

Inspection of safeguarding and looked after children services

Surrey

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Reporting inspector Pietro Battista

Age group: All

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Contents

About this inspection	2
The inspecton judgements and what they mean	2
Service information	3
The inspection outcomes: safeguarding services	4
1. Overall effectiveness	4
2. Capacity for improvement	6
3. Areas for improvement	7
4. Outcomes for children and young people	8
a. The effectiveness of services in taking reasonable steps to ensure children and young people are safe	8
b. The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe	9
5. The quality of provision	10
6. Leadership and management	12
The inspection outcomes: services for looked after children	14
1. Overall effectiveness	14
2. Capacity for improvement	16
3. Areas for improvement	17
4. Outcomes for children and young people	18
5. The quality of provision	23
6. Leadership and management	24
Record of main findings	27

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 48 children and young people receiving services, 29 parents and carers, front line managers, senior officers including the Director of Children's Services, the Chief Executive Officer and executive directors of NHS Surrey and Surrey Community Health Services, the acting chair of the Surrey Safeguarding Children Board, elected members and a range of community representatives;
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision, and the evaluations of serious case reviews undertaken by Ofsted in accordance with 'Working Together To Safeguard Children', 2006;
 - a review of 61 case files for children and young people with a range of needs. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken;
 - the outcomes of the most recent annual unannounced inspection of local authority contact, assessment and referral arrangements undertaken in August 2009.

The inspection judgements and what they mean

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

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

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

Service information

4. The county of Surrey has a resident population of approximately 241,985 children and young people aged 0 to 17, representing 21.8% of the total population of the area. In January 2010, 18.2% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall. Some 8.5% of pupils speak English as an additional language. After English, Urdu and Panjabi are the most recorded commonly spoken community languages in the area. Some 0.8% of pupils are of black African background.
5. Surrey County Council has 396 maintained schools, comprising of 305 primary schools, four nursery schools, 53 secondary schools and 34 special schools and pupil referral units. Early years service provision is delivered predominantly through the private and voluntary sector in over 3,063 settings.
6. The local Children and Young People's Trust, the Surrey Alliance for Children, Young People and Families, was set up in 2010 as part of a re-launch of local partnership arrangements for children. The Trust includes representatives of: the county council; borough and district councils; the Strategic Health Authority; NHS Surrey and NHS provider services; Job Centre Plus; parents and carers; the Surrey Police Authority; the probation service; sixth-form colleges; primary, secondary and special schools; phase councils; and voluntary, community and faith representatives. The Surrey Safeguarding Children Board (SSCB) became independently chaired in 2009, but at the time of the inspection the position of chair was vacant. The SSSB brings together the main organisations working with children, young people and families in the area which provide safeguarding services. Social care services for children have 368 foster carers and commission some 1,200 services from over 2,000 suppliers. Community-based children's services are provided by four local area teams which each manage referrals and assessments, and provide a range of support services to children in need, children subject to child protection plans and looked after children. A county-wide function with four service arms supports children with disabilities, Child and Adolescent Mental Health Services (CAMHS), preventative services, and a range of services for looked after children, unaccompanied asylum seekers and young people leaving care. There is a single local authority emergency out-of-hours service, providing cover for the whole county. Other family support services are delivered through 69 children's centres and in extended

schools. A dedicated Young People's Service is delivered through eleven youth work teams based around the Surrey borough and district council areas, and county wide services including Connexions and Youth Justice. These teams deliver a balance of both universal and targeted specialist services, with teams comprising a workforce with a range of professional responsibilities.

7. At the time of the inspection there were 764 looked after children. They comprise 152 children less than five years of age, 384 children of school age (5–16), 224 post-16 young people and 373 with care leaver status. Surrey County Council uses a virtual school approach in its support of the learning of looked after children. At the time of the inspection there were 659 children who were the subject of a child protection plan, which represents a significant increase over the previous two years. These comprise 336 females, 305 males and 18 unborn children. Some 40.4% of these children are aged under 5, 28.8% are aged 5 to 9, and 30.8% are aged 10 years or older. The highest category of registration was emotional abuse at 42.9%, followed by neglect at 37.2%, multi-category abuse at 10.3%, sexual abuse at 6.4% and physical abuse at 3.2%.
8. Commissioning and planning of child health services and primary care are undertaken by NHS Surrey; universal services such as health visiting, school nursing and paediatric therapies are delivered primarily by Surrey Community Health Services and Central Surrey Health. The latter is a social enterprise funded through NHS funds which provides NHS services. The acute hospitals providing accident and emergency services for children are: Epsom Hospital (part of St Helier Hospital and Queen Mary's Hospital for Children), Surrey & Sussex Hospitals Healthcare NHS Trust, Royal Surrey County NHS Foundation Trust and Ashford St Peters Hospital NHS Trust. Children and families access primary care through one of 132 GP practices, walk-in centres including Weybridge and Woking, and the urgent treatment centre at Surrey & Sussex Hospital Healthcare NHS Trust. Child and adolescent mental health services (CAMHS) are provided by Surrey and Borders Partnership NHS Foundation Trust under a Section 75 arrangement. The Domiciliary Service in the south-west of the county for children with complex needs is provided jointly with Surrey Council. Maternity services are provided by Surrey and Sussex Hospitals Healthcare NHS Trust, Royal Surrey County Foundation NHS Trust Hospitals, Frimley Park Hospital NHS Foundation Trust and Ashford St Peters Hospital NHS Trust.

The inspection outcomes: Safeguarding services

Overall effectiveness

Grade 3 (adequate)

9. The overall effectiveness of safeguarding services is adequate. The joint area review, published in July 2008, found safeguarding provision to be inadequate. Improvements have subsequently been achieved in key areas of safeguarding practice and performance. As a result statutory requirements for safeguarding services are now being met, although they are yet to be embedded or evidence sustained improvement.
10. The council and most of its partners are committed to achieving ongoing service improvement and the council has a clear vision and priorities for achieving this. However, current SSCB arrangements are not yet efficient or effective and work is needed to enable the SSCB to carry out its critical scrutiny and challenge functions, and to provide strong local safeguarding leadership.
11. The county council provides strong leadership for the safeguarding agenda but it has not always been able to engage all key partners in delivering its aspirations. While there is some evidence of effective partnership work, this is not consistent or comprehensive and the challenges of achieving strong Surrey-wide strategic partnerships have not been fully overcome. Similarly, the quality of partnership working at locality level is variable, but there is greater consistency in the way partner agencies work together to deliver multi-agency child protection plans for individual children.
12. Performance management has played a key role in promoting service improvement and is becoming embedded within children's services. Quality assurance processes are at an early stage of development and are not yet fully established within social care and partnership operations. In most cases the views of children and young people are gathered and used to inform assessments and individual service plans. User views and experiences, however, are not systematically collected and used to inform service evaluation and improvement; this was particularly evident in health services. The complaints process is used by very few children and young people involved with safeguarding services and evidence about levels of user satisfaction with services is limited.
13. Workforce planning in children's social care has improved and been responsible for increasing the number of qualified social workers and reducing vacancy levels. As a result, sufficient staff are in place to deliver core safeguarding responsibilities. A range of recruitment activity has been delivered and has had a positive impact. Reasonable caseloads, better management oversight and support and improved opportunities for professional development have also promoted better retention of good social work staff. Performance management of under-performing staff at

all levels has had a positive impact. Social work and management resources are deployed flexibly in response to service pressures and this has been assisted by the recent re-configuration of social work teams into area structures. As a result of these developments, safeguarding services provided by children's social care now provide good value for money. Deficits in safe recruitment have been addressed across safeguarding services and current arrangements exceed minimum statutory requirements. Little evidence was seen, however, of effective partnership workforce planning to improve the quality of safeguarding services.

14. Financial management is robust across the council and financial planning has supported service improvement with resources allocated in line with safeguarding priorities. However, this is not consistent across the partnership, in particular in health services which face significant deficits.

Capacity for improvement

Grade 3 (adequate)

15. The capacity for improvement of safeguarding services is adequate. From the low base assessed by the joint area review, significant improvements have been achieved in a range of core safeguarding services. However, many improvements are too recent or not yet sufficiently secure for this to be solid evidence of sustained improvement. For example, assessment timescales had improved significantly by quarter four of 2009-10 and the data quality issues reported by the joint area review have been resolved but recently performance has fallen. The council faces the challenge of moving on from the external monitoring of performance provided by the Improvement Board and peer review to internal improvement and scrutiny. The structural and cultural changes needed to achieve this are evident within the council and the inspection found evidence of good self evaluation. This provides a good foundation for further improvement, but the challenges faced by the council and its partners in ensuring sufficient capacity to deliver satisfactory or better safeguarding services remain considerable. A range of plans has been developed to improve the contribution of the council and its partners to achieving better outcomes for Surrey's children. Many, however, are at a relatively early stage of implementation and so it is too soon to evaluate their impact.
16. Strong performance management processes across the council have had an impact, but quality assurance processes are inconsistent and require development. The council recognises this and has begun to develop and implement a reliable case auditing process in children's social care supported by clear practice standards.
17. Children's social care services have delivered a range of substantial improvements to core operational responsibilities which require further development and the embedding of recent changes. For example, the social care eligibility criteria have been recently revised but more work is required to promote more consistent application of these and partners'

understanding. Senior managers within the service have identified and acknowledged this. The council has planned, but not yet implemented, electronic use of the Integrated Care System (ICS), which will present both opportunities and significant challenges. While social work staffing levels are sufficient to meet core tasks, there is still a reliance on the use of locum social workers to ensure sufficient capacity. Maintaining an appropriate skill mix between experienced and newly qualified social workers is an ongoing challenge. A clearer structure for social work professional development is now present and the council recognises that more needs to be done to consolidate this.

18. Partnership work is of variable quality and needs to be reinforced at strategic level with all key partners, in particular in strengthening the functioning of the SSCB. The re-configuration of social work teams has disrupted partnership working at operational level, although there is evidence that this had been sustained at the casework level. There is a broad commitment to co-operative and collaborative working between agencies and some examples of this are working well at a local level.
19. Work to engage user perspectives more fully in informing service development is at an early stage. Action to address issues of diversity and equality is evident at a corporate level and safeguarding services are sensitive to diversity issues at an individual casework level.

Areas for improvement

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

Immediately

- The Surrey Safeguarding Children Board should review its membership, structure and functions to provide directive strategic leadership of safeguarding across the county.
- The Surrey Safeguarding Children Board should ensure that there is consistently prompt availability of police officers to engage in strategy discussions or meetings.

Within three months

- Children's Services should engage with its partners to raise awareness, and to clarify the interpretation, of thresholds for access to children's services, particularly in relation to children in need, to ensure that they are clearly understood and consistently applied.

- The Surrey Safeguarding Children Board should review the increased number of children subject of a child protection plan to ensure that thresholds are consistently applied.
- The Surrey Safeguarding Children Board should review the support provided to children and their families after they cease to be subject of plans of protection, to ensure that it is consistently assessed and provided where appropriate.
- The designated safeguarding children doctor and nurse should ensure that the partnership working between acute and maternity healthcare providers and social care contact and referral services enables safeguarding concerns to be identified and referrals made promptly, in order to protect and maintain the safety of children and young people.

Within six months

- The Surrey Safeguarding Children Board should develop, through its partners, consistent methods to monitor and to audit the impact, quality and effectiveness of individual and multi-agency safeguarding work.
- The council's children's services should ensure that liaison and networking between the restructured area based services and partner agencies, including the voluntary sector, are effectively developed.
- The Surrey Safeguarding Children Board should ensure that all general practitioners are aware of their safeguarding responsibilities and that they are represented on and actively engaged in the work of the Board.

Outcomes for children and young people

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

21. The effectiveness of services in taking reasonable steps to ensure that children and young people are safe is adequate overall. Child protection referrals are responded to effectively and in a timely fashion. Most strategy discussions with the police take place promptly and subsequent investigations are planned and carried out in a timely way. However, in some areas difficulties are experienced in promptly accessing the police for strategy discussions. Safeguarding needs are assessed effectively and, where necessary, appropriate action is taken to ensure that children are made safe.

22. Written thresholds and eligibility criteria for access to social care services have recently been introduced. However, these are not yet embedded into practice, understood by partner agencies or consistently applied by managers across the areas. Paediatric medical staff, nurse specialists, therapy staff and family link coordinators report that referral thresholds are unclear and do not easily define who is responsible for the care of children and young people who have either physical and learning disabilities and difficulties. In some case, staff are confused as to who the case worker is, which results in delays in treatment. Parents report that there is no directory of services and that social care staff do not know what is available. In some cases parents report that, depending on which staff member they spoke to, they were told there is no service or that they are not eligible. Subsequently, however, when contacting the service directly, they are informed they are eligible for the service.
23. Out of hours emergency duty services are effective and ensure that children are appropriately protected when day time services are unavailable.
24. Safeguarding in Ofsted inspections of children's institutions, such as residential homes and schools, has been assessed as at least adequate and in a number of cases has been good or outstanding.
25. Robust safe recruitment and retention systems have been developed between the council, its partners and commissioned services and compliance with agreed systems is closely monitored.
26. Rates of teenage conception and pregnancy are below England averages and in line with or below statistical neighbour averages, although there are 'hotspot' areas in the county. Dedicated teenage pregnancy midwives are effective in increasing the engagement of both young women and fathers with the service. Escalation policies are fully embedded and are well used to ensure that young women and babies remain safe. Good professional meetings involving key partner agencies are held weekly to discuss cases of concern and agree plans of action. The abortion rate is high with over 59% of conceptions resulting in a termination. There is very limited work with looked after young people promoting sexual health and no measure of impact on the reduction of teenage conceptions.

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

27. The effectiveness of services in taking steps to ensure that children and young people feel safe is adequate. Children's views and wishes are consistently sought during assessments and these are taken into account when formulating individual plans. Case files indicate that, when placements are being considered and reviewed, children's wishes and feelings are taken into account and respected. Children and young people

interviewed by inspectors and those responding to surveys say they feel safe, and know how to access help and advice if needed.

The quality of provision

Grade 3 (adequate)

28. Thresholds for access to social care services are effective in ensuring that child protection concerns are prioritised and investigated promptly by qualified social workers. However, while appropriate, thresholds are not yet clearly understood within partner agencies and the response to less urgent children in need cases is not consistent. In some cases, this results in opportunities being missed to address needs appropriately at the first referral. Most assessments are undertaken within the required timescales, although recent performance has dipped in one area. Most strategy discussions are held promptly and appropriately and ensure that section 47 investigations are well planned and co-ordinated.
29. Most assessments are of satisfactory quality, and some are good, with evidence of work to involve children and young people in their assessments, appropriate to their age, and that their views being taken into account in the planning of the case. There is a strong focus on improving the quality of direct work with children. Issues arising from ethnicity, culture and religion are generally identified but not consistently incorporated fully into assessments. Most assessments include a robust analysis of risk and identify appropriate actions to ensure children are safe. The contribution of partner agencies to assessments is inconsistent but improves as cases move from initial to core assessment. Feedback to referrers on the outcome of referrals and assessments is not always evident.
30. The development and implementation of the Common Assessment Framework (CAF) have been slow. The council's re-launch of the CAF in March 2010 has reiterated the message to partner agencies about its purpose and function but this has yet to have impact or be fully embedded within the integrated framework.
31. Effective management oversight is provided through regular case supervision, which is appropriately recorded on most case files. Social workers report that generally managers are accessible for discussions about specific cases. Case recording in most cases is sufficiently up to date and of a satisfactory quality with statutory visits well recorded. Chronologies were seen on most cases but were not always up to date and were of variable quality.
32. The number of children with child protection plans has increased significantly over the last 12 months, and the SCCB has yet to analyse fully the reasons for this or the impact on the capacity of safeguarding services across the partnership. All of these children are allocated to suitably qualified social workers. Most plans are clear, identify risks and have actions which are designated to an appropriate person to complete

within a realistic timescale. Many also identify good outcome measures. Nearly all child protection plans are reviewed within prescribed frequencies and only exceptionally do core groups fall outside prescribed timescales. Most reviews are attended by families. Child protection conference chairs are suitably skilled in managing meetings and assessing risk. However, where children cease to be the subject of a protection plan, there is no consistent practice to ensure that continued children in need support is maintained by partner agencies, where required.

33. Clear case transfer protocols between assessment and long term teams usually enable cases to transfer promptly and at an appropriate time. However, capacity within the child protection and court proceeding teams to respond in a timely manner to transfers is beginning to become strained. Practice when closing children in need cases is inconsistent, which results in some partner agencies not being aware of decisions and the expectations of their further involvement with families.
34. The social care out of hours emergency duty services are effective in ensuring that children and young people receive a good and safe service. Information sharing with daytime colleagues on cases is good and enables the emergency duty team members to provide continuity of support. Parents interviewed commented positively on the service and advice they had received.
35. The Families Customer Relations Service provides an effective statutory complaints service for children and young people and complies with the relevant statutory guidance. Children and young people are able to make contact by free phone, text and dedicated email, and advocates are available to support children and young people in making representations throughout the process. Despite these facilities, the use of the service by children and young people remains low. The reasons for complaints about children's services are aggregated and analysed to identify learning. However, there is limited evidence of this informing service improvement.
36. Appropriate arrangements are in place for the management of allegations about people who work with children, with clear processes which enable the Local Authority Designated Officer to provide advice, receive referrals and ensure that appropriate action is taken. Suitable training in the management of allegations is provided for all designated individuals in the council, other agencies and employers. Increased awareness raising initiatives have yet to have a significant impact on referrals.
37. Domestic abuse features in a significant proportion of cases referred to children's service, with good information sharing between the police, the contact centre and children's social care. Five multi-agency risk assessment conferences (MARAC) operate across the county. While there are examples of good practice, there is inconsistency in the level of engagement of children's social care. The need for better and timelier risk

sharing with domestic violence referrals has been recognised by partner agencies and a pilot, involving the secondment of a police officer into a Duty and Assessment Team, is planned to tackle this.

38. The capacity of the Designated Doctor and the Named Doctor for safeguarding has been increased recently and clearer demarcation of the commissioner and provider split is now in place. The governance framework, however, is not yet embedded and poor engagement of general practitioners with safeguarding and looked after children services is being targeted to increase their involvement through the engagement and monitoring of the designated staff.
39. The Child Death Overview Panel is now well established, with good engagement from all partners except general practitioners whose attendance has been at about 50%. The rapid response team is now in place.
40. Accident and Emergency (A&E) information systems at Ashford St Peters hospital effectively flag children and young people known to social care, which includes looked after children and young people. This is audited weekly and works well in ensuring that the rights and safety of service users are maintained. A dedicated computer terminal links to the social care system and has improved access for staff to the list of children subject of child protection plans. There is good access to the social care out of hours team. However, on some occasions when a register check has been requested, the social care duty staff have interpreted this as a referral.

Leadership and management

Grade 3 (adequate)

41. Surrey County Council provides strong, visible leadership and commitment to improving safeguarding services for children. This has focussed on improving performance and delivering the core child protection services effectively. Safeguarding is accorded high priority and appropriate resources are made available to support service improvement in those areas where key deficits have been identified. Strong and accurate self evaluation supports this process. However, the SSCB has been too dominated by the county council and has failed to engage all partners at an appropriate level. Following the joint area review, an Improvement Board, established to redress deficiencies identified by the inspection, undertook much of the SCCB's strategic role. The Improvement Board has recently completed its work; however, the SCCB has yet to establish its strategic lead role. It is too large and unfocussed to operate successfully and strategically. As a result, it has not been a key driver for change and has not provided effective scrutiny or challenge. Business planning has been unwieldy and lacked impact. This is recognised by partners and plans have been developed to put in place more focussed SSCB arrangements.

42. Significant re-structuring within children's services and changes of personnel, particularly management at all levels, have been safely managed with strong leadership that has resulted in increased professionalism and competence at middle and front line levels of management. However, this is yet to embed and there are signs of fragility, such as recent workload and management pressures within two of the contact and referral teams. Senior managers promptly identified and responded to the pressures within these teams.
43. Staff within Central Surrey Health are not clear whether currently vacant posts are to be filled; this is having a negative impact on their motivation and the capacity within the teams. A skill mix review of health visitors and nursery nurses has been undertaken, and it is planned to employ administration staff to support the qualified staff so that they can spend more time on direct care. This had not been implemented at the time of inspection. Surrey Community Health Trust has successfully increased the number of commissions for health visiting training and as a result has filled the vacant health visitor posts. Attrition rates and retention remain a concern as staff are attracted to the neighbouring boroughs, who are able to offer higher remuneration. Senior managers are aware of this and closely monitor the retention rates.
44. Performance management within safeguarding provision is strong across the partnership. The Children, Schools and Families Directorate operates an effective report card system which includes all key performance and financial management information along with analysis and actions taken to address weaknesses. Front line managers in children's social care use good quality management information to improve or sustain performance. The council and its partners have adopted a robust "deep dive" methodology to interrogate specific performance issues and to drive service improvement. However, routine quality assurance is not robust. Children's social care implemented a peer case audit process which was not effective; few of these audits were seen on case files and those seen were of poor quality. Audits by the council and its partners of the cases selected for this inspection are of a high standard which indicates that there is capacity to develop good quality case auditing. While there is partner engagement in the "deep dive" process, more regular multi-agency case auditing has yet to be developed.
45. Workforce information and planning have significantly improved since the joint area review. This has resulted in increased numbers of qualified social workers, a reduction in vacancy rates and in the use of locum social workers. The professional development of social workers is a priority for the council and a range of training activity supports this, combined with strong management oversight to support staff. However, the recent restructuring and changes in staff and management have yet to embed fully. Robust multi-agency action has been taken to tackle weaknesses in

safe recruitment processes and practice and these now exceed minimum statutory requirements.

46. Attendance by health organisation staff on safeguarding training is adequate to good, with the exception of general practitioners. However, data do not compare the number of staff trained against the expected number to be trained. All groups of training are in line with Working Together to Safeguard Children Guidance. However, no formal evaluation of the impact of training on service delivery and practice has been undertaken. Plans are in place to develop the safeguarding agenda within general practices. A new Named General Practitioner was appointed in April 2010 for NHS Surrey, who is developing a county-wide approach to the implementation of safeguarding training due to commence in spring 2011.
47. The SSCB does not consistently provide effective leadership on safeguarding issues or demonstrate high levels of influence across all areas where the safety of children and young people needs to be considered. While a number of committed individuals have contributed significantly to the work of the Board, overall partnership engagement is inconsistent. In particular the engagement and training of general practitioners in safeguarding are weak. The quality of recent serious case reviews undertaken is satisfactory with all evaluated as adequate or better. The Board has, in the past, experienced difficulties in delivering action plans which have had real impact, such as those from serious case reviews. As a consequence, lessons have not been learnt and similar issues have been repeated in subsequent serious case reviews. Recently, however, a more robust approach to monitoring action plans has been implemented and some of the key weaknesses identified in reviews are being addressed.
48. The county council has achieved Equality Standard Three. Workforce planning and monitoring address staffing requirements to meet the needs of the local community and to reflect its diversity. There are some examples of positive partnership and individual agencies working to identify and respond to the needs of potentially more vulnerable and excluded groups such as the traveller population.
49. The council and its partners demonstrate a strong commitment to deliver and improve value for money in safeguarding services. Sound financial and performance analysis inform decision making in balancing quality and cost. Unintended high spending and spending on lower priority activities are effectively scrutinised and addressed while priority activity is appropriately resourced. Some efficiency savings have been made without compromising safety. Good systems are in place for budget and workload management. Resources are moved in response to changes in demand and funding is provided in a timely and targeted manner to respond to

demand pressures or changes in needs, such as in the flexible use of social work resources.

The inspection outcomes: services for looked after children

Overall effectiveness

Grade 3 (adequate)

50. The overall effectiveness of services for looked after children is adequate. Strong commitment to corporate parenting is demonstrated by the council and its partners and the Surrey Alliance and the Corporate Parenting Board provide effective strategic direction. A wide range of measures has been developed through the Board but many have yet to demonstrate improved outcomes.
51. The restructuring of children's services on a county-wide basis supports a more focused agenda for looked after children. Priorities for looked after children and young people are well known and endorsed throughout the service. The establishment of looked after children's teams enables a clear focus on meeting the individual needs of looked after children.
52. Services to ensure looked after children have healthy outcomes are not robust. The proportion of looked after children receiving health checks has recently decreased. Immunisation rates are inconsistent and have recently declined. However, safeguarding arrangements for looked after children are sound. Adoption and fostering services were assessed as outstanding in their last inspection. Most residential settings provided by Surrey received an overall rating of good in their latest Ofsted inspection. Looked after children confirm that they feel supported and safe in their placements and educational facilities. Most children and young people looked after are in stable placements. However, some children and young people experience high numbers of placement changes, particularly those in short term placements. The timeliness of looked after children's reviews is better than in similar authorities and these are well managed and structured. There is, however, inconsistent consideration of the use of residence orders or special guardianship in case planning.
53. The work of the virtual headteacher and the school improvement service have had a positive impact on educational standards achieved by looked after children and young people. The recording and target-setting on personal education plans are still too variable, with instances of inappropriate targets and a failure to evaluate the progress of the pupil. It is acknowledged that too many looked after children and young people are placed on fixed term exclusions. However, support to improve the

attendance of looked after children is sound and has resulted in a reduction of the proportion of looked after children who are persistently absent.

54. Partners effectively offer a wide range of cultural and leisure opportunities for children and young people, and celebrate successes and achievement. The Children in Care council empowers some young people to influence the work of the Corporate Parenting Board, although wider representation of looked after children is as yet underdeveloped. The advocacy service is providing effective support to those children who access it. However, many children and young people are not routinely aware of how to make a complaint to the council. Too many looked after young people enter the criminal justice system but youth offending service restorative justice initiatives are beginning to impact positively to prevent some young people entering the system. Effective partnership work between the council, local training providers and employers has helped to reduce the numbers of young people not in education, employment and training. The services provided by the council and its partners do not ensure that all eligible young people have pathway plans, and those leaving care have continuing access to health advice. Most young people are provided with suitable accommodation and better housing opportunities are being developed.
55. The council has identified resource deficits in the services for looked after children and has recently implemented a new placements strategy, the impact of which is not yet evident. Out of county placements remain high as a result of insufficient provision within the county or insufficient choice of specialist in-house provision. Most looked after children are suitably placed and their care needs are reviewed in a timely manner. Long term placement stability has improved over the last year and is better than in similar authorities; effective support is provided by the placement stability team to reduce placement disruption. However, short term placements are less stable than in similar authorities, and a significant proportion of children experiencing too many moves.

Capacity for improvement

Grade 3 (adequate)

56. Capacity to improve is adequate. Clear strategic leadership through the Surrey Alliance and the Corporate Parenting Board is driving gradual improvement for looked after children. Senior officers from all partner agencies, together with highly committed elected members, place the needs of looked after children as high priorities.
57. There have been improvements in service provision in some areas, although no overall improvements have been sustained. In specific children's residential provision managed by the council, arrangements have been made and support provided to take on more challenging young

people, while maintaining appropriate standards. Inspections confirm that fostering and adoption services achieve a high standard. While the overall number of looked after children has fallen during the last 12 months, the admission rates of older children aged 14+ have been steadily but appropriately rising. This rise is putting increased pressure on the county's placement resources in providing appropriate in-house placements for older teenagers.

58. The recent restructuring of children's services into areas enables improved focus on the needs of looked after children, through co-location of specialist teams to assess and support children and their families. Despite high numbers of looked after children, all are allocated to suitably qualified social workers. Although funding has been agreed there is no substantive designated looked after children nurse, which impacts on capacity within the looked after children health team. Recently, funding has been agreed to recruit a designated doctor for looked after children to increase service capacity.
59. Services for looked after children are appropriately monitored and trends in the number and profile of looked after children are identified through effective management information systems to influence service delivery.
60. Arrangements to enable the views of looked after children and care leavers to contribute to the evaluation and development of provision are under-developed. The Children in Care Council enables some young people to contribute their views and influence service development through direct links to the Corporate Parenting Board. Those children involved indicate that their views are listened to. However, methods for engaging the wider looked after children population are less well developed.

Areas for improvement

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

Immediately:

- Increase the awareness of looked after children of the complaints and representations process.
- NHS Surrey and Surrey Community Health should ensure the prompt recruitment of a designated doctor for looked after children and that the post of designated nurse for looked after children is made substantive.

- The council should ensure that full consideration is given to the use of residence orders and special guardianship orders to avoid children remaining in care.

Within three months:

- Central Health Surrey, Surrey Community Health and NHS Surrey should ensure that all looked after children and young people who are leaving care receive a copy of the health history and have continuing access to health advice, which is included in their pathway plans.

Within six months:

- Improve the stability of short term placements for looked after children and young people.
- Improve the quality of target-setting on personal education plans and ensure that they are used effectively to monitor progress.
- Ensure that all eligible young people have an up-to-date pathway plan which effectively identifies their needs and supports their transition.
- The Corporate Parenting Board should develop and implement methods to engage with a wider range of look after children to enable them to contribute to strategic developments.
- Central Health Surrey, Surrey Community Health and NHS Surrey should ensure that the number of completed annual health assessments for looked after children and young people and subsequent monitoring of action plans are improved in line with national and statistical neighbour averages.

Outcomes for children and young people

62. Services to ensure that looked after young people are healthy are inadequate. Too few of the cases seen by inspectors provided evidence of an annual health assessment, the use of the strengths and difficulties questionnaires as part of the health assessments, or the follow up of action plans. Staff report that they are confused about who is responsible for monitoring the implementation of the action plan.
63. Annual health checks for looked after children placed out of the authority are made through the social work team and monitored by the designated looked after children nurse. Recent delays and challenges have arisen through provider organisations requesting payment before undertaking

the review. This has been subject to a regional review by the local Strategic Health Authority, the outcome of which is not yet known to staff.

64. Health and dental checks cumulative targets for looked after children and young people were met in September 2009 and in March 2010. Staff report that this was due to a period of increased activity just before the end of the reporting period. However, this activity was not organised in a consistent manner. This is supported by data which show that this rate is not sustained and that the service is not meeting its own local agreed targets. The percentage of looked after children and young people receiving health checks and dental checks has fallen in 2009 to 2010. There is no dedicated looked after children dental service. The specialist dental service reviews children and young people but the service does not provide treatment.
65. Immunisation rates for looked after children are inconsistent. The rates show a decline over the last five years from 82.1% in 2005/06, 80.2% in 2006/07, 65% in 2007/08 with an improvement in 2008/09 to 76.8%. However, this rate has dropped again in 2009/10 to 74.7%. Performance data provided to the local health trusts and the county council performance committees do not give an explanation for the drop in rates. The health looked after children team attributes the decline to the increased number of looked after children and lack of capacity within the team to deliver the service. No formal health review of the decline in rates and failure to reach health assessment targets has been undertaken.
66. It is acknowledged that effective access to CAMHS for children and young people who are looked after is variable. The CAMHS looked after children pathway has been reviewed and commenced in May 2010. However, this has not been monitored to show how it impacts on the access, care and treatment of young people. The strengths and difficulties questionnaire is routinely used as part of the referrals and assessment processes. However, the collation of results from the questionnaires in order to review the effectiveness of services and treatment is inconsistent. A school nurse for each area of the county has been identified to develop a special interest in CAMHS and to work with the Primary Mental Health Workers in schools, jointly with looked after young people and their teachers.
67. Safeguarding arrangements for looked after children and young people are good. Surrey adoption and fostering services were assessed as outstanding in their last inspection. Seven out of the ten residential settings provided by Surrey received an overall rating of good. The council commissions additional residential and fostering services from external providers and gives full consideration to inspection evidence to ensure the quality of safeguarding in the services commissioned.
68. Looked after children confirm that they feel supported and safe in their placements and educational facilities. Foster carers confirm that they

receive good levels of support and training from their family placement workers with additional support through the placement stability team and from CAMHS, where placements are at risk of disruption. While most children and young people looked after in the long term have their safety supported by stable placements, some children and young people experience high numbers of placement changes, particularly those in short term placements.

69. A protocol is in place between the police and children's services to protect children missing from care. Lead members on the Corporate Parenting Board take an active interest in children who go missing from care through information provided by the department and their link role with residential units. Appropriate support and return interviews are undertaken by residential managers or foster carers.
70. The impact of services to enable looked after children and young people to enjoy and achieve is adequate. There have been significant improvements in both support and provision which are leading to better outcomes in some areas. The council and partners have high ambitions for looked after children and young people; this is evident in the priority which key services place on meeting their needs. For example, both the educational psychology team and the education welfare service now have dedicated posts to target more effectively their support to children and young people who are most in need. Funding is given to schools for additional support and one to one tuition at Key Stage 4. There are clear lines of accountability through regular reporting on outcomes to the Corporate Parenting Board. The progress of individual young people is monitored at this strategic level.
71. Although still well below the standards achieved by all young people, Key Stage 4 results for 2009 are an improvement on the previous year, and the highest achieved for all main threshold measures over the last five years. Some 21 per cent of young people achieved five A*- C grades at GCSE, in line with national levels, and higher than the south-east regional results. In 2010, more children achieved level four in English and mathematics than in 2009. Of the 21 pupils who were eligible for the tests, nine achieved level four in English and level eight in mathematics. One third of children and young people in care have special educational needs and their learning difficulties prevent some children and young people reaching national standards. Their individual progress is recorded in annual reviews, which include those who are educated in schools outside of Surrey.
72. The virtual school headteacher and her team contribute significantly to the improvements in service provision for children and young people. Relationships between the team and schools are good. Schools comment very positively about the support they receive and the improved focus on raising standards. They indicate that there is someone now in place who

will follow up their concerns and enable the right people to attend meetings. Through the virtual school management board monitoring and tracking of progress have improved and the council is now able to challenge individual underachievement and provide appropriate support. Services work well together to provide this support to young people at risk of exclusion and can access mental health support in the pupil referral units. Social workers and their managers comment positively on the impact that the virtual school team has had in securing an appropriate focus on the needs and developing aspirations of looked after young people across the council. Suitable training has been provided to social workers to support them in monitoring educational progress. The virtual school headteacher works effectively with the school improvement service and headteachers report that school improvement partners routinely provide challenge about the performance of vulnerable groups, including those who are looked after and that this has contributed to an improved focus in schools.

73. Monitoring of the progress of looked after children and young people educated out of the county is at an early stage. Recent staff appointments enable a larger team to follow up these young people more effectively. Currently, the daily welfare call report acts as an immediate alert on attendance at school and monthly placement planning meetings enable colleagues in education and social care to prioritise where an immediate visit may be necessary.
74. The council has recognised the need for training for all professionals who work with looked after children. Social workers have received training on special educational needs and this is now being developed for carers and foster parents. Good, timely and informative training is provided to designated teachers enabling them to keep up to date on their statutory responsibilities and on emerging developments. As a consequence, those spoken to feel more confident about their role and say that they are more effective in carrying it out in schools. Schools appropriately use educational allowances to enhance provision for looked after children, such as to enable access to residential courses and to purchase laptops, which support the transition to secondary school.
75. The recording and target-setting on personal education plans are too variable. There are instances of inappropriate targets and a failure to evaluate the progress of the pupil. Some young people receive support from a variety of services and the personal education plan is not yet an adequate vehicle for recording, co-ordinating and evaluating the impact of these interventions as they relate to the individual young person and their progress.
76. Too many looked after children and young people are placed on fixed term exclusions. In Surrey overall the number has reduced, but the number of days absence for looked after young people rose from 250 in

2007/08 to 394 in 2009/10. There were no permanent exclusions in 2009, but two occurred in July this year. There are some individual examples of effective collaborative work preventing a young person in care being excluded. In addition, the reduction in exclusions overall means that the pupil referral units can target those at risk of exclusion and work with schools to prevent. One school demonstrated that the combination of such flexible programmes had supported them in keeping vulnerable young people in school.

77. Support to improve the attendance of looked after children is good and non-attendance is recognised as a clear signal of vulnerability. Some 86% of looked after children and young people attend school regularly. Schools and partners have also succeeded in decreasing the proportion of looked after children who are persistently absent from 12% to 11%. There is a clear missing children protocol. Home school liaison officers and the education welfare service appropriately track pupils at risk and follow up once the young person is back in school. There are effective systems for tracking when pupils are attending any off-site provision.
78. Arrangements to enable looked after children to make a positive contribution are good. Partners work together effectively to offer a wide range of cultural and leisure opportunities for children and young people, for example, through a music project enabling young people to participate in a county-wide musical celebration and a visual arts programme in two residential homes enabling residents to design their own space. Successes and achievement are celebrated with the award of an 'Oscar'. Five boroughs and districts are providing looked after children with free access to leisure activities with a further two offering subsidised leisure access.
79. An active Children in Care council empowers members to use action cards to identify issues they want to raise with the Corporate Parenting Board in order to influence service design. Those young people who spoke with inspectors appeared confident and were enthusiastic about their involvement, such as in foster care recruitment. The Total Respect programme provides good opportunity for some children to train staff and also to receive a qualification. The Corporate Parenting Board is aware of the challenge of engaging with a wider representation, range and number of looked after children and is currently considering developing a council for younger looked after children.
80. Too many looked after young people enter the criminal justice system and partners are taking action to reduce these numbers. Restorative justice initiatives are beginning to have a positive impact, particularly in residential children's homes where incidents reported to the police have significantly reduced.
81. Support to promote the economic well-being of looked after young people is adequate. A range of multi-agency services provides effective support,

but the pathway planning to coordinate these interventions is inadequate. Only one quarter of eligible young people have pathway plans and this inhibits the effectiveness of individual service support. The council recognises this and is taking remedial action. Training is in place for partner agencies to ensure that there is a multi-agency approach and there is now increased capacity in the virtual school team to coordinate these approaches.

82. Partners work effectively to reduce the numbers of young people not in education, employment and training which has resulted in a decrease from 24 in 2009 to 14 in 2010. Targeted provision ensures that young people have the opportunity to improve and develop their approach to the work through providing relevant work placements. The council acts as a role model to other employers in securing work. Over 20 work place opportunities have been offered by Surrey Alliance partners for vulnerable young people through apprenticeships. This initiative has yet to impact on the number of looked after young people and care leavers who have taken up these opportunities. Capacity has been increased in the Connexions service to work with looked after children and all young people now have a personal adviser.
83. Most young people are in suitable accommodation and there is good progress on developing better housing opportunities. All Surrey borough and district councils now include young people as a priority in their housing strategies. In September 2009 the county council and the 11 Surrey borough and district councils agreed a protocol for supporting young people at risk of becoming homeless and prioritising their housing needs.

The quality of provision

Grade 3 (adequate)

84. The quality of provision for looked after children is adequate. An effective commissioning strategy ensures placements are only sought from providers who are deemed at least good and where they are judged satisfactory through the regulated process, the council monitors any actions set by the regulator to ensure the quality of the placement is not compromised. Robust monitoring of the appropriateness of placements is undertaken through the area placements panels.
85. All looked after children are allocated to qualified workers who visit them regularly. The majority of children and young people report that they are seen alone and are generally positive about their social workers. Many children seen by inspectors expressed their frustration at the number of social workers they had had during their time in care, the intrusion into their lives of often having to repeat personal information to different workers, and concerns about the inexperience of some social workers. A significant proportion of social workers have limited post qualifying experience. Some children and young people are unsure why they had to

move carers and young people asked to be notified when there was to be change of social worker.

86. The quality of assessments of the needs of looked after children and care leavers is variable. Case discussion records are completed and the outcome of the discussion and case work decisions are routinely recorded in the child's file. Chronologies are routinely completed on case files but these do not all identify significant events and are not all up-to-date. Some case supervision records are not signed and dated. Social workers report that team managers are easily accessible for advice and support, and that senior managers are readily accessible where urgent and more complex decision making is required. Care leavers do not consistently receive copies of health or birth histories.
87. Staff receive regular supervision and decision making is appropriately recorded on children's case files. This has recently commenced with health staff but there is no monitoring of actions evident in the health case files. A wide range of training opportunities is available to all staff to enable professional development.
88. Foster carers receive good quality and timely information prior to placements which is regularly updated throughout the placement to enable carers to continue to meet the needs of the children. This represents a significant improvement in the area in the last 12 months. Overall the placement stability team is effective in reducing placement breakdown. However, the number of placement moves for some young people is high and this impacts in some cases on their education, travel to school, meeting and sustaining friendships and contact with families.
89. The timeliness of looked after children's reviews is better than in similar authorities. Reviews are well managed and structured, with appropriate attendance and contribution by key partners. Children and young people are encouraged to attend their reviews and report that their views are taken into consideration appropriately in individual care planning. In some cases, consideration is given to residence orders and special guardianship orders to avoid children remaining in care, although practice is not consistent.
90. Assessment and direct work for those on the edge of care are adequate, with a range of support programmes available to families and children and young people. Parents and young people receiving support services through Family Solutions and the HOPE project spoke very highly of the support they had received and how this had achieved very positive outcomes for them by improving family relationships and preventing family breakdown.

Leadership and management

Grade 3 (adequate)

91. Clear leadership from the council through the Surrey Alliance and the Corporate Parenting Board is driving gradual improvement for looked after children. Planning is appropriately focused on improving outcomes but the impact is not yet evident in many areas. Preventative services to support children and young people on the edge of care are developing and are helping to reduce the high numbers of children looked after.
92. Robust management information is used effectively to inform service planning, such as in identifying the need for specialist fostering schemes including remand carers for children and young people at risk of custodial sentences and in-house mother and baby placements. However, such planning is at an early stage and this provision has yet to be developed.
93. The development of area-based looked after children teams has resulted in some improved service delivery to looked after children. Caseloads of social workers are maintained at manageable levels and staff report they are able to work more closely with children in many cases. There is no substantive designated looked after children nurse and only recently has funding been agreed to recruit a designated doctor for looked after children. This lack of senior health staff has limited the capacity of the small looked after children health team.
94. Many service users report a high level of satisfaction with the service they receive. Children and families, including unaccompanied asylum seeking children, report they were very pleased with the services they receive, in particular those families accessing preventative services through Hope and Family Solutions. Families report that they are treated with dignity and respect and were actively involved in decisions that affect their family.
95. Regular participation of some looked after children and care leavers at a strategic level through the Corporate Parenting Board is effective. However, the council has yet to meet the challenge to ensure that the views of the wider looked after children population contribute to strategic planning across the partnership.
96. There are good examples of the advocacy service working effectively to support children and young people in care. However, children and young people are not routinely aware of the complaints procedure, with 61% of young people responding to a council survey indicating that they did not know how to make a complaint.
97. Relationships with local stakeholders at practitioner level when working with individual children are well established. The restructuring of children's services into area teams has, however, disrupted some of the front line networks and links between agencies. Effective multi-agency training has led to a better understanding of mutual roles and responsibilities in relation to looked after children.

98. Adequate care planning and placement choices are in place to meet the needs of children from minority ethnic backgrounds. As part of the placement strategy to improve placement choice, the fostering service has revised recruitment material to ensure that they are culturally sensitive. This involved looked after children from Black African backgrounds being part of recruitment campaigns and meetings to encourage potential carers from black ethnic minority groups to apply. Children in need of a fostering placement have a risk assessment and matching undertaken to identify any specific needs. The fostering service strives to ensure same race placements and put in support where this is not possible. Unaccompanied asylum seeking children seen by inspectors indicated that they receive appropriate support to meet their diverse needs from foster carers or in supported lodgings. Many are placed out of the county and are linked to local communities who are more able to meet their ethnic and cultural needs.
99. The cost and appropriateness of out of authority placements are effectively monitored to ensure placements are suitable and continue to meet the needs of the young people, and that the council is getting value for money. There is a recognised need throughout the council to reduce the number of commissioned out of authority placements and for the council to use these savings to maximise in-house schemes. This is beginning to have impact with increased use of in house residential provision, which has been strengthened to enable more young people with more challenging behaviours to be accommodated within the county.

Record of main findings: Surrey

Safeguarding services	
Overall effectiveness	3
Capacity for improvement	3
Outcomes for children and young people	
Children and young people are safe: effectiveness of services in taking reasonable steps to ensure that children and young people are safe	3
Children and young people feel safe: effectiveness of services in helping to ensure that children and young people feel safe	3
Quality of provision	
Service responsiveness including complaints	3
Assessment and direct work with children and families	3
Case planning, review and recording	3
Leadership and management	
Ambition and prioritisation	3
Evaluation, including performance management, quality assurance and workforce development	2
User engagement	3
Partnerships	3
Equality and diversity	3
Value for money	2

Services for looked after children	
Overall effectiveness	3
Capacity for improvement	3
Outcomes for looked after children and care leavers	
Being healthy	4
Staying safe	2
Enjoying and achieving	3
Making a positive contribution	2
Economic well-being	3
Quality of provision	3
Service responsiveness	3
Assessment and direct work with children	3
Case planning, review and recording	3
Leadership and management	3
Ambition and prioritisation	3
Evaluation, including performance management, quality assurance and workforce development	3
User engagement	2
Partnerships	3
Equality and diversity	3
Value for money	3