

Inspection of safeguarding and looked after children services

London Borough of Harrow

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with children and young people receiving services, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
 - a review of 84 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 November 2010
 - interviews and focus groups with front line professionals, managers and senior staff from NHS Harrow, Ealing Integrated Care Organisation, Central and North West London Mental Health NHS Trust and North West London Hospital NHS Trust.

The inspection judgements and what they mean

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

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements
Adequate (Grade 3)	A service that only meets minimum requirements

Inadequate (Grade 4)	A service that does not meet minimum requirements
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Service information

4. Harrow is an outer London Borough with a resident population of approximately 53,000 children and young people aged 0 to 18, representing approximately 23% of the total population of the area. In 2010/2011, 82% of the school population was classified as belonging to an ethnic group other than White British compared to 24.5% in England overall. Some 45% of pupils speak English as their first language. Gujarati, Tamil and Somali are the most recorded, commonly spoken community languages in the area. Income deprivation affecting children is worse in Harrow than the national average. There are areas of deprivation across the borough with a concentration in the central area.
5. Harrow has 62 schools comprising 47 infant, junior and primary schools, three voluntary aided and maintained secondary schools, one pupil referral unit, seven secondary academies and four special schools. Early years services are provided by the private and voluntary sector. At May 2012 there are 435 registered settings, including 240 childminders, 37 day nurseries and 41 parent toddler groups. There are 16 children's centres that provide services to nearly 10,000 under-fives up to the end of 2011, including 4,000 under-fives from the areas which are in the most deprived 30% of the borough.
6. Harrow children's services launched a new operating model in February 2012. This introduced a new first contact arrangement for the whole of children's services with a dedicated multi-disciplinary children's access team (CAT), incorporating a multi-agency safeguarding hub (MASH). Following initial information gathering and assessment, cases are directed as appropriate into integrated early intervention teams or targeted services. The targeted services division provides specialist services for children in need and looked after children and there are additional specialist teams for children with disabilities, youth offending, unaccompanied asylum seeking children and care leavers. An emergency out of hours service based in Harrow provides cover for both Harrow and Barnet. Harrow has 69 in-house foster carers and family link carers. The local authority runs one short break residential children's home and a unit that specialises in semi-independent living for care leavers.
7. Governance has been reviewed in line with the new operating model and commissioning approach and a new Children and Young People's Commissioning Board established. In recent years, the partnership arrangements for children's services in Harrow have been overseen by the Harrow Children and Young People's Partnership and Local Safeguarding Children Board (LSCB) with membership including senior representatives from schools, the voluntary sector, the police, NHS and the council.

8. At the end of March 2012 Harrow children's services had 156 children who were looked after. Currently around 20% of Harrow's looked after children are under five, 40% 5-15 and 40% 16-17 years old. A virtual school approach is used to support the educational needs of these children. At the end of March 2012 there were 130 children who were subject to a child protection plan. Currently around 40% of children with child protection plans in Harrow are under five and nearly 60% are aged 5-15. The highest categories of registration are neglect at 54% and emotional abuse at 33%.
9. Commissioning and planning of children and young people's health services and primary care are undertaken by NHS Harrow. Community and universal services such as health visiting and school nursing are delivered through Ealing Integrated Care Organisation which covers Ealing, Harrow and Brent. Child and adolescent mental health services (CAMHS) are provided by the Central and North West London Mental Health NHS Trust. The acute hospital providing an accident and emergency service for children is Northwick Park, part of the North West London Hospital NHS Trust. It also provides acute paediatric, maternity and neo-natal unit services.

Safeguarding services

Overall effectiveness

Grade 3 (Adequate)

10. Overall effectiveness of safeguarding services is adequate. There is much in place and working well to safeguard children in Harrow including effective children's centre provision and good support for schools in meeting their safeguarding responsibilities. However, whilst statutory requirements are being met, services to protect the most vulnerable children are only adequate and require improvement. The local authority has a clear vision of how it aims to improve the safety of Harrow's children which is shared by staff and partners. This vision is being delivered through its new operating model (NOM) which is based on a thorough analysis and understanding of the key issues for children's services, and implemented with careful and considered change management. It is, however, too early to evaluate the impact of these changes for children.
11. Staff work conscientiously and hard and there is an appropriate focus on children being regularly seen and spoken to. Where significant risk is identified it is responded to swiftly and robustly. No cases were identified during the inspection of children currently being inadequately protected. However, weaknesses were found in some of the case work considered by inspectors and too much of the child protection work seen lacked appropriate focus. Assessments are not sufficiently explicit about the daily experience of children and what needs to change and plans are not clear enough about how that change might be achieved and evaluated. These weaknesses were sometimes compounded by frequent changes in social worker. There was also insufficient rigour and challenge in supervision and in reviewing plans, and a lack of clarity about when legal processes might be required. As a result too many children remain on child protection plans for too long without evidence that their circumstances are improving. There is usually active partnership working on child protection cases, but this also at times lacks focus. Pre-birth planning for vulnerable babies usually commences at 34 weeks but is not always brought forward to allow sufficient planning time where an early birth is indicated.
12. Performance management processes are in place and have led to some service improvements but these have not impacted sufficiently on service quality. The local authority has invested significantly in its workforce development and social workers are accessing a range of high quality training and development activities. However, this is only beginning to translate into improved service delivery. Staffing resources overall are sufficient to deliver effective services. Partnership working with some agencies is very strong and has supported the introduction of a single point of contact for children's services supported by multi-agency information gathering and assessment processes. Health agencies have achieved from a low base significant improvements in their safeguarding

arrangements. Strategic joint working between health and the local authority has been problematic and this has impaired joint service development. It has also limited the effectiveness of the LSCB which has not been sufficiently focused on its priorities or had a clear business plan. This is recognised by the local authority and its health partners who are now collaborating in refreshed partnership arrangements.

Capacity for improvement

Grade 3 (Adequate)

13. The capacity of safeguarding services to children and young people to improve is adequate. Harrow's recent transition to its NOM has been achieved with careful change management strong leadership by the management team. The new model is based on a thorough and accurate understanding of key strengths and areas for improvement and sets out a clear way forward for service improvement. It is too early to evaluate the impact of these changes but initial signs are encouraging and staff and partners have enthusiasm and commitment for the new model.
14. Most performance indicators are above or broadly in line with those of statistical neighbours and there is evidence of performance management activity sustaining and improving this. There has, however, been an over emphasis on quantitative measures and insufficient impact on improving service quality. For example, the relatively high proportion of child protection plans lasting longer than two years requires action to improve the quality of plans and effectiveness of the support provided, alongside more robust reviewing of plans before they reach the two year watershed.
15. The Children and Young People's Commissioning Plan 2011-14 provides a clear set of shared strategic priorities and this, alongside the NOM, sets out a clear and appropriately ambitious vision for sustained improvement. Some services are of high quality and some can evidence significant improvement, but this is not yet consistent across all safeguarding services and key child protection services are currently only adequate.

Areas for improvement

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

Immediately:

- ensure processes and thresholds for considering and if necessary instigating legal action are timely, efficient and clearly understood by all key staff
- the local council, NHS Harrow and North West London Hospital NHS Trust should ensure that where there are pre-birth safeguarding

concerns identified and early delivery is indicated that multi-agency planning is initiated before 34 weeks.

Within three months:

- NHS Harrow to ensure there is appropriate engagement and participation of health services in the children's access service
- ensure that assessments focus on the experience of the child and are sufficiently analytical, so that they clearly identify and analyse risk, needs and protective factors
- ensure all child protection plans are outcome focused, clearly setting out the changes necessary and how these will be supported and evaluated and include appropriate contingency planning
- ensure child protection reviews offer robust, constructive and effective challenge
- ensure supervision processes provide sufficient reflection and challenge
- agree priorities for the work of the LSCB and an associated programme of work and business plan to deliver these
- NHS Harrow should ensure that general practitioners (GPs), dentists and all appropriate health practitioners are fully engaged in safeguarding arrangements and have regular developmental opportunities for practice reflection and learning and the LSCB should monitor progress in this area
- NHS Harrow, public health and the LSCB should ensure that an effective model for the rapid response service is developed and that the child death overview panel (CDOP) communicates with frontline services to best effect.

Within six months:

- ensure children with child protection plans have greater consistency and continuity of social worker.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (Good)

17. The effectiveness of services to ensure that children are safe and feel safe is good. Harrow has in place a range of good services and arrangements which promote the safeguarding of children; including effective and responsive early support and schools which show a good understanding of the safeguarding needs of their pupils.
18. The thoroughness of information gathering and analysis for children where there are safeguarding concerns is improving with the development of the new multi-disciplinary access point and multi-agency safeguarding hub (MASH). In all recent cases seen by inspectors, children with immediate child protection needs were identified promptly and received a swift and effective response, although this was not always the case in more historic cases. No children were identified during the inspection as being currently inadequately protected from significant harm although in some cases plans to reduce risk were not sufficiently focused or progressing with the necessary speed. Issues of diversity are clearly identified and recorded in assessments although it was not clear in some cases how these were being addressed in the child's plan.
19. Children's attendance at school is good and improving and educational attainment for most vulnerable groups is above average, with the gap to what most children in Harrow achieve narrowing. All schools in Harrow are currently judged to be good or better for safeguarding in their most recent inspections and they describe receiving consistent, high quality support from the local authority to assist them in meeting their safeguarding responsibilities. Safeguarding provision in local authority children's homes, fostering and adoption services is also either good or outstanding.
20. Good attention has been given to combating bullying and e-bullying and children report that bullying is not a significant problem in their schools. Purposeful work is also being undertaken to promote community safety and cohesion, reduce anti-social behaviour and combat the risk extremism may present to young people. Effective processes are in place to monitor and respond to children missing from home or education. There is a strong awareness of the risk of child trafficking and evidence of effective action to protect children and young people from this.
21. Arrangements for responding to complaints made against staff working with children are robust with the role of the Local Authority Designated Officer (LADO) clearly understood and utilised. The LADO takes a pro-active approach to their role, targeting areas of high referral with bespoke

training, and identifying potential areas of hidden need. Service data is monitored and analysed and there is appropriate reporting to the LSCB and senior managers. There is good communication with the complaints service and effective coordination of parallel processes. Processes for safe recruitment are in place which meet or exceed statutory requirements.

22. Responses to complaints are well monitored and most are completed in a timely manner. There is a strong commitment to learning from complaints with learning points identified and informing training and service plans. Outcomes from complaints are analysed with regular reporting to senior managers. Active consideration is given to matching of complaints investigators against individual case related need, including ethnicity and culture, and complainants can access good quality advocacy and mediation services.

Quality of provision

Grade 3 (Adequate)

23. The quality of safeguarding provision is adequate. Children and their families in Harrow can access a range of early preventative services, including multi-agency services delivered from children's centres and additional support provided through schools. As a result children are being appropriately diverted from statutory provision. The common assessment framework (CAF) is not yet being used systematically to support team around the child arrangements, although plans are in place to address this and practitioner familiarity and confidence in using the CAF is increasing. The recent service re-structuring within the local authority has sustained and strengthened the focus on early intervention and staff and managers are clearly enthusiastic and committed to early intervention approaches. There are good examples of early intervention services responding to needs arising from culture and ethnicity, such as the community mentoring schemes. Disabled children benefit from a multi-agency approach to service delivery with services co-located which promotes good information sharing and a shared awareness of safeguarding issues. A good range of early support services helps promote the protection of these children.
24. The NOM was implemented in February 2012. This included the introduction of a single point of contact for all new contacts and referrals via the children's access team (CAT) and the MASH to respond promptly and holistically to child protection issues. This new model has a strong rationale and provides clear pathways and good opportunities for information sharing and analysis. During the inspection inspectors observed swift and appropriate responses to safeguarding concerns with suitable oversight and involvement of social workers and managers. Initial monitoring indicates child protection cases are receiving a timely response but that a significant proportion of other contacts and referrals are taking longer than the targeted 72 hours to direct or resolve.

25. Assessments are undertaken by suitably qualified workers but are variable in quality although more recent assessments showed evidence of improvement. Most are timely and now gather and take account of appropriate historic information and involve partner agencies. Some give good attention to needs arising from culture, ethnicity and religion, but this was not evident in all cases. Children are routinely seen and, where appropriate, spoken to as part of the assessment process, but their views and feelings and daily experience was often not clear enough in the recorded assessment. Assessments identify risk but this was more commonly described rather than analysed which meant that assessments were often not focused enough on what needed to change and how that change might be promoted.
26. Initial child protection conferences are generally well attended with good engagement from partner agencies. Conferences usually have available a range of detailed information about a child's current circumstances which enables sound decisions to be made about whether the threshold for a child protection plan is met. However, the analysis and synthesis of that information is often under developed and the resultant plans are therefore insufficiently outcome focused. They set clear expectations for monitoring and information sharing but are much less clear about what outcomes are required and how these will be supported and evaluated. Children and families are visited regularly with a strong emphasis on children being seen but the purpose of interventions beyond monitoring is often not evident or clear to the family. In a number of cases these limitations were compounded by a number of changes in social worker which impaired forming an open and purposeful relationship with a child and their family.
27. Core groups meet regularly and are generally well attended and recorded. They promote sound information sharing and monitor activity but do not effectively review or develop the child protection plan. Child protection review conferences are not always sufficiently challenging or effective in identifying the need for an alternative plan or course of action. In some cases seen there was a lack of clarity regarding the threshold for legal intervention and delays in instigating proceedings where the threshold was met. No children were identified as inadequately protected or referred to senior managers as requiring additional protection during the inspection, but in a number of cases seen, child protection plans had been in place for long periods without any clear improvement in the child's circumstances.
28. Case recording is usually up to date and often very thorough with regular completion of three monthly case summaries. Recording also demonstrates regular management oversight and supervision, although this activity was primarily task focused rather than reflective and offering an analytical overview. Arrangements for safeguarding children out of hours are provided by an experienced emergency duty team with good relationships and communication with day time services and other emergency services.

The contribution of health agencies to keeping children and young people safe

Grade 3 (Adequate)

29. The contribution of health agencies to keeping children and young people safe is adequate. A peer review by NHS London Safeguarding Improvement Team in October 2010 found significant weaknesses in safeguarding arrangements within health services. These included a lack of leadership and appropriate priority for safeguarding, confused roles and responsibilities and gaps in designated and named professional roles and capacity issues in school nursing. There have been significant improvements in all these areas and health agencies are now meeting their statutory responsibilities. Staff across the health community demonstrate increasing awareness of their safeguarding responsibilities, linked to the training they have received. Clinical and non clinical staff are able to identify potential risks to children, citing examples of when they have reported concerns appropriately, leading to positive actions being taken to protect children. Staff have ready access to advice and guidance and safeguarding policies and pathways are readily accessible electronically and in hard copy. Escalation policies are in place and are being used appropriately. Named and lead safeguarding professionals are accessible and knowledgeable and feel both well supported and appropriately challenged in their roles. The designated doctor and designated nurse are providing effective leadership and challenge which is supporting improving practice across providers. There are clear pathways across all services to follow up non-attendance at health appointments. The CDOP is functioning in line with guidance; however it continues to be difficult to secure representation from maternity services at the acute hospital.
30. Frontline health staff participate in child protection processes with good levels of attendance from school nurses and health visitors closely monitored by team managers. While health visitors and school nursing staff record detailed observations they are not yet consistently evaluating these observations to contribute to a comprehensive risk assessment. GP engagement is increasing through increased uptake of safeguarding training, although attendance at conferences overall is reported to be relatively low in common with other authorities. Improvement is being driven strongly by the named GP who is also part of the new Clinical Commissioning Group (CCG), ensuring the continuing high profile of safeguarding within the new health arrangements. A report template has been developed and GPs report that case conferences are being planned at times when they are more likely to attend. The Primary Care Trust (PCT) has not yet effectively engaged dentists and other independent contractors in safeguarding arrangements. A training package has been developed for dental practices and has been well received in the piloting practice.

31. Safeguarding training has been given a high priority and there has been significant improvement in attendance over the past 18 months. Staff are being trained at levels appropriate to their role with health visitors and school nurses trained to level three. Midwifery staff are trained to level two across the service with level three training initiated recently. The service expects to achieve 100% of staff trained to level three by the end of this year.
32. Midwives adopt a range of strategies to ensure women are seen without partners where domestic violence is suspected, although this is not yet routine practice for all women. In most cases where pre-birth concerns are identified, joint planning takes place at 34 weeks, however, there is more to do to ensure that when the likelihood of early delivery is identified by maternity services earlier planning occurs routinely. Midwives are increasing their awareness of cultural sensitivities and attitudes towards terminations of pregnancies and children born with disabilities and this informs their practice with an increasingly diverse population. They prioritise the provision of independent interpreting services rather than using family members and there is good access to translation and interpreting services covering a wide range of languages.
33. The provision of safeguarding supervision across the health community is improving and is well established in some services including the community health services. Health visitors and school nurses are receiving regular individual supervision in line with statutory guidance. Supervision has recently been introduced on a group basis at accident and emergency (A&E) at Northwick Park Hospital (NPH). Routine supervision and reflective practice opportunities for non-clinical staff are less available.
34. Robust safeguarding processes and practice are in place across the community based walk-in centres and the A&E and urgent care centre at NPH. There is a growing awareness around issues of domestic abuse and opportunities for victims to obtain information on how to access support are being strengthened. A daily review of children presenting to NPH is undertaken by a health visitor liaison acting as an effective quality assurance check of safeguarding practice and ensuring communication with community and primary care services.
35. While health visitor and school nursing service receive weekly updated lists of children subject to child protection plans, information sharing within and across health and social care services is not consistent. Speech and language therapists (SALT) report not feeling well informed or engaged with child protection processes relating to children they work with and cited several examples of long term involvement with children, up to two years in one case, where the child had been subject to a child protection plan without SALT staff being aware of this.

36. There are good multi-agency arrangements in place to support disabled children with service co-location promoting good joint working and information sharing and effective promotion of safeguarding issues. Front line professionals also work effectively together in Harrow's children's centres. Joint working at the strategic level has been less successful, although with signs of recent improvement. Key health professionals are appropriately engaged with the LSCB but report that difficulties in relationships and culture have constrained effective involvement in the Board's work.
37. There is an effective and well established pathway in place for young people who have been victims of sexual assault to access sexual assault referral centre (SARC) provision at The Haven, St Mary's. There is routine follow up communication from The Haven back to sexual health services locally to ensure the on-going support and sexual health advice is provided to the young person. A dedicated suite is established at NPH and appropriately trained and skilled paediatricians undertake joint examinations with forensic colleagues as required. The teenage pregnancy rate is low and there is an effective, although reduced, range of sexual health services available across the community. The outreach service and 'clinic in a box' service is well established and accessible to young people. There is a specialist teenage pregnancy midwife.

Ambition and prioritisation

Grade 3 (Adequate)

38. Joint strategic working across health and the local authority has not been sufficiently coherent and this has hampered progress in some areas. Until recently there has not been stability at leadership levels within NHS Harrow and the pace of change in response to the safeguarding concerns both with NHS Harrow and health provider trusts has been too slow, prompting the Corporate Director of Children's Services and the previous independent Chair of the LSCB to escalate matters to the local authority Chief Executive and the previous Chief Executive of NHS Harrow in an attempt to move things forward. The more recent leadership in NHS Harrow and the Clinical Commissioning Group has significantly improved the pace of change. Senior managers in both organisations now accept the need for changes and a fresh start and the agreed strategic priorities in the 2011-14 Children and Young People's Commissioning Plan offer a good foundation for future joint working.
39. Elected members and senior managers within the local authority have a clear understanding of their safeguarding responsibilities and provide strong leadership and challenge. Health managers have also recognised the necessity of strengthening their contribution to safeguarding children and have prioritised this improvement. Appropriate high prioritisation has been given to safeguarding children's welfare and where necessary

resources have been provided or sustained to support this. Local priorities have been identified and acted upon by the local authority with appropriate investment being made in early intervention services, multi-agency contact and referral arrangements and workforce development. Ambitious and innovative planning is taking place to improve outcomes for Harrow's most troubled and vulnerable families. Lead members have acted as effective champions of services for vulnerable children.

40. The leader of the council, children's portfolio holder, Chief Executive, Corporate Director and Chair of the LSCB meet on a quarterly basis. These meetings are used to provide constructive challenge and hold key leaders to account for their safeguarding responsibilities.

Leadership and management

Grade 3 (Adequate)

41. Leadership and management of safeguarding services are adequate. The local authority is aware of the need to improve the quality and consistency of its social work practice and management. To this end it has developed and started to implement an ambitious workforce plan. As a result excellent professional development opportunities are now available to social workers at all stages of their careers. These include trainee and step up to social work programmes, appropriate support and protection for newly qualified social workers and access to good quality advanced training for more experienced social workers provided through the West London Alliance. Senior practitioners and team managers can also access a range of management training alongside individualised coaching. Workers are taking up and are positive about these opportunities although it is too early to assess their impact on practice. Similarly there is not yet a sufficiently stable and experienced workforce in all key child protection teams, hence there is currently too much reliance on locum social workers in some teams. The local authority recognises this and is planning a careful transition which does not give too much responsibility too early to its newly qualified social workers. The children's workforce is broadly reflective of the diverse communities it serves and this is robustly monitored by the local authority.
42. The views and experiences of children and their families have influenced service development in early intervention and disabled children's services and also informed at the strategic level the development of the NOM. There is, however, much less evidence of service user experiences being systematically gathered and used to inform the development of core child protection services and some potentially important messages are being missed through this gap. The complaints process is well established and outcomes from complaints are used to inform service improvement.
43. The local authority and its partners have a good understanding of service weaknesses and have clear plans in place which are both ambitious and realistic to address these. These plans demonstrate a strong awareness of

the profile of children, young people and their families in Harrow and generally take account of the cultural, ethnic and religious diversity of these families. There are some examples of the good joint use of resources in children's centres and disability services but overall it is not clear that combined resources are being used to best effect as commissioning has not been sufficiently coordinated. Commissioning and joint commissioning arrangements have been underdeveloped with the previous Children's Trust arrangements having limited impact. These have, however, now been replaced by fresh partnership planning arrangements under the framework provided by the Children and Young People's Commissioning Plan 2011-14. There are also much strengthened commissioning arrangements within the local authority children's services which are beginning to deliver more efficient and effective commissioning. Similarly, whilst there are examples of effective joint working with the third sector, this is not systemic and the local authority recognises it can do more to build capacity and maximise the contribution of the sector to improving outcomes for children.

Performance management and quality assurance

Grade 3 (Adequate)

44. Performance management and quality assurance arrangements for safeguarding are adequate. Senior managers, members and the LSCB receive regular clearly presented performance information and there is evidence of challenge and persistent activity to address issues raised by performance indicator data, for example around assessment timescales. However there has been insufficient focus on assuring the quality of work undertaken. This is now improving with increasing evidence of managers and members interrogating performance information in more depth and seeking more information about service quality. A comprehensive new quality framework is being introduced which includes appropriate attention to quality and replaces previous audit forms which were too quantitative and process driven.
45. The LSCB has instigated and overseen some multi-agency case auditing. The engagement and quality of this has been variable, although recent work around domestic abuse and child protection conference attendance have led to service improvements. The LSCB has recognised the need to improve its quality assurance activity and to this end are involved in a Pan-London pilot that uses audit tools that are focused on outcomes rather than inputs and reflects the direction provided by the Munro report.
46. There is evidence of regular management oversight on most cases. Supervision occurs regularly and staff indicate that managers at all levels are accessible and supportive. Supervision is most effective at monitoring activity and identifying and prioritising tasks but there is limited evidence of reflective and analytical discussion. Similarly, child protection review conferences, whilst effectively facilitating information sharing and

monitoring activity, do not always demonstrate sufficient challenge. Feedback on themes and issues from conferences is not effectively collated or analysed meaning opportunities for learning and improvement are missed.

Partnership working

Grade 3 (Adequate)

47. Partnership working is adequate. Thresholds for services are clear, agreed and appropriate and were reviewed and refreshed by the LSCB in 2011. Front line professionals work well and collaboratively together with appropriate information sharing and generally good attendance at child protection conferences and core groups. Children's centres and services for disabled children provide particularly good examples of partnership working which is improving outcomes for vulnerable children. Joint working at a more strategic level has however been too variable. Local authority children's services now operate within a clear and consistent strategic framework and there are strong and effective partnerships with the police, but joint working between health partners and the local authority has presented challenges which have only recently started to be overcome. This has, for example, meant that implementation of the CAF has been slow and limited in impact and that CAMHS strategies remain underdeveloped. It has also hindered the LSCB in providing effective leadership and challenge. Leaders acknowledge these past difficulties and are committed to creating a more constructive and effective partnership.
48. The LSCB meets its statutory duties but has only recently commenced a Section 11 audit of partner compliance with their safeguarding duties and responsibilities. The audit is now being completed with rigour and sensitivity by the new independent chair but an earlier audit could have provided clearer focus for the Board's work and priorities. Through its quality assurance sub group, the Board has initiated themed multi-agency auditing which is improving in its quality and has driven some service improvement, for example around joint working and the assessment of domestic abuse. Overall however, it has been insufficiently focused on core child protection services and slow in responding to the issue of ineffective child protection plans. The Board has also experienced inconsistencies in its support and loss of its independent chair. The new independent chair is appropriately experienced and knowledgeable and has a good grasp of the issues facing the Board.
49. Work to raise awareness of domestic abuse across children's services has been effective in improving the early identification and referral of children whose welfare is being impaired by such abuse. Key agencies attend multi-agency risk assessment conferences (MARACs) and there is good action planning and follow up on individual cases, but referrals to the MARAC continue to be predominantly from the police. Multi-agency public protection arrangements (MAPPA) are well established in Harrow leading to effective management of the risks prevented by offenders. Meetings

are arranged quickly if required and well attended and cases are audited with actions rigorously followed up.

50. There are examples of effective joint work with the voluntary and community sector improving outcomes for children and young people and the local authority is described as taking a constructive and learning approach to working with the sector. There is not however, an overarching strategy or consistent and coherent approach to working with the sector or an effective means for it to contribute consistently to strategic planning. The local authority recognises this and is committed to building capacity and strengthening the involvement of the sector in children's services.

Services for looked after children

Overall effectiveness

Grade 3 (Adequate)

51. Overall effectiveness for looked after children and young people is adequate. Most statutory requirements are met or exceeded, but there are significant weaknesses in arrangements to ensure and promote the health of looked after children and care leavers and as a result of these, health outcomes are inadequate. With this exception, the council and its partners have a good track record in achieving service improvements which lead to improved outcomes for children. Adopted children, disabled children and care leavers all receive high quality support which they value highly. The virtual school arrangements in partnership with schools are becoming increasingly effective in supporting the attainment of looked after children. Placement commissioning is robust and most children benefit from good quality, well supported placements which they feel meet their needs.
52. Social workers generally know their looked after children well, visit them regularly and are committed to their welfare. However, some looked after children experience too many changes of social worker and in some cases this is compounded by placement changes in their first 12 months in care. Drift in decision making and the implementation of decisions means that the admission of some children into care is delayed too long.
53. Workforce planning is good and both social workers and foster carers are well supported in their professional development. However, better use could be made of structured individual development plans. Performance management processes are well established and have driven some service improvements. Overall, however, they have focused more on compliance, process and quantitative performance and been insufficiently analytical and qualitative. Potential feedback and intelligence from independent reviewing officers (IROs) has, for example, been under utilised. These issues are being addressed through the local authority's new quality framework. Appropriate resources and financial plans are in place to support good quality services.
54. The local authority has made a clear commitment to looked after children through its Harrow Children's Pledge but arrangements for monitoring progress on the pledge are new and underdeveloped. This has limited its impact. The pledge is also not fully multi-agency reflecting weaknesses in the engagement of health agencies as corporate parents although current health managers have a clear commitment to fulfilling their corporate parenting responsibilities. Offending rates of looked after children are above national and local averages. Harrow has embarked on a programme of transformation for its youth offending services but the implications and impact of this for looked after children are not yet clear.

Capacity for improvement

Grade 2 (Good)

55. Capacity to improve services for looked after children and young people is good. There is evidence of service improvement leading to improved outcomes for looked after children and care leavers in many areas. Some of these improvements are recent but others, such as pathway planning for care leavers and support for disabled children, have been sustained over a significant period. A number of services are now of a high quality, including adoption planning and support and support for care leavers and unaccompanied asylum seeking children (UASC). As a result of some of these improvements looked after children and young people are safe, have better chances of being cared for permanently in loving families and are better prepared for independence. Practice, however, is not yet highly effective in most areas, only adequate in some and inadequate in terms of promoting good health outcomes.
56. The local authority and its partners have a good understanding of their strengths and weaknesses and appropriate and realistic plans are in place to achieve further improvements. This is underpinned by good workforce planning and development and effective partnership working.

Areas for improvement

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

Immediately:

- ensure relevant local authority staff and managers have a clear understanding of care thresholds and legal planning processes and cases are effectively monitored to avoid unnecessary delays in children receiving looked after services when these are required
- the local authority, NHS Harrow, North West London Hospital NHS Trust and Ealing Integrated Care Organisation should ensure that all looked after children have access to timely, comprehensive health assessments leading to quality assured health care
- the local authority, NHS Harrow, North West London Hospital NHS Trust and Ealing Integrated Care Organisation should ensure that looked after children and care leavers are fully engaged in the development and delivery of the Being Healthy agenda.

Within three months:

- ensure supervision processes provide sufficient reflection and challenge

- ensure all social workers and managers have a clear, appropriate and evaluated individual development plan linking casework and management skills and performance to development activity
- the local authority, NHS Harrow, North West London Hospital NHS Trust and Ealing Integrated Care Organisation should ensure that the provision of healthcare to looked after children is subject to an effective whole system approach and performance management framework.
- ensure feedback and intelligence from child protection chairs and independent review officers is collated, analysed and used to inform service delivery
- ensure an effective strategy is in place to reduce the risk of looked after children and young people offending
- strengthen processes for monitoring progress against the commitments in Harrow Children's Pledge.

Within six months:

- reduce the number of changes of social worker experienced by looked after children
- analyse the reasons for short term placement instability and implement a plan to improve performance.

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

Being healthy

Grade 4 (Inadequate)

58. Services to promote good health outcomes for looked after children and care leavers are inadequate. Statutory guidance set out in *Promoting the Health of Looked After Children 2009* and *Working Together 2010*, requires the appointment of the roles of designated doctor and designated nurse to provide strategic and operational leadership and oversight of the delivery of health care for looked after children. NHS Harrow has not, until very recently, ensured the appointment of these roles. As a result, there has been no effective strategic level clinical perspective and practice oversight within the health and social care arrangements. Recently, following health service reconfiguration, NHS Harrow identified the service was non-compliant with statutory guidance and that there were significant deficits within the service as a result of these roles being absent. A designated doctor within the North West London Hospital NHS Trust has been appointed and the role of designated nurse for looked after children assigned to the NHS Harrow designated nurse for safeguarding. A service review has been initiated, although it is too early for improvement to be identified.
59. The system by which social care notifies the responsible health agencies of those young people coming into, or leaving, the care system and any changes of placement is not robust. Performance on the undertaking of initial health assessments within the expected 28 day timescale is unsatisfactory and not monitored across the health and social care partnership. Initial and review health assessments are undertaken by a range of appropriately qualified health professionals. However, the quality of assessments and the resultant recommendations for health plans are variable and unsatisfactory overall. Health visitors and school nurses have not received training on how to undertake assessments beyond how to complete the documentation. No effective health quality assurance process is in place and this is of particular concern in relation to the quality of healthcare provision for children placed out of borough. As a result of these shortfalls the health needs of looked after children are not being reliably or adequately identified and addressed.
60. Recommendations from health assessments are not formulated into effective health plans and there is no clear identification of overall objectives, of who is responsible for actions or of timescales for delivery, making monitoring of delivery by social care and looked after children health professionals difficult. Information sharing between social care and health is inadequate. Although the looked after children's nurse has access to the social care information system, no social care information, such as copies of statutory looked after children reviews, is held on the health

record and the looked after children nurse has not been enabled to use the health information system effectively. There are no health chronologies making it difficult to develop a health history which could usefully be given to a care leaver.

61. At an individual child level, front line health practitioners, foster carers and social care staff, including residential placements, take action to ensure the universal health needs of looked after children are addressed, such as dental health and ensuring immunisations are current. Looked after children have access to specialist child and adolescent mental health therapists, sexual health advice and prompt access to substance misuse services as required. There is some health promotion to residential homes and small group work with young people. The looked after children nurse has been successful in securing engagement with the cohort of older adolescents who have been declining health reviews, driving performance on reviews of health for young people in care for 12+ months up from 78% in January 2012 to 92.4% in March 2012. She has positive operational relationships with social workers and other services with some good examples of effective joint working.
62. Health support and health promotion for care leavers is underdeveloped. Care leavers are not given a health history or a health passport to promote healthy and active lifestyles as they leave care. While feedback is sought from individual care leavers at final health reviews, this is not systematic and is not informing the development and delivery of the Being Healthy agenda for looked after children. There has been little health engagement to date with the Children in Care Council, Beyond Limits, and young people have not been involved in the recruitment of key health personnel.
63. There is no coordinated overall approach to the provision and management of health care of looked after children. There are no health elements included in the Harrow Children's Pledge and no health representation on the Corporate Parenting Board to date, although this will change from July. There is a lack of connectivity and effective communication between the two health provider trusts, the health commissioners and the IROs. There is no forum with effective multi-agency representation at the right levels of authority, at which overall performance is scrutinised, areas for development identified and service improvement monitored closely by the partner agencies. The looked after children health annual report is only in draft form and does not include current performance information nor set out a clear and measurable improvement plan for the coming year with clearly attributable accountabilities and timescales for delivery.

Staying safe**Grade 2 (Good)**

64. The arrangements for ensuring looked after children and young people are safe are good. In all cases seen it was appropriate that the children and young people needed to be looked after. However, in some cases there was evidence of drift and delay in reaching the decision to provide looked after services and delays in progressing this plan after the decision was reached. These children's welfare would have been better secured if admission into care had been earlier. When children and young people are in care, plans are progressed effectively with good outcomes being achieved for younger children through permanency via adoption and good and improving use of Special Guardianship Orders (SGOs). Looked after children spoken to by inspectors said that they feel safe in their placements and most believe that their current placement is the correct placement for them. All looked after children and care leavers are allocated to qualified social workers who have a good understanding of their safeguarding responsibilities. Unaccompanied asylum seeking young people are well supported by the UASC team which has considerable expertise and knowledge in responding to vulnerable UASC and child trafficking issues and this promotes the safety of these young people.
65. Permanence planning meetings are held every six weeks to monitor the progress of plans between looked after children reviews and effectively ensure that there is limited slippage in plans internally and across partnerships. Placements are monitored effectively by IROs who maintain casework continuity and know children well.
66. On an operational level there is good partnership working between agencies with attendance by key professionals at relevant meetings and evidence that agencies are held to account in delivering services in a timely way. There are exceptional partnership arrangements in place between the local authority and the Coram Adoption Agency with the co-location of a worker within the local authority. This worker contributes effectively to permanence planning meetings and permanence tracking meetings, assisting in the early identification of children who may require adoption and promoting the effective use of concurrent planning.
67. External placement commissioning arrangements are robust and placements are systematically monitored and reviewed. All providers must be rated good or outstanding by Ofsted upon placement and if this changes whilst a child is placed the placement is reviewed and robustly monitored to ensure it continues to meet the child's individual needs. Harrow's fostering and adoption services are currently judged to be good with Coram Adoption Agency, who provide Harrow's adoption placements, rated outstanding. Arrangements to investigate allegations against carers are robust and overseen by an effective LADO.

68. Long term placement stability has been in line with statistical neighbours and is now slightly above the average. Short term stability is below the performance of statistical neighbours albeit with some small recent improvements. Above average numbers of children are placed more than 20 miles away but this is reducing and the proportion of new placements made more than 20 miles away is low. Support from play therapists to foster carers and children in foster care maintains children in placement and supports placement stability. Children are visited regularly and foster carers report that they are well supported by the supervising social worker and the child's social worker.

Enjoying and achieving

Grade 2 Good)

69. The impact of services to enable looked after children to enjoy and achieve is good. Looked after children have good support for their education and a strong commitment to improving their attainment through high quality provision for learning permeates the work of schools and support services. Good collaboration with school improvement services, strong leadership and clear management oversight has raised the profile of the virtual school, equips professionals for their roles well and provides young people with swift, flexible and focused support that secures progress. Designated teachers in schools are trained well and are effective in their role. Schools in Harrow are highly inclusive of looked after children, who are placed rapidly through fast-track admission processes. The virtual head teacher is increasingly involved in the placement of those with learning difficulties and/or disabilities and advises the placement tracking panel when issues arise.
70. Attendance is monitored systematically, including for young people placed in schools outside of the borough, and challenged robustly. Persistent absence, however, exceeds the local authority's target, mostly due to a few young people in out-of-borough schools. Targeted intervention that includes supported re-entry to school as well as in-school support, has led to improvements in attendance and punctuality. No looked after children have been permanently excluded from school for three years but fixed term exclusions remain too high, mainly due to multiple exclusions of a few young people as an alternative to permanent exclusion. In these cases, young people, including those in schools out of the borough, receive individual support that includes joint placements to manage challenging behaviour.
71. Personal education plans (PEPs) are reviewed regularly, meet learning needs, secure appropriate support and drive attainment. Securing access to recreation and leisure is not included routinely although personal interests are encouraged and funded. Young people, including those with learning difficulties and/or disabilities, are involved well in decisions about their learning. Training for social workers promotes good understanding of educational needs and the purpose of PEPs in closing attainment gaps.

72. Young people make good progress in their learning overall, they report very positively on the help they receive and they are proud of their achievements. Improving attainment is a key priority and integral to the local authority's school improvement and narrowing the gap strategies. All looked after children in Harrow attend good or outstanding schools, as do the very large majority of those attending schools outside of the borough. UASC are supported very well, including by the local college that provides accreditation for the learning of English. The progress of all young people is monitored regularly, tracked systematically and subject to robust challenge in schools. Those who are very vulnerable to underachievement receive additional support from educational psychologists that has boosted their confidence as learners. Foster carers are supported strongly by schools, social workers and, when necessary, the virtual school, to ensure the educational needs of young people in their care are met, such as with strategies to secure attendance at school and help with homework. Although numbers are very small, about half of 11-year-olds reach the required level in English and mathematics, showing average attainment, but none did so for English in 2011. At age 16, attainment is also broadly average although well below this in 2011 due in part to over one third of young people attending special schools. In all, half gained at least one GCSE but very few attained five or more at higher grades.
73. Looked after children and care leavers are encouraged to participate in leisure activities and they have access to a wide range of options, including during school holidays. In addition, the Harrow Young Achievers group, who act as volunteer peer mentors to disadvantaged young people, including those who are looked after, organise holiday workshops on practical skills, projects with partners, and weekend residential. However, children's participation in activities is not monitored by the local authority. and for some young people it is restricted by the lack of availability of transport. The Children in Care Council is planning a survey to examine this issue further. The local authority is refreshing information on its website to provide better information on available activities and the imminent opening of a new youth centre will include the provision of transport.

Making a positive contribution, including user engagement

Grade 3 (Adequate)

74. The impact of services to enable looked after children to make a positive contribution is adequate. Looked after children and care leavers are supported well to develop effective communication skills and to speak out on issues that matter to them, but their membership of various groups does not yet comprise a coherent strategy for representation, nor for coordinated feedback to all those in care. To this end, a recent scrutiny review recommends a further strengthening of links with council bodies, such as the corporate parenting panel, and regular meetings are underway. The views of children and young people are taken seriously

and some have made a significant contribution to service review and change such as in the new operating model for children's services and the redesign of pathway plans for care leavers.

75. A consistently high proportion of looked after children participate in their reviews. Prior to these, they meet with officers, and if required an independent advocate to record their views. In all cases seen, young people are supported strongly to ensure that good account is taken of their wishes and feelings and they report that they feel listened to.
76. The Harrow Children's Pledge is appropriate, realistic and shows a clear commitment from the council for the well-being of looked after children and care leavers, but does not contain any reference to health provision. Although only half of young people surveyed know about the pledge, almost all consider that the council is keeping its promises. Beyond Limits, the Children in Care Council, has clear terms of reference established by young people themselves and is well supported by a facilitator. The group show a good understanding of their role in challenging officers and elected members but not all young people in care know of its purpose and benefits. There has not been regular monitoring or evaluation of progress against the commitments made in the pledge so it is unclear what impact it has had. Members of the Children in Care Council have been involved in training elected members on corporate parenting and in one-off training for social workers that has helped them to understand the experiences young people in the care system. They were involved in the appointment of the Director of Children's Services in 2010 but beyond this have had little involvement in the recruitment of staff.
77. Five members of Beyond Limits also influence the work of the council through membership of the Harrow Youth Parliament. As part of this involvement they meet with senior officers and partners to discuss relevant strategic issues and they have contributed to a wide range of formal consultations, such as the council's budget proposals, Harrow's partnership approach to policing and the anti-bullying strategy in schools. Their views have also informed the commissioning of some services, such as those for housing advice and counselling services from Harrow Youth Stop. Younger children in care are prepared and mentored well to represent others by The Young Voices group that has been effective in identifying concerns that had previously limited the contribution of children to their reviews.
78. Looked after children and care leavers are satisfied with the services they receive and report that their needs are generally met well. They express a high level of satisfaction with their education and identify care that is generally good. While they report numerous changes in social workers and some variation in practice, they are positive overall about the support that they receive. Most children and young people know how to complain and they are encouraged to do so. Complaints are few in number and mostly

resolved at any early stage. Complaint outcomes have led to some improvement in services, such as in the overhaul of the leaving care charter. Independent, flexible and prompt advocacy is valued highly by young people who have used the service, in particular for securing their rights and entitlements. Independent visitors, who reflect the ethnicity of the young people they support, provide effective and personalised support that is highly rated by them, such as in developing their skills and confidence for independent living. Mediation services are very successful in achieving resolution to disagreements between young people and staff; prevent concerns escalating to complaints and take good account of the views of young people.

79. A higher proportion of looked after children over the age of 10 have offended in the last year than in similar areas. A range of work is now being undertaken to reduce offending rates and target young people at risk of offending. However there are not yet in place clear and specific strategies to reduce the risk of looked after children offending or evidence on how broader work is impacting on outcomes for looked after children.

Economic well-being

Grade 2 (Good)

80. The impact of services to promote the economic well-being of looked after children and care leavers is good. Care leavers have high aspirations for themselves and their futures and are well supported by highly encouraging social workers and key workers who know their needs well and offer good support. Further improvement in provision is a continuing priority that is underpinned by comprehensive and well-targeted action, such as the teenage placement strategy for 14-18 year-olds that provides a coordinated care pathway up to the age of 18, prior to young people transferring to the care leaving team. Young people spoken to commented positively on the improvement in services in the last two years following this work.
81. The proportion of care leavers in education, employment or training (EET) at age 19 remains in line with similar authorities. This is identified as an area of improvement for some young people, who now receive targeted support as more attention is given to early identification of those at risk of not continuing in EET. All care leavers have access to careers advice and guidance alongside individual support, but they report inconsistencies in relation to gaining employment or entering higher education. To this end, a contracted service for use by all young people is being re-commissioned to focus specifically on looked after children and care leavers, including support for routes to further and higher education. In addition, the appointment of a new personal advisor to the care leaving team is intended to strengthen educational transition and progress into work or training.

82. Care leavers identify good support for their education and their achievements are celebrated well, such as in personal letters from senior officers on entry to university. A strong and successful partnership with a local college secures a wide range of suitable and accredited options for learning after the age of 16, including for young people with learning difficulties, those who are disabled and those learning English as an additional language. Significantly, of the 13 care leavers in higher education, almost all have progressed through this route. Care leavers at university receive grant funding, in addition to funding for on-site accommodation, and secured accommodation during vacation periods. They also remain eligible for permanent accommodation on graduation. Care leavers are encouraged to take part in work experience and volunteering to improve their chances of employment and some are members of the Youth Parliament. They identify a need for more opportunities for both work experience and apprenticeships and recent funding has been secured to reinstate a previous apprenticeship and volunteering programme.
83. Care leavers are positive about the plans in place to support their transition to adulthood. Workers know young people well and they have a good understanding of needs, including those arising from disability, ethnicity and culture. Pathway plans examined are of good quality overall. They are comprehensive, thorough, tailored to diverse needs, involve young people routinely and well, promote independence and are reviewed regularly. A small number lack detail in the actions needed to secure targets and clear timescales for their completion, and some contingency arrangements are not fully explored. A protocol with adult services for disabled young people supported by dedicated transition workers secures smooth transition and efficient management of complex cases where eligibility for adult care is clear. Where this is less clear, young people receive good support and advocacy but processes for resolving issues are not always robust or timely.
84. Development work on independent living has involved care leavers well and has led to a recently implemented comprehensive life skills programme that consolidates previous provision. Workshops and training, such as for cooking, self-care and budgeting are received well. Care leavers report good support for their mental well-being and very good advice for sexual health. They identify excellent provision and regular follow-up from counselling services. Although those under the age of 18 receive free access to a range of provision from the library service, such as DVDs and access to computers, engagement in leisure is a relative weakness. The availability of activities, including from private providers, is currently being updated.
85. Care leavers are mostly in accommodation that meets their needs. Agreements with housing providers are under review to secure semi-independent provision of consistently good quality. A small number of

foster carers specialise in older young people allowing those not ready for independent living to remain in their foster placement beyond the age of 18. Supported lodgings, through a successful partnership with a local provider, have assisted transition from care very well. Whilst a good range of accommodation options are available, demand for independent accommodation currently exceeds supply which means some young people assessed as ready for independence wait too long for suitable accommodation to become available. This is a considerable challenge for the local authority given the pressures on housing in the area but it is addressing it positively and pro-actively in partnership with housing services and local providers.

Quality of provision

Grade 3 (Adequate)

86. The quality of provision for looked after children is adequate. Decision making processes for determining whether a child needs to be looked after are not always clear or well timed. In some cases seen there was significant drift in decision making or in the progress of agreed plans following decision making which was compounded by over bureaucratic legal planning processes. Decision making is not always transparent or clearly understood and as a result managers, workers and partners are not always sufficiently clear about thresholds for considering and instigating legal action. Following reception into care most cases are progressed swiftly with some excellent examples of permanency secured in a timely manner for younger children through adoption and Special Guardianship Orders. Adopters and kinship carers receive good support packages which meet their children's needs and remove the need for them to remain looked after. Effective use is made of family group conferences when children are in care to fully explore family and friend care options.
87. An appropriately robust protocol is in place between children's social care and housing that ensures that all homeless 16-17 year olds are appropriately referred to children's social care who take responsibility for meeting their needs. Almost all homeless 16-17 year olds become looked after children when they are provided with accommodation by the children's directorate. All are placed in accommodation that meets their needs and there is no use of bed and breakfast accommodation for young people under the age of 18 years.
88. The quality of assessments of the needs of looked after children vary from adequate to good. Most assessments seen or discussed showed a good, rounded grasp of a child's needs. However, the absence of timely, good quality health assessments can lead to delays in identifying and addressing these needs and assessments do not sufficiently or consistently address the emotional well-being of children. Most assessments give some consideration to needs arising from a child's culture, religion and ethnicity but this is not always fully developed. For example, some children have had their faith assessed, recorded and arrangements put in place to

ensure that they can continue to practice their religion when in care. Other assessments record a child's religion but there is limited information about how this need will be met. Children report that they are regularly seen by their social worker and in most instances have the opportunity to speak with their social worker alone. Case records support this and reflect that children are spoken to about their care plan and its progress. In the large majority of cases seen the child's views and the views of their parents are routinely obtained and clearly recorded with good attention to the views of children informing reviews.

89. The majority of care plans were at least adequate, up to date and able to show how needs were being reviewed. Some care plans have insufficient details about how needs will be met and many have limited contingency arrangements. Care plans are reviewed at each looked after children review and challenge is brought by IROs to ensure these are updated to reflect the current work. Between reviews, IROs actively track progress on children's plans which is good practice.
90. Long term placement stability is satisfactory but too many looked after children experience too many moves in their first 12 months in care. In cases seen the rationale for the move was suitably recorded and in a child's interests but in some cases could have been avoided by better initial planning and matching. In some cases placement changes were unplanned but appropriate due to assessed safeguarding risks. However, limited analysis has been undertaken beyond the collation of data to understand and improve performance in placement stability.
91. All looked after children have a social worker. However, a number of children spoken to reported that they have had too many social workers and this is reflected by frequent changes of social workers in the cases seen by inspectors. Children say that these changes make it difficult for them to engage with each new worker as they have to repeat their history. However, children are seen regularly by their social workers and clear efforts are made by social workers to establish relationships with children. Visits to children are recorded in detail and show a positive picture of direct work with the child to help them understand the plans for them. Children have benefited from the stability of the IRO workforce which has provided good continuity as children have remained allocated to the same IRO. IROs know the children they review well. Children spoken to that have been in care for longer periods confirm that they have sustained involvement from their IRO.
92. In most cases records were up to date. However, while records are task orientated it is not always clear that previous tasks are reviewed and that effective monitoring of their completion takes place. Quarterly case summaries are completed on all cases seen and give an overview of work undertaken and progress on care plans. More recent supervision records seen show better evidence of reviewing previous agreed actions.

Ambition and prioritisation**Grade 3 (Adequate)**

93. Ambition and prioritisation for looked after children and care leavers are adequate. Local priorities have been identified and acted upon and outcomes in most areas are good or improving. However arrangements to promote the health of looked after children are inadequate and local leaders have tolerated this for too long without resolution.
94. Lead members and senior managers understand and are committed to their corporate parenting responsibilities. They are appropriately ambitious and aspirational for looked after services and when required have backed this ambition with the necessary resources. Inspectors saw evidence both of effective championing of looked after children and appropriate and constructive challenge. Established scrutiny processes have also contributed to improved services for looked after children an example being the recent attention given to improving corporate links and access for Beyond Limits. However, corporate parenting beyond a core group of elected members is less embedded in the council. The corporate parenting board has provided some effective challenge and support, for example in the area of housing for care leavers but has been weakened by the absence of health input.

Leadership and management**Grade 2 (Good)**

95. Leadership and management of services for looked after children are good. Commissioning processes are clearly based on an understanding of the profile and needs of the looked after children population. Some effective partnership arrangements, particularly with Coram are providing excellent value and promoting good outcomes for children. Placement commissioning is good with established consortium arrangements providing effective market management and delivering good value placements. Commissioning contracts are moving to becoming more outcome focused as they are being renewed and all new contracts issued in the last year have clear outcomes with robust reviews and monitoring arrangements. The supply and use of in house, local placements is increasing and so the local authority is moving towards a more suitable balance of in house and external provision. The teenage placement strategy is effectively re-shaping services for older looked after young people alongside the LEAN review of care leaver services which has led to better use of existing resources.
96. Some effective services have been commissioned to help prevent children needing to become looked after, particularly for younger children and disabled children. However, joint commissioning particularly with health in areas such as CAMHS provision and early intervention is underdeveloped as are services to move young people away from the edge of care. Service planning generally considers the diversity of Harrow's looked after

population although it is not always clear how the needs of specific groups such as mixed heritage children are being specifically addressed.

97. Social workers for looked after children can and do access a good range of development opportunities and can demonstrate how these are improving their casework. This training is not, however, translated into good quality, well structured individual worker development plans which would help managers more systematically plan and evaluate their development. Caseloads in looked after children and care leaving teams are manageable, with a good balance of experienced staff and low number of vacancies and use of agency staff. Staff also broadly reflect the diversity of the communities they serve. Staff spoken to report being well supported by managers. Managers are also supported to attend training and achieve recognised management qualifications as well as receiving more individualised coaching. Foster carers report that they feel valued and well supported as co-professionals.
98. There is evidence of good partnership working, for example with schools and housing to improve outcomes for looked after children and care leavers. Partnership working with health has been less effective. The views of children and young people and learning from complaints clearly informs service planning.

Performance management and quality assurance

Grade 3 (Adequate)

99. Performance management and quality assurance arrangements of looked after children's services are adequate. Performance management processes and information are in place but these have primarily focused on compliance and process and had insufficient impact on quality. For example, case auditing routinely takes place on transfer between teams but this monitors compliance rather than quality. Most of the forms seen simply contained numerical scores with no exploration or commentary on quality. The local authority has recognised this weakness and has ended use of this form. A comprehensive new quality framework has been developed which will aim to bring a greater focus to quality and improving outcomes but this has not yet been implemented.
100. Senior and middle managers meet on a regular basis to discuss practice and performance management issues with clear actions for follow up based on analysed performance information. More recently performance reports have been adapted to include a broader set of indicators in line with the recommendations of the Munro Report. There is evidence of appropriate use of benchmarking and of performance data being used and analysed to inform service improvement.
101. While there are various monitoring arrangements for looked after children, including permanency planning meetings, looked after reviews,

permanency tracking meetings and supervision, the level of analysis and challenge provided by these forums is too variable. Monitoring of adoption planning is robust and effective but in other areas, permanency tracking meetings and supervision show variable evidence of impact in combating potential drift. IROs challenge and impact on practice in individual cases but their case knowledge is not systematically collated and analysed to identify trends and issues and so inform service improvement. Supervision of staff is generally regular and considers an appropriate range of issues. However, records reflect a focus on tasks and processes with limited evidence on quality and performance management. Cases are discussed and decisions reached and recorded but with limited reflection and review of plans made although evidence was seen of recent improvements in this area. Staff appraisals occur but do not give sufficient focus to quality of practice with limited evidence of reflection and linkages between performance, development plans and training needs.

Record of main findings:

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