

# Inspection of safeguarding and looked after children services Somerset

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**Reporting inspector** Emmy Tomsett

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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) 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 82 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 Somerset, Taunton and Somerset Hospital NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust and Somerset Partnership NHS Foundation Trust. Community-health services from Somerset Partnership 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. Somerset County has a resident population of approximately 117,351 children and young people aged 0 to 18, representing 22% of the total population of the area (*based on ONS 2010 mid-year population estimates*). As of January 2012, 7.1% of the school population was classified as belonging to an ethnic group other than White British, compared to 22.5% in England overall. Some 3.6% of pupils do not have English as a first language. Apart from English, Polish and Portuguese are the most commonly recorded first language of school pupils.
5. Somerset has 274 local authority maintained schools and academies, comprising 215 primary schools, 38 secondary and middle schools, 21 special and short stay schools. Early years service provision is delivered predominantly through the private and voluntary sector in approximately 775 settings; as of April 2012 there were 19 school governor led maintained day nurseries.
6. Somerset's Children's Trust was set up in 2005. It includes representatives of Somerset County Council and Somerset Primary Care Trust services. Other representatives include Avon and Somerset Police, Probation, Job Centre Plus, voluntary and community sector representatives and representatives of District Councils, local schools and colleges. The Somerset Safeguarding Children Board became independently chaired in 2009, bringing together the main organisations working with children, young people and families in the area that provide safeguarding services.
7. Social care services for children have 235 foster carer households and nine children's homes. Services are provided through Somerset Direct, the initial access point for children's services, four area teams for safeguarding and looked after children, teams for young people leaving care, and adoption, and fostering. There is an emergency out of hours service providing cover for Somerset. Other family support services are delivered through the county's 41 children's centres and extended services in schools. There is a county wide youth offending team, working closely with services for targeted youth support, and other services are provided or commissioned through children's services such as teenage pregnancy and Careers South West.
8. At the time of the inspection there were 495 looked after children. They comprise 122 children less than five years of age, 313 children of school age (5–16), 60 post-16 young people and there are 108 with care leaver status of eligible. Somerset uses a virtual school approach in its support of the learning of looked after children. At the time of the inspection there were 282 children who were the subject of a child protection plan. This is

an increase in the position two years ago, but a small decrease compared to the same time last year. These comprise 131 females, 147 males and four unborn. Some 52% of these children are aged under five, 34% are 5-11 and 14% are 12 years or older. The highest categories of registration were neglect at 27% and emotional abuse at 25%, physical and emotional abuse at 16% and neglect and emotional abuse at 14%, 43% have multiple categories.

9. Commissioning and planning of national health services and primary care are carried out by NHS Somerset. The main provider of acute hospital services are Taunton and Somerset Hospital NHS Foundation Trust and Yeovil District Hospital Foundation Trust. Community-based child and adolescent mental health services (CAMHS) are provided by Somerset Partnership NHS Foundation Trust, which also provides community health services. In-patient CAMHS is provided by Wessex House (Bridgwater).

## Safeguarding services

### Overall effectiveness

### Grade 3 (adequate)

10. The overall effectiveness of safeguarding services is adequate. Statutory requirements are being met. Children most in need of protection and safeguarding are appropriately identified and responded to. It is recognised by the council that significant improvements in some areas of quality of provision continue to be an area for development, specifically with regard to quality of assessments, analysis and subsequent planning. The council have implemented an action plan to address these areas of under performance and, combined with a significantly improved training programme for social workers, some improvements are becoming evident, for example recent assessments evidence good analysis of risk and parenting capacity. Thresholds are understood and implemented consistently, although some practitioners and partners report a perceived rising of thresholds in social care. All children in need or at risk are allocated to a suitably qualified and experienced worker. Children are seen regularly and describe positive relationships with their social workers.
11. Workforce strategy and development is effective and key priorities are well identified to ensure improvements are made, for example delivery of leadership and management training in order to improve the quality and impact of management oversight, supervision quality and use of management information. Partnership arrangements with Somerset Centre for Integrated Learning (SCIL) are positive and the impact of a revised training programme is beginning to be reflected in improved practice. Staff have been appropriately consulted about their identified training needs and there is a good range of evidence of training being matched to individual and organisational need.
12. Extensive use is made of services provided by the voluntary and community sector. There is a wide range of services to children and young people provided by this sector, however, partnership working is not well established with the local authority.
13. The views of children and young people contributing to and engaging in assessment and planning arrangements are not consistently recorded. Additionally, the views of children and young people do not routinely inform service improvement. The local authority has identified this as an area for development and is currently exploring strategies to best capture the views of children and their families when assessing their needs.
14. Whilst children's services staffing numbers remain stable and caseloads of social care staff are acceptable it is evident that staff are working to their full capacity. There are clear and sustained pressures at referral and assessment stages of the social care service with rising numbers of repeat referrals, core assessments and initial child protection conferences.

15. Early intervention and preventative services have undergone significant changes in recent months but there is limited evidence of an overarching early intervention strategy across the county. The development of the early intervention teams, for example, is not well integrated with children's centres and some degree of duplication of provision is evident. Although some good examples were seen, the common assessment framework (CAF) is not well embedded and consistently applied across the partnership. The local authority is, however, currently reviewing the use and impact of CAFs within Somerset with view to strengthening their impact on outcomes for children and young people. The local authority has full support from partner agencies and the voluntary and community sector regarding this review.
16. Performance data reports are subject to appropriate reflection and consideration within executive functions of the key partnership arrangements of the Children's Trust and Somerset Safeguarding Children Board (SSCB). However, quality assurance processes are not sufficiently developed within social care services to effectively drive up service improvement. For example child protection chairs do not undertake any performance management or quality assurance role following child protection case conferences. Whilst staff receive regular supervision, there continues to be little identification of staff performance information leading to plans to address individual staff performance. Management oversight of work is evident but not robust in terms of effectively tracking the progress of casework. Similarly, whilst performance reporting and monitoring are in place, findings are not analysed comprehensively and are not effectively used to shape services and inform service delivery. Until recently, management information provided did not consistently enable easy identification of areas needing further exploration. The local authority has recently addressed this matter and reviewed its use of management information, for example undertaking an analysis as to why sometimes children are unnecessarily subject to both child protection and looked after processes.

## **Capacity for improvement**

## **Grade 3 (adequate)**

17. Capacity for improvement is adequate. There is effective corporate and elected member support for both safeguarding and looked after children functions within the county and the needs of vulnerable children and young people are well understood and prioritised. The local authority has an adequate track record of improvement for children and young people's outcomes although the pace of change has been slow in key areas, such as routinely engaging children and young people in assessments and planning.



18. Improvements identified in previous unannounced inspections of contact referral and assessment services have been effectively acted upon in relation to Somerset Direct. However, some areas remain an area for development, for example case files continue to lack clarity in analysis and direction and subsequent planning for children and young people is often unclear. Additionally contingency planning is not well embedded which leads to unnecessary drift in some cases. The local authority has, however, recently delivered comprehensive training regarding effective assessments, to all social care staff to improve performance in these areas and the impact of this is now more evident in individual case work.
19. The local authority is restructuring all of its services into separate business units. This means that the Director of Children's Services (DCS) has responsibility for children's social care; however education and early years services are aligned elsewhere in the local authority. The new structure is yet to be fully implemented with many detailed elements untested, including how all statutory responsibilities of the Director of Children's Services will be discharged in line with current DfE guidance, and how children's social care will be effectively linked to all other council managed and commissioned services to children. There is more limited evidence of sustained leadership capacity, effective coordination and professional oversight of the services of all local authority based services to children than would be expected.
20. Whilst the local authority has an ambitious plan for further restructuring of services and clarity in terms of the final structure, the strategy to implement these changes is not yet finalised. Some staff and partner agencies do not feel that the new structure will ensure effective and integrated oversight of both strategic and operational services within children's services. The turnover of senior managers in the local authority has been substantial and this, added to the wider reorganisation of the council, has inevitably led to some loss of drive to the improvement agenda.
21. The local authority has an understanding of their strengths and weaknesses and whilst fundamental changes are planned, these are not yet definitive. It is evident that the local authority has clearly prioritised safeguarding and child protection services and as a result the delivery and provision of services for looked after children are comparably weaker. Whilst there is evidence of good capacity, a number of changes made by the local authority to its services, notably ceasing the work undertaken previously by the multi-disciplinary local service teams, has resulted in services that do not cohesively mesh together. Persistent efforts at a local operational level aim to renew effective communication and provide some improved consistency and continuity for families; however these efforts are in their early stages.

22. The local authority and its partners have clear ambition and appropriate priorities for children and young people across the county. However, there is limited clarity in terms of how these will be achieved, particularly within the context of how future budget savings are to be made. Somerset has already made significant efficiency savings and one area affected by this has been services to young carers. The council is, however, assessing the potential impact on vulnerable groups of future savings across service provision and there are aims to minimise adverse affects through the increased use of voluntary sector support.

### **Areas for improvement**

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

#### **Immediately:**

- ensure consistent and effective strategy discussions in child protection enquiries as well as their timely recording
- clarify precisely how the requirements of the DCS roles and responsibilities are to be discharged effectively

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

- ensure that no vulnerable young person over 16 years is provided with bed and breakfast accommodation in response to homelessness
- improve the quality of assessments ensuring full consideration of significance of familial history, individual diverse factors and ensure that children are sufficiently engaged in assessments and planned work
- ensure that child protection and other plans are more outcome focused with appropriate contingency arrangements
- review thresholds for prioritising timely interventions for children with emotional and mental health difficulties by the CAMHS
- develop performance management arrangements that demonstrate good analysis and evaluation of performance information which should include performance reporting and aggregated learning from IROs and case conference chairs
- provide sufficient and sustainable support services to young carers and a clear response to their concerns

- The local safeguarding children's board (LSCB) and NHS Somerset should ensure that general practitioners (GPs), dentists and all appropriate health practitioners are fully engaged in safeguarding arrangements and have regular developmental opportunities for practice reflection and learning.

**Within six months:**

- ensure sufficient capacity and coordinated activity to deliver effective early intervention and prevention services
- ensure a more coordinated approach to commissioning of safeguarding services, incorporating the voluntary and community sector as appropriate.

# Safeguarding outcomes for children and young people

## Children and young people are safe and feel safe

### Grade 3 (adequate)

24. Arrangements to ensure children and young people are safe and feel safe are adequate. Those children identified as requiring protection are clearly and appropriately responded to with timely and focused interventions that address their immediate protection and other safeguarding needs. Individual characteristics, including the diverse needs of the children, are almost always effectively identified, although not always taken full account of within initial assessments. It is not always clear that children are sufficiently engaged in understanding what is happening to them, nor are their wishes and feelings always identified clearly enough.
25. There is variable consideration of, and attention to, the views of children prior to or whilst they are subject to child protection plans. Inspectors saw some examples of sustained and insightful observation, interpretation and evaluation of parent-child interactions. However there have been other cases where children up to primary school age have been considered too young to give their views, to develop meaningful relationships or even lead to attempts made by social workers to see them on their own. Attention to child and parent interactions is proportionately better within some assessments made within the early intervention services when using the CAF.
26. The management of allegations made against those who work with children through the role of the Local Authority Designated Officer (LADO) has, since the inception of the role in the area, become an assured and trusted arrangement. The LADO has had to deal with an increasing number and range of matters, including several extended, serious and complex investigations. Despite an increase in support, the capacity of these arrangements has kept pace with demand but has not achieved fully independent arms-length focus.
27. There is a well established complaints system with evidence that some complaints have resulted in organisational and attitudinal changes in parts of children's social care services, for example a service review of support to young carers. Arrangements for the safe recruitment of staff are sufficiently robust and clearly meet the requirements of statutory guidance. Associated services, such as schools, evidence a keen attention towards ensuring that their recruitment processes are sufficiently compliant with robust attention to statutory guidance. In relation to service provision for early years and looked after children, the most recent inspection judgements for staying safe outcomes are at least adequate, with most achieving grades of good or better. However, it is clear that

some young people identified as vulnerable and with a range of needs are not being provided with safe, sustainable accommodation and are inappropriately being provided with bed and breakfast to meet their accommodation needs.

## Quality of provision

## Grade 3 (adequate)

28. The quality of provision is adequate. There is a good range of early intervention and prevention services across the local authority, provided through voluntary, community, local authority, school and early years services and settings. The arrangements for identifying high priority referrals and assessments are sufficiently robust and effective through the contact and duty arrangements within Somerset Direct. Sustained increases in referrals and re-referrals, high and rising levels of complex work combined with persistent increases in the numbers of looked after children are together posing significant capacity challenges for social care services. Whilst allocation of work takes place in an assured way, some cases are allocated to team managers inappropriately and for periods beyond the immediate or even short term. Newly qualified social workers are well protected and not expected to take responsibility for child protection or public law related work and are well supported in the work they undertake, at team and manager levels.
29. Assessments are variable in quality, with many being descriptive rather than analytical, giving less weight to the significance of parenting history than is appropriate. Some examples of better quality assessments and consequent plans have also been noted during the inspection. Strategy discussions are timely, although not always well recorded or with sufficient detail. Some lacked effective multi-agency communication resulting in single agency enquiries to ascertain the need for immediate protection of a child. While communication between social care and Avon and Somerset Police is adequate, there had been some recent difficulties that managers are aware of and are beginning to address.
30. Child Protection Plans seen during the inspection are detailed, but focused more towards seeking compliance with a range of activities such as attendance at appointments, ensuring professionals have access to the child, and monitoring, rather than focusing on expectations of specific improvements in the safe parenting of the child. Reports are too often produced late for critical decision making meetings, making it less likely that the full engagement of parents or children is achieved at the outset. There is also limited evidence that clear expectations are sufficiently identified or challenge is provided within initial or review conferences, although the more recent conference activity seen show improvements.
31. Key agencies are well engaged in child protection case conferences, core groups and actions identified within plans. Engagement is particularly strong from the public protection unit of the police service, community

health staff and schools, but weak in relation to the contribution of GPs. Conferences and reviews are timely with relatively few plans lasting longer than two years although there are larger proportions ceasing at the three month review point. Record keeping is almost always up to date, particularly on cases identified as carrying a significant risk of harm to children. There is a wide variation in the production and quality of chronologies of significant events in the lives of families and how these are used to help assess current risk factors.

## **The contribution of health agencies to keeping children and young people safe** **Grade 2 (good)**

32. The contribution of health agencies to safeguarding arrangements is good. Clinical and non-clinical staff across the health community have a good understanding of risk indicators and their safeguarding roles and responsibilities. The child death overview panel (CDOP) is effective and practice is continuously improved by lessons learnt from research and national and local incidents. NHS Somerset's performance management of safeguarding activity is robust with safeguarding children standards included in contracts for all Foundation Trusts and independent providers. The designated doctor and designated nurse provide strong supportive leadership and rigorous challenge to providers. Frontline health staff have access to safeguarding policies and procedures to guide their day to day practice. All staff have good access to knowledgeable named and designated professionals who are leading practice development and performance improvement well.
33. The annual NHS Somerset safeguarding report sets out a comprehensive review of comparative performance on safeguarding activity over the previous three years by all health provider trusts. Areas for further development are clearly set out with a measurable improvement plan for the following year. Procedures in health providers governing children's non-attendance at health appointments have been strengthened and are closely monitored since the 2010 audit identified deficits in some providers.
34. Health staff are routinely involved in child protection case conferences. Their contribution is valued and they feel part of the decision making process, leaving conferences clear on their role and responsibility in the protection plan. Health visitors and school nurses prioritise child protection and safeguarding activity and work well in partnership with other professionals. Attendance at child protection conferences is good and subject to close monitoring through Primary Care Trust (PCT) governance arrangements.
35. Safeguarding arrangements and systems to identify potential safeguarding risks to children are well established at both the acute hospitals and Minor Injury Unit (MIU). Named nurses undertake daily reviews of under 18 year

olds presenting for treatment and this activity is reported regularly through clinical governance arrangements. All provider services are closely engaged with multi-agency risk assessment conferences (MARAC) and able to cite examples of cases of early preventative intervention as a result of effective MARAC arrangements.

36. GP engagement in safeguarding arrangements is currently under developed although it is improving. A report template has been developed to facilitate consistent contribution to case conferences although this is not used by all practitioners. Each practice has an identified safeguarding lead, and uptake of training is monitored. The named GP is working closely with the designated safeguarding doctor and nurse to strengthen engagement. GP engagement is being addressed through appraisal although there is scope to strengthen this further. There is more to do to improve attendance of GPs at conferences. There is not yet an established GP safeguarding practice development forum although this is being initiated as part of the new clinical commissioning group federation infrastructure. The PCT and LSCB have not yet sufficiently engaged dentists in safeguarding arrangements.
37. Safeguarding training of health staff across the health community at the levels appropriate to their role is in place and take up is good; rigorously monitored through provider trusts, the designated nurse and the LSCB. The provision of regular, planned safeguarding supervision as set out in *Working Together To Safeguard Children* is not yet established across the entire health community. It is well established on an individual worker basis in community health services for health visitor and school nurses. Reflective sessions for individuals and staff groups across all services are promptly provided by named professionals in response to requests or specific events and guidance is routinely available and valued. Work is in place to strengthen supervision arrangements for clinical and non-clinical staff in disability and acute services.
38. The small CAMHS provides a limited access service although once engaged with services, outcomes for young people are positive. Thresholds for service are perceived in referring services as high or unclear. Further review of the CAMHS care pathway has been initiated by the clinical commissioning group to review the referral pathways and access to Tier 3 services. Health visitor workforce development is also expected to increase capacity for support at Tier 2 and 3. There is scope for further engagement between services to raise awareness of what different services provide and ensure referrals are appropriate. Where young people need inpatient treatment for mental health problems, there is access to Tier 4 beds within the county. Admissions to adult wards are rare, although this has occurred twice in the last year. On both occasions, these were well considered, planned admissions to meet the specific safety and complex needs of the young people and the admissions were closely monitored through clinical governance and were of brief duration.

39. Midwives within the maternity services have a good awareness of safeguarding risks and what indicators to look for. Access to individual safeguarding supervision, in addition to group sessions, is in place. Effective pre-birth planning with social care routinely takes place in a multi-agency approach and an effective missed appointments policy is in place. There is increasing awareness across maternity services of cultural issues in some communities including attitudes to children born with disabilities. Midwives have received CAF training but the use of CAFs is limited.
40. The health visitor service is building capacity through skill mixing and adopting family nurse partnership practice as part of health visitors' core skill set to strengthen the work with teenage parents. Recruitment is buoyant and the service is on track to achieve the 2015 workforce development targets for an additional 37 posts. An integrated Healthy Child service model for health visitors and children's centres is being established, based on the Healthy Schools Plus model, with health visitors and children's centres providing services which are effective in supporting teenage parents and children in need.
41. Arrangements are in place to guide adult service workers in identifying children at risk of hidden harm in a household where an adult is accessing mental health, adult disability or substance misuse services. There is close liaison between safeguarding leads in adult and children's services to ensure effective working. Assessment documentation contains triggers and child safeguarding is routinely discussed in supervision and team meetings. Joint work is undertaken by children's and adult workers in response to individual need or where a protection plan is in place. Operationally however, there are examples of adult workers not consistently adopting a "think family" approach.
42. The integrated therapies service for children with disabilities has been developed in the past year, in consultation with users and carers, in recognition that previous service was failing to meet the needs and complaints were unacceptably high. Waiting times for services, which had previously been as long as two years, have been significantly reduced to an average of four weeks across the whole service. The inception of a telephone advice line is a positive development valued by other professionals and accessible to carers to provide support prior to intervention. The multi-agency intervention service for early years (MAISEY) is providing an effective 'team around the child' forum and there are examples of how early intervention has been effective in sustaining children with disabilities at low level of support.
43. Action has been taken by the PCT to strengthen the effectiveness of the pathway to services at the sexual assault referral centre (SARC) provision located in a neighbouring authority and to ensure follow up support and



sexual health advice is provided. Access to sexual assault examination and treatment, not requiring SARC provision, is provided effectively by appropriately qualified and skilled paediatricians at Musgrove Park Hospital.

44. The range of substance misuse and sexual health services including the well established contraception and sexual health (CASH) branded service, operate effective partnerships with social care, schools, the youth service and youth offending. They provide flexible and responsive outreach services resulting in positive outcomes. The incidence of teenage pregnancies has been successfully reduced to significantly below the national and regional averages. A range of specialist projects and roles supporting teenage mothers and fathers are in place in midwifery, health visitor and there is positive operational partnership working. Designated professionals meet regularly with social care senior managers. Community health service named nurses meet regularly with children's social care managers and team leaders to identify and resolve operational issues which may impede effective multi-agency collaborative working.

### **Ambition and prioritisation**

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

45. Ambition and prioritisation is adequate.
46. Elected members are clear and active in their understanding of the role and responsibilities of the Lead Member and the prioritisation of the safeguarding of children within the area. The partnership has a good understanding of local need and the challenges it faces. Safeguarding is a clear priority across the statutory and community and voluntary sectors. The Children's Trust is growing in its effectiveness as clear priorities are now in place with an increasing focus on children and their family's views and experiences of service provision.
47. The Children and Young People's Plan (CYPP) for 2011-12 reflects shared ambition across the partnership combined with a wide range of activities and aspirations. Some links between the Children's Trust and other strategic and performance oriented arrangements are effectively in place, for example with the SSCB. However some are less developed, such as with the Shadow Health and Well-being Board and the community safety arrangements. The revised Joint Strategic Needs Assessment (JSNA) is recognised by the local authority and partner agencies as providing a sound platform of information and intelligence upon which to evaluate achievement. This is additionally used by children's services to plan future objectives for broader safeguarding services targeting the well-being of children and young people. The recently revised JSNA is being used to inform all key agencies, through the Children's Trust, of the profile of need amongst children and young people in the area. Individual consultations have been undertaken on specific issues identified as concerns by the local authority, although actions have not yet been implemented.

48. Some services, for example those in early years and the early intervention developments, are insufficiently well coordinated at both strategic and operational levels. However the local authority has started to work more closely with partner agencies and the voluntary and community sector to help improve more effective targeting of resources.

## **Leadership and management**

## **Grade 3 (adequate)**

49. Leadership and management are adequate.
50. Challenges in achieving and sustaining workforce capacity with regard to qualified social workers have been successfully met. The local authority actively encourages council staff to train as social workers and has a clear retention strategy encouraging social workers into management positions as appropriate. Consequently there is less reliance on agency social work personnel. The workforce does predominantly match the prevailing diversity of the local population, although very high proportions of practitioners are female. The nearly fully-established workforce comprises a balance between experienced and newly qualified practitioners although, increasingly, there are greater proportions of the latter. While the social care service has achieved low vacancy rates, capacity to deliver sustained high quality work is described by all managers seen as difficult to establish and maintain. Local managers do have the delegated authority to employ locum staff when experiencing unexpected or short term gaps in staffing. Almost all practitioners have increasing caseloads with relatively high and rising numbers of children and families, with many in complex, chronic and periodically acute circumstances.
51. The profile of children and young people and their needs are well known. Inspectors saw evidence that practitioners are now taking a more robust approach to these cases ensuring plans are sufficiently child focused and that parents are clear as to what areas of parenting need to improve and by when. However it is evident that, in order to maintain timely responses to the most urgent needs of children, there are some adverse responses being made, for example managers allocating work to themselves and signing off some assessments prior to them being fully completed. Additionally there is a clear perspective from practitioners within social care as well as within other, referring agencies, that thresholds for allocation of casework have started to rise in recent months.
52. There are some emerging processes developing, for example feedback questionnaires and forums, to enable some young people to have their voice more effectively heard and their concerns taken seriously. One example is the strengthening advisory group (UK Youth Parliament Advisory Group) to the Youth Parliament. Unfortunately some young people, particularly young carers, feel disenfranchised and disillusioned about the genuineness of some consultations. Young carers, seen by inspectors, were uniformly distressed and angry at the prospects of their

highly valued advice, counselling and support services being rapidly eroded and potentially lost.

53. Operational managers have a good awareness of service and resource vulnerabilities through ongoing service assessment and continuous risk assessments. Senior managers are also aware of many service and resource challenges, and they retain a keen focus on matching services to the budgetary resources allocated to service priorities.
54. Partner agencies in the area are keen to identify learning from the serious case reviews undertaken as well as from other events, for example, the management of complex investigations into institutional harm. There are robust and extensive briefings, training materials and performance audit activity designed to establish and monitor the effectiveness of learning and changes made as a consequence of serious case reviews, including key learning prior to the publication of reviews. However, some opportunities for performance reporting and aggregated learning, through case conference chairs for example, are not routinely or sufficiently taken advantage of by senior managers or the SSCB.

## **Performance management and quality assurance**

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

55. Performance management and quality assurance are adequate. Performance reporting is well established and consistently applied with wide capture of relevant statistical and data information. Performance reports are regularly produced to support operational management and senior managers, in relation to national indicators and some local targets. A range of audit activity and performance monitoring is well embedded within the key partner agencies and regularly reported through the LSCB and to the Children's Trust. However, there is limited evidence of evaluation of audit findings to support management planning. Reports seen during the inspection also tended towards emphasising comparative performance of the area in relation national and regional performance rather than with statistical neighbours. However, the performance data reports are subject to appropriate reflection and consideration within executive functions of the key partnership arrangements of the Children's Trust and SSCB. Senior managers do utilise management information as part of informing service development, although there is limited specific attention to those smaller groups of children within non-White British or minority cultural communities. Many national indicators present Somerset as in line with statistical neighbours, although they are consistently better and improving in indicators relating to performance in achieving timescales, for example, timeliness of review case conferences. The area does show very high rates of re-referral and yet lower rates of child protection enquiries, among their variances, the significance of which are yet to be fully explored or evaluated.

56. Senior managers across the partnership exercise a good level of oversight in relation to the work within social care with a strong focus on referral and key decision making stages. There is also a good range of evidence of continued oversight, although less well evidenced is the role of managers in driving, reviewing and ensuring the implementation of plans, as well as in supporting and enabling reflective practice by practitioners. Particularly valued are the well established legal case discussions of those cases exhibiting high risk and harm. Practitioners spoken to by inspectors valued the opportunities to explore cases in detail as well as feeling well supported by the 'ownership' shown by service and area managers. Practitioners welcome the continuous accessibility of their immediate line managers and the formal and informal peer support offered to them within the 'pod' arrangements. While there are clear lines of communication between operational managers and senior officers not all operational managers feel as well supported by senior managers within the local authority.

### **Partnership working**

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

57. Partnership working is adequate. There is a strong network of operational relationships at practice level, notably between social care and the police, as well as with many schools, early years and children's centre settings, and with primary health practitioners. There have, however, been recent challenges in some parts of the area in relation to timely communication between social care and the newly established specialist police service, the Central Safeguarding Unit. These matters were being addressed between the services at the time of the inspection. Extensive use is also made of the range of services provided by the voluntary and community sector, although their capacity to respond is becoming increasingly limited, resulting in some delays in providing services. There are well used escalation arrangements in place in the event of challenges or disagreements between agencies, through local managerial arrangements to ensure services respond in accordance with agreed protocols. Lines of communication are consistently described as constructive, open and robust.
58. Formal commissioning and procurement arrangements are limited and less well established in relation to broader safeguarding services, although there are some valued commissions that have resulted in specific improvements in specialist areas. Extending the range of the PROMISE, currently in transition to becoming a voluntary sector group is a particular example, with its involvement in relation to gaining access to missing children and developing improved understanding of their experiences toward future targeting of resources.
59. The LSCB is fully constituted and compliant with statutory guidance. It is facing budgetary and structural changes as well as succession planning for

an independent chair. The large Board, along with an extensive range of standing sub- and short term groups, respond effectively with the broad safeguarding agenda. Multi-agency audit activity is valued and prioritised, although the impact of messages about practice improvement does not always result in sustained improvements in service, with key messages about core expectations being repeated on a number of practice matters. Thresholds are subject to continuous reflection, are understood and implemented consistently, although many practitioners and partner agencies report a perceptible rising of thresholds by social care in relation to children in need.

## Services for looked after children

### Overall effectiveness

### Grade 3 (adequate)

60. The overall effectiveness of services for looked after children and care leavers is adequate. Outcomes for looked after children are variable, with being healthy and economic well-being graded as inadequate and all other outcome areas as adequate, although improvements are evident, for example in some areas of placement stability and quality of provision. The Compact, a service that co-commissions education support to children and young people, has worked effectively in Somerset and this has successfully contributed to the reduction of looked after children who are excluded from school. Additionally, offending rates of looked after children are reducing as a result of effective partnership working between police, youth offending teams and social care as well as input from ROLAC (reducing the offending of looked after children).
61. There are clear and well established procedures for decision making to determine whether a child should be looked after. Thresholds for children becoming looked after are well understood and there is consistency of decision making. Managers have a clear commitment to the needs of looked after children across the partnership but whilst strategies are now in place to drive improvement, the pace until now has been slow.
62. The Lead Member and corporate parents have a clear commitment to the needs of looked after children and care leavers in Somerset. Their needs are well understood and prioritisation of these needs is becoming well embedded. The new management team demonstrates a clear focus, drive and commitment to achieving positive change for looked after children across the outcome areas. This is, however, yet to be fully implemented and as a result evidence of the impact is currently limited.
63. There are well established commissioning arrangements in place to ensure appropriate matching of placements and these arrangements are effectively monitored by the council. Rigorous monitoring systems are in place to ensure that looked after children are placed in high quality placements and schools and 93% are currently in settings that have been judged by Ofsted to be good or better. All looked after children are allocated to a qualified social worker and are seen regularly. The local authority delivers variable services for looked after children with some indicators good, for example looked after children placed within 20 miles of their home continues to be an area of good performance. However long term placement stability remains a key challenge for the local authority. Whilst the local authority has improved the timeliness of review health assessments for looked after children, the timeliness of initial health

assessments is poor. Additionally Somerset does not have a dedicated CAMHS for looked after children.

64. The quality and analysis within assessments is variable and does not consistently reflect the views of the child and family. Care plans are not updated regularly and whilst they are reviewed in a timely way, this process lacks appropriate challenge, for example, identification of unnecessary drift in permanency planning.
65. All children and young people are allocated to qualified social workers from whom they receive appropriate advice and guidance. The quality of provision with regard to assessment and care planning is adequate. Social workers are well trained and have access to a comprehensive range of in house training as well as access to external training opportunities as appropriate. The majority of looked after children who met with inspectors or who completed the pre inspection Care4Me survey reported feeling safe and had at least one person they could confide in if they felt unsafe or had concerns.
66. Foster carers are well supported by staff across partner agencies and receive regular, high quality training as well as support from the Keep service to prevent placement breakdowns. The local authority has been successful in increasing the number of adoptive carers in Somerset and this has improved permanency arrangements for some looked after children. The views of looked after children and care leavers are not well reflected in case files. Looked after children receive a good service from the PROMISE mentoring service and this has contributed towards improving placement stability, educational attainment as well as children feeling well supported.
67. Looked after children are not routinely contributing to service development and clear working links between corporate parents and the Children in Care Council are not yet established. Children and care leavers are actively involved in the revision of the Pledge, which sets out the council's promises to looked after children, and are contributing to ways in which this document can be more effectively delivered and understood by looked after children.
68. The continued use of bed and breakfast accommodation for some care leavers is unacceptable and whilst this is avoided where possible, the local authority does not have a clear strategy in place to stop this practice in the near future.

## **Capacity for improvement**

## **Grade 3 (adequate)**

69. The capacity for improvement is adequate. The local authority has demonstrated a variable track record in improving outcomes for children and young people who are looked after. Positive outcomes for looked after children are evident, for example, in improved short term placement

stability and reduced offending rates. Significant work is also underway to improve looked after children's access to initial health assessments and the pace of improvement is currently well driven, monitored and prioritised by both health and social care services. Educational attainment of looked after children is regularly scrutinised and given a high priority across partner agencies.

70. Weaknesses in the service are well known by the new senior management team and action is now being taken to improve these areas, for example increasing placement choice and improving long term placement stability. Whilst there is a clear commitment to improve services for looked after children, the strategic and operational planning is not yet fully embedded. There is a good learning culture within the service and across partner agencies and this, coupled with a newly appointed and ambitious leadership team, is adding to overall capacity.
71. Placement availability and accommodation for care leavers are key priorities for the county. The local authority has identified the need to continue to increase foster carers and adoptive carers. However whilst evidence has been seen of recruitment campaigns, there is limited evidence of needs mapping or a sufficiency strategy.
72. There is evidence of good partnership working in individual cases and the partnership and new management team have a strong and renewed commitment to ensuring improved outcomes for looked after children.
73. Overall there is a low vacancy rate of social workers across the service for looked after children and care leavers to enable managers and staff to meet the needs of the service and deliver core functions as well as contribute to the improvement agenda. Staff retention and recruitment continue to be a priority for the council and there is evidence of ongoing work to maintain a consistent and skilled workforce. Social workers and team managers report that they have good access to training and are well supported by knowledgeable and respected managers.

## Areas for improvement

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

### **Immediately:**

- NHS Somerset, Taunton and Somerset NHS Foundation Trust, Yeovil District Hospital NHS Foundation and Somerset Partnership NHS Foundation Trust and the council should ensure that all looked after children have access to timely, comprehensive health assessments leading to quality assured health care



- NHS Somerset and Somerset Partnership NHS Foundation Trust and the council should ensure that looked after children and care leavers are fully engaged in the development and delivery of the Being Healthy agenda and health elements of the Pledge.

**Within three months:**

- develop a clear action plan to secure additional and appropriate high tolerance accommodation for care leavers and ensure that care leavers living in bed and breakfast or in other low support accommodation are well supported and protected.
- improve timeliness and quality care of planning for looked after children to ensure placements and other support needs, including health and education, are fully met and reflected in care plans
- review the effectiveness of permanence planning processes to ensure that parallel planning reduces the length of time children wait before permanent placements can be made
- ensure that social workers complete robust assessments for looked after children and care leavers, and that the analysis of needs and risks is reflected in care planning
- NHS Somerset and Somerset Partnership NHS Foundation Trust and the council should ensure that looked after children and care leavers have prompt access to specialist health care services including mental health and substance misuse services as required
- ensure that the independent reviewing officers (IROs) develop their performance management and quality assurance roles and their findings are used effectively to deliver improvement to services for looked after children

**Within six months:**

- increase targets for recruiting foster and adoptive carers, mentors and independent visitors from minority ethnic communities.

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

### Being healthy

### Grade 4 (inadequate)

75. Outcomes for the health of looked after children and young people are inadequate. Delivery of the Being Healthy outcome for looked after children is inadequate. There has been insufficient rigor in the PCTs and multi-agency Health Care Partnership's management and oversight of service delivery to looked after children by the community health service provider, now part of Somerset Partnership NHS Foundation Trust. Service deficits were identified just prior to the inspection and remedial action, including allocating management oversight of the service to the safeguarding named nurse, is being taken through an initial action plan and a whole system review led by the PCT. These actions are too recent to have had measurable impact and although there are committed and diligent workers within the looked after children health team, there are significant deficits within the service.
76. Children who are entering the care system do not routinely have access to a timely, comprehensive health needs assessment completed within the expected 28 days of them becoming looked after. Performance on the undertaking of initial health assessments within timescales is poor with one child in the case sample waiting five and a half months for an initial assessment. There is a significant risk therefore that some children may not have their health needs identified and addressed during a care episode. Reasons for delays are not recorded, although there are significant, recently identified, clinical capacity problems now being addressed as part of the service review. Initial health assessments are undertaken by a range of appropriately qualified health professionals under the direction and oversight of the designated doctor.
77. There is no clear, whole system approach to the provision of health care to looked after children. There is a lack of connectivity and effective communication between the looked after children health team and the IROs. The annual IRO report does not address the provision of health services for the looked after children cohort and there is no IRO representation on the Health Care Partnership which oversees health service delivery for looked after children. Looked after children health staff report regular communication with social workers, health visitors and school nurses but this is not evidenced in case files. Health visitors and school nurses do provide a range of health promotion activities and information on an individual and group basis in schools and residential homes. They undertake health reviews where children are placed locally and will attend statutory looked after children reviews as appropriate. The voice of the child comes through in some reviews but this is not consistent.

78. No effective quality assurance process is in place encompassing the monitoring of the quality of health assessments, which is variable, and whether the child's identified health needs have been met. Systems and processes are not sufficiently rigorous to ensure that children placed out of area consistently receive healthcare which addresses all their needs. Recent actions have been taken to strengthen governance arrangements in relation to looked after children placed out of area; these include direct contact between Somerset named safeguarding nurses and their counterparts in placement areas where issues of poor quality health delivery have been identified.
79. The service cannot demonstrate compliance with Department of Health guidance in regards to the provision of parental consent to treatment. In the single case seen where a parental consent to treatment form had been passed to the health team, it was wrongly completed rendering it invalid. Health records maintained by the looked after children health team are poor, containing only very basic information such as the health assessment, where this has been completed, and basic correspondence. It is difficult to follow the child's pathway through health and social care. Although the looked after children health team have access to the social care information system, no social care information, such as copies of statutory looked after children reviews, is held on the health record. There are no health chronologies and no information as to the reason the child came into care and, as a result, health professionals undertaking health assessments and reviews may not have all the necessary information likely to impact on the child's health and well-being. Health plans are unsatisfactory with no clear identification of overall objectives, who is responsible for actions or timescales for delivery, making monitoring of delivery by social care and the looked after children health team difficult.
80. Strengths and difficulties questionnaires are not used by the looked after children health team to monitor children's emotional development and neither are they used to inform health reviews. Opportunities for the young person to use them as a tool to evaluate their own emotional growth and development are therefore also lost.
81. Performance on the reviews of health assessments for children in care for more than 12 months has been prioritised and is now much improved. There is also good outcome delivery for universal health outcomes, for example the percentage of dental checks completed and uptake of primary immunisations is improving. However, incidence of substance misuse in the looked after children cohort is high. The absence of specialist CAMHS or substance misuse service provision for looked after children or fast track pathways when a need for support is identified is likely to result in poor outcomes for these highly vulnerable young people.

82. Support to care leavers is under developed. Substance misuse among this cohort is high and there are no clear strategies to address this need. Care leavers have not recently been involved in the development of health information to support a young person leaving care and they are not given a health history. Looked after children and the Children in Care Council are not sufficiently engaged in developing and delivering the agenda for how the health needs of looked after children are being addressed. There is no mechanism in place by which young people will be facilitated in holding health to account for the health elements of the Pledge. Young people have not been involved in the recruitment of key health personnel and to date there have not been regular meetings between the looked after children health team and the Children in Care Council, although these are planned for the future.

**Staying safe****Grade 3 (adequate)**

83. Outcomes for staying safe are adequate. Risk is well managed to ensure that all children and young people who need to be looked after are in care and thresholds are well understood and applied. There are adequate services for supporting children and young people on the cusp of care.
84. Children placed in Somerset as well as out of the area are in placements which are judged to be adequate, and most are judged to be good or better. The local authority's fostering and private fostering services have been graded as good overall and the adoption service graded as outstanding in recent inspections. Looked after children are well monitored in placements and receive regular visits from their allocated social worker. Children report feeling safe in their placements and are able to clearly identify a professional who they could confide in if they felt at risk or needed support.
85. The availability of placements and accommodation for children and care leavers is limited and does not enable matching of need to be undertaken appropriately. The local authority is aware of the impact for children in care of not being in placements which wholly meet their needs and the risk of placement breakdowns. A strategy to increase placement choice and recruit more specialist foster carers through the multi-treatment foster care programme has been developed by the local authority but this has not yet been implemented
86. Some care leavers are currently placed in bed and breakfast accommodation and although the local authority recognises that this is unacceptable, it does not yet have a strategy to remedy this matter. Good use is made of the advocacy service although the use of advocates is not always well understood by looked after children and young people in Somerset. The LADO is a particular strength in this area and provides robust attention to any allegations against carers and a sound point of reference for advice and guidance to professionals.

87. Aftercare services are responsive and work closely with partners to ensure support is provided within the community to young people. There is insufficient provision, however, for care leavers who need support, for example with substance misuse or who have mental health concerns.

### **Enjoying and achieving**

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

88. The impact of services on enabling looked after children and young people to enjoy and achieve is adequate. Both the County Plan and the CYPP give priority to the need to champion the educational attainment and progress of vulnerable groups, raise aspirations and narrow the gap.
89. In 2011, test results for 11 year olds were better than found nationally in both English and mathematics, demonstrating a clear narrowing of the gap with all children nationally for this cohort. However, this is not the case at age 16, where performance is below the national average, with a lower proportion of young people achieving five good GCSEs than found elsewhere. However there are high levels of special educational need among children in or entering the care system at secondary school age in Somerset.
90. The Letterbox accelerated reading scheme is proving successful and is being extended. Of the 20 children involved in 2011, reading improved for the very large majority, and in a few cases some cases an improvement of over two years in reading age was achieved.
91. Permanent exclusions of looked after children are very low. Alternative provision provides individually tailored programmes for looked after children, increasing the capacity of partner schools and enabling pupils to make progress. The proportion of children and young people receiving fixed term exclusions, although reducing, is consistently higher than figures for all Somerset's children.
92. There has been a significant restructuring of the children in care education team in the last year. Some children and young people, identified as those in most need of support, benefit from targeted short term one to one work from the team. The effective permanent exclusion and vulnerable pupils (PEVPs) panels provide the majority of referrals to the team. The work of the team is currently focused around transition and avoiding exclusion, providing intervention and support for children in crisis to re-engage with education. The link between placement stability and educational outcomes is understood and disruption to children's education is avoided if possible, especially during examination years.
93. Robust procedures to track and monitor educational progress have been recently implemented. Although early days, the 'rag' (red, amber, green) rating system that has been implemented is now enabling the service to identify children that are not making expected progress. Plans for the

service to be more proactive in addressing underachievement for individual pupils or cohorts, are in place.

94. The very large majority of looked after children have an up to date personal education plan (PEP), which includes children's views. However, overall the quality is acknowledged to be variable, especially in regard to short and long term target setting and action planning, which is often not specific or measurable. The children in care education team is responsible for monitoring the quality of PEPs and feedback is provided to social workers and designated teachers. The recently implemented changes to the planning document, designed in conjunction with designated teachers, will facilitate better action planning and enable the team to ensure PEP funding is being used effectively to improve children's educational achievement.
95. Multi-agency workshops for professionals involved in the education of children in care are being trialled in order to increase the knowledge and understanding of the needs of looked after children and develop a shared responsibility for their achievements. However, there are currently limited opportunities for designated teachers to meet as a professional group.
96. The educational psychology service works closely with the children in care education team to support their work, delivering attachment training to schools, residential units and foster carers in order to increase placement stability, and thereby improve educational achievements. The very large majority of foster carers have attended some form of local authority training and those that have attended the Conscious Parenting course found it valuable.
97. Absence rates for looked after children are broadly in line with those for all children in Somerset. Attendance was generally good in the individual cases seen by inspectors and in some instances had improved following children entering the care system. Persistent absence is reducing, but remains higher than found nationally and among all children in Somerset in 2011.
98. Monitoring of the low number of children with a statement of special educational needs (SEN) in out of county provisions is the responsibility of the senior specialist educational psychologist for children in care and the liaison social worker for children in care, and monitoring of educational provision is carried out through annual reviews of the statement of SEN. In recent months monitoring of PEPs has taken place. No direct work is carried out by the children in care education team outside of the county, although the lead manager will contact the school to pursue and issues identified in PEPs.
99. Looked after children's achievements are celebrated at the annual evening of achievement and the 2012 event is currently being planned by Somerset's Children in Care Council. Children have good opportunities to

take part in a wide range of activities outside of school, although no concessions are provided to children, their carers or families to sports and leisure facilities. Children in residential units have the opportunity to take part in residential trips where they experience a wide range of outdoor activities which develops self-esteem and team building skills.

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

100. Arrangements for looked after children and care leavers to make a positive contribution are adequate. Looked after children and care leavers are provided with a satisfactory range of opportunities to develop effective communication skills, for example through attending group activities at Burton's Orchard. Some young people have received training to enable effective participation in interviews for new members of social care staff within the council, and care leavers have delivered training to foster carers and social workers. There are currently no formal consultative processes to gather the views of care leavers, but the leaving care team has ensured that their views are listened to, for example, in the development of the Pathway to Independence project.
101. PROMISE is a well-established and valued service, which provides long term mentoring, independent visitor and advocacy services across the county. The need for mentors currently outweighs provision, but the service prioritises looked after children and care leavers. The support of a mentor has improved outcomes for some children and young people, for example, increased school attendance and achievement.
102. SICC (Somerset Children in Care Council) now also forms part of the work of PROMISE and in the last year opportunities for looked after children to meet together to discuss shared issues and concerns have increased, as has membership. However, although fully inclusive, the membership of the group remains low and systems are not currently in place to ensure that the SICC can fully represent the views of all of Somerset's looked after children. Work is ongoing to update and improve the website for children in care and the local authority is exploring ways of using information technology to reach more children and young people. Opportunities to meet directly with corporate parents have been limited, although a meeting is planned for later this year. A DVD of young people's experiences in care has been shared with foster parents, social workers and county councillors.
103. The Children in Care Council were involved in the development of the pledge in 2010, but many of the children who spoke to inspectors, including some on the Children in Care Council, and those who responded to the survey, are not aware of the Pledge. The local authority has identified the need to review both the document as well as assess how

well they are meeting the promises within it. An action plan is in place but is yet to be implemented.

104. IROs provide advice to children and young people about how to make a complaint and this information is sent to all children entering care and is included in the foster carers' handbook. IROs have made recommendations using learning from complaints, but it is unclear whether these have led to service changes. Results from the Care4Me survey demonstrate that a significant number of children or young people do not know how to make a complaint. Only a very small number of looked after children and young people have been supported by a PROMISE advocate in their reviews or in making a complaint. The PROMISE service review identifies the need to raise awareness of the advocacy service as an area for further development.
105. Offending rates for looked after children and young people, although reducing well, remain higher than national and statistical neighbour averages and the local authority has identified that most offending is committed by children in residential units or hostels. The ROLAC group is targeting initiatives at preventing looked after children and young people entering the youth justice system and preventing reoffending. These include residential units receiving training in the use of restorative justice and targeted youth support for those at risk of offending. A protocol between the police and children's social care is being developed to address county wide issues and support the implementation of a consistent restorative justice approach across the county.

### **Economic well-being**

### **Grade 4 (inadequate)**

106. The impact of services to support and improve the economic well-being of looked after children, young people and care leavers are inadequate. Outcomes for care leavers and older looked after children are not satisfactory and services are not effective or sufficient to improve young people's life chances. Staff show a high level of commitment to the young people they work with and relationships between care leavers and their leaving care workers are frequently valued by the young people. However, low numbers of care leavers are entering into education, employment and training.
107. Analysis conducted by the leaving care service has identified an increase in both the number of young people they are supporting and their levels of need, for example a high proportion have substance misuse issues. Issues regarding low levels of attainment at age 16 and placement instability contribute to the number of young people not in education, employment or training, which the local authority acknowledges is too high and increasing. Almost a third of 16 and 17 year olds are not engaged in work or training and this figure increases to just over half of 18-21 year old care leavers. Local targets are not being met.



108. The leaving care team and targeted youth support services are providing a range of opportunities and programmes to raise the aspirations of young people and encourage reengagement. These include the Care2work employability project working in conjunction with a range of organisations and employers to provide work experience placements, and the Buddy Project for care leavers to encourage their personal development and employability. There is also a weekly drop-in service for those not engaged in education, employment or training. However, overall this work is not making a sufficient impact on overall outcomes, although there are examples of effective work to support young people in individual case studies.
109. The leaving care service offers adequate financial support to care leavers if in education or training until age 21 or the course has finished. Support for attendance at open days and college interviews is provided and public transport costs are paid if the college is over three miles from home.
110. The work of the leaving care service is focused on addressing the safeguarding needs of those care leavers with the highest levels of need, for example those evicted from their accommodation, those misusing substances and those at risk of offending. Some care leavers are achieving educational success, and some care leavers told inspectors that they felt well supported by their colleges. The quality of post-16 provisions in the county is good overall, but the use of the 16-19 bursary is variable across providers. There has been an increase in the number of young people attending university, supported through the 'staying put' policy. However, the local authority recognise that this number remains low. Targeted youth support have taken groups of Year 11 pupils on university visits to raise aspirations and are developing accredited courses to enable young people to build resilience to enable young people to participate and engage in further positive opportunities.
111. Services to prepare care leavers for independence are underdeveloped and are not assisting positive outcomes as young people describe being ill prepared for independence. A joint programme run by TYS and LC service, a 12 week programme for independent living, has been positively valued by young people. However, only a small proportion of relevant young people attend. A life skills workbook is being used by foster carers, residential units and Stepping Stones, a supported lodgings provision. There is an acceptance by the local authority that preparation for independence is an area for further development.
112. Pathway plans are not always timely and the quality is variable. Young people express mixed views about their value, as do the professionals working with them. Plans for unaccompanied asylum seekers show good consideration of equality and diversity issues, although this is not consistent across all pathway planning.

113. Most care leavers seen by inspectors feel safe where they are living. However, both the care leavers and the leaving care team report that the range of accommodation available is limited and is not currently sufficient to meet the needs of young people. The pathway to independence project aims to strengthen the provision of appropriate and sustainable housing and accommodation available to the young people across Somerset, including looked after children and care leavers. However, this is at an early stage of commissioning and its impact will not be felt in the near future. This means that at the current time young people are being placed in bed and breakfast accommodation and this is not acceptable.

**Quality of provision****Grade 3 (adequate)**

114. The quality of provision is adequate. There are clear and well established procedures for decision making to determine whether a child should be looked after. Thresholds for becoming looked after are well understood and applied and consistency of decision making in this respect is successfully achieved. Most children who are in care benefit from focused support by professionals, who know them well, communicate effectively and demonstrate commitment to ensure that they have safe and stable placements.
115. Statutory visits to looked after children are carried out in line with statutory timescales. Children's views are sought but not always recorded effectively and in some cases it is unclear how their views are being taken into account in assessment and planning. The quality of assessments is too variable and the quality of analysis is consistently weak. The local authority had identified this as an area for development and prior to the inspection had delivered specific training to all staff on this issue. As a result, most recent assessments and analysis were more comprehensive, robust and of better quality.
116. Whilst case notes are mostly up to date, the council has identified that some care plans for looked after children are out of date or incomplete. Planning does not always sufficiently focus on the risks and needs identified in assessments. Planning for permanence is reflected in care plans, but there is a lack of clear contingency and parallel planning for looked after children. Unplanned changes of placement are, however, avoided and additional training through Keep has been provided to support foster carers to manage looked after children with complex needs and ensure placements are secure. Arrangements and timeliness for statutory reviews of looked after children are consistently good. The number of looked after children participating in reviews is improving and reviewing officers are proactive in maintaining this. Chronologies are of variable quality and do not always provide an accessible and concise account of social work intervention in cases.

117. There is evidence of some consideration and exploration of the cultural needs of looked after children. The ethnicity and religious needs of looked after children are usually recorded but it is not always clear how these are considered in care planning. It is acknowledged that for children whose ethnicity is not White British it can be difficult to find a foster carer, adoptive carer, mentor or independent visitor to meet their needs. Unaccompanied minors however are receiving good quality services that are both culturally sensitive and comprehensively meet their needs.
118. Social workers and team managers are well supported by the legal team and access to legal advice is timely. Social workers have good access to CAMHS professionals to discuss individual children's needs, but the threshold for access to CAMHS is high and not all children who need therapeutic intervention are able to access it.

### **Ambition and prioritisation**

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

119. Ambition and prioritisation are adequate. The changes in senior management in the local authority have been substantial and, together with the wider reorganisation of the council, has led to some loss of momentum to the improvement agenda. The council have recognised that safeguarding has been prioritised and this has led to a lack of focus and improvement across some outcome areas for looked after children. However, it is evident that the newly appointed senior management team have identified that looked after children services need significant improvement. A number of strategies are already being implemented to address the shortfall however the level of impact is limited at this early stage.
120. Elected members and corporate parents know some of the needs and challenges for looked after children in the area. Members are ambitious in some areas for children and young people and committed to ensuring that educational outcomes improve. However, this ambition has not been well translated into other outcome areas for looked after children and young people, for example access to CAMHS support and quality accommodation provision.
121. The previous lack of prioritisation of looked after children and care leavers within the council are reflected in the health and educational outcomes of care leavers. The council has developed a sufficiency statement for looked after children and young people, however this is not yet fully embedded and the impact is not consistently demonstrated.
122. The corporate parenting group has some links with the Children in Care Council but this is not well embedded. Members are aware that this is an area for development but the pace of change has been slow until very recently. The views of looked after children and young people do not routinely inform service planning or development.

123. Accommodation for children in care and care leavers is a critical issue and is recognised by the council as an area that requires urgent attention. There are plans in place to improve both quality and supply of accommodation, but the increased numbers of looked after children continue to utilise all existing resources. Whilst there is a strategic commitment to improving accommodation opportunities for care leavers, planning to ensure good health, educational and employment outcomes for care leavers are still in the early stages of development. There are no opportunities within the council for looked after young people or care leavers to improve their employment skills, for example through apprenticeships.
124. There is little evidence of partnership working between health and social care at a strategic planning level, and there are no health representatives on the corporate parenting panel.

### **Leadership and management**

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

125. Leadership and management are adequate. Local priorities are identified and weaknesses in provision are being acted on but strategic planning is not yet fully implemented. The local authority has provided greater support to foster carers such as Keep training, which will be rolled out across the council to improve skills and support placement stability. A good range of services support children on the edge of care and commissioning arrangements with independent providers are well established. The last two years of targeted advertising and a rolling programme of recruitment has resulted in an increase in adoptive carers.
126. Workforce strategy and development is effective at targeting training needs across the workforce and key priorities are well identified to ensure improvements are made, for example the recent delivery of management training to social care managers. Effective workforce planning ensures that there are sufficient numbers of appropriately qualified staff to both meet the needs of looked after children as well as to deliver service priorities. Social care staff have been consulted about their identified training needs and there is evidence of training being matched to individual and organisational need. Managers and staff have access to a good range of training and developmental opportunities, including post qualifying and advanced qualification modules, which support workforce development and future leadership capacity.
127. Operational relationships with key stakeholders are adequate and this is reflected in individual casework. Good partnerships are evident between education, police and social care and the increasing focus on the needs of looked after children is beginning to deliver results, for example reduced offending and increased attendance at school. The local authority has begun to address court delays with the judiciary that have inevitably led to delay in achieving permanency for some looked after children. An

agreement is now in place to ensure that looked after children are prioritised within the court system as far as is possible.

128. The new leadership team recognises that weaknesses exist in assessment and care planning and appropriate action is being taken to improve the quality of assessment and care planning and reduce drift for children and young people and this is now beginning to have a positive impact.

### **Performance management and quality assurance**

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

129. Performance management and quality assurance are adequate. There is a good understanding of the profile of looked after children and young people and key issues and challenges for service delivery are regularly reported on. There is a well established process of performance data collection, with a performance coordinator in every office to report to each team manager on local targets for looked after children. This information is used effectively by team managers to monitor individual cases against the desired outcomes for each looked after child. A number of data reports focused on key indicators are also routinely provided to different managers across children's services. However analysis of this data is not routinely undertaken and the impact of this work is not consistently leading to improved outcomes for all looked after children.
130. The scrutiny committee and elected members are also actively using performance management data to assess improvements across the service. Although there are some examples of equality and diversity analysis in performance reporting, equality impact assessments highlight the need to improve outcomes for many vulnerable groups within Somerset, including looked after children and those from minority ethnic groups.
131. The use of audits is variable across looked after children services and is not well embedded as part of quality assurance or broader performance management or monitoring. There are examples of regular auditing of casework but not all cases seen provide evidence of managers ensuring objectives and outcomes of plans are clear. Additionally, a recent audit undertaken by the IRO service highlighted a number of shortfalls in individual casework across the service. The findings of this report have been effectively used by the local authority to inform service development and identify areas for development within services for looked after children.
132. The IRO service is under developed in terms of their performance management and quality assurance roles. Whilst case files demonstrate evidence of regular management oversight, the impact of this is variable and there is insufficient challenge and rigour. There is limited evidence of managers ensuring clarity of analysis of assessments, formulation of objectives or driving through the implementation of plans.

133. Social workers and other key staff are provided with good training and feel well supported and receive regular supervision and case discussion with managers. Most professionals were able to identify lessons learned from recent serious case reviews for example, and it is evident that research and practice developments are disseminated successfully throughout the council. However supervision records do not demonstrate that reflective supervision or appropriate challenge is taking place. The local authority has recognised this as an area for development and has begun to deliver Clinical Supervision training to all managers across the county.

## Record of main findings:

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