

# Inspection of safeguarding and looked after children services

## Wiltshire

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**Reporting inspector** Lynne Staines HMI

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## About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI), two additional inspectors 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 110 children and young people receiving services, 49 parents or carers, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, the leader of the council, 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 2012-2015, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
  - a review of 92 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
  - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in June 2011
  - interviews and focus groups with front line professionals, managers and senior staff from NHS Wiltshire, now part of NHS Wiltshire and Bath and North East Somerset (BANES) Primary Care Trust (PCT) cluster and health providers; Wiltshire Community Health Services (WCHS), Great Western Hospital Foundation Trust, Sirona Health and Social Care, Salisbury NHS Foundation Trust, Avon & Wiltshire Partnership Trust and Oxford Health NHS Foundation Trust.

## The inspection judgements and what they mean

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

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

## Service information

4. The county of Wiltshire is situated in the south west of England. It is a large, predominantly rural and generally prosperous county. Although Wiltshire ranks amongst the least deprived areas of England, it contains significant pockets of deprivation. The total population in Wiltshire is estimated to be 461,480 (mid year estimate 2011) and rising. Of this population the number of children and young people aged 0-19 is 114,390 (24.8%) which is more than the national average of 23.8%. The proportion of children and young people in Wiltshire who are entitled to free school meals, at 8.1% is significantly below the national average of 17.1%.
5. Children and young people from minority ethnic groups account for 8.3% of pupils in primary schools and 6.7% of pupils in secondary schools which is significantly below the national average of 24.5% and 20.6% respectively. The largest group is made up of children and young people from White and Black Caribbean and White and Asian communities with a more recent increase of children and young people from Western and Eastern European countries. In 2011 the percentage of pupils who speak English as an additional language was 3.4%.
6. Apart from its rurality Wiltshire is characterised by the scale of its military presence which is one of the largest in the country. In January 2011, 4,893 (7.6%) children and young people in Wiltshire schools had a parent in the armed services. This in itself presents challenges not only to statutory services but also to military welfare services in addressing difficulties relating to the turbulence and disruption to family life and learning due to children and young people moving schools as their parents are posted to different locations, and the anxiety felt by children and young people when their parent is away on active service.

7. Wiltshire has a long history of Children and Young People's Partnership arrangements which pre-dates the Wiltshire Children's and Young People's Trust established in 2005. Despite the removal of statutory requirements, Wiltshire remains committed to continuing the arrangements for collaborative working through a Children and Young People's Trust Commissioning Executive with a Stakeholder Partnership. The ambition and priorities of the Trust are reflected in the newly published Children and Young People's Plan (CYPP) 2012-2015. Membership of the partnership is made up of key partner agencies from statutory, community and voluntary organisations. The Local Safeguarding Children Board has an independent chair and brings together representatives from all the main organisations, including a representative from the army welfare service, working with children, young people, families and carers in Wiltshire. The voluntary and community sector are well represented on the Commissioning Executive, Stakeholder Partnership and the Wiltshire Safeguarding Children Board (WSCB). They work closely with the council and partners in service provision such as family support services and advocacy for children subject to child protection plans.
8. At the time of the inspection there were 405 children and young people looked after by Wiltshire County Council comprising; 102 children under the age of five, 272 children of school age (5-16) and 31 aged 17 years. The council and its partners currently support 198 care leavers. Wiltshire uses a virtual school approach in its support of children in care to raise standards of individual achievement and attainment, celebrate their successes and increase the overall rates of progress made by looked after children.
9. Social care services for children have 217 foster carer households, including 19 families that provide short breaks for children who are disabled. Wiltshire Council provides children's residential care through one respite care residential children's home for children with disabilities, with all other residential placements commissioned from the independent sector.
10. There are 152 Wiltshire children subject to a child protection plan and an additional 26 children living in the county where Wiltshire is not the lead authority. Community based social care services to children and young people are provided by five social work teams, one fostering team, two through care teams, a specialist prevention team and an adoption and permanence team. Out of hours services are provided by the emergency duty service team. Other specialist and social work posts and services are located in established multi-disciplinary teams such as family support teams. Additional preventative services are delivered by 30 children's centres and a wide range of early intervention services.

11. Within Wiltshire, primary care services to children, young people and their families and carers living in the community are commissioned by NHS Wiltshire, now part of the NHS Wiltshire/BANES PCT Cluster. Acute hospital services are provided at Salisbury Foundation Trust, Great Western Hospital NHS Foundation Trust and Swindon & Royal United Hospital NHS Trust Bath. Universal services such as health visiting and school nursing are delivered primarily by Wiltshire Community Health Services (WCHS), managed by Great Western Hospital Foundation Trust. Specialist child and adolescent mental health services (CAMHS) are provided by Oxford Health NHS Foundation Trust. Adult mental health services are provided by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP). This provision is jointly commissioned with other local PCTs and NHS South Gloucestershire is the lead commissioner.

## Safeguarding services

### Overall effectiveness

### Grade 4 (Inadequate)

12. The overall effectiveness of safeguarding services is inadequate. Statutory requirements are not met consistently. The inspection found significant failings in the contribution made by Wiltshire Council and partner agencies to child protection work, particularly with regard to children and young people who had already been identified as suffering, or at risk of suffering, significant harm and who were subject to child protection plans. For some children and young people child protection procedures had not been followed in accordance with statutory guidance, resulting in them not being subject to a child protection plan when they should have been.
13. Inadequate practice was found in the level of robustness of managerial oversight and decision-making. The lack of challenge resulted in the level of risk to a child or young person not being correctly assessed leading to poor quality core assessments and subsequent child protection or child in need plans. Core assessments were not being used to review and reflect changing family circumstances and professionals and parents were unclear about the consequences should the plan fail to deliver sustainable change for the children and young people involved. Within health communities and adult services there is a lack of appropriate levels of safeguarding supervision and training for a wide range of staff that have direct contact with children, young people and families. Child protection chairs have not been sufficiently robust in identifying non-compliance with statutory guidance, unassessed risk, drift and the lack of robust contingency plans. These significant shortfalls in practice were identified through the random selection of cases by inspectors throughout the inspection process. Once issues were raised with the council immediate and appropriate action was taken to ensure the children and young people identified were re-assessed and appropriately protected.
14. Wider safeguarding provision is effective and in a number of instances there is evidence of good and outstanding practice. Examples include, some of the multi-agency work delivered through children's centres, the work in schools by the safeguarding in education lead officer, the transformation of the short breaks service for children with disabilities and the emotional and well-being support provided to service children by the army welfare service which are all effective in helping to safeguard children and young people. However, this has not translated into improved safeguarding outcomes within child protection services for all children and young people in Wiltshire. The established practice by police of using Section 136 of the Mental Health Act 1983 to hold some children or young person in custody where they have committed an offence, is inappropriate. This practice is under review, given there is now a



dedicated CAMHS out of hours service that can provide more timely and potentially more appropriate assessments.

15. Despite the shortfalls in child protection services there is good cross-party political commitment and support for the prioritisation of safeguarding services that offers some stability to medium and longer term service planning. Corporately the council is committed, within challenging budget reductions, to protecting front line services. Staff morale across the partnership is good and there is evidence that interventions are child-focused, and that the views of children and young people are listened to and acted upon. Front line workers are committed to doing the best they can for the child or young person they are working with and want to ensure children and young people are appropriately safeguarded.
16. With the exception of low capacity within the school nursing service, staffing resources within children's services and health are sufficient to deliver the priorities identified in the CYPP. The recruitment and retention of social care staff is satisfactory and consequently there is very little reliance on agency staff. Safe recruitment practices are established across the partnership and meet at least minimum standards. The role of the local authority designated officer (LADO) is well known across all agencies, including those in the voluntary and community sector, and appropriately used.
17. Although there is a wide range of performance management and quality assurance systems in place across the partnership their effectiveness is variable. Where they have been effective services have improved, for example the work on missing children or hidden harm. However, others are either under developed or not used consistently or effectively, corporately and strategically, to drive service improvement. The failure of the partnership to comprehensively audit Section 47 child protection enquiries is one such example. Outcomes from action plans relating to audits or performance are not systematically or consistently drawn together and evaluated to provide a holistic overview of service improvements. Performance monitoring and quality assurance functions carried out by the Children's Trust, WSCB and elected members have all failed to identify the significant failings in child protection services.
18. The views of children and young people contribute significantly to planning and service development. The Wiltshire Assembly of Youth (WAY) and the children and young people issues groups (CAYPIGs) have been very effective in influencing service planning and making a difference. An active Wiltshire parent carer council has been very successful in helping to change and develop service provision for children and young people who have learning difficulties and/or who are disabled. There are many examples of where they have made a difference. Parents consider the group and those they represent to have a real, rather than

tokenistic, role in service planning and comment 'we are walking the journey together'.

## Capacity for improvement

## Grade 3 (Adequate)

19. The capacity for improvement is adequate. Political and managerial ambition and prioritisation across the partnership are at least adequate and provide a clear direction of travel. There is a strongly evidenced commitment from all partners to ensure that the well-being and safety of children and young people are central to service planning and delivery. While wider safeguarding services have developed and improved this commitment has not been effective to date in ensuring all children and young people subject to child protection services have been appropriately safeguarded. However, the council has demonstrated that it accepted the findings of this inspection by taking immediate steps to commit both resources and action to address the failings in child protection services. Some remedial action commenced before this inspection ended. Overall, leadership of safeguarding is satisfactory with the high visibility of the Director of Children's Services and senior managers. Staff, children and young people report they feel listened to and involved in improving services. Services for children and young people who have learning difficulties and those who are disabled have been transformed over the past 18 months and are good with some outstanding features.
20. There is evidence that the council is able to learn from inspections or other sources and takes positive action to redress deficiencies in service provision. For example, following the first 2010 unannounced Ofsted inspection actions were taken to improve the referral and assessment team by centralising it. The initial model did not work effectively and further improvements in its re-design ensued. The council was still not content and recognised further improvements were required to its 'front door' service provision. Prior to this inspection being announced, the council had commissioned consultants to take the work forward but it had not been completed before this inspection commenced. There was also a recognition by the council that a review of the effectiveness of the independent safeguarding unit was required. The unit has line management responsibility and accountability for the independent reviewing officers (IROs) and child protection chairs. A review was commissioned and reported in December 2011. It identified a number of shortfalls some of which reflect the findings of this inspection. Senior managers were in the process of considering the outcome of the review and drawing up plans to address identified issues when this inspection was announced.
21. There is a good range of effective preventative and early intervention services to respond to families in need and those in crises. Early intervention provision and partnership work are effective and are resulting

in positive outcomes for many children, with good early identification of their needs for safeguarding. Good quality services provided by the voluntary and community sector further enhance capacity.

22. During the inspection, a detailed improvement plan was drawn up by managers in children's social care in recognition of the failures in child protection services identified throughout this inspection. The leader of the council has committed resources immediately to support remedial action to ensure children and young people in Wiltshire are appropriately protected from significant harm or risk of harm. Additional managerial capacity has been commissioned with extra resources being procured to enable all cases to be thoroughly reviewed. It was recognised immediately by the council and senior managers that the capacity of front line social care services is stretched and additional resources are required in the short to medium term to turn the service around.

## **Areas for improvement**

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

### **Immediately:**

- Wiltshire Council to ensure that the improvement plan to address the findings of this inspection is prioritised and fully resourced to reduce any adverse impact upon the capacity of the front line service
- Wiltshire Council to undertake a comprehensive audit of all children who are on the threshold of risk and/or subject to child protection plans to ensure that these children are being protected from serious harm
- Wiltshire Council to ensure that the serious shortcomings in quality assurance arrangements are addressed by strengthening management oversight and challenge in case work and through improved effectiveness of the child protection chairs
- Wiltshire Council to ensure core assessments are regularly used and updated to reflect and evaluate the impact of changing family circumstances
- Wiltshire Council to ensure child protection plans and written agreements with parents clearly identify what needs to change with clear timescales and what action is required to address any drift
- Wiltshire Council and Wiltshire Constabulary to review procedures for conducting joint Section 47 interviews to ensure practice is compliant with statutory guidance

- NHS Wiltshire and NHS South Gloucestershire, Great Western NHS Foundation Hospital Trust, Salisbury NHS Foundation Trust, Oxford Health NHS Foundation Trust and Avon & Wiltshire NHS Partnership Trust to ensure that staff fully understand the escalation policy and that there is effective monitoring of when the policy is invoked.

**Within three months:**

- Wiltshire safeguarding children board to ensure a comprehensive Section 47 multi-agency audit is carried out that identifies robustly current practice to ensure it is compliant with statutory guidance
- Wiltshire Council to ensure that the serious shortfalls in the identification of risk within assessments, contingencies and care planning are addressed and improved through appropriate staff development and training
- Wiltshire Council to ensure children in need plans are consistently drawn up following assessment and are regularly reviewed
- NHS Wiltshire and Salisbury NHS Foundation Hospital Trust to ensure that activity and outcomes from the review of children's cases presented in the accident and emergency department are reported regularly through hospital and safeguarding governance arrangements
- NHS Wiltshire and Salisbury NHS Foundation Hospital Trust to ensure that staff have access to regular safeguarding supervision as set out within statutory guidance to senior managers within the Trust
- NHS Wiltshire, Salisbury Hospital NHS Foundation Trust and Great Western NHS Foundation Trust to ensure that staff are well supported to undertake their safeguarding responsibilities through training at levels appropriate to their role and documentation which includes triggers to facilitate comprehensive risk identification
- NHS Wiltshire/BANES and NHS South Gloucestershire, Avon & Wiltshire Mental Health Partnership NHS Trust and the police to review practice to ensure that children and young people under 18 years of age are not inappropriately detained under Section 136 of the Mental Health Act 1983. In the event that a child or young person has to be detained ensure that there is access to appropriate dedicated facilities within the relevant cluster areas and that the child or young person concerned receives a prompt mental health assessment
- NHS Wiltshire and NHS South Gloucestershire, Great Western NHS Foundation Trust, Avon & Wiltshire Mental Health Partnership NHS Trust and Wiltshire Council to ensure that staff in adult services

receive children's safeguarding training at levels appropriate to their role, receive safeguarding supervision as set out in statutory guidance and are fully engaged in children's safeguarding and governance arrangements.

# Safeguarding outcomes for children and young people

## Children and young people are safe and feel safe

### Grade 4 (Inadequate)

24. The effectiveness of child protection services in ensuring that children and young people are safe and feel safe is inadequate. While there is a wide range of effective community based early intervention services available across the partnership to support children, young people and their families this inspection found significant shortcomings in the child protection services designed to protect the most vulnerable children and young people in Wiltshire. During the course of this inspection a number of cases were randomly selected from the current case lists open to social workers both in the referral and assessment team and the community safeguarding teams. Seventeen of these cases were returned to senior managers to be reviewed. Significant failings in practice were identified by inspectors with regards to the protection of children and young people who had already been identified as being at significant risk of harm and subject to a child protection plan. The non-compliance with statutory guidance, inadequate quality of assessment, including identification of risk, insufficiently robust managerial decision-making and quality assurance by managers and child protection conference and reviewing chairs failed to ensure appropriate action was taken to secure immediate or longer term protection for some children and young people. Not all children and young people had been made subject to a child protection plan that should have been. Where concerns were identified by inspectors immediate appropriate and remedial safeguarding action was taken by senior managers to protect the children and young people.
25. Children and young people who met with inspectors reported that they felt safe at school and in their localities describing Wiltshire as 'a safe place to live'. They know where to get help and advice and who they would choose to confide in if they have any safeguarding concerns. They reported that the rare incidences of bullying are dealt with effectively in their school where pastoral care staff, school nurses and peer mentors had provided reliable sources of support. Professionals who work in a range of settings are alert to cyber-bullying and appropriate steps are taken to minimise risk.
26. Robust arrangements are in place to identify, find and return to safety children who go missing from care, education, home or hospital. The WSCB has taken effective action over the last two years to strengthen partnership work and strategic oversight which means that roles and responsibilities of all agencies are clear, understood and underpinned by comprehensive policies and a multi-agency protocol. Systematic and prompt information sharing between police and social care ensures there is a timely response when children are reported missing and in the follow up action required. There is good communication with other authorities to track children who move schools between areas without notification.

27. Effective and robust action is being taken by the council to improve school attendance and to reduce school exclusions. Persistent absence rates have fallen to well below the national average for primary schools and are now in line with the national average for secondary schools. Good collaboration between the council and its schools has seen the overall number of days lost to exclusions in secondary schools drop from 5783 in 2008-9 to 4603 in 2010-11. The low level of permanent exclusions in primary schools has been maintained and in secondary schools has reduced from 64 to 40 over the same period. The number of fixed term exclusions has dropped from 467 to 433 in the last twelve months.
28. No looked after children or young people are placed in settings judged by Ofsted inspections to be unsafe. The most recent Ofsted inspections of private fostering in 2007 and fostering and adoption inspections in August 2010 judged services as good. At its latest inspection in August 2011 the single local authority residential care home, used to provide respite care for children with disabilities, was judged as outstanding in all aspects of its service provision.
29. The work of the two local authority designated officers (LADOs) is effective. There is clear evidence of impact in respect of the reporting and investigating of concerns regarding the conduct of members of the children's workforce. One randomly selected case file demonstrated clearly how a health referral relating to a nurse had led to effective action by children's social care to assess safeguarding issues within the family. In addition there are defined links to complaints about staff with clear and appropriate working arrangements between the two service areas.
30. Arrangements for handling comments and complaints are adequate. Children and young people who wish to raise issues about their care have access to the children's rights officer, who in most instances ensures their concerns are resolved constructively at an early stage. Where children, young people or their carers wish to make a formal complaint they are supported appropriately by independent investigators. However, while the number of formal complaints continues to fall, a high proportion are not completed within procedural timescales. While the annual report for 2010-11 identifies issues arising from complaints it does not include an action plan on how the learning will be taken forward to improve practice. Similarly, while the annual report is presented to the senior management team within children's social care it is not shared with elected members. This is a lost opportunity to maximise learning from the perspective of service users.
31. Safe recruitment processes meet statutory minimum requirements. There is good tracking and follow up of staff that require renewed Criminal Records Bureau (CRB) checks and General Social Care Council registration. In all cases randomly selected by inspectors CRB clearance had been established prior to staff beginning their employment and good systems

are in place to record and monitor most safe recruitment activity. However, there is no centralised system in place resulting in no overall monitoring of the consistency of performance of first line managers who are responsible for checking references and employment histories. All providers who provide transport to children and young people are required to have an enhanced CRB check. Monitoring visits to spot check drivers are CRB compliant are made by the council's passenger transport team on average four times a month. If non-compliance is discovered appropriate remedial action is taken.

## Quality of provision

## Grade 4 (Inadequate)

32. The quality of assessments and direct work with children and young people is inadequate. Inspectors found serious and significant shortcomings in the safeguarding and protection arrangements for a number of children receiving statutory child protection services. Within children's social care and the police, statutory guidance and procedure are not routinely followed in respect of joint interviews of Section 47 child protection enquiries. Similarly, in some instances social care practice has been non-compliant with statutory guidance in deciding whether to hold an initial child protection conference (ICPC) if it is felt that the child has been made safe irrespective of whether it has suffered significant harm. Records of child protection enquiries seen by inspectors demonstrated that welfare checks with other key agencies are often incomplete. Feedback to other agencies on what has happened to a referral is inconsistent.
33. A high proportion of cases seen by inspectors were judged to be inadequate and these included cases of children under the age of 10 years who had received services over a number of months. There was over optimism by professionals and managers involved in these cases as to the level of protection being afforded by parents and carers to such young children. This, combined with an insufficient focus on the needs of the child during assessment and the failure to identify risk, contributed to the significant failures in child protection. The monitoring of cases by managers had failed to identify inadequate practice and consequently not led to appropriate action being taken in a timely enough manner to protect children. These issues were drawn to the attention of senior managers during the inspection, and the cases scrutinised by inspectors were all immediately reviewed. Levels of risks were re-assessed and immediate and appropriate action taken to safeguard the children concerned, including the use in some cases of legal proceedings to ensure appropriate protection from harm.
34. The quality of core assessments in long term casework to fully record and evaluate the history and current circumstances of the child and family is underdeveloped. This significantly impacts on the quality of risk assessment and care planning. Children are regularly seen, mostly within statutory time scales. Case recording is generally up to date. However, it



is highly descriptive and there is little evidence of risk analysis or how new information influences and drives case planning. Discussions with managers are usually evident in most case files although these do not always have a significant impact on the case direction or improve outcomes for some of the most vulnerable children.

35. The analysis in the majority of assessments seen, including those in Section 47 enquiries, is poor. In a majority of cases it was descriptive and lacked focus on robustly identifying whether a child has suffered significant harm or is likely to in the future. As a consequence case planning and decision making becomes seriously flawed leaving some children inadequately protected and exposed to potential and on-going harm.
36. Although child protection conferences and reviews are mostly held within timescales and core agencies are generally well represented, the quality and impact of case conferences is variable. This has resulted in families being unclear about the full reasons why their child has been made subject to a child protection plan. A small number of parents who met with inspectors, whose children were or had been subject to a child protection plan, reported on their experience of the case conference. While they appreciate the support and help offered to them from a range of professionals, they describe the child protection processes as daunting, especially the conference. Most of the parents considered that their views were not sufficiently acknowledged in these meetings thus inhibiting their initial engagement.
37. Child protection plans are currently written by conference chairs and not the allocated social worker. The quality of these plans is variable and social workers report that they do not always capture the correct emphasis on specified actions or on occasion accurately reflect decisions made. Key professionals report that there are often significant delays in case conference minutes being sent out. These issues reduce the effectiveness of the core group of professionals working with the family to develop and monitor the plans to ensure improved outcomes for children and young people.
38. Whilst most plans do have contingency arrangements in place these are written as broad statements. This leads to a lack of clarity for those working with the plan, and more importantly parents, as to the potential consequences if they fail to deliver sustainable change for the children and young people concerned.
39. Out of hours support to vulnerable children and families and working arrangements with day time services are good. The emergency duty service (EDS) has access to Wiltshire's electronic integrated children's system that contains relevant information about vulnerable children and families known to day time services. EDS staff update case records in a

timely fashion and allocated workers are well informed about any activities in relation to their allocated casework. On call managers are available from children's social care if EDS needs to consult about the outcome of their intervention. The EDS manages the crisis intervention service out of office hours resulting in children, young people and their carers being able to gain intervention and support in the event of a crisis occurring out of regular daytime hours. This is effective in helping to prevent a child or young person from becoming accommodated. The team has the capacity to provide pre-arranged monitoring visits or telephone support calls to families allocated to social workers.

40. Thresholds for access to social care services are generally well known across the partnership and used appropriately. Schools and health partners report favourably on the single point of referral and assessment for the whole of Wiltshire. They comment favourably on the advice, guidance and information they can access when seeking clarification as to whether a concern should be a referral. However, the same agencies report feedback is not routinely given on referrals they make and where it is the quality is reported as variable but improving.
41. Early intervention and prevention services in the wider children's safeguarding arena are effective and used both to prevent children and young people from being accommodated by the local authority and to help reunify some families where their children have been accommodated. The establishment in 16 areas of Wiltshire of multi-agency fora (MAFs) is proving to be effective in delivering early interventions. Although in varying stages of maturity, where they have been working the longest, multi-agency interventions are effective in providing a 'team around the child' (TAC) approach. There are strong links between the MAFs and the use of the common assessment framework (CAF). There are regular multi-agency meetings about children and young people where concerns have been raised, with parents fully engaged in the process. Military families have full access to all service provision and in February 2012, 52 school age children from military families were benefiting from a CAF. Parents who met with inspectors reported positively about the process and the benefits: not having to retell their story to different agencies, getting help early before problems escalated, having a lead professional as their advocate and bringing agencies together to help them and their child. They reported that the CAF was not an 'easy option'. It provided them with challenge as well as supporting them to build their confidence and capacity to become better parents.
42. Arrangements to identify and monitor children who are educated at home are well established and effective. Robust policies and procedures are in place and followed consistently by the education and welfare officers (EWO) with specific responsibility for this work. Good liaison and sharing of information between EWOs and other agencies, including general practitioners (GPs) and paediatricians, supports the work undertaken to

track children, to provide advice to parents and to share information swiftly as soon as concerns are raised about the safety and welfare of children.

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

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

43. The contribution of health services to safeguarding of children and young people is adequate. Health partners assure themselves that children and young people are adequately safeguarded. Policies and guidance are readily accessible to staff across health provider services and those staff who met inspectors confirmed they knew how to seek safeguarding advice and guidance. The lead safeguarding professionals are knowledgeable and accessible to practitioners. Under the guidance of the named GP and designated nurse the engagement of GPs, dentists and pharmacists in safeguarding is improving but it is acknowledged that there is more progress to make. Safeguarding champions are being identified in all GP practices and although GP attendance at case conferences is low, most GPs do submit reports. However, the use of the standard report template is inconsistent and not all GPs are aware of it. The role of the LADO is well understood across health services and whistle blowing procedures have been used with positive outcomes. Where safeguarding concerns are not appropriately addressed an escalation policy is in place and front line staff are confident as to its effectiveness. However there is less clarity and understanding that consulting with named nurses does not necessarily invoke a safeguarding referral. This can potentially lead to a delay in progressing issues of concern.
44. Health provider support plans to individual children subject to child protection procedures are not always sufficiently detailed or outcome focused. Serious incidents are not routinely notified by all providers to the designated safeguarding nurse. This issue is being addressed currently through contracts and direct engagement with providers. A twice weekly review at Salisbury NHS Foundation Hospital Trust of all presenting children is an effective safety check to ensure that appropriate safeguarding actions have been taken. Any practice development issues arising from this review are promptly addressed with individual clinical staff and notified to the lead consultant and named nurse. However, there is no upward routine reporting of this review activity to the Trust. Safeguarding supervision has yet to be established effectively within the Trust and this is being addressed by the named nurse. EDS are accessible to the acute services and will attend the emergency department as requested.
45. Health visitors and school nurses prioritise child protection and safeguarding activity, and attendance at case conferences and core groups is good. There are capacity pressures in the school nursing service currently being addressed through training to increase numbers of

qualified staff, skill mixing and the reconfiguration of the service based on areas of highest need. Health visitor service development and capacity building is progressing well from a slow start towards achieving the 2015 staffing targets. There is positive multi-agency partnership working through the MAFs, the gateway panels and multi-agency risk panels.

46. Midwives are appropriately identifying potential safeguarding risks at registration and through ante-natal activity resulting in improvements in pre-birth planning. Safeguarding training and supervision in these services is not yet established to expected levels but is improving. Midwives are gaining confidence in undertaking CAFs but this is at a relatively early stage and as yet there is little evidence of impact.
47. Access to CAMHS has significantly improved with a newly commissioned service provider, Oxford Health NHS Foundation Trust. The CAMHS, including the outreach child and adolescent service (OSCA) which is available 24 hours per day, are good quality and effective. Young people told inspectors how highly they value the support they receive and what a positive impact it has had on them and their families. The service makes daily contact with the acute hospital trusts, and responds promptly to requests for assessments. For young people requiring in-patient mental health treatment, there is clear access to specialist adolescent provision at Marlborough House in Swindon. No young people requiring in-patient Level 4 mental health services are placed in adult provision.
48. A wide range of good quality sexual health services, known as 'No Worries,' is being delivered within a strong partnership arrangement across health, schools and colleges, the youth service and the third sector. The services are well known and trusted by young people and there are examples of innovative practice and service development. Access to clinics and school and college drop-ins is good and well used by young people. Innovative practice includes the development of a smartphone app specifically for Wiltshire where young people will be able to access advice, guidance and sexual health information. Young people are actively involved in mystery shopping services against 'You're Welcome' criteria for the delivery of sexual health services and have influenced the design of posters, location and opening times. The teenage pregnancy rate is well below that of similar councils. All teenage mothers routinely have CAF assessments and effective support from a specialist midwife and health visitor. A head teacher is acting as a positive influence in increasing school engagement with sexual health strategies resulting in a robust healthy schools programme with positive outcomes.
49. Children and young people who have been victims of sexual assault have good support, via a well-established and effective referral pathway to dedicated facilities within the acute hospitals which serve Wiltshire. Although sexual assault referral centre (SARC) facilities are not available within the area, there are facilities close by within neighbouring

authorities. There is good follow-up support and effective sexual health services are in place.

50. There is a good range of health services providing effective support for children with disabilities. Appointments are increasingly coordinating multi-disciplinary interventions through the 'team around the child' approach, minimising disruption to children's daily lives. There is more to do to ensure this practice is fully embedded particularly where a child may need multiple medical interventions which could be delivered simultaneously or under single anaesthetic such as dental surgery and blood tests but it is an improving picture. Schools, nurseries and children's centres are well supported to include children who have disabilities or healthcare needs and effective practice guidance is in place. Palliative care and support for children with life limiting illnesses are delivered in a sensitive and supportive way based on the wishes of the child and their family.
51. Staff across the health community are aware of the cultural and diverse needs of the population. There is effective use of independent interpreters rather than family members to help families have appropriate access to health services. There is an awareness of increasing incidents of female genital mutilation and work is in hand within the maternity services to develop awareness and expertise. Leaflets are provided in a number of languages within acute settings and the minor injuries unit. The development of the support group named by young people as 'Group of Gays' (GOGs) is facilitating young people to understand and gain peer support on issues of sexuality. The young people involved with GOGs speak positively of the impact that GOGs has had on their sense of identity and well-being.
52. Where young people are subject to detention by police under Section 136 of the Mental Health Act 1983 there are no appropriate dedicated suite facilities. Section 136 suites provided by the Avon and Wiltshire Mental Health Partnership NHS Trust do not accept referrals for young people under 18 years of age and, although few in number, children have been detained in police custody awaiting a mental health assessment. This is inappropriate practice. Currently discussions are at an early stage, between health commissioners, provider and the police, to resolve this issue and to review whether assessments under the Mental Health Act are being appropriately requested or whether a mental health assessment from OSCA would better meet the needs of the child or young person and reduce delays in service provision.
53. The Wiltshire assembly of youth (WAY) is effective and leading the 'agenda for action' programme facilitating young people to have real influence on service areas they have identified as priorities. Under the auspices of the WSCB and as a result of lessons learned following a serious case review of a young person who committed suicide, young people recently led a well attended mental health conference, 'Be Kind to

Your Mind' as part of their work to develop a Young Minds Matter Charter for schools. Councillors attended the event, including the cabinet member and portfolio holder for children and feedback from young people who attended is that the event provided a safe and open place where young people's awareness was raised and they could share their mental health issues, in some cases for the first time. A report of issues and recommendations arising from the event is being taken to cabinet with an accessible version and a DVD of the event being developed for young people.

54. Services are responding appropriately to the high and rising alcohol use among young people. Effective substance misuse services are provided by Motiv8 which is providing support to young people which they value. The new provision of a substance misuse specialist in the CAMHS team to develop the expertise of clinicians in understanding and responding to substance misuse issues in their work is positive and although too soon for impact to show, the aim is to improve multi-disciplinary working with young people with multiple needs.

### **Ambition and prioritisation**

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

55. Ambition and prioritisation are adequate. The CYPP has been revised and re-launched for the period 2012-15. It is based on a thorough joint strategic needs analysis which has informed planning decisions and commissioning priorities. As a result new commissioning strategies for family and parenting support, 11-19s, child poverty and emotional health and well-being have been developed. Over the past 12-24 months the focus and priorities have been on improving services. The re-design of the referral and assessment team following the Ofsted unannounced inspection in 2010, with further improvements made in 2011, the re-design and transformation of the looked after children's and care leavers service, the transformation of the short break services for children with disabilities from an under performing service to one that is now a national exemplar and the council's and health's corporate restructuring have been major activities for the council and partners. As a result improved outcomes for many children and young people have been achieved.
56. Corporately across the partnership, safeguarding is a high priority. However, while attention has been given to designing a model for the future that has a greater emphasis on building the resilience of service users through early intervention and prevention, the fact remains that this has had the unintended consequence of insufficient attention by senior managers being accorded to child protection work. When drawn to the council's attention this was acknowledged by senior managers and the leader of the council with remedial action implemented immediately. The council is supporting and resourcing children's services with immediate effect to ensure appropriate safeguarding practices are followed across

the partnership to afford protection to Wiltshire's most vulnerable children and young people.

## **Leadership and management Grade 4 (Inadequate)**

57. Leadership and management of safeguarding services are inadequate. Inspectors found some children and young people inadequately protected from significant harm. Although the leadership and management of the wider safeguarding services is good, the serious shortfalls in child protection practice have been missed not only within children's social care but across the partnership, including the Children's Trust and the WSCB. Although some issues of poor practice had been identified by children's social care improvement board prior to the inspection commencing, case file audits, performance monitoring arrangements by the Boards and single agency management oversight had all failed to identify key areas of risk or non-compliance with statutory guidance. For example while some agencies have escalation policies in place should safeguarding concerns arise they had not been consistently used. Similarly, joint interviews by the police and children's social care are not always carried out in accordance with statutory guidance. The failures in managerial oversight meant that such practices were either not identified or, in some instances, challenged appropriately where risk had been identified but the subsequent proposed action was insufficiently robust. This led to some children being left experiencing ongoing risk of serious harm.
58. The strategy for workforce development is currently being revised and is in draft form. Joint workforce planning has yet to be developed with the majority of the work being undertaken within single agencies and then overseen by the Children's Trust and WSCB training sub-group. There is good multi-agency training provided to develop staff through mandatory and elective training using the web-based 'Pathways' website. This is available and well-used by both statutory and third sector agencies. Training audits are undertaken and supervision used to identify a worker's individual training needs. However, this inspection clearly identified the lack of appropriate training in the identification and management of risk within child protection and child in need assessments. It was acknowledged that this was a gap which senior managers are addressing as a matter of urgency. There is a lack of coordinated planning across children's services or the partnership as a whole to target recruitment to reflect the diversity of Wiltshire other than in the early years settings where a focus has been on a 'Men in Child Care' campaign. Vacancies within children's social care are low. A high proportion of newly qualified social workers report that they receive good support and training.
59. Safeguarding children and young people is not adequately developed across all adult services with inconsistent procedures across statutory and third sector services. The under development in some service areas of

safeguarding is recognised. Within adult mental health services children's safeguarding champions have been appointed in each team to drive development and to provide advice and guidance. This service has recently set a requirement for Level 3 children's safeguarding training for adult mental health staff. However, to date, children's safeguarding training targets have not been ambitious enough to ensure that adult service staff are fully equipped to identify issues of hidden harm. Adult learning disability services have not established routine safeguarding supervision and are rarely involved in pre-birth planning. This is a key omission and has the potential to place children and young people at risk through there being insufficient supervision of safeguarding issues or of key workers not being invited to planning meetings where protective information can be shared.

60. Resources are used effectively to meet service demand. Within the significant budget reductions faced by the council it has taken appropriate action to protect front line services. A clear focus of the partnership has been on developing good commissioning strategies designed to promote the independence and resilience of service users while saving money in the longer term through children and young people not requiring accommodating by the council. Because of its commissioning work Wiltshire has been accepted as a phase 2 community budget pilot to support multi-agency work for families with complex difficulties. However, the project is very new and it is too soon for impact to be demonstrated. There is good evidence that services have been de-commissioned and others re-commissioned to meet identified need or where practice and services have fallen below an acceptable standard. Examples of improved services leading to better outcomes for children and young people include the CAMHS OSCA team, the newly commissioned early intervention services from Action for Children and council funding of bilingual teaching assistants through the ethnic minority achievement service to help some service children overcome language difficulties and to provide support to parents.

## **Performance management and quality assurance**

### **Grade 4 (Inadequate)**

61. Performance management and quality assurance arrangements are inadequate. There are significant failings in quality assurance arrangements across the partnership to ensure that the most vulnerable children and young people are appropriately safeguarded. Within children's social care 17 cases of a child protection nature had shortcomings, some more serious than others, in the identification of risk assessment and planning. Quality assurance processes that had been applied to these cases were not robust and had not identified key risk factors. Although social workers report that their managers are available and that they receive regular support and supervision, it is not clear how supervision has influenced practice within child protection cases to ensure



the most vulnerable children and young people are safe. Direct managerial oversight through supervision and case directions has failed to provide an appropriate level of oversight and challenge. In some cases reviewed there was insufficient challenge by child protection chairs or recognition of the risks some children and young people were exposed to. Consequently, the impact of ongoing risk for the child or young person was not reflected in the subsequent child protection plans.

62. Corporately and across the partnership there are a number of performance management, monitoring and auditing systems in place. Reports are routinely made available to council committees and partnership boards and ensure that political leaders and managers have up to date information on performance trends. However, there has been too much reliance on measuring performance against set performance indicators with insufficient attention given to reviewing the quality of safeguarding work underpinning the data. For example, under the auspices of the WSCB some multi-agency themed audits have been carried out and the findings used to inform practice. However, no comprehensive audit of Section 47 enquiries has taken place to date. Had there been such an audit it is likely that the child protection issues identified by this inspection would have been discovered. It is the partnership's intention to address this issue as a matter of priority.
63. There is not yet a unified performance management framework in place across the whole health community to assure consistent, quality assured health safeguarding activity. Priority has been given to setting up clear governance arrangements and establishing reporting systems. Annual safeguarding reports, while describing activity well, do not set out strategic, measurable objectives to ensure continuous and consistent improvement. A gap analysis has been undertaken and an improvement framework is currently being developed to encompass all health providers.

## **Partnership working**

## **Grade 3 (Adequate)**

64. Partnership working is adequate. Although there is evidence of effective partnership working in a wide range of safeguarding service areas, the significant shortcomings in child protection work means partnership working cannot be judged to be good.
65. There is good awareness of the impact domestic violence has on children and young people. There has been effective awareness raising across a wide range of professionals through a number of routes, such as practitioner fora, general training, bespoke training for professionals, such as community dentists and nursery nurses, and an annual domestic abuse conference. This has resulted in an increasing number of professionals making referrals to the multi-agency risk assessment conference (MARAC). Good targeting of services has led to a reduction from 45.7% in 2005-06 to 26.3% in 2010-11 in the number of incidents of domestic abuse

reported to the police involving the same victim during the previous 12 months. Wiltshire police are one of three forces taking part in a pilot under which perpetrators can be banned from molesting a victim, or going near their home for up to 28 days through the use of a domestic violence protection order (DVPO). Since the pilot commenced in June 2011, the police have obtained 83 DVPOs to protect families in Wiltshire. Although it is too soon for the full impact of the pilot to be known, early indications as to the improved safeguarding of families are positive, with referrals being made to victims of domestic abuse support groups and offender programmes.

66. The MARAC is effective and its action planning and links with multi-agency public protection arrangements (MAPPA) ensure that safeguarding risks to children and young people are appropriately considered. However, although individual cases are dealt with appropriately there are no clear arrangements for the evaluation of practice. Although individual agencies review their practice internally there is no formal overview minimising the opportunity to identify trends and themes or inform learning. While the MARAC co-ordinator circulates reports to support learning from local and national issues, front line staff do not routinely use the information to inform casework practice.
67. The WSCB and Wiltshire child death overview panel are effective in using findings from serious case reviews and reviews of deaths to influence policy and guidance. A good example is the development of the emotional well-being and mental health strategy for young people. Under the auspices of the WSCB and from learning arising from a serious case review a mental health conference for young people was held and run by young people. They influenced the agenda and with support will be taking forward the action planning arising out of the conference. Dissemination of learning across the partnership from serious case reviews is satisfactory but it is less clear, particularly in child protection work, how the learning from national serious case reviews has influenced practice.
68. Partnership working between the statutory and third sector organisations is strong. A good example is the vibrant and strong Wiltshire parent carer council (WPCC) who are working together to improve services for disabled children and young people. Aiming High funding has been used effectively to transform services for children with disabilities with some outstanding aspects of service provision evident. For example, the development of the Wiltshire short breaks local offer has resulted in a 40% increase in take up in 2010-11 with 953 families availing themselves of the flexibility of the programme offered. WPCC are fully engaged in the disabled children and adults review where Wiltshire has been awarded pathfinder status and is developing a 0-25, or described by parents as 0-stability, model to improve transition arrangements and practice to better meet the needs of the young people involved.

69. There is strong and effective liaison and co-working between statutory and voluntary services and the army welfare service. The extended services coordinator works closely with the army welfare service to support families living in the area. A good range of early intervention services through children's centres, parent support advisers and integrated youth services are available to support military families. Specific groups to help children and young people with emotional and well-being issues relating to a parent on deployment, bereavement and isolation are effective. There has been a significant increase in foreign and commonwealth families within the military community resulting in challenges for professionals to ensure integration and social cohesion. Clear arrangements exist for notifications relating to domestic violence, family difficulties and health issues. Where child protection concerns are identified there is clarity of understanding and appropriate action is taken by military personnel to comply with the WSCB child protection procedures. A representative from the military welfare service is a member of the WSCB, the Children's Trust Commissioning Executive and the Stakeholder Partnership. Given the large number of children from military families living in Wiltshire this is appropriate and demonstrates the partnership's strong commitment to service children.

## Services for looked after children

### Overall effectiveness

### Grade 3 (adequate)

70. The overall effectiveness of services for looked after children, young people and care leavers is adequate. Because of the significant failings identified in the safeguarding part of this inspection the council and partners cannot be confident that all children and young people who need to be in care in Wiltshire are in their care. For looked after children and young people who are in care outcomes are adequate or better. In the areas of being healthy and staying safe the outcomes are adequate. Looked after children and young people receive good support to help them enjoy and achieve and to achieve economic well-being. The engagement of looked after children, young people and care leavers in making a positive contribution is outstanding. All looked after children and young people are allocated to qualified social workers from whom they receive appropriate advice and guidance. However, there is variability in the quality of assessment and case planning. This is largely dependent upon whether they are allocated to social workers in generic teams or to workers in the through care team where the focus of work is exclusively with looked after children and is of better quality.
71. The majority of looked after children and young people who met with inspectors or who completed the pre-inspection Care4me survey said they felt safe, were in the right placement to meet their needs and that they had at least one person they could confide in if they felt unsafe or had worries. Opportunities for looked after children, young people and care leavers to voice their views and opinions as to how their needs are met or to contribute to service planning are outstanding. The Children in Care Council is well established and effective. Their involvement in the corporate parenting board is valued and the young people concerned feel listened to and feel they make a difference.
72. Performance management is adequate. While performance against key national indicators is regularly scrutinised to inform practice there is insufficient attention to the quality and robustness of assessment and planning. Managerial oversight, decision-making and challenge from the independent reviewing service are variable in consistency and quality.
73. The council's single agency commissioning arrangements are well developed. Rigorous monitoring systems and practices are in place to ensure no looked after child or young person is placed in a care setting or school that has been judged by Ofsted to be less than good. However, joint commissioning with health and other partners for looked after children's services is still relatively under developed but being worked on.

## Capacity for improvement

## Grade 2 (good)

74. The capacity to improve services for looked after children, young people and care leavers is good. The shared vision and strong leadership across the partnership has been effective in driving improvement within the looked after children's service. Commitment from elected members, partners and senior managers within the council has ensured that all outcomes for looked after children and young people have significantly improved. The turnaround in the quality of provision within a relatively short timeframe is evidence that the council and partners have good capacity for improvement within this service area.
75. Strategic planning and the development of priorities and targets for looked after children are good. The children in care commissioning strategy, currently in draft form awaiting sign off, is clear in its priorities for on-going service development. Looked after children and young people made a positive contribution to the formation of the strategy. Children and young people are listened to very regularly and their views are used well to inform practice and service development. A good learning culture within the service is adding to capacity. For example, the authority both contributes to and uses research to inform practice. Parenting assessments undertaken in the resource centres are strengthened by awareness of current learning, and adoption workers are contributing to research at a local university into post adoption breakdowns.
76. Overall there is sufficient capacity and a low vacancy rate within the looked after children's and care leavers' service to enable managers and staff to meet the needs of the service and to deliver its core functions. Staff in the through care teams who met inspectors report they have been well supported through the recent changes to service delivery by knowledgeable and respected managers. They are energised by the changes, viewing them as significant improvements and are determined to make a positive difference for the looked after children and young people they work with.

## Areas for improvement

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

### Immediately:

- Wiltshire Council, through its review of its risk assessment processes and practice to ensure that all children and young people who need to be in care in Wiltshire are appropriately accommodated

- Wiltshire Council to ensure placement plans for looked after children and young people placed with foster carers contain relevant, up to date information to assist carers provide good quality safe care personal to the child or young person's needs
- Wiltshire Council to ensure the looked after children's health team receive prompt notification of a child or young person's admission to care or change of placement

**Within three months:**

- Wiltshire Council to ensure robust tracking and monitoring systems are in place to enable the council to assure itself that looked after children and young people allocated to teams other than the through care teams receive a service that is at least comparable to the quality of service provided by the through care service.
- Public Health and NHS Wiltshire and the council should appoint a designated doctor and designated nurse for looked after children to ensure effective strategic clinical leadership in line with statutory national guidance as set out in *Working Together To Safeguard Children*, 2010
- Public Health & Public Protection NHS Wiltshire & Wiltshire Council should ensure that looked after children's health service delivery is subject to a work plan with measurable objectives and a rigorous performance management framework
- Public Health & Public Protection NHS Wiltshire & Wiltshire Council should ensure that the needs of young mothers and fathers within the looked after children service, including those who are placed outside the area, are identified and addressed
- Public Health & Public Protection NHS Wiltshire & Wiltshire Council should ensure that there is effective quality assurance of health assessments and reviews for all looked after children, and that the looked after children nurses are well equipped to undertake this role
- Public Health & Public Protection NHS Wiltshire & Wiltshire Council should ensure that health support to looked after children and care leavers is fully developed in partnership with the children in care council
- Public Health & Public Protection NHS Wiltshire & Wiltshire Council to ensure that care leavers receive copies of their health histories to equip them to make effective future health choices.

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

### Being healthy

### Grade 3 (Adequate)

78. The delivery of health services to looked after children is adequate. NHS Wiltshire has not appointed a designated nurse and designated doctor for looked after children and is therefore not in line with statutory guidance as set out in *Working Together To Safeguard Children*, 2010. This has resulted in a lack of clinical leadership and representation at a strategic level. However, at an operational level most functions of the designated roles are fulfilled. For example, two provider trusts are contracted to provide appropriately skilled and experienced paediatricians to undertake the designated doctor roles, carry out or direct all initial health assessments and provide support to the adoption and fostering panel which functions effectively.
79. The establishment of a single point of access for all notifications from social care to the looked after children health team has been a positive development, providing appropriate information regarding children and young people entering the care system and any changes to their placement. However, not all notifications are timely and this contributes to delay in a child or young person receiving an initial health assessment. For example, only six of the current cohort of 19 young people will have received an initial health assessment within 28 days of becoming looked after. This results in the health needs of some looked after children and young people not being fully identified and addressed soon enough. Remedial action is being taken to address this issue. Performance on ensuring that annual reviews of health assessments are timely is good at 88.4% compared to the national average of 84.3%. Good flexibility and choice in terms of location and time is offered to looked after children and young people as to where they have their health review. However, more recently there has been a significant increase in the number of looked after young people declining their health review. Currently, this issue is being explored by the looked after children health group and community health service to understand and address the reasons for this.
80. The looked after children nurses quality assure all health review documentation and health plan recommendations completed by other professionals. If the information is not judged to be good enough it will be returned to the originator for improving and updating. The quality of health assessments and health reviews undertaken by professionals for children in out of area placements is variable. Action to address this issue is taken with areas known to produce poorer quality assessments through payment systems and directive approaches. Currently, although work is being undertaken to address the quality of health service delivery to

children and young people placed out of area their access to good quality, age appropriate health promotion, cannot be fully assured.

81. Coordination between looked after children and young people's statutory reviews and their annual health reviews is under developed. No reference is made in the independent reviewing officers' (IROs) annual report or audits to the outcomes from health assessments or the quality of health care plans. This is a missed opportunity for any trends or themes to be identified and to inform future service provision.
82. Children have ready access to health services including good quality CAMHS and Motiv8, the substance misuse service. Both services are outreach based services and able to respond to need promptly. To date strengths and difficulties questionnaires (SDQs) and the minutes of looked after children reviews have not been routinely shared with the looked after children health team. This reduces the ability of the looked after children health team to fully quality assure health service delivery and results in a missed opportunity to track a young person's emotional growth and development at the time of their annual health review. More importantly it prevents a looked after child or young person from being actively engaged within the review process in tracking their own emotional development. Partners have recognised this as an area for development and from April 2012, SDQs will be copied to the looked after children nurses.
83. Targeted health promotion is delivered by a range of professionals including the looked after children nurses, school nurses, and sexual health services. Foster carers and other professionals receive good quality training on a range of issues relating to the health and well-being of looked after children and young people. Looked after young women who become pregnant routinely receive a CAF assessment. However, currently, there is no collection of data on the numbers of looked after young women who are pregnant, or who are teenage mothers. Similarly, partners are not aware of which looked after young men are, or about to become, fathers. Consequently, the partnership cannot satisfy itself that the needs of this group of young people, including those who may be placed out of area, are being fully met.
84. The standard of case recording, health assessments and health planning is adequate overall, although health plans are task centred rather than outcome focused. In cases reviewed by inspectors it is clear that the views and wishes of the child or young person are clearly recorded. This is a positive feature and reflects the work that has been undertaken across health to ensure the voice of the child is heard.
85. Health support for care leavers is under developed. Care leavers are not routinely given their health records when they leave care. There has not been recent engagement with the Children in Care Council on how health information, advice and guidance can be best provided to and received by



care leavers. This has been identified as an area for development in health's 2012 work plan.

## **Staying safe**

## **Grade 3 (Adequate)**

86. The impact of services in ensuring looked after children and young people stay safe is adequate. The failings identified in child protection assessments means that safeguarding risks have not been consistently identified or managed well and therefore the council and partners cannot assure themselves that all children and young people who need to be looked after are in care.
87. Once children and young people enter care their safeguarding needs are well met through good quality placements. The most recent Ofsted inspections of fostering and adoption inspections in August 2010 judged services as good. At its latest inspection in August 2011 the single local authority residential care home, used for children with disabilities, was judged as outstanding in all aspects of its service provision.
88. Looked after children and care leavers who spoke with inspectors are generally positive about their experiences of care. They spoke very positively of teaching staff, independent reviewing officers and the children's rights officer, who had provided continuity through change where this had occurred. All children who responded to the Care4me survey reported that they could tell someone if they were being harmed.
89. Arrangements for the independent review of children's cases, including those who are placed with independent providers or who are outside the local area, have recently been strengthened and reviews are held in a timely way. Most looked after children and young people had confidence in their independent reviewing officers and understood their role. However delays in sending out minutes following reviews mean that some carers and young people are unclear about who was responsible for progressing the plan, and several reported that actions agreed at one meeting are incomplete or inappropriate at the next. The monitoring and review arrangements are very robust for placements commissioned externally. No looked after children or young people are placed in settings where staying safe was judged by Ofsted inspections to be inadequate. The council is able to evidence the robust action it took when a provider failed to provide an appropriate standard of care.
90. Short term placement stability is improving and better than that of similar councils. A determined recruitment drive for new carers combined with an improved focus on assessment of relatives as foster carers has resulted in a steady rise in additional fostering households with a net gain of 20 new carers in 2009-10 and a further 20 in 2011-12. However, long-term stability remains a challenge and performance is below that of similar councils. The council is aware of the need to provide additional support for carers where placements are under pressure due to the complex needs of

some looked after children and young people. It has created additional capacity within the service and is in the process of recruiting additional workers for this specific area of work. Social workers interviewed demonstrated they had worked hard to ensure children's needs are matched to carers who have the right skills to meet them, and were committed to avoiding unplanned moves.

91. The timeliness and numbers of children being placed for adoption are good. Effective ongoing work to secure more timely permanency for some looked after children and young people has resulted in fewer placement breakdowns. The council has recognised a need to strengthen financial and practical support to promote Special Guardianship, and there is increasing use of this route to permanence for children who may not need to remain in care.
92. Children's services work closely with the council's housing options team to ensure that all 16 and 17 year olds who present as homeless receive appropriate support and the use of bed and breakfast accommodation is avoided. The host family's scheme, an innovative and central part of the strategy, provides high quality emergency accommodation across the county while suitable longer-term options are explored and mediation is undertaken where a safe return to the family home is in the young person's best interests.

## **Enjoying and achieving**

## **Grade 2 (good)**

93. The contribution of services to helping looked after children and young people enjoy and achieve is good. Strong collaborative working between the virtual school, social workers and teachers and a shared vision to give all looked after children and young people a positive and successful school experience are common features of the work in Wiltshire. The virtual school has had a positive impact on the improving educational inclusion, attendance, progress and attainment.
94. Clear admission policies and procedures ensure that looked after children are prioritised and placed in good or outstanding schools wherever possible. In the few cases where education provision deteriorates and is judged satisfactory or inadequate by Ofsted following the admission of a child, the local authority takes swift action to ensure that their educational needs continue to be met, putting in place additional support and challenge where needed.
95. Most looked after children enjoy a stable and rewarding school life. For the small number of older young people who struggle in full-time mainstream school, flexible curriculum packages are developed involving a range of alternative education provision to meet their individual need. Robust monitoring arrangements and tenacious work of virtual school officers are helping to keep young people who face some of the most significant barriers to learning engaged in education and making progress.

96. In 2011, attainment at Key Stage 1 was above the national average for looked after children on all measures. At Key Stage 2, attainment improved substantially from 2010 to above the national and similar area average. Attainment in mathematics was well above both comparators. The large majority of children are making satisfactory or better progress throughout primary school and the attainment gap between looked after children and their peers at the age of 11 in Wiltshire is closing.
97. The number of young people sitting and achieving GCSEs has increased over the last three years despite a slightly higher proportion of the cohort having a statement of special educational need compared to the national figure for this group. All 16-years-olds who took GCSEs in 2011 progressed successfully into full-time further education or training. However performance in respect of the number achieving five or more good GCSEs including mathematics and English was disappointing as a few of the group very narrowly missed their target grades. The three-year rolling average for performance at this level remains above the national average. Closing the attainment gap between looked after children and all Wiltshire pupils at the age of 16 is a high priority for the local authority. Targeted strategies to better support the current cohort of young people in Year 11 up to and throughout the examination period have been put in place in the light of the lessons learned last year.
98. Effective action has been taken to improve attendance and behaviour in school. In 2011, attendance was above the national and similar area averages for looked after children following a marked improvement since 2009. The number of looked after children and young people who are persistently absent has fallen consistently over the last three years. Absence rates remain higher in secondary schools than in primary schools and the local authority knows there is more to do to improve in this area. There have been no permanent exclusions of any looked after children for the last three years as a result of well targeted support and intervention from the virtual school and other services working in close partnership with schools. The number of fixed-term exclusions and the number of school days lost to exclusions overall are now low, as both have fallen dramatically over the last three years.
99. Personal education plans are used increasingly well to support, monitor and record learning. Action to improve the timely completion of plans has been effective with the large majority reviewed and updated on time. The roles and responsibilities of social workers, teachers and virtual school staff have been reviewed and clarified. The quality of personal education plans seen by inspectors was satisfactory overall and some were good. Effective quality assurance and moderation of plans and systematic use of data are enabling the virtual school to challenge and support the work of schools more robustly and to target resources effectively. The revised template for personal education plans helps to capture the views and aspirations of children and young people well and encourages them to

share responsibility for learning. While good attention is often paid to children and young people's personal, social and emotional development, the quality of academic target setting and monitoring is variable with some targets that are not sufficiently precise or measurable. Work to develop an early years personal education plan to support the very youngest children is well underway.

100. Robust monitoring arrangements for children placed in schools out of the county ensure they are well supported and their attendance and outcomes are tracked carefully. Two virtual school officers carry specific responsibility for these children and work closely with their schools and social workers.
101. With the agreement of local schools, the virtual school retains control of the pupil premium funding for looked after children. This funding is being targeted and used well to support learning and achievement, for example by purchasing specialist equipment and resources, and providing one-to-one tuition in key subjects and extra curricular activities. Children and young people have good access to a range of enjoyable leisure and recreational activities, however not all children, foster carers and professionals who met inspectors were aware of the free leisure pass offered by the council. The participation opportunities provided by the virtual school are a major strength. Children and young people told inspectors that taking part in activities as a group gave them confidence to try out new things, opportunities to make new friends and time out just to be themselves.

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

#### **Grade 1 (outstanding)**

102. Looked after children, young people and care leavers make an outstanding contribution to decision making, democratic processes and service development and this has made a notable difference to policy, practice and provision in many areas. In schools, they are encouraged and well supported to play a full and active part in school life, for example taking on roles as mentors to younger children and as school council members representing the views of their peers. With support from the virtual school looked after children and young people are also well prepared to deal with challenge and change in their lives, for example moving from primary to secondary school and onto post-16 education and independence. Looked after children and young people are well supported to contribute to their plans and reviews for care and education. A few are now taking the lead role of chairing their review meetings. All looked after children and young people have access to independent advocacy should they need additional support to express their views and opinions.

103. The well established corporate parenting board, which includes a commissioning representative from health, demonstrates a mature understanding of its responsibilities and a determination to make a difference for children and young people who are in care. Elected members have been quick to respond positively to learning from Total Respect training delivered by young people who have left care and who describe themselves as 'experts by experience'. They exert informed and constructive challenge to information presented by professionals including key managers from children's services and from health. Recognising the importance of hearing directly from young people, the corporate parenting board has successfully developed with young people a model of 'Shared Guardian' sessions, which enables members of the Children in Care Council to speak out and to play a meaningful part in the review and development of services at the highest level. The session observed by an inspector included discussion of how the impact of the 'promise', developed some time ago and recently revised by the Children in Care Council could be maximised; how best to launch a high quality DVD on coming into care made by and for children and young people; and a lively debate on how developing plans for the new Aspire Centre could involve young people further. These opportunities keep corporate parenting members well in tune with the reality of life in care and give looked after children and young people excellent opportunities to take responsibility and to make a difference individually and collectively. Examples of this can be seen in changes made to pathway planning, the format of personal education plans, the provision of supported accommodation and contact arrangements for siblings following adoption.
104. The children in care council is effective, comprising of a core group of active members and a wider network of sub-groups and activities. Monthly meetings often include invitations for professionals to attend and talk directly with looked after children and young people. Meetings have included representatives from the children and family court advisory and support service (CAFCASS), the IRO service; the Director of Children's Services, the head of service for looked after children and the virtual head teacher. A variety of other senior managers have also attended at the looked after children and young people's request to discuss key issues. Through the Children in Care Council and other means, young people have contributed very well to strategic thinking in an impressive number of areas. These include the review and re-launch of the CYPP, the children in care commissioning strategy; the 11-19 commissioning strategy and the participation and involvement strategy.
105. Care leavers have made a very good contribution to the development of policies and practices in the through care service. They have had a say in the revision of pathway plans, contributed to the development of leaving care procedures and sit on interview panels for workers and managers. Young people who are unaccompanied minors recently took part in a local

radio broadcast which helped to raise awareness and understanding of the issues affecting young people in these circumstances.

106. Children and young people have good access to a range of advocacy and participation activities provided by the children's rights service, known in Wiltshire as 'Voice'. Through these activities, young people are gaining knowledge about their rights and responsibilities and developing skills to take on representation roles. The service provides good one-to-one support. The majority of issues are resolved locally with social workers or their managers. Information about how to complain is circulated regularly to looked after children and young people. Voice operates the independent visitor scheme which offers advice and befriending through trained visitors who meet young people on a regular basis to build a long-term relationship during their time in care. The number of children and young people benefiting from the scheme continues to grow. Currently 29 looked after children and young people have an independent visitor with three others awaiting a match.
107. Most looked after children, young people or care leavers who met with inspectors and those who responded to the pre-inspection survey know how to access the complaints procedure. A formal complaint system is in place that is compliant with statutory guidance for the investigation of complaints or allegations made against staff who work with children and young people. The children's rights officer is available to support those who wish their concerns to be dealt with on a more informal and speedy basis. Looked after children, young people, social workers and foster carers who met inspectors spoke highly of the skills and integrity of the children's rights officer, and were able to give good examples of her role in reaching constructive solutions to their issues.
108. A strong and effective inter-agency commitment to reducing offending behaviour through a restorative justice approach is resulting in steadily declining rates of conviction across the county. Good working partnerships between the police, youth offending service, the community safety partnership and social care have resulted in effective information sharing and the innovative use of resources, such as specialist provision via the Towpath Project to reduce the risk of offending and to keep individuals safe. A continuing development of a restorative justice approach was expressed well by one police officer as a move from 'catch and convict' to 'restore and rehabilitate'. The multi-agency reducing offending behaviour by looked after children (ROBLAC) panel provides a problem solving forum for professionals from different agencies where young people's behaviour gives rise to concern. Looked after children and young people who are at risk of offending are directly benefiting from this approach. In the period from December 2010 to May 2011 of the 11 young people referred to ROBLAC eight had not re-offended at the time of the inspection.

**Economic well-being****Grade 2 (good)**

109. Outcomes for older looked after children and for young people who are now leaving care are good. Strong leadership of services for care leavers and the establishment of dedicated Through Care teams comprising social workers and personal advisors working closely with the virtual school, youth support services and housing providers have brought about major improvements in outcomes for this group over the last two years. Almost all young people at age 16 move successfully into full-time further education or training and continue to make progress in learning. However the legacy of previous arrangements for care leavers means that outcomes for young people aged 18 plus who left care more than two years ago are not nearly as good. Around half of this group are not in education, employment or training and the current economic climate and pressures on the job market have exacerbated further the challenges they face. Targeted strategies and increased resources have been put in place to better support this group as well as those who are at risk of dropping out of education or training. These include the development of the Aspire Centre due to open in summer 2012 and the development of work experience and bespoke training programmes designed to improve young people's resilience and their preparedness for work. A mentoring programme is in the early stages of development and the Director of Children's Services is leading the way by mentoring a young person.
110. The local authority has improved significantly the way it tracks and monitors young people leaving care, including those who have moved out of the area. In 2010-11 it successfully kept in regular contact with the entire cohort, following improvements on performance in 2009-10 when the education, training and employment circumstances of around one in five of the young people were not known.
111. Young people in care and care leavers have access to a range of post-16 learning. The local authority and its partners have a well established and effective strategy for delivering 14-19 education and training. Recently revised, as the 11-19 commissioning framework, this strong partnership work takes a holistic approach to the development of provision which also includes access to youth support services and targeted impartial information and advice for vulnerable groups such as care leavers. Monthly meetings of key partners instigated by the virtual school in 2011 are helping to focus support on the young people who have dropped out, or risk dropping out, of learning. It is too early to see the full impact of this approach, but early signs are positive. The local authority, in its corporate parenting role, has been slow to develop apprenticeship opportunities for young people but plans are now in place.
112. Effective work raises the aspirations of young people who have the potential to progress into higher education. The number at university, currently 12 young people, has increased over the last three years. The

virtual school has good links with local institutions and opportunities to visit their campuses have been instrumental in helping young people choose higher education as the way forward. There is a good package of on going support for these young people, including the option to return to their foster carers or other funded accommodation during the holidays.

113. The small numbers of unaccompanied minors who are looked after are well supported with good access to language and other education courses, regular meetings as a peer support group, access to legal and other advice and opportunities to participate in recreational activities which boost their skills and confidence.
114. Most care leavers who met inspectors were extremely positive about the support they were receiving in moving towards independence and in achieving their goals. Personal advisors are well matched to the young people they support and know their circumstances well. Effective pathway planning is central to this key relationship. While performance in relation to the timely completion of pathway plans and reviews is much improved following concerted action in this respect, the current data base does not readily provide management information on the number of plans that are up to date. The quality of plans seen during the inspection was good with young people's voice and engagement in decision making clearly at the heart of the work. Robust and detailed needs analysis and attention to young people's identity and individual needs informs action plans which are regularly reviewed. Transition planning for care leavers with disabilities is underpinned by clear policies and procedures.
115. There is good support for care leavers to develop independent living skills. For example, the recent establishment of the 'Come Dine with Me' project is helping young people work together to budget, cost, prepare and serve meals to their peers, social workers and personal advisors. Young people told inspectors that they enjoy and value these kinds of opportunities. The imminent launch of long-planned 'trainer flats' for care leavers, which have been designed with housing partners with the involvement of young people, will offer care leavers the opportunity to experience the realities of independent living before they move on to their own tenancies.
116. In 2011, the vast majority of care leavers were living in suitable accommodation following a marked improvement on the low proportion reported in 2010. This is the result of effective collaboration between Through Care teams in partnership with key agencies and commissioned providers. A clear strategic approach to the development of a range of supported accommodation to meet local needs has increased choice for young people, including for the most vulnerable for whom high quality provision has recently been secured at Towpath House.



## Quality of provision

## Grade 3 (Adequate)

117. The quality of provision for looked after children and young people is adequate. The formation in 2010, of dedicated teams to provide a continuous service for children throughout their care career is resulting in an improving focus on their needs. Early evidence of impact on outcomes following the changed arrangements include gradually improving rates of short term placement stability, reducing numbers of young people in care entering the criminal justice system and safer living arrangements for care leavers. However a significant number of looked after children and young people remain allocated to social workers within the safeguarding and community teams or the referral and assessment team until such time as court proceedings or other systems have determined they need permanent care. To better meet the needs of this group of looked after children and young people this issue is currently under review by senior managers within children's social care. Consideration is being given as to whether it is more appropriate for some looked after children and young people to move sooner to the through care teams.
118. Most parents and carers who met inspectors spoke positively of the improving level and quality of support they were now receiving from social workers and family support workers in the through care teams and the post adoption team. Carers of disaffected teenagers praised the support from the crisis intervention team and the emergency duty service, where successes included forging links with young people and brokering practical solutions. However not all carers had received timely or appropriate support. Some expressed dissatisfaction with services from the referral and assessment and safeguarding teams, including the variable reliability and skill levels of social workers, some of whom had moved on rapidly and had consequently been unable to form relationships with the looked after children and young people they had been working with. Social workers in the through care team demonstrated confidence in working directly with children and young people, and were able to give examples of a wide repertoire of techniques to engage with them. Young people and carers confirmed that individual needs, in respect of learning, culture and identity, were respected.
119. A range of measures is in place to avoid, where possible, the need for children and young people to enter or remain in care. Good analysis of gaps in provision informs strategic priorities for the reconfiguration and commissioning of preventative services. For example, a gap in the quantity of provision of Family Group Conferencing was identified and this has been recently re-commissioned with a new provider. The crisis intervention team provides a timely and practical response to families where children and young people's behaviour is presenting challenge, and the use of an innovative 'Host Family' scheme means 16 and 17 olds who become homeless have access to mediation pending assessment on whether admission to care is appropriate for them. There is increasing use

of the permanency panel to determine the best plans and placements for children, and an increasing use of court processes to secure permanency. Within children's social care the establishment in November 2011 of the risk management panel is helping partners identify the small numbers of teenagers at risk of significant harm through their risky behaviour. For these young people a bespoke package of support is put in place to safeguard them and to try to prevent them needing to become accommodated by the local authority. Although too soon for impact to be fully evidenced the early signs are that this is a positive development.

120. Most children who are in care benefit from focused support by professionals who know them well, communicate effectively, and demonstrate commitment to ensure they have safe and stable placements. While there has been a recent rise in the numbers of children and young people entering care rates remain below similar authorities. There is evidence of good levels of awareness of the needs of looked after children and young people by partner agencies including police, the youth offending service and CAMHS. Young people reported they have good access to a range of services in the community when they need advice on sexual or emotional health and substance misuse. The Salisbury bridging project is involving disabled young people, including those who are in care, in community activities which are visibly boosting their self-esteem, broadening their social networks and helping to prepare them for independence.
121. Unaccompanied minors are receiving good high quality services. Those who met inspectors praised the expertise and tenacity of their specialist worker. They valued the continuity and quality of the support they had received from foster carers who had demonstrated respect for their religious beliefs and were sensitive to their experience. Personal advisors and supportive lodgings for those who were over 18 were continuing to help them build social networks through sport and community activities. All had been well supported through the virtual school to acquire the language skills they needed to achieve their potential and were on course to achieve their goals.
122. Foster carers seen were very positive about the support received from their fostering social workers, though they had mixed experience of training and access to CAMHS. A recent positive move is the creation of mentor foster carers to support less experienced carers as their children move from primary to secondary school. This is making good use of the diverse skills that foster carers bring to the role. The post adoption service is comprehensive and highly valued. The authority recognises the important role played by children of foster carers in supporting young people in placements, and a support group for sons and daughters of foster carers has been formed recently.

123. For looked after children and young people the quality of initial and core assessments seen was mixed. While some were of good quality others did not take sufficient account of the family history meaning immediate concerns were not informed by an understanding of the child's earlier experience. Initial assessments did not take sufficient account of children's identity in terms of culture and race. However these aspects were generally well covered in core assessments and care plans for children in longer term care showing that their individual cultural needs, for example attention to skin and hair, had been sensitively addressed. Case files and interviews indicate that in most cases once children become looked after, effective action is taken to ensure robust plans are made to avoid further risk and drift.
124. Most case records seen include chronologies but not all were up to date, meaning that the impact of children's earlier life experiences did not consistently inform responses to immediate issues, or reports to assessments and statutory reviews. An inadequate level of information is provided to foster carers at the time a child or young person is placed with them. A random sample of eight placement records which had been completed by social workers in the safeguarding and community teams indicated a significant lack of information on a child's routine, care needs, what level of risk the child had been exposed to prior to placement or what action a foster carer should take should a parent or other adult seek to remove the child from placement. Case records, reports for and minutes of reviews are generally adequate, and all seen have included evidence that a looked after child or young person's perspective has been taken into account. However the backlog of review minutes means these records are not being fully utilised to ensure all concerned are clear about their responsibilities to progress the care plan.

## **Ambition and prioritisation**

## **Grade 2 (good)**

125. Ambition and prioritisation of services for looked after children, young people and care leavers are good. There is a strong determination across the council and partnership that children and young people in care should be well supported and encouraged to have high aspirations and achieve. Elected members, the corporate parenting board and the portfolio holder for children's services, champion the needs of children in care and young people. They have been successful in ensuring services for looked after children and young people are designed to be child focused with a high level of participation from the children and young people concerned. This principle is strongly evidenced in the Shared Guardianship aspect of the corporate parenting board that includes looked after children and young people in care in all its meetings. The outstanding participation of children and young people exemplifies the commitment of the partnership to children and young people who are looked after.

126. Two years ago the looked after children, young people and care leavers services were deemed by senior managers in children's social care and elected members to be not fit for purpose. Since then high priority has been given to overhauling and re-designing the through care service which is having a positive impact on improving outcomes for looked after children and young people. Remodelling of the through care, fostering and adoption teams, a strengthened approach to corporate parenting, re-commissioning of arrangements for homeless young people and for supported housing for care leavers, together with progress to realise the ambitions of the Aspire Centre embody realistic plans for improvement, based on a good understanding of local need. A new children in care commissioning strategy, currently in draft form pending final sign off, clearly identifies the direction of travel and is underpinned by a good gap analysis. This has defined the priorities for on-going service development.

## **Leadership and management**

## **Grade 3 (adequate)**

127. Leadership and management are adequate. There is competent leadership and management of services for looked after children, strongly supported by cross-party support from elected members. The corporate parenting board provides strong challenge and champions the needs of children in care and care leavers. A standing looked after children task group chaired by a senior member of the Children's Select Committee provides challenge to the corporate parenting board and senior officers to ensure the needs of looked after children and young people and care leavers are met effectively. Senior managers are committed to improving outcomes for looked after children and young people although in some key outcome areas improvement is needed, such as being healthy and staying safe.
128. The failings identified in child protection assessments means that safeguarding risks have not been consistently identified and therefore the council and partners cannot assure themselves that all children and young people who need to be looked after are in care. While there are tangible improvements to the quality of services for looked after children and young people allocated to social workers in the through care teams over 100 looked after children and young people remain allocated to workers within the safeguarding and community teams and the referral and assessment team. Workers in those teams do not work exclusively with looked after children and also have to balance their workloads with child protection and child in need cases. The management oversight and decision-making structures are different and there are no systems in place to ensure that looked after children and young people allocated to these multi-faceted casework teams are receiving a comparable quality of service to those in the through care teams. Consequently, the council and partners cannot assure themselves that all looked after children and young people are receiving a good quality of service that appropriately meets their needs.

129. A determination to strengthen partnerships, redeploy resources and raise standards is building a united and highly motivated workforce for children in longer term care. The head of service is visible, respected and accessible, modelling a can-do approach reflected by staff at all levels who were keen to share examples of how multi-agency support for individual children, including those who have very complex needs, has helped them turn their lives around. Overall there is sufficient capacity and a low vacancy rate within the looked after children's and care leavers' service to enable managers and staff to meet the needs of the service and to deliver its core functions. Staff in the through care teams who met inspectors report they have been well supported through the recent changes to service delivery by knowledgeable and respected managers. They are energised and determined to make a difference for children. All were committed to their own learning and had been enabled to pursue their own professional development.
130. Partnership working to meet the needs of children and young people in care and care leavers is good and well established at both the strategic and operational level. Strategic planning through the work of the corporate parenting board is effective, child centred and focused on keeping children and young people in care safe, enhancing their levels of educational achievement and attainment and on encouraging them to have high aspirations for themselves. At an operational level services work together well to meet the needs of, and deliver improved outcomes for, children in care and young people. There is a well established complaints and representations system in place with the availability of advocates to support children and young people in care as necessary.
131. Commissioning arrangements for looked after children and young people are robust. Placements are commissioned on an individual basis and subject to rigorous safeguarding processes and contracts. The placement panel has a clear role for effectively ensuring that risk is appropriately managed and that safe alternatives to care have been fully explored prior to a child or young person becoming accommodated. In making effective decisions the panel is required to consider the cost of placement, whether it offers value for money and, more importantly, whether it can deliver what the child or young person needs to provide stability and care appropriate to assessed need. Although they cannot always be met, individual commissioning arrangements do ensure the cultural and diverse needs of a looked after child or young person are fully considered. For example, the rurality of the county and where foster carers are situated may mean that children and young people cannot be provided with care within their home communities. There is a good focus on value for money, for example, through contracts with the voluntary and community sector, to provide advocacy services.

## **Performance management and quality assurance**

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

132. Performance management and quality assurance arrangements are adequate overall. The corporate parenting board receives and scrutinise management information on the service and holds officers to account. Performance management at the strategic level within the service is adequate and performance information based upon the national data set is used at all levels of the council and partners to monitor performance and identify areas of concern. It is used appropriately to inform planning and service delivery.
133. There are weaknesses in some areas of operational performance management. An effective performance management framework is not yet in place to monitor the health of children in care. This means that there is not an overall picture of the health of children in care and care leavers that can be used to improve service delivery. Similarly, IROs do not systematically gather and analyse information so that key themes can be identified and lead to improvements in practice. The looked after children health group has an annual work programme that is driving improvements. However, joint performance scrutiny and measurable outcome focused objectives within the work plan are not yet fully developed or sufficiently rigorous. Access to managerial supervision of staff is adequate across both health and social care. Although social workers receive regular supervision, challenge and reflection were not well evidenced in the supervision files reviewed by inspectors.

## Record of main findings:

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