

Inspection of safeguarding and looked after children services

Royal Borough of Kensington and Chelsea

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Reporting inspector: Stephen Hart HMI

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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), one additional inspector and an inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with children and young people receiving services, front line staff and managers, senior officers including the statutory 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
 - a review of 86 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 the Royal Borough of Kensington and Chelsea
 - interviews and focus groups with front line professionals, managers and senior staff from Central London Community Healthcare NHS Trust (CLCH), the Chelsea and Westminster Hospital NHS Foundation Trust and the Central North West London Mental Health Trust (CNWL).

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
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Service information

4. The Royal Borough of Kensington and Chelsea has a resident population of approximately 30,340 children and young people aged 0 to 18, representing 17.9% of the total population of the area. In 2012, 76% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall and 54% of pupils speak English as an additional language. Pupils in the borough's schools speak a total of 107 languages other than English. According to council records Arabic, Spanish and Portuguese are the most commonly spoken community languages in the area.
5. The Royal Borough has 38 schools comprising 26 primary schools, five secondary schools, two special and short stay schools, a pupil referral unit and four local authority maintained nurseries. Early years service provision is delivered predominantly through the private and voluntary sector in over 50 settings.
6. The Royal Borough of Kensington and Chelsea Children's Trust was set up in 2008. The borough reviewed its Children's Trust arrangements in 2011 replacing the Board with a Commissioning Group and Network. The Network brings together the main statutory and voluntary organisations working with children, young people and families in the borough on a bi-annual basis.
7. The Royal Borough of Kensington and Chelsea Safeguarding Children Board became independently chaired in 2009, bringing together the main organisations working with children, young people and families in the area that provide safeguarding services. At the start of April 2012 the borough established a single Local Safeguarding Children Board (LSCB) with neighbouring boroughs Hammersmith and Fulham and Westminster as part of the tri-borough arrangements. A joint LSCB training programme has been in operation across the three boroughs since April 2011.
8. Social care services for children include two children's homes with a total capacity of 18 places, and 87 foster carers. Currently 32 children and young people are in externally commissioned placements, commissioned from 20 providers, including independent fostering agencies, residential special schools, and family assessment centres. Community-based children's services are provided by six locality based social work teams in the family services directorate. They are supported by teams for children with a disability, the health-link team based at the Chelsea and Westminster Hospital, and youth offending, adoption and fostering

services which are now tri-borough services. There is an emergency out of hours service providing cover for the borough. Other family support services are delivered through eight children's centres and extended services in schools. At the time of the inspection a proportion of this service offer was subject to re-design to form an integrated all-ages early help service. In addition there is a range of play and youth provision in the borough along with specialist services such as teenage pregnancy.

9. At the time of the inspection there were 134 looked after children. They comprise 20 children less than five years of age, 81 children of school age (5–16), 33 young people aged 16 or more. The borough's independence support team works with 136 care leavers. The Royal Borough uses a virtual school approach to support the learning of looked after children. At the time of the inspection there were 86 children who were the subject of a child protection plan. This is a slight decrease over the previous two years. These comprise 38 females and 45 males (three were unborn children). Some 44% of these children are aged under five or unborn, 41% are 5–11 and 15% are 12 years or older.
10. Commissioning and planning of local health services are currently in transition and will shortly become the responsibility of clinical commissioning groups. Community health services are provided by Central London Community Healthcare NHS Trust (CLCH). The acute hospital providing accident and emergency services for children is Chelsea and Westminster Hospital NHS Foundation Trust. Families in North Kensington also use the nearby St Mary's Hospital (Imperial) in Paddington. There are two specialist acute hospitals: the Royal Brompton and Harefield NHS Trust and the Royal Marsden NHS Foundation Trust. Community-based child and adolescent mental health services (CAMHS) are jointly commissioned with children's services and are predominantly provided by Central North West London Mental Health Trust (CNWL). In-patient CAMHS is commissioned from the Priory Group.

Safeguarding services

Overall effectiveness

Grade 2 (Good)

11. The overall effectiveness of safeguarding services is good. The local authority and its partners have a considerable history of achieving good outcomes for children who need safeguarding and protecting, or who are looked after. The current commitment to developing services in close collaboration with two other authorities (the London Borough of Hammersmith and Fulham and the city of Westminster) is offering good opportunities to strengthen services, for example the single local safeguarding children board and the youth offending service, and achieve savings through the economies of scale by merging 'back office'

functions and some operational activity, thereby protecting the range and availability of front line services.

12. Statutory responsibilities are met well and the established culture of continuous improvement means that the local authority and its partners, supported by a strong political commitment, are progressive in their desire and effort to build quality services. A positive balance between managed progression and a capability to act quickly to changing circumstances means that new demands are met with appropriately rapid and imaginative responses which enable good outcomes to be achieved. For example the council and its partners' responses to the housing benefit cap, and the four borough response (includes Brent council) to concerns about youth gang culture which is achieving positive results in response to some children feeling less than safe in their home areas.
13. Partnership arrangements are changing in light of amendments to policy, for example in the case of the Children's Trust arrangements, and as a consequence of opportunities provided by the three borough arrangements. Leadership and the management of these processes are actively reviewed to ensure proper governance and accountability. At an operational level, services provided by partners are generally good quality and have developed as part of a comprehensive strategy to ensure that child protection and safeguarding concerns can be understood and responded to promptly and with expertise. Currently however there is no refuge which will allow victims of domestic abuse to take their teenage sons with them. Further, despite good work being undertaken to locate and offer support to children and young people who run away, the information that is gained is not used to consider whether the young people concerned are at risk of sexual exploitation or child trafficking.
14. Despite having to manage significant financial cuts (27% reduction over four years) the council is well resourced to meet its current agenda and there is a continuous search for efficient use of resources which is not always driven by the need to accept the cheapest option. Opportunities for closer joint and integrated working have occurred in some areas but further scope for service alignment exists, for example in relation to children with disability services and at the interface between schools and social care services.
15. The quality of work to safeguard children and young people is generally good or better with concerns responded to appropriately and in timely ways. However case recording timeliness is variable in some cases and minutes of meetings and associated case plans are not distributed quickly enough. Young people are able to identify where their views have had impact upon the work of the council and its partners (e.g. in staff selection) and some groups are building their confidence with the aim of strengthening further their influence, for example the youth parliament

representatives. Members and officers continually focus upon the needs of children and appropriately seek the views of service users and their families to shape their considerations. Workforce planning is strengthening further and is now a tri-borough initiative which is well placed to capitalise upon the outstanding work in this regard embodied the West London Alliance arrangements.

Capacity for improvement

Grade 2 (Good)

16. The capacity for improvement is good. The council and its partners have a history of mostly good or better achievement in delivering quality services to children who need to be safeguarded and protected. Partnership arrangements are mature and there is confidence in the leadership which allows mutual challenge. However there is scope for strengthening further some aspects of service provision. For example in contrast to good work undertaken by social care and teaching staff, the strategic relationship between education and social care is not yet sufficiently integrated. For children with disability, there are some good examples of integrated working between health and social care and there is a commitment to take this further. However opportunities for progress are not being pursued with rigour at a time of opportunity afforded by significant organisational changes within health commissioning and provision.
17. Regulated services have all been judged good or better in their latest Ofsted inspections. Action plans produced in response to inspections demonstrate a rigorous approach to dealing with issues that have been identified. However this inspection has identified some shortfalls in practice characterised by delays in some aspects of recording and, in some cases, the completion and distribution of minutes of meetings but in the large majority of cases practice is assured. These difficulties are not systemic and this inspection did not identify any children who needed immediate protection as a result.
18. The local authority and its partners have a very clear vision for the future which is being pursued with energy and a clear sense of direction. The work to complete the development of a large range of early help services is advanced and the agenda for improving the work of the safeguarding children board is being taken forward well by the independent Chair. Ambitions are shared and there is emerging evidence of some direct benefits for practice being derived from the tri-borough arrangements. The improvement agenda is well articulated and in most cases producing results, for example the quality of direct work with children which is now undertaken and recorded well. However because of changes in wider partnerships, for example in the community safety arrangements, some elements of their strategic plan were not progressed or re-prioritised until recently.

19. Strengths and weaknesses are well understood across the partnership and are managed through good planning and when necessary are responded to with rigorous improvement activity. For example the pupil referral unit which, having been judged by Ofsted to be performing adequately in its last two inspections, is now subject to regular and specific internal monitoring and support which, the council's own evidence shows, is producing positive improvement in standards. These improvements include the finding that no inadequate lessons have been seen during recent observations and the proportion of good lessons have improved.

Areas for improvement

20. In order to improve the quality of provision and services for safeguarding children and young people in The Royal Borough of Kensington and Chelsea, the local authority and its partners should take the following action.

Immediately:

- improve the timeliness of recording and ensure that minutes of meetings and case plans are distributed quickly
- Inner North West London PCTs and the urgent care centre, St Charles Hospital should ensure that staff are undertaking robust safeguarding risk assessment when registering children and young people for treatment.

Within three months:

- ensure that intelligence about children and young people who run away is used to establish any connection to child sexual exploitation or trafficking
- the local children's safeguarding board and Inner North West London PCTs should ensure that general practitioners (GPs), dentists and all appropriate health practitioners are fully engaged in safeguarding arrangements
- Inner North West London Primary Care Trusts (PCTs) should ensure that all clinical and non-clinical staff in health provider organisations who have significant contact with children and young people have access to regular, planned safeguarding supervision and opportunities for reflective practice
- take steps to ensure that appropriate resources exist to accommodate mothers and their sons who are seeking refuge from domestic violence.

Within six months:

- consider opportunities for further joint or integrated working particularly in relation to services for children with disability and at the interface between schools and social care.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (Good)

21. Safeguarding outcomes for children and young people are good. The safeguarding and child protection needs of most children are assured and result in good or better outcomes in regulated services. Case files that were selected by inspectors and audited during this inspection showed that in most cases safeguarding case management is robust and in these cases management oversight is strong.
22. The Local Authority Designated Officer (LADO) role is effectively discharged and the annual report is presented to the LSCB. The new tri-borough board is continuing the work done by individual authorities to offer good opportunities for sharing the learning to improve practice. The management of complaints is sound. Information on how to complain is available through leaflets and the council's website. Children and their parents interviewed or surveyed as part of this inspection told inspectors that they knew how to complain. Those who had chosen to do so found the experience to be timely and fair. The number of complaints has risen over the last three years from 36 to 43 but most are concluded at Stage 1 and within timescales. Almost none are in relation to failed compliance with policies and procedures and most refer to communication difficulties. Aggregated information about types of complaints, details of their resolution and implications for service and practice improvements is regularly reported to elected members and senior managers. There is good access to, and take up of, internal advocacy support for children who wish to complain.
23. Good policies and well defined, structured procedures ensure that statutory requirements for safe recruitment are achieved. Clear processes ensure that all operational managers who chair recruitment boards are well trained in the relevant aspects of recruitment selection and employment law.
24. Arrangements for the identification, return and support of children missing from home or care are effective. A risk assessment is undertaken and appropriate actions agreed for each episode. When missing looked after children are found they are de-briefed by the police and then automatically referred to the specialist advocate for interview. Data on missing children is interrogated regularly by the police to identify patterns and trends, but this rich data is not yet considered on a multi-agency basis in light of other intelligence relating to children at risk of sexual exploitation and trafficking. At an operational level effective partnership working between the police, social care services, and when

necessary the courts, ensures that families are protected from domestic violence and the lessons learned from practice will shortly be built into a formally agreed strategy which is in development. There is sufficient refuge provision within the borough for victims of violence and a range of actions support those who prefer to remain in their own homes. However, families have to seek refuge out of the Royal Borough if they have adolescent male children as the in-borough resources have a policy of not accommodating older boys. Good quality counselling support is available for children over the age of 12 but support for younger children is insufficient and fragmented. The multi-agency risk assessment conference (MARAC) works well to enable risk to be identified and managed. Its regular meetings are well attended and actions agreed upon are implemented promptly.

25. Young people value the young carers groups that are provided for a wide range of age groups. Attracted to attend the groups as a result of receiving good and widely distributed publicity material, young people received good support from their families to attend. Their fortnightly meetings, activities and trips which were very much enjoyed by the young people have very clearly informed forthcoming developments to provide more one to one support and outreach work.
26. Good interagency work between schools, specialist services and education centres ensures that, across all ages, children and young people who are in danger of becoming disaffected are helped to maintain their engagement with learning. Although the Fair Access Panel is recently established, it is fully operational and has proved effective in providing children with a new start where necessary. Recent improvements in the pupil referral unit have resulted in a rapid increase in the rate at which excluded pupils are re-integrated into mainstream education.
27. Appropriate systems have been established for monitoring the quality of education provided for children educated at home. Very good support is provided for children who are absent from mainstream education because of illness and the hospital school was recently judged to be outstanding by Ofsted. The children of Traveller families receive good support, particularly through the two education welfare officers assigned to them who are effective in ensuring that they have good and accessible access to education, including where necessary additional support. The education welfare service also provides specific help to children of families with a history of domestic violence. The authority does not, however, have robust systems for monitoring the education and welfare of children not previously known to them, especially children of transient families who are living in bed and breakfast accommodation. However, the school nursing service and local hospitals are diligent in checking on whether any children brought to their attention are attending school.

28. Schools receive good support and advice on developing policies and procedures for combating bullying, including cyber-bullying. As required, the authority gathers data on racist incidents. However, it does not currently collate information on other forms of bullying in order to ensure that training, support and advice are focused on the areas of greatest need. The education welfare service, the youth service, schools and the pupil referral unit work closely with the police to share information on local tensions which could have an adverse effect on children's behaviour, progress and safety. Information provided through common assessment framework (CAF) process and from interviews indicates that children are not always safe or feel safe from the worst excesses of 'gang culture' in the local community. Despite recognising gang culture as a threat, 17 out of 19 children and young people who responded to Ofsted's survey undertaken as part of this inspection reported feeling safe or very safe and the remaining two young people did not respond; a finding validated by the young people interviewed by inspectors in this inspection who considered that overall the Royal Borough was a very safe place to live and gangs did not really affect their day to day lives. However the Royal Borough takes these threats to the sense of safety and security of young people very seriously and is currently collaborating with three neighbouring authorities to rigorously tackle this problem.
29. The views of children and young people are increasingly included in assessments and plans. For those involved in child protection arrangements, the Involved by Right project has helped children and young people to significantly improve their participation so that in excess of 50% of all children over the age of seven have participated in child protection conferences since the project began. Children in need can also call upon support and advocacy available to them through an independent agency to enable them to consider their contributions to case plans and reviews. The diverse needs of children, including those with disabilities or from minority communities, are considered well within assessments and plans and specialist support enables them to make their views known so that their needs can be met. However case file front sheets do not consistently record religion, though ethnicity is normally recorded well.

Quality of provision

Grade 2 (Good)

30. The quality of provision available to the children and young people is good. Access to a wide range of early preventative services successfully diverts children from statutory intervention, and the rate of children with child protection plans remains below that of comparators. Clear thresholds are agreed and mostly understood by partner agencies. However there is some evidence in some service areas that professionals rely heavily upon social care colleagues to advise them on what

constitutes a referral, reflecting historical practices in which social workers undertook responsibility for the work associated with contacts and referrals. This willingness contributes to the high but manageable rate of initial assessments carried out.

31. There are effective arrangements to respond to the needs of children out of normal office hours and at weekends. All 'emergency duty' staff are qualified and supported by a manager and there is easily accessible legal advice. Good access to current information on children via the electronic recording system enables informed and appropriate actions to be taken and clear communication arrangements with day time staff results in out of hours colleagues being alerted in advance to potential developments. The out of hours team and the police report positive relationships and an appropriately low use of statutory interventions. However when necessary there is good access to emergency fostering and residential care resources which ensure that children are appropriately cared for.
32. The range of early help provision is good and improving as part of the concerted council endeavour to create early intervention and preventative services to affect a reduction in the need for child protection and in care solutions. These services combine, where appropriate, to form a team around the child and evidence from case files demonstrate their effectiveness typified by planned work, good inter-agency communication and purposeful coordination by the lead professional.
33. Referrals are responded to quickly; children are seen promptly, risks are appropriately assessed in conjunction with partners, and managers effectively oversee and allocate work to qualified social workers. Six locally based teams supported by some Royal Borough wide teams, such as the children with disability team, sustain a consistent involvement with children and families from the first point of contact to closure. As a result of effective management practice, there is no unallocated work and no cases await transfer. Children and their carers are included in assessments well and it is evident that assessments are shared with them appropriately. In most cases children are seen promptly and therefore able to contribute directly to the assessment. Partners engage well in assessments, though in a small number of cases examined by inspectors there were unexplained delays in the provision of information and the period between the referral and the initial child protection conference appeared extensive. The police and other agencies effectively engage in strategy discussions and there is a common understanding about whether single or joint agency enquiries should be undertaken.
34. Allocated child protection work is managed well. Overall, Section 47 enquiries are comprehensive and consider the diverse needs of children, risks and protective factors. Proportionate and measured responses to child protection concerns appropriately used family support and child in need processes as a considered alternative to formal child protection

interventions. This shift in practice to manage risk in different ways reflects a considered professional understanding that some cases are better managed without the necessity for formal child protection plans. The increasing provision of early help and preventative services is supporting the development and is beginning to assuage the concerns of some partner agencies that child protection plans are a pre-requisite to securing resources. However, where necessary, clear decisions are made to protect children using appropriately the full range of child protection legislation. In the case sample inspectors saw examples of thorough and highly skilled work which concluded that the child could not live safely with its parents. In those cases clear and permanent plans were made for the children concerned that were implemented very successfully within appropriate timescales.

35. Initial and review child protection conferences are all held on time with generally good levels of agency participation which is monitored. Child protection plans are clear and have improved to be more outcome focused with the introduction of the strengthening families model. Child protection conference chairpersons are adapting the model to meet the needs of families and professionals for plans to set clear expectations. However the distribution of child protection plans together with the minutes of the conference are in some cases too slow, although the social worker has rapid access. Similarly, the distribution of minutes of core group meetings is slow in some cases, although case file examination demonstrates that core groups meet regularly and actively and thoroughly monitor the delivery and effectiveness of the child protection plan. Statutory child protection visits are, on the whole, made in accordance with the child protection plan which stipulates appropriate frequency. There is good recording of children's wishes and feelings and there is evidence of creative, direct work by social workers with children. Although delayed recording was identified in some cases and in a small number of teams, the council was able to demonstrate that progress and outcomes for the child had not been detrimentally affected. In part this was due to good supervision arrangements which led to clear and professionally sound case management instructions.
36. A bespoke and effective integrated children's (recording) system (ICS) supports professional practice well by being 'user friendly' generally and straightforward to navigate. Shortcomings such as the capability to quickly identify when children are seen alone are relatively easy to overcome and are exceeded by the support that the system offers for good practice development. For example the current improvements in the compilation of chronologies to support reflective supervision were identified by an audit carried out using ICS.

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

37. Health's contribution to children's safeguarding arrangements is good. Staff across the health community are aware of their roles and responsibilities regarding safeguarding. Practice is continuously improved by lessons learnt from research as well as from national and local incidents. Within the PCT Cluster and tri-borough arrangements, the Royal Borough has a designated nurse providing effective and supportive leadership and challenge to health service providers. This provision has been strengthened through the recent appointment of a deputy designated nurse focusing on the safeguarding practice and performance of independent contractors.
38. Front line health staff have access to safeguarding policies and procedures to guide their day to day practice. There is good access to knowledgeable named and designated professionals who are leading practice development and performance improvement well. Health staff are routinely involved in child protection case conferences. Their contribution is valued and they feel part of the decision making process leaving conferences clear on their role and responsibility for the protection plan. Health visitors and school nurses prioritise child protection and safeguarding activity and work well in partnership with other professionals. Attendance at child protection conferences is good and subject to close monitoring through the PCT governance arrangements.
39. General practitioner (GP) engagement in safeguarding arrangements is under developed and not yet addressed through appraisal, although there have been improvements from a very low base, over the past year. Each practice now has an identified safeguarding lead, uptake of training has increased recently and the newly appointed named GP has instigated a GP safeguarding forum to drive improvement. However GP engagement has not had a high profile to date within the clinical commissioning group (CCG). Dentists are not yet engaged with safeguarding arrangements and neither the LSCB nor the PCT has communicated its expectations of them effectively.
40. Safeguarding training of health staff across the health community at the levels appropriate to their role is in place and take up is good. It is rigorously monitored through provider trusts and the designated nurse and the LSCB. Priority is being given across services to raise awareness of domestic violence and services are well engaged with MARAC. The provision of safeguarding supervision as set out in *Working Together* is not yet established across the entire health community. Supervision is well established in community health services where health visitors and school nurses receive regular individual safeguarding supervision, at the Chelsea & Westminster hospital in both accident and emergency, the

urgent care centre and across maternity services. It is not yet established in the urgent care centre at St Charles hospital where it has just been introduced on a group basis. Opportunities for non-clinical staff to access reflective safeguarding supervision forums to build on their training and to develop their confidence and awareness are not currently available.

41. Safeguarding arrangements and systems to identify potential safeguarding risks to children are well established at the urgent care centre at Chelsea & Westminster Hospital and action is progressing to strengthen similar arrangements at St Charles hospital. While there is good attention to risk evaluation at the point of clinical assessment, this is not yet routine at front desk registration. Safeguarding arrangements at the children's accident and emergency department at Chelsea & Westminster Hospital NHS Foundation Trust were found to be effective in both the Hammersmith & Fulham and the Westminster inspections.
42. Midwives within the maternity services have a good awareness of safeguarding risks and what indicators to look for. Effective pre-birth planning with social care routinely takes place in a multi-agency approach and an effective policy is in place to identify appointments that had not been kept. There is good awareness of cultural issues across maternity services including attitudes to children born with disabilities. Staff are multi-lingual and an Arabic speaking midwife at Imperial is particularly helpful in ensuring expectant mother's voices are heard.
43. Good quality CAMHS are in place. Access to CAMHS works well during day time hours, with a response to requests for assessment within half an hour. Where a child has self-harmed the CAMHS team undertake joint assessment with the hospital social work team, Healthlink, with which they work closely. Access to out of hours mental health assessment is more complicated with a three stage process in place operating across several boroughs and hospital sites which can result in delays and potentially avoidable admissions. The work required to improve this situation has been recognised and is underway.
44. Health commissioners and providers have a good understanding of areas for development and are engaged in addressing these together. The Central North West London Mental Health Trust (CNWL) is currently reviewing the provision of accommodation for young people held in custody while waiting for, or undergoing a mental health assessment. Where young people need inpatient treatment for mental health problems, access to specialist in-patient provision has been a longstanding challenge with the service being contracted from outside of the borough. Capacity is limited and this has resulted in young people waiting for up to 14 hours in acute hospital settings for an appropriate bed to become available, putting additional pressures on acute hospital staff and managers to safely support the patient. Contingency support

plans are in place to manage risks when these situations arise. No child has been admitted to an adult ward in the last 12 months. There are some concerns about the quality and level of therapeutic input and safety measures at the in-patient treatment facility for children over 12 years old, but good work with the specialist commissioning group has led to recent improvements. Discharge planning is a strength however. When a child is discharged from Tier 4 provision, they are automatically regarded as a child in need and referred to the locality social work team to ensure positive re-engagement with family and community.

45. While inspectors saw examples of positive practice, there is inconsistency in the engagement of adult services in assessments of parenting capability and occasions when adult workers do not prioritise the needs of the child. Not all teams have safeguarding children's champions and not all front line staff have undertaken children's safeguarding training at a level commensurate with their roles. Protocols are in place however, to guide adult service workers in identifying children at risk of hidden harm in a household where an adult is accessing mental health, adult disability or substance misuse services. Assessment documentation contains triggers and child safeguarding is routinely discussed in supervision and team meetings. Joint work is undertaken by children's and adult workers in response to individual need or where a protection plan is in place.
46. Investment in early support services through St Quintin's and the provision of additional specialist therapy posts and in particular, the specialist key worker health visitors, has been successful in supporting children and vulnerable families in lower level services and facilitating step-down from child protection procedures.
47. When young people have been the victim of sexual assault, access to specialist services is well established and effective. Good quality sexual assault referral centre (SARC) provision is provided by The Haven at St Mary's Hospital and follow up support and sexual health advice is provided. When a young person is taken to The Haven and substance misuse issues are identified, prompt access to specialist substance misuse support is also provided.
48. There is a range of effective, accessible, multi-disciplinary substance misuse and sexual health services operating in partnership with social care, schools, the pupil referral unit, the youth service, youth offending and the voluntary sector. These provide flexible and responsive outreach services resulting in positive outcomes. The incidence of teenage pregnancies has been successfully reduced to a very low level at 0.5% of all births and the Royal Borough of Kensington & Chelsea now has the lowest rate of teenage pregnancies per 1,000 women aged 15-17 in London.

Ambition and prioritisation

Grade 2 (Good)

49. Ambition and prioritisation are good. The ambitions of the Royal Borough and its partners are determined and fixed upon ensuring that all children, young people and their families who need help can have access to what they need at the earliest opportunity. An additional and significant piece of work beyond that carried out to fulfil the requirements of the Joint Strategic Needs Survey has enabled good understanding of individual and community need and this is 'driving' direct work with children and families and further service development. This early help service is good with a wide range of services provided by council and voluntary sector partners and is being strengthened further as part of the Royal Borough's commitment to reduce the numbers of children who ultimately need child protection or care services. The support of councillors is particularly strong in this area.
50. Service priorities are explicitly set out to realise the Royal Borough's ambitions. Interviews with social work staff, colleagues from partner agencies and the voluntary sector show good levels of understanding and agreement with the direction of the service and a clear commitment to prioritise the work. Evidence is available to show some good early outcomes from some of these initiatives; for example the work carried out by the Early Intervention for Families Team and the Positive Engagement Programme which are providing good levels of support in sometimes critical situations requiring skilled work to prevent family breakdown. The arrangements to understand and evaluate the impact of services are strong and regular management reports on outcomes are being produced and appropriately scrutinised. There is established evidence of the partnership being willing to decommission or adapt services if intended outcome are not being achieved.

Leadership and management

Grade 2 (Good)

51. Leadership and management are good. Effective workforce planning has secured and retained sufficient numbers of qualified, motivated and reflective social workers who benefit from comparatively small teams and a good ratio of line managers. The workforce broadly reflects the ethnic diversity of the Royal Borough's population. At senior management levels, efficiencies derived from the three boroughs collaboration has enabled the numbers of senior staff to be reduced, with a consequent reduction in the pay bill for these grades of almost 50%. Training opportunities are in place and the existing training offer to junior and middle managers is to be extended with mandatory management training to strengthen and make consistent the expectations and practices across the three boroughs. These plans are targeting the management tasks associated with the shortcomings in recording identified in this inspection. The significant and current focus on the strategic priority to develop early help services is also being prioritised

and a range of training and development opportunities is ensuring that staff competencies are matched to task.

52. Sophisticated analysis carried out for the joint strategic needs assessment is supplemented by knowledge gained from sets of detailed data gathered to inform the commissioning process. It also provides the platform of understanding used to inform service planning to meet new or changing demand, consultation and ultimately, delivery. Commissioning which has been focusing strongly on the development of early help services is now benefiting from a strengthened tri-borough arrangement. The views of children, their parents and carers are actively sought by councillors and professionals as part of commissioning and there is clear evidence of these consultations directly influencing and shaping service provision. For example St Quintin's, an open access centre for children with disabilities, was commissioned and launched with the full involvement of service users and their families. However neither the service offered by St Quintins nor the children with disability team benefit from closer professional integration.
53. Complaints, though few in number, are treated seriously and are responded to well. The survey of children carried out as part of this inspection showed that three young people in the sample group had complained and they each considered that the matters they raised had been treated seriously, resolved to their satisfaction in a process they considered to be fair. Although the council has had no serious case reviews (SCRs) the findings from national and local SCRs are considered and learning is introduced to the borough when it is appropriate to do so. The strengthened approach to the education of children at home is derived from one such example.
54. Financial resources are used well. The tri-borough arrangement has at its heart a desire to prevent the need for front line services to be cut and there is also clear evidence from the work of the commissioners that there is an unrelenting focus on the need to divert children from child protection and in care solutions through the good use of early help services. There is clear evidence however that resources will be found to tackle urgent demands. For example the changes to the housing benefit rules means that state benefits will not cover the cost of most types of rented property in the Royal Borough with the result that children and their families are likely to need to move home. Swift and assured action by social care services, housing providers and other partners identified vulnerable children affected by these changes and packages of care have been introduced to appropriately support their families.

Performance management and quality assurance

Grade 2 (Good)

55. Performance management and quality assurance are good. The performance management framework used by social care services is good and at all levels of the organisation managers have direct access to appropriate sets of data. This is used to scrutinise individual and team performance and a simple 'rag' rating format enables easy identification of areas of potential difficulty or underachievement. This is a significant tool to support good practice by ensuring that deadlines are met and in most teams it is used effectively. However delays in recording and distribution of meeting minutes shows that in a small number of cases opportunities were missed to tackle performance slippage, although action is being implemented to ensure that the tri-borough quality assurance team oversees these issues.
56. Performance reports are scrutinised by senior managers and members at regular scheduled meetings and there is a keen interest to understand the performance of the Royal Borough. Current published performance information shows that the Royal Borough performs well in almost all areas. The case file audits undertaken by the council of the cases selected by inspectors were good overall. Clear plans were developed to address the findings of audits and there was evidence of these being implemented well. Team managers and child protection conference chairs each undertake ten case file audits annually, and these have proven valuable in identifying trends and themes in safeguarding practice. The council is strengthening the independence of auditors to improve further their objectivity and rigour.

Partnership working

Grade 2 (Good)

57. Partnership working is good. Throughout the council area partnership working is well established with a long history of sound professional relationships at all levels. Significant work to develop and refocus strategic partnerships so that the Royal Borough is well placed to tackle emerging demands and the consequences of the tri-borough arrangements has been successful. At both strategic and operational levels good partnership arrangements are ensuring that vulnerable children are safeguarded and protected during a time of considerable organisational change. The relationship between the tri-borough arrangements and the LSCB are being actively reviewed by the Tri-borough Executive Director of Children Services (the DCS) and the LSCB chairperson and members to ensure proper governance and accountability and some arrangements have been agreed. The new tri-partite LSCB will be in a position to scrutinise and challenge agencies across the partnerships.

58. Engagement with the voluntary sector and the police is good, and unusually a voluntary organisation, Standing Together Against Domestic Violence, coordinates very well the multi-agency risk assessment conference (MARAC). The number of cases has risen from 88 to 240 over three years and is now closing on the CAADA (a body that promotes Coordinated Action Against Domestic Abuse) recommendations of 310 cases. Referrals are received from a wide range of agencies but predominantly the independent domestic violence advisors, the police and children's social care professionals. All key agencies attend meetings regularly and deliver action plans promptly.
59. There is highly effective partnership engagement in the multi-agency public protection arrangements (MAPPA). Effective joint plans are made and delivered and a recent CAADA inspection judged the arrangements as good.
60. The new tri-borough LSCB is chaired independently by an experienced professional who is providing effective leadership and encouraging a sharp focus upon outcomes for children. Accordingly, the new board is increasing its membership by appointing suitably qualified senior officers with sufficient authority to agree actions and changes and has recruited lay members in accordance with guidance. Roles and expectations are clear and the board has agreed key priorities to reflect the needs of all three boroughs. Its quality assurance function has been strengthened and the development of appropriate performance measures provides an oversight of single and inter-agency practice and performance. High quality and valued training continues to help practice to develop and arrangements to learn from serious case reviews conducted nationally are secure. Effective processes enable the circumstances of unexpected child deaths to be reviewed and an annual report on learning from the findings is presented annually to the LSCB for scrutiny and action.

Services for looked after children

Overall effectiveness

Grade 2 (Good)

61. The overall effectiveness of looked after children services is good. Strong and effective leadership and management across the local authority and its partners contribute well to the good or better services for children and young people. Only children who need to be looked after are in the care system. Effective processes and early help services, some of which are targeted, are in place to support those on the 'edge of care' and to find appropriate and enduring placements for those who cannot remain in their families. There is a shared vision across the strong partnership and among council members that drives the corporate parent to ensure that each looked after child and young person has every opportunity to achieve well. Good work by the virtual school in conjunction with mainstream schools and colleges, good opportunities and active encouragement for young people to successfully make the transition to university or employment, sometimes through highly regarded apprenticeships, lead to good levels of achievement. However, some children need to improve their attendance at school if their achievements are to be maximized. Despite the overall successful picture, the virtual school has no established protocol with community schools to define their respective formal roles in establishing appropriately stretching educational targets for children and young people. Effective health provision and a wide range of leisure and recreational opportunities enable young people to properly participate in community life although better use could be made of strengths and difficulties questionnaire to help young people monitor their own emotional health.
62. All services run or commissioned by the Royal Borough, including the council's two children's homes, the council's adoption and fostering services and the independent fostering provision procured by the council, have been judged good or better in their last Ofsted inspection. Any slippage in standards is critically examined and an assessment is made of the resource's continuing suitability. The children and young people who contributed to this inspection reported generally good levels of satisfaction with the service and a significant majority considers that being in care has improved their lives. Children and young people contribute well to their planning meetings and reviews which, with the exception of a small number of pathway plans, are completed in timely ways. However, some children and young people do not know how to contact their independent reviewing officers and the distribution of review reports and minutes is too slow in some cases. Together with their parents and carers, children and young people also make active contributions to service planning and the increasingly effective Children in Care Council are active members of staff recruitment boards and

regularly contribute helpfully to consultation exercises and formal meetings with councillors.

Capacity for improvement

Grade 2 (Good)

63. The capacity for improvement is good. The Royal Borough is in a time of major organisational change. The tri-borough arrangements, although still relatively new, are beginning to impact upon services and there is already some strong evidence of positive benefits, for example in commissioning and in family placement services. The new arrangements have been used well by councillors and members to create savings to prevent front line services from being cut but also by stimulating debate and challenge across the three boroughs about how services can be made more effective. The continual search for improvement is a strong feature of the service.
64. The council and its partners have a considerable history of providing good quality services for its looked after children cohorts. The council remains committed to identifying and adopting priorities that are geared to ensuring that all looked after children benefit from services of the highest standard. For example, despite the council's fostering service achieving an outstanding judgment in its last Ofsted inspection, plans for improving the service further are actively being pursued through the new tri-borough arrangements to provide greater choice of placement and to reduce reliance on independent agencies.

Areas for improvement

65. In order to improve the quality of provision and services for looked after children and young people in the Royal Borough of Kensington and Chelsea, the local authority and its partners should take the following action.

Immediately:

- improve the school attendance of looked after children with a particular focus on those who miss 35 days per year
- improve the timeliness and management oversight of case recording
- ensure that all children and young people know how to contact their independent reviewing officers.

Within three months:

- ensure that all reports that are to be submitted to statutory case reviews are made available to participants three days in advance of the meeting to enable effective preparations to be made

- establish clear protocols between the virtual school and all schools, within and outside the authority, where looked after children are placed to ensure that educational targets are consistently demanding and that the authority is able to exercise its role as corporate parent to the full in relation to the education of the young people in its care
- ensure that all pathway plans are brought up to date
- Inner North West London PCTs and Central London Community Healthcare NHS Trust should ensure that strengths and difficulties questionnaires are used to enable young people to monitor their personal emotional development.

Within six months:

- the annual independent reviewing officers' report should include commentary about how effectively the health of looked after children is addressed.

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

Being healthy

Grade 2 (Good)

66. The delivery of health services to looked after children is good. Universal health outcomes for immunisations, completion of annual health assessments and dental checks are in line with, or better than, comparator authorities. Health assessments are good quality; comprehensive and detailed. Most health reviews are undertaken by the looked after children health team, including those for children placed outside the Royal Borough's boundaries. The personality and individuality of the child is well reflected in records and the wishes and feelings of the child or young person is identifiable. Liaison between the looked after children health team, other health professionals and social workers working with the individual child is effective in ensuring that the health needs of the child are identified and met. The looked after children health team know their children and young people well and are diligent in following up health issues or non attendance at health appointments. Members of the looked after children health team, including the designated looked after children nurse, work closely with individual children and young people to encourage them to actively engage with health services and there are positive outcomes from this 'hands on' approach. Health reviews are comprehensive with sensitive, age appropriate exploration of risks and personal safety concerns. This extends to discussion about e-safety, sexual health and gang culture, particularly where the child or young person has known personally victims of violence.
67. Over the last three months, the system for social workers to notify the health team of children and young people entering or leaving care has been tightened to ensure initial health assessments can be triggered for completion within the required timescales. The impact of this improvement will continue to be monitored and reported upon in the annual looked after children health report. All initial and review health assessments are undertaken by suitably qualified health professionals under the direction and oversight of the designated doctors, designated nurse and looked after children nurse team. In the past year, all except 15 health assessments out of 175 have been undertaken by a team member, and wherever possible the team is committed to continuing to assess the needs of all looked after children, including those placed outside of the Royal Borough. Imaginative methods are used to try to engage resistant young people with the health planning process and there is evidence of some good successes with individuals. The resultant health care plans are informed by relevant information held in social care records to which the looked after health team have access. They are good quality and one of those reviewed by an inspector as part of this

inspection was outstanding. They set out clear and measurable health outcomes, and attribute roles and responsibilities for delivery to named individuals and monitoring frequencies are specified. Quality assurance of plans is undertaken by the looked after children health team although this is not strongly evidenced on case records.

68. Specialist health provision from a dedicated nurse is available to looked after children receiving services from the youth offending team. In addition, the looked after children psychologist provides prompt and effective support particularly to foster carers and there is good evidence that this helps sustain placements which have become vulnerable to breakdown. The service also works with individual children, including those placed outside of the Royal Borough.
69. When young people who are placed out of borough are not able to access CAMHS in that area, the PCT commissions private provision to ensure the child's needs are met.
70. Strengths and difficulties questionnaires (SDQs) and copies of statutory looked after children reviews are accessible to the looked after children health team. The SDQs are scrutinised for issues to follow up at the looked after children health team's monthly caseload meeting. However the potential to use SDQs within health assessment reviews as a tool for young people to evaluate their own personal emotional development over time is not sufficiently exploited.
71. Targeted and age appropriate health promotion information and material is distributed routinely to looked after children at their health reviews and also delivered in a range of settings in response to specific requests from looked after children and care leavers. All looked after children who are over 16 and access sport and leisure facilities within the Royal Borough are provided with a pass to promote healthy lifestyles. Those placed outside of the Royal Borough are funded to enable them to participate in similar activities in their localities.
72. Young people are increasingly engaging with the Being Healthy agenda and their contributions are informing service development such as the looked after children website which was created in 2011 by looked after children following consultation with the Children in Care Council.
73. The annual report on services to looked after children produced by the independent reviewing officers is not informed by aggregated data from the work of the looked after health team. The most recent report made no reference to the work of the team or its outcomes which is a gap and surprising considering the co-location of the teams and the positive relationships that have been formed. The strategic clinical health perspective is not routinely represented at the corporate parenting board as the looked after children nurse's engagement with the board is at the board's request only.

Staying safe**Grade 2 (Good)**

74. Staying Safe outcomes for looked after children and care leavers are good. The effective, multi-agency children looked after placement planning group (CPPG) meets regularly to consider placement requests and to review changes of placement and those that are vulnerable to breakdown. Serviced with data and information provided by the looked after children placement officer, the group is able to offer good advice and support to assist decisions that achieve generally good outcomes for children. Managers and social workers interviewed as part of this inspection describe the CPPG as robust but supportive offering opportunities for professional discussion and challenge. A key function of the group is its effective role in ensuring that only children and young people who need to become looked after enter the care system. Assisted by good work to provide families with appropriate early help services, the council has achieved well in this regard and it has been successful in achieving a downward trend in the rate of children in care over the past four years which is now considerably below that of comparators.
75. The council's commissioning and monitoring arrangements for looked after children are a strength. For those who need to be in care, the Royal Borough is committed to providing a choice of high quality placements to promote the life chances of the children and young people concerned. In order to achieve this aim, the council only place with providers who have achieved good or better outcomes in their most recent Ofsted inspections. External providers are commissioned using established arrangements agreed by London councils which afford assurances about quality and price. The council also has its own family placement service comprising separate adoption and fostering services which, although judged as outstanding in their last inspection, are being further strengthened as a result of the tri-borough commitment to providing an increased choice of in house placements which will improve both the quality of provision and choice. The Royal Borough has maintained its commitment to residential care provision for those children who need it and recent significant investment in one of its two homes to improve the physical environment underpins the councils drive to achieve the highest standards. The most recent full inspections of both establishments reflect the good or better standards of care that are achieved and the resulting action plans are being implemented and monitored to ensure that further improvements can be achieved.
76. Good quality assessments of children and detailed knowledge of placement options ensure that in most cases resources are matched to need. Where necessary additional services, such as specialist therapeutic help, can be commissioned and the looked after children health team and the virtual school ensure that there is a soundly based multi-disciplinary approach to service delivery. Service providers interviewed as part of this inspection spoke highly of the thoroughness and rigor of pre-

placement checks and the subsequent monitoring visits undertaken by the looked after children placement officer. One provider said that the placement officer, who was described as professionally very knowledgeable, "left no stone unturned in assuring that the potential match was right for the child and that the establishment knew precisely what it was being asked to do". One of the consequences of this work is the improved long term placement stability rates which are now better than all comparators.

77. Threats to placements are identified and assessed by the CPPG which receives regular reports on placement visits, inspection outcomes, children missing from care and those who come to the attention of the out of hours service. Concerns are responded to with prompt and effective action. For example one provider whose Ofsted judgement deteriorated was visited by the placements officer who assessed the continuing suitability of the placement for the young person. Where necessary, plans are implemented to provide additional support to the child and the provider in these circumstances and there are examples of decisions being taken to decommission services. The plans are monitored regularly and the results are fed back to the CPPG. The vast majority of young people responding to the survey undertaken by Ofsted as part of this inspection thought they were in the right placement and that their care was either good or very good. They also reported feeling safe or fairly safe in their placement, just under half of which are out of the council's area, and none felt unsafe. These findings were echoed by the children and young people who were interviewed and further endorsed by the case files tracking undertaken as part of this inspection.

Enjoying and achieving

Grade 2 (Good)

78. The impact of services on enabling children and young people in care to enjoy and achieve is good. Of the schools attended by looked after children within and outside the authority, almost three quarters have been judged by Ofsted as being good or better. There is a clear focus on matching children to the schools that most suit their needs. In the very small number of cases where young people attend an inadequate institution, extra support is provided for them by the virtual school.
79. In accordance with the priority identified in its sufficiency statement, the authority works hard and with success to minimise the disruption to schooling when children move home. Almost two thirds have stayed in the same school throughout their time in care. In 2011, no Year 11 pupils moved school during their GCSE examination year.
80. Key Stage 2 results have fluctuated because of the small numbers of looked after children involved. However, for the last four years, English and mathematics results have been consistently above the averages for

looked after children in similar areas and across the country. For the last three years, the gap between the attainment of looked after children and that of all children locally and nationally has closed, particularly in English.

81. For the last three years, the proportions of looked after children gaining GCSE grades in five subjects (including English and mathematics) have been above the averages for their counterparts in similar areas and across the country and the numbers of those gaining five or more GCSE grades at A* to C, including English and mathematics has also risen. This reflects that attainment of those children in maintained schools within the Royal Borough is well above the averages achieved nationally. However, the gap between their performance and that of all children locally and nationally has widened.
82. Over the last four years, the attendance of looked after children has improved. It is now higher than the average for statistical neighbours but is still below the expected level for all children. The figure for looked after children missing 35 or more days of schooling has fluctuated whereas in similar authorities it has remained stable and nationally it has fallen. The incidence of lateness to school has increased over the last four years, especially among Year 11 pupils. This has been recognised as an area of concern and is one of the priorities in the virtual school's development plan.
83. No looked after child has been permanently excluded in the last three years. In 2009/10 and 2010/11, fixed term exclusions increased but the most recent data for the current academic year suggest that the situation is improving.
84. The proportion of children with an up to date personal education plan (PEP) has increased so that now almost all looked after children aged 5 to 16 have one. Of the PEPs seen, most included a well balanced focus on the educational, as well as the personal, social and emotional needs of the child. They had been reviewed regularly and there was a clear interrelationship between successive plans. Any additional support required was clearly identified. Most PEPs included the views of the child but this was less consistently evident in those for very young children. Action plans were appropriate but indicators of progress tended to focus more on processes rather than outcomes. The authority recognises the need to develop more child-friendly PEPs for the early years. It is also in the early stages of developing a PEP for those over the age of 16.
85. The virtual school is a strength of the authority. It is rigorous in monitoring the attainment and progress of individual children and in identifying and providing additional support for those who are underperforming. An examination of records shows that schools do not always set sufficiently high targets for looked after children. A lack of

clarity about the relative roles and responsibilities of schools and the virtual school can make it difficult for the authority to challenge such decisions.

86. Looked after children and young people are provided with a very wide range of activities to enrich their experiences and provide enjoyment. These include free access to local leisure centres, involvement in music and drama projects run by London theatres and concert halls and opportunities to take part in residential events and expeditions. Young people are also encouraged to develop individual interests to a high level. Considerable efforts are made to overcome any barriers to participation. For example, the virtual school provides teaching assistants to ensure that children with learning difficulties and/or disabilities are able to take a full part in educational visits in this country and abroad.

Making a positive contribution, including user engagement

Grade 2 (Good)

87. Opportunities for looked after children and young people to make a positive contribution are good. The virtual school places considerable emphasis on helping looked after children and care leavers develop the ability to express their views. It organises very successful weekly classes in English for unaccompanied asylum seekers which enable them to make rapid progress. The young people who spoke to inspectors had an impressive command of the language and presented their ideas cogently, clearly and persuasively. The virtual school has also organised day courses for looked after children to help them improve their speaking and presentation skills.
88. Most of the PEPs seen included the direct or reported views of young people. However, the views of very young children were not included and they were not invited to their PEP reviews. The authority has recognised the need to review the format of the early years PEP.
89. There is an effective Children in Care Council which meets regularly and provides direct feedback and advice to officers and elected members on the quality of services. Members of the council have been involved in the appointment of senior officers and have had a strong influence on the decisions made. Currently several of the young people are participating in a European project to develop improved ways of involving young people in child protection reviews. This has included accompanying senior officers to international steering group meetings and meeting their counterparts in Italy and Belgium. Currently there is no direct contact between the Children in Care Council and the authority's Youth Forum.
90. The complaints process is well managed and information on how to complain is disseminated in a number of ways, including through the council's website. Children in care have ready access to advocacy support

from within the council or from independent external agencies. The young people who spoke to inspectors were very positive about the support they were receiving.

91. The arrangements to keep children safe from crime are effective. A social worker within the youth offending team has specific responsibility for overseeing the needs of looked after children and for strengthening links with, and support from, locality teams. The Deter Panel identifies young people who are at risk of offending who are then provided with wide range of support, including art therapy, mediation and reparation schemes. A focus on restorative justice has been successful in avoiding the unnecessary criminalisation of young people in children's homes. Ten looked after children are currently being supervised by the youth offending service on a court order. The number of looked after children receiving a conviction, final warning or reprimand has dropped significantly, from 39 in 2009/10 to five in 2011/12 which compares well against all comparator averages.

Economic well-being

Grade 2 (Good)

92. The impact of services in enabling children and young people in care to achieve economic well-being is good. For the last five years, the proportion of care leavers in education, employment or training has been consistently higher than the average nationally. Apart from one year, it has also been consistently above the averages for care leavers in similar areas. In part, this reflects the success of the authority's RONI (Risk of NEET) strategy, where the Connexions service, the virtual school and other agencies work closely together to give additional advice and guidance to those young people who are becoming disaffected. The support is very clearly defined for looked after young people within the authority but less so for those placed elsewhere.
93. Over the last four years, there has been an increase in the proportion of young people continuing in education after GCSE. The considerable movement in and out of care among young people in Key Stage 5 makes it difficult to monitor their progress. However, the virtual school has detailed information on the percentages of looked after children involved in different types of courses at any one time. An impressive aspect of the virtual school is the support it provides for unaccompanied asylum seekers. With the help of the Saturday classes, they make rapid progress in English, with the very large majority going on to further and higher education. The high level of emotional support they also receive is reflected in the very positive comments made to inspectors, with more than one saying that the head of the school was 'like a mother' to them.
94. The number of care leavers entering higher education continues to increase and there are currently 22 at university. Potential university

entrants are given detailed advice on selecting and applying for courses and a dedicated personal adviser from the leaving care service continues to support them during their student years. To encourage more looked after children to consider entering higher education, the virtual school finances visits to courses and open days across the country and also arranges for them to take part in courses and projects run by local universities.

95. The council has developed a successful apprenticeship programme which is delivered through the youth support and development service and the education business partnership. This includes a particular focus on potentially vulnerable young people, including those leaving care. As well as the apprenticeships provided within the council's own departments, an increasing range of opportunities is being provided by other employers within the authority and across London. The programme has had a very high retention rate of 95%. For those young people who do not have the qualifications and skills to enter the job market, the council runs a pre-apprenticeship programme. Young people are also encouraged to become entrepreneurial. For example, they are provided with the opportunity to 'make a pitch' to run their own stall at the local market.
96. All the young people who met with inspectors had an up to date pathway plan to which they had contributed and which they thought was a useful document. The pathway plans examined were of good quality. The authority's own audit identified a number of plans that had not been completed. A rapid response was made to this, resulting in a considerable improvement in the situation that will mean that the five plans that remain outstanding will be completed shortly. Monitoring arrangements have also been strengthened to prevent a recurrence of the problem.
97. The care leaving service offers wide ranging advice and support to young people to enable them to find suitable accommodation. It is currently working closely with a particularly challenging group of young people with complex needs, including involvement in substance misuse. There is a good range of accommodation available to meet individual care leavers' needs. This includes a scheme where young people are supported in Peabody Trust properties by their foster carers. Bed and breakfast accommodation is rarely used and only in emergencies when young people are not responding to the support they are offered. The young people who spoke to inspectors were generally satisfied with their accommodation. However, they were less enthusiastic about hostel accommodation, especially when loud noise from neighbours had led to severe loss of sleep and prevented them from preparing properly for examinations.

Quality of provision**Grade 2 (Good)**

98. The quality of provision for looked after children and young people is good. Thresholds for entry into care are well established, applied appropriately and monitored. Professionals working with children on the edge of care have access to a good range of resources which take into account the diverse communities served by the Royal Borough. These resources, for example the family intervention project, positive parenting programme and the strengthening families programme engage and support families in the community. As part of a council's stronger families programme and in recognition that 75% of children entering the care system are 10 years of age or more, the high needs project has a particular focus upon working with adolescents on the edge of care.
99. All looked after children and young people are allocated to a qualified social worker and relatively low staff turnover rates within the social care service enables young people to build enduring relationships with their social worker. Most reported to inspectors that it was easy to get in touch with social workers and that enjoy good and appropriate relationships. Case file records indicated good frequencies of visits and state when children are seen alone. Supervision is regular and most case file entries show it to be directed towards achieving improvements in individual cases. Case records were up to date in most cases with delays tending to occur in the same teams reflecting a lack of rigorous oversight.
100. Plans are underpinned by mostly good assessment and analysis demonstrating a clear understanding of the needs of children and young people. They are informed by the views, wishes and feelings of children and young people. These are obtained at scheduled meetings with their independent reviewing officers who most children know well, or through on line viewpoint questionnaires which are reaching some children and young people who are more resistant to direct participation. All looked after children reviews take place on time and reports to be discussed at the review are required to be made available to children and young people and their parents and carers three days in advance of the meetings. Although some significant progress has been made, not all social workers comply and independent reviewing officers are insufficiently challenging where reports are delayed.
101. The council is very effective in making early decisions about permanent placements. This means in practice that children who cannot return home will have the opportunity to live in secure alternative placements and within a family wherever possible. The case sample selected for tracking during this inspection demonstrated good work in two complex cases which secured timely adoptions for the children concerned. In other cases there was good work to enable children to successfully return to their families. There was no evidence of drift and in some cases

determined persistence by social care staff secured positive outcomes or children.

102. Great care is taken to avoid unplanned changes of placement and the combined work of CPPG and the independent reviewing officers effectively identifies and deals with risk in most cases. Where placements cannot be sustained, every effort is made to secure a planned change of placement. The rate of long term placement stability is better than in comparator authorities and short term stability has shown consistent improvement over three consecutive years and although the current percentage of children experiencing three or more placements in their first year is higher than statistical neighbours, the data is distorted by the small number of children in the cohort. The council maintains a close oversight of this data and regular reports are routinely considered at formal meetings of councillors and senior managers.
103. There are effective arrangements to support vulnerable young people with complex needs, including those who become homeless. Young people who present as homeless are assessed and, where appropriate, become looked after. Some 25 young people receive services offering support, including suitable accommodation, in this way. One young person declined to be supported but in this case social care professionals took steps to ensure that the young person was made aware of the benefits of the service and the additional supports that could be realised to enable informed choices to be made.

Ambition and prioritisation

Grade 2 (Good)

104. Ambition and prioritisation are good. The ambitions of the Royal Borough are securely fixed upon ensuring that only children who need to be in care are looked after. For those who need to be in care there is the strong commitment to ensure that wherever possible they receive services that meet their needs and in so doing promote opportunities for children and young people to reach their potential. There is complete 'sign up' to these principles across the partnership which is demonstrated by the consistently good work to support young people's success in education, employment and by ensuring that their social care and health needs are met. Councillors and professionals are effective corporate parents with a demonstrably good record of consulting with, and involving children and young people, in decisions that will affect them.
105. Service priorities explicitly set out to realise the Royal Borough's ambitions. The development of a range of early help services that deflects children from care wherever it is right to do so. However for those who need to be in care, greater choice of placement is being offered to meet a wide range of need and wherever possible children and young people will be placed closer to home to enable them to

benefit from ongoing contact with their families and from local services such as schools and health care. For children and young people who cannot return home, the Royal Borough is committed to enabling them to live in permanent placements and the successful work that has been carried out so far is being consolidated into the tri-borough arrangements. Further use of adoption, special guardianship and placements with family and friends is planned as part of the tri-borough strategy.

Leadership and management

Grade 2 (Good)

106. Leadership and management are good. Looked after children services are prioritised well and the council and its partners are effective in identifying needs and setting in place strategic plans to improve outcomes. Commissioning has been successful in securing arrangements to procure placements and, where necessary, to encourage flexibility of placement provision to meet new or changing need. For example the family placement strategy is designed to boost the recruitment of carers and to improve choice and reduce the necessity for children and young people to be placed away from their home areas. Skilled work has been undertaken to identify and secure vulnerable placements. Although there is an acute awareness of, and a desire to reduce costs, the needs of children and young people are paramount in any consideration. As part of this inspection, inspectors saw evidence of a placement being made in a high cost resource where it had been decided that this particular placement could best meet the needs of the child or young person.
107. Good partnerships have led to improved outcomes in education where improvements have been made, particularly at Key Stage 2 in English and mathematics and more looked after children and care leavers, including asylum seeking young people, have secured university education. In addition, apprenticeships and pre-apprenticeship opportunities are equipping young people well for employment and are highly regarded.
108. The children and young people who were interviewed or surveyed as part of this inspection were mostly very satisfied with the services they are receiving from a well trained workforce that broadly reflected the diverse population. Access to interpreters is good and increases the confidence of children and young people in accepting that they had a voice in what was happening to them. Over 85% of children and young people reported good relationships with their social workers, 94% thought they were receiving good or better services and 89% thought that they were living in the correct placement for them. Similarly they were very clear that their wishes and feelings were listened to and that they influenced reviews and planning meetings. However almost half of children and young people did not know how to contact reviewing officers between review meetings. Complaints about the looked after

service are few in number (four in the last year) and related to communication failures. Those young people who did complain reported satisfaction with the outcome and considered the process to be fair and responsive.

Performance management and quality assurance

Grade 2 (Good)

109. Performance management and quality assurance of services for looked after children are good. There is a comprehensive performance and quality assurance framework which provides a clear focus on service improvement and quality. Data is made available to teams and is regularly scrutinised by senior managers. Although case examples were identified throughout this inspection which demonstrated good and, in two cases, outstanding practice, others revealed delayed recording and slow distribution of review reports and minutes, particularly in complex cases. These delays potentially affected case supervision and progress of the case towards good outcomes.
110. A range of auditing and quality assurance checks are regularly employed and team managers and senior practitioners are also responsible for carrying out 10 case audits a year which provides a further body of evidence about performance. Outcomes of individual audits are acted upon. Findings are also aggregated and used to identify trends and themes. Themed audits have also been undertaken by independent reviewing officers for example, in relation to pathway plans that were undertaken in December 2011. The audit identified action to be taken to improve the quality and timeliness of pathways plans. Monitored by the Head of Service, there is clear evidence that most pathway plans are now being completed in accordance with expectation although a small number still require updating.

Record of main findings:

Safeguarding services	
Overall effectiveness	2 (Good)
Capacity for improvement	2 (Good)
Safeguarding outcomes for children and young people	
Children and young people are safe and feel safe	2 (Good)
Quality of provision	2 (Good)
The contribution of health agencies to keeping children and young people safe	2 (Good)
Services for looked after children	
Ambition and prioritisation	2 (Good)
Leadership and management	2 (Good)
Performance management and quality assurance	2 (Good)
Partnership working	2 (Good)
Equality and diversity	2 (Good)
Services for looked after children	
Overall effectiveness	2 (Good)
Capacity for improvement	2 (Good)
How good are outcomes for looked after children and care leavers?	
Being healthy	2 (Good)
Staying safe	2 (Good)
Enjoying and achieving	2 (Good)
Making a positive contribution, including user engagement	2 (Good)
Economic well-being	2 (Good)
Quality of provision	2 (Good)
Services for looked after children	
Ambition and prioritisation	2 (Good)
Leadership and management	2 (Good)
Performance management and quality assurance	2 (Good)
Equality and diversity	2 (Good)