

Inspection of safeguarding and looked after children services

Suffolk

Inspection dates 1 – 12 November
Reporting inspector Pat O'Brien HMI

Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI), one additional inspector 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 46 children and young people and 25 parents receiving services, front line managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, executives and senior managers from the local NHS organisations, 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', 2006;
 - a review of 34 case files for children and young people with a range of need and ten supervision files. 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, assessment and referral centres undertaken in July 2010.

The inspection judgements and what they mean

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

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements

Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

Service information

4. Suffolk has nearly 159,900 children and young people under the age of 19 years. This is 22.3% of the total population in the county. The proportion entitled to free school meals is 10.42%. Children and young people from minority ethnic groups account for 6.5% of the total population, compared with 21.3% in the country as a whole. The proportion of pupils with English as an additional language is well below national figures.
5. The Suffolk Children's Trust arrangements are delivered through a Children's Trust Strategic Board and an Executive Board. A very wide range of agencies are involved including Suffolk Children and Young People's Service (CYPS), the two commissioning Primary Care Trusts (PCTs), the police, district and borough councils, schools, probation and representatives from the voluntary sector. Suffolk Safeguarding Children Board (SSCB) is chaired by an independent chair and brings together the main organisations working with children, young people and families in Suffolk to deliver safeguarding.
6. Commissioning and planning of Suffolk child health services and primary care are undertaken by two PCTs: NHS Suffolk and NHS Great Yarmouth and Waveney, (the latter being responsible for the Suffolk coastal borough of Waveney). Universal children's services such as health visiting, school nursing and paediatric therapies are delivered primarily by NHS Suffolk's PCT provider arm, Suffolk Community Healthcare. Services for Waveney are provided by NHS Great Yarmouth's provider arm, Great Yarmouth and Waveney Community Healthcare, and the James Paget University NHS Foundation Trust. The acute hospitals providing accident and emergency services for children, maternity and newborn services are The Ipswich Hospital NHS Trust and West Suffolk Hospital NHS Trust. Children and families access primary care through one of 68 general practitioner (GP) practices in the NHS Suffolk area. There are no walk-in centres; the area has three minor injury units, where children and their families can access primary care facilities across the county.
7. Child and Adolescent Mental Health Services (CAMHS) are provided by Suffolk Mental Health Partnership Trust (excluding the Waveney area). Young people's mental health provision at HMP Warren Hill Youth Offender Institution (YOI) is provided by Suffolk Mental Health Partnership Trust. Suffolk Community Healthcare are commissioned to provide the nursing service for the prison. Children's safeguarding and looked after

children health services are provided by NHS Suffolk and Suffolk Community Healthcare.

8. NHS Great Yarmouth and Waveney commissions services for the Waveney area of Suffolk; this includes North and South Lowestoft, Halesworth and surrounding areas. Commissioning and planning of child health services and primary care are undertaken by NHS Suffolk and NHS Great Yarmouth and Waveney. Universal services such as health visiting, school nursing are delivered by Great Yarmouth and Waveney Community Services. Paediatric therapies are delivered by James Paget University Hospital NHS Foundation Trust. The acute hospital providing accident and emergency services for children, maternity and newborn, residing in the Waveney area, is provided by James Paget University Hospital NHS Foundation Trust. Children and families access primary care through one of 26 GP practices within the Health East Consortium. A small number of cases are seen in respect of the above service provision from The Ipswich Hospital NHS Trust and Norfolk and Norwich University Hospital NHS Trust.
9. CAMHS for the Waveney area are provided by Norfolk and Waveney Mental Health Partnership Foundation NHS Trust. For all Suffolk children with complex needs and depending on the definition of complex needs, services are provided by James Paget University Hospital NHS Foundation Trust, Suffolk Mental Health Partnership Trust, Great Yarmouth and Waveney Community Services and Norfolk and Waveney Mental Health Partnership Foundation NHS Trust.
10. Children's social care services have 399 fostering households and five local authority children's residential homes. Residential services and additional foster placements are commissioned from registered and approved independent providers. Community-based social care services are provided by 29 social work teams. Other family support services are delivered through 48 children's centres, a number of targeted multi-agency projects and a range of specialist projects delivered through the voluntary sector, including a service for young people leaving care.
11. At the time of the inspection there were 779 looked after children and young people. Twenty-six percent were under five years of age, 55% were under 15 years of age and 18% were 16–17 years of age. The council and its partners support 386 care leavers.

The inspection outcomes: Safeguarding services

Overall effectiveness

Grade 3 (adequate)

12. The overall effectiveness of services in Suffolk in safeguarding and promoting the welfare of children and young people is adequate. The overall quality of provision is adequate. Ensuring children and young people are safeguarded is a key priority for elected members, all council departments, health and partners. In response to the pressure on social work capacity, the council invested an additional £3.8 million over three years to increase significantly the number of social workers. This programme is in its final year. Good progress has been made in recruiting additional social work staff and caseloads are reducing. The desired staffing levels, however, have not yet been achieved. Overall, the quality of social work practice is adequate but caseloads for some social workers remain too high. This affects their ability to close cases in a timely way and there are delays in addressing some of the practice issues identified through case file audits.
13. Well developed plans are in place to change the structure and organisation of service delivery, including the move to integrating children's social care services and community health practitioners under a single newly-formed Trust. Some important changes have already been made, for example the development of the Access Team in the south of the county, which is having a positive effect on ensuring a consistent and appropriate response to referrals and in reducing the pressure on front line social work managers. This is about to be rolled out to cover the whole county.
14. Prompt and appropriate action was taken to resolve serious shortfalls in practice which left some children and young people at risk as identified in the unannounced inspection of contact referral and assessment arrangements in July 2010. This was due in part to the practice that had developed in one area of team managers holding cases. Team managers no longer hold cases and improved resources in the north of the county have enabled caseloads to be reduced. Management arrangements have changed to ensure consistency across the county and there is tighter monitoring of caseloads. A culture of transparency and openness in sharing rather than absorbing problems is actively promoted by the Director for Children and Young People. In the cases examined by inspectors in this inspection safeguarding concerns for children were appropriately responded to.

Capacity for improvement

Grade 2 (good)

15. Leadership and management are good across health and other agencies and partnership working at all levels is well established. Effective partnership working is making good progress towards achieving the Children's Trust agreed and shared safeguarding priorities. Workforce planning and development are good. Since April 2009, an effective recruitment and retention strategy has led to a net gain of 23 social workers. A further 19 social workers have very recently been recruited and are all due to take up post by the end of December 2010.
16. There is a track record of sustained satisfactory to good performance in most key indicators. The council took swift and effective action to address the key issues identified in the Ofsted unannounced inspection of contact referral and assessment arrangements. They have ensured that children and young people are now safe. Management arrangements have been strengthened to ensure consistency across the county and there have been improvements in the frequency and quality of supervision.
17. Quality assurance and performance management processes are effectively used to identify practice shortcomings and appropriate plans are put in place to resolve these. This has led to some improvements in the quality of practice but this is not consistent; progress is compromised by the current challenges in social work capacity though overall the quality of social work practice is adequate. There is good evidence of improvements made to service delivery, for example the development of the integrated teams in the south of the county which has improved the use of the common assessment framework (CAF). Learning from serious case reviews has also led to improved services. Training is good for all partners and is well linked to the areas identified for improvement.
18. Risks from budgetary pressures are well recognised and there is commitment from elected members to ensure that safeguarding and targeted services continue to be prioritised and protected as far as possible. Value for money is good. Efficiency savings and commissioning arrangements are used effectively to ensure that services delivering on the key priorities in the Children and Young People's plan (CYPP) are prioritised.
19. Joint commissioning is well established and a joint commissioner has been appointed by health and the CYPS. New services are commissioned to meet identified gaps and commissioned services are rigorously reviewed to ensure they match priorities. The planning and evaluating of a range of individual services take good account of the views of children and young people and their parents and carers, with good examples of how their views have had an impact on service development. However, strategic engagement within the Children's Trust arrangements is under developed.

Areas for improvement

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

Immediately:

- Ensure that all child protection plans record the social worker visiting frequency, that social workers consistently meet visiting expectations and see children alone where appropriate. Ensure all child protection plans are explicitly focused on outcomes and are underpinned by good quality working agreements/contracts with parents.
- Ensure chronologies are completed and easily accessible on all case files and that they are effectively used to inform assessments, analysis and managerial decisions.
- Continue to reduce caseloads for social workers to manageable levels. Ensure all newly-qualified social workers are allocated manageable caseloads and receive sufficient formal supervision on their caseloads commensurate with their experience.
- Establish effective links between the managing allegations against staff process and the complaints system.
- Ensure return interviews are consistently undertaken for all children and young people who go missing.
- Health visitors must ensure all children receive their two-year-old developmental checks on time
- Ensure that issues arising from exit interviews are collated and analysed to inform workforce development.

Within three months

- Ensure that all children in need work which no longer meets the threshold for children's specialist services is closed. Review the format for children in need plans to ensure they are focused on outcomes and establish a robust children in need reviewing system
- The SSCB and NHS Suffolk to ensure that safeguarding training is fully evaluated and the impact of training on practice is systematically monitored.
- Ensure that themes and issues identified in complaints are collated, systematically explored and analysed, and actions developed to address these to improve practice.

- Develop advocacy services for children and young people involved in the child protection system.

Within six months

- Suffolk Mental Health NHS Trust and Norfolk and Waveney Mental Health Partnership NHS Foundation Trust, to ensure effective transition to adult mental health services for young people who have a dual diagnosis of learning disability and mental health difficulties

Outcomes for children and young people

The effectiveness of services in taking reasonable steps to ensure that children and young people are safe. Grade 3 (adequate)

21. The effectiveness of services in taking reasonable steps to ensure that children and young people are safe is adequate. Children at immediate risk of protection are appropriately identified and responded to in a timely way through good partnership working between agencies, including children's social care, the police and health staff. Robust systems are in place within accident and emergency (A&E) departments for flagging children for whom there are safeguarding concerns. Audits of accident and emergency records show that referrals to children's social care services regarding safeguarding concerns are made appropriately. The quality of assessment and care planning practice within children's social care is adequate. Social workers demonstrate a good awareness and understanding of the needs of the families they work with and work hard to engage with parents who are mainly positive about the advice and support they receive. However, the quality of assessments and recording is too variable.
22. Ipswich Hospital A&E has a dedicated department for children and young people, with a dedicated bay in the resuscitation area. The facilities are designed to be child friendly and ensure that safe treatments can be undertaken. Regular audits are undertaken to ensure that practices reflect policies and procedures. Effective systems have been introduced to enable staff within A&E to monitor the number and reason for attendances by all children at the same address. Communication between A&E and community health practitioners is effective and takes place in line with agreed protocols. Suffolk Mental Health Partnership Trust has introduced a 'did not attend' policy which ensures that when children and young people fail to attend appointments they are followed up; this has increased compliance with treatments. Therapy services, including some dental services, also have a 'did not attend' policy in place; after three failed appointments, school nurses or health visitors are contacted and they follow up with the family to ensure there are no concerns about the child or young person.

23. Good use of the A&E mental health assessment form for adolescents ensures risks are identified and action is taken appropriate to the risk. However, there is insufficient suitable inpatient provision for young people who have mental health problems or who present as disruptive out of hours which results in inappropriate admission to adult wards. Plans have been developed to tackle this.
24. There is a good range of sexual health services available to young people. The rate of teenage pregnancy is reducing and is lower than the England average. There is a good focus on child sexual exploitation and raised awareness across the area is increasing the number of young people at risk of sexual exploitation being identified and supported through good multi-agency partnership working.
25. All regulated services inspected by Ofsted are good, including residential children's homes and fostering and adoption services. The safeguarding needs of young people in Warren Hill YOI are appropriately met. There is good multi-agency partnership working by dedicated health and social work staff based at the institution including a dedicated CAMHS links worker. Children and young people in all school settings are effectively safeguarded.
26. Multi-agency working to respond to the needs of children affected by domestic abuse through the multi-agency risk assessment conference process (MARAC) is good. MARACs are well established across the county with good multi-agency representation and effective information sharing in planning for high risk cases. Health visitors and school nurses are well engaged in the process and the incidence of repeat referrals of domestic violence is reducing. Multi-Agency Public Protection Arrangements (MAPPA) are appropriately co-ordinated and promote and support effective multi-agency work locally. There are appropriate links with the MARAC process.
27. Policy and processes for the identification, tracking and support of children missing from home, education and care are very well established. There is good multi-agency working and information sharing which now includes the looked after children specialist nurses. Audits have been undertaken and areas of practice have improved. However, these have identified that return interviews are not always consistently taking place.
28. Young people at risk of homelessness are appropriately responded to, their needs are assessed and appropriate services are put in place. This includes accommodation under Section 20 of the Children Act 1989 where this meets the young person's assessed needs. However, some young people are living in bed and breakfast accommodation due to a lack of appropriate housing. Addressing this is a key priority for the council and its partners.

The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe. Grade 2 (good)

29. The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe is good. Most children and young people spoken to by inspectors felt safe in the area where they lived. Some reported, however, feeling unsafe when using public transport or walking through town centres at night. Young people are aware of places that are potentially unsafe and take steps to avoid these. Those with disabilities have developed a 'stay safe' card and received training about how to use public transport safely.
30. Anti-bullying is prioritised well in the CYPP as a result of consultation with children and young people. This has consistently identified bullying as a key issue of concern for them. Reported incidents of bullying are reducing among children and young people. Good guidance for schools has been developed in dealing with prejudice-related incidents. There is a good focus on preventing racist and homophobic bullying with a very high proportion of schools routinely reporting incidents of racist and homophobic bullying.
31. Children and young people with particular needs receive good support through specialist groups including groups for young carers, and lesbian, gay and bisexual young people. E-safety is prioritised well through training for parents, carers, staff in schools, and in the voluntary and community sector. Well-conceived work has been undertaken to tackle the sharing of sexually explicit images between young people although the implementation of the programme is in its early days.
32. Young carers are increasingly identified and their needs promoted through an effective multi-agency strategy and targeted training programme. Good and effective links have been developed with adult services, for example, with the substance misuse service, to ensure young carers are identified. The use of CAF is helping to ensure their needs are met. Young carers speak positively about the support they receive from the Young Carers Project: 'the project has always been there'; 'it's turned my life around'.

The quality of provision Grade 3 (adequate)

33. The overall quality of provision is adequate
34. Service responsiveness, including complaints, is good. Thresholds for children's specialist services are appropriate and are being applied consistently. Early intervention is good. Parents commented very positively upon the support received from children's centres which helped them to access services and cope with depression, isolation and family difficulties. While some parents received useful support from health visitors, other parents had very limited contact from their health visitors and in some

cases, there were long delays in completing development checks when their children turned two years of age.

35. Increased use by all professionals of the CAF is acting as an effective lever for additional services and well co-ordinated support to meet the needs of children and their families. Parents spoken to by the inspectors highly valued the support that they and their children received. In particular, they value work of parent support advisers who provide practical help and on-going support to help build their parenting capacities. They report that, where more than one child in a family needs additional support, the CAF ensures that this is well coordinated and ensures good multi-agency communication with them. Most health practitioners and school staff are positive about the additional support for families secured by the CAF. There are instances where the CAF is well targeted at groups of children and young people, for example all young carers are now subject to a common assessment to ensure that their needs are met. CAF is also being used to identify the support needs of children when statutory social care services are no longer required.
36. Incidents of domestic violence are increasingly identified and families are supported well through a good range of co-ordinated provision, including targeted work with hard to reach groups including faith groups and communities. Two dedicated health visitors and a GP are linked to refuges, providing weekly drop-in clinics ensuring that the primary health needs of mothers and their children are met within a safe environment, without having to return to their home address GP.
37. The development of the 'Accord' protocol is helping to promote better information sharing and transition work between children and adult services. Good partnership working between maternity services and adult alcohol and substance misuse services is helping to identify risks to unborn babies. Adult services attend pre-birth conferences and support the implementation of plans, such as joint co-located methadone clinics and antenatal clinics with midwives, which enables staff to monitor risks and identify any safeguarding concerns early. There is effective sharing of safety and alert information relating to pregnant women across Suffolk and East Anglia area maternity and neonatal services. This ensures that if women deliver in a different hospital in the area then their birth and safeguarding plans are known and adhered to.
38. Allegations against staff are appropriately managed by the local authority designated officers (LADO) across Suffolk in good collaboration with the police. Awareness of the LADO role and function is well promoted. Effective local case tracking systems are in place to ensure staff allegations are dealt with appropriately. However, links between the allegations against staff system and the complaints system are under developed. Children, young people and parents in receipt of services are provided with information on how to make a complaint. Complaints are

investigated appropriately by the complaints team within Suffolk Council and most complaints are resolved within the expected timescale.

39. The quality of assessment and direct work with children and families is adequate. Since the unannounced inspection of contact, referral and assessment arrangements, the local authority has taken prompt and appropriate steps to ensure areas for development and the area for priority action are addressed. For example, all cases are allocated to social workers; no team managers are holding cases and the timescales for assessments are accurately recorded. Caseloads, however, remain variable in size and are still too high for some social workers. This results in delays in closing some cases in a timely way. Appropriate steps are being taken to address capacity issues.
40. Overall the quality of completed initial and core assessments is adequate. There are no unallocated cases and assessments are carried out by suitably qualified social workers. While children are seen, it is not always made clear whether they are seen alone. Most assessments are conducted in a timely way. However, in some cases examined by inspectors, assessments were delayed due to the lack of engagement by parents and there was a lack of clarity in management decision making regarding when they could override parental consent. This was leading to undue delay in some children being seen and their needs assessed. The quality of analysis of risk factors in vulnerable families is variable and there is insufficient evidence on files of assessments and decisions being routinely informed by historical information.
41. Children and young people in need of protection are clearly identified, and timely and appropriate child protection investigations are undertaken. The Ipswich Hospital has good access to medical photograph/illustration services when there are suspected cases of non accidental injury or abuse 24 hours per day, which enables a timely record to be kept and good evidence recording. Strategy discussions are held appropriately between the police and children's services and there is evidence of a positive working relationship between the two agencies. However, in one child protection case, there was evidence of failure to interview the alleged perpetrator; this case was brought to the attention of senior management and appropriate steps have been taken to ensure the assessment is completed. Safeguarding concerns with regard to children and young people living on military bases are appropriately identified and responded to.
42. The emergency duty service (EDS) covering Suffolk is well resourced and effective. Referrals are passed by the call centre to suitably experienced duty social workers, who have good access to managers at all times. There is good communication between EDS and daytime services through an effective alert system. On call managers have access to the children's service and mental health electronic information systems.

43. CAMHS staff from Norfolk and Waveney Mental Health NHS Foundation Trust have developed a number of training materials including e-learning and DVDs which are widely used within school setting for both teachers and students and positively evaluated. The Connect service provided by CAMHS offers emotional well-being and mental health treatment and support to children and young people. It has provided training to teachers on dealing with challenging behaviour and attachment issues that present themselves in the classroom. Case studies show evidence of individual children and young people benefiting from this.
44. Children and young people with complex mental health difficulties have good access to assessment and treatment from CAMHS. Although some young people aged 17 and 18 years living in the north of the county did not have access to CAMHS, this gap has now been addressed with good evidence of take up. Primary mental health workers are well established across the county and are highly valued by teachers and school nurses. Pilots for targeted mental health work in schools have recently been introduced. However, it is too early to measure the full impact of this provision. There are effective transition protocols in place for young people moving to adult services. However, young people who have a dual diagnosis of learning disability and mental health have difficulty accessing adult mental health services.
45. The quality of case planning, review and recording is adequate. Case transfer processes work well and are timely. The number of children and young people subject to a child protection plan has recently increased, as well as the number being made the subject of a plan a second or subsequent time, although this remains in line with statistical neighbours. These increases are attributed to improved recognition of cases that now meet the threshold for a protection plan and the increased recognition and impact of domestic abuse and drug and alcohol misuse. In 2010, child protection plans lasting two years or more increased but this is still low compared with the England average. Monitoring of such cases is good with senior managers involved in reviewing all children and young people subject to a plan at 15 months.
46. Children subject to child protection plans are visited regularly and agencies work well together to reduce risk. In some cases, however, not all children are seen in their own homes by their social workers in line with expected timescales. The frequency of social work visiting is not always made clear in the child protection plan. Family support practitioners are used appropriately to supplement the work of social workers but managers have made it clear that they are not expected to meet statutory obligations in the case. All child protection cases are reviewed within timescale. Parental participation at case conferences is good. Children's views are clearly represented and where appropriate, they are encouraged to participate, although their attendance is limited. Advocacy services effectively support parents who attend case conferences but are not in

place for children and young people. Child protection meetings are well attended by all agencies, although GP representation is more limited. Access to the sensory team and interpreters is good across all partners. Core groups take place regularly and are generally well attended by parents and professionals.

47. Child protection plans clearly outline agency responsibilities and professionals are held to account for their actions by the case conference chairs. The dispute resolution protocol is used appropriately by child protection chairs to resolve any issues with operational managers that arise regarding social work practice if this becomes necessary. Plans, however, are primarily activity-based and expected outcomes are not sufficiently defined making it difficult to monitor progress in reducing the identified risks. Although the independent reviewing officers report that they discuss outcomes with parents, this is not recorded. There is inconsistent use of written agreements in work with families.
48. The children in need process is not well embedded and there is insufficient capacity to chair and administer the process. Children in need plans examined by inspectors are insufficiently outcome-focused and the review process is not always robust. An audit of children in need cases identified that a significant proportion of children in need work no longer meets the required threshold and should be closed, but this work is ongoing.
49. Recording on case files is of a satisfactory quality. However, case chronologies are not always evident on case files to enable a full picture of the family history to be obtained quickly and appropriately. Cases show evidence of managerial oversight and decision making but the quality varies.

Leadership and management

Grade 2 (good)

50. The leadership and management of services to safeguard children and young people are good. Ambition and prioritisation are good. The CYPP 2009–2011 is clear and comprehensive. It identifies 11 appropriate priorities based on a detailed needs analysis and widespread consultation with professionals, parents, carers children and young people. Priority is given appropriately to issues that require multi-agency involvement. Three of the priorities relate to safeguarding. Health organisations have good and embedded governance structures in place for safeguarding children and there is clear reporting and accountability links for the designated nurse and doctor which are effectively used.
51. Multi-agency working at strategic level is very well established through the Children's Trust partnership arrangements. Agencies, including schools, value the platform this provides for the effective sharing of information and planning services and have undertaken to continue the work of the Board even though it is no longer a statutory requirement. The lead member for children and young people chairs the Children's Trust Board

and demonstrates a good knowledge of issues affecting children and young people and a strong commitment to improving children's outcomes. Engagement in the Children's Strategic Board across all agencies and district and borough councils is good. Its work is underpinned by an Executive Board chaired by the Director for Children and Young People. Strong and determined leadership is driving structural change to achieve a more effective and consistent service across the county. The Board ensures a strong focus on achieving the Trust's priorities; it mobilises resources and commissions services, where appropriate, to develop and support services in line with these priorities. Progress on performance is monitored appropriately against agreed success criteria. There is good progress across the three safeguarding priorities and as a result safeguarding for children, young people and their families has improved, for example in identifying and supporting families affected by domestic violence.

52. Communication between the Children's Trust Partnership and the SSCB is good; their relationship and responsibilities have been well examined and are clearly outlined, and are understood by members. The priorities link well and there is good evidence of the SSCB helping to shape future Trust priorities. The work of the Trust and the range of services for children and young people have been communicated to agencies and schools through a newsletter available via the Trust website. Briefings after Trust Board meetings are circulated by Board members to their agencies. Voluntary sector representatives cascade information through 'Young Suffolk', an umbrella organisation for voluntary agencies.
53. A dedicated scrutiny committee for children and young people has examined an appropriate range of children's safeguarding issues including young carers, the quality of safeguarding, and the new service delivery model. Appropriate issues have been raised about the impact of proposed changes. The lead member attends scrutiny as a non voting member. The Director for Children and Young People, officers and the lead member for children are routinely called to answer questions and account for progress.
54. Joint commissioning arrangements are well established and based on a joint strategy that is led by a commissioner jointly appointed by the children and young people's service and health. A number of projects are jointly commissioned. Contract and service level agreements are rigorously reviewed to ensure they are in line with priorities set out in the CYPP and the established safeguarding standards, the development of which Suffolk county council led on for the Eastern Region. Contracts and service level agreements with voluntary agencies are routinely scrutinised to ensure they match the Trust's priorities with appropriate decommissioning of services no longer meeting agreed priorities. Young Suffolk has developed quality standards for voluntary agencies to drive up performance and high numbers of voluntary agencies have been accredited against these standards.

55. Evaluation, including performance management, quality assurance and workforce development, is adequate. The use of case file audits to evaluate the quality of frontline practice is well established. A wide range of audit activity, including systematic case file audits by senior operational managers and a range of thematic audits and multi-agency audits, is undertaken. Findings are fed back to individual social workers and managers and are collated and reported to senior management service delivery and quality assurance boards. The impact of successive audits on improving the quality of practice is monitored and reported. Appropriate action plans to tackle deficits identified through inspection, audits and case reviews are in place and are monitored regularly. There are examples of improved practice, for example in the recording of children's views and the consistency of managers' decision making in the use of Section 47 child protection investigations. However, too often the same practice issues are identified in audits, for example the variable quality of analysis and the need to ensure each individual child's needs are considered in assessments. Progress in achieving consistent improvement in practice is sometimes slow and is affected by high caseloads for some social workers. Practice issues are also identified through complaints. However, the reasons for these issues are not systematically explored and analysed and actions are not identified to address them. Good quality management information is provided on a monthly basis which, together with weekly event reporting, leads to effective team and performance monitoring. This includes detailed reporting on caseloads and staffing across all children's social work teams
56. There is good evidence from case studies of the positive effect that the wide range of early intervention and prevention services has had on individual children's lives. However, systematic evaluation of the impact of all this work, including the impact of the use of the CAF, is at an early stage.
57. Workforce development across the children and young people's service, health services and the police is good. Capacity issues are identified and, where possible, additional investment secured to resolve these, including the additional £3.8 million investment to increase the capacity within children's social care and £700k to improve the capacity of school nursing. There is a wide range of initiatives to support staff into social work training and to recruit and retain social workers. Good progress is being made in the recruitment of newly-qualified staff, who are supported appropriately through a good and well-established development programme. However, for some newly-qualified social workers the benefits of this are undermined by caseloads which are too high for their stage of development and, in some cases, by insufficient supervision. Overall, the number of social work staff is increasing and caseloads are reducing. However, some experienced staff are leaving and insufficient use is made of exit interviews to evaluate the reasons for this. There are insufficient health visitors to meet the demand and, as a result, health

visiting services are being targeted at more deprived areas. In addition, there is insufficient capacity in speech and language therapy and the psychology service, although plans are in place to address this. Capacity within the police is sufficient to respond to the demand.

58. Multi-agency training on safeguarding is well established and a wide range of training is available for staff across agencies, including dentists. Staff across all agencies report positively on access to training and value its good quality. There are comprehensive training matrices for safeguarding across all health organisations in Suffolk, which are enabling all staff to identify which level of training they are required to undertake and to what frequency. All staff spoken to during the inspection were aware of, and had access to, appropriate training for their staff group. Safeguarding training is well promoted across the voluntary sector and to schools, including independent schools. Gaps in training in agencies are identified appropriately and steps taken to ensure these are resolved. The take up of mandatory safeguarding training at level 1 is monitored and is generally good. The commissioning of training on specific areas or issues is informed by the findings from serious case reviews, management reviews, case file audits and inspection findings. Safeguarding training is quality assured by the SSCB but links to professional development reviews (PDRs) are less well developed. There are examples of the evaluation of the impact of training on improving practice, for example the evaluation of the quality of achieving best evidence interviews. However, systematic evaluation of the impact of training on practice is not established across agencies, including health agencies, and does not consistently link to the PDR process.
59. Operational and senior managers across agencies are well aware of the pressures on frontline staff and work hard to support them. Staff feel well supported by their managers and there is good evidence from supervision files that they are able to discuss work pressures and the impact of this. The frequency of supervision has improved and is generally taking place on a monthly basis. However, not all newly-qualified social workers are receiving sufficient additional supervision. Supervision files are mainly adequate or better but are not sufficiently focused on outcomes. Recording does not provide evidence of the reflection many social workers report they receive in supervision. In all supervision files examined by inspectors, supervision agreements were in place and signed off by supervisor and supervisee. Personal development reviews were also in place. All health staff have good and regular access to supervision from either their named or designated health professionals which is highly valued.
60. Recruitment processes and systems within statutory agencies are adequate. All staff have been subject to criminal records bureau (CRB) clearance. No new staff take up post until they are appropriately cleared. Staff and carers in regulated settings have their CRB checks renewed

every three years. To ensure that any changes in the circumstances of other staff are known, an appropriate protocol has been developed with the Suffolk police whereby they will inform the children and young people's service if a member of staff is arrested and charged with an offence against children or with a range of other offences which might impact on safeguarding, for example, drug offences or drink driving. This does not, however, cover staff living in other counties.

61. The quality of user engagement is adequate. There are many good examples of involving children and young people in service design and development at the operational level across the partnership. Children young people and parents contributed to the shaping the priorities within the CYPP. However, the county-wide youth assembly is in its early stages of development and routine consultation and engagement with children and young people in strategic planning are less well developed. Some programmes are well established including the youth parliament for children and young people with disabilities. The Suffolk youth parliament is relatively new and young people involved are working hard to secure the views of others and to make them known. One recent positive development is Brighter Futures 2 that has begun to engage with vulnerable children and young people to gain their views.
62. Some children and young people spoken to by inspectors reported concerns over the viability of projects and programmes that they are involved in and felt that communication over proposed cuts in services had not been well communicated to them. Inspection findings show that almost all schools and other settings and services are good at involving children and young people in decision making and activities in their communities. Health services have a number of examples of involving services users, including the review by service users of the Connect service in 2009. As a result new ways of working were introduced that reflected their views. The joint commissioning of CAMHS from Norfolk and Waveney Mental Health Trust has involved service users in evaluation of their service against the 'You're Welcome' standards and the scoping of future in-patient services.
63. Some parents are well involved in planning and developing services, for example in the 'Aiming High' programme for children with disabilities. However, there is no process in place yet for the systematic participation of parents in strategic planning for safeguarding and child protection services. Good efforts are made to gain the views of families about services they receive through the use of customer questionnaires when initial assessments are completed.
64. The quality of partnerships is good. The SSCB is well established with strong multi-agency participation from health and other agencies including the local youth offending institution and the voluntary sector. It is effectively managed and well chaired by a strong and knowledgeable

independent chair. The Board's priorities are clear and appropriate and link well to those in the CYPP. An appropriate range of sub groups is in place and they report regularly on their progress to the Board. Reports on private fostering and allegations against staff and carers are reported to the Board. Good attention is paid both to child protection and the broader safeguarding agenda. This includes consideration of the safeguarding arrangements for young people at Warren Hill YOI. Safeguarding policy and procedures are regularly updated and reviewed, for example, new guidance and procedures have been completed on Honour-based Violence, Trafficking and Forced Marriage. The Board promotes safeguarding well, raising awareness through leaflets and seminars on a wide range of safeguarding issues, including e-safety, working with sexually active young people and trafficked children.

65. Performance and quality assurance arrangements within the SSCB are well established; a wide range of themed joint agency audits are presented to the Board. Audits are thorough and practice deficits are identified clearly. A framework and protocol for interagency auditing have been developed and a multi-agency safeguarding audit is underway. Internal management reviews are undertaken appropriately with good evidence of learning from these reviews to improve practice. Three serious case reviews (SCRs) were undertaken between April 2007 and 2009; the first was judged good, the second inadequate and the third adequate. The inadequate review was re-submitted to Ofsted and an action plan to remedy the identified deficits was agreed. Findings from SCRs are well disseminated to staff across all agencies with very clear summaries of the key issues. There are good examples of improvements to services arising from SCRs, for example, domestic violence services. Action plans arising from audits, SCRs and management reviews are monitored well and the chair is rigorous in holding agencies to account for progressing their individual action plans.
66. Joint protocols have been developed with the local military bases and agreed by the SSCB and the Child Death Overview Panel. This has enabled concerns regarding children living in military bases and child deaths to be appropriately investigated. There are strong and well established partnerships, which are highly valued by frontline health professionals across the county and the local police force. Through working together, staff reported a number of incidents where they felt supported and action was being taken to ensure the safety of children and their families.
67. The effectiveness of services in considering the impact of, and promoting, equality and diversity is good. Clear and effective action is taken to address inequality in the area. The council has achieved level three of the equality standard. Clear governance structures are in place across the council which include equality action groups in each directorate. There is a good understanding of the needs of the different groups and communities across the county. The focus on building the capacity of the children's

workforce to respond effectively to equality issues in their settings is good. Equality impact assessments are being used to help shape service development, for example in developing a strategy to improve outcomes for gypsy and traveller families. Individual services have very good knowledge of their service users, and tailor responses well to meet diverse needs. For example, young asylum seekers have been supported through bespoke programmes to build their capacity to take part in mainstream education and in the community. A dedicated health visitor has been employed for migrant and traveller families, which ensures that their needs are identified and addressed appropriately. Young people themselves have developed resources for use in schools to help tackle issues of prejudice such as homophobic bullying. They are active in working with the police to reduce levels of stop and search among young people from minority ethnic backgrounds. There have been some successes in improving educational outcomes for some groups but for others, this remains a challenge. On case files examined by inspectors, there were good examples of the ethnic and cultural needs of children being considered and met well. Practice, however, was not consistent. Health staff have good access to language line and translation services.

68. Value for money is good. The council scored 3 out of 4 for its use of resources in the Organisational Assessment 2009. Budgets are managed tightly and effectively. Safeguarding and looked after children and young people services have a high priority in the council and efficiency savings have been identified in other council departments to protect budgets in children's social care and targeted services. There are good examples of a systematic approach to identifying efficiency savings without compromising quality or service effectiveness. Effective commissioning and good use of direct payments have improved choice and the quality and range of support for children and young people with disabilities. All commissioned services are reviewed to ensure they meet current priorities and offer good value for money. There has been effective use of competitive quotes and tendering to drive down costs while maintaining the quality and range of services. Efficiency savings have been achieved through co-locating some county council and district services. The introduction of changes to the service delivery model includes more co-location of police, health and children's services and the development of an integrated children's service with community health practitioners and children's services. Duplication of service provision has been identified and addressed. Claw backs on any underspend on school budgets are made where considered appropriate.

The inspection outcomes: services for looked after children

Overall effectiveness

Grade 3 (adequate)

69. The overall effectiveness of services for looked after children and young people is adequate. Statutory requirements are met. Social workers and professionals across agencies work effectively together at an operational level and have a strong commitment to improving outcomes for children and young people looked after. Outcomes for health and staying safe are good and those for positive contribution, education and economic well-being are adequate. Social work capacity within the care management teams is sufficient, caseloads are generally manageable and the overall quality of provision is good. Resources are well managed and there is a good understanding of the looked after population. Corporate parenting is inadequate. It is at a very early stage of development and only involves elected members. There is no strategic engagement with partner agencies or with children and young people which significantly limits its effectiveness in reviewing, planning and driving service developments.

Capacity for improvement

Grade 3 (adequate)

70. The capacity for improvement is adequate. Ambition and prioritisation are adequate. The Children and Young People's Plan (CYPP) includes appropriate targets within its key priorities to improve outcomes for looked after children. However, there is no clearly articulated and shared vision across partners and elected members for the development of looked after services. Corporate parenting is at a very early stage of development and scrutiny of services for looked after children is underdeveloped. Outcomes for looked after children and young people range from satisfactory to good but there are areas where improvement is required, such as the lack of dedicated health input for care leavers and of independent visitors for children placed outside the county. There are no clear and agreed strategies to address these issues. A Suffolk Promise has been developed for, and with, looked after children and young people. However, its overall impact has not yet been evaluated. Joint commissioning is effective and value for money is good.

Areas for improvement

71. In order to improve the quality of provision and services for looked after children and care leavers in Suffolk, the local authority and its partners should take the following action:

Immediately:

- Develop the role of the Corporate Parenting Board and ensure it includes strategic engagement with partner agencies, all council departments and with the Children in Care council.
- Ensure that the quality and range of services for looked after children and the impact of those services on improving outcomes for looked after children and young people are regularly monitored and scrutinised.
- Improve the quality of care plans and reviews, making them more focused on outcomes. Ensure that all care leavers have up to date pathway plans that are of good quality and are outcome-focused.
- Suffolk Community Healthcare to ensure that looked after children health assessment action plans are written in a SMART fashion in order to ensure that actions are fully implemented by named individuals and are effectively monitored.
- NHS Suffolk and Suffolk County Council to review the use of strengths and difficulties questionnaires in looked after children and young people health assessments to ensure that their emotional well-being is fully assessed and appropriate action is taken in order to promote good emotional well-being.
- NHS Suffolk and Suffolk County Council to develop access to dedicated, effective and consistent county-wide health provision for care leavers and ensure that all young people leaving care are given a copy of their full health and birth history.

Within three months:

- Suffolk Community Healthcare and NHS Suffolk must ensure that the current nurse-led looked after children service meets the legislative requirements as set down in Statutory Guidance on Promoting the Health and Wellbeing of Looked after children, 2009.
- Complete an evaluation of the Suffolk Promise and embed its use as a standard in looked after children reviews.

- Increase the take up of advocacy support for looked after children and young people and ensure that they all know how to make a complaint and are supported to do so.
- Ensure that looked after children and young people placed out of the county have access to independent visitors where appropriate.

Within six months:

- Reduce caseloads for independent reviewing officers.
- Collate and analyse information from the comprehensive databases on the education of looked after children and young people and on care leavers to identify and target areas for further improvement and to inform service planning.
- Commence systematic evaluation of the impact on reducing the number of looked after children and young people of early intervention and prevention services, initiatives and projects.

Outcomes for children and young people

72. Health outcomes for looked after children and young people are good. Outcomes are better than almost all similar areas and are well above England averages, with dental rates at 98%. The quality of health assessments is good, although not all initial health assessments are completed by a doctor in line with statutory guidance. Nevertheless, this does not compromise the quality of assessments. Initial health assessments undertaken by a team of looked after children specialist nurses are holistic and show good engagement by children and young people. The health assessment action plans are not sufficiently 'smart', however, and result in poor monitoring of progress. The timely completion of health assessments and action plans for looked after children are closely monitored, although two separate systems are used. This is causing duplication in workload for looked after children health staff and is reducing their capacity to deliver direct care.
73. Most of the children who responded to the Care4me survey say they have a healthy diet and the children spoken to by inspectors state that they receive good support to sustain a healthy lifestyle. Children and babies' health information is routinely given to foster carers to ensure that it remains with the child's health records and contributes to their life stories.
74. Looked after children health professionals work well to identify and monitor newly looked after children. An effective weekly triage meeting ensures that all children who are looked after, who are newly looked after, or where their circumstances change, are discussed and actions agreed to ensure that there is good and timely access to health advice and assessments. There are good links with the missing children teams to

track and identify any looked after children and ensure that any concerns relating to physical health needs are shared. Health visitors and school nurses enable reviews of annual health assessments and special education needs to take place together, in a venue preferred by the young person. This enables information to be shared across both assessments, preventing duplication for the young person.

75. CAMHS input was provided promptly to looked after young people in cases examined by inspectors. However, pathways to CAMHS vary across the county. Suffolk looked after children specialist nurses are not able to refer directly to CAMHS which can result in referral delays and therefore in children and young people receiving a service. Great Yarmouth and Waveney Community Service universal primary care staff who undertake the looked after children health assessments are able to make direct referrals to the dedicated looked after children CAMHS. This ensures that referrals are timely. Strength and difficulties questionnaires are routinely completed by social workers for looked after children. However, the questionnaires are not analysed or used as part of the health assessment process. The Connect service offers good and positively evaluated emotional well-being and mental health treatment and support to children and young people, foster carers and adoptive parents in Suffolk, excluding the Waveney area. This ensures that the whole family is involved in supporting the young person and that needs are met promptly and in a sustained manner.
76. Health assessments for looked after children placed outside the county in externally commissioned placements are routinely monitored by the looked after children specialist nurses. Health assessments, however, do not always take place within statutory timescales due to a delay in securing funding.
77. Care leavers are well supported in accessing universal health provision, although there is no dedicated health service for care leavers. When a young person ceases being looked after they are not given a full record of their health history and some young people receive no health history. An annual report identifies the health needs of looked after children and contributes to service development but has not been reported to the Corporate Parenting Board. The report includes areas for future service development. A business case is currently being considered to increase the capacity of the looked after children's health team within the north of the county.
78. Staying safe outcomes for looked after children and young people are good. Almost all of the children who responded to the Care4me survey feel safe in their placements and say they would have someone they could talk to if they were being harmed. The majority said the care they were receiving at that time was 'very good'. Children in foster care spoken to by inspectors were happy and settled in their placements, and got on well

with their foster carers. However, there is a mixed picture for young people living in children's homes. Some told inspectors they were settled and very well supported in their homes, while others said they were not happy and complained about a lack of privacy.

79. Local authority fostering and adoption agencies are judged good in Ofsted inspections. All five of the local authority children's homes in Suffolk are judged good. Private fostering arrangements are judged excellent for their overall effectiveness. The residential special school provision is very good with two schools judged as outstanding, and one as good. Commissioning of external placements is effective and robust arrangements ensure that looked after children are not placed in externally commissioned placements or provision judged inadequate. This is also monitored effectively once a child has been placed.
80. Placement stability is good and is better than in similar areas and the national average. Placements at risk of breaking down are identified at an early stage and appropriate support provided, for example foster carers have access to support out of hours from a fostering support officer and disruption meetings routinely take place. Foster carers are generally loyal to Suffolk and very committed to the children they look after. They have good access to a wide range of training and development opportunities and feel well supported. Annual reviews, however, are not always taking place in line with national minimum standards. There is a financial disincentive to foster carers securing Special Guardianship Orders. The authority has recognised this and is planning to review its policy.
81. Permanency planning is good and an integral part of the care planning process. Parallel planning is considered in a timely way and there are good links between the care management teams and the adoption service which lead to early matching of children and better outcomes for them. The medical adoption service works in a proactive way ensuring that families, children and young people are engaged, well prepared and supported to enable timely suitable matches to take place. This service provides highly valued training to new and prospective adoptive parents and meets on an individual basis with adoptive parents to ensure that they are fully aware of any medical conditions and implications for the child's development or later life. Suffolk has higher proportions than average of children being adopted and increasing numbers of children are subject to placement orders.
82. The impact of services on enabling looked after children and young people to enjoy and achieve is adequate. The school attendance of looked after children and young people is adequate and comparable to similar areas and the England average and attendance levels are closely monitored. The number of looked after children who are permanently excluded is low, but increased in 2009. The use of fixed term exclusions is reducing.

83. Good support for children and young people is provided by the looked after children education support service (LACCESS) team with effective leadership by the virtual headteacher. The team provides very good support, advice and guidance to designated teachers and ensures that there are regular opportunities for them to meet, share experiences and learn from each other. They advocate well on behalf of children and young people, brokering and delivering support to and for them. Foster carers value the support they receive from the LACCESS.
84. The LACCESS team has an excellent knowledge of individual children within the cohort and a very good database contains detailed information on each looked after child. The database is regularly used to monitor the progress of individuals. However, there is no collation of this information to make a judgement as to how well the overall cohort is achieving. The council does not yet have in place sufficient processes to demonstrate the progress made from each individual child's starting point. This makes it difficult to evaluate success in raising the overall performance of the group.
85. All looked after children and young people have a personal education plan (PEP) and 85% of these are up to date. The quality of PEPs is mostly good. The views of children are well recorded; most contain good information on the academic levels, targets and progress of children and young people. However, some young people told inspectors that they could not see that their personal education plan made a difference to their lives. The take-up of personal education allowances is increasing and in this academic year, levels of take-up almost match those in the whole of the last academic year. The allowances enable children and young people to access a range of additional activities tailored to meet their individual academic, personal and social development needs. Good monitoring arrangements are in place for children and young people educated outside of the county. There is close liaison with neighbouring local authorities, good advocacy and tracking of individual children and young people is in place.
86. The educational attainment of looked after children and young people is adequate. While it is low compared to the general cohort, it is comparable to the average attainment for looked after children nationally. There are year-on-year fluctuations in attainment at Key Stage 2 and currently outcomes in performance are comparable to the national average for these indicators. Similarly at Key Stage 4 attainment has fluctuated. The proportion of looked after young people achieving at least 1 A–G pass at GCSE is comparable with that of looked after young people in similar areas. In 2009, 10.8% of looked after children gained 5 GCSEs including English and mathematics which is just above the England average for looked after young people of 8%. Feedback from young people suggests that most are satisfied with their education. They have good access to a range of leisure activities and are encouraged and supported to engage in

hobbies and extra-curricular activities. Brighter Futures provides activity based sessions which support young people to make friends and access a varied range of leisure opportunities.

87. Opportunities for looked after children and care leavers to make a positive contribution are adequate. Consultation with children and young people is well established through the Brighter Futures project. Over 250 looked after children and young people regularly take part in activities and consultation work. There are some good examples of children and young people influencing service developments and their views are gathered well using a range of methods. For example, the views of looked after children about the care system have been captured on film for use in training and development with professionals. A 'Promise' for looked after children has been developed in partnership with children and young people which details the help and support all children and young people in care are entitled to. There are some early signs that the Promise is leading to improvements in the experience of children in care, for example in improved contact with their social worker. The full impact of the Promise, however, has yet to be evaluated.
88. The Children in Care Council is in its very early stages of development and is not yet fully established. Sixty-two per cent of children who responded to the Care4me survey had not heard of the Council and only 52% were aware of the Suffolk Promise. The advocacy service for looked after children is underdeveloped and not enough young people know about the service or how to use it. Staff are aware of the gaps in advocacy and are developing a strategy to respond to this issue.
89. The proportion of looked after children who offend fell from 11% in 2009 to 8.5% by the end of March 2010. This is in line with similar areas for 2009 and mirrors the reducing trend nationally. Some excellent work is being undertaken in one children's home by the police and the home has effectively reduced the numbers of children offending and so lowered crime levels in the community, and prevented looked after children entering the criminal justice system. All children's homes have a designated police officer linked to them who visits regularly. A restorative approach has been adopted with two-thirds of staff in children's homes receiving training.
90. The impact of services to improve the economic well-being of care leavers is adequate. Not enough young people leaving care have a pathway plan. The local authority's own data show that 76.6% of care leavers have an up-to-date pathway plan. Plans are not always informed well enough by a needs assessment and are insufficiently outcome focused. Young people's views are recorded but parents' views are not. Care leavers with pathway plans are unsure what difference they make.

91. Care leavers who met with inspectors are positive about the support they receive from Catch 22, the 16 plus team. Staff act as an effective safety net for young people, providing highly valued support at critical times in their lives. In addition to their direct work with and practical support for young people, staff are strong advocates for them and help young people access specialist services when they need them.
92. Care leavers have access to a satisfactory range of accommodation. The proportion of care leavers living in suitable accommodation in 2009 was 91.4% compared to 89.4% nationally. Protocols are in place with district and borough councils which promote access for care leavers to suitable accommodation. Some young people benefit from the supported lodging scheme but there is a waiting list and increasing numbers of care leavers are being placed in bed and breakfast accommodation. The council is aware of this issue and it is one of the identified priorities in the CYPP.
93. The number of looked after young people and care leavers not in education employment or training is in line with the England average for care leavers. Well established arrangements support young people moving from school to college in West Suffolk - a model which is being developed across the county.
94. While young people report generally good support in moving towards living independently and in developing life skills, some programmes are new and their impact has yet to be evaluated. There are 19 care leavers currently at university.

The quality of provision

Grade 2 (good)

95. The quality of provision for looked after children is good. Most children and young people live in good quality, stable and settled placements which meet their needs. There is a good understanding of the looked after children population with detailed information on age, gender, ethnicity and placement type which effectively informs commissioning and planning of services. The number of looked after children and young people is comparatively high and has recently increased. The reasons for this are well analysed. The increase has been in part due to the growing number of teenagers entering the care system, many of whom present as homeless. This has resulted in increased numbers of looked after children and young people in external residential placements. Plans are well developed to extend the number of in-house residential placements to meet the growing demand and enable more young people to be placed locally. There has also been an increase in the number of children aged under two coming into care as a result of child protection concerns such as the impact of domestic violence. This reflects the strong and effective focus on improving awareness of domestic violence across the county and all services.

96. A range of partners including health, police and the voluntary sector contributes well to meeting the needs of looked after children and care leavers. Commissioning of external placements is good. Robust arrangements are in place to commission external placements from the private sector and to ensure that looked after children are not placed in externally commissioned placements or provision that has been judged inadequate. This continues to be carefully monitored once a child has been placed. Resources are managed well to ensure that the needs of children and care leavers are met.
97. In response to the high and increasing number of looked after children, good attention has been paid to ensuring that thresholds for children becoming looked after are robust and consistently applied. The range of preventative services to support children and families on the edge of care has been strengthened, although it is too early to see the impact of some of these initiatives.
98. Looked after children and young people have access to an independent advocacy service, which provides effective advocacy for individual children and young people. However, a significant number of children in the Children's Rights Survey carried out by the council did not know about the advocacy service. Most complaints are resolved at an early stage and within expected timescales. However, not all looked after children, young people and care leavers know how to complain. Of the 86 children who responded to the Care4me survey, only 48 knew how to complain and 10 were not sure. The number of children and young people who make a complaint is small. The majority of those making complaints and representations are parents of children for whom a service is provided, some doing so in their own right and some on behalf of children. All parents spoken to by inspectors were aware of the complaints procedure. In their annual report, the complaints service recognises that more work needs to be done to support children in making complaints. Allegations against staff are appropriately managed by the LADO in good collaboration with the police. Awareness of the LADO role and function is well promoted. Effective local case tracking systems are in place to ensure allegations against staff are dealt with appropriately. Links between the process for allegations against staff and the complaints system are, however, under developed.
99. The quality of assessment and direct work with looked after children and young people is good. Most assessments carried out by social workers for looked after children demonstrate a good understanding of children and young people's needs and include their views. Staff spoken to by inspectors were knowledgeable about their cases, had a good understanding of children's needs, and were very committed to improving the outcomes for children and families. There are good examples of child-centred work completed with looked after children, for example the use of drawings and pictures to gather the wishes and feelings of younger

children and those with disabilities, and creative life story work carried out directly with looked after children. This is leading to improved outcomes for them. Children are usually well prepared for placement changes, including examples of looked after children being given age appropriate information about new foster carers before being placed.

100. All looked after children and young people are allocated to qualified social workers. Children are seen alone both within and outside their placements. Visits to looked after children and young people generally take place in line with statutory timescales. However, there are some occasions when the statutory visits are completed by family support practitioners rather than the social worker; managers are clear that this is not the role of these practitioners. Some children externally placed benefit from additional contact with their social worker. For others, social workers from the placing authority have been commissioned to share the statutory visits in order to ensure these take place in line with statutory timescales.
101. Some looked after children benefit from having a consistent social worker over a number of years and this has led to improved outcomes. Some, however, have experienced too many changes in social worker. Younger children spoken to by inspectors reported that they like their social workers, see them regularly and could turn to them for advice. Following an audit of the Suffolk Promise in 2009, social workers were issued with mobile phones to ensure that all looked after children could make contact with them. Most children and foster carers seen by inspectors confirmed that this has improved the children's ability to contact their social workers, though this was not, however, the case for all.
102. Thresholds for children becoming looked after are appropriate and are consistently applied and there is good overview by senior managers and scrutiny at the Area Resource Panel. The Area Resource Panel is a multi-agency management forum that scrutinises all decisions to admit a child into care and where appropriate commissions services that divert children from entering the care system.
103. A good range of services supports children, young people and their families on the edge of care. These are valued by parents. For example, the Family Assessment Support Team (FAST) programme, Family Intervention Project (FIP), Family Group Conferences and the recently developed multi-agency Family Network Team offer targeted support to high need vulnerable families. Parents and young people spoken to by inspectors value the work of the FAST project and are confident that this intervention has led directly to children remaining at home and not entering the care system. Emergency accommodation is available with intensive support through 'Crash Pad' and helps to ensure that young people who are at immediate risk of homelessness are appropriately safeguarded.

104. Most looked after children have appropriate access to independent visitors through an independent provider. However, it is difficult to secure independent visitors for looked after children placed outside the county since most of the volunteers are locally based.
105. The quality of case planning, review and recording is adequate. Plans for the majority of looked after children are reviewed within expected timescales. In 2009–10, local data show that 95% of looked after children cases were reviewed in time. This maintained the 2008–09 performance which was better than the national average. However, although most looked after children reviews take place within statutory timescales, the quality of reviews is variable and the recommendations arising from reviews are focused on activity rather than on outcomes.
106. As at September 2010, local authority data show that 92.9% of children contributed their views to a looked after children review. However, some of the casework examined by inspectors indicated that looked after children are not consistently attending their reviews and it is not always clear how their views are represented. Young people spoken to by inspectors said they attended their reviews and generally get to state their views, but some complained that nothing happened as a result. Only 46% of young people who responded to the Care4me survey scored 'very well' for how effectively reviews take notice of their wishes and feelings. Young people also told inspectors that the independent reviewing officer (IRO) did not meet with them before their reviews but said that they generally have the same IRO.
107. Most children had up to date care plans. Care plans are not always informed by a current needs assessment and they are not sufficiently outcome focused. Children and young people's views are captured in their care plans and are mostly well recorded, but the views of parents are not always clear. Eighty per cent of young people who responded to the Care4me survey believe their care plan is being kept to. Parents spoken to by inspectors were routinely invited to looked after children reviews, received copies of the recommendations in good time and understood the care plan.
108. IROs are committed to improving outcomes and in developing a relationship with looked after children. A recent survey conducted by children's rights team indicated that IROs make efforts to engage children in the review process and that children report that the IRO is often the most consistent person in their lives. IROs do not always maintain the expected level of contact with individual children between each review which may be due to increased caseloads.
109. IROs provide appropriate challenge and make good use of the Dispute Resolution Protocol to raise concerns regarding the quality of practice or differences in views. There is a good emphasis on trying to resolve issues

through negotiation with social workers and team managers. Since implementation in 2008, matters have been escalated to senior managers on eight occasions, for example, in relation to incomplete care plans. All issues were successfully resolved.

110. In the cases examined by inspectors case recording was up to date and in some cases purposeful. However, the quality was variable and did not always reflect the quality of work. It was not always evident from the recording if looked after children had been seen alone. There was generally evidence of appropriate management involvement in decision making informing care planning.

Leadership and management

Grade 3 (adequate)

111. The leadership and management of services for looked after children are adequate. Ambition and prioritisation are adequate. The CYPP is clear and comprehensive. It includes five appropriate priorities relating to looked after children integrated into the plan. Some progress has been made towards achieving the priorities but overall outcomes for looked after children and young people remain adequate. The review of the plan in 2010 only evaluates progress in relation to the CAMHS Service. The service delivery action plan for children and young people's specialist services includes four objectives for improving outcomes for looked after children but there is no comprehensive service improvement plan which identifies and brings together all the areas for improvement or further development.
112. There is no overarching corporate parenting strategy for looked after children and young people. The portfolio holder for children and young people provides regular reports for information to the county council Cabinet on aspects of looked after children. Corporate parenting arrangements, however, are not well established and are inadequate. The Corporate Parenting Board has no work plan and its aims and objectives are unclear. Membership is limited to a small group of elected members and this does not include the portfolio holder for children's services, other council departments or any external agencies.
113. A joint commissioning strategy ensures that services are commissioned based on the priorities contained in the CYPP. Robust arrangements are in place to commission external placements from the private sector and this ensures that children are safe in their placements.
114. The quality of evaluation, including performance management, quality assurance and workforce development is adequate. Performance against key national targets is mostly good and above statistical neighbours. The health and stay safe indicators are good but educational outcomes for looked after children are adequate.

115. Auditing activity and performance management reports provide regular analysis of the quality of practice, activity and trends. These are reported locally to the area management teams and the performance and quality assurance board. Some good use is made of management information and audit which leads to some improved outcomes. However, there has been no comprehensive review of the Suffolk Promise or full evaluation of the impact it has made. While there is good and detailed knowledge about the looked after population and care leavers through comprehensive databases, for example within Catch 22 and the LACCESS, insufficient use is made of this information to inform service development and planning. The impact of some of the projects to prevent children entering the care system has not been sufficiently evaluated.
116. Supervision for children's services staff is generally taking place on a monthly basis, although it is not always evident that additional supervision is taking place for newly qualified social workers. Most records of supervision are activity focused and are not always sufficiently challenging. However, there is evidence in one case of consistently very good reflective practice. One supervision file was inadequate. In all cases supervision agreements were in place. The health files examined did not show evidence of supervision.
117. There is insufficient scrutiny by elected members of provision and outcomes for looked after children. There is a dedicated scrutiny committee for children and young people. It has, however, only considered one report specifically relating to looked after children and young people over the past 12 months.
118. Effective workforce planning is resulting in lower social work caseloads in the care management service. IROs do not always maintain the expected level of contact with individual children between each review which may be due to increased caseloads. There are good training and development opportunities which are highly regarded by social workers and their managers. However the impact of training on practice is not systematically evaluated. Training for current elected members regarding looked after children and their corporate parenting responsibilities has only very recently been introduced.
119. Due to a lack of capacity within the looked after health teams, staff are unable to offer routinely training for foster carers. However, they do respond to individual foster carers' requests for training and health education and they have been able to provide some support to staff in private residential care settings. The looked after children health and adoption teams are experiencing an increase in their workload due to a significant increase in the number of adoption and foster care assessments. The team is working longer hours than their contracted hours to ensure that targets are met and that children and young people are placed safely. Staffing capacity is under review.

120. The quality of user engagement is adequate. Despite well established and routine consultation activities undertaken through Brighter Futures and their good involvement in developing aspects of service delivery, for example 'All about me' and the Suffolk Promise, looked after children and young people's views are not sufficiently captured and responded to at the strategic level. The Children in Care council is not yet fully established and this, coupled with the absence of the Corporate Parenting Board, has led to some initiatives stalling. For example, the Promise is not established and used in reviews to assess the quality of outcomes for individual looked after children. The monitoring of its overall effectiveness is underdeveloped. Some young people who have played an active part in developing these initiatives are frustrated at the lack of progress made in their implementation.
121. Volunteering and mentoring opportunities provide excellent experiences for looked after children and young people and they gain self confidence, skills and a sense of achievement through helping others.
122. Partnerships are adequate. Well developed partnerships with health services ensure that the health needs of looked after children and young people are well met. Partnership working between the medical adoption service and social care is well embedded and acts proactively when considering children and young people for adoption and fostering placements. There are also examples of good partnership working with children missing from care and in supporting care leavers. However, at a strategic level, corporate parenting is not well embedded across council departments and is perceived as the business of children's social care. The partnership between the Corporate Parenting Board and the Children in Care council is at a very early stage of development and there is no evidence of impact.
123. Good partnership working between the looked after children health team, the dedicated social worker and Warren Hill YOI ensures information is shared about the health needs of looked after children and good support is provided to young people. A dedicated CAMHS links worker and GP service ensures that the emotional and mental health needs of the young men are effectively addressed. The designated nurse for safeguarding and looked after children is a core member of the YOI Safeguarding Board.
124. Good liaison between the health staff at the local American Forces base and the looked after children's health team ensures that the health needs of the children and young people living at the bases who become looked after are appropriately met.
125. The promotion of equality and diversity for looked after children is good. The ethnicity and gender of looked after children and young people are monitored well. Good attention is paid to equality and diversity issues in assessments and planning. In the cases of looked after children examined

by inspectors, there were good examples where the cultural needs were promoted very well. In one case for example, outstanding life story work was completed with a dual heritage child. There is also evidence of very good creative work to engage unaccompanied asylum seekers in positive activities and in education programmes. Good support is also given to foster carers on supporting young people with their sexuality. This helps to maintain placement stability and better equips foster carers to meet the emotional well-being needs of the young people placed with them. Good attention is paid to finding suitable placement matches for children to meet their ethnic, cultural and religious needs. There is good support to new adoptive parents in ensuring cultural sensitivity and awareness. Proactive work with existing carers is building their capacity to better meet a diverse range of needs. Health staff provide good, tailored support to foster families that help them to meet the cultural needs of children and young people placed with them and helping to maintain placement stability.

126. Value for money is good. Commissioning is effective and good participation in regional networks ensures high quality and carefully monitored externally commissioned placements for looked after children. Suffolk is a member of the East Region 5 arrangement, which is a provider framework leading to better value for money in securing externally commissioned residential and foster care placements. Commissioned services for looked after children and young people are effectively reviewed against clear and appropriate standards and outcomes. Good use is made of de-commissioning and re-commissioning services from new providers to extend the range of services and improve value for money, for example the new service provided for care leavers. The rising number of looked after children in Suffolk has, however, led to an increase in children being placed in externally commissioned placements. This has been recognised and the council has well developed plans to increase the internal residential capacity. This will enable more young people to be placed in local in-house provision and reduce costs.

Record of main findings: Suffolk

Safeguarding services	
Overall effectiveness	Adequate
Capacity for improvement	Good
Outcomes for children and young people	
Children and young people are safe: effectiveness of services in taking reasonable steps to ensure that children and young people are safe	Adequate
Children and young people feel safe: effectiveness of services in helping to ensure that children and young people feel safe	Good
Quality of provision	
Service responsiveness including complaints	Good
Assessment and direct work with children and families	Adequate
Case planning, review and recording	Adequate
Leadership and management	
Ambition and prioritisation	Good
Evaluation, including performance management, quality assurance and workforce development	Adequate
User engagement	Adequate
Partnerships	Good
Equality and diversity	Good
Value for money	Good

Services for looked after children	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
Outcomes for looked after children and care leavers	
Being healthy	Good
Staying safe	Good
Enjoying and achieving	Adequate
Making a positive contribution	Adequate
Economic well-being	Adequate
Quality of provision	
Service responsiveness	Good
Assessment and direct work with children	Good
Case planning, review and recording	Adequate
Leadership and management	
Ambition and prioritisation	Adequate
Evaluation, including performance management, quality assurance and workforce development	Adequate
User engagement	Adequate
Partnerships	Adequate
Equality and diversity	Good
Value for money	Good