

# Inspection of safeguarding and looked after children services

Portsmouth

---

**Inspection dates:** 9 – 20 May 2011

**Reporting inspector:** Lynne Staines HMI

**Age group:** All

**Published:** 27 June 2011

---

© Crown copyright 2011

Website: [www.ofsted.gov.uk](http://www.ofsted.gov.uk)

This document may be reproduced in whole or in part for non-commercial purposes, provided that the information quoted is reproduced without adaptation and the source and date of publication are stated.

Further copies of this report are obtainable from the local authority or at [www.ofsted.gov.uk](http://www.ofsted.gov.uk)

# Contents

<b>About this inspection</b>	<b>2</b>
<b>The inspection judgements and what they mean</b>	<b>2</b>
<b>Service information</b>	<b>3</b>
<b>Safeguarding services</b>	<b>5</b>
Overall effectiveness	5
Capacity for improvement	6
<b>Safeguarding outcomes for children and young people</b>	<b>9</b>
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	19
Leadership and management	20
Performance management and quality assurance	22
Partnership working	23
<b>Services for looked after children</b>	<b>24</b>
Overall effectiveness	24
Capacity for improvement	24
<b>How good are outcomes for looked after children and care leavers?</b>	<b>27</b>
Being healthy	27
Staying safe	28
Enjoying and achieving	29
Making a positive contribution, including user engagement	31
Economic well-being	32
Quality of provision	33
Ambition and prioritisation	36
Leadership and management	36
Performance management and quality assurance	38
<b>Record of main findings</b>	<b>39</b>

---

## About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
  - discussions with 59 children and young people receiving services, 56 parents/carers, front line 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 (CYPP), performance data, and information from the inspection of local settings, such as schools and day care provision
  - a review of 17 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 November 2010
  - interviews and focus groups with front line professionals, managers and senior staff from Portsmouth City Council, NHS Portsmouth, Portsmouth Hospitals NHS Trust and Solent NHS Trust, Hampshire Constabulary and the Portsmouth Alliance of voluntary and community bodies.

## 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. Portsmouth is a waterfront city and port on the south coast of England with a population of 196,400 living within 15.5 square miles. It is the most densely populated area in the United Kingdom outside London with 7.8% of households living in overcrowded homes. Average house prices are comparatively low. It is renowned for its maritime heritage and for being the home of the Royal Navy for over 500 years.
5. There is significant deprivation in the city. The Index of Multiple Deprivation 2007 identifies Portsmouth as the 93rd most deprived of 354 councils in England. It also ranks 302nd, out of 354 districts, on a national composite index of child well-being. The population is mainly white British - estimated at 88% in 2005. This is higher than the regional and national averages. The largest minority ethnic groups are Chinese, Indian and Bangladeshi. New economic migrants, particularly Kurds and Angolans, increased the population by an estimated 7,000 between 2002 and 2006. Over 70 languages are spoken in the city. Children from minority ethnic groups comprise 13.5% of young people of school age. There are over 46,000 children and young people up to the age of 19 living in Portsmouth, representing 23% of the city's population. This number has changed little over the past five years and is not expected to change significantly over the next five. Most are permanently housed and not living in overcrowded accommodation. However 16% of children and young people live in workless households and 18% in poverty. In January 2010, the proportion of primary school pupils entitled to free school meals was 16.5% as opposed to the national average of 15%. The proportion of secondary school pupils eligible for free school meals is in line with the national average at 11%.
6. The Portsmouth Children and Young People's Local Strategic Partnership was set up in 1999 and the Children's Trust established in 2005. The Trust includes representatives of NHS Portsmouth, Solent NHS Trust, Portsmouth Hospitals NHS Trust, Hampshire Constabulary, the Voluntary Sector Alliance, young people's representatives, schools and the further education sector. The Portsmouth Safeguarding Children Board (PSCB) is chaired by an independent chair and brings together the main organisations working with children, young people and families in Portsmouth.
7. Social care services for children have 141 foster carer households and directly provide children's residential care through three residential units situated within the city. Some foster care and residential placements are

commissioned from the independent sector. Community based services are provided by six social work teams, one children with disabilities team, one young persons' support team, a family placement team and an adoption team. Private fostering services are provided through a dedicated worker situated in the fostering team. Additional preventative services are delivered through children's centres and family support services teams based in two designated family assessment and development centres. The corporate parenting team promotes the corporate responsibilities across the partnership for looked after children. At the time of the inspection there were 321 looked after children comprising 94 children under five years of age, 199 children of school age (5–16) and 28 young people over the age of 16.

8. Commissioning and planning of health services are carried out by NHS Portsmouth. Acute hospital services are provided by Portsmouth Hospitals NHS Trust. Learning disability services are provided by Portsmouth City Council and Solent NHS Trust and Child and Adolescent Mental Health Services (CAMHS) by Solent NHS Trust. There is no age-appropriate mental health in-patient accommodation for children or young people who require specialist care. In the very few instances where this occurs provision is commissioned from healthcare providers outside the county.

## Safeguarding services

### Overall effectiveness

### Grade 3 (adequate)

9. The overall effectiveness of safeguarding services is adequate. Good cross-party political commitment and support for the prioritisation of safeguarding services offers stability to medium and longer term service planning. Risks and uncertainties around the future, such as the changes within the health sector and the disbanding of the Primary Care Trust (PCT), are taken into account and well managed across the partnership to ensure priorities identified in the CYPP continue to be driven forward during times of significant change within the public sector. The Children's Trust and the PSCB provide good leadership at all levels across the partnership with effective outcomes. For example, through raising awareness of safer sleeping arrangements for infants, the Safer Portsmouth Babies campaign significantly reduced the incidence of infant deaths. Although the PSCB regularly receives performance information it has not fully exercised its monitoring and evaluation role with regard to children's services performance data. Action has been taken to address this issue. New arrangements are in place but have yet to become fully established. The council is able to demonstrate improvements in service provision through use of inspection findings, audits, outcomes from complaints and learning from serious case reviews. For example Ofsted's unannounced inspection of contact referral and assessment arrangements in November 2010 did not identify any areas for priority action. Where areas for development were identified they have been acted upon in a timely manner. Although good quality assurance processes are in place they are not always used effectively to improve practice. For example, managers have not consistently ensured outcomes from case file audits are translated into practice within their teams. Not all statutory requirements in relation to safeguarding have been met satisfactorily. The arrangements in place between children's social care and the Police for conducting child protection investigations and assessments were not in accordance with Working Together 2010. This issue was addressed by senior managers at the time of the inspection and immediate remedial action implemented. Assessments, child protection and children in need plans and the recording of case notes are of variable quality and do not consistently reflect the quality of direct work undertaken with children and young people. The inspection did not identify any cases where children had been left unsafe.
10. There is a good range of preventative services which are currently being reshaped and expanded to increase the effectiveness of early intervention. Joint and single agency safeguarding training, including for the voluntary and community sector, is effective in ensuring those who work with children and young people have a good awareness of safeguarding issues. Partnerships with stakeholders, community groups and commissioned

services are well established. Staffing resources within children's social care and health are sufficient to deliver the priorities. The recruitment and retention of social care staff is improving and consequently there is very little reliance on agency staff. Safe recruitment practices are established across the partnership and meet at least minimum standards. The role of the local authority designated officer (LADO) is not sufficiently well known across all agencies, particularly those in the voluntary and community sector. Where it is used, actions taken are appropriate.

## Capacity for improvement

## Grade 2 (good)

11. The capacity for improvement is good. Political and managerial leadership across the partnership is good and provides a clear direction of travel. Since the appointment of the Director of Children's Services in September 2009 significant progress has been made in driving up improvements in practice and service delivery. A period of instability when interim managers were used has been resolved with a permanent senior management team now in place. The new senior managers within children's social care are effective in identifying strengths and weaknesses within the service and putting in place strategies and actions to improve services, based on a strong commitment to safeguard the most vulnerable children and young people in Portsmouth. Social workers' views of the new management team are favourable with comments such as 'there have been improvements with the setting of clearer boundaries and expectations' and 'leadership is going in the right direction'. Staff are committed to the new direction of travel and are child-centred in their approach but their experiences of being directly involved in shaping services are variable. The introduction of fortnightly action learning sets for social workers to develop and improve practice is greatly welcomed and benefits were reported to inspectors. Partner agencies meet statutory requirements for services with some good aspects, such as the range of preventative services and safeguarding services provided by health. There is a strongly evidenced commitment from all partners to ensure that the well being and safety of children and young people is central to service planning and delivery. Early intervention provision and partnership work are effective and are resulting in positive outcomes for many children, with good early identification of their needs for safeguarding and protection. A wide range of good quality services provided by the voluntary and community sector further enhances capacity. Overall, there are satisfactory systems in place across the partnership to monitor and evaluate performance and to make continuous improvements to services.



## Areas for improvement

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

### **Immediately:**

- Portsmouth City Council and Hampshire Constabulary to ensure that child protection investigations comply with the statutory guidance as outlined in Working Together to Safeguard Children 2010.
- Portsmouth City Council to improve the quality of assessments, child protection and children in need plans to ensure that thorough assessments and clear plans are in place and that required actions are measurable and time limited; that all child protection and children in need plans clearly and accurately identify and record risk and protective factors, and contain robust contingency plans; and that effective managerial oversight and decision-making are reflected fully in the social care records.

### **Within three months:**

- Portsmouth City Council to ensure outcomes from case file audits are implemented in a timely manner and that managers are rigorous in ensuring compliance.
- Portsmouth City Council to ensure that the independent child protection reviewing service is effective in providing robust and systematic challenge to practitioners from all agencies who are accountable for delivering the child protection plan; and that required decision making and subsequent actions are delivered in a timely manner to reduce drift.
- Portsmouth City Council and partners to ensure delivery of briefings to all statutory, voluntary and community bodies, raising awareness of the role of the local authority designated officer (LADO) and of the processes to be followed where allegations are made against a member of staff working with children; and that systems are in place to monitor usage and outcomes.
- Portsmouth City Council and health partners to extend the 'Think Family' approach into adult mental health services to ensure improved safeguarding communication, practice and challenge between service areas.

- Portsmouth City Council and health partners to review and improve timeliness and accessibility to provision of minor daily living aids for children and young people with disabilities.

**Within six months:**

- PCSB to ensure it fulfils all of its monitoring and evaluation functions, as described in Working Together 2010.

# Safeguarding outcomes for children and young people

## Children and young people are safe and feel safe

### Grade 2 (good)

13. The effectiveness of services in taking reasonable steps to ensure that children and young people are safe and feel safe is good. The importance of safeguarding children and young people is recognised at both strategic and operational levels across all statutory, community and voluntary organisations. A strong safeguarding, child-centred focus underpins all service planning and service delivery. There is a wide range of good quality, well used early intervention services available across the city to support children, young people and families in crisis. Successful early intervention is central to the partnership's safeguarding work.
14. The scrutiny of children's social care files which were randomly selected for this inspection and the previous unannounced inspection provides evidence that, in most cases, appropriate action is taken to safeguard children and young people by suitably qualified and experienced social workers. In the majority of cases reviewed by inspectors, children and young people had been appropriately safeguarded through timely and effective interventions. There were no cases where children or young people were judged to be unsafe. Managerial oversight of these cases is evidenced but not always consistently recorded in a structured way. Ofsted inspections of schools, early years settings, residential settings and colleges in the local authority show that arrangements for keeping children and young people safe are mostly judged as good.
15. Complaints regarding children's social care services are handled effectively and most are resolved at a local level. Complaints managers provide quarterly complaints data to senior managers to improve practice. The timeliness of completion of responses to complainants has improved to an 87% response rate within 20 working days as evidenced in the last quarter January – March 2011. Complaints outcomes are categorised under broad headings of professional practice, efficiency and quality of service. Staff training sessions are held regularly to disseminate learning from the outcomes of complaints to help improve service delivery and practice. However there are no systems in place to monitor outcomes to ascertain whether the learning has had an impact on improving practice. Advocates are available to assist any child, young person or family should they wish to make a complaint. Currently this support is significantly under used with a majority of complaints resolved at an early stage and without needing to move into formal processes.

16. Policies and procedures ensure full compliance with safer recruitment guidance. The inspection of randomly selected personnel records confirmed that appropriate safeguarding checks are carried out to ensure that staff who work with children and young people are appropriately vetted. A robust system is in place to consider any concerns raised as part of Criminal Records Bureau (CRB) checks. All applications where any concerns are identified are forwarded to a senior manager for consideration and a final decision. CRB checks for social workers are repeated every three years. Contracting arrangements across the partnership to safeguard children and young people are robust and include a requirement for all vetting checks to be undertaken by the service provider.
17. The management of allegations against people who work with children is compliant with statutory guidance. The PSCB identified that the role of the LADO is not well understood across the partnership, particularly in the voluntary and community sector, and is potentially under used. Consequently, the PSCB has identified this as one of its priorities for 2011/12 and a range of briefings are planned to reach all sectors of the partnership. Where referral to the LADO has been used, appropriate procedures have been followed and actions taken to safeguard children and young people.

### **Quality of provision**

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

18. The quality of provision, which includes service responsiveness and the quality of assessment and direct work with children and families, is adequate overall with some good aspects. The quality of case planning, reviews and recording is adequate but does not reflect fully the quality and impact of the direct work undertaken with children, young people and their families. The electronic records system has not been effective in assisting social workers to maintain their records in accordance with statutory guidance with the result that alternative practices have developed. For example, although the work is being done, it is not consistently recorded appropriately or in sufficient detail in any one place to provide good quality assessments, plans or overview of the case. Practice has developed where current work may be recorded in the electronic records, the social worker's notebook or in other documentation. This issue has been identified by senior managers and improvements to the electronic recording system are scheduled for implementation in June 2011.
19. Service responsiveness is good overall. Service improvements within the referral and assessment service ensures that where a child or young person is referred to children's social care, referrals are responded to in a timely manner and cases allocated promptly. At the time of the inspection there was no unallocated work in the referral and assessment team and

appropriate cases were transferred promptly to the relevant longer term teams. However, while agencies say that they have a clear understanding of thresholds for referral to children's social care services the proportion of cases that are inappropriately referred remains high. For example, Police notifications following reported incidents of domestic abuse are not systematically risk assessed or filtered before being forwarded to children's social care and health, thus placing a significant burden on the social care duty system. Similarly, inappropriate referrals from health and schools indicate that agencies are still not entirely clear or confident about the most suitable means of support for some children and families. This issue has been recognised by the PSCB and work has been undertaken across the partnership to develop revised and agreed thresholds that are due to be re-launched in the very near future and are strongly linked to the partnership's early intervention strategy. To ensure children, young people and families are fully involved in safeguarding processes, effective arrangements are in place to provide advocates, translation and interpretation services to them when their first language is not English. Out of hours arrangements to provide emergency duty cover are robust. On occasion, and by arrangement, the out of hours team has some capacity to undertake pre-planned welfare checks for some children subject to a protection plan, to ensure agreed safeguarding arrangements are being adhered to by parents or carers. A recent analysis of the use of Police Protection Orders identified that not all other options had been fully explored before Police powers of protection were used. Action has been undertaken to address this issue resulting in a briefing to Police officers and a subsequent but appropriate reduction in usage noted. Social care staff have access to good quality legal advice. There are some delays in court processes, which results in plans for children and young people not always being expedited in as timely a way as possible. Senior managers and legal services have regular meetings with the judiciary to address this and other social care issues. Managers report this has been effective but were less able to evidence overall impact.

20. Although children and young people in need of protection are suitably prioritised and their immediate needs are satisfactorily assessed through the duty system, at the time of inspection the council and Police were not fully compliant with the statutory guidance in Working Together to Safeguard Children, 2010. For example, where it is necessary for an investigation to be carried out into potential child protection concerns, strategy discussions between children's social care and the Police are not taking place consistently in accordance with the guidance. In some instances an assessment visit is carried out before it is determined whether it becomes a child protection investigation. This leads to a lack of clarity as to the status of the investigation and reduces the opportunity for historical information or other intelligence to inform the planning of the investigation. Furthermore, there is a lack of clarity as to why welfare information is being gathered from other agencies such as schools or health and does not clearly outline to the parents, child or young person

what is happening. In some cases where a strategy discussion should have taken place the only record is one of a brief email exchange between children's social care and the Police and this does not demonstrate robust joint working, accountability or secure planning. Following discussions with the council immediate remedial action has been taken to change practice. It should be noted that despite the non-compliant practice children are seen speedily and appropriate action taken to ensure their safety.

21. Children subject to child protection plans are visited, often in excess of statutory requirements, but not always seen alone by social workers. Core groups are not sufficiently consistent or effective in developing the outline child protection plan into a robust and targeted operational plan with clearly identified and measurable outcomes. Many of the plans examined by inspectors did not fully identify the assessed risks and did not include specific and measurable outcomes, so it was not clear what had to be achieved in order for the plan to be fulfilled. In some cases reviewed the lack of robust planning resulted in drift. Within the records there is clear evidence of a child centred approach but less evidence as to how much the views and wishes of children and young people have influenced outcomes. Chronologies have not consistently been kept up to date making it difficult for case histories to inform current practice. This issue has been addressed by managers and appropriate corrective action taken. Although much informal discussion takes place with managers to ascertain case directions these discussions are not routinely recorded. While a majority of cases demonstrated appropriate outcomes were being worked towards or achieved, the lack of consistent completion of structured assessment and planning tools leads to weaknesses in proactively identifying risks or contingency plans. By contrast, in cases where a child or young person requires protection through a court order, planning is thorough, with some good outcomes seen.
22. A small team of designated child protection managers oversees the child protection conference and review service and is managed independently from the case holding social workers. Child protection conference chairs have a clear responsibility for quality assurance and challenge to practice within their role. There is variability in the quality of challenge. In some instances it is robust and issues of poor practice are escalated to the attention of more senior managers and satisfactorily resolved. However there is limited evidence that other agencies are effectively held to account within child protection conferences or review conferences of their practice within individual cases. Senior managers have identified this as an area for improvement. Standards of practice are being developed to ensure more consistency of challenge to all contributors. A strong focus has been placed on ensuring parents, carers, children and young people have sight of the children's social care report at least two days prior to conference or review to give them sufficient time to consider the content and prepare their response. However, practice is inconsistent and when workers are under pressure it does not always happen. The participation

of children and parents in case conferences is at least satisfactory and improving. In most cases there is good attendance at child protection conferences by other agencies including the Police. However, their reports are not consistently shared with the chair or parents prior to the child protection conference and contributions are reported to be variable.

23. Service responsiveness and direct work with children and young people with learning difficulties and/or disabilities is adequate overall with some good features. Cases reviewed demonstrated satisfactory assessment, planning and good multi-agency partnership working to meet need. Parents who met with inspectors reported positively on the benefits for their children and young people in having a wide range of services directly accessible to them through the child development centre and the Mary Rose and Willows Schools. They feel this helps to ensure the specific needs of their children are better understood and are responded to in a more holistic way contrasting it with an impersonal service and long waiting times in mainstream hospital settings and clinics. Waiting times for major adaptations that cannot be carried out without funding through a disabled facilities grant are variable. Parents report their frustration at not having direct access to minor daily living aids or equipment and report delays, because of the high workloads of professionals, in responding to their requests. Overall, parents feel they are listened to and once they receive a service it is of good quality.
24. Services to young carers are good with 624 children and young people aged 5–18 known to the service. Young carers' workers have undertaken the common assessment framework (CAF) and safeguarding training and have made appropriate referrals to children's social care. All secondary schools and the academy have a designated young carers' education worker with young carers well supported. For example two schools hold weekly young carers' support groups, and another school is funding the attendance of 15 young carers at a young carers' festival. Training on awareness of young carers' issues has been delivered to adult social care workers with a DVD made and used effectively to raise awareness among general practitioners and health professionals. Good facilities are available in the carers' centre for meetings and activities and young carers can drop-in during the day for support and access to information and advice. Health professionals visit some of the young carers' sessions to provide information, advice and guidance on sexual health, smoking awareness, self-esteem and emotional well-being. There is good access to bereavement support through volunteers from Cruse or Relate. These services are offered to young carers for up to one year after bereavement to support their emotional well-being.
25. The council and partners have a wide range of services in place to deliver support to families, ranging from early preventative services to interventions for those on the 'edge of care'. However, the CAF is underdeveloped. Although the number of CAFs prepared annually has

increased over the last three years for all age groups and particularly so for those from birth to five where the lead is mostly taken by health practitioners, the number of CAFs prepared is relatively low in relation to the overall population of the city. Many of the voluntary sector services that provide early support to families have done so without using the CAF resulting in the lack of a holistic family assessment. The partnership's drive to deliver the priorities within the CYPP is leading to a greater focus on the promotion of the CAF and the team around the child (TAC) approaches. It recognises these as being essential components in the successful delivery of its early intervention strategy. To this end improvements are starting to be implemented. For example a 'Think Family' pilot undertaken in the adult substance misuse service has had a significant and positive impact on safeguarding children, not only through raising awareness of the CAF but also in the team engaging direct with families to complete CAFs. This model of practice has not been transferred to the adult mental health service to apply in its work with families. A CAF coordinator is to be located within the referral and assessment service to provide advice, guidance and support to referrers. Further training courses managing the CAF are scheduled to be delivered during 2011 and places on all courses are fully taken up. Although actions being taken are positive it is too soon for impact to be measured.

26. Children's centres and resource centres are used well to supervise contact and deliver preventative services and assessments to inform child protection and care proceedings. There are good quality parenting programmes in place which have been effective in engaging parents and improving parenting styles. Parents report positively on the support, advice and guidance given to help them keep their children safe. Partnership working with housing and the voluntary sector is particularly effective in identifying vulnerable children, young people and families and in the provision of a range of housing and support services. Although safeguarding training and awareness raising of issues relating to the needs of children whose parents or carers have mental health difficulties has taken place, confident partnership working between children's social care services and adult mental health services has yet to be satisfactorily achieved.
27. Good practice is evident across the partnership with a very strong focus on reducing incidents of domestic abuse. The voluntary and community sector has a strong involvement in delivering work in this area, for example through the Hampton Trust's delivery of a programme working with a range of male perpetrators of domestic abuse, some of whom may still live within the family home. An evaluation undertaken in 2010 indicates that the programme has been beneficial to those who completed it and helped to keep children safe. However, the take up and completion rate is very low. Between 2008 and September 2010 only six men out of 67 suitable candidates completed the course. The contribution of multi-agency risk assessment conference (MARAC) and multi-agency public



protection arrangements (MAPPA) to keeping children safe is good. Regular attendance from a range of agencies evidences good partnership working. The focus is on early identification of offenders who present a potential threat to children and families and multi-agency safeguarding actions are agreed to reduce risk and promote a child or young person's welfare. There is an effective independent domestic violence adviser (IDVA) service which engages well with parents and children and intervenes appropriately to safeguard children and young people. For example there is a dedicated IDVA for children who will complete a thorough assessment of circumstances. If safeguarding concerns are identified a referral is made immediately to children's social care services for appropriate safeguarding action to be taken. Inspectors reviewed one case that resulted in an emergency protection order being granted as a result of the IDVA's actions.

28. The arrangements for identifying and finding children missing from home, care and school are effective. The Police and other agencies, including schools, have a good understanding of the needs of children who go missing and take appropriate action in instances where there may be child protection issues. For example, effective work is undertaken by Barnardos to support young people who go missing and are identified as being at risk of sexual exploitation. During 2010 Barnardos worked directly with 70 young women and continue to work with around 30 young women at any one time. Return interviews are offered to give a child or young person the opportunity to seek further advice and support to prevent the running away behaviour escalating. There are good procedures in place for schools to inform children's services when parents elect to home educate their child. Education welfare officers trained in safeguarding procedures conduct home visits to the families. Much work has been done by the partnership to raise awareness of bullying, including cyber bullying, and in supporting schools and other settings to address incidents as they occur. Children and young people who met with inspectors reported schools to be responsive to their concerns although they feel that not all incidents are responded to quickly enough.

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

29. The contribution of health agencies to keeping children and young people safe is good. Health staff across all services have a clear understanding of safeguarding policies and thresholds and are making positive contributions to safeguarding children and young people. They are alert to the potential risk indicators they should look for in their routine contact with children and families to ensure that risks are identified and referrals to children's social care made promptly. If appropriate initial referrals are not accepted by children's social care the lead professionals are aware of how to escalate safeguarding concerns although not all frontline health staff are

aware of how to do this. Safeguarding designated and named practitioners provide effective leadership and direction across health services. They are accessible, provide training and give helpful advice and guidance. Named nurses attend child protection conferences and CAF meetings to support health staff where there are complex issues or lack of progress. Health staff are aware of the whistle blowing policy and how to activate it. Staff from the Portsmouth Hospitals NHS Trust are able to feedback their experience of safeguarding processes to the named nurse providing a good opportunity to improve safeguarding arrangements and practice. Information sharing across partner agencies regarding risks within a family has improved and is reported to be generally effective.

30. Participation in child protection procedures by health staff is undertaken routinely. Staff understand their roles and responsibilities in producing reports for conferences and are well supported by managers and lead professionals to undertake these. Community children's nurses and health visitors find the new bruising protocol helpful in providing a clear framework and pathway when unexplained bruising to children is identified.
31. Staff are aware of the work and decisions of the PSCB, Child Death Overview Panel (CDOP) and lessons arising out of critical incident or serious case reviews. Regular newsletters, briefings, group supervision and practice reflection sessions keep staff informed of any practice changes decided by the strategic bodies. The CDOP has driven an effective Safer Sleep campaign providing advice and guidance to new parents on keeping their baby safe when asleep. Raising awareness produced a positive outcome with sudden unexplained deaths in infants reducing from 21 to zero in 2009 and to one in 2010.
32. There is a strong emphasis on annual safeguarding training across all health services and since 2007 this has significantly raised awareness levels of safeguarding and practice from a low base. Training is delivered at appropriate levels and attendance is closely monitored. Staff report the training to be of high quality and identify improvements in practice as a result. Topic based professional fora for safeguarding leads have been established and are valued as opportunities for support and professional development. Named nurses hold practice reflection meetings as required to enable practitioners to evaluate and reflect on specific complex cases and develop practice improvements. Staff value these sessions highly.
33. A robust approach to professional development in primary care is in place. All GP practices are contracted to participate in "Target", a one afternoon a month training session which regularly focuses on safeguarding issues. MARAC and MAPPA arrangements are well understood by most community health professionals.

34. There is a wide range of good quality health services for children and young people. Multi-agency working has improved and is now good. A positive culture of cooperation and partnership working has been developed across the key stakeholder agencies; health, social care, education and Police. Community health services work cohesively across disciplines and with flexibility, giving choices to young people about how, when and where they access support. Specialist services such as physiotherapy, community children's nurses and health visitors work closely with schools to support and train parents, carers and school staff to meet individual children's complex needs within the home and school environment. A Family Nurse Partnership service is scheduled to become operational later in 2011 which will provide an additional resource to support young people who become parents. There is specialist midwifery support for teenage mothers which continues to provide advice and support for up to 28 days post birth. The new children's outreach and support team (COAST) provides extended out of hours health support to children and young people in the community. It engages effectively with other services and is well regarded. Its purpose is to prevent a child's admission into hospital and facilitate early discharge home. However it is too early to identify any resultant reduction in child admissions as a result of the service.
35. For children and young people with disabilities, multiple appointments are avoided wherever possible. Where multiple medical interventions are required the preferred approach is to perform them under a single anaesthetic thus causing less trauma and distress to the child or young person. Parents appreciate this approach. Continuing care arrangements for young people are effective. The continuing care framework is viewed by staff as helpful and the continuing care working group, comprised of health, social care and education is operating well. Transitions into adulthood can be confusing for families and young people with the majority of health support for them ceasing when they are 18 but health visitors continue to work with young people with complex needs until they are 19.
36. Community health workers are well engaged with the CAF and often take on the role of lead professional. Parents value the support that CAF arrangements afford them. TAC work is increasing and demonstrates good health outcomes. However school nurses do not always know that a CAF is in place until after they have commenced work with a child. Group sessions have recently been established whereby groups of parents and children can be seen by several therapists at the same visit. Parents view this development positively as it reduces the number of appointments the parent and child have to deal with resulting in minimal disruption to the child. It also helps to create capacity for the therapists to engage in the increasing number of CAFs, child protection and other multi-agency arrangements.

37. CAMHS services are of a high quality and have achieved national recognition from the Quality Network for Community CAMHS (QNCC). CAMHS workers are colocated with a number of other specialist services including substance misuse, sexual health and teenage pregnancy services. The pathway into CAMHS and the early intervention and prevention service is clearly defined. CAMHS and adult mental health services work closely together to plan for transition between the two services. Planning commences three to six months prior to a young person becoming 18. Where it is appropriate the care programme approach (CPA) can be introduced early. While the awareness of adult mental health staff of child protection and safeguarding issues is improving there is still further progress to be made before referral systems to children's social care are sufficiently robust. To help reduce the vulnerability of some young people they are encouraged to manage their own emotional health and well-being through the books on prescription scheme. The absence of a comprehensive Tier 4 service results in crisis care in adult wards or placement out of the city at a time when a young person is at their most vulnerable. This issue is currently under review at a regional level.
38. Substance misuse services provide good outcome focused support for young people. Indicators suggest that outcomes at 16+ for some young people are positive in helping them change their life choices. Outcome measures for the service focus on the young person completing treatment and reporting an improvement in their quality of life with follow up three to six months after treatment to ascertain whether the change has been sustained. Early intervention grant money is being used to fund a substance misuse project worker to work in primary schools to undertake group work and some individual sessions with younger children with identified substance misuse issues. However, this project is only funded for six months and is in its early stages and it is therefore too soon for impact to be demonstrated.
39. Interpreting and translation services are accessible. They are sensitive to gender issues and try to meet specific requests. When a child or family needs medium or long-term communication support, the service aims to ensure continuity of interpreter. Health services are committed to the use of independent interpreters from outside the family as the preferred approach. Information on health services is available in a range of languages and formats including some DVD presentations.
40. The new IT system introduced into all community health services is effective in improving communication across health communities. Risks and alerts relating to the protection of children can be shared more efficiently in a more timely manner. Health professionals are able to keep better track of a child's or young person's non-attendance at health appointments. For example, the new system identified that for a particular child there had been 32 missed appointments across a range of services.

A composite picture was built up through shared intelligence, child protection procedures were initiated and a child protection plan implemented. Subsequently, multi-disciplinary support to the parent resulted in the termination of the child protection plan after three months as parent and child engaged well with services.

41. Although some progress has been made the teenage pregnancy rate is the second highest in the region. Comprehensive plans are in place to address this issue. Overall numbers remain static but there is a significant reduction in pregnancy rates for those aged under 16. For example at the end of March 2010–11, 10 young women aged under 16 were pregnant compared to 21 in 2009–10. A wide range of support and educative services and sexual health campaigns are in place which target young men and women and are easily accessible to young people. Midwives are effective in identifying risks relating to pregnant teenagers and their unborn child but find it difficult to engage children's social care in developing pre-birth plans at an early enough stage. Action is being taken through the named nurse and named midwife to address this issue. Specialist midwifery and CAMHS work with teenage mothers to promote attachment and positive on-going relationships with their baby.
42. Local facilities for children and young people who have been sexually assaulted are good. The sexual assault resource centre (SARC) provides a high quality service with follow-up for young people who have been sexually assaulted. Younger children can be seen by community paediatricians in a discrete unit within the child assessment unit at the local hospital. However this service is not available out of hours. Although there are small numbers of children to whom this applies, the issue has been recognised as delays to these children receiving examination is detrimental both to the child and potentially to criminal investigations.

## **Ambition and prioritisation**

## **Grade 2 (good)**

43. Ambition and prioritisation are good. There is a clear understanding across the partnership of the national context for the delivery of children's services and of Portsmouth's challenges within that context. The importance of safeguarding children and young people is recognised at both strategic and operational levels across statutory, voluntary and community organisations. Operational staff demonstrate a very clear and robust child-centred commitment and approach to their work with children and young people. There is good cross-party political support from elected members for children's services with a clear political consensus that services for children and young people are a priority and must be appropriately resourced. The lead member for children's services, supported by the portfolio holder for education, takes a strong and active interest in the performance of services for children, young people and their families. The role of scrutiny is well understood. Committee members

undertake their own reviews and receive regular reports on aspects of the service's provision.

44. The CYPP is based on a robust and up to date needs analysis and clearly sets out appropriate priorities that underpin multi-agency practice. There is clear evidence that the partnership is translating its priorities into action through its investment and development of the early intervention and prevention strategy in order to support more families, keep children safe and reduce the numbers of children and young people entering care. Implementation of the ambitions and priorities set out in the CYPP are monitored by the Children's Trust Board and the PSCB.

## **Leadership and management**

## **Grade 2 (good)**

45. Leadership and management of children's services are good. The appointment of a new DCS in the autumn of 2009 and the subsequent appointments of experienced senior managers across all children's services areas are providing clear and competent leadership. The DCS and senior managers know their services well and have a good understanding of the political and economic climate in which services are delivered. Strengths and weaknesses are well understood. Areas requiring improvement are known, risk is assessed, and appropriate action is taken. This is exemplified in the wide range of new strategies now in place to drive service improvement. However, much of the work is in its infancy or yet to commence and therefore it is too soon for impact to be fully demonstrated. The senior management team is ensuring staff understand the requirements and expectations on them to provide robust and good quality safeguarding services and practice. Where it becomes necessary there is a satisfactory and appropriate focus on tackling staff whose performance falls below an acceptable standard. Sustainability of some of the early intervention projects remains a challenge to the partnership given the reductions to budgets and loss of the area based grant which funded some of the preventative services activities.
46. The partnership's commitment to developing the children's workforce is good with training at all levels well supported and a good and well set out integrated working and safeguarding training programme in place for 2011-12. Attempts to have a more strategic multi-agency focus on workforce development have not been successful because of wider issues of reorganisation within agencies, particularly health. However, commitment across the partnership remains strong and a significant amount of training is delivered through multi-agency partnerships, including contributions from the voluntary and community sectors. The partnership's decision to charge for training in 2011, which to date has been free, is causing concern within the voluntary and community sector, many of whom are small organisations. While they understand the need for safeguarding training and value it they are concerned that they will

have insufficient funding available to meet demand. Consequently, they fear their awareness and knowledge of safeguarding and child protection issues may diminish and result in them becoming disadvantaged when competing with bigger organisations for contracts.

47. Within children's social care there has been significant capacity issues in the protection and court teams (PACT) leading to a high turnover of staff and a lack of stability within the workforce. This resulted in high caseloads and impacted adversely on the quality and timeliness of interventions. A thorough review focusing on staff retention, clear managerial setting of expectations and boundaries, together with proposed changes to team workloads, is having a positive impact. There is positive indication that from early 2011 workforce stability has significantly improved. At the time of inspection vacancy levels within children's social care had reduced to two and there is a very low level of reliance on agency staff. Newly qualified social workers (NQSWs) receive effective teaching and training and have access to comprehensive training and development opportunities. For example, court skills training delivered with the judiciary was described as excellent. However, some NQSW's report that the frequency of supervision has not been as agreed and not all have had protected caseloads or been given adequate support and guidance to undertake new and complex work.
48. The quality of user engagement is good. This is exemplified through the establishment of an active and fully engaged Parents/Carers forum that has strong and direct links to the Children's Trust Board. The 12-strong membership represents a wide and diverse section of Portsmouth's population. Each member has individual links to other parents in specific settings - for example, through children's centres, the Portsmouth Race and Equality Network Organisation (PRENO) and other such bodies. They report they feel listened to, that they can see evidence of their views informing service plans, that they are accountable to the parents of Portsmouth and are not there to 'rubber stamp' statutory body proposals. Children and young people are routinely consulted about their wishes and views as part of individual service assessment and planning processes but this is not consistently reflected within case records. It remains less clear as to what effect their views have had in improving safeguarding services. Young carers feel well supported and feel that their views have influenced positively the service they receive. Parents of children with learning difficulties and/or disabilities have mixed views, dependent upon their individual experiences, about the influence that they have on service planning and delivery. They describe a number of different fora where their views are listened to but are less clear as to how they have made a difference to service provision. Among the group who met with inspectors it was clear that there are several opportunities to contribute to consultations on service provision through a variety of meetings but there was inconsistency among parents as to their knowledge of what existed or how to access it. The Children's Trust and PSCB have both identified that

user engagement and hearing the voice of the child need further improvement.

49. Financial resources are used effectively. The investment across the partnership in implementing the early intervention and prevention strategy is planned to be an 'invest to save' activity. For example, from June 2011 all children in need cases will transfer from the PACTs to appropriate workers situated within the newly reconfigured children in need service who will be supported by a wide range of professionals delivering CAF and TAC services. Apart from alleviating capacity issues within the PACTs, more importantly, the intention is that a higher priority and focus will be accorded to children in need cases. The partnership understands that the establishment of such teams will not automatically reduce the need for statutory services but anticipates that good investment in preventative services, that are well delivered, should, in the medium to longer term, reduce the numbers of children and young people requiring child protection or care services. Good processes are in place for the commissioning of services but have only recently been developed or strengthened and full impact has yet to be demonstrated.

## **Performance management and quality assurance**

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

50. Performance management and evaluation arrangements are adequate and are recognised by the PSCB and senior managers as an area for further development. At a corporate and strategic level, performance management systems are good, however while the partnership collects a wide and very comprehensive range of data, it is not consistently used to best advantage. Focus has been directed towards improving national and local performance indicators with more attention given to collecting quantitative data and less to the analysis of quality. Where information leads to action planning it is not always clear where the accountability for implementation and progress rests, what the timescales are for completion, what the progress measures are or what the impact is for the service. There are good audit systems in place but although audits are carried out regularly they have not always had a positive impact on improving the quality of work. For example, the monthly audit of case files has not consistently led to improvements in the quality of recording or case planning. Positive action is being taken by senior managers to address these issues. Data cleansing exercises have been completed, a new Quality Assurance Framework launched and auditing structures strengthened. Training of staff and changes in culture among staff with regard to performance management and quality assurance are receiving priority attention through the development of action learning sets and a comprehensive training programme.



51. Within children's social care, most staff receive regular supervision in accordance with council policy. Social workers report positively on its benefit but the quality of recording within files sampled did not evidence sufficiently well how workers are challenged to reflect on their practice or supported to improve their professional development. All staff have an annual review and personal development plan but those sampled are of a variable quality. First line managers are currently undergoing a structured programme of training to improve supervision practice. There is some evidence of management oversight recorded on social care files and supervision files but in neither place is it yet sufficiently rigorous.

## **Partnership working**

## **Grade 2 (good)**

52. Partnership working is good. There is good engagement on the Children's Trust board and PSCB by partners, with representation from appropriate agencies, schools and the voluntary and community sector including membership and active participation by young people representatives. The commitment of all agencies to strong partnership working is exemplified in the decision to retain the Portsmouth Children's Trust Board even though this is no longer a statutory requirement. The PSCB has continued to develop with the appointment in 2010 of a new independent chair, who is providing effective challenge and direction to the board. Two lay members representing parents and carers have been appointed to the PSCB but have yet to take up their position. There are good and effective working relationships between the statutory services and the military welfare service to ensure robust safeguarding processes and practice are followed. The military welfare service is a member of the PSCB. Active partnership engagement with the parent/carers forum is developing well with representatives fully engaged in consultation processes and reporting to inspectors that they feel their contributions and views have a significant influence in decision-making outcomes. Through the serious case review sub group, agencies have regular opportunity to bring cases for discussion where there are any inter-agency practice issues arising or where there are significant concerns about particular cases of high risk but which do not meet the criteria for a serious case review. This process is reported as being valuable to learning and safeguarding children and young people.

## Services for looked after children

### Overall effectiveness

**Grade 2 (good)**

53. The overall effectiveness of services for looked after children, young people and care leavers is good. The Children's Trust and the multi-agency corporate parenting board provide robust leadership resulting in a good shared vision and agreed priorities for improvement. Elected members on the corporate parenting committee and scrutiny committee are effective champions for looked after children and young people. They offer appropriate scrutiny and challenge in respect of performance. Since the joint area review in 2008 no services for looked after children and young people have deteriorated. Statutory requirements are well met by the council and its partners and all outcomes continue to be good and improving. The effectiveness of a wide range of programmes to prevent children and young people entering the care system, the quality of direct work with looked after children and young people, and ongoing work to minimise children and young people needing to remain in the care system, result in improved outcomes. A particular strength is the partnership's early intervention work with children and young people on the 'edge of care'. However, not all 16 and 17 year old young people who are at risk of homelessness receive an assessment by children's social care services. The quality of care planning and of some assessments undertaken is inconsistent and does not reflect the quality of work undertaken directly with looked after children, young people and care leavers. The quality of case files inspected was at least satisfactory, with some evidence of good direct work recorded in case records. In some case files inspected, the identity needs of children and young people were not recorded although social workers were able to articulate and provide examples of how the children's and young people's diverse needs are being appropriately met.

### Capacity for improvement

**Grade 2 (good)**

54. The council and its partners have a good capacity to improve services for looked after children, young people and care leavers. The senior management team has a realistic and accurate awareness of the direction of travel, of the improvements made, and areas for development. There is good leadership at senior manager level with strongly shared ambition and effective prioritisation aimed at meeting the needs of Portsmouth's looked after children and care leaver population. Vision and priorities are clearly articulated and translated into good looked after children placement and commissioning strategies. The council's performance against national indicators for the care of looked after children is generally in line with, or better than, similar areas with improvements continuing to be made. The children in care council (CICC) in its currently constituted form has only a small membership and does not reflect sufficiently well the age range of the looked after and care leaver population. Adequate but improving

performance systems are in place to identify any emerging problems at an early stage. Appropriate action is being taken to improve quality assurance systems, and plans are in place to ensure that findings from audits are more rigorously implemented so that casework is of a consistently good quality. Despite the challenge of cuts to public sector budgets, there is evidence of strong commitment across the partnership to ensuring services to looked after children and young people remain a high priority. Across the partnership workforce there is evidence of good practice and dedicated and committed practitioners working well to deliver good quality services for Portsmouth's looked after children, young people and care leavers. The PSCB receives performance information on services for looked after children and care leavers, but has not yet focused specifically on the effectiveness of multi-agency arrangements needed to securely safeguard the needs of looked after children, young people and care leavers.

## Areas for improvement

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

### Immediately:

- Portsmouth City Council to audit all referrals for 16–17 year olds on the edge of care to ensure that service response to these young people is appropriate and meets their needs.
- Portsmouth City Council to ensure robust systems are in place for monitoring recording and addressing practice where it is identified that looked after children and young people are not being seen alone by their allocated social worker.

### Within three months:

- Portsmouth City Council to improve the quality of recording of case directions, assessments, care plans and pathway plans for looked after children, young people and care leavers, ensuring that required actions are measurable and time-limited; and to ensure all care plans clearly and accurately identify and record risk and protective factors and contain robust contingency plans.
- Portsmouth City Council to ensure that membership of the CICC is widened and increased to encourage representation of all ages of looked after children, young people and care leavers to enable them to have greater influence in the service planning and delivery of care services.

- NHS Portsmouth (The SHIP Cluster) and Solent NHS Trust together with Portsmouth City Council to ensure that the health aspects of the well-being of looked after children are addressed at the individual child's annual health review.
- Portsmouth City Council to ensure that the independent reviewing service is effective in providing robust and systematic challenge to practitioners from all agencies who are accountable for delivering the plan; and that required decision making and subsequent actions are delivered in a timely manner to reduce drift.

**Within six months:**

- PSCB to demonstrate effective leadership in considering the safeguarding arrangements for looked after children and young people and care leavers, with clear performance expectations and robust monitoring arrangements.

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

### Being healthy

### Grade 2 (good)

56. Health outcomes for looked after children and care leavers are good. They have good access to a range of provision to promote their health and well-being. Initial assessments are undertaken by a consultant paediatrician, with annual reviews undertaken by the designated looked after children's nurse. These arrangements ensure consistency of assessment and review. They also enable any health issues for looked after children and young people to be monitored and appropriately addressed in a timely manner both at an individual and service delivery level. The designated nurse has established good links with children and young people in foster care or children's homes, and young people moving towards independence. Good practice is further exemplified by the lead taken by the designated doctor in ensuring that specialist health services meet the needs of looked after children with disabilities. Effective arrangements are in place to ensure that the health needs of children and young people living in external placements are met.
57. The most recent performance indicators show a continuing trend of improvement in health outcomes for Portsmouth's looked after children and young people. At 95% the number of annual health assessments completed within statutory timescales is good and above the national average. The quality, comprehensiveness and recording of completed health assessments seen during inspection are good. There are good rates of immunisation, particularly for those under five, at over 88% compared to 77% nationally. Access to dental health care has improved with the council reporting 90% of dental checks completed compared to 84% nationally.
58. There is a good range of specialist health services available to provide information, advice and guidance to looked after children, young people and care leavers on a range of topics including sexual health, quitting smoking and promoting healthy living. Teenage mothers who are also looked after young people are well supported with health and parenting issues. Unaccompanied asylum seeking young people receive good health support through regular drop in sessions at the Friendship Centre. Interpreters are always made available to support the young people at medical appointments. Training is provided to help foster carers promote the well being of young people and help them access other service provision as appropriate. This is appreciated by foster carers and is supporting placement stability. There is good and timely CAMHS support available to looked after children and young people. The service is able to work flexibly to ensure that children's needs are met. For example it provides a direct service to a foster child placed out of the city because

the area where the child is living will not accept or provide services to a child who does not originate from that area. A recent health audit has identified the lack of a designated specialist substance-misuse worker to work directly with looked after children and young people and to provide training to support foster carers.

59. Young people seen by inspectors and those who completed the pre-inspection survey confirm they feel well supported, live healthy lives and receive good health promotion advice. Care leavers are given their latest health assessment and can return for more health information and support up to the age of 21. However, looked after children, young people and care leavers who met inspectors indicated they are less clear on what they should expect from health care provision or what information they should be given when they leave care. The CICC has recently been involved in the design and launch of new review booklets to help looked after children and young people prepare for their personal reviews. However, the booklet omits to make any reference to health outcomes and is a missed opportunity to educate and encourage looked after children and young people to identify health issues relevant to their individual situation.

## Staying safe

## Grade 2 (good)

60. Safeguarding arrangements for looked after children are good. Good arrangements are in place to ensure that all alternative safe options are explored before a child or young person enters public care. This ensures that only children and young people who need to be looked after and safeguarded are accommodated. Of the looked after children and young people who responded to the survey undertaken as part of the inspection, all reported that they feel very safe or fairly safe and 88% said that there was at least one person they could talk to if they felt unsafe. In total 69% found the advice that they received from adults about keeping safe was useful. The most recent Ofsted inspections of the council's children's homes judged the majority to be good overall. Similarly, the majority of children's homes inspected had a good judgement for the staying safe component of the inspection. The most recent Ofsted inspections of the fostering and adoption services judged the fostering service to be outstanding and the adoption service to be good. Within the adoption service good matching and focused interventions have resulted in no placement disruptions since 2007.
61. A strong focus on promoting and maintaining placement stability has proved successful with both short- and long-term placement stability indicating a good and sustained trend of improvement. Foster carers report they receive good support and training and are subject to rigorous approval processes. Level 3 carers, who foster children and young people with more complex needs, have access to specialist support systems 24 hours a day. This level of support is much appreciated and positively aids

placement stability. The proportion of looked after children and young people who experienced three or more placements during 2009/10 reduced for the third successive year. At 6.4% this was Portsmouth's best achievement ever and compares favourably to the national average of 10.9% and 11.6% for similar council areas. Similarly, a higher proportion (75%) of looked after children and young people remained in the same placement for more than two and a half years.

62. Multi-agency arrangements for children and young people missing from care are effective in promoting the safety of children and young people. Good care is taken when commissioning external placements and no residential or foster care placements are commissioned from independent agencies that have been judged to be less than satisfactory in recent Ofsted inspections. There is a good range of local placements and very few looked after children and young people are placed further afield than 20 miles. The safety of children in external placements is effectively monitored through robust contracting arrangements and statutory visits from allocated social workers.

## Enjoying and achieving

## Grade 2 (good)

63. The impact of services to enable looked after children and young people to enjoy and achieve is good. The authority is committed to improving outcomes for looked after children and to ensuring as many as possible attend good or better schools and benefit from support and guidance which is appropriate to their needs. Almost all looked after children and young people are placed in schools within 20 miles of the city. The corporate parenting team advocate well on behalf of looked after children and young people, placing appropriate emphasis on their individual needs. Care is taken to minimise changes of schools and disruption to learning. All schools have staff with designated responsibilities for looked after children who are well supported in the role. Appropriate emphasis is placed on both academic and social development.
64. Attendance of looked after children and young people both in schools within and outside the city is monitored regularly. The corporate parenting team is quick to challenge schools where the attendance of individual looked after children or young people is a concern. Good progress has been made in improving attendance which is now in line with the national average for similar groups with only 11% missing more than 25 days.
65. Schools are committed to minimising the use of exclusions and work together well to facilitate managed moves between schools or temporary placements where looked after children or young people would benefit from a new start or specialist services. The multi-agency behavioural support service provided by Harbour Schools has made an important contribution to these improvements through the provision of support to

other schools. Both recipient schools and parents speak very highly of the service and level of support provided. Numbers of days lost by looked after children and young people due to temporary exclusions have reduced significantly and almost halved between 2009 and 2010, both for those attending schools within and outside the city. However, rates within the city remain higher than for other children and young people. Only one school has permanently excluded a looked after pupil in recent years.

66. The council has appropriate systems for challenging schools to improve their performance with respect to looked after children and young people. School improvement partners review the progress made by individual children and young people twice annually. All reports are monitored and acted on by the corporate parenting team. Almost all looked after children have up to date personal education plans. However, the quality of the plans is variable and recent work has been focused on improving their quality and used to drive up standards.
67. Schools are working hard to improve the attainment of looked after children and young people against a background of low but improving attainment for the city overall. Looked after children do well in their early years learning and at Key Stage 2. Attainment in reading, writing and mathematics is mostly higher than for looked after children nationally. The progress looked after children make in primary schools has improved over the past three years. In 2009-10 they made good progress with 52% achieving Level 4 in English and 48.5% achieving Level 4 in mathematics compared to 45.2% and 43.6% nationally. The council has been successful in encouraging young people to sit GCSE examinations and 90% achieved at least one grade A\*–G in 2009-10. Attainment of five A\*–C and A\*–C including English and mathematics is in line nationally and most looked after young people make satisfactory progress within secondary schools. Schools and services are increasingly focusing support and the use of alternative personalised provision for those looked after young people in years 10 and 11 who are reluctant to engage with learning. Good use is being made of additional support funds to provide individual tuition which has been particularly effective in motivating children and young people.
68. Looked after children and young people have access to a good range of leisure and recreational activities to enrich their experiences and provide enjoyment. They are provided with computers and printers if they do not have access to such, although laptops are not automatically provided. Information booklets have been helpful in clarifying the facilities and options available in different localities. Specific projects such as the Creativity for Health project has been effective in encouraging looked after children to participate in creative activities. Foster families and residential units can use leisure facilities at reduced rates. Young people are encouraged to join youth clubs and participate in activities such as the Duke of Edinburgh award scheme which is adapted according to needs. A



specific Friendship Club provided in partnership with the Red Cross provide good opportunities for unaccompanied asylum seeking young people to relax, make friends and access services when they need them.

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

### **Grade 2 (good)**

69. Opportunities for looked after children and young people to make a positive contribution are good. There are three tiers of engagement: individual reviews, consultation and participation activities during school holidays, and the CICC. The multi-agency corporate parenting board is strongly committed to listening to the views of children and young people and taking action as appropriate. The CICC has processes in place to consult with and canvass views of other looked after children and young people, ensuring communication is a two way process and inclusive. It has direct access to the chair of the corporate parenting board and senior managers, and good linkages with the Youth Parliament and City of Portsmouth Students. The views of looked after children and young people have been influential in the development of the two new placement and commissioning strategies. For example their positive views of living in foster care as opposed to residential care influenced the council's decision to close one of its children's homes. Although over 120 looked after children and young people have been involved with the CICC or Care Can Change participation groups, the CICC is a very small body of five members and therefore needs to expand its membership to enable it to become fully effective.
70. The combination of committed reviewing officers and a good and accessible advocacy service leads to the majority of children and young people being able to participate in their reviews. Most of the looked after children and young people who responded to the survey undertaken as part of the inspection reported that they felt their reviews worked well or very well in making sure that they receive the care they need and that their wishes were taken into account in the review process. Early in 2011 looked after children and young people took an active role on interview panels for senior managers within children's social care. The making of DVDs has been effective in enabling looked after children and young people to express powerfully their views on a range of issues. These DVDs have been well used in training events across the partnership.
71. A well established complaints procedure is supported by good links with the advocacy service enabling young people to raise their concerns. For looked after children and young people living in children's homes the formal complaints process is supplemented by the home's internal complaints process and this aims to resolve matters speedily. Most looked after children and young people who were surveyed knew how to make a complaint to the council. However the process has been used by only one

young person who reported the complaint had been resolved to their satisfaction. Too few looked after children and young people have access to independent visitors. The National Youth Advisory Service which is contracted by the council to provide the independent visiting service is taking action to increase the number of independent visitors through its on-going recruitment activities.

72. Reducing offending by looked after children and young people remains a priority for the council. There is a sustained downward trend of looked after children and young people offending from 17% in 2006/7 to 8% (11 young people) in 2010/11. Good support systems are in place to work with looked after children and young people individually to address their offending behaviour. There has been good engagement with children's residential homes to prevent some of the young people's activities being treated as criminal offences. Priority has been given to developing restorative justice programmes within the council's own residential provision. Consequently the Police confirm that the number of calls from residential units has significantly decreased.

### **Economic well-being**

### **Grade 2 (good)**

73. The impact of services to enable looked after children and young people to achieve economic well being is good. Integrated Youth Support Services and the Young Persons Support Team help looked after young people and care leavers well in considering options for their future. Schools and Integrated Youth Support personal advisers undertake early identification of year 11 young people who require enhanced levels of support to enable them to take up education, employment or training opportunities. Care leavers who met inspectors spoke highly of the support they receive both in deciding whether to stay at school or progress to college to follow courses of their choice. Transition arrangements between children's and adult services for looked after young people with learning difficulties and/or disabilities are improving. The provision of two dedicated adult services workers and joint funding is positive but overall opportunities remain limited.
74. A wide range of courses are available to 14–19 year olds and offer looked after young people and care leavers good opportunities. The Harbour School provides a range of learning options to engage 14–16 year olds who find it difficult to settle in main stream secondary schools. Schools are increasingly providing personalised programmes for these young people. Looked after young people who apply for apprenticeships with the council are guaranteed an interview and helped prepare for it by the young persons support team. Planning for those with special educational needs starts early and is effective in identifying appropriate options for progression at age 16. Pathway plans are prepared and completed for all young people to the required time scales but are of variable quality and

not integral to supporting progression from school to post-16 provision. They do not fully reflect the extent of support provided by services. The integrated youth support service and the young person support team are working to ensure activities are more closely aligned to maximise impact on outcomes for young people and to ensure effective use of resources.

75. On average over the last four years 11.3% of young people who have been looked after for 12 months or more have not been in education, employment or training compared to 16.8% nationally. Despite this being lower than the national average there has been a small increase over the past three years. A detailed review of the group identified an increase in young people finding difficulty in securing employment on completion of training courses. In response, the integrated youth support service is working with 17- and 18-year-olds both to raise aspirations and support progression. Looked after young people or care leavers who are also young mothers are supported well by the council to develop their parenting skills and encouraged to return to education or training when their children start school.
76. Almost all care leavers (95.5%) are in suitable accommodation through very effective partnership working between the young person's support service, housing and the voluntary sector. The young person's support team ensures accommodation matches the needs of individual looked after young people and care leavers. Where they are in hostel accommodation quieter rooms are provided for those that have homework to complete or who need to prepare for examinations. Care leavers are encouraged to remain with foster carers or live in supported lodgings. They are helped well to develop the skills they need for day to day living and in managing their money. Those who wish to move to their own flat have the opportunity to first try independent living through the council's provision of two training flats. Housing services allocate 10 tenancies annually specifically to care leavers which are all accepted by care leavers and provide them with a safe environment.

## Quality of provision

## Grade 2 (good)

77. The quality of provision is good. The council has a good understanding and awareness of the needs of Portsmouth's looked after children and young people. New placement and commissioning strategies were launched in 2010 with clearly identified priorities for improving services for looked after children underpinning service planning. At the time of inspection the number of looked after children at 321 had increased from 295 at the end of 2009/10, the highest it has been for six years. In line with the national picture there has been an improved understanding and awareness by professionals of neglect, resulting in an increase in children aged 0–5 entering the care system. Social care staff have access to good quality legal advice through a weekly legal privilege panel. It provides

advice, challenge and appropriate support in the decision making process when court interventions are required.

78. Risks are well managed and this helps to ensure that children and young people who need to be looked after are accommodated appropriately. There is a good and wide range of early interventions available to support families, children and young people on the edge of care. There are robust systems in place through the multi-agency placement panel and First Options, an intensive intervention service, to ensure that children and young people only become looked after when it is in their best interest to do so and where all other alternative safe options have been fully considered. An evaluation of the First Options service indicates that it has been very effective at supporting parents and carers in times of family crisis to continue caring for their children. For example between January – November 2010, 95 families received intensive, short-term intervention from First Options. As a result of effective working only six children or young people became accommodated, with three subsequently returning home after intensive work with the family was completed. Parents who met with inspectors described the help they received as 'outstanding'. They said that they felt listened to, had easy access to their worker and could make contact for advice after their case had been closed. Where longer term work is needed, support and intervention are provided through the Family Assessment and Development Service (FADS) of which First Options is a part.
79. Family group conferences are appropriately used to prevent entry into the care system or to expedite reunification of children and young people to their families. During 2010, 35 children and young people were referred as a result of a request from their families for them to be placed in care or as part of their care plan. Effective work by the conference resulted in 29 children and young people being able either to stay living at home or to return home to live with either immediate or extended family members. Feedback forms from families identify as a benefit more contact with extended family members and in some instances the conferences have been successful in re-establishing positive relationships between a young person and their estranged father. Young people who present as homeless are encouraged through mediation to return home where appropriate or found appropriate accommodation quickly. They are rarely placed temporarily in bed and breakfast accommodation. Although housing services assess a young person who presents as homeless not all 16–17 year olds have been receiving an assessment of need from children's social care services. The council had recognised this as an issue and put arrangements in place to take remedial action from June 2011.
80. The council has been successful in continuing to increase the number of internal fostering placements. This has been facilitated by recruiting more foster carers and through joint work with housing to provide practical support such as home extensions or house moves enabling some families

to become foster carers. All looked after children and young people are allocated to qualified social workers who visit often in excess of statutory requirements. However, some young people and foster carers report there are too many changes of social worker. There is good care provision for unaccompanied asylum seeking children with those under the age of 16 placed in foster care. A dedicated worker is available both to work directly with the young people and to provide advice to foster carers. However, recruiting culturally appropriate carers for some unaccompanied asylum seeking children and young people remains a challenge. Further specific recruitment activities are scheduled during 2011.

81. There is an increased emphasis on permanency planning which is used effectively to promote timely and secure decisions. This heightened focus has produced positive results with an increase in special guardianship orders and in the numbers of children with a plan for adoption. During 2010, although numbers are small, 91% of children were placed in an adoptive home within one year of the decision made that they should be adopted, compared to 70% nationally. The council continues to offer positive support both financially and practically where it is determined that it is in a child's or young person's best interest that their foster carers should apply for either a special guardianship order or adoption.
82. Care planning, review and recording are adequate. The electronic records system has not been effective in assisting social workers to maintain their records in accordance with statutory guidance so alternative practices have developed. For example, work is being undertaken but is kept in other case records or documents. Overall, looked after children and young people have adequate assessments and care plans, but in the cases sampled not all assessments and care plans were documented in a sufficiently clear manner. In some there was a lack of updated core assessments or focused care plans, in others the quality of direct work being undertaken was significantly better recorded in the case notes than in the assessments or care plans. In most cases sampled management case directions were not well recorded and did not fully document required actions within specified timescales. Although outcomes for looked after children and young people are mostly good there is an over reliance on oral communication between social workers and their managers. Consequently, decision making or case directions are not always recorded. Senior managers are aware of this issue and care planning and case recording are being strengthened through case audits, additional social worker training and a management focus on improvement. Although case recording and care plans are variable in quality, social workers interviewed are knowledgeable about the children and young people they are working with. They are clear about the outcomes they are working towards, highlighting some good work particularly in meeting the cultural and diverse needs of looked after children and young people, with some good outcomes noted.

83. Although all looked after children and young people are allocated to a social worker only 47% of children and young people surveyed reported that their social worker saw them on their own and 38% reported 'sometimes'. This minimises the opportunity children and young people have to share privately with their social worker any concerns they may have about their placement or any safeguarding issues. Capacity within the independent reviewing service is adequate. During 2009/10, 84% of reviews were held within statutory timescales as opposed to 93% in similar council areas. Reviewing officers have a clear brief within their role to provide challenge and monitor the actions identified at the previous review to ensure that they have been implemented. However, the level of challenge provided is variable leading to inconsistency in its effectiveness. Clear escalation processes are in place for the independent reviewing officers to raise issues of concern. Where this process had been implemented a positive resolution had been gained for the child or young person concerned.

### **Ambition and prioritisation**

**Grade 2 (good)**

84. Ambition and prioritisation of services for looked after children, young people and care leavers are good. There is competent and determined corporate leadership from the council and the Children's Trust, complemented by cross party political support from elected members. The lead member for children's services supported by the portfolio holder for education has taken an active and enthusiastic interest in all aspects of children's services. The revised placement and commissioning strategies for looked after children are aligned to key priorities in the CYPP and are having a positive impact in improving service planning and delivery. A child-centred approach and the promotion of their safety and well being are at the heart of the partnership's ambition and priorities for looked after children, young people and care leavers. A particular strength is the breadth of knowledge and seniority of members of the multi-agency corporate parenting board, who all accord a high priority to looked after children and young people and care leavers. For example this is exemplified by the priority given by health communities to ensuring the health of looked after children and young people is high on the health agenda, resulting in good outcomes.

### **Leadership and management**

**Grade 2 (good)**

85. Leadership and management are good. A new senior management team is now in place across the directorate and is providing clear leadership. A high priority with some good outcomes is evidenced in early intervention work with those children and young people 'on the edge of care'. Variability in the quality of care planning and recording for looked after children, young people and care leavers, and inconsistent managerial oversight and decision-making, have been identified and are being addressed by senior managers. This work is at an early stage so although

the direction of travel is clear it is too soon for impact to be evidenced. Overall there is sufficient capacity and a low vacancy rate within the looked after children and care leavers' service enabling staff to meet their needs and those of the service, and to deliver its core functions. Although vacancy levels within the looked after children's teams are low there have been recent periods of long term social worker sickness which have stretched capacity and resulted in some looked after children and young people being visited by a number of different social workers.

86. Staff who met with inspectors commented positively on the service and on the support they receive from their managers both informally and through supervision. However, supervision files randomly selected by inspectors were variable and did not reflect the reported good quality of practice discussions or identify areas for development. A good range of training and support is provided to foster carers to meet the needs of looked after children and young people and to develop carers' own knowledge, confidence and professionalism. For example Level 3 foster carers who provide care to some of the most challenging children and young people have access to monthly training and optional therapeutic support. They report very positively on this level of support, feel confident to say what they need and feel 'there is no shame' if they ask for counselling. The partnership's commitment to developing its children's workforce is good with training at all levels well supported and often delivered by multi-agency contributors including representatives from the voluntary and community sectors. Reorganisation within health and social care has impeded progress in some areas of professional development. For example the looked after children lead professionals quarterly good practice forum which is reported by health staff as being greatly valued has not been meeting. It is understood that this forum is to be reconvened in the near future.
87. Partnership working to meet the needs of looked after children and young people and care leavers is good and well established at both the strategic and operational level. Strategic planning through the work of the Children's Trust is effective, child-centred and focused on keeping looked after children and young people safe, on trying to enhance their levels of educational achievement and attainment and on making in-roads into promoting and improving healthy lifestyles. At an operational level, a wide range of services work together well to meet the needs of and deliver improved outcomes for looked after children and young people. There is a well established complaints and representations system in place with the availability of advocates to support looked after children and young people where necessary. Most looked after children, young people or care leavers know how to access the complaints procedure but are less clear on how to contact an advocate should they wish to use one. There is a system in place that is compliant with statutory guidance for the investigation of complaints or allegations made against staff who work with children and young people.

88. Commissioning arrangements, including joint commissioning for looked after children and young people, have been revised and are still developing. Currently, placements for looked after children and young people are commissioned on an individual basis. The multi-agency placement panel has a clear role to challenge 'Why does this child or young person need to be in care?' and if so 'What care is required that is appropriate to need and how can it be best met?'. In making effective decisions the panel is required to consider the cost of placement, whether it offers value for money and more importantly whether it can deliver what the child or young person needs and provide stability. Although they cannot always be met, individual commissioning arrangements ensure full consideration of the cultural and diverse needs of a looked after child or young person, such as for unaccompanied asylum-seeking children. There is a good focus on value for money, for example, through the partnership's early intervention strategy and contracts with the voluntary and community sector to focus on preventative services and work with children and young people on the edge of care, and in some instances supporting those returning to their family.

## **Performance management and quality assurance**

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

89. Performance management and quality assurance arrangements are adequate overall. Performance management at the strategic level within the looked after children's service is adequate. The Children's Trust and the corporate parenting committee all receive and scrutinise management information on the service but do not consistently or robustly hold officers to account. Auditing processes are in place but the outcomes from audits do not consistently lead to improvement. This was evidenced through the council's 'deep dive' into selected case files in March 2011 and its own audits of cases selected prior to inspection. Some identified a lack of quality of assessments and recording within the file which should have been addressed as a result of earlier audit findings. There is evidence of increasing management oversight on social care files, but this is not yet sufficiently rigorous. Looked after children and young people are placed in services that have been judged to be adequate or better in protecting children and young people from harm. Regulated and commissioned residential services are closely monitored and evaluated through inspection, individual review and contract monitoring. Areas for development or issues of compliance arising from inspections are followed up and corrective action taken in a timely manner. Performance targets are mostly met and achievement is at least in line with, or in some instances exceeds, that of similar councils. The council benchmarks itself against similar areas, and nationally, to help determine and understand its overall performance.



## Record of main findings:

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