

# Inspection of safeguarding and looked after children services

Milton Keynes Council

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**Reporting inspector** Helen Cawston HMI

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## About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
  - discussions with children and young people receiving services, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Milton Keynes Local Safeguarding Children Board, elected members and a range of community representatives
  - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with '*Working Together to Safeguard Children*' 2010
  - a review of more than 90 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
  - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in March 2011
  - interviews and focus groups with front line professionals, managers and senior staff from NHS Milton Keynes, Northamptonshire and Milton Keynes Community Health Services and Milton Keynes Hospital Foundation NHS Trust.

## The inspection judgements and what they mean

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

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

## Service information

4. Milton Keynes has a resident population of approximately 66,900 children and young people aged 0 to 19, this represents 26.9% of the total population of the area. In 2012, 34.1% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall. In schools 20.3% of pupils speak English as an additional language. Urdu and Tamil are the most recorded commonly spoken community languages in the area. Some 9.2% of pupils are of Black African background.
5. Milton Keynes has 114 schools comprising 92 primary schools, 12 secondary schools, six special and four short stay schools. Early years service provision is delivered predominantly through the private and voluntary sector in over 500 settings (433 child minders; 45 privately-run day nurseries; 57 preschools and six nursery units of independent schools); there are 25 local authority maintained nurseries (two nursery schools and 23 schools with nursery classes).
6. The Milton Keynes Children and Families Partnership was set up in 2011. The Partnership includes representatives of Milton Keynes Council, Milton Keynes and Northamptonshire NHS Cluster and Milton Keynes Community Health Services. Other representatives include Thames Valley Police, Thames Valley Probation, Milton Keynes Safeguarding Children Board, Milton Keynes Hospital Foundation Trust, Job Centre Plus, North Bucks and Milton Keynes Chamber of Commerce, Youth Cabinet and representatives of the voluntary sector, local schools and colleges. The Milton Keynes Safeguarding Children Board became independently chaired in April 2007, bringing together the main organisations working with children, young people and families in the area that provide safeguarding services. Social care services for children have 153 foster carers, two children's homes (both provide services for children and young people with disabilities) and 26 externally commissioned services (12 independent fostering agencies and 14 external residential care providers).
7. Social care services for children are delivered by a referral and assessment team, three locality-based children in need teams, a children with disabilities team, a family advice and support team, and common assessment framework co-ordinators. There is an emergency social work team covering out of hours, a social care training unit and an early intervention centre, which is a specialist nursery dealing with those

children who are most disadvantaged. Looked after children services are provided through the work of a children in care team (including work with young asylum seekers), a 16+ and leaving care team and fostering and adoption teams. Other family support services are delivered through 20 children's centres and through extended services in schools. There is an integrated youth support service and a youth offending team.

8. At the time of the inspection there were 285 looked after children. They comprise 72 children less than five years of age, 191 children of school age (5–16), 22 post-16 young people and a total of 48 with care leaver status (aged 16 and 17). Milton Keynes uses a virtual school approach in its support of the learning of looked after children. At the time of the inspection 41 children were subject to a child protection plan. These comprise 23 females and 17 males and one unborn child. Of these children, 61% are aged under five and 39% are 5-11. None are 12 years or older. The highest categories of registration were neglect at 53.6%, emotional abuse at 36.6% and sexual abuse at 9.8% - there were no cases of physical abuse.
9. Commissioning and planning of child and young people's health services and primary care are undertaken by NHS Milton Keynes and Northamptonshire and universal services such as health visiting, school nursing and paediatric therapies are delivered primarily by Milton Keynes Community Health Services. The acute hospital providing Accident and Emergency (A&E) services for children is Milton Keynes Hospital NHS Foundation Trust. Maternity and newborn services are provided by Milton Keynes Hospital NHS Foundation Trust. Children and families access primary care services through one of 28 general practitioner (GP) practices, walk in centres, including Broughton Gate Medical Centre. The urgent treatment centre/minor injury centres is based at Milton Keynes Hospital Foundation Trust.
10. Child and adolescent mental health services (CAMHS) are provided by Milton Keynes Community Health Services. For children with learning disabilities and/or difficulties and who have complex health needs, services are provided by Milton Keynes Community Health Services. Health provision at Oakhill Secure Training Centre is provided by Primecare. Looked after children health services are provided by Milton Keynes Community Health Services.

## Safeguarding services

### Overall effectiveness

### Grade 3 (Adequate)

11. The overall effectiveness of safeguarding services is adequate. Since the annual performance assessment in 2008 judged the council to be inadequate, children's services have made significant progress. The Director of Children's Services (DCS), appointed in 2009, and the formation of a performance improvement board later the same year have driven the children's services improvement agenda. Leadership and management arrangements are robust with a clear direction of travel based on securing further improvements in safeguarding services and sustaining progress made. Previous weaknesses have been addressed and no services were found to be deteriorating during this inspection. Most services now competently deliver the statutory minimum requirements.
12. Performance management and quality assurance processes are good and embedded in practice to support managers in continuing an upward trajectory across safeguarding services. Through the systematic collection of data, key strengths and weakness are known and understood and inform service delivery. The workforce is stable with less reliance on the use of agency staff. Newly qualified social workers are supported well and benefit from protected caseloads to enable them to develop their skills in a learning and supportive culture. Children and young people are protected from risk of harm with all child protection cases allocated to qualified social workers and appropriate action taken to meet their needs. There is a good range of provision for early intervention, preventing family breakdown and improving parenting skills and children's attendance at school. The early intervention centre is an innovative and effective resource which offers a range of opportunities and programmes to support children and families. The Children and Families Partnership Board operates well at a strategic level and the council, through effective and collaborative arrangements, have successfully engaged all partners in moving the children's services improvement agenda forward. The Milton Keynes Safeguarding Children Board (MKSCB) is well established, independently chaired with good governance arrangements in place. There is good engagement with the emerging Clinical Commissioning Group.
13. Through effective and ambitious leadership much improvement has been made in moving safeguarding services forward. However, the organisational transformation programme to restructure children's services remains on going and its full impact on further improving the safeguarding agenda is yet to be fully assessed. Quality of practice remains too variable. Health care professionals do not all understand the current thresholds and some continue to report challenges in securing action following a referral to children's services. Some health and education

professionals are still reluctant to make a safeguarding referral without remaining anonymous. Child protection strategy meetings have not been routinely held following a child protection investigation or following an allegation made against adults caring for children.

14. Health care professionals report notifications to attend child protection conferences are, on some occasions, late and prevent them sharing reports with families prior to the conferences. Children and young people are disadvantaged when attending accident and emergency services outside the children A and E opening times as they may not be assessed or treated by suitably qualified health professionals in child friendly environments. Staff working in the Milton Keynes Hospital Foundation NHS Trust have not all received annual updates of basic safeguarding training. Security policies on the labour wards are in place, however staff were seen not to observe these on the day of the inspection. Currently there is insufficient capacity within the named nurse and named midwife roles, recent appointments have been made to improve this within the Milton Keynes Hospital NHS Foundation Trust. There is a lack of clarity regarding transitional arrangements for children with disabilities and/or difficulties. Children with disabilities do not always have access to equipment they require in a timely and effective manner.
15. The sufficiency of emergency accommodation for young people remains a gap in service provision. The lack of choice available means vulnerable young people may be placed in inappropriate accommodation used by adults, or some distance away from Milton Keynes. Children and young people's participation in child protection conferences is not embedded and the council acknowledge there is more to do to secure the views of children and families to ensure that they influence the wider development of safeguarding services. Educational standards are rising steadily but attainment for some key vulnerable groups remains below average and gaps with their peers are not closing consistently.

## Capacity for improvement

## Grade 2 (Good)

16. Capacity for improvement is good. There is visible and effective leadership from the Director of Children's Services and the children's social care senior leadership team that is widely recognised as making a significant contribution to improving safeguarding practice. Recommendations from previous inspections have been addressed. These have led to improvements in ensuring children are safe, including making thresholds for services clearer and, through effective partnership arrangements, ensuring that they are more widely understood. The overall reduction in the number of referrals and improved rates in the use of the common assessment framework (CAF) demonstrates that this work across the partnership is now starting to have an impact. Retention rates of social work staff show considerable improvement and support for newly qualified social workers demonstrates the council's investment in securing a skilled



and effective workforce. A comprehensive training and development plan and access to good quality training further supports the council in the recruitment and retention of qualified social workers.

17. A performance management culture is now embedded across safeguarding services with clear lines of management accountability which is supporting managers in securing improved social work practice. The Social Work Improvement Project established by the council is actively engaged in enhancing the quality of social work practice. The Signs of Safety training model is being widely rolled out across all agencies to ensure that all professionals can build on existing skills and practice to assess risk to children.
18. Partnership arrangements are effective with the identification of clear priorities to ensure that all agencies are working to a coherent plan to improve services for children and young people. The implementation of the threshold guidance is to receive further widespread coverage across the partnership to ensure all professionals are clear about thresholds for services and making a safeguarding referral

### **Areas for improvement**

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

#### **Immediately:**

- ensure that strategy meetings are routinely held in relation to child protection referrals and following allegations against persons working with children. When a strategy meeting is not held ensure that the reason why it is decided not to hold a strategy meeting is clearly recorded on children's case files
- Milton Keynes Hospital Foundation NHS Trust must ensure that all staff within the maternity services, especially on labour wards, follow security policies relating to the admission of visitors to clinical areas to ensure that women and babies remain safe.

#### **Within three months:**

- ensure that all investigations conducted under the allegations against staff procedures are recorded and monitored

- NHS Milton Keynes and Northamptonshire should progress the existing action plan to ensure that there is sufficient capacity within the named nursing and named midwifery functions
- Milton Keynes Local Safeguarding Children Board and NHS Milton Keynes and Northamptonshire should ensure that safeguarding training for all primary care staff, including commissioned independent contractors, is compliant with the required standards.

**Within six months:**

- ensure that there is sufficient emergency housing accommodation to meet the needs of young people not assessed as requiring to be accommodated under Section 20 of The Children Act 1989 by the local authority
- NHS Milton Keynes and Northampton and Milton Keynes Borough Council must ensure that there is a comprehensive maintenance programme in place for all equipment used by children with disabilities and life limiting conditions and that the supply of this equipment is timely and does not impede discharges from hospital.

## Safeguarding outcomes for children and young people

### Children and young people are safe and feel safe

#### Grade 3 (Adequate)

20. Safeguarding outcomes for children and young people are adequate. Case files examined by inspectors show evidence of generally effective coordinated work between partner agencies where safeguarding concerns about a child are identified. Child protection investigations are generally thorough and prompt. However, inspectors saw some cases where strategy meetings were warranted but had not been held. Single agency investigations are not making best use of professional expertise in other agencies. Partner agencies are now reporting that the number of child protection strategy meetings is increasing.
21. Multi-agency procedures for the referral of allegations against people working with children are established and followed. Referrals and investigations are generally thorough and strategy discussions and plans are recorded. However, on a number of cases strategy meetings had not been undertaken and on these cases it was unclear what future actions were going to be taken and by who to ensure children were appropriately safeguarded. There are effective operational links with the police and other partners. Regular training is delivered along with other awareness-raising activities. However, some sectors have low referral rates, such as the private residential sector, indicating there is more work to do to raise awareness of the role and function of the Local Authority Designated Officer (LADO). There is no routine liaison between the LADO and the complaints services and there has been limited engagement between the LADO and the children's voluntary services sector within Milton Keynes.
22. There is good integration between daytime services and the out of hours service. The service is managed within the family advice and support team (FAST) which ensures a seamless integration and handover of work. Management oversight to support out of hours is effective. The electronic recording system evidences timely recording of out of hours activity, ensuring children's needs are followed up swiftly.
23. There is good provision for early intervention, including from schools, with sensitive work to prevent family breakdown, increase parenting skills and improve children's well-being, behaviour and school attendance. The early intervention centre offers a good range of multi-agency services for families with younger children that enable children to make accelerated and sustained progress in their learning. Good engagement of hard to reach young people by the youth and criminal justice agencies contributes

to a significant reduction of first time entrants to the criminal justice system.

24. Children's services provide good support for safeguarding in educational settings. The drive, range, quality, relevance and consistency of this support, including from partner agencies, is valued highly, as is the Safety Centre, an excellent resource for learning for both children and professionals. Most schools inspected are judged as good for safeguarding, as are other settings. Most are highly alert to safeguarding concerns and communicate these promptly, although a small number are reticent to do so, inappropriately, without anonymity. The local authority are acutely aware of this and continue to raise practice issues through multi-agency safeguarding training forums and the designated teacher role to ensure that all staff are confident in making a safeguarding referral promptly.
25. Safe recruitment practices in children's services meet statutory requirements. There are thorough checks to monitor the suitability of staff who work with children and young people including the close scrutiny of positive Criminal Records Bureau (CRB) checks.
26. Clear and prompt procedures safeguard children missing from, or at risk of going missing from, education and education welfare officers have ready access to interpreters and document translation as required. Children who are educated at home are visited regularly to evaluate the suitability of provision. Strong and effective partnerships with the police contribute to the high profile given to e-safety and cyber-bullying. The prevention of bullying is equally high profile and support for schools and other settings take good account of diversity, for example prejudice-based bullying and intimidation within communities.
27. There are good arrangements in place for effective joint work between children's social care and the housing service with co-located staff undertaking joint young person sensitive interviews to establish their care needs. However, staff and managers identify the lack of emergency accommodation for 16/17 years olds as a gap. If the young person ultimately requires alternative emergency accommodation the choices are insufficient to meet their needs.
28. Domestic abuse referrals are risk assessed well by the police and routinely shared with children's social care and community health services. High risk cases are shared with children's social care via a multi-agency referral form and these receive prompt attention within children's social care. There are services to support children and young people who experience domestic abuse, but these are acknowledged by partners to be insufficient to meet demand. Services for victims of domestic violence are jointly commissioned by Children and Families Partnership and the Adult Joint commissioning team and include a range of appropriate services including

emergency accommodation, floating support and resettlement. The 'Freedom Programme' and 'First Steps to Freedom' for victims are delivered by specially trained staff in four family centres across the borough. The dedicated domestic violence court has been effective in ensuring swifter access to justice. However, future funding for this service is uncertain. The high demand, coupled with funding concerns, means that some cases are now being listed into 2013 which defeats the purpose of this court.

29. Private fostering arrangements are strong. There is effective work to raise awareness of private fostering across the partnership and this is targeted to maximise impact including links with education admissions and health visiting teams to ensure that they are aware of the need to refer any cases identified. Assessments and reviews are timely. Privately fostered children and young people and their carers have access to a very good range of resources, including translation and interpreting services. There are good step down arrangements to common assessment framework (CAF) for those young people no longer legally classified as being privately fostered, but who the service assesses as likely to benefit from further coordinated support. There are good consultations with young people and their carers regarding the value of the service for them.
30. Ofsted inspections of the local authority's regulated services including the adoption agency and fostering agency were judged to be good for safeguarding at their most recent inspections in 2012 and 2008 respectively. All three children's homes were judged to be good for children's safety at their most recent inspections. Inspection also shows excellent safeguarding in youth offending work. Commissioning processes are strong and ensure that safeguarding and safe recruitment practices are given a high priority when contracts with private providers are considered. Oakhill Secure Training Centre is judged at the time of the inspection to be outstanding, incidents of restraint continue to reduce and performance is regularly scrutinised by the Milton Keynes Safeguarding Children Board.

### **Quality of provision**

### **Grade 3 (Adequate)**

31. Quality of provision is adequate. Actions arising from the unannounced inspection in March 2011 have been responded to effectively. Thresholds for services are agreed across the partnership. Revised guidance implemented in October 2011 clarifies the levels of need ensuring professionals are clear when to make a referral to children's social care. An overall reduction in the number of referrals demonstrates this work across the partnership is beginning to have an impact. However some health care professionals continue to report there are challenges in making referrals. Some agencies continue to express concern about decision making within children's social care where, for example, statutory activity is underway with a sibling but other children in the family are not

subject to any social care intervention. The partnership is clear more work needs to be done to embed the threshold guidance into working practice to ensure all staff across each of the agencies are clear about the application of the thresholds for services.

32. The referral and assessment team provides an appropriate advice, support and guidance service to partner agencies and other callers, with effective proactive follow up to ensure that advice is being followed and children's needs are being met. Referrals are responded to promptly. Threshold for services, appropriate decision making and signposting to other services were seen to be consistently applied in the casework seen by inspectors.
33. There is increasingly good work through the CAF although all partners recognise that there is more to do to embed shared ownership across the partnership and the number completed, although increasing, remains below the partnership's target. Some schools and other agencies continue to be reluctant to undertaken the lead professional role. CAFs were generally of a good quality with detailed analysis and planning although the identification of clear goals is more variable, as is the inclusion of the views of children and parents. Parents supported through the CAF report very good support from practitioners that is enabling them to manage independently their lives and those of their children.
34. The number of children subject to child protection plans is low in comparison to other authorities. This is attributed to an effective and coherent early intervention and prevention strategy that is generally known and understood across the partnership. The agreed family support framework through the early intervention and prevention strategy shows that where child protection concerns can be safely and effectively managed without entering formal child protection processes then this is a preferred way of working across the partnership. The increased use of the CAF and children in need plans substantiate the council's intention to work in a more collaborative way with children and families and to minimise statutory intervention when managing risk.
35. The quality of assessments and child protection plans seen by inspectors was variable, with the majority being at least adequate, with some good and very good examples. The analysis of risk and protective factors impacting on children's safety and welfare are adequate with some good examples. Timeliness of assessments is generally good. However, not all assessments seen by inspectors record the engagement and views of children, young people and their parent or carers, and this confirms the council's own audit findings. In most cases examined it is recorded whether children are seen alone, and this is being specifically monitored to continue to raise performance in this area. Chronologies are not always up to date, and some include too much detail rather than focusing on key events. Record keeping is generally timely and up to date. Clear expectations of practitioners with regard to cultural diversity in

assessments and care planning are established, however such considerations are not always recorded.

36. Child protection and children in need case files indicate generally good management oversight of cases with prompt actions taken to investigate concerns. However, it is not clear why some reported incidents are not followed up by strategy discussions whilst other similar incidents are. Strategy meetings are timely once the decision has been made that one is required, and these are routinely face to face, including police and children's social care staff. Strategy meetings are recorded well with notes being distributed swiftly, helping to ensure that all parties are aware of necessary next steps.
37. All children and young people are allocated to suitably qualified and experienced social workers. There are no unallocated cases in the children's service and the teams are now sufficiently staffed to ease more recent pressures due to vacancies. There is a good skill mix with unqualified staff having appropriate task allocation and a high level of management oversight and support for all staff is available. The electronic recording system helps managers significantly with both workflow and performance oversight.
38. Services for children in need are delivered and managed by the FAST. These services are highly valued by parents and children, and close working relationships with children's allocated social workers ensure that intervention plans are robust and outcome focused. The extensive range of specialist services provided, including parenting assessments and short-term crisis intervention work, are effective in reducing levels of risk in families.
39. Child protection conferences are well managed. There is timely multi-agency consideration of risks and clear child protection planning. Child protection chairs provide a consultancy service to the social work teams to assist in the decision-making process about when a child protection conference is required. Consultations are recorded well in the child's file. Feedback from children and their parents is sought, but most conferences are not attended by the children who are the subject of them; very few older young people attend or contribute. The council acknowledge there is more to do to secure the views of children and families to ensure that they influence the wider development of safeguarding services.
40. Representation from partner agencies at child protection conferences are generally good with the exception of GPs although information held by them is relayed to the conference via other health care professionals on their behalf. The Crime Reduction Initiative who provide a specialist adult substance misuse service, which is commissioned by the council, have been slow to engage with aspects of the safeguarding arrangements such as attending child protection conferences and core group meetings. This is



currently being addressed through the council's commissioning arrangements with the provider.

41. The production of conference and review minutes has shown delay over recent months, however this is improving. Core group meetings are generally timely and minutes are produced and distributed shortly afterwards. Effective child protection review arrangements in place show no child to be on a child protection plan for over two years.
42. Children in need and those on child protection plans receive mostly good support for their education. Schools and other settings for learning work closely with social workers and they generally communicate well. Attendance at school continues to improve gradually and remains just above comparators. Persistent absence in secondary schools is reducing steadily and comparatively few young people are excluded from school.
43. Successful work with young people shows steadily increasing numbers in education, employment or training, with significantly more remaining in learning after the age of 16. Support for young women who are Travellers to continue in learning after the age of 16 shows good success. Young carers report excellent support for their safety and well-being and outstanding opportunities for leisure.

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

44. The contribution of health services to keeping children and young people safe is adequate. Most front line practitioners have an understanding of thresholds, although there remains a general concern that thresholds may on occasions be too high, especially when there are cases of risk which are not immediately actioned by social care staff. Health staff report that, although improving, there are still some challenges to ensuring that there is a shared common language and understanding between agencies when referring safeguarding concerns. Communication from social care on the status of new referrals is frequently delayed resulting in some case referrals unnecessarily being escalated to ensure that action is taken. There are highly visible and supportive designated and named health professionals who have a wide and challenging brief.
45. Practitioners report that the step down procedure from a child protection plan or a child in need plan is on occasions not robust. The absence of an ongoing plan prevents staff having a clear direction to follow, sometimes resulting in repeat referrals. There were no concerns related to community practitioner capacity and being able to fulfil their safeguarding supervision requirements. The CAF is used effectively by health care staff, with good use of the escalation process to a full safeguarding referral where concerns are identified. Examples were seen of good work, especially with HIV positive clients.



46. Health care staff report receiving safeguarding training that is valued and helpful. However, safeguarding training compliance rates are inadequate within Milton Keynes Hospital Foundation NHS Trust. Milton Keynes Community Healthcare services demonstrate good compliance with training. Within primary care records of training are incomplete and as such no assurance of compliance with training can be assessed. The named GP in Northamptonshire has delivered improvements through establishing GP safeguarding locality forums and Level 3 training programmes, although attendance monitoring is not robust. The Northamptonshire named GP has been commissioned, through the cluster PCT, to extend his role to Milton Keynes in 2012-13 All staff have good access to frequent safeguarding supervision.
47. Generally there is good notification to health care professionals to attend child protection case conferences and core group meetings are appropriate. However the notifications to attend initial child protection conferences are delayed and on occasions prevent reports being written, shared and discussed with parents prior to their submission. It continues to remain a challenge for children's social care to positively engage GPs in child protection meetings and conferences.
48. There are effective joint maternity and children's social care processes in place providing good early identification of vulnerable unborn babies with robust unborn and pre-birth planning. Effective use is made of national and local alert systems should a woman have the potential to or actually go missing during pregnancy. Security arrangements for entry on to the labour ward are in place, however these were not fully complied with on the day of the inspection.
49. Risk and vulnerability in relation to social needs and parental mental health, which may negatively impact on the mother or baby during the pregnancy or birth, are well recorded on a confidential communication form, which is shared as required and copies retained on the labour ward. However, there have been some cases of concealed pregnancies, although these women were well supported. As a result there has been dedicated awareness raising to both GPs and midwives of the local hot spot areas where concealed pregnancies have been prevalent. Children's centres are effectively used to engage with vulnerable families during the ante-natal period and onwards. All pregnancies are risk assessed for a range of factors that could affect the vulnerability of both the women and/or the unborn baby with appropriate action plans then put in place to mitigate risk. Information is appropriately shared with organisations that provide termination of pregnancy services.
50. The named nurse and doctor from Milton Keynes Hospital NHS Foundation Trust are members of the Child Death Overview Panel, (CDOP). The Panel has good engagement from a range of professionals and monitors all child deaths effectively. However, midwives report they have limited

understanding of recent learning from CDOP cases. Staff are aware of the annual report produced by CDOP and access this to support their learning.

51. There is good engagement and partnership working with the emerging Clinical Commissioning Group and well established partnership working and peer scrutiny within the local children's social care services.
52. There is good engagement with the multi-agency risk assessment conferences (MARAC) and improving levels of notification of domestic violence. Cases not reaching the MARAC threshold have recently begun to be reported by the police to the maternity services. Health visitors have a well established notification process for all domestic violence cases, with appropriate action being taken.
53. The Crime Reduction Initiative is well engaged with the MARAC processes and the criminal justice and mental health panel, ensuring that the identification of families and adults that have child caring responsibilities are appropriately identified and that the children are protected from harm. Support provided for young carers and siblings of substance misusers is a gap in service provision, which is currently only partially being met by the current providers. There is developing partnership working with the recently appointed alcohol intervention worker in the accident and emergency service.
54. Child and adolescent mental health services (CAMHS) are effective and commissioned either by the local authority or NHS Milton Keynes. There is good access to services and advice through a range of 'drop-in' sessions held in every secondary school and in some GP clinics. There is a well used dedicated telephone advice line. Urgent referrals, including those for looked after children, can be prioritised. Referrals are actively managed through the weekly allocations meetings and inappropriate referrals are appropriately signposted to other provision. The family support worker 'drop in' sessions effectively support parents of children with learning disabilities and/or difficulties who also have a mental health problem. There remains a lack of planned preventative maintenance programme for special equipment for children with disabilities. There is good support for professionals who work with young people who exhibit sexually inappropriate and/or sexually harmful behaviour.
55. There are no intensive mental health inpatient treatment beds in the area, consequently children and young people requiring intensive mental health support are placed out of area. There are good arrangements in place with external practitioners for repatriation. There is, in very exceptional circumstances, use of the local Campbell Centre beds a facility run by the health service for those young people over the age of 16 years, whilst alternative provision is sorted.
56. The mental health early intervention team, which is managed by adult services, has good liaison and dedicated child and adolescence mental

health consultant input. There are effective weekly case reviews and referral meetings ensuring those young people with emerging psychosis are effectively managed.

57. Whilst there is no separate learning disability and/or difficulties CAMHS team for children with Attention Deficit Hyperactivity Disorders and Autistic Spectrum Disorders there is good access to a range of services. The Autism and Learning Disabilities Partnership Board has good representation from across both services, with a good ethos of 'Think Family'. There is a recognised gap in service provision at time of transitions especially for children with learning disabilities and/or difficulties aged 16-18 years of age. This is currently being addressed by health commissioners. Transitions to adult mental health services are through the care programme approach, through a single access point, although CAMHS practitioners can directly refer to a comparable adult mental health service.
58. There are good and robust pathways and partnership working with the sexual assault referral centre (SARC). There is good provision for homosexual young men.
59. There is a dedicated children A&E department at Milton Keynes Hospital NHS Foundation Trust which is open 10am till 2am. However, when the children's A&E department is closed children attend the adult emergency department and are not always seen by qualified children's health professionals. At the time of the inspection there was no consultant paediatric anaesthetist in post, however an appointment has recently been made and it is hoped will be in post by September 2012. There are dedicated children and baby resuscitation bays although these are in the adult resuscitation area they can be screened off to support children's privacy. The Trust Board has an intention to develop further the children's A&E department.
60. There is good use made of the Trust wide flagging systems. A nurse practitioner from A&E is a member of the MARAC enabling information sharing to be improved and tags placed on files accordingly. Frequent attendees are well identified, and information shared with primary and community staff. The paediatric liaison administration post and the A&E staff review all cases where children have been admitted to ensure referrals and safeguarding concerns have been identified and acted upon. However, the patient admission and assessment sheets currently do not contain robust risk assessment of all safeguarding factors, for both children and adults who are seen and have child caring responsibilities.

## **Ambition and prioritisation**

## **Grade 2 (Good)**

61. Ambition and prioritisation are good. The local authority provides effective and ambitious leadership to safeguard children and families. The organisational transformation programme is progressing well with the

council's plan to reshape and deliver a redesigned Children and Families Service which has its roots firmly embedded in strengthening safeguarding arrangements and a comprehensive early intervention and prevention programme. Services for children and families are delivered through two key leadership teams, the education, effectiveness and participation team working to sustain the upward trajectory of school improvement, and integrated support and social care, to maintain the effectiveness of services for vulnerable children and families through the early intervention and prevention strategy.

62. Partner agencies through the Children and Families Partnership Board have developed a successful culture of collaborative working. The partnership continues the work of the former Children's Trusts with a shared commitment to continuous improvement. Key priorities that impact on children and young people have been identified, such as child poverty. The commissioning of an in-depth exploration of child poverty in Milton Keynes ensures that all agencies are aware of the problems and can direct service provision to lifting families and children out of poverty. Children and young people are full members of the Board. They contribute well to the debates and their presence on such key forums further endorses the council's policy for putting children and young people at the heart of everything it does.
63. There is a strong commitment through the Children and Families Partnership and the MKSCB to promote and develop initiatives such as the troubled families project, further reinforcing the view of a shared safeguarding agenda across the partnership. Membership on both boards is at an appropriate senior level to ensure that agreed priorities translate well into practice and that services are held to account through each of the boards.
64. Elected members demonstrate a strong commitment to ensuring that financial resources will continue to be provided to allow services to develop and deliver real and sustainable improvements for safeguarding children and young people. Supporting managers to ensure there are sufficient suitably qualified staff to deliver safeguarding arrangements has been critical in moving the improvement agenda forward.

## **Leadership and management**

## **Grade 2 (Good)**

65. Leadership and management within children's safeguarding services are good. Action planning in response to previous inspections has been robust with a strong senior management team in place to progress and sustain further improvement. The council recognise there is more to do to ensure that the overall effectiveness of service provision achieves better outcomes for children and families. Stabilising the workforce through effective workforce planning and creating a committed and skilled social care workforce in sufficient numbers to meet local need has been a

priority to ensure the vision to secure further improvements can be realistically achieved. The significant reduction in the use of agency staff over the last 12 months confirms the effectiveness of the strategies in place. The introduction of a corporate safeguarding policy has led to the creation of safeguarding leads in all sections of the council and helped to raise the awareness of safeguarding issues council-wide.

66. The Chief Executive is well informed and provides clear strategic direction and appropriate challenge to the senior leadership team within children's services. The Peer Review in May 2011 confirmed the council's progress in delivering the safeguarding agenda. Swift action was taken with cross partner agency and political support to sustain further improvements including implementing the revised threshold guidance. This gives greater clarity to professionals when making a referral to children's services, ensuring resources and service provision are targeted to the right service user group. Weakness in service provision and delivery are known and understood. Management structures have been streamlined through the organisational transformation programme to ensure services are more outcome focused and achieve best value in service delivery.
67. Developing the effectiveness of an early intervention and prevention strategy has been a key priority for the partnership which is being successfully led by the Director of Children's Services and the senior management team. Partner agencies and the independent sector are playing a full and collaborative role in delivering a range of services and through the early intervention programme are able to demonstrate where effective intervention at an early stage has improved outcomes for children and families. The implementation of multi-disciplinary children and family practices based in specific locations will further support the early intervention and prevention strategy in addressing the problems of children and young people who do not meet the threshold for specialist support.
68. Arrangements for commissioning, re-commissioning and de-commissioning services are well established. Contracts are outcome focused and include regular monitoring to ensure that providers are held accountable for the service they provide. Where services are not meeting the council's expectation robust action is taken and consideration is given to de-commissioning such arrangements. Service user participation is an integral part of the council's commissioning arrangements. Safe recruitment practices are given a high priority when contracts with private providers are considered.
69. Multi-agency safeguarding training is delivered by a wide range of partners under the auspices of the MKSCB. Training is wide ranging and covers appropriate specialist areas including honour-based violence, child trafficking, domestic abuse and stalking. E-learning is available in relation to child protection basic awareness and CAF issues. Training take up is

good, feedback on the quality of training is sought and attendance at briefings and practice forums is monitored. Training sessions are usefully supplemented with frequent lunchtime briefings on emerging topics for all staff. Sub-groups of the MKSCB contribute effectively to the identification of emerging training needs.

## **Performance management and quality assurance**

### **Grade 2 (Good)**

70. Performance management and quality assurance are good. A performance management framework is in place with staff at all levels exercising more rigour in ensuring information is used effectively. The framework is outcomes focused and with clear targets set for improvement. Data are well analysed, improvements in practice and service delivery have been secured, for example analysing the source of referrals in order to target preventative services better. Performance indicators are closely monitored and good levels of improvement are evident, including the decrease in the number of referrals being made to children's services and, through effective reviewing arrangements, a significantly low number of children on child protection plans over two years.
71. Children's social care has a well established quality assurance and performance management framework with monthly performance meetings across the service. Team managers are fully engaged with performance management and quality assurance processes and they are able to articulate clearly how they utilise this data to ensure that their services continue to improve.
72. Managers participate in the quality file auditing process and findings are fed back to case holders and managers to ensure that remedial action is taken swiftly to address any shortfalls in practice. Child protection chairs participate in quality assuring social work practice and report their findings to staff and senior managers. They also track cases to ensure that their recommendations are followed through, findings are aggregated to identify themes across the service that need to improve.
73. Supervision of front line staff in children's social care is robust. It occurs within timescales, and issues are recorded in sufficient detail with the record of the case discussions appropriately transferred to the child's electronic record. Staff report good support from their managers and formal supervision sessions are supplemented with frequent informal consultation and advice, assisted by the close physical proximity of managers to their teams.
74. The quality assurance role of the MKSCB is well established. A key tool in establishing a baseline across the partnership is the Section 11 audits and the three year rolling programme that is in place. It is acknowledged by the independent chair that this provides a baseline; the Board are



continuing to refine the process to make it more interactive. The MKSCB quality assurance sub-group collates and analyses single agency practice audits to learn lessons across the partnership, and oversees the action plans of the serious case review sub-group.

## Partnership working

## Grade 2 (Good)

75. Partnership working is good. Effective structures and governance across the partnership are in place, through the Children and Families Partnership Board and the emerging Health and Well-being Board. Key strategic plans, such as the Joint Strategic Needs Assessment, the Children and Families Service Plan 2012/13 and the health and well-being strategy inform the work of the partnership. Reports on child poverty, the rapid growth in child population and the ethnic diversity of the communities have been commissioned. The partnership recognises these commissioned projects require long term investment to secure improvements in achieving outcomes for children and young people.
76. The MKSCB is well established with good governance arrangements in place. Meetings are well attended by an appropriate range of agencies, with lay members included, and it is independently chaired. The work of the Board is driven by well-attended sub-groups which are effectively coordinated. The Board has identified the need to increase its voluntary sector representation.
77. There are clear links between the MKSCB and other strategic groups and individuals; the chair of MKSCB is a member of the Children and Families Partnership, and the Director of Children's Services, who chairs the Children and Families Partnership sits on the MKSCB. This helps both to reduce the potential for duplication of work and to ensure that all key priorities are receiving attention. Elected members sit on both boards, and a senior officer in children's social care sits on the Adult Safeguarding Board.
78. Multi-agency work with adult services is well established via regular quarterly meetings between children's social care managers and senior managers from a wide range of adult services. These are progressing issues of joint concern such as the impact of adult mental health, substance misuse and domestic violence on children within the family although joint working on these areas remains at a very early stage.
79. Multi-agency public protection arrangements (MAPPAs) meet legislative standards, Level 3 meetings are chaired by a senior police officer, and the standing agenda ensures that children's details are routinely considered in each relevant case. This is supported by a force-wide strategic MAPPA board, and a MAPPA co-ordinator. MAPPA meetings review actions from previous meetings to ensure that these are implemented. For younger offenders, a youth offending operational manager co-ordinates all MAPPA cases, ensuring that actions are followed through.

80. MARAC arrangements are currently being revised following a review of arrangements conducted by CAADA (coordinated action against domestic abuse) which identified a number of concerns in its functioning. The range of changes which have been implemented strengthen the arrangements and include contacting victims before and after the MARAC meetings, specifying timescales for actions to assist with monitoring follow through. Membership of the MARAC has been further strengthened to include representation from education, housing and health services. These improvements are relatively new and their impact is yet to be seen.



## Services for looked after children

### Overall effectiveness

### Grade 3 (Adequate)

81. The overall effectiveness of services for looked after children, young people and care leavers is adequate. The local authority meets most of its statutory responsibilities to looked after children and care leavers and all children and young people are now allocated a qualified social worker. Performance indicators are monitored and through effective data collection there is a greater awareness of the issues that challenge the looked after children's service. Securing improvements in some key performance areas has not been sufficiently strong enough to ensure that some children and young people receive a good quality service. Securing a greater range of local placements for children and young people and the lack of robust permanency planning in some historical cases, to secure stability and permanent placements, is clearly impacting on the overall effectiveness of the council's long term planning arrangements for some looked after children. Although procedures are in place, cases of children missing from care are not accurately recorded or monitored. Planned contact arrangements for looked after children are not always going ahead, despite a commitment by the council and an investment in attractive and welcoming places to meet.
82. The Children in Care strategy clearly prioritises this area of work and through effective commissioning arrangements both in-house and with other local authorities the council is actively working towards improving the choice of foster care provision. Reviewing a number of longstanding cases where permanency for some children has not been secured remains ongoing. The impact of improving outcomes for looked after children in these two crucial areas of work has yet to be evidenced.
83. The Corporate Plan sets out the vision for Milton Keynes and provides a broad framework for the activities of the partnership in securing improved outcomes for all children and young people in the borough. It recognises that some performance indicators in relation to looked after children are making good progress. However, challenges remain to secure an improvement in the quality of provision, progress placement stability and educational achievement at Key Stage 4. The Children and Families Partnership with strong cross party political support provides an effective and joint way of working across the partnership to monitor the corporate plan and ensure that service planning improves the outcomes for all children and young people including looked after children in Milton Keynes.
84. Looked after children are encouraged to live healthy lifestyles. Overall health outcomes for looked after children are good however for some children and young people there is a delay in them attending their initial

medical. Children with disabilities receive a range of support however this is not always consistent in meeting their needs.

85. The improving social work practice project is making good progress to advance social work practice within Milton Keynes enabling social workers to work directly with children and families by removing some of the barriers they face, for example complex IT systems that create a duplication of work. The findings from case file audits are instrumental in driving improvement in social work practice and supported by an effective training and development plan in place social workers are reporting more confidence in tackling some of the issues they face.

## **Capacity for improvement**

## **Grade 2 (Good)**

86. The capacity to improve services for looked after children and care leavers is good. Senior managers are ambitious in their plans and this translates well to front line staff who share their motivation and enthusiasm to improve services for looked after children. The Corporate Parenting Panel reports annually to the Children and Young People's Select Committee where its work and impact are reviewed. Key priorities for improving outcomes for looked after children are known and understood and engagement in the improvement agenda is widespread across the council and has cross party political support.
87. Participation with the Children in Care Council is effective through regular meetings and fun events. There is sign up to the national no bin bags charter for looked after children moving between placements and also improvement to the way children in care get to know about and communicate with the members of the Corporate Parenting Panel. The Corporate Parenting Panel has approved their work plan for the forthcoming year and has agreed to focus on the stability and educational attainment of looked after children supporting senior managers in children's social care to achieve sustainable improvements.
88. Aspirations for improving educational attainment for looked after children are high. Strong partnership working between the virtual school team and local schools ensure that the learning needs of looked after children are known and supported well. The looked after children education team further supports educational placements to help looked after children make at least satisfactory progress. Tailored support packages in place to support complex needs confirm the council is endeavoring to improve the educational outcomes for all looked after children. The review of personal education plans (PEPs) ensures that they remain an integral part of the care planning process and further enhance the monitoring of educational targets. Young people have high aspirations for their achievement and are confident that the support they receive enables them to realise their potential. Outcomes for care leavers education, employment or training (EET) are mostly above comparators in education and employment

nationally and more remain in full-time education after the age of 16 than nationally.

89. The health outcomes for looked after children are higher than those reported nationally, with robust monitoring arrangements in place to ensure that those children living out of the borough receive appropriate health care. Improvements in securing the timeliness of initial health assessments is good, however, evidence in recent case files show it is still taking too long for social care to request a health assessment from when a child enters care.

### **Areas for improvement**

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

#### **Immediately:**

- review all cases where children are subject to freeing orders or placement orders where the plan for adoption or permanence may have changed
- ensure that local procedures and practice appropriately support looked after children who go missing from care and that provision for return interviews are offered in addition to those provided by the police.

#### **Within three months:**

- raise awareness of the complaints procedure and the availability of an independent advocacy service to support children and young people should they wish to make a formal complaint
- ensure there are sufficient placements available to enable children to be matched to carers that best meet their identified needs and support placement stability
- clarify the reviewing process for families in receipt of short term breaks
- review the arrangements for the independent reviewing services to ensure the case loads of the independent reviewing officers (IROs) are manageable

- ensure that the needs of children and young people in relation to their racial and cultural identity, religion and disability are fully incorporated in assessment care planning and recording
- Milton Keynes Borough Council and Milton Keynes Community Health Services NHS Trust must ensure that all initial health assessments are completed within the statutory timeframes
- Milton Keynes Borough Council and Milton Keynes Community Health Services NHS Trust must ensure that all care leavers receive a copy of their health history in line with statutory guidance.

**Within six months:**

- ensure that all supervised contact meets the standard expected by the council in terms of promptness, consistency of worker and timeliness.

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

### Being healthy

### Grade 2 (Good)

91. Health outcomes for looked after children and care leavers are good. There is very good engagement and effective governance arrangements for the looked after children health service provision, through the health forum and the sub-groups with good established links to the corporate parenting forums. Annual reports are well scrutinised. The work of the designated nurse is highly respected and valued. Performance is well monitored at the regular multi-disciplinary team meetings.
92. The looked after children health files seen during the inspection mostly complied with professional and statutory guidance. Most files contained the strengths and difficulties questionnaire. There are many good examples seen of sexual health and health promotion activities although the ways in which children and young people's needs arising from cultural, religious and disability issues are addressed are less well documented. Health action plans were not always written in a measured way inhibiting on-going monitoring. Parental consent was completed in nearly all files seen.
93. Little evidence was seen in the health files of the monitoring or follow up of unscheduled care attendance, however, there was very good evidence of other hospital appointments.
94. There has been some improvement in the timeliness of initial health assessments, although data and examples of this seen in the case files show that these are still taking too long, with only 45% of requests for initial health assessments being received from social care within the first four weeks of a young person coming into care. The co-location and the joint access for the designated looked after children nurse to the social care database is helping to address this deficit. The use of the Saturday clinics has helped to increase attendance at health assessments and is liked by young people as they do not have to come out of their school day to attend a health appointment.
95. The health outcomes for looked after young people are higher than those reported nationally in March 2012 with 97% of review health assessments completed and 91% of dental assessments. The proportion of looked after children with up to date immunisations in 2010/11 was above national average performance but below regional comparators and children in the general population. The proportion substantially improved in 2011/12. There are robust processes in place to monitor the health of young people placed out of area.

96. Engagement with the independent reviewing officer (IRO) service and health is variable. There is good health engagement with the resources allocation panel especially for those children placed out of area who require specialised or private provision, with good quality assurance and quality of provision.
97. There is no dedicated CAMHS for looked after children and care leavers. This does not impede the timely access as there is no waiting list, to either the primary mental health worker (PMHW) service or Tier 2 the mild to moderate behaviour services or the more severe and complex cases Tier 3 CAMHS provision. The dedicated PMHW, capacity is very stretched although currently able to maintain a good service for users. The CAMHS has had a positive impact on maintaining placement stability, undertaking life story work and supporting foster carers at key transition points. The PMHW and the child and adolescent mental health psychology service provide good support through direct access pathways and ongoing training for foster carers, especially for those with children who have challenging behaviours, or a mental health issues. There is a dedicated eating disorders clinic, with good access to a highly specialist inpatient bed.
98. Targeted health promotion for looked after children and care leavers is effective. Good use is made of the secondary school mental health drop in sessions, which are held weekly, providing flexible opportunities for looked after children to access advice, support and services.
99. Care leavers are well supported by the designated nurse although there is no consistently robust process in place providing health history information. There is currently a working group of care leavers involved in the evaluation of the provision and scoping what health information and in what format care leavers would prefer.
100. Maternity services provide good support for asylum seeking pregnant young women and for looked after young women, along with other health and social care services. There has been well evaluated staff training regarding female genital mutilation.
101. There is good access to the substance misuse services including both the restorative and preventative justice approaches. It is recognised that more early prevention and intervention work is required for substance misusers before a young person becomes excluded from school or a care leaver has to leave the hostel in which they live and is made homeless. Review of school exclusion pathways to ensure that interventions happen in a timely manner is yet to take place. There is good support provided to foster carers with training provided by Compass staff when a foster carer is to have a baby from a substance using mother placed with them.

**Staying safe****Grade 3 (Adequate)**

102. The arrangements to safeguard looked after children and young people are adequate. All of the looked after children met by inspectors reported that they felt safe in their placements and in Milton Keynes. The very large majority of those who responded to the Care4Me survey as part of this inspection also reported that they feel safe or very safe where they are living and had appropriate people whom they could talk to if they had concerns. Of the 285 looked after children at the time of the inspection 77% were in foster placements with 76% placed with foster carers recruited and supported by the fostering service. There are a number (69) of children and young people in foster placements outside of Milton Keynes of which 46 are placed with in house foster carers. The remaining 23 children and young people are in commissioned placements from independent fostering agencies. The relatively small geographical area of Milton Keynes means that some children and young people are placed outside of the boundary but remain close to Milton Keynes. However, some children, including some in residential provision, remain in placements some distance from Milton Keynes. There has been considerable activity through effective recruitment campaigns to increase the number of Milton Keynes foster carers and a substantial gain has been made to enable the council to begin to reduce the number of children who are placed outside a 20 mile radius of Milton Keynes. However, there still remains a significant gap to meet local need and ensure children and young people can be placed within their own area.
103. There are a significant number of children and young people where adoption has been identified as being in their best interests and where for a number of reasons matching and placement with an adoptive family has not occurred. There is a combination of factors for this including significant changes in the child's situation. However, for some children this has been due to a lack of robust activity in the past by the council in finding suitable adoptive placements and for some children the opportunity to secure an adoptive family has been lost. The council is now reviewing a number of these cases and considering if adoption remains an appropriate alternative.
104. The stability of placements and the number of placement moves some looked after children experience is of significant concern. Performance indicators show the stability of placements has been declining and has deteriorated during the past 12 months. The development of a 2+ placement monitoring and tracking group focuses efforts on maintaining and stabilising those children and young people who are at risk of further disruptions by providing enhanced support packages. The impact of this initiative has yet to be assessed. The looked after children performance meetings are working to identify themes or issues in the council's placement policy, service delivery or social work practice that may be impacting negatively on placement stability. The Overview and



Scrutiny Committee, aware of the issues, are to commission a full review of placement stability to further support the council in identifying particular trends.

105. Foster carers seen during the inspection demonstrated a good understanding of their role and responsibility for the children placed in their care. They spoke of good levels of support and training being available and felt valued by the council. Achievements are celebrated and they appreciate the council's commitment towards them and the service they provide.
106. Commissioning arrangements are established including joint commissioning arrangements for services to support children on the edge of care with the independent sector playing an important part in delivering some of these services. Sub-regional partnerships have been established to improve placement choice and the cost of out of area placements for looked after children and young people. Placements are jointly funded by social care and education. However, health agencies have only recently joined as a significant partner in commissioning placements. Securing placements of a high quality is a priority for Milton Keynes and through effective commissioning arrangements using either individual placement agreements or via cross regional contracts they only place children in settings that are judged good or better by Ofsted. Where a judgement is changed after an inspection, arrangements are made to review the placement.
107. Foster carers, social workers and police respond promptly to all children who go missing from care. There is a Missing from Care protocol in place, however, the needs of looked after children are not specifically addressed within the procedure. There is a wide variation of data across partner agencies to show how many children actually go missing and how often. Incidents of missing children are taken seriously and responded to promptly and appropriately. However, problems in the way information about missing children is recorded on the ICS system have contributed to the inaccuracy of the data available and this is now being addressed. There is an acknowledged gap in the availability of follow up interviews with individual children who go missing. Thames Valley Police offer a safe and well check, although currently most children and young people do not take this offer up and there is no alternative resource available to provide this service for looked after children and young people.
108. There are difficulties with spot purchased supervised contact arrangements for looked after children and families. The agency provision is variable in quality and some children have experienced too many changes of staff supervising these sessions, which has resulted in some children missing contact with parents as staff were not available to supervise. Managers are aware of these difficulties and plans are progressing to expand the new in house contact service to reduce the



need for the use of agency staff and place the service on a more stable footing, but current arrangements mean that some children and their families have experienced, and continue to experience, a poor quality service.

109. Advocacy and the independent visitor service are commissioned from the voluntary sector. However it is an underused service. Commissioned organisations expressed concern that the numbers being supported were less than they would have expected. The council are endeavouring to raise awareness of these services to ensure that looked after children have access to these services.

### **Enjoying and Achieving**

### **Grade 3 (Adequate)**

110. The impact of services on enabling looked after children and young people to enjoy and achieve is adequate. Individual children and young people receive good support for their learning. Aspirations for improving educational attainment are high, underpinned by clear and suitable priorities and supported by an ambitious protocol that guides the work of the education support team. Most looked after children seen during the inspection rate the education they receive as at least good. Their achievements are now celebrated publically and their views inform the delivery of services, such as earlier identification of need for additional tuition.
111. The virtual team has forged strong partnerships with schools and offers good advice and prompt support that is valued by them. Core staffing provides mainly for mentoring, agency teachers offer specialist subject support and personal tuition, and good liaison with other services, such as for inclusion and school improvement, secures other help as necessary. The virtual school is held to account well by the closing of the gap group as well as by its management committee but less so from the Corporate Parenting Panel. Designated teachers receive appropriate training and support but regular meetings are not always well attended. Plans are in hand to deliver large scale training followed by tailored packages of support in schools. Good support for foster carers includes individual help for raising the achievement of children in their care and opportunities for accredited training.
112. Attendance at school is tracked tenaciously and non-attendance followed up promptly. Absence is below that of comparators and persistent absence has reduced. No looked after children have been permanently excluded in the past two years, in part due to intensive and timely support for those at risk that has also helped to reduce fixed term exclusions to below comparators.
113. Personal education plans (PEPs), are undergoing a fundamental review to secure improvements in the quality of information and the tracking of targets set. Latterly, managed by designated teachers, responsibility for

their completion now rests with social workers in conjunction with designated teachers to ensure that PEPs are integral to care planning. Paper-based PEPs are in the process of being replaced by e-PEPs for more efficient completion. PEPs sampled are of variable quality and show little involvement of young people. Those put forward as examples of good practice are suitably completed but some targets are not specific enough to raise attainment, and use of the pupil premium and the interventions in place are not always included. Other PEPs also show weaknesses in the setting of targets, and gaps in the completion of some do not enable systematic monitoring of achievement and progress. The new e-PEP will significantly improve this and enable progress to be clearly tracked.

114. Educational placements are suitable and stable and good sharing of information between professionals ensures that the learning needs are known and supported well. Most looked after children have good support from schools and additional help from the looked after children education team generally enables them to make at least satisfactory progress, often from low starting points and sometimes with high levels of need. Very small numbers are eligible for national tests at the age of 11. Results for English and mathematics that were average in 2010 fell sharply in 2011. Although unvalidated data for 2012 shows significant improvement, in part due to additional support from the looked after children education team, overall attainment remains below average. Although more are gaining qualifications and all young people achieved at least one GCSE in 2011, only one young person achieved five or more higher grade GCSEs, including English and mathematics, in 2010 and 2011. The most recent results reflect a high proportion of young people with statements of special educational need and a high proportion learning English as an additional language.
115. Maintaining stability of educational placements is a priority, and some young people are provided with transport to enable them to remain in the same school. Although raising attainment is a key priority, gaps are not closing. Work is well underway to improve the systematic collection of achievement and other data from schools to enable an overview of progress and to inform targeted interventions at an earlier stage as information held currently is not yet sufficient for this purpose.
116. Out of borough educational placements are well managed. Suitability of provision is monitored regularly, including from some reciprocal arrangements and reporting by independent reviewing officers. Improvements in direct support for this cohort of young people include attending at least one of the two PEPs meetings held each year, as well as attendance at PEPs meetings on transfer of school.
117. Young people are encouraged strongly to participate in leisure activities, including by foster carers. Most of those surveyed identify a good range of options that include local play spaces, sports facilities and youth clubs, a

full programme of enrichment activities such as theatre trips, study skills courses and clubs, and they report being able to follow their personal interests. Those who have special educational needs or who are disabled have good access to universal and specialist services and transport is provided if required.

118. Successful action to remove barriers to learning includes packages of support for changes of educational placement that secure smooth transition between schools, and supported visits to colleges of further education that secure admission. Excellent support from the fostering team and from specialist foster carers enables teenagers who are pregnant to remain in school and to take examinations in their care placement, and the funding of childcare to allow young mothers to continue in learning after the age of 16.

### **Making a positive contribution, including user engagement**

#### **Grade 2 (Good)**

119. Outcomes for looked after children and young people to make a positive contribution are good. Effective strategic and front line work is supporting looked after children and care leavers to develop effective communication skills and to speak out on issues that matter to them. The participation charter, that includes looked after children, establishes a clear entitlement for young people to voice their opinions on the services they receive and an equally clear entitlement for feedback on changes made or reasons as to why not. This is underpinned by a comprehensive protocol that shows a clear commitment to enabling young people to influence strategic planning, the review of services and the recruitment and training of staff. To this end, the Children in Care Council, known as Today's Children, Tomorrow's Future (TCTF), and age-appropriate groups, such as the Youth Cabinet that participates and contributes well to debates in meetings with officers and professionals, show looked after children represented strongly. They are confident that their views are listened to and they can demonstrate where they have been effective.
120. Looked after children have full access to consultation and participation events open to all young people. A range of separate activities that includes numerous surveys and consultations has resulted in positive action, for example, a review of the Pledge, links with other forums for young people and a re-launch of the website for looked after children. Their views are taken seriously and reported with integrity. Feedback, including from events held nationally and regionally, is routine, systematic, centrally coordinated and reported widely, such as on the website for young people, to social workers and in a newsletter for foster carers. Casework and case tracking shows overall satisfactory and sometimes good involvement of young people in decisions that affect their lives but there are gaps in recording the views of some. Most young people feel that their wishes and feelings are taken account of in their reviews,

although a few do not. They feel that their opinions make a difference to their care, although not always, and that adults tell them about changes that are planned.

121. Members of TCTF raise issues that are important to looked after children and care leavers in regular meetings with the Corporate Parenting Panel. These include, for example, training for life skills, better information on their rights, and clarity about the roles and responsibilities of professionals who work with them. Meetings result in documented agreements and prompt action, such as that with independent reviewing officers to discuss concerns about the duration and location of reviews and their involvement in them. Other improvements include suitcases to replace bin bags used for placement moves, better communication with social workers and improved pathway planning. TCTF leads major participation events that are well attended and enjoyed by young people who are keen to be involved in the review of services. They have considerable involvement in the recruitment and training of staff who work with them, and of senior officers, and in the training of foster carers. They attend regional meetings that enable them to reflect on and improve their work and have met with their local Member of Parliament (MP) to explain aspects of the care system. Just over half of young people surveyed before this inspection feel that they are able to get their views across through TCTF but one third have no knowledge of this group. To this end, young people on TCTF actively encourage others to attend organised events.
122. Promises in the revisited Pledge are realistic and reflect the views of stakeholder groups of young people, TCTF and individual looked after children. The implementation of the Pledge is monitored closely through a website poll, meetings with and feedback from young people, and TCTF. Responses are collated centrally and reported regularly to the Corporate Parenting Panel. However, while half of young people surveyed report seeing the Pledge or knowing about it, half did not, despite receiving a personal copy. All young people who are familiar with its content feel that the council is keeping all or some of its promises to them.
123. Young people report positively on the quality of the services they receive, in particular support from foster carers, independent reviewing officers and for transfer between schools. They also value opportunities for involvement in participation groups. Informal complaints are managed well, but the processes for making formal complaints and the availability of independent advocacy are recognised as areas for improvement by the council. Half of the young people surveyed know how to make a complaint but some are unsure and a few do not. Those who have complained formally are equally divided on the fairness of the outcome. Half know about the role of an advocate and how to obtain advocacy, but others have no knowledge of this support.

124. Strong multi-agency partnerships, that include the voluntary sector and the care leaving team, prevent young people from offending and re-offending. Consistently very small numbers of looked after young people and care leavers are known to the youth justice system. Where this is the case, work is well coordinated, takes good account of individual need, such as poor communication skills, and focuses strongly on repatriation projects within communities that show positive feedback from young people and local residents. Good support for young people on discharge from the youth offending team (YOT) includes opportunities for volunteering, provision for supported accommodation and help to re-engage in learning.

### **Economic well-being**

### **Grade 2 (Good)**

125. Outcomes for economic well-being are good. Care leavers have good support to continue in learning, undergo training or find work from an experienced, well-established and committed team that engages them proactively and successfully improves the well-being of many. All young people under the age of 18 have qualified social workers. Most are positive about the support they receive and in cases sampled all had regular visits that involved them in their plans and ongoing review.
126. Young people have high aspirations for their achievement and most are confident that the support they receive will enable them to realise their ambitions. Outcomes are mostly above comparators. More care leavers are in education, employment or training (EET) than in similar areas and nationally, more remain in full-time education after the age of 16 than nationally, although about the same as in similar areas, and most gain qualifications. Currently, 12 young people are studying for higher level qualifications at school or in college, where termly meetings with the care leaving team secure progress and achievement.
127. Those in higher education receive good support, including from bursaries, secured accommodation during vacations and from the care leaving team. Two young people have recently completed degrees, four are continuing with degree level courses and three have secured places at university for 2012.
128. Work to prevent care leavers becoming disengaged from EET is proactive and persistent. Young people report good careers guidance from the council's information, advice and guidance provider and good support to access a range of options for learning and employment after the age of 16, including from social workers and recently convened drop-in job clubs that offer flexible and personalised support. Good links with local businesses and training providers offer a good range of opportunities for work experience, volunteering and apprenticeships. For the latter, pilot work is well underway within the council to ensure that the quality and consistency in the provision of apprenticeships and work experience

placements secure progression to further education, training or work. Good contacts with employers and personalised support packages support care leavers who are in employment well.

129. Pathway plans are adequate, but some had gaps in the basic information recorded. Care leavers agree on their usefulness and report good involvement in their completion and review. Transition planning for young people with disabilities and complex needs begins at the age of 14, and secures smooth transfer to adult social care services. Aspirations are high for all care leavers in this group to continue in learning and, for the first time, a further education offer is now in place at age 19. Vulnerable young people with complex needs who do not meet the threshold for adult services have strong advocacy. Others who are particularly vulnerable are supported by multi-agency packages that are underpinned by risk management plans, supported living accommodation and contact with community organisations.
130. Care leavers have good support to prepare for independent living and to sustain their tenancies. This includes information and support for foster carers, and monitoring of the support offered from supported lodgings and semi-independent providers. They are positive about practical help that includes self-care, budgeting and cooking. Independent skills are also supported by access to semi-independent projects, monitored by social workers and subject to a thorough assessment of readiness. Some young people who are not ready for independent living remain in foster care. Others with high levels of need are placed, with their agreement, on a newly commissioned multi-agency housing pathway programme that secures their independence gradually.
131. The very large majority of care leavers are in suitable accommodation that meets their needs. An increasing range of placement options include more supported accommodation for 16 to 19 year-olds and further extension of the supported lodgings scheme for young people who are not able to sustain independent living. The local authority is acutely aware that provision of supported accommodation is not always suitable for care leavers with more complex needs and a recently re-commissioned service targets higher levels of need. The suitability of independent placements is considered well and quality is assured regularly. Young people with complex needs have an opportunity to test their readiness in the private sector before taking on a social care tenancy.

## **Quality of provision**

## **Grade 3 (Adequate)**

132. The quality of provision is adequate. Children's social care services have embarked on a determined programme of change through the early intervention and prevention work. Intensive support services for children on the edge of care provide a seven days a week rapid response and fits well into the spectrum of services available for family support. Family



group conferencing arrangements are used appropriately to consider all alternatives to care. Children, through mediation services, have been able to stay within their own family or with extended family members rather than enter the care system. The financial benefits to the council in preventing children and young people going into care are significant with savings redirected to support and improve other areas of service provision. Consequently the decision to look after children and young people is one that is taken after all appropriate options for children to be cared for within their own families have been exhausted. A timely response with effective management oversight is made to protect children when they cannot remain safe and well in the care of their parents.

133. Direct work is suitably child-focused and engaged in moving plans forward and it is clear social workers and managers know children and young people well. Statutory visits to children and families occur, although it is not always clear from the case recording that the child has been seen or seen alone and whether their views have contributed to the assessment and planning process. Chronologies, case summaries and some assessments are variable in quality with several assessments lacking evaluation and clear analysis. Legal planning meetings are used to consider the appropriateness of care proceedings and whether thresholds for care have been met. Legal services report that there is good quality assessment work from social workers in relation to court proceedings followed by good feedback from a local Judge in two recent cases. Equality and diversity issues are evident in most case files although the quality of recording is variable. Young people including some who are seeking asylum report that their cultural needs are being met. Multi-agency work is evident in all cases including good work from the health service and educational support teams.
134. The children with disabilities team overall provides a satisfactory service. There is, however, a lack of clarity and parents have expressed dissatisfaction, regarding the inconsistent way respite care is delivered. When receiving support some children are regarded as looked after and some who receive similar support are not. This leads to different processes being followed. The authority is in the process of reviewing these cases to ensure that there is a consistency of practice in service delivery for these service users.
135. Independent reviewing officers report significant workload pressures which impacts on them being able to produce minutes in a timely way. They appropriately scrutinise casework and focus on moving care planning forward. Looked after children's plans are variable in quality and are not always written in a child-friendly manner. However, there is good evidence that the independent reviewing officers will challenge where social work practice falls short and children are seen to be disadvantaged as a result. Looked after children are very positive about the role their independent reviewing officer plays in their care planning. However, looked after

children and young people have mixed views about the quality of social work support they receive. Many have good experiences and develop excellent relationships with their social worker but some report too frequent changes of worker which prevents any meaningful relationship developing and that they are not listened to.

136. Foster carers are highly appreciated by children and young people. Foster carers spoke highly of the training and support provided to them to ensure that they were equipped to provide a good standard of care to some children and young people with very complex difficulties. There is highly effective support and training to support foster carers in maintaining some highly complex fragile placements.
137. Adoptive parents and children seen during the inspection reported having experienced a thorough assessment and preparation programme to enable them to consider the life long implications of adopting a child. Complex family issues were sensitively considered and wider family members were actively encouraged to take part in the assessment process with safe recruitment practices observed throughout. Matching arrangements are carefully thought through to ensure that children are matched to adopters who can best meet their needs.

## **Ambition and prioritisation**

## **Grade 2 (Good)**

138. Ambition and prioritisation for looked after children are good. The council is ambitious and has high aspirations for looked after children and young people. This is clearly demonstrated in the council's priorities and a strong ethos of family support based on effective interventions to support children safely remaining at home and within their family. The strategy is supporting the council to keep the number of children in care low. Although numbers have increased over the last three years they remain significantly less than comparators. Performance targets are well defined at the highest strategic level and are translated well into clear and comprehensive plans that all staff understand. The Director of Children's Services works hard to improve performance in all areas of service delivery through close monitoring of performance targets at weekly management meetings and through appropriate challenge where performance is falling short of required targets. She is supported by an effective senior leadership team who, through regular management meetings, provide clear direction to middle managers and front line staff. Improving placement stability is one example of how managers are working together to understand the picture that is emerging and how though effective care packages highly complex and fragile placements can be supported.
139. Elected members are supportive of the needs of all looked after children, and aspirations for improving placement stability and educational attainment are high. There is excellent cross party support for looked after



children through the Corporate Parenting Panel. The Corporate Parenting Panel's annual report to the Children and Young People's Select Committee reviews the work of the Corporate Parenting Panel including the outcomes of meetings with the Children in Care Council and the issues that were considered and agreed, for example the agreement to revise the Pledge. All elected members receive training to enable them to fulfil their role and responsibilities as corporate parents however, it is recognised that further support is required to increase their responsiveness and understanding of the needs of looked after children. Elected members continue to use their authority to ensure that through effective financial planning good quality services continue to be provided for looked after children.

140. The Lead Member for children's services is kept well informed about significant events and the challenges that face children's services, for example in securing sufficient in-house fostering placements. His membership on the Children and Families Partnership Board and the MKSCB ensures he has an opportunity to scrutinise closely the work of children's services and report back to the wider council on the impact of service delivery to support looked after children and where necessary seek wider council support for improvement.

## **Leadership and management**

## **Grade 3 (Adequate)**

141. Leadership and management for looked after children are adequate. Stabilising the current fall in placement stability and securing high quality in-house fostering provision and reviewing a number of longstanding cases presents the council with a range of challenges to ensure that the overall effectiveness of service provision improves outcomes for looked after children. A comprehensive Children in Care strategy clearly identifies the profile of looked after children and young people in Milton Keynes and these are known and understood and help to inform service planning and the delivery of services. Performance data and the analysis of trends identify key priorities for the council and form the basis of the services action plan. Increasing internal foster placements, reducing the number of external residential placements and securing culturally appropriate services for minority ethnic children remain central to the overarching aims of the council in ensuring outcomes for looked after children improve.
142. Foster carers are considered a valuable resource and through effective training, support and celebratory events, the council recognises the contribution they make to the service. This appreciation is highly regarded by the foster carers and reinforces to them the crucial role they play in improving outcomes for children and young people. The strong emphasis the council places on the value of foster carers will further support them as they embark on recruitment campaigns to increase the in-house fostering provision. The achievements of children and young people are

celebrated and their views are sought on many issues that affect them. They have a voice; they use this effectively and are confident the council listens to them. There are many examples where the contribution they make is informing service planning and delivery.

143. The workforce strategy is securing sufficient numbers of qualified social workers to support looked after children and care leavers. The reduction in the use of agency staff will enable children and young people to develop effective long term relationships with their social workers and minimise the number of changes they have experienced. The effective training and development programme in place which supports the improvement in social work practice will facilitate the council further in recruiting and retaining experienced social workers. Good quality regular supervision further enhances the drive to improve practice.
144. At a time of financial prudence elected members continue to ensure that resources remain available to secure improvements for looked after children and care leavers. The investment made in building a new purpose built home for up to eight disabled children is a clear commitment by the council and a determination to improve and upgrade facilities. Young people have been consulted about the project. Displays of different houses and gardens were set up and children and young people were asked to indicate which they liked best. There is considerable enthusiasm for the project from the children and young people, their families and the residential staff team.

## **Performance management and quality assurance**

### **Grade 3 (adequate)**

145. Performance management and quality assurance for looked after children and young people are adequate. The improvements in gathering performance management information have resulted in a greater awareness of the issues, such as the decline in placement stability, and enable the council to focus on targeting specific aspects of service. However, securing improvement in some areas of service delivery for some looked after children have not accelerated at the speed the council would aspire to.
146. There is regular auditing of case files and where issues have been identified about casework practice these have been addressed by managers through team meetings and supervision. The audits of case files carried out for the inspection were of variable quality with some good whilst others were over generous and not evidence based. Areas of poor practice or gaps in case records were not always identified within the audits. Social work case work is generally of a satisfactory standard, with some of a high quality.

147. There is a good procedure in place for escalating and resolving disagreements which is used effectively and brings to the attention of the relevant managers concerns, including delays in care planning or where actions from statutory reviews have not been followed through in a timely way. Independent reviewing officers report that all issues are suitably resolved in a timely manner.
148. The scrutiny by the Corporate Parenting Panel is satisfactory. There is good challenge in the Regulation 33 visits to the children with disability residential homes. Scrutiny is appropriate and seeks in depth reviews of particular areas of concern including placement stability. The annual report on the work of the Corporate Parenting Panel is shared appropriately with all councillors.
149. All of the social workers interviewed as part of this inspection reported good support from their managers with access to high quality training. Supervision is mostly on time, although they report some cancellations. These are mostly recorded well although they mainly focus on reviewing recent events rather than planning for the future.

## Record of main findings:

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