

Inspection of safeguarding and looked after children services

London Borough of Islington

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Reporting inspector: Simon Rushall HMI

Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four 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 69 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 Islington
 - interviews and focus groups with front line professionals, managers and senior staff from NHS Islington, Whittington Health, Moorfields Eye Hospital NHS Foundation Trust and Camden and Islington NHS Foundation Trust.

The inspection judgements and what they mean

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

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

Service information

4. Islington has a resident population of approximately 42,000 children and young people aged 0 to 18, representing 20% of the total population of the area. In 2011, 72% of the school population was classified as belonging to an ethnic group other than White British compared with 22.5% in England overall; 17% of pupils are from Black African, 14% from other white (including Turkish), 13% of pupils of mixed, and 7% from Bangladeshi backgrounds. English is spoken as an additional language by 44% of pupils, with Bengali, Turkish and Somali the most recorded commonly spoken languages in the area.
5. Islington has 59 schools comprising 44 primary schools, 10 secondary schools and five special and short stay schools. Early years service provision is delivered through primary schools, over 120 private and voluntary sector settings and 16 local authority funded nurseries in children's centres.
6. The Islington Children and Families Partnership was established in 2005, governed by the Islington Children and Families Board. This includes representatives of Islington Council and Islington's health services, Police, probation, Job Centre Plus, local voluntary organisations, local schools and City and Islington College. The Islington Safeguarding Children Board (ISCB) became independently chaired in 2008 and brings together the main organisations working with children, young people and families in the area.
7. At the time of the inspection there were 317 looked after children, comprising 54 aged under five, 206 of compulsory school age and 360 over 16s including 303 with care leaver status. Islington uses a virtual school approach in supporting the learning of looked after children. At the time of the inspection there were 120 children who were the subject of a child protection plan. This is the same as over the previous two years.

These include 53 girls, 66 boys and one unborn child. Some 48% of these children are aged under five, 40% are 5 to 11 and 12% are 12 years or older. The highest categories of registration were emotional abuse at 47% and neglect at 46%.

8. Social care services for children have 138 in-house foster carers and at the time of the inspection have 76 placements with private sector providers. Community-based children's services are provided by six child in need teams and four looked after children teams, supported by one team each for family support, children with a disability, youth offending, adoption, fostering, virtual school and young people leaving care. Islington's own emergency duty team provides out of hours cover. Other family support services are delivered through 16 children's centres, voluntary sector providers and extended services in schools. The council provides targeted youth support services, including the youth offending service, a young people's drugs and alcohol service and commissions the family drug and alcohol court. The council's community budget for families with multiple needs has established the Family Outreach Support Service and a Family Intervention Specialist Service. Other services are provided by or commissioned by the council including play and youth services, teenage pregnancy, youth safety and crime prevention and mentoring provision.
9. The commissioning and planning of health services is the responsibility of Islington Primary Care Trust (PCT) which is part of North Central London PCT cluster. Under a Section 75 agreement, the council undertakes on behalf of the PCT the commissioning and monitoring of children's community health services, including the child and adolescent mental health service (CAMHS), the family nurse partnership, Simmons House adolescent inpatient psychiatric unit and more recently, children's acute services working in close collaboration with the Clinical Commissioning Group. Most children's community health services, apart from primary care, are provided by Whittington Health, an integrated care organisation providing both acute and community services including CAMHS. The main providers of acute hospital services are Whittington Health and University College London Hospital. Adult mental health services are provided by Camden and Islington Foundation Trust. Moorfields Eye Hospital NHS Foundation Trust is a single specialism trust offering ophthalmology care.

Safeguarding services

Overall effectiveness

Grade 2 (good)

10. The overall effectiveness of the council and its partners is good. The Islington Children and Families Board has established a shared vision across the partnership, with staff at all levels strongly committed to the same priorities. This is enabling the development of a range of good early intervention services by the consolidation of existing provision and resources within a coherent, jointly agreed framework. Within the council there is excellent, highly visible leadership from senior managers with good support and challenge from councillors, led by the lead member for children's services. Partnerships, including with the voluntary and community sector, are outstanding, with mature engagement about priorities, budgets, commissioning and delivery, and these are contributing to improved outcomes and services. For example, targeted work with children on the edge of care has been successful in maintaining almost all of those receiving an intervention within their own families.
11. Membership of Islington Safeguarding Children Board is at appropriately senior levels and enables the board to hold partners fully to account. The board has commissioned a number of reviews to improve services. For example, a study of core groups has had a good impact in improving the regularity and structure of core groups meetings and the engagement with parents in the child protection process. There has been very good progress in implementing the recommendations of serious case reviews, with specific goal-setting, effective monitoring and review of actions and good dissemination of learning. For example, the management of multi-agency risk assessment conference (MARAC) processes has been strengthened and this is ensuring greater identification and response for children affected by domestic abuse. However, some key areas of business have not been considered in detail by the board recently. For example, although inspectors found private fostering provision to be good, scrutiny of this issue by the ISCB has been too infrequent, the last report to the board being in 2009. While there has been discussion at board meetings of the low numbers of referrals for sexual abuse, there is no evidence of a detailed examination of the possible reasons for that.
12. Safeguarding is everybody's business, and the Chief Executive in the council ensures that it is a priority for all directorates. There is a shared vision across the partnership with clearly identified priorities and this is leading to successes. For example, action taken in response to the agreed goal to reduce the harm to children and young people caused by gang culture has contributed to a reduction in first time offending among young people. Social care thresholds are widely understood and applied. Arrangements within children's social care for responding to child protection concerns in individual cases are robust, with appropriate and timely decision-making and action.

13. Targets and goals are ambitious, notably the work on community budgets, where there has been success in securing partner resources and joint prioritisation for preventive programmes. Improvement goals in social care aim for steady, sustainable improvement rather than a 'big bang' approach as evidenced in strong performance at the front door including child protection investigations, with children seen routinely, including alone, and cases progressing to child protection conferences appropriately. Areas for further development are identified and understood, with good use made of performance data, for example in relation to the quality of care plans, with actions in place or planned to improve them. Improvements have been made in all areas for development identified in the unannounced inspection of contact, referral and assessment. Referral information from partner agencies is now sufficiently detailed. A new protocol with Police governs arrangements for ensuring the well-being of young people detained overnight. Work has been done to improve the quality of objective setting in all plans including child in need plans, though further improvement is needed as too many plans are still insufficiently specific.
14. Children's social care assessments are largely good, with routine collation of information from a full range of agencies to inform planning and interventions. The quality of analysis in most assessments seen is good, with information, risks and protective factors careful balanced to ensure that appropriate interventions are provided. However, some assessments seen did not make full use of historical information, despite the presence of good chronologies. Interventions in all cases seen led to safe outcomes for the children concerned. However, care plans are too variable in quality, and while appropriate measures are identified in all cases seen, they are not always developed sufficiently into specific objectives with timescales.
15. Quality assurance systems are largely robust, with good management oversight at all levels and a positive no-blame approach that is seen by front line staff as constructive and enabling learning and professional development. Accountabilities are clear and the Director of Children's Services is held to account by the Chief Executive, the Lead Member and the Council Leader through regular performance meetings. Managers audit files and there is evidence of good multi-agency audit. Data are analysed routinely and inform improvement, workforce planning and commissioning. Supervision of social workers is regular but of variable quality, with supervision records being too descriptive with insufficient evidence of reflective discussion and challenge.
16. Some cases referred to children's social care that are not seen as requiring an immediate initial assessment are allocated for advice and information. While these are overseen regularly by a manager, some cases seen by inspectors should more appropriately have had initial assessments though no child was seen to be at potential risk. The local authority took prompt action when this was drawn to the attention of managers.

17. There is good consideration of equality and diversity factors, which are firmly embedded in both service development and front-line practice. Equality impact assessments are carried out in respect of all service changes within the council and their quality is monitored at senior level. The views of children, young people and families are routinely recorded and there is clear evidence that they influence strategic development as well as case interventions. For example, representative groups of disabled children and their families were consulted on and influenced developments in the provision of short break services.

Capacity for improvement

Grade 1 (outstanding)

18. The capacity for improvement in safeguarding services is outstanding. Dynamic, highly visible leadership from senior managers is demonstrated through the very clear vision for services for children that is understood and supported by all key partners and is evident in service developments. Examples of the very high level of commitment across the partnership to joint planning and development include the innovative involvement of the council's housing department in ring-fencing a small number of properties for use through Multi-Agency Public Protection Arrangements (MAPPA) by known perpetrators of abuse who are of no fixed abode. This ensures that Police and other agencies are able to monitor these individuals and minimise the risk they present to children.
19. There is clear evidence of a sustained trajectory of incremental improvement in social care child protection and safeguarding services, and outcomes in most areas are good. For example, case file audits identified deficiencies in the completion and use of chronologies to inform case planning and subsequent focused work has led to significant improvements. The standard of most chronologies seen by inspectors was at least good, in some cases outstanding, and they enable social workers to apply an historical view of children's cases in assessments so that a full understanding of needs is reached. Feedback from service users has been used very effectively to deliver improvements, for example in relation to the conduct of child protection conferences.
20. Partnerships are outstanding, with evidence of sustained improvement in the last two to three years, reflecting the excellent capacity of senior managers across the partnership to provide leadership and to secure agreement over vision as well as commissioning and spending priorities. The current reconfiguration of early intervention services, using resources drawn from across the partnership to meet shared goals and building on demonstrably effective previous provision, is an outstanding example of the partners' ability to improve services while reducing expenditure. Although it is too early to see the full impact of this, the new approach adopts successful ways of working from some of the services that preceded it, and where it is already operational, early outcome indicators are positive. Voluntary and community sector organisations see the council

as a highly valued partner that works openly and effectively with them, including in relation to different aspects of commissioning involving needs analysis, service specification and procurement. These outstanding links have enabled delivery of services by voluntary and community sector organisations in line with agreed priorities and have brought improvements such as the increased involvement of young fathers with children's centres and services for families affected by substance misuse.

21. Workforce planning is coherent across the partnership, with very effective mapping of need against provision to eliminate overlaps and fill gaps. Services have been improved through the rationalisation and greater focus necessitated by budget cuts. The workforce in children's social care is stable, with exceptionally low vacancy rates, good retention and good levels of experience. The number of social workers is relatively high and caseloads are manageable and this provides good continuity for children, young people and families, who report high levels of contact with their social workers. A shift towards a more focused approach to training that prioritises skills development is ensuring that children and families benefit from skilled social work interventions. The health workforce in both acute and community services is well trained in child protection and safeguarding and has excellent support from named and designated nurses and doctors. As a result, children about whom there may be concerns are identified and appropriately referred to children's social care. School nurse and health visitor vacancies are low and good contingency arrangements using secondments of other nursing staff ensure that children are seen regularly, with a clear priority for the most vulnerable.
22. There are instances of highly effective practice in most areas examined by inspectors. There are clearly understood thresholds for referral to social care, with clear and accessible escalation processes. Social care cases seen by inspectors had been referred appropriately, with good levels of detail. Children receiving services through the common assessment framework (CAF) were doing so appropriately and there was evidence of improving outcomes. Step-up arrangements are in place and seen by inspectors to be applied in practice. The use of interpreters and translators in work with families is routine. Social workers have the capacity to spend significantly more time than is the norm with children, young people and parents and this allows for the development of good relationships that support the reduction of risk and improve safety. Partnerships with a range of agencies and services include innovative work with the Family Drug and Alcohol Court and the Family Assessment Service that provide more specialist assessments for court in the more complex cases, contributing to the avoidance of delay in proceedings and more informed and timely decision-making for children.
23. Somali parents report that targeted children's centre and outreach work has been invaluable in adapting to bringing up children in a different culture from their own. The work of the Family Intervention Programme

has led to a reduction in the incidence of domestic abuse in the families worked with and in consequence, a reduction in the exposure of children to harm. It has also been successful in preventing the eviction of 37 vulnerable families from their homes, preventing disruption and the adverse consequences of homelessness for the children concerned. The improved availability and effectiveness of early intervention and the clarity over thresholds have contributed to fewer children needing child protection plans and the low numbers of children on plans for more than two years. Three quarters of children who received a service from the Adolescent Multi-Agency Support Service (AMASS) for children on the edge of care were maintained with their own families.

Areas for improvement

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

Within three months:

- ensure that recent improvements in the arrangements for providing management oversight of cases allocated for advice and information are sustained and their impact evaluated
- ensure that records of supervision discussions in electronic social care records routinely include evaluative content and make explicit the rationale for management decision-making
- the ISCB should satisfy itself that the recommendation of the Ofsted inspection of private fostering is responded to in full
- ensure that the very recent improvements in the reporting by general practitioners (GPs) to child protection conferences continue.

Within six months:

- ensure that assessments routinely demonstrate the use of historical information in informing understanding and planning
- improve the quality of planning in child in need and child protection cases to ensure that desired changes and outcomes are specific, that timescales are clear and that tasks and actions are followed up in reviews.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (good)

25. Safeguarding outcomes for children and young people are good. In most cases seen by inspectors, children and young people are safeguarded well through timely and effective interventions. Assessments and child protection enquiries, including for children with disabilities, are completed in a timely way and include a balance of risks and protective factors, and most demonstrate an understanding of cultural factors. The views of children, young people and their families are routinely recorded and there is clear evidence that they inform assessments and planning. Work to improve the participation of children and young people in child protection conferences is having a growing impact. There is strong evidence of effective joint working including with the Police, health and education colleagues, and the routine use of multi-disciplinary strategy meetings ensures that responses to safeguarding concerns are well informed and well planned. Specialist staff within the referral and assessment team provide a range of additional services, including hair strand testing for parents who abuse drugs and alcohol, which contributes to the protection of their children by identifying potentially risky behaviours.
26. Good procedures and processes ensure that allegations made against people who work with children are managed robustly and in a way that improves safety and reduces risk for children and young people. The role and function of the Local Authority Designated Officer (LADO) is widely understood across the partnership, including the voluntary and community sector, and there is evidence of a significant rise in the number of referrals from an increasing range of agencies. The LADO has proactively followed up concerns about agencies that were possibly under-reporting and has had some success with referrals being received from agencies that had not previously referred. Processes to ensure safe recruitment are robust, meeting and in some cases exceeding minimum requirements. Criminal Records Bureau (CRB) checks are repeated by the council every three years and concerns arising from positive disclosures are risk assessed by a manager with appropriate actions taken.
27. An effective complaints system is in place. Efforts to deal with concerns at an early stage are successful and as a consequence the number of formal complaints received is low. Consultation with children and families involved in the child protection service has been undertaken and learning used to inform service improvement. For example, a 2011 survey of service users involved in child protection processes 12 months previously identified a number of themes such as the late arrival of key personnel at meetings and a lack of explicit recognition for progress made. Changes

were made to the operation of child protection conferences and expectations of those attending them to address these issues. Well-established advocacy services ensure that children and young people who need help can be supported in articulating their views where necessary.

28. The council and its partners have carried out good work into what makes children and young people feel unsafe in their communities, and the results have begun to influence services. For example, a group of Year 6 children gave a presentation to the ISCB that identified a number of factors that made them feel unsafe. These included concerns about dark places and insufficient street lighting, poor security around housing and parks and being home alone. As a result the council is to carry out improvements to street lighting. Progress is being monitored by the ISCB. Children have been supported to develop a training DVD for parents and professionals about the impact of a child on being left home alone and while the impact on the incidence of home alone cases is not yet clear, it is a good example of the involvement of children and young people in safeguarding work.
29. Arrangements for responding to children and young people who go missing are good. Police undertake welfare checks and independent visits are made by a voluntary sector agency to all children and young people on their return. An enhanced response is triggered automatically by the third episode of a child going missing, though there is capacity for a higher level of response at an earlier stage if appropriate. However, use of the CAF to support interventions and reduce risk is limited. Data and contextual information relating to children and young people who go missing are analysed and trends identified. For example, the council and its partners have identified that children from minority ethnic groups are under-represented in the reporting of missing from home episodes and have initiated targeted work with some faith groups and professionals to raise awareness.
30. Safeguarding arrangements in schools are good. Designated child protection teachers and other staff receive appropriate training and the council and ISCB issue periodic update bulletins. The team around the school approach and linked social workers support understanding between schools and children's social care and enable the early identification and response in cases of concern. The number of permanent exclusions has significantly reduced over the last four years, though fixed term exclusions remain higher than found across Inner London. Strategies to improve safeguarding outcomes by reducing absence from school are having an impact as attendance continues to improve at both primary and secondary level. However, reducing persistent absence remains an identified priority for the council and its partners. Improving attendance at pupil referral units also continues to be a priority, especially for primary aged children. Pupil referral units are working with schools to improve reintegration rates, which have been low, but are now improving.

31. Work to identify and engage with vulnerable groups is a strength which is evidenced through a number of initiatives including AMASS and the development of Family Outreach Support Services which targets the most complex families within the local community. The council, with schools, governors and other partners, is focusing on raising attainment and narrowing the gap for children in vulnerable groups and outcomes for these children are improving overall with some evidence of a narrowing of the gap.
32. Islington's adoption, fostering and private fostering services have been judged as good for safeguarding. Targeted work has supported improved safeguarding judgements for child minders. Good procedures are in place to ensure the 73 children currently educated at home are safeguarded, with information from previous schools, children's social care and the elective home education inspector contributing to risk assessment.

Quality of provision

Grade 2 (good)

33. The quality of provision is good. The needs of the local population are well understood and a range of universal and targeted services meets the diverse needs of families in the area. Examples include bilingual support workers for Somali and Bangladeshi families, group work with parents whose toddlers have special needs, and culturally sensitive and targeted parenting programmes.
34. Good early intervention and prevention services offer a wide range of help to children and families. Effective coordination of multi-agency provision for individual and groups of vulnerable children enables early identification and support. For example, improved demographic data available to children's centres are ensuring that they have a better understanding of their catchment area, enabling them to target families with new babies. Parents seen praised the work of the children's centres and individual staff very highly and gave examples of improvements they had been helped to make, such as the development of better parenting skills. Schools and children's centres fully recognise their responsibilities for safeguarding children and report that responses from children's social care to referrals are generally swift. Partners are confident to challenge decisions made by children's social care when necessary.
35. The team around the school and team around the child approaches are effective. Regular contact with linked social workers ensures that every school is well supported when safeguarding concerns are identified. This is supported through strong and productive relationships between children, families, support staff, outreach workers and teachers, which help children feel safe in their care. Case studies show improved outcomes for individual vulnerable pupils. High levels of support from school staff such as school home officers and bilingual parent support advisors ensure that barriers to children's learning are reduced.

36. The use of the CAF is showing significant improvements, having been identified through peer and ISCB reviews as in need of further development. It is particularly well-used by professionals in health services and children's centres and has been taken up to ensure appropriate support for children of parents with mental health problems and those affected by domestic abuse who are below the threshold for social care intervention. The use of the CAF by schools is now accelerating after a slow start. In consequence, the overall number of CAFs completed continues to increase. The overall increasing emphasis on the use of CAF is seen in its centrality to the developing integrated early intervention services such as Family Outreach Support Service (FOSS). However, there remain omissions in its coverage, notably in relation to supporting children and young people who return after going missing.
37. Gaps in delivery and reach are identified and responded to. For example, analysis of parenting programmes identified low take up among some minority ethnic groups and led to targeted approaches such as the establishment of an evidence-based programme for Bangladeshi parents. Parents taking part in this programme told inspectors how their parenting skills have improved as a result and how they are seeing improved relationships at home and better school attendance.
38. Thresholds for access to services, including children's social care, are well understood across the partnership and effective monitoring arrangements through the ISCB are in place to ensure that they are appropriately applied. Escalation procedures are in place and effective when used.
39. Responses by children's social care staff to children and young people who have been referred are generally good, with initial decision-making and assessment timely and appropriate. Social care cases are allocated to qualified and suitably experienced social workers who have manageable caseloads. In cases seen by inspectors, safeguarding needs are identified and responded to in a timely way. Strategy meetings are good, with a range of appropriate professionals taking part and clear outcomes. Initial assessments and child protection investigations are timely. Children are seen and seen alone in investigations and assessments and their views are routinely reflected in records. These factors combine to ensure that prompt action to protect the well-being of children at risk of harm is taken. However, some cases are initially opened under a category of advice and information. While these are reviewed routinely by managers, inspectors saw a small number that should have been escalated to initial assessment in response to an emerging picture but were not. As a result, there was delay in responding to these children's needs.
40. Out of hours arrangements are good and link well with day services. The emergency duty team (EDT) is small but has contingency arrangements to meet peaks of demand, though these rarely need to be used. All EDT staff are trained and experienced in children's social care work including child

protection and safeguarding. Out of hours links with Police have improved and are good. The use of Police protection has declined, following recognition of some overuse, and responses to child protection and other concerns are now agreed jointly. Hospital staff support EDT well, with good access to medical assessments in child protection cases and a willingness to keep children in hospital until the risk is clearly eliminated.

41. In most cases seen there is evidence of thorough consultation with other relevant agencies, notably health, education and adult services, enabling comprehensive information to be gathered and analysed effectively to develop a full understanding of need. However, in a small number of cases, the extent to which this information is critically evaluated and used to inform assessments is too limited. Cultural and religious factors are evaluated well in most assessments and inform interventions. Co-location of the referral and advice service with local voluntary sector organisations ensures that cases where statutory thresholds are not met can nevertheless be offered services promptly to meet a lower level of need.
42. Electronic case files are routinely up to date and of a good quality. They are sufficiently detailed to give a clear picture of a child's circumstances, and include a full range of documentation such as assessments and plans as well as case notes and supervision discussions. However, while decisions are recorded, the rationale for them is not always sufficiently clear.
43. Arrangements within the disabled children's team to respond to and investigate child protection concerns are good. Strategy meetings are appropriately used and Section 47 investigations are undertaken by experienced social workers who have received up to date safeguarding training. Core assessments are suitably detailed and management oversight of cases is effective with critical challenge. Specific action planning with timescales is evident and there are close working relationships with police, health, housing and education. Staff at the short breaks unit use specialist communication aides to assist children with learning or communication difficulties to give their views about the service and provide information about possible abuse.
44. There is good parental attendance at child protection conferences and changes to the way they run have been implemented following a survey of parents. Social work reports to conferences seen by inspectors are of good quality, with detailed analysis of risks and protective factors, and child protection coordinators confirm that reports have improved as a result of training on analysis, with most being good or better. Decisions to use a child protection plan are appropriate and outline child protection plans seen are consistent with the findings of the conferences. However, too many are not sufficiently developed by core groups and so lack specific objectives and timescales and in consequence it is not clear how parents are to understand what needs to change. There is a low number of

disabled children with child protection plans. A recent audit to test thresholds within the disabled children's team found that they were applied in line with those for other children and inspectors saw no evidence of failures to implement child protection procedures when necessary by this team.

45. Child protection coordinators are independent of the management of cases. They have allocated caselists, retaining oversight and scrutiny of cases during a child's time with a child protection plan and chairing review child protection conferences which are always held within timescales. There are clearly defined policies that ensure they scrutinise progress between conferences and evidence on files indicate examples of robust challenge to shortcomings. Escalation procedures are well understood and used, with most identified problems resolved at informal levels.

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

46. The contribution of health agencies to safeguarding is good. All staff reported well-established partnership working. Systems are in place to share information quickly between health and social care services and to ensure that care is safe and well coordinated between health providers. Health professionals routinely contribute to strategy meetings where appropriate and attendance and reporting at child protection conferences is mostly good. However, reporting by GPs to child protection conferences remains too low, despite substantial recent improvements. Health partners are actively involved in the Islington Safeguarding Children Board. The Child Death Overview Panel arrangements are clear and the panel reports on its findings to ISCB.
47. Named doctors, nurses and midwives are appropriately located within provider health services and their work is well regarded. They provide consistent and effective guidance to practitioners in individual cases and are well-placed to ensure that action is taken to eliminate or reduce potential risks. A named GP has recently been appointed after a gap of two years, and is beginning to have an impact, though the full effect has yet to be realised. During this hiatus, GPs had access to the designated doctor and nurse and under a service level agreement to the named doctor and nurse for Whittington Health - Islington community services.
48. A designated safeguarding nurse and doctor hold specific responsibilities for Islington and are described by others as very available to discuss and advise on safeguarding concerns. They provide effective supervision and support to the named health professionals and scrutinise safeguarding and child protection training within provider health services to ensure that it continues to adhere to current best practice requirements. Internal audits have found improving levels of satisfaction with the quality of supervision and support received. Health professionals involved in a recent serious

case review report being particularly well supported by named and designated staff.

49. At the time of inspection, records indicated that 22% of GPs had not undertaken child protection training at the required level in the past three years and 6% had no record of attending any child protection training. A problem with some provider trust training records being missing has compromised the ability of health bodies to monitor compliance with training requirements. However, all staff spoken with in acute and community services reported that they had completed child protection training to the appropriate level with annual updates and training on any local issues. Lessons learnt from serious case reviews have been the subject of staff training sessions and there has been a clear expectation that children's health professionals attend.
50. Safe recruitment arrangements are in place in health agencies, and the role of the LADO is understood and used. CRB checks are undertaken when staff are recruited. Although there were delays in Whittington Health in ensuring that longstanding staff had CRB checks, all those seen during the inspection reported that they have been done. A process is in place to renew CRB checks every three years.
51. There is a dedicated paediatric emergency department at Whittington Hospital. Children and young people using this service benefit from good provision in which safeguarding and thresholds for referral to children's social care are well understood and applied in practice. Good systems are in place to identify whether children presenting to the emergency department have a child protection plan or otherwise potentially at risk. All staff spoken to know how to make a referral and whom to talk to for information, advice, clarification and support. GPs, health visitors and school nurses are routinely notified of child attendance at the emergency department and a paediatric liaison health visitor in the emergency department monitors all children's attendance and reviews actions taken. A good protocol relating to young people attending at any of the three hospitals serving the borough for incidents of self-harm or thoughts of self-harm ensures that they are admitted under the care of a paediatrician and assessed by a psychiatrist.
52. Other hospital services also prioritise safeguarding effectively. Moorfields Eye Hospital maintains an up to date list of children with a child protection plan and routinely asks parents whether they have a social worker to ensure that children from other local authority areas who may be at risk are identified. Whittington Hospital operates a 'think family' approach to ensure that adult patients attending the emergency department are asked if they have or are responsible for children. The children of parents presenting at the emergency department with domestic abuse concerns are always referred to children's social care. Similarly, if a parent's attendance relates to alcohol or drug misuse and they have children with

them, a social care referral is made. Whittington Hospital's in-patient services have a dedicated family room that ensures children visiting are in a safe environment. Adult psychiatric in-patient services provide safe places on hospital wards for children to visit patients, enabling children to maintain contact with their parent in a carefully managed way.

53. There is a good range of specialist provision available for particularly vulnerable children and young people. CAMHS are very good overall, with access for children, young people and their families to a wide range of specialist provision in the community and also in-patient treatment. Other professionals, for example in schools, children's centres and children's social care report that children and young people in need of CAMHS assessments and interventions receive a prompt and effective service. There is a good process in place for transition between CAMHS and adult mental health services for those with a diagnosis of complex and enduring mental health problems, though transitions are less secure for those who do not meet the threshold adult mental health provision. Arrangements for carrying out child protection medical examinations following allegations of sexual abuse are good, with the use of appropriate surroundings in a specialist centre. Pregnant teenagers receive a service from specialist midwives at Whittington Hospital during pregnancy and after the birth. In addition Whittington Health offers the Family Nurse Partnership to first time mothers up to the age of 18 years and to those with additional needs up to the age of 19 years.
54. A specialist service at Whittington Hospital supports African women, including young women, who have experienced genital mutilation. A link midwife supports pregnant women in Holloway Prison. A young fathers' project is a recent innovation but it is too early to see its full impact.

Ambition and prioritisation

Grade 1 (outstanding)

55. Ambition and prioritisation are outstanding. The Islington Children and Families Board (ICFB) has identified an ambitious set of priorities. These include the transformation of early intervention and prevention support for vulnerable children and families. The community budget programme has very effectively enabled resources from different agencies for the joint commissioning of a broad range of targeted early intervention services that is improving outcomes for some of the most vulnerable children in the borough. The introduction of Family Outreach Support Services brings together a range of partners to focus services on vulnerable and complex families. Through universal, targeted and specialist services, long-term and intensive support is increasingly effective, with evidence of children diverted from care, reduced first time offending and reduced evictions of families from their homes. It builds on the already good outcomes delivered through well established services including the Family Intervention Programme and Family Drugs and Alcohol Court.

56. The ISCB demonstrates very effective influence and ensures that action is taken to protect the welfare of children and young people. Strategic links between the two boards are clear and effective. The Lead Member for children's services is a participant observer on the ISCB and chairs the ICFB, and this supports coherence between the boards. The six priorities established by the ISCB align explicitly with those of the ICFB. The ISCB has been very active in mapping provision and evaluating the potential impact of proposed service changes arising from budget reductions across partner organisations. Its success in this is evident in significant changes to some plans, for example potential reductions of 80% in youth and play budgets were not pursued and 20% reductions implemented after review and intervention by the board. As a result, many children and young people can continue to access these services. Audit activity by the council demonstrates successful targeting with high take-up by those from more vulnerable groups, including many of those at risk from gang-related activity.
57. The ISCB makes very good use of audit to satisfy itself of safeguarding performance across the partnership. It monitors closely progress against priorities and the implementation of relevant action plans and these are continually reviewed and revised to ensure effective safeguarding services are in place across the partnership. Examples include successful challenges by the ISCB to some schools to ensure safeguarding responsibilities are recognised and met, leading to a more assured response for children at risk of harm. The need to improve engagement with fathers has been identified and communicated to a range of agencies, and in consequence there has been an increase in assessments involving fathers and in the number of children placed with their fathers or within extended paternal families.
58. There is clear evidence, confirmed by a wide range of professionals spoken to during the inspection, of very robust monitoring, review and challenge by the ISCB in relation to serious case review action plans. The independent chair of the ISCB successfully challenged failures in one agency to implement recommendations of a serious case review and raised with the local court service shortcomings exposed by the review in their approach to private law aspects of the case. A finding from scrutiny of the core business report about the very poor rate of contribution of GPs to child protection conferences has resulted in a good improvement. As a result, decision-making about individual children is better informed in more cases than previously. However, the improvement is from a very low starting point, and considerable further improvement is required. Learning from serious case reviews is disseminated widely through briefings and incorporation in training programmes, and staff and managers from across the partnership told inspectors of improved awareness as a result. Other work by the ISCB includes developments with adult services. There is regular dialogue between the independent chairs of the children's and adult safeguarding boards and overlapping membership. Items of mutual

concern are discussed by both boards. For example, the need for a 'think family' approach in adult mental health services has been recognised and responded to. As a result, more children have been identified as potentially in need or at risk and there has been an increase in contacts and referrals to children's social care by mental health practitioners.

59. Safeguarding and looked after children are recognised as high priorities for the council as a whole and its statutory, voluntary and community partners. The Leader of the Council and the Lead Member for Children act as effective children's champions and display a keen awareness of children's and young people's needs as well as Islington's performance, strengths and weaknesses. They ensure that cabinet members and chief officers have an understanding of their role in responding to the needs of vulnerable children. As a result the council has prioritised services for these children, including early intervention provision, in its budget planning. For example, youth work services have been maintained in the current rounds of spending reductions in order to meet priorities concerning gang-related activity and to ensure that young people are in education, employment and training.
60. Operational staff across the partnership demonstrate highly skilled and child-centred commitment to their work. This results in very effective practice and has led to some significantly improved outcomes for vulnerable children and young people. For example, a multi-agency partnership, the Bronze Group, has targeted young people at risk of carrying out or being a victim of serious youth violence. This approach has contributed to reduced adolescent crime rates and increased participation in full-time education and positive activities.

Leadership and management

Grade 1 (outstanding)

61. The leadership and management of safeguarding services are outstanding. Dynamic and highly visible leaders promote a culture that ensures strengths and areas for development are identified and responded to effectively. Examples include the reconfiguration of early intervention services; partnerships with specialist providers to ensure expertise in court assessments in relation to parental drug and alcohol use and personality disorders; and the expansion of the reach of children's centres. Commitment to these initiatives is demonstrated at all levels of management and across the whole partnership. These developments will deliver significant cost savings to a number of agencies thus assuring the sustainability of the services and the improvements they bring.
62. Workforce planning is very effective. Comprehensive mapping of services and resources across the partnership identifies duplication, as well as areas of potential weakness. Redeployment and pooling of resources has increased the strength of partnership working and improved service

delivery. The workforce plan within children's services has contributed significantly to the retention of an experienced and well qualified workforce, and manageable caseloads means that children and their families experience an exceptional level of contact with their social workers, supporting the development of good professional relationships. The newly qualified social worker programme has been a particular success, ensuring that newly qualified practitioners are well supported and able to develop their skills in a supportive and safe environment. As a result the large majority of these staff chose to continue working within Islington when they finish the scheme. Overall staff retention within children's services is outstanding and the council has recognised the need both to develop management potential within its existing workforce and to attract expertise from outside and is achieving a good balance. Staff and managers report very good access to training programmes. Staff development initiatives on specific areas such as analysis in assessment have led to demonstrable improvements in understanding and responding to individual children's needs.

63. Senior managers and clinicians in health agencies are fully engaged in the partnership. Their priorities align fully with those of the ICFB and ISCB. The strength of health's strategic commitment to the partnership is illustrated by the mature joint commissioning arrangements for community health services, with a senior level joint appointment located within the local authority under a Section 75 agreement. Effective workforce development within health agencies ensures that there are sufficient numbers of well-trained staff in key community and acute roles. Where vacancies have occurred, for example in health visiting and midwifery, contingency arrangements have ensured that children continue to be seen. Health managers, along with the ISCB, identified the lack of a named GP as a significant problem and took steps to resolve it, though the gap of two years was too long.
64. Strategic oversight is very strong across the partnership and links effectively with operational monitoring of performance. For example, within children's social care work, differences between performance between teams has been analysed carefully to determine whether thresholds for intervention are applied consistently. Where there are concerns that services may not be safeguarding children appropriately, these are investigated. Action plans following serious case reviews have been implemented and learning disseminated effectively. Peer review and independent evaluation of services are welcomed and these have confirmed the strength of leadership evident within individual organisations as well as the level to which shared priorities and joint delivery of services are safeguarding children and young people. For example, the MARAC is well established and effective in responding to risk. Clear alerts are sent to relevant agencies and risk reviewed on a continuing basis. A clear information sharing agreement is in place that includes high risk individuals who don't have a caution or conviction. Links

with health services for younger children are a particular strength of these arrangements and contribute significantly to helping ensure these children are protected from known high risk adults.

65. Commissioning and joint commissioning of safeguarding and preventative services are outstanding, with sophisticated use made of a wide range of data to identify priorities and resources and develop or procure services to meet needs. The Community Budget approach brings together a broad spectrum of services including children's social care, health agencies, Job Centre Plus and voluntary organisations to deliver specialised and targeted services to some of the most complex families in the borough. The design of this approach targets improved outcomes in relation to worklessness, school attendance, levels of domestic violence, and numbers of families that require statutory intervention from children's services. While it is too early to evaluate the full impact of this new service design, there is clear evidence from the services which it brings together of a beneficial effect on vulnerable children, including in preventing admissions to care.
66. The views of children, young people and their parents are explicitly sought and used to inform service developments across the partnership. There are many excellent examples of work the council and partners have done to gather views and use the intelligence gathered to influence practice. These include consultation with families involved in Islington's child protection processes and investigations into the strength of partnership working with parents. This has led to improvements in the way child protection conferences are run, with evidence of high levels of parental participation. Youth surveys have included the use of on-line approaches and led to the retention of youth services for some of the most vulnerable young people, contributing to reductions in first time offending.

Performance management and quality assurance

Grade 2 (good)

67. Performance management and quality assurance arrangements are good and embedded across the partnership. Performance targets are being met and in most key areas performance exceeds similar authorities and the national average. Data systems produce a wider range of reports that are above minimum requirements and these are monitored routinely, including at team and individual level, to analyse and improve performance. Management information is analysed thoroughly and used to inform commissioning. Internal and independent audit and scrutiny arrangements are strong and findings are used effectively to improve service delivery. This includes analysis of the effectiveness of family group conferences within the disabled children's team, examination of the use of Section 47 investigations to consider why rates are higher in some children in need teams, and scrutiny of the reasons for the very low numbers of children on child protection plans under the category of sexual abuse. Lessons learned have led directly to service improvements.

68. Management resources within children's social care are sufficient and, social workers have good access to managers for supervision, advice and support. Access to group, specialised and reflective practice supervision is good and highly valued by social workers. Supervision discussions are routinely recorded in electronic social care records, but they are too often descriptive and do not demonstrate sufficiently reflective consideration of casework, challenge and the rationale for decision-making. Oversight by senior managers is good, and there is evidence that they routinely examine a sample of files and provide appropriate feedback.
69. Child protection coordinators provide consistent oversight of work done with families when a child has a child protection plan. They retain cases, and their continued scrutiny of them between conferences means that they can monitor progress and identify drift. There are clear arrangements, including escalation procedures, for coordinators to raise concerns and evidence of where these have been used to ensure a more assured response to a child's needs. There is a strong emphasis on the importance of parents and where appropriate children having advance sight of, and being helped to understand, reports to child protection conferences. Coordinators apply clear rules about timescales for this to happen. If a report has not been seen and understood by parents and children until too late, the coordinator will defer the conference. Use of interpreters for parents whose first language is not English is routine, and again, conferences will be deferred if they are unavailable.

Partnership working

Grade 1 (outstanding)

70. Partnership working is outstanding at both operational and strategic levels. The ISCB provides demonstrable influence and highly effective and consistent leadership across universal and statutory services. The board receives an appropriate suite of performance information, identifies and investigates potential weaknesses in services and monitors closely the effectiveness of action plans. Audits are used to identify areas for development and target improvement activity. For example, an audit of Section 47 investigations found a low rate of progression to initial child protection conference compared with similar authorities. Action to understand and respond to this involved an examination of thresholds, information sharing, child protection processes and management oversight. A subsequent audit demonstrated impact, with a fall in the overall numbers of Section 47 investigations and an increased percentage progressing to initial child protection conferences. As a result, there is better identification and assessment of children in need of protection, enabling focused action to reduce risk and ensure safety and well-being.
71. At the operational level, information-sharing protocols between agencies are clear and very effective. Joint planning, assessment and intervention are common place and partners consistently work well together to ensure children and young people are safeguarded. Inspectors saw examples of

highly effective work. These include the MARAC arrangements in respect of domestic abuse, where effective systems are in place to alert services to high risk offenders; work through the 'Bronze Group' to agree intervention plans with young people at risk of serious crime; and highly successful intervention through the family intervention programme.

72. Key services for adults are fully committed to children's safeguarding. Adult mental health services explicitly apply a 'think family' approach, with professionals routinely determining whether adult with mental health problems have children and if they do, making referrals for social care or CAF assessments as appropriate. Similarly, hospital services for adults, including emergency departments, check with patients whether they have children and respond accordingly. Those presenting with drug and alcohol-related concerns that may be problematic for children, and those where domestic abuse may be a factor, are referred to children's social care.
73. Voluntary and community sector organisations are full partners and report robust links to the local authority and safeguarding services. There is a very strong sense of shared values and good levels of dialogue. The contribution of this sector is seen as crucial to the effective delivery of the new community budget arrangements. The ISCB has ensured that voluntary and community sector partners have completed Section 11 safeguarding audits, and local authority staff ensure their compliance with safeguarding requirements through contract monitoring.
74. Partnership arrangements are mature and constructive challenge is welcomed. Progress against priorities is closely monitored and action plans continually reviewed and revised to ensure effective safeguarding services are in place across the partnership. Examples include challenge to schools to ensure safeguarding responsibilities are recognised and met and to extended services to increase engagement with fathers. There are very good recognition and commitment across the partnership of the need to reflect the diversity of the borough in planning and delivery. This is evident in the routine use of interpreters as well as the targeting of resources on groups identified as under-represented in some services, such as the delivery of a parenting programme to Bangladeshi parents.
75. Relationships between the safer school officers and secondary schools are good and highly valued by head teachers and there are strong links between police community support officers and primary schools. Staff from police, children's services, specialist health partners and the youth offending service attend team around the school meetings when appropriate and contribute well to prevention work within schools. Very good multi-agency approaches were seen by inspectors including rapid and comprehensive responses to gang-related activity and a recent incident of concern arising from use of a social networking website.

Services for looked after children

Overall effectiveness

Grade 2 (good)

76. The overall effectiveness of the council and its partners for children and young people looked after and care leavers is good. The local authority and its partners understand and are fully committed to meeting their responsibilities as corporate parents. Looked after children are clearly everybody's business, and the council's Chief Executive ensures that it is a priority for all directorates. Corporate directors within the council provide virtual mentoring and apprenticeship opportunities for looked after children and care leavers. There is a shared vision across the partnership, with colleagues at all levels presenting a commitment to securing good outcomes for looked after children and care leavers.
77. Strong leadership ensures that all services for children looked after, including those with disabilities and special needs, are good and improving. Health partners ensure that good health outcomes are secured, including for those placed out of the borough. Immunisation rates and health assessment completions are very good, though in some cases seen children's weight was not always recorded as part of the health assessment. The virtual school leadership is supporting good educational outcomes in most aspects of children's attainment, including well beyond the statutory school leaving age, and has identified that some aspects of educational attainment at 16 need improvement. Children and young people looked after report that they feel safe and are able to make a positive contribution. There is good progress in supporting young people to achieve economic well-being. There is very good placement stability including for those placed out of area. School attendance is good and a high number of care leavers are in both higher and further education, with most care leavers gaining some qualifications by 21.
78. Assessments in respect of looked after children are mostly good, with contemporary information analysed thoroughly and cultural and religious factors taken into account and reflected in work done in most cases seen. Decisions for children to become looked after are appropriate. However, the full use of historical information in assessments was absent in some cases, and re-assessments are done through the planning and review system rather than through a full reconsideration of all the factors relevant to the child. This creates the potential for needs to be overlooked. Too many care plans seen lack specific objectives and timescales, something the local authority has itself recognised as requiring improvement. Case records are up to date and comprehensive, but records on case files of supervision discussions are too often descriptive with limited evidence of reflective discussion and challenge and a lack of rationale for decisions made.

79. Targets and goals are ambitious and reflect learning from routine performance monitoring. For example, there is increased vigour in the response of the virtual school to the need to improve attainment at Key Stage 4. Quality assurance and performance monitoring mechanisms are robust. Managers at all levels review files and independent reviewing officers have well-established mechanisms for raising alerts and use them robustly. Data are used to inform planning. The same positive, no-blame approach to audits of casework that applies in child protection and child in need services is seen operating for looked after children. Staff welcome the good level of management oversight and the strong interest of senior managers in individual cases. Supervision is regular but of variable quality, with evidence of very good practice including critical reflection and discussion, as well as supervision that is too superficial.
80. The workforce is stable, with low vacancy rates and good retention. The number of social workers is relatively high and caseloads are manageable. This provides good continuity for children, young people and families as well as higher levels of direct work than the norm, and in consequence children and young people are often able to develop enduring relationships with their social worker that support good outcomes. Social workers for looked after children are required to have a minimum of two years post qualifying experience which ensures an appropriate level of expertise. Children are seen routinely and seen alone. The views of children, young people and families are routinely recorded and there is clear evidence that they influence strategic development as well as case interventions. There are good examples of influence, for example in relation to protecting a key post and the design of a building for looked after children.
81. Partnerships are outstanding, with mature engagement about priorities, budgets, commissioning and delivery. Private sector partners such as independent fostering agencies report very good relationships with social workers, with high levels of contact and rigorous monitoring to ensure plans are implemented.

Capacity for improvement

Grade 1 (outstanding)

82. The capacity for improvement is outstanding. Dynamic, highly visible leadership from senior managers is demonstrated through the very clear vision for services for looked after children that is understood and supported by all key partners. There is a clear ambition for looked after children to succeed. The contribution of a wide range of agencies to corporate parenting is very well embedded, with a specialist health team achieving very high rates of immunisations and health assessment completions as well as securing accelerated access for looked after children to specialist provision such as speech and language therapy. The virtual school provides proactive support to looked after children, their carers and schools with good use of personal education plans to support

progress. Exceptionally high numbers of care leavers sustain involvement in further education and enter higher education. Children placed out of the borough receive the same level and quality of service from health and education partners as other children, and this ensures that they have the same opportunities to be healthy, to enjoy life and to achieve in education. Access to housing and provision through Supporting People have brought improvements in the number of care leavers living in suitable accommodation.

83. There is clear evidence of a steady and sustained trajectory of incremental improvement in services for looked after children. Priorities are clearly identified and services configured to meet them. Outcomes are at least good and there is clear evidence of continuing improvement, for example in relation to housing opportunities for care leavers and the number of young people in higher education. Deficits are understood and action taken, for example in aspects of educational attainment at Key Stage 2 and Key Stage 4, where the virtual school is undertaking targeted work to ensure improvements for subsequent cohorts and remedial action for the cohorts affected. Problems in the delivery of the previous contract for independent visiting for looked after children have been recognised, leading to a new procurement process and the issuing of a contract to a new provider. Service user views routinely inform planning at individual and operational levels.
84. Partnerships are outstanding, with evidence of sustained improvement in the last two to three years, reflecting the excellent capacity of senior managers to provide leadership beyond children's services and to secure agreement over vision as well as commissioning and spending priorities. These partnerships include housing, adult services and further and higher education providers in addition to health and the virtual school, enabling looked after children and care leavers to make successful transitions to adulthood and independence. The virtual school has succeeded in working with schools to ensure that looked after children are not permanently excluded and is now tackling repeat fixed term exclusions relating to a small number of schools and children.
85. Workforce planning is coherent across the partnership, with very effective mapping of need against provision to eliminate overlaps and fill gaps. There has been significant improvement in the effectiveness of the children's social care workforce, with good recruitment and retention, a more focused approach to training and development and a requirement of a minimum of two years post-qualifying experience all contributing to stability and expertise for looked after children. The dedicated health team and virtual school include relevant specialists and have ready access to a wider range of specialisms when necessary.
86. There are instances of highly effective practice in most areas analysed. There is excellent placement stability, supported by multi-agency

partnerships and focused preventive action. This ensures that children and young people have enduring relationships with significant adults and the necessary stability to achieve good emotional health and educational success. The social care workforce is stable and experienced, and this allows for enduring relationships and consistency. The council's introduction of 'stay put' arrangements supports continued engagement in education and training as well as better preparation for independence by allowing young people to remain with their carers beyond 18 years of age. Outstanding partnerships with housing and supporting people that prioritise care leavers for housing and support enable good transitions to independence. The council's success in achieving permanence for children and young people through adoption and special guardianship delivers long term stability and security for the children concerned. Outstanding performance in enabling looked after children and young people to make a positive contribution helps them to develop skills and confidence and ensures that services are relevant and meet needs

Areas for improvement

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

Within three months:

- ensure that records of supervision discussions in electronic social care records routinely include evaluative content and make explicit the rationale for management decision-making
- improve the quality of care planning for looked after children and pathway planning for care leavers to ensure that desired changes and outcomes are specific, that timescales are clear and that tasks and actions are followed up in reviews
- ensure that explicit reassessments are completed so that changing circumstances are reflected in care planning and case work.

Within six months:

- ensure that assessments routinely demonstrate the use of historical information in informing understanding and planning.

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

Being healthy

Grade 2 (good)

88. Health outcomes for looked after children and young people in Islington are good. Strong partnerships and some sharing of systems between health agencies and children's social care ensure that health needs are promoted effectively, with access to a good range of provision. For example, health staff for looked after children have access to the council's electronic social care record and so can read relevant current information about the child and enter health assessments. As a result of these good partnership arrangements, more looked after children have up to date health assessments and immunisations than London and national averages and health outcomes are good. There are good systems in place to check and offer immunisations at both planned appointments and opportunistic events.
89. The dedicated looked after children health team completes nearly all review health assessments, undertaking 90% in 2011 – 2012. This allows for a consistent overview of the child's health and development and facilitates planning to meet health needs. Most initial health assessments are completed in a timely way, though there have been a few cases where they were done outside timescales because notifications of newly looked after children were not made promptly. Health files seen by inspectors comply with statutory guidance and include comprehensive information about the child. However, one file made reference to previous sexual abuse and concerns about sexualised behaviour, but the possible need for therapy or another intervention was not considered in subsequent health reviews. Evidence of annual weight being recorded was not seen in all files.
90. The looked after children health team ensures that health assessments are holistic and cover a range of health, health promotion and emotional well-being issues. Contraception, sexual health and relationships are discussed with young people during assessments. Health assessments are stand-alone documents, and the relevant history of the child is included each time they are reviewed. This ensures a consistency of understanding for those working with the child even when there are changes of personnel. Nurses for looked after children routinely travel to placements that are out of borough to see children for health assessments. It is a strength that children placed at a distance from home receive the same level of service from their health team as those in borough, contributing to outcomes that are similar to those of children placed within Islington. Health visitors and school nurses are routinely notified if a child is looked after, and while they are not normally involved in looked after children health assessments, there is good liaison with the specialist nurses that ensures a

consistency of understanding and approach for the child. They do also offer looked after children the same services as other children such as school entry assessments and sex and relationships education as well as undertaking specific actions under the child's health plan where appropriate.

91. The looked after children health team provides support and advice to foster carers and information to social workers. Foster carers can access direct support from dedicated CAMHS staff for looked after children when necessary. There is evidence of highly effective practice to ensure that the stability of placements remains high and that health and educational outcomes are good. The availability of dedicated health, CAMHS and virtual school staff and the adoption of the team around the child approach to looked after children results in timely and effective interventions to respond to crises. Where it is identified that a placement may require extra support, timely and effective multi-agency team around the child meetings are held at the placement to ensure the right support is given. Where necessary this can include dedicated CAMHS support for children and young people and individual carers. This contributes to good placement stability for children looked after by Islington.
92. Specialist health services prioritise looked after children for 'fast track' access. This includes CAMHS, speech and language therapy, occupational therapy and physiotherapy. The emergency departments at Whittington Hospital have systems in place to ask children, young people and adults accompanying them if they have a social worker, and any attendance by a looked after child is reported to children's social care.

Staying safe

Grade 1 (outstanding)

93. Safeguarding arrangements for looked after children are outstanding. Robust monitoring arrangements ensure children are placed in suitable and safe placements, and placements are only made with providers evaluated as good or better by Ofsted. When a provider's Ofsted rating drops below good during an existing placement, there are appropriate contingency arrangements to determine whether the placement should end or how it can be supported to continue to meet the child's needs to a good standard. Safeguarding requirements of external providers are firmly embedded in contracts and providers spoken too have a high regard for the rigour and commitment shown by Islington staff to ensuring the safety and well-being of looked after children.
94. The well-being and safety of looked after children, including those placed out of borough, are promoted by very regular visits by their social worker, generally well in excess of statutory minimum requirements. Visits are recorded promptly in the child's record and children spoken to and case files seen by inspectors provide clear evidence that children are seen alone

and that their bedrooms are seen by social workers. An effective 'alert' system is in place to remind social workers and managers of approaching deadlines for visits and this, together with manageable caseloads and the high priority given to direct work enables consistently high performance in this area. Almost all looked after children who responded to the Care4me survey said that they felt safe and all had trusted adults they could talk to. The small number reporting not feeling safe referred to specific circumstances not connected with carers or families, such as a bullying incident, and these were responded to by the council.

95. Almost all reviews for looked after children are completed within timescales and this performance is kept under close review by senior managers. Case files examined provide evidence that many children and young people attend their own reviews and that they are encouraged and enabled to contribute positively. Where necessary, independent reviewing officers visit children and young people before their review and will also hold split reviews in order to maximise the involvement of the child and parents and carers.
96. The council has an excellent focus on placement stability and adopts a multi-agency approach to care planning that leads to good or better outcomes for looked after children. The 'staying put' approach means that young people are often able to stay in foster placements, including those with private sector providers, beyond their 18th birthday. This supports continuing engagement in education, training and employment and sets out a clear commitment by the local authority to the young person that enables safe and secure foundations to be built for planning and preparation for independence. The team around the child approach to providing extra support when placements are at risk of breaking down is highly effective and contributes to very good placement stability.
97. Processes for responding to children and young people who go missing from care are very good. Police play an active role, carrying out welfare checks when children are found or return. All missing children have a return interview with an independent person from a voluntary sector organisation.
98. There is good access to advocacy services for looked after children, including those placed some distance away from Islington and currently about 10% choose to have an advocate. Advocacy budgets have been overspent, reflecting a rise in demand, and the provision is now being streamlined in a new service that will deliver both advocacy and independent visiting. The contracts for this scheme have been awarded and matching is currently underway to ensure that all looked after children who want independent visitor have one.

Enjoying and achieving

Grade 2 (good)

99. The impact of services on enabling looked after children and young people to enjoy and achieve is good. There is a strong commitment across the partnership to ensuring children's life chances are enhanced through their educational achievement and attainment. Outcomes are regularly reported to the Corporate Parenting Board by the virtual school. The priorities of the virtual school are appropriately focused and clearly linked to the partnership's priority of narrowing the gap in outcomes for children and young people in Islington. No looked after child is without an educational placement. A strong multi-agency approach is effectively maintaining educational stability and priority is given to preventing avoidable changes of school during examination years. Almost all children are in provision that has been judged by Ofsted to be at least good; 90% of the 33 children and young people that took part in the Care 4 me survey for this inspection said that they are getting a good or very good education.
100. The work of the virtual school underwent considerable reorganisation in 2011. Support for looked after children is now more proportionate to need following the implementation of the RAG rating system, and there is a sharper focus on the progress and attainment of each individual child. Schools report termly on looked after children's progress. Importantly, children placed in schools outside of the borough receive the same service from the virtual school as those in Islington's schools, with priority given to those who are not making expected progress or are experiencing difficulties within their educational placement, irrespective of boundaries.
101. While there are designated teachers for looked after children in all Islington schools, not all have received training in the role. Designated teachers are well supported by the virtual school in helping children and young people transfer between schools, with transition programmes in schools and effective individualised packages of care. Those children where concerns are identified receive greater levels of support from the virtual school staff, who when needed frequently contact foster carers, social workers and school staff, attend personal education planning meetings and annual reviews.
102. Appropriate and timely information sharing between partners means that schools are alerted to major events that may disrupt a child's ability to learn. Examples given include planned contact with birth parents and changes in home circumstances. The information provided by the children's social workers ensures the school can plan for any issues that may arise as a result.
103. Over the last four years, the attainment of looked after children at Key Stage 2 has been above the national average in both English and

mathematics. However, in 2011, performance was below the national average in English, although remaining above the national average in mathematics. Test results for both subjects were affected by the high level of special educational need within the small cohort. Overall, results are in line with home school's end of year targets and children made at least expected progress. Last year looked after children achieved their best ever recorded results in the proportion of young people achieving five good GCSEs, including English and mathematics. Overall, 21% of the 34 young people in the 2011 cohort achieved at this level, which is above both statistical neighbours and national averages. The gap in outcomes narrowed significantly with all of Islington's young people. However, while there is a trend of improvement in the number of young people achieving five A*-Cs excluding English and mathematics, performance in this indicator was below the national average. Funding is used effectively to provide targeted packages of additional support from the virtual school including one to one tuition and this has supported the improvement in results. The virtual school has appropriately identified the need to accelerate the pace of improvement in results for 16-year-olds and this is a priority for this year. The latest data shows a trend of improvement in the proportion of young people gaining at least one GCSE level qualification at the point of leaving care at age 16 or over, which is better performance than found elsewhere. Most looked after young people remain in education following the completion of statutory schooling.

104. Almost all looked after children have a personal education plan in place and the quality of plans has improved. Most are completed within timescales and now contain specific objectives with targets and timescales. All plans seen during the inspection included the views of the children or young person. Work is progressing to ensure more targeted and stringent quality assurance of plans, especially for children in test and examination years and children identified as needing high levels of support. This will ensure schools are more strongly challenged regarding individual children's progress.
105. The latest available data shows that levels of both authorised and unauthorised absence are lower than found in similar areas and nationally. Attendance is well monitored and continued absence is tracked on a daily basis. The number of looked after children persistently absent from secondary school has reduced well over the last five years. Permanent exclusions are very low, with only one child being permanently excluded in the last four years, but a reduction in multiple fixed term exclusions is an identified priority. The virtual school works well with children's own schools to avoid exclusion, challenging them when appropriate, building bridges between young people and schools and attending re-integration meetings.
106. Funding is available to ensure looked after children have good opportunities to take part in enjoyable activities outside of school, such as

drumming, ice skating and art therapy. Leisure cards for looked after children and foster carers provide free use of the gym, swimming pool and exercise classes. Children who cannot access Islington's facilities can apply for free access to leisure facilities nearer their home. Children's participation in out of school activities is monitored through the personal education plan. All children and young people, including those placed out of borough are invited to special events, such as last year's award ceremony celebrating the achievements of the children and their carers.

Making a positive contribution, including user engagement Grade 1 (outstanding)

107. Making a positive contribution and user engagement are outstanding. The very large majority of children and young people contribute to their reviews and assessments seen by inspectors contain young people's views and those of their parents and carers. Where the children's wishes and feelings cannot be followed the rationale for decisions is clearly explained. In the Care4me survey, the very large majority of the 32 children that responded feel that their opinions had made a difference to their care.
108. Looked after children and care leavers spoken to during the inspection, along with those responding to the Care4me survey express a high level of satisfaction with the services they receive. Looked after children and young people have excellent opportunities to speak out on issues that matter to them. They are fully represented on the corporate parenting board. In the quality standards award LILAC (leading improvements for looked after children) the council achieved the highest possible level for children and young people's participation and involvement. Young assessors were impressed with how looked after children and care leavers are involved in the development of the service, including service commissioning and designing a new building for the leaving care team.
109. The children's active involvement service (CAIS) is effective in ensuring that looked after children have a voice. Inspectors found many good examples of children and young people influencing service design and delivery. Young people are frequently involved in presentations, recruitment, consultations and projects. For example, following consultation, the leaving care team was renamed Independent Futures by the young people and young people are fully involved in the development and review of the Pledge. Most importantly, strategic plans, including *The looked after children and care leavers plan 2011-14*, contain extensive contributions from young people themselves. CAIS and the In Care Council have both carried out surveys with young people about their views on services they receive and care leavers are employed as sessional workers to conduct phone consultations with looked after children.
110. Young people have delivered training to social workers on how to deliver effective budget management training and help to care leavers. With

children's involvement, a range of tools has been developed to ensure effective communication with children and young people who have disabilities. Significant numbers of staff have received training and initial evaluation has indicated that parents and carers of children with disabilities have been able to improve their communication with their children resulting in significant positive change. Looked after children and care leavers with special educational needs and disabilities are therefore supported well in contributing their views to reviews and plans.

111. Over three quarters of looked after children who responded to the Care4me survey know how to make a complaint to the council. There are low numbers of formal complaints from looked after children and systems to respond to complaints are effective. There is good access to advocacy services for looked after children, including those placed some distance away from Islington. Currently about 10% of all looked after children have an advocate. A new independent visitor scheme has recently been commissioned and matching is currently underway to ensure that all those who need an independent visitor have one.
112. Action to prevent offending and reoffending is effective. The latest data shows a reduction in both the number and proportion of looked after young people that have been cautioned or convicted between 2006 and 2010, with performance being better than found in similar areas and nationally.

Economic well-being

Grade 2 (good)

113. The impact of services to support and improve the economic well-being of looked after children, young people and care leavers is good. In 2011 all care leavers remained in contact with the local authority, which is a higher proportion than found elsewhere. There has been good progress in improving the Independent Futures service for care leavers and young people over 16 since leaving care services returned to the local authority in 2010. Effective joint work by social workers and personal advisers is ensuring young people are well prepared to develop successful adult lives.
114. The relocation of the Independent Futures service involved young people in the design of new suitable premises. From this base, young people are able to attend short courses, such as the cook and taste course provided by The Community Kitchen Project, to gain the skills they need for independent living. They also attend a weekly drop-in, where they can gather advice and information in an informal environment. Young people spoken to during the inspection were largely positive about the support they receive and in the Care4me survey, most said they had received the support they needed to prepare for independence.
115. The local authority's commitment to looked after children staying in their home placements until after they reach the age of 18 actively encourages post 16 participation in education. All 16 and 17-year-olds receive support

from both a social worker and a personal adviser. Personal advisers from Independent Futures have forged good relations with local further and higher education providers and young people are successfully encouraged to access a wide range of suitable educational provision. Their progress is effectively tracked and monitored. In January 2012, 70% of 17-year-olds were in Further Education, attending a wide range of courses suitable to their level of ability. In total, the very large majority (88%) were in education or training. This high level of participation ensures that those who did not attain qualifications during statutory schooling are given the opportunity to catch up with their peers. Local data shows that many are taking this opportunity as the percentage of care leavers gaining level 2 qualifications by the age of 19 increased in 2011. Although this does not yet match the performance of their peers across the borough, it does show the gap is narrowing.

116. Strenuous and sustained efforts are made to ensure young people are supported to continue in education and raise their aspirations. For example, from the age of 18 onwards, young people continue to be supported by a personal adviser. The employment, education and training team is proactive in encouraging the engagement of young people and a 'curriculum for the unengaged' has been developed to ensure that opportunities with partners such as The Prince's Trust and the Fairbridge Project, are attractive to young people and meet their needs. Attendance is closely monitored and young people who achieve good results in their courses receive recognition and rewards to celebrate their success. The service does not lose sight of older care leavers, who continue to be supported until they have completed their educational programme, sometimes up to the age of 25. For example, 29% of the cohort that was in Year 11 of statutory schooling in 2007 has now gained level three qualifications; 72 care leavers are now studying at university, which is significantly above the national average. These young people are given financial support to enable them to complete their studies.
117. Access to career opportunities is provided through Career Start, an employment scheme for Islington's looked after children and care leavers. The service is fully integrated in the education, employment and training (EET) team. The 'bespoke job club', a week long course targeted at 10 hard to engage young people has successfully supported six young people into further education and personal development courses. Opportunities for suitable work experience, work placements and apprenticeships are identified and young people receive effective help with curriculum vitae and interview techniques. The local authority is committed to ensuring that care leavers benefit from apprenticeship opportunities with them and their partners. There are currently six care leavers in apprenticeships and a further 35 apprenticeships are being introduced this year.
118. Care leavers routinely contribute their views to pathway plans, the very large majority of which are up to date. However, pathway plans seen by

inspectors are variable in quality and action planning is not specific or measurable. Inspectors saw evidence of positive planning for young people with complex health needs being effectively supported in their transition to adult services.

119. Joint working to ensure sufficient and suitable homes for young people moving into independence between health, education, children's social care, housing and supporting people is effective. There has been recent improvement in strategic links and operational processes between children's services and housing colleagues. This has resulted in more support for care leavers who encounter difficulties in maintaining their tenancy agreement. The proportion of care leavers living in suitable accommodation is above the national average in 2011. No care leavers are in bed and breakfast accommodation. Young people report that they are well supported in their search for suitable accommodation. The bidding process is seen as straightforward and most say they have a choice of areas and properties.

Quality of provision

Grade 2 (good)

120. The quality of provision for looked after children is good. A detailed knowledge and understanding of the looked after children population and children and young people on the edge of care informs effective decision-making and interventions. Children arriving in Islington as unaccompanied asylum seekers receive a good service, with age assessment services that comply with statutory guidance and case law and good initial and core assessments completed. There is good placement provision for them, either through fostering or supported accommodation for some of those aged over 16 where this is assessed with them as the best way to meet their needs. All unaccompanied asylum seekers are accorded full care leaver entitlement and this group is well represented among the high number of care leavers in higher education.
121. There is evidence in case files of robust management oversight. Electronic social care records of children and young people are up to date and good quality case chronologies are routinely part of the child's case file. Independent reviewing officers (IROs) provide robust additional scrutiny of case planning and routinely check progress against agreed actions relating to individual children's care plans. An alert system is in place to assist in ensuring visits to children and young people are up to date, reviews are held on time with updated care plans and PEPS are within timescale. Case work and care planning is further supported by robust and varied supervision arrangements including formal casework supervision, reflective supervision and group supervision. However, while assessments seen are good, with appropriate analysis of the child's circumstances and needs including those arising from culture and ethnicity, they are not routinely updated other than through care planning arrangements, and

this means that changes in circumstances and need may not always be identified and incorporated in plans.

122. Looked after children reviews are held at least in line with statutory requirements. There is good participation by children and young people in their reviews, and independent reviewing officers use a range of approaches to ensure that the child's voice is heard. Use of interpreters where required is routine. Care plans seen reflect the full range of children's needs and address issues of equality and diversity well. However, they were too often insufficiently specific, with desired goals and outcomes not set out clearly and with timescales. While there was no evidence seen of significant drift in cases, and permanency planning is undertaken where appropriate, this lack of focus could contribute to delays in developing and realising plans for children.
123. The stability of placements is maintained by careful selection and monitoring of providers, needs-led care planning and responsive multi-agency team around the child interventions where circumstances suggest stability maybe at risk. Foster carers are able to access direct support from dedicated children looked after CAMHS staff when necessary. The placement service together with the joint funding panel are able to access good quality specialised placements where required. Monitoring arrangements are robust and in addition to regular social work visiting and IRO input, the placement service uses robust joint commissioning and pan-London agreements to ensure placement quality is maintained.
124. Multi-agency services to children and young people on the edge of care are well developed. There is clear evidence to illustrate timely and responsive work to keep maintain children and young people in their own communities and family networks. Across the partnership there is a clear understanding of safeguarding and child protection and where necessary the council will accommodate children and young people where there is no alternative. Work is routinely recorded on the electronic social care record and regular multi-agency group supervision meetings monitor progress.

Ambition and prioritisation

Grade 1 (outstanding)

125. Ambition and prioritisation are outstanding. The LA has excellent ambition and prioritisation strategies for children looked after, which are supported by *The looked after children and care leavers plan 2011-14*. This is based upon a clear and detailed analysis of the looked after children population, care leavers and current performance. It includes the views of staff at all levels and most importantly contains extensive contributions from young people themselves. Outstanding ambition and prioritisation by senior managers support outcomes for looked after children and care leavers that are at least good in all areas. Islington and its partners have adopted a pledge to looked after children, young people and care leavers that was developed with them and contains 10 points that are important to them.

These include undertakings of regular contact with social workers, clarity about pocket money and access to good quality accommodation on leaving care. Compliance and progress are monitored by the corporate parenting board and shortcomings challenged.

126. The corporate parenting panel is well established and proactive. It has senior membership from across the council and includes senior elected members, a housing representative, the medical adviser for looked after children and the chair and deputy chair of the in-care council. It is chaired by an elected member who takes a proactive approach to the council's corporate parenting responsibilities and is influential in securing elected member support. The chair of the board reports directly to the leader of the council and is fully briefed on performance and outcomes of looked after children.
127. There has been a marked reduction in the looked after population from 365 in 2007 to 317 at the time of the inspection, although there was a slight increase in numbers last year. Thorough case analysis by the local authority determined that thresholds for becoming looked after remain appropriate and that the small increase was related to older children and young people coming into care in line with the Southwark judgement ruling. Inspectors saw no evidence of children becoming looked after inappropriately. Management decision-making lines for entering legal planning are clear. Access to resources meetings consider the accommodation of individual children, providing challenge and consideration of alternatives and this process contributes to successes in maintaining children at home and ensures that children entering care do so appropriately. Performance regarding permanency is strong with robust monitoring arrangements in place to ensure that there is no delay in adoption or special guardianship plans.
128. A cross-partnership commitment to securing good outcomes for Islington's children looked after supports highly effective practice to ensure good placement stability and good health and educational outcomes. Children and young people who become looked after by Islington receive an excellent commitment from the local authority and its partners in relation to placement stability and longevity. The majority of children and young people are able to remain placement well beyond their 18th birthday.
129. The stability of the children's workforce, particularly in the looked after child social work teams, is excellent. The workforce development plan has resulted in very few agency staff being employed and there is a low turnover of staff. Children and young people report that they have few changes of worker and most changes are planned and understood.

Leadership and management

Grade 2 (good)

130. Leadership and management are good. There is a strong and highly effective leadership within children's services to support services for

looked after children and young people and drive continuous improvement. The corporate parenting vision for excellent services and outcomes for looked after children and young people is widely understood and shared throughout children's services and partner agencies. The plan for looked after children and care leavers for 2011-14 sets out the corporate vision and has a strong focus on improving outcomes. Recent progress includes improving links and operational processes with housing colleagues. This has resulted in more support for care leavers who are allocated local authority housing and subsequently encounter difficulties in maintaining the tenancy. Educational outcomes are mostly good, but in 2011, fewer looked after children than the national average achieved five GCSEs at A*-C excluding English and mathematics. Attainment at Key Stage 2 in English was also below the national average, though this was affected by a high number of children with special educational needs in the small cohort.

131. Lobbying of elected members and senior managers by looked after children and young people, through the Children in Care council, resulted in the retention of the dedicated Connexions workers. Strong and committed political leadership supports improved outcomes and there are clear lines of accountability and regular reporting arrangements in which the council leader and Chief Executive hold the lead member for children's services and the Director of Children's Services to account, challenging on performance and progress against priorities. The corporate parenting board is a key driver of scrutiny and challenge in respect of services for looked after children and care leavers. Its membership includes senior councillors and looked after children and holds senior officers to account for the quality of services.
132. Recruitment and retention strategies have successfully reduced the numbers of agency staff and the stability of statutory social work teams is excellent. Children and young people play a central role in recruiting new staff, sitting on all recruitment panels with an equal voice in decision making. Looked after children and young people report that changes of social worker are low and when change does happen this is usually planned and well managed. Social workers consistently have manageable caseloads and are supported by their managers to provide good quality services. There is a good ratio of managers to staff and first tier managers have manageable numbers of staff to support. This enables managers to be available and supportive to staff and both formal and informal supervision regularly takes place. The dedicated health team is staffed with relevant specialists trained in working with looked after children. Staffing levels are sufficient to ensure a good level of contact with looked after children and the completion of almost all health reviews on time.
133. Understanding of commissioning is very good. It is supported by good performance management systems and processes. Data are analysed for trends, strengths, needs, national policy implications and evaluated

against local priorities and money available. There is routine service user and public engagement and this has contributed to key decisions in planning budget reductions. Joint commissioning is well embedded, with joint posts and commissioning of children's community health and CAMHS as well as spot purchase of in-patient psychiatric provision for children and young people. Needs analysis is updated annually and the looked after children population and its needs are well understood. The local authority is moving away from preferred provider arrangements as the providers were unable to deliver sufficient placements in or near the borough.

Performance management and quality assurance

Grade 2 (good)

134. Performance management and quality assurance are good. Data systems produce a wider range of reports that exceed minimum requirements and these are monitored routinely, including at team and individual level, to analyse and improve performance. For example, senior operational managers monitor case progress on a monthly basis, including in all adoption and special guardianship cases, in order to prevent delay and ensure decisions are made in a child centred way. In consequence inspectors found little evidence of drift for children. Information sharing is supported by access for relevant health staff to electronic social care record to input health assessments. Senior operational managers in the looked after children service monitor case progress on a monthly basis in order to prevent delay and ensure decisions are made in a child centred way. A comprehensive alerts system is in place to ensure statutory visits and reviews take place on time. This electronic system enables prompt action to be taken prior to deadlines passing and has resulted in high compliance with statutory timescales.
135. Operational managers are available and accessible to social workers and provide a range of supervision for staff. This includes casework supervision, reflective supervision and group supervision, some of which is facilitated by specialist workers. The records of supervision are of a variable quality, with some too descriptive and unfocused. In addition casework decisions relating to the rationale for not pursuing a particular course of action are not always clearly recorded. Staff value the supervision opportunities that they receive and the support and interest shown by managers at all levels in their casework.
136. The quality of children's placements is monitored closely by social workers, independent reviewing officers and the placement service. Any concerns raised about a placement are communicated to the placement manager. Few concerns are currently reported and this is attributed to the effectiveness of local and pan-London scrutiny arrangements.

Record of main findings:

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