safe are outstanding. Looked after children and young people who were seen as part of the inspection told inspectors that they felt safe at home and had someone who they could confide in. However, many told inspectors that they did not feel safe in some areas of the borough, particularly in open spaces and at night.
67. Too many children are accommodated by the local authority because of the use of the police powers of protection (PPO). Although the partnership is aware of this on-going issue, a thorough analysis of the use of PPOs has not been undertaken to understand and address the acknowledged shortcomings in this practice. In a sample of these cases seen by inspectors, it was judged that the majority of cases seen could have received a better planned and more responsive service to meet their need. The majority of children and young people had returned home when the order had expired which suggests that alternative services may have been appropriate.

Enjoying and achieving

Grade 2 (Good)

68. The impact of services to enable looked after children and young people to enjoy and achieve is good. The monitoring of education placements and

progress made by children and young people is robust wherever they are placed. Effective monitoring ensures the timely identification and support of those children who are performing below expectations. The virtual head and school team intervene and advocate on behalf of looked after children where necessary. The team have established good links with schools and these are used well to ensure that children and young people have the support they need, with an appropriate challenge where necessary. Designated teachers receive good support to undertake their roles. Some have been engaged in training colleagues in other schools, supported by the virtual school. For those placed out of the area, routine monitoring alerts the virtual school when looked after children are not achieving well and placements falter. Actions to remedy issues are prompt and effective. Those with more complex needs placed in a nearby local authority receive direct support from a dedicated member of staff.

69. Children and young people make good progress from their starting points. From ages 5-16 a higher proportion of looked after children make the same level of progress expected of all children compared to looked after children nationally. The proportion achieving two levels of progress is improving but remains low compared to the general population but is good compared to national comparators. The attainment of looked after children in English and mathematics at Key Stage 2 is lower than that found in similar areas but at Key Stage 4 those achieving five GCSEs including English and mathematics is now better than comparators. However the attainment gap between looked after children and their peers remains wide.
70. The pupil premium is being used flexibly so that young people have access to further support with their academic development through, for example, additional tuition and support with social activities so that young people can pursue their hobbies and interests. The positive use of leisure time is effectively promoted and two well attended, vibrant youth groups are delivered for locally placed children and young people. They value these groups highly. Children and young people are also supported to join local clubs and leisure activities. A leisure card that enables looked after children free access to leisure centres is increasingly being used.
71. Mechanisms to track and improve the attendance of looked after children are effective. Attendance has improved from 80% three years ago to 95% in 2011. Persistent absence is lower than in comparable areas and the England average. The use of fixed term and permanent exclusion is similarly low.
72. Foster carers spoken to by inspectors play a very active part and take great pride in the education of the children in their care. Children told inspectors that they appreciate the support they receive from foster carers and their schools. They welcome their achievements being recognised by awards and celebration events.

73. The quality and timeliness of personal education plans (PEPs) are variable. They are not always fully completed and targets are not always clear. Training has taken place for social workers to build their capacity to complete PEPs and become more effective in supporting the education of looked after children. A new monitoring system of PEPs has been introduced by the virtual head teacher but it is too early to judge its effectiveness. Children and young people understand the purpose of their PEPs and are involved in their plans and reviewing their own progress. Teachers welcome PEP reviews as a useful mechanism to reflect on progress and keep all those concerned with a child's education well informed.

Making a positive contribution, including user engagement Grade 3 (Adequate)

74. Children and young people who are looked after have adequate opportunities to make a positive contribution. A range of initiatives ensure that looked after children have a meaningful voice in some service planning and decision making. They have reviewed how health services are promoted, have been consulted over workforce development and the effectiveness of PEPs and are involved in national campaigns. As a result changes to provision have been made, for example, looked after children have developed a 'menu of choice' and are now able to co-chair their reviews. Through taking part in 'Take-Over' day, young people have provided good challenges to council officers, for example in considering the appropriate age for adoption. Looked after children are involved well in training staff, and foster carers highly value the 'total respect' training delivered by young people. Looked after children are invited to contribute to the annual appraisal of some social workers.
75. The Children in Care Council (Skittlez) is well established and are represented on the BaD youth forum and Corporate Parenting Board. Young people are proactive in making presentations and briefings to stakeholders and routinely comment on policy developments and meet with senior officers in the council. However, the development of Skittlez has stalled with low numbers of looked after children regularly participating and just under half of those responding to the Care4Me survey were unaware of the group. The council is aware of this and a number of younger looked after children are being trained to become part of the Skittlez group.
76. Looked after children and young people's views on the quality of services they receive present a varied picture. Most children report that they see their social worker alone and believe that their last placement move was in their best interests. Slightly more than half responding to the Care4Me survey did not know or were unsure of how to get in touch with an independent reviewing officer and reported that their social worker was

difficult to get in contact with. These views were echoed by the children and young people who were seen by inspectors.

77. Looked after children and young people are supported well so that they can speak out about issues that concern them. A very good proportion routinely contributes to their own reviews. Responses to the Care4Me survey reported that half knew how to make a complaint and that most had never made a complaint. Half reported knowing how to get an advocate and nearly all reported feeling safe or very safe. The independent advocacy service is comprehensive and responsive. It is well used by children and young people with disabilities and available to children at risk of being looked after. The provision of independent visiting services is poor with unacceptable delays in accessing the service for some children.
78. The rates of looked after children who are cautioned or convicted and receiving custodial sentences are consistently lower than those in comparable areas. Where children are recognised as at risk of offending or have offended there are strong and effective links with the YOT.
79. The council's pledge to looked after children is not well established. More than half of those responding to the Care4Me survey were either unaware of the borough's pledge or were aware of it but had not seen it. As a result, there is no clear written commitment by the council to children and young people about how it will fulfil its role as a corporate parent. The council is aware of this and intends to develop a new pledge, in conjunction with the Skittlez group, but this is an important deficit.

Economic well-being

Grade 3 (Adequate)

80. The impact of services to support and improve the economic well-being of looked after children and care leavers is adequate. The proportion of care leavers in education, employment or training has been historically low and is below comparable areas and the England average. However, in response to this, the overall level of support for looked after children and care leavers has been improved and the individual needs of young people who are not in education, employment or training (NEET) are addressed through consideration at a multi-agency panel. Local training and learning opportunities are actively promoted. Those who are in education achieve well with those achieving a Level 3 qualification well above the average for looked after children nationally. A high number of care leavers are at university and receive good support to undertake their courses. Care leavers are prioritised for apprenticeships with the council but there are no systems in place to offer internships or training opportunities to those returning from completing a university course.

81. Good practical support is in place to support young people's education including the provision of laptops, software and printers for those successfully sustaining their education placements. Those on apprenticeships receive 'in-kind' financial support that mitigates against financial hardship. Young people spoken to by inspectors were very positive about the level of support they received and valued the well used drop-in centre.
82. Pathway plans adequately support young people's growing independence and care leavers routinely contribute to them but the quality of plans is too variable and do not always take into account the full extent of the diverse needs of the young person. Health agencies do not routinely contribute to them. The majority of young people have an up to date plan, a significant improvement from 2010/2011 when only 52% had plans in place. Cases examined by inspectors demonstrated a good focus on the needs of individuals and good engagement by young people.
83. Support for looked after children with learning difficulties and disabilities to transfer to adult services is good and well-embedded. The proportion of care leavers who are in suitable accommodation is comparable with other areas and the average for England. Housing options include supported accommodation, shared houses, a foyer and local authority accommodation. Care leavers receive priority in the allocation of local authority accommodation and bed and breakfast accommodation is not routinely used.
84. Close attention is paid to ensuring that young people have the necessary skills to maintain successfully their tenancies and the majority do so. However, some foster carers felt in some circumstances young people were moved into independent accommodation too early. Young people told inspectors that they felt that preparation for independent living was appropriate and that their accommodation was safe and of a good standard.

Quality of provision

Grade 3 (Adequate)

85. The quality of provision for looked after children and young people is adequate. The majority of children enter care in a planned way although too many children enter care through the powers of police protection. All looked after children and young people are allocated to suitably qualified social workers. The importance of a permanent placement is recognised and the large majority of cases have permanency plans in place by their second review meeting. Access to legal advice is readily available and aids timely decision-making. Adoption is appropriately considered as an option for all children in care who cannot return to their families. Examples of some successful adoptions of older children were seen as part of the inspection. Effective work is undertaken to prepare children for adoption and a specialist group is run by a play therapist to support children whose

siblings are being adopted. The timeliness of placing children and young people for adoption is good and it is above national and statistical comparators. The numbers of children placed for adoption is improving but is still lower than comparators. However, Special Guardianship Orders use is increasing to secure stability for children and young people who do not need to remain in care.

86. Where long term care is the plan for the child or young person, effective systems are in place to ensure that the placement fits the individual need of the child. A wide range of providers are used so that these needs are properly met. Placement stability is a priority for the authority and the majority of children and young people live successfully in long term placements. Foster carers receive good additional training and support to manage challenging behaviour.
87. Although the number of children and young people who have multiple placements is improving, this is still below national and local comparators. In cases seen by inspectors, social workers were not always sufficiently alert to the impact of changes of placement on the long term well-being of children and young people. Planning and preparation for moves of placement are not sufficiently well planned to help the child or young person make the best start. Children and young people seen as part of the inspection felt that, even in planned placement moves, they were not given enough information about their new carer nor sufficient time to get to know them before moving. This created additional worries for them, for example, one child said that she worried that 'I didn't know if I had to wear slippers and a dressing gown around the house or not.' Some children and young people also reported the unacceptable practice of being withdrawn from lessons at school to move placement or attend meetings, which highlighted their status as looked after children and caused them significant embarrassment with their peers. Many reported that they had too many changes of social worker, but the increased stability in the workforce is beginning to reduce this problem. However, at the age of 16, all young people are transferred to the 'learn to live' leaving care team. Although the work of the team is effective, foster carers and young people felt that this transition was too abrupt and was not sufficiently planned to consider the needs and maturity of the individual young person.
88. The quality of case recording, assessment and planning is too variable. Recording is largely up to date but does not contain sufficient detail to properly show progress of the case. Management oversight is increasingly recorded on case files and offers clear direction to workers. The majority of children and young people had adequate care plans which properly reflect their needs. However, the lack of updated assessments results in some plans not properly recognising the changing needs of the child or young person in terms of increasing maturity. Although contingency arrangements are not always explicitly noted in the planning process, the

understanding of a 'back up plan' was clear in the majority of cases. The role of the independent reviewing officers (IROs) is well-established and workers and foster carers thought that they challenged plans effectively to ensure that the well-being of the child was paramount. The majority of children and young people interviewed by inspectors knew their IRO and felt that they took a personal interest in them. However, contact with them outside meetings was limited and they did not feel that they had sufficient time to discuss their lives with them.

89. The promotion of equality and diversity is variable and the consideration of the distinct needs of children is not apparent in some cases. However, inspectors saw some good examples of sensitive practice so that the views of children with disabilities were properly ascertained as part of their reviews, through the use of specially trained advocates. Individual examples of work to ensure that the cultural needs of children were addressed in their placement were also seen. Services to unaccompanied minors are effective and properly address their needs, which has resulted in good outcomes.

Ambition and prioritisation

Grade 3 (Adequate)

90. The quality of ambition and prioritisation for looked after children in the borough is adequate. Although the council shows a clear priority to ensure quality services to all children and young people, the understanding of specific needs of looked after children and the role of the council as a corporate parent is not fully understood and embedded. The corporate parenting plan lacks sufficient detail about the council's priorities and the action plan that has resulted from this does not address all the needs of this group of children and young people. As a result, deficits in resources, for example the deficits in CAMHS provision and the significant waiting times for some children to receive an independent visitor service have not been highlighted and resolved. A Corporate Parenting Board has recently been re-established but the membership is not sufficiently broad and lacks sufficient seniority to undertake its role effectively. The Lead Member for children is not a member of the panel and there is no clear reporting of the work of the Board within the council governance arrangements.
91. However, despite shortfalls in the articulation of the strategic aspiration for children and young people, the authority has successfully prioritised the development of some successful services. The council has high quality adoption and fostering services and a successful therapeutic foster service supports children who need additional help so that they can remain in a family placement. Additional support provided to those in education has resulted in improving educational outcomes.

Leadership and management

Grade 3 (Adequate)

92. The leadership and management of services to children who are looked after is adequate. Although planning is not sufficiently robust at a strategic level, managers understand the importance of providing high quality services and responsive services. The authority prioritises family placements as ensuring the best outcomes for most children and young people. As a result, the Pitstop programme is used for those who need additional support to remain in foster placements and there are a reducing number of children and young people in residential units. The complex needs panel ensures that children who need the most intensive support are properly targeted and resources made available. Targeted recruitment campaigns for foster placements has resulted in an increased number of local foster carers, particularly from diverse backgrounds, and as a result more children and young people are placed closer to home. In partnership with the East London Consortium of Local Authorities work is being undertaken to reduce placement costs and improve quality of placements. The education team for looked after children works effectively to ensure improving educational outcomes.
93. The workforce is becoming increasingly stable which results in a reduction in the changes of social worker experienced by children and young people. The experience of the fostering and adoption teams is used well to support less experienced staff in other teams to become effective advocates for the children and young people with whom they work. Staff are supported to undertake relevant training to enhance services, for example, one member of staff has been supported to undertake a higher degree in order to provide specialist support to children whose siblings have been adopted.
94. There is insufficient coordinated work to understand some of the weaknesses in the service. For example, although there has been a long standing problem in engaging care leavers NEET, actions to address this have been slow and have yet to make a significant impact.

Performance management and quality assurance

Grade 3 (Adequate)

95. Performance management and quality assurance arrangements for services to looked after children are adequate. The majority of key performance indicators are largely in line with statistical neighbours. Systems to retrieve and analyse data are robust and key performance indicators are monitored in a variety of groups, including the Children's Trust, meetings with elected members and senior officers in the council. Despite the level of scrutiny, there is insufficient analysis and challenge to understand trends in performance and plan effectively to improve services. For example, despite a considerable increase in the number of

looked after children, from 380 in March 2010 to 427 at the time of the inspection, members and officers did not have a shared understanding of the reasons for this increase and so could not plan effectively to address it. Performance data is disseminated to staff at an operational level through regular reports and through briefings to staff. However, the importance of this information is not fully understood by all front line staff.

96. The monitoring of commissioned placements is undertaken well and monitored on a regularly basis. Evaluation of specific services are routinely undertaken, for example the Pitstop therapeutic fostering service, to ensure that they offer best value . However, the rigor of monitoring some commissioned services is not sufficiently robust; for example senior managers were unaware of the underutilisation of the independent visitor scheme and issues in recruiting visitors, which resulted in significant waits for some young people.
97. Quality assurance processes are adequate. Senior managers have begun to audit case files on a regular basis and collate findings on a thematic basis to improve practice. Front line managers also undertake audits of individual cases. However, quality assurance processes are not currently embedded across the service in a meaningful way. The council are aware of this and have plans in place to develop more effective practice in this area.

Record of main findings:

Safeguarding services	
Overall effectiveness	Good
Capacity for improvement	Good
Safeguarding outcomes for children and young people	
Children and young people are safe and feel safe	Good
Quality of provision	Adequate
The contribution of health agencies to keeping children	Adequate

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