



CHILDREN & FAMILIES

Self- Assessment

This self-assessment has been carried out against the recently published framework and evaluation schedule for the inspection of services for children in need of help and protection, children looked after and care leavers.

Harrow Children and Families Self-Assessment

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Harrow Children and Families Self-Assessment

Key Judgement 1:

The experiences and progress of children who need help and protection

Children and young people who are, or who are likely to be, at risk of harm or who are the subject of concern are identified and protected. Help is provided early in the emergence of a problem and is well coordinated and recorded through multi-agency arrangements. Thresholds between early help and statutory child protection work are appropriate, understood and operate effectively. Records of action and decision are clear and up to date. Children and young people are listened to and heard. Social workers build effective relationships with them and their families in order to assess the likelihood of, and capacity for, change. Risk is well understood, managed and regularly reviewed. Children and young people experience timely and effective multi-agency help and protection through risk-based assessment, authoritative practice, planning and review that secures change.

1.1 Grade Descriptor: Children and young people are listened to, practice is focused on their needs and experiences and influenced by their wishes and feelings or, where they cannot represent their view themselves, those advocated on their behalf. They are consistently seen and seen alone by social workers where statutory guidance requires that this should happen and it is professionally judged to be in the best interests of the child.

Evidence of Practice and Provision	Evidence of Impact on outcomes
<ul style="list-style-type: none"> • We listen to children by: • Pre-review consultation with CYP prior to each LAC review. • Advocacy project supports CYP to attend CP conferences or ensure that their views are represented • Independent Interviews are offered to all children who return from being missing • Independent Visitors Service in place which actively supports the voice of the child in care. • Disabled children benefit from a multi-agency approach. This promotes effective information sharing and a shared awareness of the young person experiences, wishes and feelings. Details of children's known responses to stimuli and regular carers collected. This enables design of care package in accordance with child's needs via mandatory PECS kits, Makaton, BSL. • • Children's views are discussed in the weekly Children in Need pod meeting. The pods provide the framework for a learning culture: joint ownership of casework, and frontline social workers learning from each other. The weekly POD meeting provides strong professional challenge and scrutiny practice. • Children's views are sought and recorded at CP conferences and LAC reviews. • Home visits are undertaken to see children alone on all allocated cases and frequency and quality are monitored through data collection and audit. • Social workers benefit from a home visit toolkit that acts as an aide memoire to practice. • Direct work workshops have been held in the last 6 months to assist social workers to use tools and techniques to promote the voice of the child. • Care Leavers assist in recruitment of permanent senior staff as active members on recruitment panels, (payment irrelevant), for example the QA Manager post. • Joint visits to children subject to children in 	<ul style="list-style-type: none"> • The Advocacy project reports quarterly on their impact on supporting children subject to child protection conferences, making their views heard. 77 young people benefitted from this support last year. • Effective services have been commissioned to extend the scope of previous respite provision for children with SEND, offering a broader range of provision with increased choice and flexibility to help prevent children/young people requiring complex costly placements and/or becoming looked after. • Systemic practice has been developed and embedded through the attachment of clinicians to each Pod. • Service plans demonstrate how children and young people are listened to and influence both strategic service design and the delivery of individual interventions. • The IRO and CP chairs influence placement and permanency decisions through their strong advocacy for children and young people at Legal Planning meetings and Secure Panel meetings. • The direct work training and systemic approach have improved social workers' ability to communicate with children and young people. • Quality assurance audit work through out 2013 -14 shows increased case recordings of children's views and more consideration of their perspectives in decision making. •

need or child protection plans are undertaken by social workers with either senior practitioners or systemic clinicians.

1.2A Grade Descriptor (A): Children, young people and families benefit from stable and meaningful relationships with social workers. They are engaged in all actions and decisions and understand the intentions of the help they receive.

Evidence of Practice and Provision

- Greater stability of permanent Social Workers has been secured through a rigorous targeted recruitment campaign reducing vacancy rates from approximately 50% in 2013 to 20% by end March 2014, ensuring greater stability remains a priority for us.
- Since April 1st 2013 an additional £1 million has funded additional social work posts. This has resulted in reduced caseloads despite an increase in assessments, section 47 investigations, and children subject to CPP and CLA.
- There is a very stable Children Looked After social work team who have known children over time, and have built positive significant relationships with many Looked after Children.
- There is a strong stable MASH and Section 47 team with permanent team managers and senior practitioners in place.
- There is an active advocacy service for CLA and children subject to CPP
- The Children in Need service has a full complement of team and pod managers, although some are interim staff, many have been in post for a considerable time. Our vacancy rate is approximately 20%. All vacant posts are filled with interim staff some of whom have been in Harrow for a year or more.
- The Systemic Service provides a reflective systemic training for staff enabling greater reflection on the quality of our relationships with young people.
- There has been investment in 17 NQSW's completing their ASYE. The Systemic Social Work Service delivers ASYE alongside the West London Alliance training and development programme. ???
- There are plans to host a Frontline social work unit and as part of the national pilot,

Evidence of Impact on outcomes

- Since August 2013, transfer points have been reduced – less changes of Social Worker built into the system because one social worker undertakes the single assessment and continues with the longer term work e.g. child protection or child in need plans.
- Implementation of the Social Work Pod has led to greater stability in staffing, a shared understanding of casework and minimal disruption to Social Work interventions and support provided to CYP and families, mitigating against the impact from changes in Social Workers (planned and un-planned).
- Succession planning for social work posts ensures a supply of stable permanent well trained staff for example recent appointment of 2 pod managers internally through growing our own.
- EIS has in place a 'working agreement' with all families which provides consent to share information, as well as 'How did we treat you'? Forms for feedback.
- Quote from a parent following an ICPC: *'I felt that I had a voice; the conference process in Harrow has 'moved on'*. While the parent did not like the outcome, she understood why the decision was made. She felt that the meeting focused on the positives and she could recognize a positive way in which the meetings are now held.
- We have case studies demonstrating positive outcomes for children and including systemic input.
- Our Early Help Ofsted Thematic Inspection January 2014 found evidence of improved outcomes for children in the majority of cases seen.

a Consultant social worker has been appointed to lead this work.

- Daily Multi Agency Safeguarding Hub meetings consider information and make decisions about next steps including Step Up from early intervention services into a single assessment. The meeting is attended by a wide range of partners including health, education, probation, housing, domestic violence advocates etc.
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1.2B Grade Descriptor (B): Where families refuse to engage there are continued attempts to help them to do so. However, where there are concerns about the safety and protection of children and parents do not engage, there is a full risk assessment and urgent involvement of a senior manager in all decisions about next steps.

Evidence of Practice and Provision

- The Systemic Social Work Service provides direct therapeutic work to families and increased engagement with services. Staff from the Systemic Social Work Service work with some of the most complex families.
- CP Conferences have used the Signs of Safety model since November 2012.
- The Child Protection Challenge Panel chaired by the Head of QA and attended by Child Protection chairs scrutinises cases where there have been CP Plans for 9 months or more to ensure timely decision making and positive progress.
- Child Protection chairs also attend MAPPAs and the Joint Operational Group with police and health colleagues to trouble shoot and undertake service development for example developing stronger multi agency input into strategy meetings.
- CP planning has improved significantly through SMART plans, providing greater clarity for families to understand what change is required of them.
- Where there are concerns about a child remaining in the family, Family Group Conferences are held to bring family members together to understand the issues, consider options and put in place a plan of support.
- A clear protocol is in place with Legal Services. Legal planning meetings chaired by Team or Service managers are held weekly.
- Every Legal Planning Meeting results in a legal memo sent to the divisional director

Evidence of Impact on outcomes

- Harrow's re-referral rate has become stable and lower than average representing a good indicator of appropriate intervention. The re-referral rate within 12 months for 2013-14 was 11.5%, and the percentage of referrals where a CP Plan had ended in the previous 12 months for 2013-14 was 2%.
 - Over 95% of referrals receive a social care service indicating that thresholds are appropriate and widely understood.
 - The number of CP Plans 2 years plus and within 2 years have significantly reduced to below statistical neighbours and are consistent and stable over time, demonstrating greater action where families have not engaged with concerns. The rate of children subject to CP plans for 2 years or more at end March 2014 was 1%. The percentage of children subject to a CP plan for a second time for 2013-14 was 9%.
 - The timeliness of CP reviews for 2013-14 was 96.5%. Compared with 83% in 2012-2013.
 - The number of court applications doubled in 2012-13 to approximately 40, demonstrating statutory action where risk assessments identified the need to do so. Strong action to address a number of child protection plans exceeding 2 years contributed to this. In 2013-14 34 care proceedings were higher than 2011-12 but reduced from last year. We believe the thresholds now being applied are safe and appropriate and the appropriate checks and balances are in place.
 - A Case Tracker post was set up in 2013 and has assisted in tracking all cases in PLO / care proceedings, contributing to timeliness
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for approval to issue proceedings where required.

- Quarterly meetings are held internally with legal colleagues, and regular meetings take place with CafCass colleagues. There is also a regular meeting with our Barnet Court judges to share feedback and identify issues of concern.

and quality. Our analysis of care proceedings for 2013-14 shows we are issuing proceedings on younger children than previously which evidences earlier timely decision making. We met with the Judiciary in June 2014 and received positive feedback about the court skills and evidence of our social workers.

1.3 Grade Descriptor: Children, young people and families are offered help when needs and/or concerns are first identified and, as a consequence of the early help offered, children's circumstances improve and, in some cases, the need for targeted services is lessened or avoided. The interface between early help and statutory child protection work is clearly and effectively differentiated.

Evidence of Practice and Provision

- Families First is Harrow's approach to the national Troubled Families initiative. Early Intervention Services are the lead agency for delivering the approach, supporting targeted services and working closely with Youth Offending teams. The project has worked with 390 families achieving Payment-by-Results for 190 since the project started in September 2012.
- In April 2014 IPC – Oxford Brookes University published a comprehensive cost benefit analysis of the Early Intervention Services and the Families First project demonstrating a cost benefit of 5
- The Families Information Service is an integral part of the Children's Services 'front door' and provides information; advice and guidance on services and resources directly to families seeking help.
- Families are informed about the range of early help services at first contact with an Early Intervention practitioner. A timely plan is agreed for support and access to services or alternative signposting.
- A multi-agency Two Year old Check has been implemented across the partnership ensuring health and early learning are reviewed, with those most vulnerable being seen by a named health visitor.
- Multi -agency early help services are co-located across the 3 children's centre hubs. 80% of community midwifery services are delivered from the children's centres together with a range of health visiting services and clinics to support parents with babies and young children.
- All aspects of the Early Help offer are consent based with children, young people and families engaged in all aspects of

Evidence of Impact on outcomes

- The no. of families identified as Families First from Jan – Sept 2014; 145
- The percentage of families achieving payment by results (PBR) from Jan – September 2014; 94
- The no. of parents who transitioned from worklessness to employment; 9:1.
- The expanded phase of Troubled Families will commence in April 2015. The approach of the programme will be focussed less on families in crisis and more on early intervention. Its key focus is on service reform and the demonstration of cost savings. Early Intervention services are well placed to support this approach having been assessed by the Institute for Public Care as a cost effective service. The service remains key to the delivery of the programme in future and the embedding and sustaining of the early help offer.
- Harrow's 16 Children's Centres reach the majority of local families in their target areas with their services. Each Children's Centre Hub has been allocated a 'Reach' area. As at March 2014, all hubs are reaching over 80% of the children (age 0-5) within their Reach areas and over 70% of the vulnerable families living in the Reach area. 8000 families accessed the centres in 2013-14. 46% live in the most deprived areas of Harrow and 75% are from Harrows minority ethnic groups. These families benefit from wide range of services that help to improve the quality of their lives. External evaluation

assessment and planning.

- Families with older children can access a comprehensive youth development offer, which is accessed through schools, the website and at the Cedars and Wealdstone youth centres.
 - CAF Coordinator trains professionals on early identification and risk assessment, part of Harrow's Safeguarding Board training offer.
 - The Journey of the Child (JOC) tool implemented in Early Intervention Services monitors progress and impact of early help.
 - Children's Centre managers attend MASH meetings and all children under 5 who come into the MASH as a contact, and do not require a social care intervention, are referred to a children's centre for an early help offer.
 - MASH meetings route cases through to EIS at the first point of contact where appropriate, and cases that require escalation are considered the MASH meeting to be 'stepped up'. This is a multi-agency meeting with professionals from health, education and police ensuring that children and families are referred swiftly to the right service. Daily MASH meetings use Harrow's SCB threshold document as a live and active tool in the case discussion to identify further help and support.
 - CC offer a range of evidence based workshops dealing with regularly occurring parenting difficulties, these support school readiness for children and positive home learning environments.
 - CAB offer early help with housing and financial issues through the child friendly environment in Children's Centres.
 - A successful Triage project between the Youth Offending Team, the Early Intervention Service and the police is diverting young people who have come to police notice away from the criminal justice system.
 - For the most vulnerable, the Vulnerable Young People's Panel has multi agency representation from health, schools, police and CAMHS. This panel responds to teenagers at risk or potentially at risk.
 - A MASE (Multi Agency Sexual Exploitation
- (including by Ofsted) of the quality and impact of CC work is judged never less than good, and in 25% outstanding.
 - Provisional EYFS data for 2014 suggests that children showing a good level of development has risen to 61.5% (45% 2013). Although national figures are not yet available, this represents good local improvement.
 - Harrow Carers named lead meets regularly with Children's Services managers; he attends new starters induction days and team meetings. Referrals are now coming from social care staff in addition to schools and GPs. Work is currently underway to increase referrals from Adult Services, particularly those working with parents/carers with mental ill health and substance misuse issues.
 - 936 young people accessed 4,675 positive activities in January – September 2014. 'YDT worked with 681 YP who attended YDT Programmes 3838 times in the period 1st April 2013 – 31st March 2014 (Source: IYSS)'
 - From 1st Jan 2014 to 31st August 2014, 7278 different families have accessed Harrow's Children's Centres
 - 189 young people aged 11-19 and up to 25 with SEND accessed summer activities (July to September 2014), at 125 events provided at locations across the borough; 45% were known to the Children and Families Service with 19 young people from our Looked after Service, therefore 55% of total number attending had involvement with the directorate.
 - 651 EIS referrals for 2013-14 of which 451 were direct referrals and 200 transfers; 288 CAF assessments for 2013-14.
 - 6,618 families accessed workshops run by children's centres focused on school readiness and a positive home learning environment.
 - Our Ofsted Early Help thematic inspection in January 2014 found the majority of children receiving early help and seen through the MASH achieved improved outcomes as a result of the intervention.
 - The MASH meeting was observed during this inspection and received positive feedback for the quality of multi agency information and decision making.
 - 411 families accessed the CAB service for

meeting) is scheduled for July 2014, chaired by police and will consider children in need and at risk of CSE etc.

- Pilot introduced within EIS to support the recovery of YP exposed to domestic violence and their mothers. EIS as the delivery agent and Children Centres host the programme.
- Commissioned Parent Mentoring Service in place, provided by Action for Children to offer early help to parents in need of support with their children aged 0-25. Six volunteer mentors trained in December 2013; referral process established and communicated.
- There is a contract in place with Harrow Carers to ensure that young carers receive support, guidance and access to respite, which is currently being re-commissioned.
- The Special Needs Services Division works closely with the Harrow parents for Disabled Children, consulting them on a range of special needs issues
- The Short Break Partnership Board, contributes to policy direction on respite care for children with disabilities, meets on a quarterly basis and involves 3 parents from the HP4DC representatives.
- CWD attendance at discharge planning meetings enables early identification of need for intervention and also early opportunity to divert to more appropriate services without prior referral to CWD.
- Children with a disability have their needs identified early and a plan in place to address those needs as intervening early in the onset of difficulties to meet need at the earliest point with the aim of preventing the escalation of need for more complex and costly interventions.
- A wide range of services are provided for children and parents by centres including Carer & Toddler Groups, Health Visitor clinics, Healthy Eating courses, English Language courses, Family Learning, Counselling, Special Educational Needs services and Out of school care.
- early help with financial and housing issues
- A MASH meeting was also observed during The Care Quality Commission inspection in January 2014, to see the impact of health practitioners contributors. Our 2012 Ofsted stated that we required health input into our MASH. The CQC report stated that *“We observed the MASH process operating well to ensure early notification of referrals across agencies, share information and secure appropriate action by relevant parties to promote early help as well as preventative / reactive work. Referrals to MASH from GPs have increased since the recruitment of a public health practitioner to the team. The work of the MASH is ensuring effective and well informed decisions are being made about the level of service likely to deliver the best outcome. We heard about joint assessment work and joint visits leading to positive outcomes, for example; a referral to health services for both a child and its parents. In one case we noted initial delay in making the referral to MASH from the paediatric emergency department, but once the referral had been made, a prompt response by the MASH team led to good risk assessment, development of an effective safety plan and prompt referral of the family to appropriate services.”*
- Our Early Help thematic identified good practice examples. This included a) our Triage project set up between police, the youth offending team and early intervention. His project identifies young people at risk of offending and offers diversion away from the criminal justice system. Over 95% of the young people who go through Triage do not subsequently go on to commit any further offences. b) take up of the two year old offer through targeted work by children’s centres with vulnerable families, and our Speech and Language Commissioning work.
- The Parent Mentoring project is underway with volunteers working with families through Early Intervention.
- Since April 2013 – Sept 2014 - 139 Parents engaged with Parent Counselling provided by Early Intervention Services
- The highly regarded mentoring project run by the Youth Development Team currently matches 65 young people to trained mentors.
- 260 underachieving children in Harrow are supported to raise their attainment though

community based provision

- 3600 0-5 year olds accessed children's centres between Jan and March 2014. 74% of those accessing were from BME groups. 46% of those attending were from the areas of highest deprivation. -
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1.4A Grade Descriptor (A): Information-sharing between agencies and professionals is timely, specific and effective and takes full account of the requirements set out in legislation and guidance about the need to obtain parental consent for enquiries to be made, except where in seeking that consent a child is likely to suffer significant harm or further harm.

Evidence of Practice and Provision

- EIS has in place a 'working agreement' with all families providing consent to share information, as well as 'How did we treat you' forms which are given to clients for feedback.
- Team Around the Family (TAF) meetings involve all professionals working with the family working to an agreed action plan, with regular review meetings which include the family
- Information sharing toolkit is provided at EIS induction for all staff.
- Information about CLA aged 2, 3 and 4 year olds is shared with FIS and foster carers are sent information about the child's entitlement to 2, 3 and 4 year old early years funding.
- A multi agency information sharing protocol for the MASH is in place.
- Records outline decision making when information is shared without parental consent due to child protection concerns under the Section 47 framework.
- Parents are asked for consent for information sharing and this is recorded on the case file. Further work is required to ensure that this is done for 100% of cases.
- Referrals made for social care intervention are recorded on CAF forms and have a mandatory section for parental consent. Referrals for section 17 social care assessments require parental consent.
- Referral guidance is in place for professionals that sets out what a good referral looks like and the requirements for parental consent.
- Presentations to Head teachers on a regular basis through designated teacher meetings and additional workshops, ensure that schools engage in information

Evidence of Impact on outcomes

- Attendance is good at the daily MASH meetings robust processes are in place for case decision making and therefore improving practice. There is greater consultation and advice around referrals, ensuring appropriate case allocation depending on the child's need. Joint decision making and sharing information produces better outcomes for children and families. The Care Quality Commission Inspection January 2014 identified the following case example:
- *Case example: referral to MASH of concerns about risks to an unborn baby with a sibling of less than 12 months old. The mother was reporting domestic violence. Case was discussed at daily MASH meeting. Section 47 enquiries were being made due to concern at level of violence reported plus mother is pregnant.*
- *The MASH public health practitioner notified the relevant midwife to engage with mother and ensure mother is seen alone. Checks being made with GP and health visitors to obtain further information and alert services to S47 enquiries.*
- *The mother is currently staying with family so she and infant and unborn baby are safe. An independent domestic violence advisor recruited to MASH and taking up post imminently is to help develop a safety plan.*
- The Early Help Ofsted Thematic Inspection in January 2014 found that services were flexible and responsive to changing need for example redrafting thresholds with multi agency partners.
- Feedback from the Early Help thematic inspection found that the right cases were being held at the right levels and decision making was appropriate.

sharing processes to safeguard CYP.

- The shared information processes within the SEN services area and health allows for children with speech and language communication difficulties to have swift access to specialist assessment and support.

1.4B Grade Descriptor (B): Children and young people in need of help and protection are identified by professionals, including those in adult services, and appropriate referrals are made to children's social care. Social work expertise and advice is available to support other professionals in determining the best steps to take next. There is a timely and effective response to referrals, including out of normal office hours.

Evidence of Practice and Provision

- Daily MASH meetings are held as already described. Adult services have a close liaison role.
- Joint S47 Strategy Meetings including multi-agency partners, support safeguarding planning and decision making. Attendance and input of health colleagues has significantly increased during 2013-14.
- The Emergency Duty Team provides an effective operational response across Harrow and Barnet including out of normal office hours. The Team is fully staffed with significantly experienced social workers and manager.
- The Youth Offending Team multi agency Risk and Vulnerability Panel, chaired by a service manager, increases knowledge of risk/protective factors which assists in reducing likelihood of child suffering harm or further harm.
- The Systemic Social Work Service provides direct clinical expertise in work with families and staff. The service undertakes reflective consultations, supports staff development, provides accredited systemic training and is embedded in the POD model.
- Pre-birth assessment training has been provided for all early intervention practitioners strengthening practitioners' skills to engage with expectant parents and to comprehensively assess their needs.
- A social work practitioner attends midwifery safeguarding meetings at Northwick Park Hospital to assist early identification and support needs.

Evidence of Impact on outcomes

- Feedback from multi agency training, SCRs and Lessons Learnt has been embedded and received positive feedback from Ofsted noted in January 2014 that the dissemination of learning from Harrow and national SCR's was effective since practitioners were able to describe the impact the learning had on their practice.
- Referrals are dealt with promptly and effectively, and over 77% were completed within 3 days for 2013-14. This indicator tells us the rate of episode completion on our social care record system, but all referrals have a decision made about next steps within 24 hours of receipt. Our Education and Health leads within the MASH are able to offer feedback and advice to colleagues in schools and health services regarding thresholds and advice on referrals.
- Single assessments are becoming more child centred, influenced by work done to promote the voice of the child through the Improvement Plans and assisted by Participation work through the Quality Assurance Service.
- Attendance at discharge planning meetings- enables early joint assessment of risk to child and less delay if CP conference. or emergency court orders are required.
- The CQC found good examples of professionals referring and escalating risk issues: *"The GPs we met demonstrated a clear understanding of and competence in child protection issues, well supported by clear flagging on their respective patient record systems. They demonstrated good practice in the identification of concerns, the completion of CAFs, making notifications and participating in child protection*

- A referrals guidance document has been produced and approved by the LSCB and head teacher representatives, now in place offering guidance and assistance to professionals making social care referrals.
- An escalation protocol is in place and has been used by agencies. There has been additional work with schools on the application of thresholds within children's social care.
- The CQC also identified a case example for a child with disabilities: *'6 month old male. There were significant concerns about the welfare of this baby with disabilities who was losing weight due to a lack of parental support. Effective multi-agency working and information sharing between GP, health visitor, midwifery, Great Ormond Street Hospital and children's social care ensured prompt action was taken to protect the child and the baby is now in care'*.

processes including attendance at child protection case conferences. In one case, although a family had moved out of the practice's catchment area, they were retained within the practice as the child was subject to a child protection plan and the GP recognised the value of maintaining the continuity of care."

1.5 Grade Descriptor: Thresholds for intervention accord with the requirements of legislation are appropriate, understood by partners, consistently applied, well embedded, reviewed and updated regularly. Drift and delay are avoided.

Evidence of Practice and Provision

- LSCB multi-agency thresholds have been in place across the workforce since January 2013, and multi agency expectations for case conference reporting were published at year end.
- The LSCB thresholds document is currently being reviewed across the partnership to ensure it is up to date and current. This work is being led by the Safeguarding Board and will include learning from case reviews for example poor school attendance as an indicator of neglect. The consistent application of the revised threshold across all partner agencies and services will be essential.
- Cases have also been referred to the LSCB SCR Sub-group following threshold disagreement for consideration for learning lessons reviews and subsequently multi agency reviews have been done with lessons disseminated.
- Families and professionals involved are informed of cases which are stepped up/down.
- There are Protocols in place produced by the joint Children's and Adult's sub-group

Evidence of Impact on outcomes

- Thresholds developed by multi agency partners are well understood. They have been cascaded through hand-outs, website, and LSCB multi agency training and social worker induction packs.
- The thresholds are used and referred to by agencies including when cases have been escalated using the LSCB escalation protocol.
- Approximately 140 professionals from across the children's workforce attended the LSCB conference on Neglect in January 2014 including key partners i.e. Health, Education, Voluntary Sector, etc.
- CWDS has an agreed threshold criteria for intervention on the spectrum ranging from moderate to severe and profound disability including complex health needs.
- Increased involvement of health colleagues in Section 47 strategy discussions and meetings has led to improved outcomes for example clarity and refreshed referral forms for child protection medicals.
- MASH has received positive feedback on the quality of its multi agency decision

reporting to both Adults and Children's Safeguarding Boards. These included parental mental health, substance misuse, adult disability and transitions.

- Lowered intervention thresholds over the past year (following Ofsted and partner agency feedback in 2012) has resulted in reduced levels of re-referrals and increased activity including increased Section 47s and assessments.
 - Referral guidance was produced following consultation in February 2014 across the partnership through the LSCB Operational Group, and through Head Teachers and Harrow School Improvement Partnership, providing clarity for referrers.
 - The Vulnerable Young People's multi agency Panel considers young people at risk of a variety of factors to provide a multi agency response as an early intervention and preventative approach. It is chaired by Service managers for Social care and overseen by the LSCB.
 - The Joint Operational Group between social care, police and health colleagues, assists in the identification of threshold issues and action required. For example police raised an issue that the numbers of Section 47 enquiries had increased and questioned threshold so the Jog commissioned some joint audit work which established that Harrow is likely to maintain overall higher levels of Section 47's than in previous years due to case complexity.
 - The LADO service consult with all organisations including Ofsted, making recommendations to ensure children are not at risk. This service has received referrals from a wide source over the past year. An Annual Report is available.
 - In the Autumn Term 2013 CAF training was delivered to 60 staff from schools, 88 staff from early year providers and child-minders. As an integral part of the roll out 17 staff from schools have attended eCAF training.
 - In 2013 a neglect workshop was held with supervising managers and two sessions delivered to the Youth Development team.
 - Assessment training has taken place with all Early Intervention partners to ensure high quality analysis which has the views of children at the centre.
- making and appropriate challenge from being observed during the Care Quality Commission Inspection, and the Ofsted Early Help Thematic Inspection both in January 2014. Decisions were being made at the right level and cases held in the right teams confirming that our thresholds between early help and social care are effective.
- Referrals data confirms that thresholds and the approach to safeguarding are broadly consistent over time. For example levels of re-referrals, numbers of children subject to plans for more than 2 years, numbers of assessments being completed and the proportion of referrals to social care receiving a service (over 95%) for the year 2013-14 overall.
 - Our threshold for entering care proceedings / public law outline changed following our 2012 Ofsted and is evidenced by the revised protocol, service and team manager involvement in care proceedings and the significantly increased numbers of children including younger children subject to court applications.
 - Re-referral rates into children's social care are improved. Repeat referrals within 12 months were 19% in 2012-13, reducing to 11.5% in 2013-14 demonstrating more effective interventions at the right threshold.
 - The CQC Inspection report found good examples of professionals referring and escalating issues of risk and gave this case example: *"Health visitors and school nurses are clearly prioritising child protection work and are dogged in their efforts to engage effectively in child protection arrangements. We saw an example where the persistence of the school nurse in raising her concerns about a lack of progress and potential drift in an extremely challenging case has had a positive impact, resulting in improved outcomes for the child"*.

1.6 Grade Descriptor: Children and young people receive help that is proportionate to risk; children and families are not routinely subjected to formal child protection investigations if these are not necessary.

Evidence of Practice and Provision	Evidence of Impact on outcomes
<ul style="list-style-type: none"> Improved decision making in MASH meetings ensures CYP receive help that is proportionate to risk as already described. Extensive early help provision through CC, EIS and Youth Development Team as already described. A range of parenting interventions/programmes is accessible for vulnerable families. Regular auditing and feedback from the Police, alongside scrutinising performance at Monthly Performance meetings identified that rates of Section 47 per 10 000 population were significantly increasing through 2013/14. Swift action was taken to understand the views through audit, resulting in increased management oversight and to ensure consistent operation of thresholds and that intervening is proportionate to need. Children with a disabilities and complex needs have access to services that enable them to remain in their family, local community and school, reducing the likelihood of escalation of need through the revised early help offer for children with SEND. The safeguarding of the child/young person with disabilities presenting with high levels of risk and neglect are not masked by a high input of service. Child protection chairs provide case consultations regarding threshold for Section 47 and Initial CP conference, and these are evidenced on electronic case files written up by CP chairs. Evidence shows an increased number of referrals made to the MARAC from across Children's Services, (EIS and Targeted) over a 12-month period, indicating earlier identification and support. There is now an IDVA co-located in the MASH providing immediate support to those who "drop in" at the Civic Centre. The Early Intervention Service also provides a community group for mothers and children who are victims of Domestic Violence. Additional funding has been identified for 	<ul style="list-style-type: none"> Threshold changes have led to increased Section 47's over 2013-14. We are opening more Section 47 assessments than previously demonstrating a shift in thresholds. Around 40% of Section 47 enquiries result in an Initial Child Protection case conference in 2013-14. This data is scrutinised monthly. There may be a need to re-calibrate direction of some Section 47's in order to target child protection investigations further. A policy change in April 2014 has led to Section 47 team also undertaking some single assessments under a Section 17 framework, where the case presented as close to the Section 47 threshold. This ensures greater consistency across services to acknowledge that there are cases which can only be appropriately categorised after the assessment has started. Between September 2013 and March 2014 the average monthly Section 47 enquiries is 57.. This has reduced and stabilised from high point of nearly 100 at the beginning of 2013-14. We expect this rate to continue. The Service Manager provides consistent decision making and carries out regular sampling to ensure challenge and the right type of intervention and support is offered to families. Changed thresholds are evidenced through increased numbers of Section 47's –460 were completed in 2012-13, 688 in 2013-14. Rate of section 47s per 10,000 population rose from 54 2011-12 to 91 2012-13 to 124 2013-14. Children made subject to a child protection plan is consistently around 80% indicating a good level of threshold consistency and an appropriate level of conferencing resulting in child in need plans. The evidence of CP Chairs case consultations is present on children's case files. Chairs have also built effective relationships with managers and teams. Consistency in the quality of CAF assessments is improving through management oversight and review. Some variability has been identified as well as insufficient involvement of fathers in

work to reduce domestic violence and its impact. Children's services are developing business cases for example an expansion of the current IDVA service.

assessments.

- Expert domestic violence practitioners are co-located with other early help practitioners. This results in children at risk being identified early and the delivery of effective support, and intervention where needed.

1.7 Grade Descriptor: Child protection enquiries are thorough and timely, informed by a decision made in a strategy meeting, except in emergencies where there must be evidence of immediate risk of harm to a child, and always led by a suitably qualified and experienced registered social worker. Findings in relation to significant harm are clear and result in urgent action to protect children/young people.

Evidence of Practice and Provision

- Strategy meetings have increased multi agency representation to ensure involvement of professionals who know the family best. For example better representation of the views and information available from health colleagues is now in place through the joint work of MASH and the designated doctor and nurse for safeguarding. Clear processes are in place for sharing decisions/outcomes with key people.
- Some strategy meetings are held outside the Civic Centre (to encourage and enable partners to attend). Resulting in a real increase in multi agency participation in strategy meetings.
- CP Chairs provide consultation prior to decision to proceed to conference as described above.
- Child protection plans use the Signs of Safety model and SMART plans to ensure greater effectiveness in protecting children.
- All Section 47 enquiries are overseen by the Team Manager, providing additional management oversight and scrutiny.
- All Section 47 enquiries are allocated to a suitably experienced qualified social worker. The Section 47 team is fully permanently staffed and is currently operating above establishment with the addition of experienced agency staff.
- Strong leadership and oversight of Section 47 work is provided by a permanent team and service manager.
- Urgent action is taken to protect children when required including working with police and legal colleagues to secure children's safety using powers available. Regular meetings with all partners ensure

Evidence of Impact on outcomes

- The audit programme work during 2013-14 has demonstrated some improved decision making and quality of case and management decision recording is improving for example pre birth assessments. Most case audits examine first referrals and effectiveness of response.
- A systemic practitioner in the Section 47 team promotes reflective practice and consequently the most effective interventions with a family.
- At each review conference CP Chairs verify that core group meetings were timely, well attended, on task and working together.
- CP plans are only finalized and end when the full core group gives their agreement to ensure joint decision making.
- There are over 200 children subject to child protection plans representing a significant increase on previous years. This is the result of more effective identification and assessment of children at risk of harm. Harrow's rate of CP plans per 10 000 has in previous years been significantly below statistical neighbours but is now showing parity.
- At 31st March 2014 our section 47 rate was 124 per 10000, compared to statistical neighbours rate of 94 per 10 000 in 2012-13. This suggests a rise above SN rote, although the comparator data for 2013-14 is not yet available. Progress in this area is subject to close scrutiny by senior offers.
- Caseloads are monitored closely and have been stabilised through the use of additional social workers.

issues can be raised and progress made.

- We review social worker caseloads fortnightly in the Safeguarding Meeting chaired by a Divisional Director. Caseloads have reduced over the past year and the focus is now on improving workflow to ensure social workers have manageable caseloads. Average caseload for social workers was around 20 at end of 2013-14.

1.8 Grade Descriptor: Decision-making is undertaken by suitably qualified and experienced social workers and managers, with decisions, all actions and engagement with the family and other professionals clearly recorded.

Evidence of Practice and Provision	Evidence of Impact on outcomes
<ul style="list-style-type: none">• All referrals are reviewed by suitably qualified managers same day as the case is received.• There is a permanent team and service manager for Section 47's and MASH teams giving strong leadership, oversight and consistency of Section 47 work and decision making on referrals.• The MASH daily meeting offers a multi agency decision making forum as described previously.• The Quality Assurance Framework assures the quality of practice and decision making through routine audits of practice including recording on Framework. All front line and senior managers are involved in the monthly audit process.• Management decisions on FWI and supervision of staff are clearly recorded. Processes continue to be improved so that FWI is used effectively to provide management oversight and tracking of key decisions.• CP Challenge panel as described earlier is working well to scrutinise decision making and provide a quality assurance overview of cases where children are subject to CP plans.• The social work pods through the weekly reflective supervision meetings enable greater learning through participation and involvement in a wide range of case work particularly for those social workers who are inexperienced or newly qualified. Pod supervision notes are available as examples. There is also a pod manual,	<ul style="list-style-type: none">• The monthly audit programme provides robust challenge to practice. Regular presentations to staff on audit findings and individual feedback sessions to staff and managers on cases from the auditors ensures learning, dialogue and coaching to continually improve practice.• Early Help Ofsted Inspection January 2014 found case decision making were being held at the right level. The clear impact on practice from dissemination of learning from SCR's was also noted.• In the GN service, hypotheses are developed about a family and all members of the pod engage in thinking about how to achieve better outcomes for the children. This reflective work is captured and recorded on the child's file. These reflective sessions include input from a clinician from the systemic service.• Conversion rates of Initial Child Protection Case Conference to children are made subject to child protection plans have increased from 72% in 2012-13 to 81% in 2013-14 demonstrating effective application of thresholds.

referral criteria document from the Systemic Social Work Service and a supervision template in use to develop the quality of decision making.

1.9 Grade Descriptor: For children who need help and protection, assessments (including common or early help assessments) are timely, proportionate to risk, and informed by research and by the historical context and significant events for each case. They result in direct work with families, develop in response to that direct work, and they address all domains of the local framework for assessment. Senior managers have responsibility for authorising the recommended next steps.

Evidence of Practice and Provision	Evidence of Impact on outcomes
<ul style="list-style-type: none"> • The Multi Agency Safeguarding Hub has been in place since February 2012 as already described. In addition, the EIS multi-disciplinary teams are co-located alongside Targeted Services. • All assessments are allocated to an appropriately skilled practitioner according to level of complexity. • All practitioners receive formal supervision from their line managers. In addition, there is regular reflective case consultation with clinicians and weekly POD meetings. • Ensuring social workers read histories, including gathering information and risk assessments from other Local Authorities is a priority and the focus for managers. • Considerable training and supervisory work has taken place to improve case recording, analysis and incorporation of previous history into assessments. Improvements have been evidenced in audits but further improvement is needed. This was verified by Our Early Help inspection which found some good assessments, with greater consistency required. • YOT Assessments consider convicted/ non-convicted behaviours which reduce likelihood of harm/further harm to CYP. • MARAC action planning is supported by the appointment of a consistent Senior Practitioner from MASH as MARAC lead for Children & Families since August 2013. This has led to increased referrals into the MARAC from children's social care. • Children's Social care is a member of the Council's Domestic Violence Board and Safer Harrow, and a children and families specific action plan has been developed and is being implemented. This has included for example an IDVA service in the MASH, and a general awareness 	<ul style="list-style-type: none"> • 250 staff attended the LSCB Lessons learned briefings – raising the profile of case history and training packages prepared. In January 2014 Ofsted described our dissemination of learning from case reviews as noteworthy. • We identified the need to improve the quality of assessments following an SCR in November 2012. The LSCB subsequently delivered training on chronologies to improve case analysis and decision making. • The Child's Journey proposals restructured the 'front door' services in August 2013. • The CQC Inspection in January 2014 also found that front line staff discussed training opportunities positively including for example <i>the use of genograms and systemic training, and were able to describe how the holistic family whole system approach has more impact for the child than previous practice.</i> • Number of contacts shows a small increase from the monthly average of 733 in 2012-13 to 787 for 2013-14. However referrals per month increased significantly over the same period from 122 in 2012-13 to 192 in 2013-14. This demonstrates that more contacts are being acted upon over time than resulting in no further action. • One aspect of learning from the SCR Baby D was that our pre-birth work required improvement. Since that time we have developed a protocol which has been rolled out to teams, we have a representative link with the Midwifery service at Northwick Park Hospital, and have identified a Child Protection Chair as a pre-birth champion. The evidence of impact is that our numbers of very young children as a proportion of our child protection plans and care proceedings has increased in 2013-14, as have our numbers of mother and baby foster placements. We are intervening earlier and more effectively with more robust decision

raising campaign of the impact of domestic violence on children.

- Children's Services are contributing fully to an ongoing domestic homicide review ongoing to ensure consequent learning for social work practice.
- Single assessments are completed mainly by the Children in Need Service, with some being completed by the Section 47 team and some in the Children with Disabilities team. Our overall completion rate for 2013-14 within 45 days was 78% and in recent months has been over 80%. We continue to work on timeliness and quality.
- A Case Transfer meeting is held weekly chaired by service managers to agree next steps on cases including transfer from social care to early intervention and vice versa, and from single assessments into for example the Looked After Children's team when required.
- Assessment guidance for social workers is in place.
- The CAF has a section on health and well-being. CAMHS and other health professionals are members of TAF regularly. There is also an educational Psychologist attached to each of the EIS Teams. Joint visits are undertaken with other professionals.

making around Early Intervention and pre-birth; historical concerns are clearly evidenced.

- Joint working with IRO champion for Pre-Birth cases and using the risk assessment tool for assessment is showing impact. For example, there are four cases where this is clearly evidenced and where challenging parents with risks and likelihood of risk is evidenced.
- Supervision notes and case monitoring shows more history taken into account as well as more chronologies evident on case files. LSCB lessons learnt workshops have helped frontline staff to raise the profile of the case history and evidence this in the file.
- CP chair, MASH and multi-agency partners are re-visiting this work and working to improve their recording standards and information sharing practice.
- The percentage of referrals leading to the provision of a social care service was 96% in 2013-14.

1.10 Grade Descriptor: Assessments (including children in need assessments) result in a direct offer of help to address any identified needs. Assessments and plans are dynamic and change in the light of emerging issues and risks. Authoritative action is taken where change is not secured and the risk to children intensifies or remains.

Evidence of Practice and Provision

- The assessment process and time scales are described above. This includes authoritative action being taken where change is not secure and the risk to children intensifies.
- CiN assessments are undertaken by Social Workers in the Children in Need Service, and where needed appropriate plans are put in place to support improved outcomes for vulnerable children.
- An established POD model is strengthening practice, increasing timely assessments, a clear plan and direct interventions targeted at meeting the needs of vulnerable children.

Evidence of Impact on outcomes

- Systemic practitioners attend relevant conferences when they are involved in cases.
- We have a commissioned Family Group Conference service from Forward4Families to identify additional support for a family or potential alternative carers for a child. This service is monitored quarterly through the Commissioning Team. Additional support has been provided to x families.
- We have a range of services that children may be referred onto following an assessment including our early intervention services, mentoring etc. for young people, the ASK service for young people with

- Implementation of reflective supervision across the service has increased the quality of case supervision and recording, improved staff confidence and provides clinical expertise to support the development of frontline practice.
- CP Chairs challenge Social Workers and Managers and escalate cases where appropriate. Authoritative action is taken by senior managers when required.
- CP chairs have implemented the Signs of Safety approach and adopted SMART CP Plans with clear action and clarity around roles and responsibilities for members of the network.
- Tools for tracking assessments have been implemented.
- Process and evidence around decision making where change is not secured is described previously.
- For Children with Disabilities and children with significant mental health difficulties, we have a Tripartite Panel that enables joint funding of packages of care. This ensures that children receive timely help supported by social care, health and education funding.
- substance misuse problems, and the WISH centre for young women self harming etc. Our evaluations show xx
- The Tripartite Panel was formed in 2013 and includes Clinical Commissioning Group colleagues, CAMHS input, social care and SEN. Agreements are made to fund children requiring packages of care in the community, and where children have required different types of care placements. Last year x children received bespoke packages of care.
- At 31st March 2014 our assessments rate was 429 per 10000. 78.5% of assessments were completed within 45 days.

1.11 Grade Descriptor: Children in need have a plan setting out the help that is offered. Children and young people who need protection are subject to a child protection plan that clearly identifies the work that will be offered to help the family and the necessary changes to be achieved within appropriate timescales for the child or young person. Social workers engage with the family who understand the help they will receive, what has to change and the options for the future.

Evidence of Practice and Provision

- The Signs of Safety model _____ CP conferences and a bi-monthly CP Challenge Panel has been established.
- CP planning has been improved significantly. Planning applies the SMART principle, reflecting service recommendations and providing greater clarity for families to understand what is required of them.
- Over the past year, there has been an increase access of/signposting to Children's Centres services and support.
- Improved referral pathways established through Access To Resources Team who agree funding for example for perpetrator intervention for domestic violence cases.
- Family Group conference commissioning

Evidence of Impact on outcomes

- There has been a proportionate reduction in the number of children subject to a CP Plan for over 2 years from 20 (January 2012) to 2 (March 2014).
- Raising concerns through PLO process within timescales brings faster and more effective change.
- Feedback from practice observations of CP chairs has led to better planning, shorter and more focused conferences and improved guidance for members including expectations of partners.
- We have recently asked young people how they felt about child protection conferences, which is reported in our June 2014 Voice of the Child Newsletter. There has been a positive feedback for example, young people

has been described above.

- Within CC, children on CP Plans can access free early education and childcare (including lunch) and free holiday play schemes.
- Our annual Child Protection report sets out achievements for the year against the stated aims of our improvement plans, and will go to the LSCB.
- We have a commissioned advocacy service for children to either attend child protection conferences or have their needs/issues represented by an independent advocate. This service reports quarterly and is monitored by the Commissioning Team.
- Our process for using PLO and proceedings has been set out above, along with the effectiveness of the CP Challenge Panel at scrutinising child protection plans at 9 months or longer.
- During 2013-14, a frequency of 2 weekly visits was included in all CPP. Monitoring shows that around 65% of visits were within 2 weeks and the average time between visits was 14 days, including improving recording and reviewing frequency as the plan progresses.
- A more tailored approach is now in place to setting visiting requirements to children subject to a CP plan according to the issues. Regularity of visiting is set and reviewed regularly, according to priorities and progress in child protection and conferences

said *“Thanks for helping my mum, things are better now”*.

- We have case examples of positive outcomes for children who have been subject to child protection plans including the use of reflective and systemic practice influencing our interventions.
- CP chairs routinely meet families before and after conferences. Over a 12 month period there has been an improvement in parents seeing reports prior to conference from x to y.
- Evaluations show parents and children feel more supported with Strengthening Families model.
- Use of advocacy has enabled children and young people to participate more effectively in case conferences and contribute to child protection planning.
- A number of case studies and parental feedback provide evidence on how much parents and children value the help they had received from Social Workers.
- Re-referral rates are low for children who have been previously subject to CP Plans indicating that interventions to create sustainable change in families are effective.

1.12 Grade Descriptor: Plans and decisions are reviewed and alternative authoritative action is taken where the circumstances for children do not change and the risk of harm or actual harm remains or intensifies.

Evidence of Practice and Provision

- This is outlined above e.g. CP Challenge Panel, numbers of care proceedings, numbers of CP plans 2 years plus etc.
- For 2013-14 there were over 2300 visits by social workers to CYP with Child Protection Plans.
- Weekly data reporting shows days since last visit for all children subject to Child Protection Plans, Children in Need plans. This goes to all teams and managers. These visits are where child is seen alone (unless too young, etc. all are followed up

Evidence of Impact on outcomes

- Increase in numbers of children on CP plans described above alongside increased and more effective PLO / care proceedings. The rise in numbers subject to CP Plans to 200, and the CP Challenge Panel, combined with the level of care applications to 34 in 2013-14 compared to 20 in 2011-12 demonstrates a robust approach to taking authoritative action when there is insufficient positive change for children
- Quantitative data and qualitative discussion are used in supervision and pod meetings to determine next steps where circumstances

by managers where exceptions are noted.

- Visiting frequency is also monitored by Child Protection Chairs through the social work report to conference.
- Children are observed and or spoken to alone or with an interpreter, and PECS, Makaton and BSL etc. is used with children with disabilities.
- CP chairs attend strategy meetings, providing an advisory role around safeguarding and CP – they also chair complex strategy meetings, and attend Legal Planning Meetings.

for children are not improving, and to quality assure practice. Different interventions are explored to make every effort to keep children in their families, but where the risks are significant or the possibility of change remains very low alternative action is taken.

1.13 Grade Descriptor: Children and young people are protected through effective multi-agency arrangements. Case conferences, strategy meetings, core groups and multi-agency risk assessment conferences (MARAC) are attended by key participants and are effective forums for timely information-sharing, planning and risk-based decision-making.

Evidence of Practice and Provision

- Harrow's multi agency arrangements for MASH, strategy meetings and child protection conferences have been described above.
- Governance of the MASH is a multi agency MASH Operational group and attended by all key agencies
- A Joint Operational Group multi agency meeting attended by social care, health and police oversees continuous improvements in services. (This is chaired by a social care service manager).
- The Vulnerable Young Persons Panel chaired by social care and attended by partners including early intervention, health, police and schools co-ordinates an early intervention multi agency response for young people at risk of harm and potentially at risk of harm.
- The LSCB monitors case conference attendance by all key agencies.
- A series of LSCB Section 11 audits have been completed by the LSCB Chair, Business Manager and members of the QA sub-group.
- 15 agencies have undertaken Section 11 audits, and some reviews have been completed including: Northwick Park Hospital, Designated Health professionals; Police BOCU; Police CAIT; Destiny House (residential unit); Libraries; Housing; voluntary sector agencies; London Fire

Evidence of Impact on outcomes

- Improved process and timelines for s.47 decision to conference are in place.
- CP plans improved. With introductions of SMART principles, actions are timebound, clearer and who is responsible is clearer. This has also impacted on the quality of inter-agency working on CP plans through core groups.
- Scrutiny from the ____ panel has reduced the number of children subject to a CP plan for over 1 year.
- CP chair leads LSCB Learning and Development sub-group, delivers safeguarding training and attends MAPPA to ensure consistent safeguarding messages and best practice.
- CP chairs attend JOG meetings and the Vulnerable Young Persons Panel to provide expert CP advice.
- 98% of review child protection conferences are held within time frames.
- Signs of safety and SMART CP planning process and proactive approach to PLO / care proceedings have been described above.
- Improvement work across early help and safeguarding and children in care has achieved a shift of language across the service to give the child's perspective and reflecting the Child's Journey, e.g. What is a day like for a child/young person? This is

Brigade; Stanmore College; and Victim Support.

- The LSCB QA subgroup has scrutinised scrutiny private fostering, MARAC, MAPPA, Children's Centres, early years, child-minders, child protection conference reporting and attendance, missing children, home schooling and school exclusions.
- There is an annual LSCB multi-agency training programme. Lessons from the audit program and serious case reviews are fed into the programme as well as delivery of learning lessons workshops.
- The LSCB has re-commissioned the 2013-2014 training programme with an increase in local delivery to ensure high quality and value for money. In 2013-14 there was a 48% increase in attendance levels compared to the previous year, and a reduction in cancellations. Training impact evaluations have been completed.

now reflected in the CP conference process and case examples are found in the annual CP report 2013-14.

- The Care Quality Commission inspection in January 2014 found evidence of joint working across health and social care for child protection cases, including attendance at core groups and improved communications between social care and General Practitioners. This is likely to reflect training days jointly delivered to GP's during 2013-14 by the named GP and social care service manager.
- The Multi Agency LSCB dataset is reviewed at each LSCB executive board, and in the QA subgroup. For example school exclusions (Jan 2014); attendance and reporting at CP Conferences (July 2013); health visitor vacancies and capacity (April 2013)
- LSCB scrutiny of MAPPA led to a closer working relationship between MAPPA and YOT.
- Only two children (1%) had Child Protection Plans for more than 2 years at the end of March 2014, compared with 30 at the peak in May 2011.
- In 2012-13 Initial Child Protection Case Conference held within 15 days of strategy discussion was 79%, and 78% at end March 2013-14, rising to over 80% in the most recent data.
- There has been a significant increase in CP Plans from 122 at end March 2013 to 187 at end March 2014. Our rate has risen from 22 per 10,000 population to 34 per 10 000 at end March 2014 which is in line with levels in similar authorities.

1.14 Grade Descriptor: Children and young people who live in households where at least one parent or carer misuses substances or suffers from mental ill-health, or where there is domestic violence, are helped and protected. Incidents are monitored and multi-agency responses are effective and coordinated between agencies, including management through MARAC.

Evidence of Practice and Provision

- MARAC undertook a CAADA assisted Self Assessment in April 2013 to improve the operations, practice and effectiveness of the Harrow MARAC.
- Referrals are made to the MARAC from across children's services assisted by the IDVA working in the MASH.
- The VYPP as described above take a multi agency approach to assess risk where

Evidence of Impact on outcomes

- The attendance of the MASH Senior Practitioner as a representative of C&F attends the MARAC as C&F ensures that information is shared and processed effectively. This also provides a communication channel for children's social care. Referrals from social care to MARAC have increased in 2013-14 due to raised awareness of the benefits of multi-agency responses to high-risk cases of domestic

mental health, DV and substance misuse leads to a young person becoming vulnerable and provides a multi agency response at different levels of intervention. A report of the work of the VYPP is available.

- A Multi Agency Sexual Exploitation group was established in partnership with the Police in July 2014.
- Early Intervention runs Community Groups project for mothers and children who are victims of DV.
- Harrow C&F is taking part in CAADA YP Development Programme, which provides support to local areas in developing a coordinated response and support for young victims of VAWG including domestic violence & sexual exploitation. This is in response to the national definition change of DV to include 16 & 17year olds.
- The VAWG Strategy including a section on children's services, is overseen by the VAWG Strategy Group and Safer Harrow, and children's services are represented by Divisional Directors.
- The new administration elected in May 2014 are investing additional resources in this area. Consequently we are expecting to be able to establish increased IDVA input, perpetrator programmes, increased communications and awareness programmes and increased prevention work in schools.
- There are protocols in place developed by the Safeguarding Board sub-group with Adults Safeguarding for working with parents with a disability, substance misuse and mental health. We have identified the need to strengthen further processes for risk management for children living in homes with parental mental health, substance misuse and domestic violence.

violence from Children's Services staff.

- Evidence of MARAC effectiveness measured against CAADA's recommendations including increase in referrals, risk identification, agency representatives, and SMART action planning in response to risk factors.
- Increased numbers of referrals made to the MARAC from across Children's Services, EIS and Targeted over a 12-month period.
- 124 mothers and children have been referred to the DV groups. 46 have had the right circumstances to start the course and 14 have completed the course so far.
- One of the CP Chairs is a DV Specialist and through the Champion role, offers expert safeguarding advice around DV and lead on best practice.
- CP Chair attends the DV Forum and ensures best practice and consultation to social workers around the impact of domestic violence on safeguarding.
- An EIS worker has been identified as the YP DV Advocate and undertaken training to offer advice and consultation to other staff.
- 51% increase in referrals made to MARAC by Children's Services from total referrals in Oct 11-Sept 12 to total referrals in Oct 12-Sept 13.
- MARAC referrals by non-police agencies increase by 107% in total over a 12 month period.
- For 2012-13 49.5% of adults in substance misuse treatment were parents. 501 children were living with parents who were in substance misuse treatment.

1.15 Grade Descriptor: Children and young people who are missing from home, care or full-time school education and those at risk of sexual exploitation and trafficking receive well-coordinated responses that reduce the harm or risk of harm to them. Risks are well understood and minimised. Local authorities, schools and local police are aware of, and implement in full, the requirements of the statutory guidance for children and young people who are missing. Comprehensive records are held and shared between agencies to help and protect children and young people. Together they take steps to ensure that all children, including those who are excluded from school, are safe and that for those who are missing or often missing there is a clear plan of urgent action in place to protect them and to reduce the risk of harm or further harm.

- The strategy for multi agency responses to missing children has been reviewed and strengthened during 2013-14. This was prompted by a decrease in numbers of children being reported missing over the past 18 months. As a result of this work there has been a re-design and simplification of children's services processes for recording missing children.
- The Missing Children protocol was updated in April 2014, in accordance with national guidance. Training on new procedures has been rolled out to all teams by the MASH service manager.
- The weekly safeguarding meeting maintains management oversight of all missing children. This ensures that referrals are made for return interviews, strategy meetings are being held and targeted action is being taken to minimise risk by all partners.
- A series of audits were undertaken on all children who went missing in 2013.
- A report on the work described above was taken to the LSCB Operational Group in May 2014.
- The Multi-agency Vulnerable YP panel as described above was established in August 2013 to review risk of sexual exploitation on individual cases and agree effective packages of support as well as identifying themes for further exploration, e.g. through working group and training needs for LSCB.
- Children missing from Education immediately alerted by Welfare call. Virtual School EWO alerts Social Worker and escalates to managers.
- The Attendance Intervention Model (AIM) is now the established route for identifying the actions needed to challenge persistent school absentees. Engaging cautioning and in some cases prosecuting parents for poor school attendance is proving effective when overall absence exceeds 15%.
- LSCB promotes termly training to designated teachers re missing children, vulnerable young people's panel, and trafficking, child sexual exploitation and forced marriage.
- The oversight of every missing child at the weekly safeguarding meeting ensures that the right action is being taken to find them and keep them safe. This oversight includes children missing from home and care, and the process of recording and follow up. Independent interviews for children who go missing from a voluntary sector organisation have been commissioned. Feedbacks from those interviews are being analysed.
- A Serious Case Review is currently being undertaken on a looked after child who died after going missing from a care home in November 2013. Changes to policy and practice to further improve our responses to young people who go missing will be proposed through the LSCB.
- The information was with education, police and health colleagues and vice versa to inform service responses to missing children. Every child who goes missing and is reported to us through police or for example our out of hours services are recorded as a missing child on our database and followed up. The safeguarding meeting acts as a safety net to ensure that appropriate action is taken on every child and that patterns of behaviour of individuals or groups are identified and acted on.
- The LSCB Operational group received a presentation on children missing from school in April 2014. This is available.
- Persistent Absences Analysis for Academic Year 2012 to 2013:
 - 253 children were classed as persistent absentees (attendance below 85%)
 - 82 were Primary aged children (Rec to Year 6)
 - 171 were Secondary aged (Year 7 to year 11).
- In 2013, 36 education penalty notices issued, 32 cases were considered by the Pre-Court Panel, and 6 cases successfully prosecuted
- Penalty Payment rate of 97% currently achieved (against national figure of 59%)
- 88% of pupils showed an improvement in attendance with the involvement of the AIM programme.
- Published guidance regarding absence has been formulated with all schools and hard copies distributed annually.

1.16 Grade Descriptor: Children and young people who are privately fostered are identified by the local authority, in conjunction with partners. Once they are identified, the local authority discharges in full its statutory responsibility to ensure that they are safe and that their health and well-being are properly promoted.

Evidence of Practice and Provision	Evidence of Impact on outcomes
<ul style="list-style-type: none"> • The LSCB Private Fostering, Trafficking & Inter-country adoption working group was established to raise referral levels in these areas and increase awareness of risk factors. • Scrutiny of the private fostering report led to the set up of the private fostering, trafficking and inter-country adoption working group chaired by social care and health. Notifications of Private Fostering Arrangements are screened by the Multi Agency Safeguarding Hub (MASH). • All potential private fostering arrangements are then sent to the Private Fostering team who will: <ul style="list-style-type: none"> - A home visit within 7 days - Establish that the accommodation is suitable - Speak to the child alone to ascertain their wishes and feelings - Speak to the person with parental responsibility - Ascertain the purpose and duration of the PF arrangement - Establish there is a financial arrangement for the care and maintenance of the child /young person - Establish the child's needs are being met - Establish the child is registered with the family GP and the dentist - Ensure the child is receiving education and liaise with the school - Arrangements are in place for the child/YP to be visited regularly. 	<ul style="list-style-type: none"> • Awareness raising activity with partners resulted in an increase in referrals from schools, but the over all number of private fostering arrangements has reduced slightly and remains low - 4 cases at end March 2014. There were 7 new notifications during the year and 9 private fostering arrangements ended. • To ensure we are reaching out to identify private fostering arrangements, meetings have taken place to raise awareness of private fostering with the local Mosque and community representatives, school admissions and the Inter Faith Forum; for example a visit to the Mosque was undertaken in February 2014 by the Adoption and Fostering Team Manager. • There are currently 5 children in private fostering arrangements. Each child is tracked to ensure they have a school place and have their health needs met through registration with a GP. Any safeguarding concerns are referred back to the MASH. • There are no privately fostered children with disabilities but where the CWDS is involved and a child is living away from their birth family for a short period they ensure that risks are addressed. Where overnight respite is provided as part of the short breaks or any other respite sanctioned by the CWDS, all the carers are subject to DBS checks

1.17 Grade Descriptor: Allegations of abuse, mistreatment or poor practice by professionals and carers are taken seriously. Steps are taken to protect children and young people and the management of allegations is robust and effective

Evidence of Practice and Provision	Evidence of Impact on outcomes
<ul style="list-style-type: none"> • A dedicated full time permanent experienced LADO is in place to manage all allegations against adults who work with children. Cover for the LADO is provided by the CP Chairs; the LADO 	<ul style="list-style-type: none"> • Feedback from questionnaires demonstrates that organisations feel supported throughout the process • There was an increase in the number of

follows the London CP Procedures.

- The recording of allegation cases is supported by a Framework-i module.
- The MASH refers immediately any allegations in relation to protocols.
- The LADO provides input to the LSCB training programme to raise the awareness amongst professionals of how to deal with allegations in relation to professionals.
- An Annual report on the work of the LADO was reported to the Safeguarding Board during 2013-14.

referrals against foster carers and nursery workers during 2013-14 which may be a result of LADO training presentations.

- Faith groups have expressed greater confidence in referring incidents to the LADO
 - Immediate action is taken to ensure that the safety of the children in contact with the individual posing the risk through limiting their contact with children.
 - Multi agency strategy meetings are convened and outcomes are recorded against every LADO allegation made.
 - Referrals have come from a wide range of partner agencies during the past year including the voluntary sector.
-

1.18 Grade Descriptor: Practice is informed by feedback from children and their families about the effectiveness of the help care or support they receive from the time it is first needed until it ends.

Evidence of Practice and Provision

- Feedback forms from CP conferences are received from parents and children
- Our Systemic Social Work Service uses questionnaires and strengths and difficulties work to inform feedback. This is considered and reviewed at every monitoring meeting to inform future service development.
- An advocacy service from HAD, a Harrow voluntary sector agency, has been commissioned for children to ensure their views are represented at child protection conferences or they are supported to attend.
- This contract is monitored quarterly and reports provided included feedback from children and young people.
- The Advocacy service produces quarterly monitoring and six-monthly reflections paper to inform practice.
- Participation newsletter is prepared by the Participation Officer and circulated to the children in care council and beyond. June's Participation Newsletter is available.
- EIS "How Did We Treat You" forms provided to all families at case closure to inform service improvements
- Our Plan: Children & Families and our service plans promote a culture of co-production informing both service design

Evidence of Impact on outcomes

- We have been asking children and young people what they think of our services, and how it feels to be part of child protection conference and looked after reviews. This work is being led by our Participation Officer working with our Youth Development Team. Our children and young people have told us:
 - *'Thank you for helping me get a job'*
 - *'Thank you X for helping me make a CV, I have now got a summer job at Clarks and I am really happy.'*
 - *Thank you'*
 - *'Thanks for helping my mum, things are better now'*
 - *'Thank you for all the help you have given me'*
 - *'I asked for some worksheets to help with school, and my social worker was able to get me them'*
 - *'Thanks for listening to me, as I didn't want to see my Dad'*
 - Satisfaction with the Systemic Social Work Service is measured through Questionnaires from 40 service users:
 - *"I feel that my views & worries were taken seriously" 100% of respondents said this was Certainly True*
-

and interventions.

- Since Jan 2014 3 YP have graduated the programme to then become X16 volunteers. Of the X16 group - 8 LAC/LC YP have enrolled on X16 programme
- 17 Young People took part in Take Over day in November 2013 including 5 young carers and 4 LAC. The 32 young people on the July – Dec 2013 V Inspired Talent programme included 4 LAC, 1 young carer and 5 from the Youth Offending Team. 70% were NEET.
- 1052 Harrow young people participated in the National Citizenship Service in 2013 including 7 LAC. Harrow Youth Parliament has a range of YP including 5 recently recruited LAC adding to existing LAC representation.

- *“ I feel that the people who saw [my] child were working together to help with the problems” 100% of respondents said this was certainly true*
- *“ if a friend needed similar help, [family] would recommend that he or she use the service” 100% of respondents said this was certainly true:*

- Children looked after are, where possible, involved in placement decision making. We have a recent example of a young person in care contributing to his placement profile.
- We have a case example available where an 11 year old young person attending a CP conference read a poem about their Social Worker that they had written.

1.19 Grade Descriptor: Children, young people and families have timely access to, and use the services of, an advocate where appropriate.

Evidence of Practice and Provision

- An established advocacy service is in place, recently reviewed and re-launched. This service represents children and helps them attend child protection conferences.
- CP Chairs and SW's make CYP and families aware of this provision and its use.
- Children in care have both advocacy arrangements and independent visitors and both services provide feedback to inform future development.
- All children who go missing from home or care are offered an independent return home interview with our commissioned voluntary sector provider. Information from these interviews is fed back to services and has been scrutinised by the QA Sub-group of the Safeguarding Board.
- The Advocacy Service for our children and young people is very effectively promoted. The need to ensure it is thoroughly embedded across all aspects of our services is recognised as a next step.

Evidence of Impact on outcomes

- During first six month of FY13/14 Advocacy services received 69 referrals for children and young people who were supported in their engagement with our services. Of these 16 were looked after children, 6 were leaving care, and 24 were for child protection.
- Improved awareness and implementation of the referral process for Advocacy with consent from children and young people has been achieved.
- We receive a mid year report and an Annual report from the service. In the first 6 months of 2013-14, 24 children and young people were supported by the Advocacy project to represent their views in the child protection process. In addition some were supported as children in need and some were supported to make complaints. The mid year report states: *“We have had at least three 9 – 11 year olds attending part of their conference, while some clients choose not to attend, but are represented by their advocate. We have seen significant benefits at conferences, which have been facilitated by advocacy support, with children and young people reporting that they felt heard and ‘important’, and that adults were listening to them”*
- In work with 4 clients safeguarding issues

were identified and reported which were referred to Children's Services. 2 clients were refugee and asylum seeking children.

- The complaints and discontent raised by children and young people about Children's Services largely relate to historic issues. A few relate to current practice, mostly reporting a lack of contact and support from workers, and the lack of services provided.
- Responses from, and communication with social workers, have been largely very positive.
- We have also supported a pupil through the appeal process against a decision to exclude him from school, this support has contributed to his circumstances improving to the extent that he was removed from a Child Protection plan and he remains in school.

1.20 Grade Descriptor: Help and protection for children and young people is sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation.

Evidence of Practice and Provision

- The auditing that is undertaken through the QA framework considers the sensitivity and responsiveness of assessment and planning to a range of issues.
- The Joint Strategic Needs Assessment includes analysis of protected characteristics and informs commissioning of services.
- We have a diverse range of foster carers and are set up if arrangements to meeting children's needs in placement where there is not a full match for example using other carers to take children to mosque.
- The LSCB and WLA training programme have a significant element of education for social workers about equality and diversity.
- The LSCB Working Group 'Safeguarding in a Diverse Community' is led by a secondary school and develops practice.
- The LSCB delivered training in June 2014 'Race, Culture and Diversity: Implications for Safeguarding Children Effectively'.
- We need to undertake further work to identify how our service provision can better meet the needs of our community.

Evidence of Impact on outcomes

- In the Children with Disability Service risk is evaluated on an ongoing basis. The presence of additional risks is identified e.g. cultural bias re; disability and stigma attached to disabled child in the community.
- Analysis of the ethnicity and ages of children subject to child protection plans and / or in care has shown that a population profile to be similar to other London Authorities. However there is under-representation of Asian communities in the care population, and a significant number of Asian families presenting with domestic violence issues.
- To address this, the Service Manager for MASH has set up a drop in service provided by an Asian voluntary sector organisation for women and children experiencing domestic violence, and plans are progressing to expand the current IDVA service.
- The Safeguarding Sub-group presented to the LSCB Conference in January 2014 attended by x individuals representing all key agencies.

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Supporting Evidence for all Grade Descriptors Above

- Improvement Plans : Early Help and Safeguarding, Children Looked After and Care Leavers
- LSCB SCR and Learning Lessons reviews. Reports available and one SCR currently being undertaken.
- Multi Agency LSCB dataset 2013-14.
- Ofsted Early Help Thematic Feedback January 2014
- Audit Report Overview completed for Early Help Thematic January 2014
- Child's Voice Newsletter monthly (most recent June 2014)
- Participation Strategy and Action Plan 2014
- Service Plans (including entries for co-design, co-production and co-monitoring)
- Case studies as examples of good practice
- Audit Reports
- Child's Journey Change proposals August 2013
- Outcome reports from Systemic Social Work Service
- Annual Report on PLO / care proceedings 2013-14
- Ofsted Early Help Thematic Inspection Feedback January 2014
- Vulnerable Young People's Panel Terms of reference and report
- MASH Information Sharing Agreement
- Case Transfer Protocol
- MASH Flow chart
- Children's Social Care and YOT Protocol
- EDT protocol
- Pre-Birth Assessment Tool
- Children and Families Domestic Violence action plan.
- Reflective Supervision Policy and Pod Template
- LSCB Threshold Document
- Referral Guidance
- Early Help strategy
- Single Assessment guidance
- MASH operational group ToR and minutes
- Joint Operational Group ToR
- LSCB Annual Training Report
- LSCB Section 11 Audits
- Systemic Social Work Manual
- Quality Assurance Framework
- Social Care workforce profile
- Workforce Development Strategy.
- Children With Disability Service: Core Offer
- CWDS Short Breaks policy.
- Minutes of CWD panel
- CP Challenge Panel T of R
- Challenge Panel Minutes
- Tri-partite Panel Protocol
- MARAC protocol

- Gangs Strategy
- LSCB Multi agency Expectations for Child Protection Process developed October 2013
- MARAC Operating & Information Sharing protocol
- Missing Children Protocol
- Childhood Sexual Exploitation Strategy
- LADO Annual Report
- Private Fostering Annual Report
- Overview of Social Work profiles including qualifications and experience.
- Advocacy Service Report

Next Steps

Key JUDGEMENT 1: The experiences and progress of children who need help and protection

1. A culture that changes things for the child

- 1a) Ensure a stable workforce that is confident in reflective practice supported by the systemic SW service.
- 1b) Challenge and empower all staff at all levels to hold the child's best interests in decision making and timely actions, reducing transfer points.
- 1c) Embed the Early Help Framework throughout universal and targeted services securing quality early help assessments which use the Team Around the Family methodology.

2. Working together for the child

- 2a) Strengthen partnership working in respect of audit of needs, delivery of provision and joint evaluation:
 - Secure consistency in the application of thresholds across all agencies;
 - Consistent use of agreed framework for assessment and referral across universal, Early Help & Targeted Services;
 - Ensure that whole family context and history underpins assessment and planning for individual CYP.
- 2b) Strengthen processes for risk management with a particular focus on children living in homes with parental mental health, substance misuse and domestic violence
- 2c) Further enhance existing partnership arrangements in MASH to ensure children & young people receive appropriate and timely support
- 2d) Strengthen multi-agency work with children and young people who are at risk of all forms of exploitation.
- 2e) Strengthen partnership work to reduce youth crime.

3. Improving the quality of case work

- 3a) Increase use of CAF and Team around the Family model to reduce referrals and increase TAF support following case closure implementing Lead Professional concept
- 3b) Consolidate Quality Assurance Framework through audit and practice observation work, strengthen feedback and evaluation of impact.
- 3c) Secure greater consistency in the quality of assessment & planning.

4. Holding the child's perspective

- 4a) Strengthen the use of feedback from children and young people in influencing strategic developments and service improvement.
- 4b) Fully embed Advocacy Service and in future commissioning ensure that the child's voice is integral in the shaping and delivery of commissioned services.
- 4c) Use CYP voices to strengthen our approach to corporate parenting.

5. Developing good systems to help keep children safe.

- 5a) Strengthen IT systems and infrastructure which build on existing networking, and empowers effective multi-agency working.
 - 5b) Secure greater consistency and rigour in the implementation of agreed systems and processes.
 - 5c) Review and refine existing interfaces between services across Children and Families in order to strengthen transfer and transition within service delivery.
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Harrow Children and Families Self-Assessment

Key Judgement 2:

The experiences and progress of children looked after and achieving permanence

Decisions about children and young people becoming looked after are made using high-quality assessments about the risk of harm or actual harm to them and the likelihood of change in their family. Thresholds are clear and applied appropriately. Children and young people are listened to by social workers who know them well. Adults working with children and young people help them to understand and manage their early childhood experiences, to progress well and achieve educationally, and to influence decisions about their future. They return home with the support they need and when it is safe for them. If this is not possible, they live in stable placements where they are helped to build positive relationships and maintain contact with their family and friends where this remains in their best interests. Care plans are regularly reviewed to ensure that the child or young person's current and developing needs continue to be met.

Permanent homes and families are found for children and young people without unnecessary delay. Their needs are met and they live with their brothers and sisters if that is assessed as being in their best interests. They do not experience placement moves unless they are part of a planned return home or in accordance with plans for their future. Their education is not disrupted unless it is their best interests and plans for their schooling provide any extra help they need to make up time and learning that has been missed. They develop safe and secure relationships with adults that persist over time. When support is needed, children, young people and families are able to access it for as long as it is needed, throughout their childhood and beyond.

2.1 Grade Descriptor: Decisions to look after children and young people are timely and made only when it is in their best interests. Those decisions are based on clear, effective, comprehensive and risk-based assessments involving other professionals working with the family where appropriate.

Evidence of Practice and Provision	Evidence of Impact on outcomes
<ul style="list-style-type: none"> • All decisions about entry to care, instigating the PLO process or care proceedings are taken by a service manager. • An Access to Resources panel meets weekly to monitor progress on individual care plans and authorises resource provision including care placements, change of placements, independent assessments etc. This is chaired by service managers and the Divisional Director. • Weekly Legal Planning meetings chaired by Team and / or Service managers make good use of information from partners in assessment and decision making. Urgent meetings are held in addition to this. • Where appropriate, Partner agencies attend and contribute to legal planning meetings to assist with risk assessment and decision making. • Assessments and chronologies are used in LPMs to assist decision making and planning. All meetings are attended by a social care lawyer who then provides a detailed memo outlining the case and gives advice regarding threshold and next steps. • A detailed memo outlining the case, threshold advice and next steps are sent to attendees and copied to service managers and the Divisional Director. • There is a robust and honest working relationship with legal colleagues, assisted by quarterly meetings with senior lawyers and the service manager. Improvement themes are identified and acted upon in partnership. • We have at times for example disagreed about threshold and care planning, but work together to ensure that our applications to court are robust and done in partnership. 	<ul style="list-style-type: none"> • The number of care proceedings has significantly increased since 2011-12 due to a deliberate change in approach to applying more rigorous thresholds following our SLAC 2012. In 2011-12 we issued 20 sets of care proceedings; this doubled to 40 in 2012-13 and was 35 in 2013-14 to end March. • There is an increase in the proportion of teenagers in care and that care was being used as a solution for too many families experiencing difficulties. For example since 2011 numbers in care aged 10-15 increased every year to a high of nearly 60 children in 2013. However systemic and early intervention services, combined with a more robust and planned approach to families have resulted in reduction in numbers of children in care aged 10-15. As at the end March 2014 for the first time, numbers were down to 50. There has also been a reduction in the use of residential homes for these young people over the last 2 years. There continues to be work done to ensure that the right children are being entered into the care system. • Pod meetings have increased reflective practice and the routine consideration of alternatives to care when assessing risk. The increase in systemic practice has enabled us to avoid children coming into care or going into court proceedings and improved the parenting received by the child • Child Protection Conferences can and do recommend holding legal planning meetings and this is monitored through the CP Challenge Panel. • The IRO and CP chairs attend Legal Planning meetings and Secure Panel meetings etc and are firm advocates for young people within those processes, influencing placement and permanency decisions. • Data presented to Corporate Parenting Board in April 2014, shows that the number of children under 1 in care was at its highest level at end March 2014, 17 children, confirming that we are intervening earlier and more effectively in children's lives. • The use of EPO applications is low, as is police use of powers of police protection. One EPO application was issued in 2013-14. We aim to make every entry to care planned whenever

possible.

- The rate of children in care under section 20 higher than comparator authorities, and this is linked to our higher numbers of teenagers.
- An Annual Report on care proceedings 2013-14 is available.

2.2 Grade Descriptor: There is evidence of the effective use of the Public Law Outline, including letters before proceedings, family group conferences and parallel planning. Care is used only if this is in the child's best interests. Children and young people are safely and successfully returned home; where this is not possible for them, permanent plans are made for them to live away from the family home. Families are made aware of, and encouraged to access, legal advice and advocacy.

Evidence of Practice and Provision

- PLO outline is well embedded in SW practice with a positive working relationship with the Legal Team, which is co-located with the Social Care Teams.
- Family Group Conferences are used effectively to identify solutions and support within the child's family and network. Where there are concerns about a child remaining in the family. Each bring family members together to understand the issues, consider options and put in place a plan of support. This work is commissioned by the LA from 'Forward for Families' who have a range of highly skilled and experienced family group conference coordinators. These coordinators reflect the diversity of the families involved to ensure maximum engagement and participation, and to take into account cultural factors.
- Parallel planning processes operate effectively. Once a child is in care, permanency planning meetings are held every 6 weeks, these complement the CLA reviews and focus on the long term plans for individual children.
- As part of the PLO process, families are written to, to clearly outline concerns, how to address the concerns and how families can access legal advice and advocacy.
- There is a weekly legal planning meetings slot chaired by Team or Service managers.
- Every Legal Planning Meeting results in a legal memo sent to the divisional director for approval to issue proceedings where required.
- The threshold for legal proceedings is clearly laid out in a legal protocol. This

Evidence of Impact on outcomes

- Increase in the use of Family Group Conferences – in 2013/14 there were 32 referrals for FGCS. 22 conferences have taken place.
- Forward4Families provide a quarterly contract monitoring report with detailed outcomes from the FGC's that have taken place. This is monitored by the Commissioning Team with social care managers. A pilot consisting of a revised process to ensure that Family Group Conferences are held as soon as possible after referral has been agreed.
- The use of the Public Law Outline (PLO) through the use of Pre-Proceedings and has led to a significant reduction in the numbers of children subject to child protection plans over 24 months. There is currently one family (3 children) who remain subject to a CP Plan over two years in comparison to 13 children eighteen months ago. In some cases pre-proceedings work resulted in improved outcomes without the need for public law care proceedings.
- Pre proceedings work has resulted in 13 children remaining with their families because parents have engaged and addressed the areas of concern.
- 20 children have been rehabilitated home following highly effective plans to improve parenting and relationships informed by systemic work.
- There is clear evidence of robust decision making particularly for younger children. The attendance and contribution of Child Protection Chairs and Independent Reviewing Officers at legal planning meetings has been an added strength. There has been senior management scrutiny and review of all cases where children have been subject to multiple periods of

action followed the last Ofsted Inspection of 2012 which identified need for clarity on threshold for legal proceedings.

- Regular meetings are held with legal colleagues, and with CafCass colleagues. There are also regular meetings with Barnet Court judges to share feedback and identify issues of concern.

registration, been subject to a child protection plan over 18 months and a robust approach taken to managing chronic and complex cases. This together with the development of the Child Protection Challenge Panel has provided a clear framework to ensure where the child protection plan is not working an alternative and in some cases more effective route through pre-proceedings or where appropriate care proceedings are initiated

- A Case Tracker role at a Senior Practitioner social work level has been established, which over 2013-14 has achieved the following:
 - An overview of cases being considered for and taken to court.
 - Improving the quality and consistency of assessments and ensuring that statements are evidence based.
 - Effective tracking of Pre-Proceedings cases ensures timely assessments reducing the need for further assessments should care proceedings be issued.
 - Reducing drift and delay for children subject to child protection plans
 - Using the PLO with parents who were resistant to change and therefore resistant to accepting and addressing the concerns of the local authority, particularly where children were at risk or vulnerable due to parental substance misuse, mental health or chronic neglect, or where there had been earlier care proceedings resulting in removal of a child and insufficient evidence of significant change.

2.3 Grade Descriptor: Where the plan for a child or young person is to return home, there is evidence of purposeful work to help the family to change so it is safe for the child to return. Further episodes of being looked after are avoided unless they are provided as a part of a plan of support.

Evidence of Practice and Provision

- The Care Planning Group has reduced drift and delay through monitoring every case. Robust parallel plans are put in place when rehabilitation home is the plan.
- The Systemic Social Work Service works directly with families to work on relationships and parenting. This improves relationships and creates family capacity to make positive change.
- The Early Intervention Service also are part of the team around the family providing parenting support, mentoring for young people etc. to enable successful

Evidence of Impact on outcomes

- Of the children the Systemic Service has worked with, the following outcomes have been achieved:
 - 22 Children in crisis were able to remain at home
 - 27 children move from child protection plan
 - 14 children were rehabilitated home
 - 16 cases closed
- MLA has been working with Harrow families since 1st September 2012 and has been working with 23 new families each month
- The numbers of looked after children per 10 000 was 30.5 at year end 2013-14. This is

home transitions.

- The Harrow Virtual School tailors educational support for children returning home working very closely with local schools for example Harrow Tuition Service.

below London average and statistical neighbour average, however these rates are similar to Merton and Redbridge, both of whom are in our comparator group. We are confident that our significant focus on services providing early intervention and rehabilitation home has successfully contributed to our strategy ensuring that only those children who should be looked after do become looked after.

- We have a number of case studies where purposeful work with the family can be evidenced to enable a child to return home.

2.4 Grade Descriptor: Applications and assessments for care or other orders are accepted by the courts, minimise the appointment of experts and avoid unnecessary delay. The wishes and feelings of children and young people, and those of their parents, are clearly set out and contemporary. Viability assessments of members of the family are carried out promptly to a good standard and sequential assessments are avoided.

Evidence of Practice and Provision

- Viability assessments are undertaken jointly by the child's social worker and a social worker from the connected person's team.
- Viability assessments of members of the same extended family are carried out simultaneously wherever possible.
- There is a specialist team responsible for assessments and a clear connected persons policy is in place.
- All connected persons assessments are presented to Adoption and Fostering Panel.
- Legal planning meetings chaired by the Service Manager ensures that applications are only made where there has been a thorough consideration of all issues relating to this child and family, that the case meets the thresholds and application to the Court for a care order is the only option available.
- The wishes and feelings of children and young people are an integral part of the assessment and placing processes including the legal planning meeting.
- Quarterly legal liaison meetings between social care and legal colleagues are well attended by senior lawyers and service managers. Recent cases are reviewed and robust debate is a check and balance ensuring threshold is consistently applied.
- Harrow has taken part in the North West London Care Proceedings Project started

Evidence of Impact on outcomes

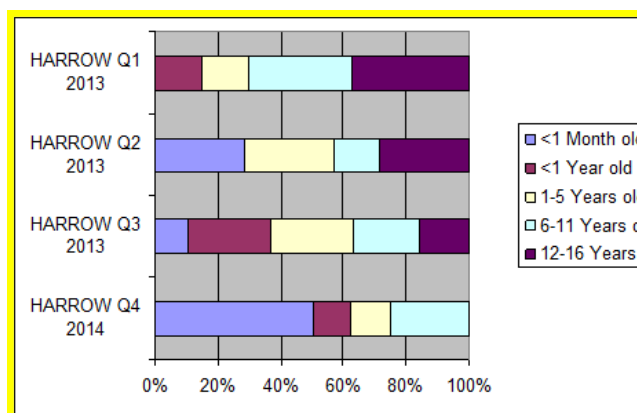
- Sharing of performance data and good practice in the new PLO has led to improvement in the timeliness of proceedings and the quality of assessment. In 2013-14, 24 (48 children) cases out of 33 concluded within 26 weeks equating to 73% of all cases. The reasons for cases going over the 26 weeks varied but predominantly included:
 - Parents putting forward extended family members late in proceedings
 - An international dimension including viability assessments being completed abroad
 - Complex cases requiring further assessments
 - Improved timeliness on Connected persons assessment with many becoming Special Guardianship Orders.
 - Increase in number of Connected persons placements allowing children to remain within their extended birth families where possible.
- Panels scrutiny of Connected Persons Assessments has led to more stable placements and more robust overview of the quality of these arrangements
- Regular meetings are held with the Judiciary at Barnet Court. Recent feedback on the quality of our applications and a recent case where the social work evidence presented was judged to be extremely robust has been positive. We do receive positive comments

in the autumn of 2013 working with Brent, Hillingdon and Ealing to prepare for the introduction of the family justice reforms and to share and develop good practice. One part of this was the agreement of the boroughs to track Care & Supervision Proceedings issued 1st April 2013 to 31st March 2014 against the 26-week timescale for each local authority. Good practice examples and strategies were shared at meetings attended by key stakeholders CAF/CASS, Courts, and private practice solicitors and other authorities.

- We are currently commissioning a number of independent social work assessments when cases are in court proceedings due to capacity of our social workers.

from judges on written and oral evidence.

- There has been an increase in the number of mother and baby foster placements to 3 and in 2013-14 significantly reduced our use of residential assessment centres.
- The emerging trend is that the duration of care proceedings has significantly reduced from an average of 55.5 weeks (average length of the 12 cases issued prior to 1st April 2013) to 24.7 weeks, this compares favourably with other London boroughs in the West London Care Proceedings Project.
- Overall the number of care proceedings issued in the LB Harrow is significantly lower than our statistical neighbours whose proceedings averaged at 68 over the same period (Brent 74, Ealing 67 and Hillingdon 63).
- In total there was 1 (1 child) application for an Emergency Protection Order, 24 cases (40 children) where applications were made for Interim Care Orders, 5 (17 children) Interim Supervision Orders, 1 Assessment Order and 2 (4 children) applications with no orders at point of initiating proceedings
- Full Care Orders were secured on 13 children, Supervision Orders on 25 children, Special Guardianship Orders on 5 children and Residence Orders on 2 children. Proceedings concluded on 3 (3 children) cases where no orders were granted at the final hearing.
- The Table below sets out the age of children at the point of entry into care proceedings. It can clearly be seen that the direction of travel in Harrow is to intervene earlier in the lives of younger children to secure positive outcomes.



2.5 Grade Descriptor: Children and young people are seen by their social worker alone and understand what is happening to them. Professionals and carers, who know them well, develop positive relationships with them and are committed to protecting them and promoting their welfare. Children and young people are helped to understand their rights and the responsibilities that accompany those rights and legal entitlements. They understand how to complain and have access to an advocate and independent visitor. Complaints are treated seriously and result in a clear response, urgent action and improved services where that is required. Senior managers regularly review and act upon complaints from looked after children.

Evidence of Practice and Provision

- Children and young people in care are generally seen by their social worker alone every 4 weeks. There is age appropriate communication with the child and young person about their circumstances and their care plans as well as what support is available to them.
- There is a very stable Children Looked After social work team who have known children for some time, and have built up significant relationships.
- Pre-review consultation with CYP prior to each LAC review.
- Independent Interviews are offered to all children who return from being missing from care
- Independent Visitors Service in place which actively supports the voice of the child in care.
- There is an active and lively Care Leavers Forum well attended by care leavers, the Leaving Care and UASC Team, and senior managers.
 - The Harrow Beyond Limits Group for children in care is run by the Participation Officer who coordinates the Group, and ensures that the views and concerns are followed up by relevant services and managers
- All LAC are offered access to an independent visitor. Harrow has commissioned HOPE, a local voluntary organisation, to provide the Independent Visitors Service.
- Children who are looked after, and those who may be at risk, have access to a range of leaflet and Web based material to enable them to have an understanding of their rights and entitlement and how to access advocacy and support.
- Information on complaints is also provided and children and young people can ask the advocacy service for support or to

Evidence of Impact on outcomes

- A recent example of impact is a consultation and participation exercise at the Care Leavers Forum on what a good placement looks like. This has informed an action plan to promote what young people think is important about their care placements and how we involve them more thoroughly in placement decisions. It has also resulted in a guidance document for social workers and placement providers about what young people are looking for in a placement.
- Care Leavers consultation also took place about the life skills programme at the Care Leavers BBQ and Forum which has informed a refresh of the offer.
- Young people have been involved in developing their own matching profile for placement and more young people are chairing their own reviews.
- Case studies from the Independent visitors service shows how the IV has had a positive impact on the young person's life.
- During first six month of FY13/14 Advocacy services received 69 referrals for children and young people who were supported in their engagement with our services. Of these 16 were looked after children.
- We recently asked what young people felt about their looked after reviews and they told us:
 - *"I'm really pleased that you have arranged contact to see my mum"*
 - *"I feel safer (at my foster carer's)"*
- The IRO and CP chairs attend Legal Planning meetings and Secure Panel meetings etc. and are firm advocates for young people within those processes, influencing placement and permanency decisions.
- Quality assurance audit work through out 2013-14 shows increased case recordings of children's views and more consideration of their perspectives in decision making.
- The direct work training and systemic

represent their complaint. Any complaints are treated seriously and followed up. Learning from the complaints is shared through staff development activities.

- Young people have informed our current Participation Strategy and Action Plan.
- Beyond Limits aims to:
 - Listen to children and young people's opinions and being the voice for all children in care
 - Try to resolve the main issues children and young people are facing in care today
 - Liaise with professionals to support and assist our young people in making these improvements
 - Finding out what actions and improvements Corporate Parents and other professionals in Harrow Council are doing to help maintain and improve the lives of children in care
 - Ensuring that the group can trust, commit, and have choices
- The Virtual School and participation events enable children in care to take part and inform future planning for example a review is being undertaken of support available to young people who wants to go to university following their feedback that it is very difficult for them.

approach have improved social workers' ability to communicate with children and young people.

- 33 children and young people in care or leaving care were supported by the Advocacy Service in the first half of 2013-14.
- Children and young people are mostly using advocacy support to assist them in making their views and wishes known at meetings
- The majority of children and young people have responded well to the offer of advocacy and have been able to talk with advocates, and share their views and wishes.
- There have been a small number of complaints and discontent raised by children and young people about Children's Services, and we have taken steps to address this. The Advocacy report states that: *'Responses from, and communication with social workers, have been largely very positive'*.
- The Advocacy Service was able to support a looked after young person through to a stage 3 complaints having acquired specialised legal advice to compliment the advocacy support given. The service offered to the young person increased in the interim while he awaited the outcome of his complaint.
- The Advocacy Service also helped another young person to secure leaving care rights so that he received a fixed address on his release from prison, and another child was supported to secure a summer respite placement, and to ensure that his foster parent was given the disability related equipment he needed. Plans have also been made for him to have an activity holiday in the near future.
- For example, in September 2013 young people living at The Gayton, a semi-independent provision for care leavers and unaccompanied asylum seekers, raised concern that the washing machine had broken. This was then quickly raised by the service managers for CLA and Placements and the matter resolved.

2.6 Grade Descriptor: Children and young people are protected or helped to keep themselves safe from bullying, homophobic behaviour and other forms of discrimination.

Evidence of Practice and Provision

- Foster Carers are equipped with the skills to support children and young people who are being discriminated against

Evidence of Impact on outcomes

- Anti-bullying week in schools Children aware of systems for reporting bullying and strategies for what to do if they are a victim.

- Supervising social workers discuss strategies with carers if the young person is facing particular challenges.
- Foster carers also attend relevant training
- Harrow Tuition Service Anti bullying policies in place and procedures followed.
- Our children looked after have access to Independent Visiting and Advocacy services.
- There is a strong culture, ethos and practice in schools on promoting equalities and proactively tackling any forms of bullying and discrimination
- Schools Safeguarding policies and practices are outstanding. Schools actively promote a curriculum and learning opportunities which enable children and young people to keep themselves safe.
- Almost all schools have engaged in a safeguarding audit to ensure that their practice is Outstanding.
- Evaluation and feedback from Foster Carers about training programme
- HTS pupils reports (for recent Safeguarding & Behaviour audit) of feeling highly protected and safe from harm and discrimination.
- Ofsted inspections of schools have judged Behaviour and Safety/Safeguarding to be at least 'Good' in 100% of schools and Outstanding in x%

2.7 Grade Descriptor: Any risks associated with children and young people offending, misusing drugs or alcohol, going missing or being sexually exploited are known by the local authority and by adults who care for them. There are plans and help in place that are reducing the risk of harm or actual harm and these are kept under regular review by senior managers.

Evidence of Practice and Provision

- The Vulnerable Young People's panel with representation from: Social Care, EIS, Police, Education and Health co-ordinate and monitor multi agency responses to looked after young people at risk of sexual exploitation or through use of drugs/alcohol, self harming and missing CLA.
- Barnados Project for young women at risk of sexual exploitation are commissioned to work with individual children on reducing risks.
- A specialist sexual health service is available for unaccompanied asylum seeking young people placed at The Gayton, a semi-independent unit commissioned by our Access to Resources Team.
- The missing children process was revised following an audit of missing episodes in 2014. Awareness raising for the Children Looked After Team followed and practice

Evidence of Impact on outcomes

- There is a small but significant number of young people in care who are also young offenders. The percentage of our LAC population over the past two years who are also offenders has remained stable and we have identified it as a priority action area in the Youth Justice Plan 2014-15. A task and finish group commissioned by the YOT Board analysed the offences and interventions over the last 3 years. There is now routine scrutiny of every CLA who was also YOT at the Risk and Vulnerability Panel. The YOT / CLA protocol has been refreshed and brought the services closer together through management structures.
- The Risk and Vulnerability Panel run by the Youth Offending Team chaired by the Service Manager and with multi agency representation, considers high risk young people some of whom are also looked after children. This Panel meets regularly to agree multi agency risk reduction plans. To date: 32 young people were discussed 10 have been previously CLA. Outcomes

has improved as a result. We now review children who have gone missing weekly at the Safeguarding Meeting, chaired by a Divisional Director and attended by the Corporate Director.

- The Corporate Director and the Head of Paid Service are informed of every looked after child who goes missing through the 'Need to Know' notifications.
- At Placement Agreement Meetings any risks associated with the child are discussed with the foster carers and strategies to reduce the risks agreed. Foster Carers are clear of the procedure when children in their care go missing. Foster carers know to contact the department if any risks to young people in their care become known.
- Carers are offered training on drug and alcohol use, offending, gang related risks and sexual exploitation.
- The MASE draws on the findings of recent National SCR's in relation to high profile CSE cases and the fact that there was little or no awareness of the issues or problems by the people who could and should have done something about the abuse and a lack of multi-agency working
- A MASE meeting gives an opportunity for the identified CSE Leads for each agency to come together and;
 - Review progress of cases and ensure action is being taken by whichever agency is involved in individual cases.
 - Identify any trends or problem locations and ensure they are dealt with.
 - Look at cross border issues and ensure there is a co-ordinated approach with other boroughs
 - Ensure children looked after placed away from the borough and at risk of CSE are being protected by the agencies where they are located.
- Depending on other processes that may exist in Harrow the MASE meeting can be used to assess new cases in relation to identifying the category they fall into and deciding how the case will be managed. This may be particularly relevant to lower level cases that may not have reached the threshold for other interventions (e.g. MAP process) but may require further

included:

- 10 young people referred to Barnardos.
- A guidance document for foster carers about what to do when a child they are caring for goes missing is in place.
- Recent feedback to the Divisional Director from the Foster Carer's Support Group (June 2014) demonstrated that foster carers felt confident about their role and responsibilities if a child in their care went missing.
- The ASK service for young people, part of Compass UK and accessible for children and young people in care is accessed when required. Recent comments from young people on the ASK service include, "*Thank you for supporting me through a difficult time in my life*" and "*Without ASK I would still be using drugs. It has changed my life.*"
- Young people in care in Harrow also have access to the Wish centre, a charity supporting young people into recovery from self harm, violence, abuse and neglect. The Director of WISH also sits on Harrow's Safeguarding Board.

discussion.

- The LSCB Operational Group is developing options for the strategic oversight of Missing Children and MASE work.
-

2.8 Grade Descriptor: Children and young people are in good health or are being helped to improve their health and their health needs are identified. Child and adolescent mental health provision, therapeutic help and services for learning or physically disabled children and young people are available when needed and for as long as they are required.

Children/young people attend school or other educational provision and they learn. Accurate and timely assessments of their needs, as well as specialist support where it is needed, help them to make good progress in their learning and development wherever they live. They receive the same support from their carers as they would from a good parent. The attainment gap between them and their peers is narrowing. The local authority maintains accurate and up-to-date information about how looked after children are progressing at school and takes urgent and individual action when they are not achieving well. All looked after children/young people attend a good school.

Evidence of Practice and Provision

- A new management arrangement in September 2013 has strengthened the impact of the Virtual School. An improvement plan is in place. The progress, attendance and attainment of every child in care is tracked termly. Progress reports are taken to the Corporate Parenting Board. Our PEP process is now better aligned to our Looked After Reviews.
- The Virtual School has a Senior Leadership team which includes social care managers and the Head of Harrow School Improvement Partnership is responsible for service delivery.
- The Virtual School has a seconded Head from Harrow School Improvement Partnership, and a seconded Deputy Head from a local outstanding secondary school. There is also a full time PEP co-ordinator and Education Welfare officer embedded in the social work service for looked after children.
- The achievement and progress of each school age CLA is tracked in the Virtual School – this includes termly updates on progress from schools where available. This information is considered in the context each child's circumstances and is used when planning support in the PEP.
- Attainment and progress data is captured and analysed on a termly basis and reported to the Virtual School Senior Leadership Team.
- Where necessary, specialist support is

Evidence of Impact on outcomes

- Schools are challenged and supported to improve outcomes for CLA by termly visits from the Virtual Head and the Virtual School team, and social workers have been supported to and trained in the development of SMART targets within the PEP.
- The activity of the Virtual School has resulted in looked after young people accessing school places more quickly when there is a placement move, and accessing more targeted help in schools through the scrutiny process of the PEP and use of the pupil premium.
- The Virtual School has set up a homework club for looked after children, and over Easter 2014 took a number of looked after young people on a camping trip.
- Training and support has been given to foster carers to support young people with homework.
- We currently have 7 care leavers at university and are supporting them financially over the summer holidays.
- Our rate of NEET for care leavers aged 19, 20 and 21 was 34% for 2013-14. This is expected to be in line with national averages but we aspire to do better in Harrow particularly as the rate of NEET for all young people is one of the lowest in the country.
- Staff of UASC and LC have clear understanding of where intervention is needed so early intervention impacts progress; e.g. LNAB – Language is Not a Barrier Homework Club delivered at home of

commissioned to support children's learning

- Social workers have been trained to understand progress and attainment data to offer active support and challenge.
- Information about CLA aged 2, 3 and 4 year olds is shared with FIS and foster carers are sent information about the child's entitlement to 2, 3 and 4 year old early years funding.
- Termly meetings/contacts by the VHT to all schools and educational establishments to support and challenge underachievement or lack of good progress
- PEPs build to effective action plans which describe the support all stakeholders will give to CLA pupils in order to improve progress
- CfBT Advisors (careers information, advice & guidance and support services) have a named advisor dedicated to CLA and have been commissioned to track care leavers with regards to their EET status.
- During 2013-14 we have prioritised care leavers who are NEET because we know we wanted to improve their access and success in education. The Corporate Parenting Panel receives reports on NEET throughout the year outlining actions being taken and the individual tracking for all NEETs. Our overall rates of NEET for care leavers have fluctuated according to age range and we continue to prioritise and dedicate an Education worker in the team to engage with the most challenging young people.
- At a recent Care Leavers Forum attended by service managers, Leaving Care Team staff and the Divisional Director, many care leavers stated that they felt they could not access university due to financial hardship. We pledged to re-examine our support to care leavers to go to university and are undertaking work to improve our support offer, both financial and pastoral, to ensure that we give our young people the best possible opportunities that we want for our own children.
- Emotional, Behavioural and Mental Health (EBMH) joint strategy being developed by LA Commissioning and CCG. Will be regularly reviewed.

UASC YP by Youth Development Team staff and V inspired Talent volunteers.

- In May 2014 a group of young people in care / care leavers visited Goldsmiths, University of London, as part of the 'Aim Higher' project for a day of fun and talks about accessing higher education. Young people took a number of 'selfies' throughout the day which are available to view!
- Some of their comments on the day included: *'I might go to Goldsmith when I get older'* and *'really enjoyed today, was so much fun'*.
- The Youth Development Team are running a Young Leaders Programme recently advertised in the Child's Voice Newsletter
- Foster carers are encouraged to improve communication with professionals and challenge outcomes for their children. The Foster carers Charter and the increased use of delegated authority to foster carers has allowed foster carers to act as pushy parents and be strong advocates for the children in their care.
- Senior Managers are acting as an Education Champions for Year 11, meeting with social work teams and Virtual School representatives to check on educational progress for individual young people in care.
- Schools and Social Workers incorporate statement objectives into PEPs and LAC reviews and PEPs are joined up with statutory care plans by Independent Reviewing Officers.
- All children looked after requiring review health assessments have been referred for a review health assessment, but not all have been completed by the provider.
- We are not currently making referrals for initial health assessments within 5 days as set out in our protocol however in the last 2 months all referrals have been done within 15 days.
- Initial health assessment completed on time remains a priority for us. This has been reinforced by the January 2014 Care Quality Commission inspection of health services for looked after children and safeguarding which found them inadequate for looked after children. We have worked closely with health partners to develop action plans and improve the service looked after children receive. Currently we are part of the

- Currently 70% of children looked after have received a review health assessment in 2013-14. There are significant challenges ensuring that the health needs of children looked after are met.
 - Considerable effort and work has gone into pursuing health assessments for looked after children. Social care service managers have met repeatedly with the provider organisation, the designated nurse for Looked After children and other representatives of the Clinical Commissioning Group both to trouble shoot operational issues and to revise the CLA health assessment protocol. This has also included clinicians for example the paediatricians undertaking the health assessments.
 - In 2013 the CCG raised a contract query notice with Ealing ICO regarding the failure to provide a health assessment service that met requirements.
 - In 2014 a revised health assessment protocol was agreed by all parties and is currently awaiting sign off by Ealing ICO, the provider organisation for the clinical health input and the CLA nurse.
 - The CQC inspection in January 2014 found the health service for CLA to be inadequate. Improvement Action plans have been presented to the CQC and reported to the HWBB.
 - Ealing ICO recently gave notice on the contract to the CCG. Negotiations continue regarding the future of this contract. Ealing ICO have stated that the contract requires increased funding from the CCG if they are to fulfil the requirements to provide a good service to children in care.
 - Our Systemic Social Work Service provides direct work to children looked after through a clinical psychologist. Case studies are available.
 -
- negotiations between the Clinical Commissioning Group and Ealing ICO provider regarding what has been commissioned and what further funding is required. We are also exploring what other options may be available to secure good quality timely health assessments, through our own Commissioning Team.
- Service managers continue to meet and liaise weekly with health colleagues to pursue quick referrals and assessments.
 - There have been some recent improvements but there remains considerable challenge in ensuring the health needs of CLA are met. All children who came into care up to end April 2014 have had an Initial Health Assessment.
 - All children in care as of June 2014 have been referred for a health assessment or have received a health assessment appointment.
 - The CQC did identify through interviews with foster carers some areas of good practice in the health of looked after children as follows:
 - *"I couldn't have asked for better service and support. The speech and language therapist, occupational health and physiotherapist co-ordinated appointments so I just needed to attend one appointment. The paediatricians were fantastic "*
 - *"I have had the same health visitor for over 20 years and she has trained me as I needed help".*
 - *"My foster child was upset and noisy when we went to hospital and they fast-tracked us so he was seen quickly".*

2.9 Grade Descriptor: Children and young people who do not attend school have access to 25 hours per week of good-quality registered alternative provision. They are encouraged and supported to attend the provision and there is regular review of their progress. Urgent action to protect children is taken where they are missing from school or their attendance noticeably reduces.

Evidence of Practice and Provision

- PEPs are reviewed regularly in order to monitor progress in all provisions. The Virtual Heads make termly visits to monitor

Evidence of Impact on outcomes

- To date CLA's attending the Harrow Tuition Service (pupil referral unit) are out-performing the overall student group.

progress of CLA pupils so progress is reviewed regularly. Settings are challenged if progress is less than good.

- CLA social work teams work with the Virtual School to check that all CLA are in school or receiving appropriate alternative provision.
- Harrow uses Welfare Call to monitor the daily attendance of CLA in all relevant schools. The Virtual School employs an Education Welfare Officer who scrutinises the information received and is in regular contact with school attendance officers, Designated Teachers, Social Workers and Foster Carers to trace pupils and make effective plans to improve attendance.
- There are 90 children (76 families) recorded as receiving Elective Home Education in Harrow. Eight children have a Statement of SEN.
- This number has been relatively stable throughout the last three years but the data in the last year indicates a rise of 12%. Generally, this can be ascribed to parents declining places in schools that were not their first preference on their application to School Admissions and choosing to educate at home while remaining on the Waiting List for their preferred school(s).
- The Officer responsible for Home Education in Harrow offers comprehensive assistance to parents; including supportive home visits; and follow-up reports that provide both practical curriculum advice and signposting of educational provision to home educators. Additionally, the Officer also completes Statement Reviews and works closely with the Senior Caseworker at Harrow SENARS responsible for Statemented Home Educated children.
- Safeguarding is given significant priority within the Home Education remit in Harrow as the officer responsible is also Education Lead in the MASH and has a fluent knowledge of Thresholds of Need and referral processes.
- Monthly education datasheet provides details of each CLA education setting, attendance and PEP status, monitored by Virtual School.
- Children receive the statutory 25 hours educational need met, led by the PEP and service provider.
- The Virtual School has ensured effective plans improve attendance
- Overall attendance of CLA has improved in the last two years (to 8% 2013-14) but work continues to narrow the gap between CLA and the borough average. Persistent absenteeism is a particular area for improvement.
- 12 CLA were persistently absent at Spring Term 2014. All cases are tracked by the social work and Virtual School team and direct action is being taken to improve attendance in each case.
- VHT has met with Foster Carers and also delivered training to ensure good partnership between home and school for CLA.
- Home tutors have also been provided if identified by individual PEPs.

2.10 Grade Descriptor: The local authority holds clear records in respect of the numbers of children receiving alternative education and for those missing from education.

Evidence of Practice and Provision	Evidence of Impact on outcomes
<ul style="list-style-type: none"> Information held and monitored by the Virtual School. Every monthly performance meeting identifies children in care who are missing from school or persistent absentees. The Virtual School attend the Performance meetings and track every child employing a range of strategies to ensure children looked after access education. Schools are encouraged to refer to the Attendance Intervention Model (AIM) for a Pre Court Panel meeting when young people's attendance drops below 85%. Action plans are created and legal action considered. 	<ul style="list-style-type: none"> In January 2014 a report was presented by the Virtual School on every child who had persistent absence identifying the reasons and subsequent actions to improve attendance for example arranging tutoring or school applications. The virtual School also tracks children who are receiving alternative provision and those missing from education at every meeting. The objective of AIM referrals are for clear improvement in attendance following Pre-Court Panel meetings. For those pupils where three months have elapsed since panel, three quarters have shown at least a 10% improvement in attendance compared to the previous 12 weeks. Designated Senior Education Welfare Officer responsible for Children Missing Education has developed robust Multi agency working partnerships to ensure effective identification, tracking and monitoring of children missing education in order to support improved school attendance; 216 CME referrals were received from September 2013 – August 2014; all 216 CME referrals were successfully tracked.

2.11 Grade Descriptor: Social workers, residential staff and carers support children and young people to enjoy what they do and to access a range of social, educational and recreational opportunities. Those adults have delegated authority to make decisions about children's access to recreation and leisure activities

Evidence of Practice and Provision	Evidence of Impact on outcomes
<ul style="list-style-type: none"> Foster Carers receive an allowance for Leisure and activities for the young person placed and are expected to promote interests and Hobbies At Placement Agreement Meetings day to day arrangements regarding young peoples interests and hobbies are discussed and plans to pursue these agreed The Foster Carers Charter outlines foster carers commitment and agreement to promote hobbies and leisure activities for young people in their care The Youth Development Team provides a range of leisure activities through the year with an expanded programme in holiday 	<ul style="list-style-type: none"> There are well established systems to Foster carers allowance monitored to ensure spent appropriately A Youth Participation Action Plan has been recently drawn up which sets out key priorities and actions to enable children and young people to access a range of social educational and recreational opportunities. Participation and Advocacy Officers ensure young peoples wishes and feelings regarding leisure and recreation are known and acted upon. 21 young people attended gym induction arranged by the Leaving Care Team.

periods including arts, media, ICT suite, music, life skills, fashion, youth clubs, targeted activities e.g. gang prevention

- There is a training and development officer for foster carers.
- Newsletters, support groups and access to learning for foster carers.
- Beyond Limits enables young people to choose activities that are then organised by the Participation Officer for example choices were offered about the annual activity and the majority vote of the young people was to go to Thorpe Park.
- Participation strategy outlines young people's recreation and leisure activities.

- The Participation Officer arranges activities and events for children and young people in care. They have previously as Children in care Council representatives met with shadow ministers; they have been on local bowling trips and out for meals. The young people generally enjoy these trips and evaluation forms are kept and used to inform future developments. The most popular trip seems to be the annual visit to Thorpe Park.

2.12 Grade Descriptor: Children and young people live in safe, stable and appropriate homes or families with their brothers and sisters when this is in their best interests. They move only in accordance with care plans, when they are at risk of harm or are being harmed. They do not live in homes that fail to meet their needs and they do not move frequently.

Evidence of Practice and Provision

- Consultation work with care leavers has resulted in the development of a guide to good placements for social workers and external providers.
- When a placement for a young person is required, the child's social worker notifies the Access to Resources team and provides them with a detailed profile of the child's needs.
- The Access to Resources Team undertake in house and external placement searches.
- A detailed template of the child's profile identifying the important information about the child and their needs required by a placement is completed to inform the search for a suitable placement.
- In-house foster carers have their own profiles identifying their strengths and the types of placements that best match their household. They have all undergone robust assessments and a high level of preparatory support and training. These profiles are shared with children prior to placement where possible.
- Social workers accompany children on placement visits and introductory meetings with carers wherever possible.
- All external placements have been

Evidence of Impact on outcomes

- Some young people have contributed to their own profile for matching.
- Robust support and contact plans have contributed to the stability of adoptive placements
- There have been no adoption breakdowns or disruptions since the Harrow/Coram adoption partnership began in 2006.
- At March 2014, 38 % of CLA in Foster Care were placed with Harrow carers.
- 24% of CLA were with external foster carers.
- 68% of our CLA were in foster care overall including placements with relatives.
- 16% of our CLA are in residential placements although this does include a number of residential school placements for children with
- Placement stability for CLA with 3 or more moves has improved considerably. From 15.5 % in 2012-13 to 9% in 2013-14. This represents a significant improvement and is above the National average and our statistical neighbour average which are both 11%. This has been achieved through a robust scrutiny of every child with at least one placement move during the year. This improved indicator is a direct result of the setting up of the Access to Resources

commissioned through a thorough process. A Framework for the procurement of placements with Independent Fostering Agencies has been agreed with the West London Alliance. To be part of this framework IFAs had to provide evidence regarding the quality of their foster carers and of their agencies.

- It is our policy to use placements with providers that are rated good or outstanding. There is currently one young person in a children's home rated adequate, and we ensure that the home receives a regular visit from our Access to Resources Team to monitor their progress towards a good Ofsted rating, and ensure an additional check and challenge on placement quality. There is currently one young person placed in a home recently judged by Ofsted to be inadequate.
- IRO's are diligent in scrutinising care plans and escalate issues if they do not agree with the care plan using the escalation policy.
- At end 2013-14 (16%) CLA were in residential placements including residential schools (similar to 2012-13 25 (16%)).

Panel in 2013, where any placement move has to be authorised by service managers and the Divisional Director. We have managed to shift a culture that had seen placement moves as a solution to challenges that arise for all children in care in placement.

- Our placement stability for children who have been in care for 2.5 years or more was 43% at the end of 2013-14. This is below average however we have tracked very child and have a narrative for each one regarding why they have not remained in the same placement. For some children there are positive stories of moving into permanent arrangements. We do have a small cohort of troubled young people with a number of moves and we are working on improving placement stability for them.
- IROs attend meetings outside of LAC reviews for young people for example placement disruption meetings and Secure Panel meetings to ensure they have good oversight and offer challenge to care plans. We have case examples of IRO challenge to the care plans.
- An annual IRO report is available.

2.13 Grade Descriptor: Care plans comprehensively address the needs and experiences of children and young people. They are regularly and independently reviewed, involving as appropriate the child or young person's parents, kinship carers (connected persons), foster carers, residential staff and other adults who know them. This helps ensure that the placement and plans for their future continue to be appropriate as well as ambitious.

Evidence of Practice and Provision

- An Annual report of the work of IRO's is available.
- Each child has a named IRO who has oversight and responsibility for scrutinising care plans both at reviews and in between reviews.
- There are 3.2 permanent IRO posts who chair the reviews of Children Looked After (CLA). This is currently substantively covered by 4 members of staff although there has been an increased flexibility developed within the last year with a number of Child Protection Chairs also having the skillset to chair Looked After Reviews.
- Line management of the Independent

Evidence of Impact on outcomes

- Independent Reviewing officers have been stable and have provided a significant measure of continuity for children and young people in care, knowing the children in some cases for many years.
- Court care plans are signed off by service managers and have an additional layer of scrutiny from our legal colleagues.
- 92.5% of our LAC reviews were carried out on time during 2013-14. This remains an area for improvement for us.
- On 31 March 2013 we had 168 total looked after, 82 CLA for over 12 months
- 31 March 2014 – 167 total looked after, 90 CLA for over 12 months.

Reviewing Officers is through a Quality Assurance Manager.

- Our IRO's are all permanent and stable and have been working with the same children and young people in some cases for many years. They have built up relationships with young people and are linked to teams across the services.
- IRO's maintain contact with children and young people in between reviews, and there is good evidence through audits that there is challenge to the teams from IRO's regarding care planning.
- IROs follow up any issues to do with care plans and timeliness and will use the Issues Resolution Process as required.
- IRO's each champion an area of work (Health, Education, Participation and Permanency) to help support CYP in care
- ART panel chaired by the Divisional Director.
- Another good practice example of IRO influence on care plans: Looked After young person with Cerebral Palsy, severe learning disabilities and a visual impairment. Dependent on his carers for all his needs and only able to communicate by making sounds, crying or laughing. Has lived with the same foster carers since 2003. Adult Transition Team became involved and started to look at future care needs; likely to be moved to residential. IRO, F/Cs, SWs and mother all totally disagreed with plan. Hence IRO attended all meetings and with SW promoted the foster carer's wish to continue to care for this young man for as long as they all could manage; this was also mother's request. Adult SW however didn't feel this could be achieved. However Shared Lives Scheme came on board and agreed to approve the foster carer who is now approved and placement and future care guaranteed as far as possible.
- There has been an increase in IROs being invited to Legal Planning Meetings plus an increase in the use of the public law outline. One of the IROs has a Championing role with regards to permanency planning and attends the Childcare Planning Group and is a link between the social care service and the IROs.
- One of the IROs has a Championing role with regards to education and is very actively involved with the Virtual School and addressing issues to do with Personal Education Plans including issues to do with the revision of the forms for these.
- We have case examples of IROs escalating issues about quality and timely completion of care plans to team and service managers, and the Divisional Director.
- There is evidence from children's case files and audits that IROs meet with Social Workers before reviews and plan the review process. There is also evidence that where appropriate the IRO meets with parents separately if it is not seen as in the child's best interests for them to attend the Review.
- IROs now ensure that all communications and discussions outside of the review meetings are clearly recorded in the child's electronic records.
- IROs conscientiously track cases, particularly of concern, between reviews and bring those concerns to the attention of the relevant Social Workers, Managers and IRO manager.
- IROs escalate concerns with the expectation that there is early resolution
- There is regular dialogue between the IRO service and operational managers about how each other's roles continue to be constructive as well as supportive.
- IROs ensure that they see young people prior to the review to ensure that their views are clearly and accurately represented.
- Recent feedback from a social worker about the role of the IRO is as follows:
'Just wanted to say that I was so impressed with you at the CLA review. You brought clarity to the meeting in terms of the LA's duty towards the young person.'

You demonstrated your understanding and application of relevant legislation and legislative guidance and I believe, worked well with me to achieve positive outcomes for the young person. The wishes and feelings of the young person were clearly acknowledged by yourself through my Social Work report and in communicating with the young person before the review. In addition you were able to build a good rapport with the young person and the foster carer in such a short space of time which enabled a positive and productive review meeting'.

2.14 Grade Descriptor: Children and young people have appropriate, carefully assessed and supported contact with family and friends and other people who are important to them (*applies to adoption judgement*).

Evidence of Practice and Provision	Evidence of Impact on outcomes
<ul style="list-style-type: none"> • We have an in house contact service which facilitates good quality and child friendly contact. • Supervised and unsupervised contact can take place in local Children's Centres to support a positive experience and environment for families and children, including travel arrangements. • Specialist Contact Supervisors have ensured contact is of a high quality as is recording and monitoring • All children placed for adoption have an adoption support plan setting out arrangements for contact. • The Letter box co-ordinator post adoption facilitates contact between adoptive children and birth families • As part of the care planning for a child, contact and any issues relating to contact are discussed by the social worker at LAC reviews and at PPM's. • Where necessary a risk assessment is undertaken and all contact is regularly reviewed. 	<ul style="list-style-type: none"> • Contact for each child is carefully considered on an individual basis and the question asked is it in the child's best interest or for the birth family. • The latest research findings may be discussed during PPM's e.g. Jenny Kendrick's research on babies placed with concurrent carers and the impact of contact on them. • We have not had an adoption breakdown in 5 years. • Children moved to placement are well prepared by Coram, a National Voluntary Adoption Agency. • Adopters are prepared so that they fully understand the impact of adoption and are able to meet the needs the child placed with them. • Where direct or significant indirect contact is deemed to be in a child's best interests and a match is being pursued with prospective adopters, then a meeting is held between the Social Workers and the prospective adopters to discuss the proposed arrangements prior to a selection meeting to select the family that are most able to meet the child's needs.

2.15 Grade Descriptor: Children and young people who live away from their 'home' authority have immediate access to education and health services that meet their needs as soon as they begin to live outside of their 'home' area. Placing authorities adhere to the requirements of the placement regulations including notifying the 'receiving' authority that a child is moving to the area and assessing

the adequacy of resources to meet the child's need before the placement is made (*applies to adoption judgement*).

Evidence of Practice and Provision	Evidence of Impact on outcomes
<ul style="list-style-type: none"> • ART notify the receiving authority of a Harrow child being placed in their authority immediately. • Health and educational needs are identified as part of the child's profile and resources sought prior to placement. • Written information is shared with the prospective adopters and their agency prior to matching Panel. • Prospective adopters are given information packs on each of the children that are to be placed with them again at the planning meeting of introductions. The pack includes: child's birth certificate; legal orders e.g. care and placement orders; adoption medical and neonatal summaries, the CPR and school report where appropriate. • Prospective adopters are asked to provide details of the new GP prior to the move and asked to make appointments to register the child within a week of placement. • Where children are school age, a school place is identified for the child before placement with prospective adopters. . 	<ul style="list-style-type: none"> • When children are placed with prospective adopters, copies of the documentation are given to register the child with education and health services including GP' Health visitor and school as soon as the child is placed. This prevents the delay that can occur for a child whilst records are transferred to the receiving authority • Pupil premium also available to schools to meet needs of adopters. Harrow/Coram continue to support adopters and adopted children where the family moves out of borough • On receipt of the appropriate data for 2, 3 and 4 year olds in care, foster carers are provided with information about the child's entitlement to early years provision. Meeting between foster carers and FIS take place through the foster carer support network. • The Area SENCO monitors the progress of each CLA on a termly basis.

2.16 Grade Descriptor: The placement of children and young people into homes and families that meet their needs is effective because there is a comprehensive range and choice available (*applies to adoption judgement*).

Evidence of Practice and Provision	Evidence of Impact on outcomes
<ul style="list-style-type: none"> • Our Placement Strategy highlights the need for a wide range of placement options with specific target for teenagers and sibling groups. • The Service Level Agreement with Coram ensures early permanence planning for Harrow looked after children, and access to a wide range of prospective adopters including concurrent placements where appropriate. • Harrow is part of the West London consortium. • We attend profile events and advertise in adoption periodicals. • Under the Harrow partnership agreement Coram also provides advice and consultation on permanence planning to 	<ul style="list-style-type: none"> • Family finding is discussed as soon as the care plan for adoption is agreed. The family finders therefore have the child in mind before active family finding can begin and may identify in-house families within the Coram cohort at Managers meetings which has led to early matches being identified. • The process is robust and the Service Manager chairs the selection meeting to ensure that the child's needs are paramount in this process. • The partnership has been successful, increasing the proportion of Looked After Children placed in adoptive families or under Special Guardianship Orders significantly. In 2012/13 8.2% of children were placed in permanent families

Harrow Children's Services for children entering care. The contract was renewed for a further 3 year period in April 2012.

- Six weekly permanency planning meetings are held to ensure clear and robust assessments of children's needs are linked to the family finding for adoptive placements.
- As part of the PPM process there is a needs discussion for all children.
- All of the children who have a care plan of adoption and are granted a Placement Order are referred to the NAR (National Adoption Register); Coram cohort; West London Adoption Consortium and profiles are emailed nationally.
- "Harrow Children" brochure is updated monthly and is sent out to adopters and adoption agencies
- Where appropriate prospective adopters are also sought at profiling events.
- The child's Social Worker and family finder select between 1 to 3 families to be visited.
- Selection meetings are then held and chaired by the Service Manager to identify the best possible match.
- Matching Panel is booked for the earliest possible date and work begins with the foster carer (through PPM's and the supervising social worker) and the child to begin to prepare the child for moving placement.
- A comprehensive and personalised support plan for each child is then drawn up. An experienced Adoption panel considers proposed matches. Comprehensive post adoption support is also available.

including one concurrent placement; and in 2013/14 this was 18%.

- Our three year average on the scorecard (2010-13) of overall adoptions is 5%, lower than average but we do have a small cohort of looked after children and we know from other data that between 2010-13 there has been an increasing number of teenagers coming into care. This trend has just started to reverse in the past year 2013-14 and more younger children are coming in, evidenced through our data which will start to impact our overall adoption figures as a percentage of our care population. The percentage of children adopted as a proportion of CLA for 2013-14 was 7.4%.
- Our adoptions of BME children are 3% compared to an England average of 7%. This is an area for development we are working in partnership with Coram on through commissioning an Adoption Diagnostic to examine barriers.
- At the end of March 2014, 3 children were in pre-adoptive placements.
- We have commissioned Coram to undertake an Adoption Diagnostic, identifying barriers to increasing our numbers of children including BME children placed for adoption, and assisting us to improve our workflow from the first moment a child enters care. This is due to take place in summer 2014.
- Since the establishment of the partnership there have been no disruptions of a Harrow child's placement, demonstrating the quality of preparation and support to adopters.
- Coram's involvement has speeded up decision making for children leaving care to return to their family, connected people or to be adopted.

2.17 Grade Descriptor: Family-finding strategies are informed by the assessed needs of children and young people. There is decisive action to find families and the avoidance of drift and delay is a priority. Respite care is only used when this is in the best interests of children and young people (*applies to adoption judgement*).

Evidence of Practice and Provision

- The Care Planning Group meets monthly to track proceedings. This Panel is chaired by a service manager or Divisional Director, with members including legal colleagues, an IRO, service managers and

Evidence of Impact on outcomes

- All of the relevant professionals are invited to the PPM including foster carers and the IRO.
- Prior to this meeting if the child is school age

Coram. The Panel tracks every child who may require permanency or is in care proceedings to ensure we avoid drift and delay in achieving permanency.

- Joint work with Coram staff who are co-located facilitates early identification of children who require permanency.
- Permanency planning meetings are held prior to second statutory reviews
- All children have a placement support plan which avoids the need for respite care and provides on going support from ???
- Following the PPM where the needs of the child are discussed a scope with the NAR is carried out.
- The Manager of the Coram Partnership team also discusses early alerts with fellow Managers to identify any suitable families in the assessment process.
- Due regard is given to race, culture, ethnicity and religion however all families will be considered and discussions happen amongst the professionals to prevent delay and drift.
- For children where it is established that they may be difficult to place all forms of permanency are explored.

the family finder may attend a PEP and meet the child's class teacher and SENCO.

- The family finder will attend the LAC reviews and the IRO attend the PPM's to ensure that the avoidance of drift and delay is a priority.
- Family finding updates are given at the CPG (Care planning group).
- Adoption scorecard highlights some good outcomes.
- Harrow's 3 year average (2010-13) on the adoption scorecard for time between a child entering care and moving in with adoptive family is 617 days, an improvement from the previous scorecard and better than the England average (647 days).
- Harrow's average time between receiving court authority to place and deciding on a match is 41 days (England average 210 days).
- Harrow's average time (2010-13) between a child entering care and moving in with adoptive family (where times for children who are adopted by their foster family are stopped at the date the child moved in with the family) is 427? days compared with an England average of 546.
- Harrow's percentage of children who wait less than 21 months between entering care and moving in with their adoptive family is 90%. We are currently 1st out of all LA's on this indicator.

2.18 Grade Descriptor: The recruitment, assessment, training, support, supervision, review and retention of foster carers including kinship carers (connected persons) and, as appropriate, special guardians, ensures that families approved are safe and sufficient in number to care for children with a wide range of needs. This enables children to be placed with their brothers and sisters and have contact with their birth family/friends when this is in their best interests.

Evidence of Practice and Provision

- Recruitment of foster carers is focussed on attracting local people for local children, and this is successful. This ensures continuity of school and health care and allows for regular contact with their families.
- We have been successful in recruiting a large number of foster carers who have the capacity and skills to take large sibling groups.
- Initial visits are carried out with prospective foster carers within the fostering regulations and guidelines.

Evidence of Impact on outcomes

- All but two of our approved in-house foster carers live within Harrow or our neighbouring boroughs.
- 32 fostering households can take siblings, 23 can take 2, 9 can take 3.
- We have a case example of Black Somali Muslim siblings placed with black African Caribbean Christian carers. To promote the children's cultural and religious needs we have identified a Muslim in house foster carer where the children go to on a Sunday to practice their religion. This means we are keeping the siblings together and ensuring

- The Fostering Team conduct a thorough initial assessment covering areas such as, household dynamics, working patterns, childcare experience, living arrangements including bedroom space, health, family and friend networks and overview of personal history. This ensures that the foster carers have the time, space, skills and motivation to meet the needs of the children entering care.
 - Prospective foster carers are invited to attend a 3 day preparation course e.g. Skills to Foster. This is facilitated by the team and our sessional independent trainer. A written assessment of the carers is completed and recorded on their individual electronic files.
 - A comprehensive training programme is regularly updated offering a range of training to meet the diverse needs of our foster carers.
 - Carers are expected to attend 3 sessions per year.
 - Training and development opportunities include E-Learning, reflective learning, group training, one to one work with their supervising social worker, observation or facilitating training.
 - Specialist training is provided to carers who provide specialist placements for example tube feeding, mother and baby placements.
 - All Foster Carers have a named allocated supervising social worker and are supervised 4-6 weekly or more.
 - This is done through announced and unannounced visits. Foster carers are visited more often especially when children have just been placed with them.
 - Every effort is made to match children with carers who are able to meet their needs and keep them with their siblings. If we are unable to do this we look at resources within to support foster carers who may not meet the child's cultural or religious needs.
 - All carers are reviewed annually. A comprehensive review format is completed.
 - The Supervising Social Workers receive regular supervision and training which is monitored by the Family Placement Team
- all their needs are met.
- 7 new foster carers were approved 13/14.
 - April 14 to September 2014 - 5 new carers
 - Strong local Harrow Foster Carers Association who offer support to newly registered foster carers. During 2013/14, 45 out of 70 foster carers attended 3 training sessions or more.
 - 41 foster carers have completed training achieving certificates which require Portfolio of Evidence.
 - Good retention of foster carer. No foster carer have left Harrow through being dissatisfied with the service.
 - In 2013/14 100% reviews undertaken to ensure foster carers are able to fully meet needs of children and young people.
 - All first annual reviews are presented to the Fostering and Adoption Panel in line with Fostering Regulations. Every third review or those where there have been concerns, allegations, complaints or changes in circumstances are also referred to the Fostering and Adoption Panel. The panel provides independent scrutiny of foster carers.
 - In 2013/14 one foster carer deregistered regarding allegations and following a full investigation.
 - In 2013/14 no foster carer went to the IRM to express dissatisfaction with the Fostering Service
 - To support placements we have an in house play therapist who works closely with the children and foster carers, suggesting strategies to assist in dealing with the child's changing needs.
 - Play Therapist has produced report on this progress of all the children regarding all the children she has seen. Where is this???
 - Good Foster Carer retention rate attributed to a robust team of supervising social workers, a good relationship between the foster carers and the department and regular meetings with the Harrow Foster Carers Association attended by managers and the Training and Development Officer.
 - Excellent stability of staff within the Family Placement Service which impacts positively on retention of our Foster Carers.

Manager.

- The Systemic Service provides advice and support to foster carers dealing with children who present with emotional and difficult behaviours.

2.19 Grade Descriptor: Children and young people whose care and support is provided through a 'social work practice' service receive the same high-quality help that they could expect from the social work service provided directly by a local authority.

Evidence of Practice and Provision

Evidence of Impact on outcomes

- N/A

2.20 Grade Descriptor: Early planning and case management results in appropriate permanent placements, including Special Guardianship or Residence Orders, that meet the needs of children and young people without delay or unnecessary moves (*applies to adoption judgement*).

Evidence of Practice and Provision

Evidence of Impact on outcomes

- Joint meetings are held in the form of PPM's when it is unclear whether a child will remain with family members or an alternative permanency option will need to be considered. This can include remaining at home, rehabilitation home, and placement with a connected person or adoption.
- The Care Planning Group tracks all children requiring permanency as described above.
- This ensures that permanency plans remain child focussed and reduce unnecessary delays.
- The Care Planning Group may highlight cases to be referred to concurrent planning to prevent delay and unnecessary moves. We currently have one baby in a concurrent planning placement.
- There has been significant increase in use of Family Group Conferences enabling support plans and extended family placements to be identified.
- There have been 9 adoptions and 14 SGOs in 2013-14.
- Coram's partnership with Harrow was accepted by C4EO as good practice. <http://www.c4eo.org.uk/themes/adoptionfostering/vlpdetails.aspx?lpeid=473>.
- At end of March 2014 we had 3 children placed for adoption, 11 in foster placements with relatives or friends, 63 children in Harrow foster care placements and 40 children with IFA carers. We had no children in a secure placement, and 11 children in residential children's homes, with 21 young people in semi independent units.
- Payment of allowances for SGO and RO. There is a Special Guardianship Policy in place setting out financial, practical and emotional support. All SGOs have a support plan.

2.21 Grade Descriptor: Well-trained and supported social workers engage effectively with the Children

and Family Court Advisory Support Service (Cafcass), courts and other partners, including health professionals, to reduce any unnecessary delay in proceedings or in achieving permanence and to support arrangements once they are made (*applies to adoption judgement*)

Evidence of Practice and Provision

- We have been active members of the West London care proceedings pilot with Ealing, Brent, and Hillingdon. Following the introduction of the Single Family Court we moved to the North West London pilot group with Barnet. CafCass are represented at those meetings.
- Regular meetings between CafCass and the IROs and Quality Assurance Service ensure that feedback is received.
- We also attend regular meetings with our legal colleagues with the Judiciary at Barnet, most recently in June 2014 where we received generally positive feedback.
- Social workers and lawyers from Harrow attend the local Court Users Group

Evidence of Impact on outcomes

- In 2013-14, 24 (48 children) cases out of 33 concluded within 26 weeks equating to 73% of all cases. The reasons for cases going over the 26 weeks varied but predominantly included:
 - Parents putting forward extended family members late in proceedings
 - An international dimension including viability assessments being completed abroad
 - Complex cases requiring further assessments
 - Case manager and legal team provided comprehensive training on Public Law and Family Justice Review

2.22 Grade Descriptor: Children and young people are effectively prepared for, and carefully matched with, a permanent placement. Their wishes and feelings are understood and influence the decisions about where they live (*applies to adoption judgement*).

Evidence of Practice and Provision

- Once an adoption plan has been agreed Panel process begins for matching. Harrow has a play therapist attached to the placement service. She works with a number of children who have a care plan of adoption. She is able to help them communicate their anxieties about the past and moving on to a new family.
- Social workers visit the child along with the family finder if appropriate to discuss family finding and adoption.
- Relevant books are used with the child and foster carer to explain foster carers, birth families and adoptive family e.g. The Nutmeg series and Chester and Daisy move on.
- Road maps and other direct play materials can be used with older children.
- Carers take a key role in preparing children or young people in their care for a permanent placement. We have experienced carers who have assisted in moving children and young people on to permanent placements. Foster carers take part in introduction planning meetings.

Evidence of Impact on outcomes

- Case Example: A 7 year old child was being prepared for adoption and expressed a wish for a Polish family and for a talking book as part of her preparation. She had seen this used with a baby that had moved on from her foster placement and liked the idea of being able to hear her new families voices prior to meeting them.
- This was discussed with the prospective adopters and it was agreed that at 7 she was too old for the To my version. It was agreed that she would have a Samsung tablet and her new brother would make a DVD introducing her to her new family and hearing all of their voices and seeing the layout of the home. This greatly helped the child to feel heard and the introductions were very successful.
- All children placed for adoption have later life letters and life story books.
- Foster carers have attended training in preparation of moving children onto adoption.

2.23 Grade Descriptor: Children and young people are helped to develop secure primary attachments with the adults caring for them. Social workers help them to understand their lives and their identities through life history work that is effective and provided when they need it. Therapeutic materials are made available to the child and their family when and wherever the child is placed (*applies to adoption judgement*).

Evidence of Practice and Provision	Evidence of Impact on outcomes
<ul style="list-style-type: none"> • In partnership with Coram we have developed training on life story books. • A named worker supports Foster Carers and Social Workers in completing life story books/memory boxes • The Play therapist attached to the adoption team supports this work. She works closely with children, young people and their foster carers in assisting them to develop secure attachments. • The Systemic Social Work Service has undertaken direct work with adopters in preparation for placement. • The Coram Partnership team are committed to ensuring that all children have a life story book and a later life letter and to helping adopters use these resources appropriately. In many cases the Partnership team will assist the child's social worker in writing life story books and later life letters for the child. Training for staff has also been provided to new staff in writing life story books and later life letters. • Foster carers have the skills to ensure they promote the child's heritage and identity and ensure they collect materials including memory boxes, photographs, clothing, etc. to go into their life story work. • Life story work training is provided for foster carers on an annual basis. • Individual children's development is considered at the Looked after children statutory reviews. The decision to lodge an adoption application is made at the reviews taking into consideration the attachment that the child is making to their new parents. 	<ul style="list-style-type: none"> • Life story books are an ongoing part of the child's journey. Where possible they are jointly compiled by the CIN and LAC teams with the assistance of the Coram team. • The play therapist works with many of the children who have a care plan of adoption and will continue this work through to the transition of their permanent placement where appropriate. We have good practice case examples. • Coram has provided training and support to social workers and they have the skills and knowledge to ensure children's needs are met. • The day to day support that social workers offer to families with children in the early stages is focussed on helping adopters promote the emotional well being of their child and especially the child's attachment to new parents. • The adopters may have the opportunity to meet with birth parents during or after introductions. The adopters will be helped to prepare for this meeting and support them through the meeting.

2.24 Grade Descriptor: Plans to make permanent arrangements for children and young people are effectively and regularly reviewed by independent reviewing officers (IROs). IROs bring rigour and challenge to the care planning and monitor the performance of the local authority as a corporate parent, escalating issues as appropriate. They enable timely plans to be agreed to meet the needs of children and to ensure that their best interests remain paramount. IROs engage with children's guardians and there is evidence that this is focused on what children need and how the plans for them can be properly progressed (*applies to adoption judgement*).

Case records reflect the work that is undertaken with children and clearly relate to the plans for their

futures. The style and clarity of records enhances the understanding that children and young people have about their histories and experiences.

Evidence of Practice and Provision

- IRO's in Harrow independently chair all reviews for children in care and scrutinise the care plan as part of this role.
- IROs attend meetings to represent independent challenge including the Care Planning Group and secure panel meetings.
- Each child has a named IRO who has oversight and responsibility for scrutinising care plans both at reviews and in between reviews.
- The Independent Reviewing Officers are managed and supervised by a Quality Assurance Manager, which is currently a Job Share.
- The IRO's are all permanent and stable and have been working with the same children and young people in some cases for many years. They have built up relationships with young people and are linked to teams across the services.
- IRO's maintain contact with children and young people in between reviews, and there is good evidence through audits that there is challenge to the teams from IRO's regarding care planning.
- IROs follow up with regards to any issues to do with care plans and timeliness and will use the Issues Resolution Process as required.
- IRO's each champion an area of work (Health, Education, Participation and Permanency) to help support CYP in care

Evidence of Impact on outcomes

- We have case examples available where care plans have been challenged and issues have been escalated. IROs regularly discuss cases with team and service managers to provide challenge and scrutiny. There is evidence of IRO's tracking between LAC reviews to ensure progress of care plans, and evidence of challenge on case files.
- Child's voice reflected in LAC review process through direct/indirect participation.
- IRO's regularly see CYP before a review, within required timescales wherever possible.
- IROs make contact with children and young people in between looked after reviews through phone calls etc.
- IRO's challenge practice and case progression including historical cases to improve outcomes.
- IRO's refer cases to the LSCB to be presented as Learning Lessons workshops.
- Consistency of IRO's provides support for frontline workers including training, advice and consultation.
- IRO's support young people to access the Complaints Process when requested.
- A good practice example of IRO influence on care plans: Looked After young person with Cerebral Palsy, severe learning disabilities and a visual impairment. Dependent on his carers for all his needs and only able to communicate by making sounds, crying or laughing. Has lived with the same foster carers since 2003. Adult Transition Team became involved and started to look at future care needs; likely to be moved to residential. IRO, F/Cs, SWs and mother all totally disagreed with plan. Hence IRO attended all meetings and with SW promoted the foster carer's wish to continue to care for this young man for as long as they all could manage; this was also mother's request. Adult SW however didn't feel this could be achieved. However Shared Lives Scheme came on board and agreed to approve the foster carer who is now approved and placement and future care guaranteed as far as possible.

2.25 Grade Descriptor: Children and young people are represented by a Children in Care Council or similar body which is regularly consulted on how to improve the support they receive.

Evidence of Practice and Provision	Evidence of Impact on outcomes
<ul style="list-style-type: none"> • In May 2014 this was re-launched. • The Children in Care Council Beyond Limits is open to children looked after and care leavers aged 11-25 years. Listen to children and young people's opinions and being the voice for all children in care. • Try to resolve the main issues children and young people are facing in care today. • Liaise with professionals to support and assist our young people in making these improvements. • Finding out what actions and improvements Corporate Parents and other professionals in Harrow Council are doing to help maintain and improve the lives of children in care. • Ensuring that the group can trust, commit, and have choices. • Commissioned Independent Visitors Scheme for all children looked after. Advocates work with the C&YP and consult them on how services they receive can be improved. • Our Care Leavers Forum was refreshed last summer in 2013 and has been becoming influential in our service reviews. The Forum has undertaken work on what a good placement looks like, how the Life Skills programme is best delivered and what support is required in order for us to ensure as many young care leavers as possible are able to go to university. 	<ul style="list-style-type: none"> • 10 young people have engaged with Beyond Limits following re-launch May 2014. • Young people have attended the Corporate Parenting Panel to ensure their views are heard. • The Advocacy Service has workers with a number of CLA and ensures their views are represented. • Care Leavers have assisted us to recruit permanent staff by being active members on recruitment panels, for which they receive a payment, for example the QA Manager post. • The Virtual School have set up a homework club and events for looked after children including a recent camping trip during Easter 2014. • A Celebrating Success event for Looked After Children was held in February half term 2014, and was very successful, including a dance off and a photo booth. Reports and photos went to the Corporate Parenting Board. • Virtual school and participation events enable children in care to take part and inform future planning for example a review is being undertaken of support available to young people who wants to go to university following their feedback that it is very difficult for them. • We have a good practice guide for social workers, the Access to Resources Team and external providers about what a good placement is like from a young person's perspective. • We have revised how we deliver the Life Skills programme. • We are reviewing our offer for young people going to university as a result of feedback from the most recent Care Leavers Forum.

2.26 Grade Descriptor: Children and young people receive care that is sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation (applies

to adoption judgement).

Evidence of Practice and Provision

- We have a range of adopters through Coram
- As far as is possible children are matched with prospective adopters that reflect their ethnicity, race and faith or belief. All of these factors are taken into consideration but for some children an 'exact match' is not possible. The overriding factor is to identify a family that can care for the child and promote all aspects of his/her background.
- Coram's training and preparation of adopters gives applicants an understanding of the complex needs of children who are waiting for adoptive families. This includes discussions during the assessment process about disability, sexuality, experimentation and development of sexual identity.
- The overall training is highly valued. Preparation is followed up post placement by further training in Parenting Skills and Adolescent Parenting Skills which are offered to all Coram adopters.
- We have a diverse range of foster carers and match children or young people with the carers who can best meet their needs.
- Our recruitment strategy takes into account the demographics of Harrow, considers recent trends and uses this information to target and attract potential carers from areas where we have identified a need.
- If a child is placed in a placement that does not meet a particular need support will be put in to ensure that the need is met.
- Monthly management data analyses age, gender, ethnicity and other characteristics of CLA and CPP cases. This is used to understand changes in the population of vulnerable children over time, so that services are adapted to meet needs.

Evidence of Impact on outcomes

- Case examples of positive adoption outcomes where it has not been an exact match between child and adopters are available..
- Case examples of sensitive care include a Muslim child in a foster placement where arrangements were made for her and her siblings to visit a Muslim carer each week to have some teachings about Islam and address their religious heritage
- The Parenting Skills courses have been evaluated, and every parent who participated said that they would recommend the course to others, and a typical quote is "a truly brilliant course that has really helped improve our parenting and build a close warm lovely bond with our children."
- Example: "The session was very insightful into understanding the wide spectrum of disabilities. The open nature of all the discussions at each session is really useful."
- Coram recruit adopters from a range of backgrounds
- Two thirds of Harrow's Looked After Children are from BME backgrounds and Harrow is broadly in line with statistical neighbours / London rates of different ethnic groups in care.
- Leaving Care Forum consulted with young people about what makes a good placement.
- Coram have a range of adopters to meet the diverse needs of Harrow's children.
- Each child placed for adoption has their individual support plan which is a detailed report on how their needs will be met and supported.
- We have placed children in a wide range of adoptive families

Supporting Evidence for all Grade Descriptors Above

- Corporate Parenting Strategy
- IRO Annual Report 2013-14
- Forward4Families most recent Family Group Conference Report
- Coram Quarterly monitoring reports
- Corporate Parenting Board Minutes
- Placement Sufficiency Strategy
- Care Leavers Strategy and Action Plan
- Leaving Care Charter
- Annual Report to Corporate Parenting Health for Looked After Children
- Annual Report of the Virtual School
- Permanency Planning Guide
- Foster Carer Recruitment Strategy
- Statements of Purpose for Fostering and Adoption
- Minutes of Adoption and Fostering Panel
- Care Planning Group terms of reference and minutes
- Annual Report for PLO / Care Proceedings
- Report on NEETS to Corporate Parenting Board
- Child's profile guidance
- Life Story Guidance
- Connected Persons Policy
- Advocacy Service Report
- Children's Guide for Foster Carers
- Foster Carer's Charter
- Report on Celebrating Success Event to Corporate Parenting
- Participation Strategy, Action Plan and newsletter
- Access to Resources Panel Terms of Reference
- SGO Policy
- Children's Guide to Adoption
- Report on CLA with persistent absence by the Virtual School
- Adoption Scorecard
- Coram's partnership with Harrow was accepted by C4EO as good practice.
<http://www.c4eo.org.uk/themes/adoptionfostering/vlpdetails.aspx?lpeid=473>
- Adoption Placement Reports
- Adoption Support Plan
- Consultation forms for LAC Reviews (Carers, Parents, Schools, Health)
- IRO Leaflet (LAC Review, LAC Process, Complaints and Advocacy)

Next Steps

Key JUDGEMENT 2: The experiences and progress of children looked after and achieving permanence

1. A culture that changes things for the child

- 1a) Ensure that all our work is underpinned by an ambition to secure placement choice i.e. stable and high quality placements, and permanency at the earliest opportunity:
Concurrent planning at the earliest opportunity
- 1b) Improve long term placements stability through careful planning and reduced placement moves.
- 1c) Increase children and young people's participation in influencing strategic change.

2. Working together for the child

- 2a) Strengthen partnership and accountability of health providers to improve the quality of health services for CLA and care leavers
- 2b) Improve young people's educational outcomes, access to higher and further education, and vocational training leading to secure and positive careers.
- 2c) Increase numbers of Harrow foster carers to improve placement choice and availability of local placements in borough
- 2d) Further integrate services to ensure CYP at risk of offending, including CLA & care leavers, are supported effectively.

3. Improving the quality of case work

- 3a) Increase numbers of children placed for adoption and Identify delay and blockages to securing early permanency.
- 3b) Prevent teenagers entering care through developing more targeted and effective early intervention work, including use of Innovation Funds.
- 3c) Secure greater consistency in the quality of assessment & planning which is more sharply focussed on employment, education and housing outcomes for CLA and care leavers.

4. Holding the child's perspective

- 4a) Work with the Child in Care Council to develop arrangements for wider more representative views of children and young people to be sought to influence care.
- 4b) Use CYP voice to inform corporate parenting across the council.
- 4c) Strengthen systems for hearing CYP views and acting on them in relation to assessment and planning
 - In securing and establishment of placements take full account of the outcomes of the consultation with CLA on 'what makes a good placement'.
 - Ensure that the high quality Child's Profiles, in which CYP are engaged, are utilised in placement matching
 -

5. Developing good systems to help keep children safe.

- 5a) Make more use of communication channels with children and young people and create stronger mechanisms to increase influence on service design.
- 5b) Use the recently reviewed health assessment protocol to inform the commissioning and future service development and delivery.
- 5c) Strengthen the structure and delivery of the Virtual School to secure improved educational, personal and social outcomes for CLA.

Harrow Children and Families Self-Assessment

Key Judgement 3:

Leadership, management and governance

Leadership, management and governance arrangements comply with statutory guidance and together establish an effective strategy and good-quality services for children, young people and their families. There is a clear and up-to-date strategy for commissioning and developing services delivered by a suitably qualified and experienced workforce that meets the needs of local children and young people and families. The Director of Children's Services (DCS), the lead elected member and the senior management team have a comprehensive knowledge about what is happening at the 'front line' to enable them to discharge their responsibilities effectively. They know and understand the difference that help, care and protection are making. They oversee systematic performance management and monitoring that demonstrate rigorous and timely action in response to service deficiencies or new demands. The local authority works with partners to deliver early help, protect children and young people, improve educational attainment and narrow the gap for the children looked after and care leavers. It acts as a strong and effective corporate parent for children looked after and those leaving or who have left care. Leaders, both professional and political, drive continuous improvement so that the local authority is consistently effective as the lead agency for the protection and care of children and young people and as a corporate parent. Partnerships are supported by transparent and rigorous governance between the local authority and key statutory, private and voluntary organisations. Shared priorities are clear and resourced. There is effective engagement with the relevant local partnerships including the Health and Well-being Board. The DCS works closely with the LSCB chair and the chief executive holds the LSCB chair to account for the effectiveness of the LSCB.

3.1 Grade Descriptor: Local authority senior managers, leaders and elected members discharge their individual and collective statutory responsibilities. There are clear lines of accountability and governance with a clear distinction between political, strategic and operational roles. Leaders, including elected members and managers, have a comprehensive and current knowledge of what is happening at the 'front line' and how well children/young people are helped, cared for and protected.

Evidence of Practice and Provision

- A clear distinction between political, strategic and operational role is secured through the clear structures of governance and leadership.
- Harrow's recent local elections saw a majority Labour administration and a new Lead Member for Children's Services was appointed in May 2014. The Lead member is an experienced Councillor and is working closely with the DCS and his team in following a significant induction within Children's services. He is supported in this role by an Assistant Portfolio Holder, who has significant experience of working with children.
- Children's Services performance is overseen by a variety of structures and groups.
- Scrutiny receives regular reports on progress in key areas of performance and projects run by Children's Services, for example Families First, and Youth Offending.
- The Corporate Management Board (CSB) receive performance information quarterly on the Directorate's performance. They also receive regular reports on priority development areas, for example Serious Case Reviews and MASH.
- The DCS and his team have weekly to fortnightly meetings with the portfolio holder and assistant to update on key issues and also have bi-monthly meetings with the shadow portfolio holder for opposition groups to brief on key issues.
- The Head of Paid Service has spent time with front line services including the Youth Offending Team and the MASH, and meets regularly with the Chair of the Safeguarding Board.
- The Corporate Director meets with each of the scrutiny leads and there is a comprehensive work programme developed for members by the scrutiny team.
- The Corporate Director scrutinises performance through a fortnightly

Evidence of Impact on outcomes

- Individual and collective responsibilities are well understood by senior manager, leaders and elected members. Meeting the needs of vulnerable groups is a key council priority and all services in the council are expected to demonstrate how this priority is being addressed.
- Good understanding by members, of the needs and priorities of services has led to strategic decisions on increased budgets for C & F during 2013-14 leading to an additional 24 social work posts. This has enabled a lowering of thresholds and focussed work with families and a reduction in social worker caseloads.
- Harrow's Portfolio Holder is a full member of the LSCB Executive Board.
- Monitoring and review of monthly Performance data through performance scorecards enables senior leaders and managers to take immediate and urgent action, where performance data highlights concern.
- The Safeguarding Board brings challenge through its reporting and sub-group structure to children's services. The QA sub group of the LSCB is a key group in overseeing practice and performance of challenges and has a programme of multi agency audits from which disseminated learning across the Partnership.
- The new Lead Member and Assistant are well informed about the needs and priorities for C&F through their regular meetings and briefings with the Corporate Director and Divisional Directors. They bring scrutiny and challenge to service delivery.

Performance Board across the directorate.

- Members have been proactive in shadowing and observing services in action e.g. observing the MASH. Members have also attended Case Conferences and spent time with front line services.
- A Corporate Parenting Panel is well established providing strategic support and challenge to improve outcomes for CLA. The panel receives detailed data and analysis of performance of CLA including educational outcomes, placement stability and Leaving Care profiles. Key leaders and managers report to the panel and take forward agreed action to their services.
- The Health and Well-Being Board receives reports on joint health and children's services priorities. The Safeguarding Board reports annually.
- The Children and Families Commissioning Executive Board oversees commissioning arrangements for children's health, public health and children's services. The Commissioning Executive reports directly to the Health and Wellbeing Board.
- The quarterly Performance Board (chaired by the Head of Paid Services and attended by the Leader of the Council) goes through all performance information and QA work of the Children's Directorate. The portfolio holder and assistant are also present as is the DCS and Children's Services Management Team.
- The Leader of the Council meets quarterly with the Chair of the Safeguarding Board, the Chief Exec, Portfolio holders, and the DCS (DD Targeted Services joins if appropriate).
- There are particularly strong links and shared accountabilities between Children & Families and Adult Social Services.
- The Director of Adult Services has attended Section 11 audits and contributed to the strategic leadership of the 'Child's Journey' planning and implementation. He is engaged proactively with the Joint Commissioning Board and the Health and Wellbeing Board to ensure alignment and transition issues, across children and adults are taken into account in commissioning decisions.
- A protocol has been developed by the
- The Head of Paid Services has a good understanding of service to inform strategic resourcing decisions of the Council.
- Scrutiny and challenge of plans around preparation for implementation of SEN reform by DCS, secured improvement
- Senior managers know what is happening at the front line through an effective line management and supervisory arrangement, and through visits and case discussions. and Divisional Directors following case audits, have led to improved practice.
- Most managers say they feel well informed about what is happening at the frontline.
- Adult Social Services staff have a good understanding of the Common Assessment Framework to use if they have a concern about a child.
- Highly effective transitional arrangements from children to adults for CLA has led to improved placements and joint interventions for young people who need continued services into adulthood.

Adult Safeguarding Team in cooperation with the Child Protection Team for young people (where there are existing child protection concerns) in transition to Adult's Services. This was formally adopted across the two service areas in October 2013 and will be reviewed in 2014/15.

- Training has been provided for 70 staff working in adult social care from a range of organisations including the NHS, assessment/care management and private/voluntary sector. The focus has been on adult staff responsibilities for the protection of children.
- Briefing sessions and Best Practice Forums further enable staff to be aware of and respond to the needs of children and young people, particularly at points of transition.
- Officers from the Safeguarding Adults Team and from Children's Services sit together on relevant multi-agency forums e.g. MAPPA, MARAC, Prevent, Community Safety and Domestic Violence Forums. This enables effective planning and coordination for some of the most high profile families and vulnerable individuals in the borough.

3.2 Grade Descriptor: The local authority has detailed and relevant knowledge of its local communities, including looked after children and care leavers. Commissioned and in-house services respond to and meet the needs of local children, young people and families in need of help, care and protection. The local authority works effectively with other strategic bodies such as the Local Safeguarding Children Board, the Health and Well-being Board and Clinical Commissioning Groups to promote and secure a sufficient range of good-quality provision to meet local need. This should include services, placements and adoptive families for children/young people for whom the authority has a statutory responsibility and where necessary for vulnerable adults who are also parents.

Evidence of Practice and Provision

- The Harrow Vitality Data Framework provides a comprehensive set of whole Authority and locality based data which helps C & F to have a broad overview of areas in Harrow with the highest levels of needs. This information has been utilised to inform strategic decisions about where key community based services are established, e.g. Harrow Children's Centres
- The Performance Team provides a monthly dataset of children in need and children looked after and their outcomes. This is used to inform the priorities and

Evidence of Impact on outcomes

- Current public health review of school nursing and health visitor provision in Harrow; plans for consultation presented to LSCB Executive Board October 2013. UPDATE REQUIRED???
- Plans for Chair of Health and Wellbeing Board to join LSCB Executive Board. AS ABOVE????
- All commissioned services are monitored for impact on outcomes and user feedback, showing evidence of impact - e.g. Activities and Short Breaks, Systemic social work, positive activities.
- Every service has a Service Plan based on

actions taken.

- Commissioning follows the strategic commissioning framework. Decisions are based on evidence of need and user views when redesigning services, including JSNA.
- The Placement Sufficiency Strategy has been developed between operational placements service and the Commissioning Team, based on our data profile of Harrow and our CLA population.
- HWB Board launched the Children's Plan – Our Plan in 2013. Decisions taken by HWB Board or C & F Commissioning Executive which report directly to the Board (including CCG strong representation).
- All commissioning intentions are agreed by HWB Board.
- The Recruitment Strategy for Foster Carers takes into account the demographic profile and need, e.g. the foster carers and mentors from a range of linguistic, cultural and ethnic backgrounds and targets activity to increase the availability of BME carers to reflect the linguistic and cultural backgrounds of the local profile.
- Joint Emotional, Behavioural and Mental Health strategy developed by LA, CCG & PH – mapping of gaps in provision at all Tiers underway.
- Response to local needs through council services includes training for staff who provide a 'One stop Shop' for local communities through Access Harrow, on safeguarding children.
- The Council's call centre expertise and technology on the Children's 'front desk' minimise the risk of missed calls, highlighting safeguarding alerts
- Complaints are monitored as part of the Corporate Performance Cycle. Wider issues relating to performance and improvement are followed up by the Corporate Director of Resources.

commissioning principles, and there is an overall Our Plan for the Directorate setting out strategic vision.

3.3 Grade Descriptor: The joint strategic needs assessment and the sufficiency statements are aligned and set out clear local priorities and the range of available services that respond to and meet the needs of local children, young people and families in need of help, care and protection.

Evidence of Practice and Provision

- Our Plan: Children & Families (Harrow's

Evidence of Impact on outcomes

- JSNA data assessment included in

CYPP) includes a high level needs assessment from the JSNA – aligning the two documents and staff understanding of local priorities. All commissioning is based on needs assessments derived from the JSNA, although often in more detail.

- Examples include the Emotional, Behavioural & Mental Health strategy which has led to our redesign of provision for children and young people. The Early Years commissioning strategy. And our Children Looked After sufficiency strategy is also based on the same data set as the JSNA.
- The JSNA refresh is signed off by the Commissioning Executive and scrutinised by the LSCB to inform both commissioning and safeguarding across the council.
- In Revs and Bens we have added vulnerability flags into our core systems to warn us where we might be taking eg debt action in a household where there is a vulnerability concern and where there might be a concern that such action would be destabilising to a family. Fern - could you provide a few bullets to expand
- The Harrow HELP scheme has been commissioned to help families affected by poverty. This includes provision of funds in emergency situations through an Emergency Relief Scheme. A Helping You event was organised and is being repeated to help families affected by poverty. A Harrow Advising Together (HAT) portal is being launched by a voluntary sector consortium and supported by the Council to provide a single place to signpost support across statutory and voluntary sector agencies where families affected by poverty can seek support. Schools and GPs have been included in development of these schemes to help them signpost support to families.

Commissioning Strategies leading to improvements in services, e.g. commissioning of short breaks, redesign of pathways for emotional, behavioural and mental health, commissioning plans for young carers. Outcomes and user feedback evidenced through monition of external services.

- CLA sufficiency statement informs commissioning intentions and local offer to CLA. Early Years strategy informs sufficiency and service quality.

3.4 Grade Descriptor: The local authority is an active, strong and committed corporate parent that knows the children and young people it looks after well. It is an effective and successful champion of their progress (particularly in education and learning) and an ambitious corporate parent, ensuring that each child has every opportunity to succeed. It actively challenges and engages partners where appropriate to support children and young people, such as engaging the local authority strategic housing function.

Evidence of Practice and Provision

- Corporate Parents are active, strong and committed.
- Our Corporate Parenting Strategy sets out

Evidence of Impact on outcomes

- Chair of Corporate Parenting Panel is Executive Board member as Portfolio Holder and therefore is able to impact on strategic decisions on resourcing to secure the best

the vision for children in care and care leavers in Harrow.

- The Corporate Parenting Panel meets quarterly, chaired by the Lead Member, with cross party representatives, and health, education and housing colleagues.
- The Corporate Parenting Panel scrutinizes and challenges services who support CLA/Care Leavers and takes reports on health, education, housing etc. The Panel also receives a performance report with a CLA dataset every time it meets.
- The Virtual School are active members of the Corporate Parenting Panel and report on all aspects of learning, attainment and attendance.
- The Virtual School champions the educational progress of CLA through Education Champions, who track the progress of Year 11 pupils. Champions can be senior managers from across children's services.

possible outcomes for CLA.

- A quota of housing places for care leavers is well established and work has commenced with housing colleagues to establish shared housing options for care leavers in response to suggestions made by Care Leaver attending the Panel.
- There are regular opportunities for a dialogue between elected members and care leavers. For example:
 - The Corporate Parenting Panel has ensured that a Corporate Parenting Stall is set up outside full Council meetings maximising knowledge and engagement of all members. This has provided an opportunity for dialogue between elected members and young people.
 - Issues raised included care leavers asking to have other young people stay overnight in their rooms in semi-independent accommodation, and although this is not possible it was discussed with them, and reasons given, and fed back also to members.
- Very positive feedback has been received from Looked After Children about the additional focussed activities to which they have had access.

3.5 Grade Descriptor: The DCS works closely with the LSCB chair and the chief executive, working closely with LSCB partners and, where appropriate, the lead member, holds the LSCB chair to account for the effective working of the LSCB.

Evidence of Practice and Provision

- The Lead Member is a member of the Safeguarding Board, as well as having regular meetings with the DCS and Chief Executive.
- The Chair of Harrow's Safeguarding Board has a bimonthly one to one with the Head of Paid Service.
- Quarterly meetings are held between the Safeguarding Board Chair, the DCS, Portfolio Holder, Head of Paid Service and Leader of the Council.
- The Safeguarding Board Chair meets separately with the Portfolio Holder to hold the Chair and the Board to account.
- The Safeguarding Board Chair has been in post since December 2011 and will be leaving Harrow in December 2014. Recruitment is underway for a new Chair,

Evidence of Impact on outcomes

- A Chief Executives' group was formed in 2013 which visited front line services in Harrow Children's services and Northwick Park Hospital. The theme of this activity was the collective responses to domestic violence and prompted by the Chair of the Safeguarding Board who wrote to Chief Executives asking them to reassure themselves of the quality of front line practice.
- The agenda for Portfolio Holder / Safeguarding Board Chair meetings has included briefings on Serious Case reviews and Learning Lessons cases, self assessment of the effectiveness of Harrow's LSCB, multi agency response to Domestic Violence, and the capacity of social workers and caseload size.
- The LSCB has attended Safer Harrow and a

and the current post holder will continue until a new Chair has been appointed.

- The DCS is a member of the Health and Well-Being Board, which is also attended by health representatives who sit on the Safeguarding Board including the Chief Operating Officer of Harrow's CCG and the named GP for safeguarding and CCG Board Member.
- The Safeguarding Board Chair has an open invitation to attend the HWBB, and the LSCB Annual report and Business Plan goes to the HWBB.
- The LSCB has also contributed to the Commissioning Plan.

joint gangs strategy was developed that has been endorsed by both boards.

- The LSCB completed a self assessment in August 2014 with independent input from an LSCB Ofsted inspector to assist robust evaluation of strengths and weaknesses.

3.6 Grade Descriptor: The local authority, through performance management and monitoring, has an accurate and systematically updated understanding of its effectiveness. It demonstrates a track record of dealing rigorously and effectively with areas for development. Leaders, including elected members and managers, have a comprehensive and current knowledge of what is happening at the 'front line' and a track record of responding appropriately and quickly to service deficiencies or new demands.

Evidence of Practice and Provision

- Robust Self Evaluation of performance in place. The Children in Need of Help and protection and CLA inspections framework criteria have been used over the last year as a benchmark to assess the effectiveness of Harrow Children and Families services and to set priorities for improvement. Self assessment takes into account the recommendations of the SLAC inspections of 2012 and the progress against actions taken following that inspection. Our framework for Self Assessment is focused on 'Evidence of Practice and Provisions' as well as 'Evidence of Impact on Outcomes.' This leads to the identification of areas for improvement which are then the priorities in our Strategic Plan.
- Having evaluated the previous improvement plans, a revised strategic plan has been formed reflecting the self evaluation outcomes.
- Senior and middle managers have contributed to the Council Corporate Team. Gaps identified have been addressed for example; high level of social worker workloads led to additional investment in SW post reducing caseloads to acceptable levels.
- The Strategic Plan for C&F is focused of the 'Childs Journey' and has 5 themes.

Evidence of Impact on outcomes

- Improvement Plans have enabled us to track and make progress across the spectrum of social care services.
- Corporate Parenting Panel scrutinises a quarterly report on activity and performance for CLA and Child Protection.
- In 2013-14 we successfully ensured an increase in the overall establishment by 24 social work posts through business cases evidencing the increase in assessments, child protection investigations and plans, and consequently caseloads. This was supported by the then Lead Member and approved by the Leader of the Council.
- Ongoing improvement activity is monitored and informed in the monthly Performance Meeting. For example the Performance Meeting identified the low rates of EET for care leavers in 2013 which resulted in focussed working to address this briskly.
- The Early Help Ofsted Thematic Inspection in January 2014, confirmed both our assessment and effectiveness of practice and the right priorities for improvement.
- The Child's Journey Change proposals that were implemented in August 2013 were prompted by both Munro recommendations to improve practice and reform social work, and our own analysis of a significant need to improve front door services. Since this

- We have implemented and embedded our Quality Assurance Framework to include case audit, practice observations, and 'deep dive' quality assurance work in different areas for example children with disabilities. This has provided significant information about the quality of our services and informed the improvement planning and self assessment.
 - Outcomes on the Wall, posters have been developed in key areas demonstrating our outcome data.
 - Quarterly monitoring of external providers including outcomes delivered and user feedback on service experience has been led by the Commissioning Team.
 - Monthly datasets are produced for social care, early intervention services and youth offending
 - A quarterly scorecard tracks performance across Children's Services – key performance issues are reported up to Corporate level and Cabinet.
 - The Performance Board identifies areas where performance has dipped or is not at a good level for example health assessments of looked after children.
 - A regular Safeguarding Meeting chaired by the DCS also scrutinises caseloads, tracks missing children, and maintains an overview of safeguarding practice issues.
 - The LSCB QA Sub-Group undertakes a programme of multi agency audits which are reported back through the LSCB and internal social care performance meetings. These also inform improvement work and self assessment.
 - The LSCB QA sub group receives a quarterly dataset with information from social care, health, police and other partners to enable it to track local safeguarding issues.
 - Independent evaluation of Families First programme – in progress UPDATE REQUIRED????
 - All elected members are invited to Celebrating Success events. There was good attendance at the most recent event in February 2014 from Portfolio Holders, shadow Portfolio Holders and other members of the Corporate Parenting
- restructuring, a largely permanent and experienced team has been built in MASH, creating a strong effective response to referrals and Section 47 enquiries..
- Each quarter a Children's Improvement Board is chaired by the Chief Executive and Leader of the Council and is attended by the Portfolio Holder and Children's Services Management Team. This has continued to scrutinise our effectiveness through performance data, reports and recognition of the business case for more social workers described above. Papers from this board are available.
 - Scrutiny Committee has also taken an active role in reviewing Children's Services performance, and regularly reviews progress against key indicators e.g. CLA education

Panel. This event was also attended by the Mayor who gave out certificates.

- The Youth Justice Plan 2013-14 has been reported to Overview and Scrutiny and full Cabinet, and the revised plan for 2014-15 is on Cabinet agenda in September 2014.

3.7 Grade Descriptor: Management oversight of practice, including practice scrutiny by senior managers, is established, systematic and demonstrably used to improve the quality of decisions and the provision of help to children and young people

Evidence of Practice and Provision

- The Quality Assurance framework sets out the regular audit schedule which includes all senior managers and is beginning to embed changes in practice?
- There is a strong governance structure of panels overseeing practice an key decisions. This includes the Access to Resources Panel, and Care Planning Group and the Child Protection Challenge Panel.
- Monthly and quarterly audit reports go to the Targeted Services management meeting and the Directorate management meeting. Issues are identified and actions started.
- In addition to regular casework audits, there is a formal system of practice observations by managers. Results from these are collated quarterly by the service manager QA and included in the newly introduced quarterly report.
- The Performance Board, chaired by the Corporate Director, fortnightly receives the monthly dataset also prompting reports in areas where performance has dipped or is not at a good level for example health assessments of looked after children.
- There is a weekly Safeguarding Meeting which also scrutinises caseloads and missing children, and trouble shoots issues arising. All service managers and other Divisional Directors attend with colleagues from our Performance Team.

Evidence of Impact on outcomes

- Audits completed over 2013-14 and more recently, demonstrate improvements in key areas of work for example: evidence of the child's voice in case files and timely decision making on referrals. (This work also enables us to identify areas of development)
- Audit work is disseminated widely through briefings to the management team and to staff.
- Staff are given individual feedback combined with coaching style intervention to improve quality of practice.
- Regular scrutiny of practice is provided through senior managers chairing and being represented on Panels and within the audit processes.
- There is considerable challenge for managers at the Performance Meeting, and the dataset goes out in advance. Issues arising where performance is dipping are addressed in the meeting and actions agreed to improve where required for example ensuring that minutes from child protection conferences are sent out on time. Following this issue being raised, remedial action was taken and performance improved from x to y.

3.8 Grade Descriptor: The local authority knows itself well, is a learning organisation and can demonstrate Evidence of Practice and Provision that is informed, modified and sustainably improved by feedback, research and intelligence about the quality of services and the experiences of children, young people and families who use them. This may, for example, include feedback from the children in care council, change that arises from complaints that children and families make about their experiences or from successful or disrupted placements or adoption breakdown.

Evidence of Practice and Provision

Evidence of Impact on outcomes

- The Workforce Development and Training Strategy is based on an evaluation of our practice and provision, and its impact on outcomes.
- A number of senior managers have completed the Leaders for London and there are further managers in the cohort starting September 2014. Leaders and managers also have the opportunity to engage in the Council's Leadership Development programme.
- The partnership arrangement with Coram has contributed to there being no adoption breakdowns since 2006. .
- We have a lively and well attended care Leavers Forum. Feedback about the quality of services has informed the Care Leavers Strategy and Action Plan, including the Pledge.
- The MLA Systemic Social Work Service provides staff with high quality systemic training and feeds in research to operational practice. Staff value this highly and talk about how this learning has changed the way we work with families.
- There is an annual complaints report which shows that a high % of complaints are dealt with at stage 1. Where they are taken forward, a significant proportion are not upheld at Stage 2. We work closely with the Complaints Team to resolve difficulties that arise at the earliest point. Meetings are offered wherever possible to resolve issues.
- Review of our customer service approach and focussed training with staff and managers to improve understanding of service users perspectives has resulted in the reduction of complaints moving into stage 2 during 2012-13.
- Feedback from children and young people on how safe they feel is sought through a variety of methods, for example: the LSCB has distributed a survey for young people and parents asking how safe they feel in Harrow and the effectiveness of services they use. Feedback has informed the LSCB Business Plan priorities for the year ahead.
- The Early Help Ofsted Inspection in January 2014 noted the good dissemination of learning lessons from serious case reviews both internal and national, and the high value staff placed on training programmes. Staff were able to give examples of the impact the training had on their work with families.
- The views of Children and Young People have informed a range of provision and commissioning priorities, for example Activities and Short Breaks.
- Development of good placement practice guide following Leaving Care Forum feedback.
- Improvements have been made to the offer to care leavers going to university underway following Leaving Care Forum feedback.
- IROs champion children in care and have used escalation procedures to raise placement concerns with the Corporate Director, and enable young people in care to make complaints. This resulted in the young person being visited by a service manager, being involved in writing his own profile for matching and eventually a placement move.
- In 2012-13 there were two new Ombudsman investigations and both were closed by the Ombudsman in the Council's favour. There have been only 2 Children & Families complaint local settlements in the last 9 years (where the Ombudsman concludes more action should have been taken by the Council).

Grade Descriptor: Effective relationships with Cafcass, the health community, the family courts and the local Family Justice Board ensure that avoidable delay in care proceedings is reduced and children, young people and their families benefit from efficient and effective progress through legal proceedings.

Evidence of Practice and Provision

- The London Family Justice Board meets regularly, and the Divisional Director for

Evidence of Impact on outcomes

- Regular meetings take place with legal colleagues and the Judiciary in Barnet as

regularly attends.

- There are strong links with CafCass and Harrow's Safeguarding Board.
- Minutes of every LFJB are received. The Divisional Director also attends the London Assistant Director network meetings where strategic relationships have been established with CafCass, and the Courts Service.

previously described. This enables feedback loops and is an effective partnership mechanism. Facilitates 2 way dialogue on practice and policy issues.

3.9 Grade Descriptor: The local authority social care workforce is sufficient, stable, suitably qualified and competent to deliver high-quality services to children and their families. Managers and practitioners are experienced, effectively trained and supervised and the quality of their practice improves the lives of vulnerable children, young people and families. There is effective organisational support for the professional development of social workers with reference to the employer standards, and leaders provide the right environment for good social work to take place.

Evidence of Practice and Provision

- In 2013-14 we increased our establishment social work posts by 24 across the services.
- Recruiting experienced QSW & managers, is challenging across London. We have secured appropriately experienced interim senior managers. A Recruitment and Retention Project was initiated in April 2013 to ensure that we had the right people for the right jobs - therefore having a positive impact on children and families. This project has reduced reliance on agency staff and increased the percentage of permanent staff over time.
- We work closely across London Boroughs through the West London Alliance programme which provides access to a range of training and development for staff. The continue of provision ranges from support and training through the Assessed Year in Practice for newly qualified social workers, to the management development programmes for aspiring and current leaders.
- A key strand of our Recruitment and Retention strategy is 'growing your own'. In 2013-14 we had 17 NQSW starters across the service. We have invested in these workers to ensure we grow experienced and capable staff of our own and future senior practitioners and managers. MLA have delivered systemic training specifically for the NQSWs.
- A dedicated Learning and Development Officer leads on the ASYE and Step Up to Social Work programmes.

Evidence of Impact on outcomes

- Routine exit interviews for staff who are leaving identifies areas for improvement and what we are doing well. For example feedback concerns about insufficient Framework training led to a more detailed programme, to help staff work more efficiently, improve timely with effective plans and assessments.
- We have a current vacancy rate of approximately 20% and therefore have interim staff in some key posts. Our aim is to reduce the numbers of agency staff overall.
- Many of our interim managers have stayed in Harrow for significant periods and this does create stability. Services are run by experienced, suitably qualified managers and whether interim or not, there is a clear and strong purpose on service development and improved outcomes for children and young people.
- In 2013-14 we were able to promote from within and have appointed internal candidates to our MASH team manager post, a Children in Need team manager post and an acting Leaving Care and UASC Team manager post. We have also appointed to Senior Practitioner posts from our cohorts of social workers, and are confident that this succession planning will continue and that this demonstrates early success of our "Growing our own" strategy.
- A comprehensive Induction Handbook is in place for new staff, alongside a rolling Social Work Induction programme that ensures new members of staff are welcomed to the service, informed of relevant policies,

- There are currently 6 Step Up students and 4 Frontline students start in September 2014.
 - The Training Plan of the Workforce Strategy sets out Harrow's approach in training, learning and development and outlines the expectations for each level of frontline practitioner.
 - The Social Work Career Progression Framework provides a clear career pathway to support recruitment and retention. Although there is still further work to do on increasing the permanent workforce, we have a number of experienced interim managers who have worked in Harrow for some time,.
 - The post Principal Social Worker was introduced in 2014 . The current PSW has been in post since May 2014. This post contributes and has oversight of workforce development and social work practice at the Frontline through audit and practice observations. The PSW also has a regular meeting with the DCS as a direct feedback loop from practice.
- procedures and key contacts within the department including key partner agencies and services. Feedback from new starters has been very positive.
- The social work career grade scheme was introduced when we increased our salary offer for newly qualified social workers. This scheme enables any social worker to ask for a pay rise based on the types of work they are undertaking mapped against competencies. This is agreed by a Panel chaired by the Divisional Director, and the social worker is required to provide examples of work as evidence of the competencies. This has been a significant retention tool in terms of both actual pay levels and perceptions of fairness and opportunities for advancement.

3.10 Grade Descriptor: Where a local authority delegates any of its statutory functions to a 'social work practice', commissioning and contract compliance ensures those children and young people receiving this service progress at least as well as those served by a good local authority.

Evidence of Practice and Provision

Evidence of Impact on outcomes

N/A

Supporting Evidence for all Grade Descriptors Above

- LSCB dataset
- LSCB Annual Report, Business Plan and Executive minutes
- Monthly Performance Reports
- Corporate Parenting Panel minutes and performance reports
- EIS dataset
- HWB Board ToR and minutes
- Children's Commissioning Executive ToR and minutes
- JSNA 2011 is available, Data refresh for 2013 is currently underway - separate modules are being produced to make the data more accessible
- Improvement Board reports and minutes
- Caseload monitoring reports
- Safeguarding Meeting ToR and minutes
- Service Plans
- Our Plan: Children and Families
- Improvement Plans
- Placement Sufficiency Strategy
- Strategic Commissioning Framework
- Governance diagrams
- Child's Journey Consultation Documents

- Social Work Career Grade Progression Scheme
- Children's Induction Handbook
- West London Alliance Training and Development offer
- Frontline self assessment document
- WLA commissioned report on Step Up to Social Work
- Tripartite Panel ToR and Protocol

Next Steps

Key JUDGEMENT 3: Leadership Management and Governance

1. A culture that changes things for the child

- 1a) Ensure that the Council's priority of 'Making a difference to vulnerable people' is effectively delivered in respect of Children and Families services, as well as all other council services working to support vulnerable families and communities.

2. Working together for the child

- 2a) Develop stronger and more effective Partnership work at the strategic level with Health Services to improve health outcomes for children and young people.

3. Improving the quality of case work

- 3a) Improve the Council's ICT systems to ensure greater reliability and efficiency in case management and administration.

4. Holding the child's perspective

- 4a) Develop further the engagement of Elected Members and Senior Officers from across the Council with the Children in Care Council and the Youth Parliament.

5. Developing good systems to help keep children safe.

- 5a) Continue to monitor the outcomes for vulnerable children and young people, through scrutiny of performance data.
- 5b) Maintain and strengthen the council wide response to ensure that children leaving care are enabled and supported in achieving a successful and fulfilled adult life.