Inspection of safeguarding and looked after children services

South Gloucestershire

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Contents

About this inspection 2

The inspection judgements and what they mean 2

Service information 3

Safeguarding services 5
Overall effectiveness 5
Capacity for improvement 6

Safeguarding outcomes for children and young people 9
Children and young people are safe and feel safe 9
Quality of provision 10
The contribution of health agencies to keeping children and young people safe 10

Ambition and prioritisation 14
Leadership and management 15
Performance management and quality assurance 15
Partnership working 16

Services for looked after children 18
Overall effectiveness 18
Capacity for improvement 18

How good are outcomes for looked after children and care leavers? 21
Being healthy 21
Staying safe 23
Enjoying and achieving 24
Making a positive contribution, including user engagement 26
Economic well-being 27

Quality of provision 28
Ambition and prioritisation 30
Leadership and management 30
Performance management and quality assurance 31

Record of main findings 33

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) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.

2. The evidence evaluated by inspectors included:

   - discussions with children and young people receiving services, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
   - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
   - a review of 74 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 May 2011
   - interviews and focus groups with front line professionals, managers and senior staff from NHS South Gloucestershire, North Bristol NHS Trust, University Hospitals Bristol Foundation NHS Trust and Avon and Wiltshire Partnership.

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. South Gloucestershire has a resident population of approximately 63,300 children and young people aged 0 to 18, representing about 25% of the total population of the area. In 2011, 10% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall. Some 4% of pupils speak English as an additional language. Polish and Punjabi are the most recorded commonly spoken community languages in the area, 3.5% of pupils are of mixed heritage background.

5. South Gloucestershire has 110 schools comprising 90 primary schools, 15 secondary schools, one all through school and four special and short stay schools. Early years service provision is delivered predominantly through the private and voluntary sector in over 460 settings; there is one local authority maintained nursery.

6. The long-established South Gloucestershire Children and Young People's Strategic Partnership became the South Gloucestershire Children's Trust in 2010. The Trust includes representatives of South Gloucestershire Council and South Gloucestershire Primary Care Trust services. Other representatives include Avon and Somerset Police, Avon Probation, North Bristol NHS Trust, Church of England & Roman Catholic Diocesan Authorities, the voluntary sector and representatives of local schools and colleges. The South Gloucestershire Safeguarding Children Board became independently chaired in September 2010, bringing together the main organisations working with children, young people and families in the area that provide safeguarding services. Social care services for children have 81 foster carers, 22 connected carers and 15 short break carers. There are no local authority children's homes. External provision is commissioned from 14 independent foster care agencies and 15 residential and special schools. Advocacy and independent visiting are also externally commissioned as well as additional services for disability and short break provision.

7. Social Care duty, assessment and intervention functions are delivered by two locality based teams established in September 2011. These teams are based in the north and south; other social care functions are supported by centralised teams for looked after children/care leavers, children with a disability, youth offending, adoption and fostering. There is an emergency out of hours service. Other family support services are delivered through 15 children's centres and a locality based

family support service. Some services are also provided or coordinated through children's services, such as youth services, teenage pregnancy, Connexions and drugs & alcohol Support.

8. At the time of the inspection there were 211 looked after children. They comprise 49 children less than five years of age, 135 children of school age (5–16), 27 post-16 young people and a total of 143 with care leaver status. The local authority uses a virtual school approach in its support of the learning of looked after children. At the time of the inspection there were 212 children who were the subject of a child protection plan. This is an increase over the previous two years. These comprise 85 females and 121 males (six were unborn children). Some 37.9% of these children are aged under five, 40.8% are 5-11 and 21.3% are 12 years or older. The highest categories of registration were emotional abuse at 53.3%, neglect at 31.6%, physical abuse at 9.4% and sexual abuse at 5.7%.

9. Commissioning and planning of national health services and primary care are carried out by NHS South Gloucestershire, part of the Bristol, North Somerset and South Gloucestershire (BNSSG) PCT cluster. The main providers of acute hospital services are North Bristol NHS Trust (NBT) and University Hospitals Bristol Foundation NHS Trust (UHB). Community children's health services, including child and adolescent mental health services (CAMHS), services for children with physical and learning disabilities and those who have complex health needs are provided by the Community Children's Health Partnership (CCHP), a partnership between North Bristol NHS Trust (NBT) and Barnardo's. South Gloucestershire's designated doctor and nurse for looked after children, and the designated doctor for safeguarding are hosted by NBT. Within NHS South Gloucestershire the Director for Quality and Governance in the BNSSG cluster has executive responsibility for safeguarding, and manages the designated nurse for safeguarding and looked after children post.

Safeguarding services

Overall effectiveness Grade 3 (Adequate)

10. The overall effectiveness of safeguarding services is adequate. The council and partners have a clear strategic direction as set out in the Partnership Strategy for Children and Young People 2012-2016. The retained Children's Trust and Local Safeguarding Children Board (LSCB) have successfully addressed weaknesses in relation to the understanding and implementation of thresholds, the use and impact of the common assessment framework (CAF) and the effectiveness of early intervention. These deficits were identified in recent serious case reviews (SCRs) and the unannounced Ofsted inspections in 2010 and 2011. However, children's services have been much less effective at improving other known areas of concern, particularly those in relation to the quality of assessments and the identification of risk during the case conference process.

11. The quality of casework seen by inspectors was variable. Inspectors found significant differences between the effectiveness of responses to new contacts, which were in the main robust, and the quality of assessments, children's plans and case planning which was often poor. No cases were identified during the course of this inspection, where children and young people were at immediate risk of significant harm but there were some cases where the council had to take remedial action to prevent drift and ensure that outcomes for children and young people are secure.

12. Quality assurance and performance management processes that are in place are insufficiently robust to ensure that all known weaknesses in service delivery are addressed. Inspectors identified a number of assessments and case conference reports that were largely descriptive and lacked analysis and focus on risk. Despite previous audits and a recent serious case review that had identified shortfalls in practice in this type of work, the assessments seen had been signed off by managers without any evidence of challenge. Quality assurance arrangements are generally ineffective in relation to case conferences and the assessments that underpin this work. Inspectors identified a number of cases that had proceeded to conference where the report submitted had been signed off by a manager and had not been challenged at the conference. When brought to their attention senior managers agreed with inspectors that the assessments were not adequate. In addition, child protection and children in need plans examined by inspectors were, generally, of poor quality and did not have clear contingencies should the plan not be successful.

13. Managers have effective oversight and control in relation to duty processes which ensure that new contacts are appropriately processed in time scales that reflect statutory guidance. Cases seen during the inspection indicated that decision making on duty has improved over the last six months and is now fully reflective of the areas of concern identified in both the referral and case history. Children's services are unable to provide appropriate support and protection to all children and young people who are interviewed by police colleagues as social workers do not routinely attend achieving best evidence interviews. Supervision of social work staff takes place regularly and workloads are stable and manageable. Records indicate that most supervision is not reflective, is primarily task orientated and does not include feedback to supervisees on the quality of their work.

14. The contribution of health agencies is adequate. Whilst most staff receive supervision this is less well developed in some hospital settings. The initial health record keeping in relation to children and young people does not routinely include data on identity, ethnicity or religion. This can limit the extent to which services reflect and understand cultural norms.

15. Workforce planning has been effective in reducing the reliance on agency staff and the local authority has positive working relationships with higher educational establishments. Caseloads of social workers are manageable and are reported to be stable. The council are aware of the extent to which the workforce reflects the local population and a thorough needs analysis has identified areas of greatest need.

Capacity for improvement Grade 3 (Adequate)

16. The capacity for improvement is adequate. The council has completed a thorough review of all its services based upon a comprehensive needs assessment and analysis of demographics, identified need, views of staff and stakeholders, and service users. This work underpins the current Partnership Strategy for Children and Young People and has also led to a re-organisation of statutory social work teams which will be completed in the autumn when the 'First Point' multi-agency single point of contact goes live.

17. Two newly formed health, preventative and social work co-located hubs are already in place and this, alongside work on the use and impact of CAF, has improved early intervention and step down services, knowledge and understanding of thresholds and improved joint working. In addition, work has successfully been undertaken by the council and partners through the LSCB to address the lack of involvement of General Practitioners in case conferences.

18. Far less progress has been made in improving the quality of work and outcomes for children and young people already assessed as having

safeguarding needs. The local authority and its partners has been aware from serious case reviews, peer reviews and their own audit activity, that the quality of assessments, including core assessments and case conference reports, is too variable with too many being of insufficient quality. Senior managers are aware and accept that the quality assurance arrangements delivered by first line managers and child protection chairs have not been effective at identifying and addressing the quality of the work in this area and that urgent further action is required in this area.

19. Workforce planning and service development has been largely effective in ensuring that sufficient qualified and permanent staff are in place across the partnership. The reliance on agency staff has reduced and is low. Caseloads for social workers in statutory social work teams are manageable and stable. The council is aware that they face challenges in retaining and attracting experienced staff in some teams and are reviewing career development and training opportunities.

Areas for improvement

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

Immediately:

- the LSCB and NHS South Gloucestershire should ensure that all independent health practitioners are fully engaged in safeguarding arrangements
- ensure that appropriate quality assurance arrangements are put in place for the sign off of all assessments and reports to case conferences
- ensure that children and young people are appropriately supported and safeguarded before, during and after achieving best interviews with the police.

Within three months:

- NHS South Gloucestershire, North Bristol NHS Trust and University Hospitals Bristol NHS Foundation Trust should ensure that clinical and non-clinical staff in hospital based paediatric services and the minor injuries unit have access to regular, planned supervision and reflective practice opportunities as set out in *Working Together To Safeguard Children,* 2010

- ensure that quality assurance reporting on the qualitative aspects of assessments and child protection processes are in place
- NHS South Gloucestershire, North Bristol NHS Trust, including the Community Children's Health Partnership, and University Hospitals Bristol NHS Foundation Trust should ensure that nationality, first language and religion are fully documented so that cultural norms can inform the delivery of appropriate health care
- ensure that all child protection plans are SMART (specific, measureable, achievable, realistic and timely) and contain appropriate contingencies.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (Adequate)

21. The effectiveness of services in taking reasonable steps to ensure that children and young people are safe is adequate. In most cases examined effective and coordinated work takes place to safeguard children and young people when concerns about their welfare and safety are first raised. However, in too many instances this work was not sustained which then led to drift and a lack of focus on all the indicators of risk for the individual child.

22. Arrangements for managing allegations against people who work with children are in place and developing. It is recognised that there is further work required to ensure that all agencies are fully aware of their responsibilities for reporting allegations to the LADO service. Cases seen as part of this inspection demonstrate that decision making is sound and that the progress of individual enquiries is effectively tracked, and links to the Independent Safeguarding Authority (ISA) and other authorities are appropriate.

23. Safe processes are in place to ensure safe recruitment which meet or exceed statutory minimum requirements. Safe recruitment is implemented through robust tracking of vetting procedures by Human Resources. This includes appropriate clearance of Criminal Records Bureau (CRB) and reference checks. Those in employment have their CRB and, where appropriate, professional body registrations checked every three years.

24. The majority of children's services that are inspected are graded adequate or above for staying safe. Where there are identified shortfalls, for example with child minders, effective work is undertaken by the council to improve standards. More than half of all complaints are resolved at an early stage with only two going to Stage 2 in 2011/12. Of the complaints seen not all received a timely response. However there is evidence of some learning from complaints being used to inform practice and the delivery of services.

25. The multi-agency referral and assessment conference (MARAC) is well established and its action planning and links with multi-agency public protection arrangements (MAPPA) are sound. Strong well coordinated partnership work is undertaken to protect children and young people who are at risk of domestic abuse. Services are targeted to areas of greatest need and feedback from service users indicates that these are impacting positively. Programmes are in place to support children or

young people. Services for working with perpetrators of domestic violence are restricted to the integrated domestic abuse programme which is Court mandated. This is recognised as a significant gap in service provision.

26. Case files seen by inspectors indicate that children and young people are appropriately safeguarded by the schools and education provision they attend. Where safeguarding concerns arose these were reported in a timely way to children's social care. Files for children with statements of educational need show that views are always sought from all children. In most plans there is evidence of how the individual views of children and young people are then reflected in the plan.

27. Young people told inspectors that they feel safe in South Gloucestershire and that they know where to access help and advice if they need it. For those who have allocated social workers the majority considered that their social workers, talked with them about why they are involved and what needed to change. Young people said that they valued the use of advocates to help them express their views.

Quality of provision Grade 3 (Adequate)

28. The quality of provision is adequate. Preventative services are well linked to statutory social work delivery and further enhanced with the establishment of multi-agency safeguarding hubs in September 2011. Co-located health and children's services staff, along with a refresh of threshold documents, has led to improvements in multi-agency planning for children and young people.

29. Referrals are responded to promptly and decision making by appropriately qualified managers reflects the level of potential risk. Work is prioritised appropriately and allocated to suitably qualified workers. Further work with some agencies is required to ensure contacts contain quality information. Not all professionals who refer concerns about children and young people are informed of the outcome of their referral by children's services. Decisions about undertaking Section 47 investigations are made by appropriately qualified managers. However although there is joint investigation training, achieving best evidence (ABE) interviews with children are routinely undertaken by police officers without children's social care staff being present.

30. The quality of both initial and core assessments is too variable. Whilst there is evidence of intelligent use of research in some cases with analysis of risk and protective factors, the majority are pre-dominantly descriptive and lacking sufficient analysis. They do not always demonstrate a good understanding of the impact of historical information or thorough analysis of. In some cases this has led to poor case planning and avoidable delays in addressing the safeguarding needs of the children and young people. Most assessments do involve

partner agencies and attempt to address the individual needs of those involved. However assessments do not then demonstrate a robust risk analysis and therefore do not necessarily result in secure outcomes.

31. Child protection quality assurance processes do not address the problems of the poor quality of some assessments and reports to conference. Child protection plans are generally not incisive and rigorous. They contain generic targets which do not clearly identify what is expected as a result of any intervention. Child protection chairs do not consistently challenge poor practice although they have had positive impact on some individual cases. The majority of core groups are well attended by professionals and the minutes indicate that there is appropriate information sharing although they do not show consistently or clearly how these groups are driving forward changes in the level of risk to the children and young people.

32. Case records seen by inspectors were mostly up to date and indicate that children and young people are seen regularly. Management decisions and actions were also clear on most files and there was also evidence of senior managers being involved in key decisions. However there was little evidence of managers intervention to improve the quality of assessments or improve case planning. Disabled children's cases do not always have an up to date assessment of the children and young people's needs. New cases into the team have initial assessments and, where appropriate, core assessments. The quality of these is adequate with some good elements but too often they are insufficiently child focused. Whilst there were some good examples of direct work with children, the voice of the child is not always apparent in the work.

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

33. The contribution of health agencies to keeping children and young people safe is adequate. Safeguarding standards are embedded in health provider contracts, strengthening accountability for safeguarding service delivery and subject to effective governance through the PCT and LSCB. Lessons learnt from SCR and areas for development identified by the child death overview panel (CDOP) are being addressed and are informing practice improvement. The designated doctor and designated nurse provide appropriate leadership, supervision and support to safeguarding leads while setting clear expectations and monitoring providers closely. Named safeguarding professionals within provider services are accessible and seen as a valuable source of advice and guidance to front line staff. Staff are clear about referral thresholds, aware of the resolution of professional differences protocol and are confident in its use and effectiveness.

34. All child protection referrals made by health practitioners in Accident and Emergency (A&E) are copied to named nurses within services enabling safeguarding leads to monitor the progress of referrals effectively. Health staff's attendance at child protection case conferences is prioritised across community services and is routine. Practitioners feel able to assert their professional opinion in case conferences, they are part of the decision making process and their contribution is valued. General practitioners (GPs) increasing contribution to safeguarding is encouraging. The named doctor for safeguarding children is providing effective leadership in collaboration with the designated leads, and has a key role in the new clinical commissioning group ensuring a continuing high profile for safeguarding under the new health arrangements from 2013. While safeguarding training has been provided to dentists, the LSCB and PCT has more to do to ensure dentists and other independent contractors are fully engaged with arrangements.

35. The provision of appropriate facilities for young people held under S136 of the Mental Health Act is underdeveloped. NHS South Gloucestershire are aware of this issue and discussions are taking place between relevant providers, commissioners and the police with a number of options under consideration. While numbers of children are small, the length of time held in custody can be considerable and has the potential for a significant negative impact.

36. Health input into pre-birth planning is effective. Midwives feel their concerns are listened to when they raise the likelihood of early delivery to prompt early pre-birth planning. A pre-birth concerns planning protocol for maternity and social care services is in place and its effectiveness is reviewed through case sampling and peer review. Whereas midwives have an understanding of equality and diversity issues, including female genital mutilation, there is scope for them to gain further understanding of cultural attitudes towards birthing practice and disability as population diversity increases.

37. Young people have good access to specialist midwives for teenage pregnancy, substance misuse and sexual health services leading to beneficial outcomes and are well supported by health visitors and school nurses. Health visitors are on track to achieve workforce targets and are in a recruitment process for two new posts targeted to areas of identified high need and a specialist post to better support the Traveller community.

38. Safeguarding training in health has been given a clear priority with an LSCB and PCT expectation for key front line staff to attain Level 3 and in most service areas, progress towards this is positive. A longstanding difficulty within adult services provided by Avon & Wilshire Partnership

Trust (AWP) in achieving this is being addressed with an expectation that the organisation will be compliant by September 2012.

39. Safeguarding supervision, as set out in *Working Together To Safeguard Children,* 2010, while well established in health visitor, school nursing and maternity services, is not fully established across the whole health community with services at different stages of development. Whereas staff in all services can seek out supervision or advice and guidance on an ad hoc basis this is not sufficient to fully support effective practice. Regular, planned forums for clinical and non-clinical staff are not established for community therapists; speech and language therapists, occupational therapists and physiotherapists, the acute trusts' emergency departments or minor injury units to give all staff an opportunity for reflective practice and regular safeguarding supervision.

40. Services for young people who have been the victim of sexual assault are well established with separate but effective pathways operating for under and over 14s. The sexual assault referral centre (SARC), The Bridge, provides local access to forensic services for anyone aged over 14. The service is person centred and sensitively provided, and follow-up support is good. Young people can access the free counselling service even if they have not accessed the forensic provision. Proactive marketing of the self referral access to the service, facilitated by the SARC's young person's counsellor, has resulted in a significant increase in use of this aspect of the service.

41. Effective arrangements are in place in the minor injury unit and paediatric emergency departments of Frenchay and Bristol Royal Hospital for Children to identify young people who may be at risk and to communicate these concerns to named safeguarding leads and to social care. Systems of notifications of attendance of children at the emergency departments to primary care are in place and subject to annual audit to ensure these become fully effective and embedded. Communication between paediatric services in the acute hospitals and the minor injury unit about any issues relating to individual children moving between services is positive and proactive, compensating for information systems which do not have an effective interface. The acute hospitals' access to CAMHS for mental health assessments for young people works well, with CAMHS registrars routinely attending emergency departments when requested.

42. Coordination of therapies and appointments for children with disabilities is improving to minimise trauma to young people. There is positive engagement between the community service and the acute hospitals facilitated by specialist learning disability nurses within the acute trusts. Waiting times for CAMHS have been significantly reduced from 18 months to six weeks since the introduction of the choice appointments system in 2008. Transition arrangements from children's into adult

services are being strengthened. Work is in hand through the transitions operational group to improve the CAMHS transition pathways which has been identified as needing development. Safeguarding practice within adult services is improving overall. Attention is being given across adult services to embed a Think Family approach in front line practice to ensure issues which may impact on the safety of children are fully identified and addressed. The LSCB has recently requested a report on the support being given to children whose parents are engaged with substance misuse services. There is close, on-going engagement by health commissioners, CQC and the Strategic Health Authority with the adult mental health provider (AWP) to address concerns about the management and delivery of effective safeguarding practice.

43. Health documentation in some service's records do not currently require nationality or first language and religion of young person to be recorded, therefore there is a risk of cultural and religious issues/attitudes and needs not being properly considered in the delivery of health care.

Ambition and prioritisation Grade 3 (Adequate)

44. Ambition and prioritisation are adequate. The partnership strategy and its relationship to wider council strategic plans has enabled key local priorities to be established. In addition, partners in the Trust and LSCB have had a clear focus upon service improvements linked to SCR outcomes and audit activity. A number of key milestones have been reached which includes the formation of co-located multi-agency hubs and focused work on improving early intervention and CAF. These have improved knowledge of thresholds and Team Around the Child working. However there has been little impact to date on such initiatives reducing children and young people who are looked after children and those who have a child protection plan and the number of referrals to children's social care that do not meet the threshold for services remains too high.

45. The council is developing a focus upon improvement and has increased the number of audits of casework and taken part in peer reviews with the Local Government Association. The plans for a single point of contact to be created, known as 'First Point' also demonstrate appropriate ambition. However, despite increased performance monitoring and the work of the performance board little progress has been made in relation to improving the quality of assessments, particularly the analysis of risk and the impact of case conferences and plans for vulnerable children.

Leadership and management Grade 3 (Adequate)

46. Leadership and management are adequate. Extensive work has taken place in reconfiguring statutory social work teams, CAF and co-located hubs. This has also involved workforce planning based on a robust needs assessment. Social work, preventative and health staff are co-located at the two hubs which are based in localities of highest need. There are sufficient numbers of qualified social workers and the council has built effective links with local educational establishments that result in student placements being offered and newly qualified social workers choosing to work for South Gloucestershire. It is recognised that there are challenges in retaining and recruiting more experienced staff and work is not yet concluded on addressing this. The local authority is aware of the extent to which the workforce reflects the diversity of the local community.

47. Managers meet regularly to examine areas which need development following the reconfiguration of the service into hubs and put protocols in place to address them. These have had a positive impact on how the work is managed and help children and families receive a more coherent service. This includes the need for a robust exit plan from through care team if the child does not go on to care and a clear process by which cases can be transferred out safely to CAF or hub worker. Managers recognise that there is a need to clarify the position with regard which team has the lead in Section 47 enquiries between the children with disability service and the north and south social work teams. However, this has not yet been resolved, nor has the issue of consistently being part of ABE interviews with police colleagues.

Performance management and quality assurance Grade 4 (Inadequate)

48. Performance management and quality assurance are inadequate. Performance management systems in children's social care have been largely ineffective in identifying and addressing poor quality assessments and plans. Although senior managers have been aware, from their own audit activity and the SCR relating to Child N, of the need to improve the quality of risk assessments insufficient progress has been made. Inspectors saw a significant number of cases where poor quality, and at times inadequate, case conference reports had been signed off by line managers and had been accepted by case conference participants and conference chairs. In addition, there were also examples of poor quality assessments that led to weak case planning and drift that also been ratified by line managers.

49. Social workers who spoke with inspectors reported feeling supported by their line managers who are accessible and regularly provide both informal and formal supervision to staff. Supervision records confirm

that supervision takes place regularly and is generally clearly recorded. However, most records, with the exception of those in the CHAD (child health and disability) service, are descriptive and do not include feedback. Individual social workers do not routinely receive information about the quality of their work and there does not appear to be a culture of appropriate professional challenge in order to drive up standards and improve outcomes.

50. The Children's Trust and LSCB have had a positive impact upon addressing some of the other known areas of weakness and improving safeguarding outcomes. Significant work has taken place to improve the knowledge and application of thresholds by all partners and this has enabled the CAF to become embedded in practice and as a result more children and young people receive appropriate early help services. However, the numbers of contacts that do not meet the threshold for services remain high and on average over 80% of them are assessed as not needing statutory social work intervention.

Partnership working Grade 2 (Good)

51. Partnership working is good, and partners are working effectively together to promote safeguarding. For example The Bridge (SARC) pathway is well established and provides effective support for women aged 14+. Its impact and the promotion of its work is enhanced by positive partnership working in a number of areas such as effective marketing of the self referral access to the service, facilitated by the SARC's young person's counsellor which has resulted in a significant increase in use of the service.

52. The work behind the partnership strategy and its relationship to wider council strategic plans has enabled key local priorities to be established. In addition, partners in the Trust and LSCB have had a clear focus upon service improvements linked to SCR outcomes and audit activity. A number of key milestones have been reached. These include the formation of co-located multi-agency hubs and focused work on improving early intervention and CAF. These have improved knowledge of thresholds, Team Around the Child working and step up and down processes. Early indicators are that looked after children and child protection numbers have not been significantly affected by new ways of working.

53. The LSCB functions effectively and has secured the active engagement of most members and has appropriate senior manager representation from relevant agencies. It has recently appointed lay members who are beginning to have an impact, for example by evaluating the accessibility of the website. the board uses performance data and results from audits well to drive improvements, such as the timeliness of health assessments and the increase in GPs submitting conference reports. In

the wider community the LSCB has piloted an injury prevention programme designed for vulnerable parents attending children's centres and is now about to roll out more. The LSCB is also increasing its depth of scrutiny and challenge to health providers. In January 2012, the LSCB began to receive reports from the substance misuse service on the numbers of parents receiving treatment. This reporting requirement has now been strengthened to include a discursive report on how these children are being supported. The LSCB and commissioners have identified areas for development in adult mental health services in relation to sufficiency of Level 3 training and attendance at specific training events.

54. Partnership working at an operational level between different health disciplines; school nurses, CAMHS and others, with social care is consistently described by front line health staff as positive. Co-location with social care and other health disciplines is facilitating increasingly joint work. Specialist health staff placed within other services facilitate access to services for young people and raise mutual professional understandings leading to more cohesive working across interfaces, an example being the specialist mental health worker in the youth offending service. The multi-agency sexual abuse practitioners group which meets regularly is well regarded by attendees as a valuable forum to undertake peer review on challenging cases, gain support for other safeguarding leads and to discuss practice issues outside of formal child protection processes.

Services for looked after children

Overall effectiveness Grade 3 (Adequate)

55. The overall effectiveness of services for looked after children is adequate. The council has re-structured the social work teams that provide services to looked after children and care leavers. The local authority cannot be confident that all children and young people who need to be in care in South Gloucestershire are in care given the weaknesses in assessments. The outcomes for those in care or who are care leavers are adequate. All looked after children are allocated to qualified social workers. The quality of assessments and case planning remains variable and although the re-structure of statutory social work teams has led to the creation of a dedicated looked after children's team, the impact of these changes have not been evaluated. Whilst performance management processes are being developed at team and service level they lack any over-arching strategy.

56. The majority of looked after children and young people who have their views recorded or responded to the pre-inspection Care4me survey said that they felt safe and that they knew who they could contact if they became worried or felt unsafe in the future. The opportunities for looked after children, young people and care leavers to express their views are under developed and the council does not routinely provide a mechanism for this to happen. The council does, however, approach some children and young people for their views and contributions to specific tasks such as recruitment.

57. Whilst the commissioning arrangements have had a positive impact upon financial management they remain under developed in terms of improving outcomes and utilising the views of children and young people. Monitoring arrangements are in place but are delivered on a case by case basis and do not include the experiences of individual children. Performance management is adequate overall but little impact has been made in relation to known weaknesses in assessments or care planning.

Capacity for improvement Grade 4 (Inadequate)

58. Capacity for improvement is inadequate. The strategic leadership in relation to monitoring outcomes for looked after children and improving service delivery is underdeveloped. There is no overall looked after children strategy and the senior performance management group do not have a detailed focus on improving looked after children outcomes although they retain an ambition to do so. However, they do routinely monitor performance. Corporate parenting is not actively driving forward strategic plans relating to looked after children. As a result it is

unclear how the aspirations the council and it's partners have for looked after children and care leavers will be met. Whilst there is acknowledgement amongst elected members and senior officers that educational outcomes for looked after children need to improve and the number of care leavers who are ' not in education, employment or training' (NEET) needs to reduce there is a lack of clarity as to how this will be achieved. The Children in Care Council has not been given sufficient attention or commitment from the council and there are currently only four active participants. However, partners have had a positive impact on improving health assessments of looked after children and social care have re-organised statutory social work teams in order to provide a dedicated looked after children team.

59. Commissioning and joint commissioning for looked after children is well linked to the overall corporate commissioning plan. The council are now routinely joint funding with health colleagues those placements of children and young people who have complex health and care needs. In addition, the commissioning of private and voluntary looked after children placements has enabled the council to manage and control high cost children's placements and reduce total expenditure. There are strong links to other local authorities in the region and this enables efficiencies to be made in relation to price and joint common contracts. However, commissioning for looked after children has insufficient focus upon improving outcomes and does not collect data on the impact of commissioning on placement stability, educational outcomes or the views of those children and young people in placements. Value for money and qualitative issues of placements are managed within the individual contracts with providers and the views of young people are sought on a case by case basis but this information is not used to inform overall planning or drive up standards.

Areas for improvement

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

Immediately:

- ensure that performance management arrangements are in place to monitor and improve the quality of assessments and care plans
- the council, NHS South Gloucestershire and North Bristol NHS Trust should ensure that the annual independent reviewing officers' report includes how effectively the health of looked after children is addressed in statutory reviews

Within three months:

- ensure that all looked after children and care leavers have access to the Children in Care Council and that the Children in Care Council is appropriately linked to those responsible for the service
- ensure that a looked after children and care leavers strategy is in place
- ensure that commissioning arrangements fully support improved outcomes for children, young people and care leavers.
- the council, NHS South Gloucestershire and North Bristol NHS Trust and Barnardo's should ensure that looked after children and care leavers are fully engaged in the development and delivery of the Being Healthy agenda
- the council, NHS South Gloucestershire and North Bristol NHS Trust should ensure that the provision of healthcare to looked after children is subject to an effective whole system approach and quality assured performance management framework.

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

Being healthy **Grade 3 (Adequate)**

61. The delivery of health care to looked after children is adequate. Performance on the undertaking of initial health assessments within the expected 28 days of young people becoming accommodated has historically been poor and remains a challenging area for the partnership, with this expectation not being achieved for 70 children out of a cohort of 92 in 2011/12. A key contributing factor has been poor systems of notification by social care. The health looked after children team recognised the risk that children might be entering and leaving care without having a comprehensive health assessment and have taken action to deliver improvements. Since April, new notification protocols have been put in place and an additional dedicated looked after children clinic has been established. The two clinics operate at the opposite ends of the area to facilitate attendance and there are early signs of improvement. Performance on review health assessments is better with 83% completed within expected timescales against an England average of 84.3%. Regular meetings take place between the looked after children health team and social care business support to monitor and audit performance, and progress is being reviewed regularly with the social care service manager and reported into the LSCB. The designated doctor and the looked after children nurse meet fortnightly and have put systems in place that will facilitate improved performance, enabling them to focus on other areas for development. They are both well engaged with other professionals and young people like the looked after children nurse and feel well supported by her.

62. A fully developed, whole system approach across the health and social care partnership to ensure good quality, timely healthcare provision for all looked after children, including those placed out of area, is not in place. There is no forum in which the independent reviewing officers (IROs) and the looked after children health team meet to address health and social care service provision jointly. Health recommendations from health assessments are sent to the IROs but the looked after children health team are not notified of when statutory reviews are taking place and there is no effective mechanism by which they can oversee how well health needs are being addressed. The annual IRO report makes minimal reference to health with no evaluation as to how effectively the health care needs of looked after children are being delivered or monitored.

63. Health assessments are good quality, undertaken by the designated doctor, a consultant paediatrician and the character, personality and voice of the child is evident. The paediatrician is diligent in seeking

health information from a range of sources involved with the child, for example, General Practitioner, health visitor or school nurse, prior to the assessment and liaises regularly with schools regarding the child's behaviour and moods. Copies of letters sent to General Practitioners are also copied to social care. Health needs are being identified but the health recommendations are not routinely developed into outcome focused plans, although in most cases seen completion of the tasks identified would deliver positive health outcomes. Records do not evidence that older young people are given a choice about having a private discussion to review their health with the looked after children nurse separate from their foster carer. A lack of choice could inhibit open discussion about sexual health, smoking or drinking, for example.

64. Health visitors and other community health staff attend statutory health reviews and contribute actively to these. However, key social care information, social care plans and statutory review notes, are not shared with health visitors and school nurses who may be closely engaged with young people. Although the looked after children nurse can access these through the social care record system, this is not sufficient to ensure a comprehensive health record or to fully inform key health professionals working with the child.

65. Performance on universal health outcomes for looked after children is positive with 95% of looked after children having up to date immunisations at June 2012 against an England average of 79%. Some 85% of looked after children have regular dental checks against an England average of 82%. Data on how many looked after children are pregnant or how many care leavers are parents is not collected centrally by health commissioners and there is no data on how many male looked after children or care leavers may be fathers. Commissioners cannot be confident therefore that the needs of this cohort are being met effectively or used to inform future service development.

66. Processes to quality assure the healthcare provision for young people placed in foster care or in residential care out of area are being developed but are not yet robust. The looked after children nurse does undertake health reviews for children placed in close proximity so that there are few children who are not seen by the looked after children health team regularly. Children placed more remotely may not return to the local area for some years and are likely to have highly complex needs making effective quality assurance by the partnership an essential component of service. While there is some quality assurance checking by the looked after children nurse, commissioners acknowledge this is an area for development. Where there are young people placed out of county for whom local CAMHS or other specialist health provision may not be available, the PCT does commission private provision.

67. CAMHS has set up an internal specialist team to support children living away from their birth parents (CLAB). This provides positive support to fragile placements, including educational placements, resulting in good outcomes. Consultative support is also offered to foster carers and other professionals with a specialist post to support specialist placements, renewed on an annual basis. A weekly specialist CAMHS clinic for looked after children operates within the core CAMHS clinics which is responsive to the expressed needs of the young people who attend.

68. Young people are not given any documentation from their health assessment although the development of the health information personal folder is positive. The looked after children health team are working with the Barnardos participation worker to explore the development of an age appropriate letter which the young person can take away. It is not clear from health records what health promotion material young people receive at their health assessment, although young people have told us that they do receive useful information.

69. The provision of health information and support to care leavers has been identified by the looked after children health team as an area for development. Care leavers do not currently get a health history or letter. They are given their immunisation record and can re-engage with the looked after children nurse up to the age of 21 years. Engagement with the CICC is in development. The Barnardos participation worker is seeking feed back from the CICC about their experience of healthcare as looked after children. The CICC have an annual slot to feedback to the Corporate Parenting Board but there is scope to strengthen this engagement. While the pledge 'Our Promises' contains health elements it is not clear how young people are able to hold health and social care to account for these.

Staying safe **Grade 3 (Adequate)**

70. The impact of services in ensuring looked after children stay safe is adequate. A number of case files seen by inspectors indicated that some children had experienced poor case planning and decision making resulting in more than one episode in the care system. This is similar to the learning identified in a recent SCR undertaken in South Gloucestershire relating to a child on the edge of care**.** Whilst reviews of children's circumstances are timely, the lack of detail often found in both care plans and review documentation means that it is difficult to follow the rationale for decisions taken and it is therefore questionable how far the arrangements for monitoring care placements are improving safeguarding outcomes for some children.

71. The at risk of care (ARC) panel and the more newly established threshold protocol panel are now operating to bring consistency to

decision making across the teams. Staff and IROs reported that in some cases this has had a positive impact in terms of providing a framework to decision making regarding entry into the care system and also decisions about instigating care proceedings.

72. The establishment of these panels has enabled increased management oversight and decision making regarding difficult threshold decisions. The impact of these panels has yet to be properly evaluated by the local authority and in some cases seen it was unclear how the panel process was delivering any improvement in swift and timely decision making for children on the edge of care.

73. Performance in relation to the timeliness of statutory reviews has declined in recent years, however it remains broadly in line with statistical neighbours. The IROs consider that they have adequate capacity to fulfil their roles effectively including maintaining contact with children between review meetings as appropriate. Arrangements are in place for assuring the quality of all care placements including those that are externally commissioned. The family placement service has a range of options available to meet the requirements of the cohort of children and young people in need of care. There are clear processes in place for monitoring the quality of these placements and evidence from the sampling of some complaints demonstrates that there is effective and timely action when safeguarding issues are identified.

74. Case files seen by inspectors during the inspection demonstrate that young people in care are visited and reviewed in accordance with statutory requirements. However once in placement it is not clear what processes are in place for this group of young people to be effectively engaged and listened to outside of contact with their social worker.

75. The underdeveloped corporate parenting arrangements reduce the opportunities for formal scrutiny. It is not clear where or how the local authority or partners are held to account on the outcomes they deliver for this vulnerable group strategically, or how this information forms an effective part of any governance processes linked to the safeguarding of looked after children. The stability of placements for looked after children is adequate and in line with other similar local authorities. There are resources available such as CLAB which are targeted at preventing placement breakdowns.

Enjoying and achieving **Grade 3 (Adequate)**

76. The achievement of looked after children and care leavers in their education is adequate. Arrangements for school-aged and sixth form children are effectively monitored by the virtual school. The personalised support given by the specialist teachers for looked after children is well regarded by schools and the children themselves as they help each child to pursue their potential. The numbers of children

in some age groups is so small that it is not always possible to compare the achievements for groups from this authority with other authorities or national averages. The virtual school keeps an overview of progress in South Gloucestershire schools and in other areas, taking each child's starting points and needs into consideration.

77. In a move widely welcomed among partners organisations as a drive towards improving looked after children's educational achievement, the virtual school remit is expanding to include early years and care leavers from September 2012. The virtual school advises social workers and carers about the suitable school placements in and out of the authority area, especially when moves of accommodation are planned. Children are well supported at times when they move between schools, particularly so for children with additional need for support with their behaviour or with special educational needs. Care is taken to find good quality schools or schools with provision that meets an individual child's needs well. As a result, children enjoy their time in school.

78. Staff in settings where the children are placed know each child well, set targets for them and monitor progress through personal education plans (PEPs). PEPs seen by the inspectors are up to date and generally satisfactory. Some PEPs, particularly for children with disabilities, as the virtual school recognise, do not demonstrate fully that the views of the child are fully known and taken into account. The PEPs seen for care leavers link well to good quality pathway plans and take transition planning into account. The best PEPs across all ages are clearly linked to detailed, regularly updated individual educational plans (IEPs) and statements of special educational needs when applicable, and the children concerned are among those making good progress. There is little evidence of this detailed information about children's educational progress being reflected in looked-after reviews.

79. Considering their experiences, looked after children make satisfactory progress in the early years and one in three reaches a good level of development. Children progress adequately in primary education. The achievement of some children accelerates in Year 6 when children are supported by intervention projects in reading and writing. Use of the Pupil Premium funding secures effective additional tuition, counselling, mentoring and in some cases helps schools to provide a wider range of experiences.

80. The virtual school's popular 'TOAST' group work improves children's self confidence and attitudes to learning. Occasional taster-days at universities and colleges are thoroughly enjoyed and help to set looked after children's sights higher. Children's carers help to ensure that looked after children take up wider recreational activities including sports, drama and youth activities.

81. By the end of compulsory school age, looked after children, whether in care for long or short periods, achieve in line with other similar authorities across a range of GCSE and other qualifications. Support is in place to maintain stability of school placements when approaching examinations or vital placements. Notably, a very small number of young people achieved as well as the best in their whole age group in 2011. They are staying on in full time education and have ambitions for academic careers.

82. Most children's attendance is good. Personalised support from schools, social workers and carers effectively gets children back on track when difficulties arise. Partnerships with the behaviour support team are strong and effective so that the previous concerning levels of fixed term exclusions for looked after children are reducing. With flexible programmes in place children reintegrate well to their schools and academies.

Making a positive contribution, including user engagement
Grade 3 (Adequate)

83. The support to enable looked after children to make a positive contribution is adequate. Through the support of carers and their schools, most children are encouraged to take part in events in their local community. The 'UsInCare' website to promote communication for looked after children, particularly for those out of the area, is in place but is at an early stage of reaching its full potential to enable direct 'chatting' and for children to share experiences safely.

84. Arrangements for looked after children and care leavers to meet as a Children in Care Council are underdeveloped. The membership is a very small group and does not represent a wide range of ages. Although the group meets regularly, skills and knowledge are developing slowly to enable them to analyse, report on and speak out on matters that concern looked after children. Children and young people who met inspectors stated that they would like more opportunities to meet with other looked after children and care leavers. There are few opportunities for the group to meet with other representative groups. Children are enabled and supported well through advocacy services to contribute to evaluations and plan services that are provided directly for them. Staff working with looked after children, including those from the virtual school, know that events such as the carers barbeque and careers taster days are valued immensely by looked after children because they provide an opportunity to exchange views with their peers as well as raising aspirations.

85. A small number of children and young people have taken part in selection of staff who will work with them and some have been consulted on changes in services that affect them. Some looked after

children and care leavers contributed to the drafting of the pledge, known locally as 'the Promise'. Children are asked for their views through questionnaires but have had little opportunity to meet through conferences for children in care or care leavers to put forward ideas to develop services. There are few service improvements that are demonstrably influenced by the voice of the children themselves.

86. Partnerships between schools, social workers and other agencies to support behaviour in the community are strong. Generally most looked after children behave responsibly and interventions by youth offending services are effective in maintaining low numbers of new offenders.

Economic well-being **Grade 3 (Adequate)**

87. Economic well being outcomes are adequate. The support to most care leavers as they move towards independence and to achieve economic stability is adequate. Despite recent improvements and partners working collaboratively with the local authority on initiatives to help vulnerable young people to gain the skills that will help them into work, the proportion of care leavers aged 19 who are in education, employment or training stays stubbornly low in comparison to similar authorities. Although the small numbers in each year group make detailed comparisons difficult, the educational attainment of care leavers by the age of 19 is broadly in line with other similar authorities.

88. The structure of support arrangements for care leavers is changing. Although consultation with young people is still underway, staff and looked after young people told inspectors that they are already seeing benefits in improved communications through leaving care services being placed in a 'Youth Hub'. Young people like the access to a mix of expertise in housing, health, budgeting and careers guidance that is available. Partnerships between housing, social care, education providers, Connexions and health are very strong and focus intensely on improving the outcomes for care leavers. Care leavers access a wide range of personal support for health and housing.

89. Pathway plans seen for care leavers are generally good quality. They routinely reflect young people's individual identity and incorporate the views of young people themselves, including those with communication difficulties. Nearly all young people leaving care contribute to reviews of their plans. Updates reflect care leavers' changing views and have built-in contingency plans. Although young people participate and they report that they appreciate the detailed focus on their lives, young people told inspectors that the process is overly complicated and they rarely look at the plans once they are drawn up.

90. Work to raise the aspirations of children in care, for example to increase the numbers staying on after 16 years of age in school and to delay parenthood, starts early. A very small number of care leavers are

currently at university or plan to go. Local bursary arrangements, administered through schools and colleges, replace the Educational Maintenance Allowance although not all young people are aware if the bursary applies to them and access is not consistently prompt. Partnership work with Cambridge University and with University of the West of England is in place to tackle this. Partnership work through schemes such as 'What Next' improve young people's employment skills. Corporate opportunities for work experience are few at present, but expansion of work skills support and pre-apprenticeship schemes will provide a few more places for young people from September 2012.

91. Well-developed partnerships with housing providers are in place to prepare care leavers for independence when needs are known well in advance. Housing providers support young people with pre-tenancy courses and, albeit in small numbers, flexible stays in training flats. Care leavers told inspectors how valuable these opportunities are. Leaving care grants to help care leavers set up their own homes are among the highest 20% in the country with few restrictions about what the money can be spent on. The leaving care team plans carefully for the financial well-being of the very small number of unaccompanied asylum seeking young people who are about to leave care.

92. Housing providers, including those in the voluntary sector, prioritise care leavers and work in collaborative partnerships to ensure care leavers get as close a match to their wishes as possible when there is sufficient time to plan. There are too many 16 and 17 year olds, including some children in care and care leavers, in unsuitable accommodation when at risk or homeless in this age group. Satisfactory welfare monitoring for these young people is in place. Views on first offers of housing are satisfactory although as needs change, young people do not always have stable accommodation to move onto.

Quality of provision Grade 3 (Adequate)

93. The quality of provision for looked after children and care leavers is adequate. Decision making is of variable quality in terms of ensuring children and young people are taken into care at the right time. Whilst management oversight is evident on files and also in the ARC and threshold panels in a significant number of cases it is not always purposeful in terms of enabling social workers to reach the decisions they need to in a structured way. The panel processes used in the local authority are reported by social workers and IROs to have improved decision making at the point of entry and at the time of instigating care proceedings. However not all staff seemed clear about how this system works and in some cases it was felt to add duplication to already existing mechanisms such as the Public Law Outline (PLO) process.

94. Statutory Review meetings happened on time in 83.1% of cases during 2011/12. This is significantly below the target of 95% that the local authority had set itself. There is some recognition from the IROs that this needs to improve. However plans for this to happen are not clear. The care planning mechanisms and the oversight of the IRO service appears to have limited impact on processes to ensure timely decisions are made to secure the best outcomes for children. This is despite both social workers and IROs reporting that they have sufficient capacity to manage their caseloads and to undertake work identified through assessment, planning and review processes.

95. Assessments that underpin the decision making for children to enter the care system are not always informed by a clear understanding of the risks that exist in relation to the child's circumstances. This includes the analysis of available historical or contextual information being used systematically to ensure that the right decisions are made to secure a child's long term future in a purposeful way. Issues around diversity and culture are not consistently discussed or recorded in assessments, case files or in case planning. It is therefore not always evident how the lived experiences of children have been used as part of the assessment processes to enable workers to reach sound conclusions about the child's future. In most looked after children's files there is no recent or updated core assessment and it is therefore difficult to see the extent to which care planning is underpinned by a robust understanding of need.

96. The quality of assessments and care plans seen has generally been poor with only a few exceptions. Care plans are almost always not SMART, are not regularly updated and do not contain relevant information in relation to the changing circumstances of individual children and young people. In some care plans information relating to the development of a child has been cut and pasted from one review to another inappropriately or without any updating despite changes to the child's age, understanding or circumstances.

97. Some looked after documentation includes the views of parents and young people but this is not consistent and it is not always clear how this has influenced planning and decision making. In some cases the focus is far more on the needs and wishes of the parents than it is on the needs of their children. It is therefore difficult to see how the long term future care needs of the child have been prioritised against the wishes of their parents to maintain care despite concerns about their ability to provide safe care.

98. Social workers are often able to demonstrate they have a good knowledge of the children they are responsible for and caseloads are of a manageable size in order to support them in prioritising the direct work required to move situations on. It is clear, however, that case

recording and planning documentation, whilst frequently up to date does not always reflect the level of activity taking place with the child or their family.

Ambition and prioritisation Grade 3 (Adequate)

99. The ambition and prioritisation of services for looked after children and care leavers are adequate. The involvement and engagement of elected members as corporate parents and the champion for this group of children and young people is not well developed. Whilst a Corporate Parenting Board exists and its members are very keen for those in care or who have left care in South Gloucestershire to have the best possible outcomes, this aspiration is not captured in an overarching strategy. The evidence of activity and impact of the Corporate Parenting Board is therefore limited. However, senior managers in the council reconfigured the looked after children's team as part of service restructure and recognise the need for specialism's to be developed in order to improve outcomes for those in care. There is a clear focus on creating stability for looked after children, reducing the changes of social workers to a minimum and ensuring the best possible service is delivered. Social workers who met with inspectors demonstrated good knowledge of the children and young people that they are responsible for and felt that the new service structure will be beneficial. In addition, the council is seeking to improve decision making in relation to those children and young people looked after through the creation of the ARC and threshold panels.

100. The senior management team meet as a monthly performance board to consider all the data available as a service. Targets are set but it is not clear what specific action is taken when the data suggests a target may not be reached. The information from the performance board is cascaded down to team and practice managers, however there is limited evidence of how this information is then used to improve outcomes for children and young people.

Leadership and management Grade 3 (Adequate)

101. Leadership and management is adequate. Elected members and senior officers provide effective, appropriate scrutiny and challenge to services for looked after children and care leavers. However, this is largely focused on quantitative data rather than on qualitative performance. Whilst outcomes for care leavers and children who are looked after are adequate there is insufficient evidence of the impact of scrutiny.

102. Commissioning of placements for looked after children is in place and effective in ensuring that sufficient placements of a good quality are available to meet the needs of looked after children and young people. Social workers report that the process of obtaining placements is clear

and well managed. There are good regional relationships in place in terms of managing the independent sector placements. However opportunities to measure the impact of commissioning on outcomes for children and young people are not utilised and the views of those in care are not routinely used to inform service delivery or development.

103. A reconfigured looked after children's team was created as part of the service restructure in September 2011. The impact of this team on improving outcomes for looked after children has not yet been evaluated. Workforce planning has ensured that there are sufficient numbers of qualified social workers in place in order for statutory requirements to be met and services delivered. The caseloads in the looked after children service are stable and manageable. The profile of children and young people across the authority is known and has been used by the local authority in planning services, for example in the recruitment of foster carers.

Performance management and quality assurance
Grade 3 (Adequate)

104. Quality assurance and performance management is adequate. Systems to monitor and evaluate overall performance are underdeveloped. It is unclear how the council and partners monitor and jointly evaluate data on services for looked after children in order to ensure that a systematic approach is applied to achieving improved outcomes. Scrutiny by corporate parents appears to be significantly under developed and there is no clear focus or prioritised activity led by elected members. The Children in Care Council is currently under developed with four active members

105. Performance targets are broadly in line with statistical neighbours and a basic level of performance information is available for front line managers which is used to manage work loads within the teams. However social work staff are unclear about performance relating to key indicators for looked after children, including areas such as health assessments, where it is recognised performance needs to improve. There is a monthly performance board attended by senior managers but their focus is on quantitative performance data for looked after children, rather than on the story behind this and the links to quality of services.

106. There is consistent evidence of management oversight on files via the decision and action records. However these tend to be a list of activities to do rather than an analysis of situations leading to decisions about a child's future or changes to case planning. This is also reflected in the supervision files seen which evidence regular monthly sessions but limited reflective thinking or practice. Staff, however, report that

reflective discussion does happen and management support is consistent and appreciated.

107. Assessments and plans are usually signed off by practice managers. However some of the poor quality plans seen by inspectors had been signed off by managers and therefore it is not clear how far their scrutiny is actually ensuring a robust overview of the quality of practice of front line staff. Processes are in place for routine case file auditing by team and service managers on a monthly basis, although this was not evident on many files examined for looked after children. It is therefore unclear how far this is embedded in practice or what impact it is having on quality and performance. Managers acknowledge that due to the significant structural changes that have taken place since September 2011 this is an area that has not been prioritised sufficiently.

108. Themed audits do take place on areas identified for further scrutiny by discussions at the performance board. Evidence from these audits is used to support practice and service development. For example a recent audit of assessment identified skill gaps for staff in this area and an external training programme has now been commissioned to tackle this.

Record of main findings:

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