

Inspection of safeguarding and looked after children services Gloucestershire County Council

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Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area, towards ensuring that children and young people are properly safeguarded, and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI), one additional inspector, one local authority secondee and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors and their inspection activity included:
 - discussions with 44 children and young people receiving services, 23 parents or carers, front line managers, senior officers including the Director of Children's Services, the Chair of the Gloucestershire Safeguarding Children Board, elected members, Gloucestershire Constabulary 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 45 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 arrangements, undertaken in January 2010
 - interviews and focus groups with front line health professionals, managers and senior staff from NHS Gloucestershire Primary Care Trust (PCT) and health provider trusts.

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
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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 Gloucestershire is situated on the northern edge of the south west region and covers 1,025 square miles. Over half the county is designated an Area of Outstanding Natural Beauty. Gloucester and Cheltenham are the main two urban areas, situated in the centre of the county, with small market towns being a feature of the wider area. Gloucestershire has a population of nearly 600,000, including approximately 140,000 children and young people aged 0–19. While the population as a whole is predicted to increase by 9% by 2025, numbers of children and young people are predicted to fall, with an overall predicted decrease of 3% of 0–19 year olds by 2025.
5. Although essentially a rural and relatively affluent county, parts of Gloucester and Cheltenham have areas in the most deprived 10% nationally, with health and education outcomes for children and young people in these areas being at a lower level than the county average. There are also pockets of rural deprivation. Ten per cent of children and young people across the county are in receipt of free school meals.
6. Children from black and minority ethnic groups comprise 14% of young people of school age. The largest groups are White and Black Caribbean and White Eastern European. The proportion of pupils with English as an additional language is 4%. Approximately 95 different languages are spoken by children in the county. Gloucestershire Children's Partnership, which discharges Children's Trust functions, has strong representation from all the key statutory agencies including county council children's services, NHS Gloucestershire Primary Care Trust (PCT), health provider trusts, the police, schools and the voluntary and community sector. The partnership is supported by an integrated management team across the local authority, Connexions and health and through closely aligned commissioning arrangements between the council and the PCT. The Gloucestershire Safeguarding Children Board has an independent chair and brings together the main organisations working with children, young people and families in Gloucestershire to deliver safeguarding services.
7. Early years childcare and nursery education are provided by 582 childminders' 120 day nurseries' 28 children's centres' 137 out of school care arrangements' 209 pre-school play groups' 18 independent nursery units' 11 private nursery schools, one maintained school and six special

schools with a nursery class. Primary and secondary education is provided by 249 primary schools, 37 secondary schools, 3 academies, 12 special schools and four pupil referral units. A virtual school is provided for children and young people who are looked after. Post-16 education is provided by four general further education colleges, one specialist land-based college, three independent specialist colleges, 22 secondary schools and 3 academies with sixth forms.

8. Commissioning and planning of NHS services and primary care are carried out by NHS Gloucestershire PCT. Gloucestershire Care Services is the provider arm of NHS Gloucestershire, which delivers a number of health services to children and families, such as health visiting and school nursing. Gloucestershire Hospitals' NHS Foundation Trust provides acute hospital services and community paediatrics. A hospital education service is provided to children and young people in hospital. The 2gether NHS Foundation Trust is the main provider of specialist mental health services to children and young people throughout Gloucestershire.
9. Community-based social care services are provided by one contact centre, four referral and assessment teams, six children and family teams, a diversion from care team and an emergency duty team. At the time of the inspection 414 children and young people were subject to child protection plans.
10. At the time of the inspection there were 506 looked after children. They comprise 121 under five years of age, 304 children and young people of school age (5–16) and 81 looked after young people between ages 17 to 18. The council and its partners support 220 care leavers plus a further eight young people over 21 years of age in further education. Children's social care services have 242 in-house fostering households and two residential respite units for children and young people with learning difficulties and/or disabilities. Residential services and additional foster placements are commissioned from independent providers, the majority of which have been selected via a collaborative competitive tender process with other local authority partners in the south west. There are four looked after children teams – two covering looked after children under the age of 16, and two post-16 teams covering looked after children and leaving care. There is one county wide social care team for children with disabilities and one lead professional team for children with disabilities.
11. The police service is co-terminous with the county area. Services to children and young people who are at risk of offending or have offended are provided through the Gloucestershire Youth Offending Service. There are no young offender institutions in the county.
12. It is estimated that 600-700 voluntary and community organisations work with or have an interest in services for children and young people in the county.

Safeguarding services

Overall effectiveness

Grade 4 (inadequate)

13. The overall effectiveness of services in Gloucestershire to safeguard children and young people is inadequate. Inspectors found that it was not possible to be confident that children and young people identified as being at risk of significant harm were safe. Concerns about performance were raised by the previous Director of Children's Services in April 2009 following a deterioration in performance indicators, and preliminary findings from a serious case review. An improvement board, which identified and targeted the major weaknesses, was set up and led by the Chief Executive. However instability at senior management level, which included a number of interim managers, limited the pace of improvement. Key managers with the necessary expertise have only been in post since the summer of 2010. Although there are now signs of recent improvement, some children and young people are inadequately protected. The unannounced inspection of contact, referral and assessment arrangements conducted in January 2010 found that some assessments of risk were of poor quality, resulting in a number of children and young people being left vulnerable to significant harm, and this is still the case. Quality assurance systems are not yet sufficiently developed at either strategic or operational levels to secure improvement.
14. Services have been reshaped to improve effectiveness and this is beginning to have a positive impact on service delivery, although the legacy of poor practice will take some time to overcome. The views of children and young people do not contribute systematically to planning and evaluating the effectiveness of provision. There are, however, some good examples of engagement, such as the child and adolescent mental health services (CAMHS) forum for young people, and the young carers' group. Staffing resources are sufficient to deliver area priorities, and the number of social workers has been increased significantly, improving capacity within the service. Processes for the recruitment and retention of social care staff have been enhanced and have been effective in reducing a dependency on agency staff. Partnerships with stakeholders, community groups and commissioned services are well established, and the Gloucestershire Safeguarding Children Board is beginning to become more effective through the leadership of the independent chair and the commitment of member organisations.

Capacity for improvement

Grade 3 (adequate)

15. The capacity for improvement is adequate. The local authority and its partners have articulated appropriate priorities and these are known and shared by staff. All statutory agencies, including health, the police and

district councils, together with the voluntary and community sector, are engaged well in the safeguarding agenda. The contribution of health agencies to keeping children and young people safe is good. The council is aware that practice in children's social care services with regard to safeguarding vulnerable children and young people has been poor for some time, and is taking comprehensive action to address the serious weaknesses. Improvement plans demonstrate that the essential building blocks are now in place, with good indications of positive impact. Senior management in children's social care services and in joint appointments with health has been significantly strengthened in recent months by the appointment of staff who bring with them expertise in service improvement. Robust action is being taken to ensure that all staff across health and social care services are fully engaged in the improvement process and understand what must be achieved. Elected members have successfully ensured that children and young people are a high priority on the political agenda, and significant resources have been released to support service improvement. The current electronic recording system, which does not enable effective or reliable performance monitoring, is due to be replaced within the next six months. Workforce planning has been effective in increasing capacity in children's social care services, and staff morale is improving. Cases are now allocated rapidly and transfer arrangements are effective, although formal protocols have yet to be established.

Areas for improvement

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

Immediately:

- Review all cases of children with current child protection plans to ensure that risks have been clearly identified and that plans make clear the outcomes to be achieved, how they will be measured, and accountabilities and timescales.
- Ensure that children and young people with child protection plans are seen in accordance with the frequency specified in the child protection plan and are seen alone where relevant.
- Ensure that historical information is fully taken into account when considering referrals and when carrying out assessments, so that risks and strengths can be better understood.
- Ensure that children's social care services are represented effectively and consistently at multi-agency risk assessment conferences and in multi-agency public protection arrangements.

Within three months:

- Ensure that there are effective protocols in place for transferring cases between social care teams.
- Improve the quality of case file auditing in children's social care services, so that the quality of the work is fully examined and lessons can be learned to improve practice.
- Review the training provision on safe recruitment for the voluntary and community sector, to ensure that it meets the needs of the sector.
- Ensure that children in private fostering arrangements are visited promptly following new notifications, and that follow-up visits are made within the required timescales.
- Ensure that agencies and individuals are informed of the action that has been taken following their referrals.
- Review the usage of police powers of protection to remove children and young people to a place of safety and ensure that decision-making processes are examined to ascertain whether a lack of capacity within either of the services is influencing practice detrimentally.
- Continue to improve the quality of assessments and case planning, including the consideration of equality and diversity issues, through training, management oversight and auditing.
- Ensure that management decision-making on social care files identifies action to be taken, by whom and by when.
- Ensure that good quality induction is consistently provided to newly appointed social care staff and newly qualified social workers.
- Ensure that children and young people with learning difficulties and disabilities are provided with good opportunities to express their views and are consulted on service development.
- Ensure that NHS Gloucestershire and the council review arrangements for sharing information with regard to families of children with complex needs, to minimise the need for families to provide information repeatedly.
- Ensure GP representation on Gloucestershire Children's Partnership.

Within six months:

- Ensure that the Gloucestershire Safeguarding Children Board fulfils all of its monitoring and evaluation functions, as described by Working Together 2010.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 4 (inadequate)

17. The effectiveness of services to ensure that children and young people are safe and feel safe is inadequate. Even in cases seen by inspectors where child protection plans are in place, the risks to the child or young person are not always clear and the ensuing intervention is insufficiently focused on outcomes. While no cases selected at random by inspectors indicated that children and young people were at immediate risk of significant harm, in too many cases there was drift and delay in progressing work, exposing children and young people to unnecessary risk. Several cases examined by inspectors showed evidence of inadequate responses to safeguarding concerns, failure to consider historical information, and poor quality assessments, leading to poor quality plans. It was not always possible to identify why a child protection plan was in place, or whether the intervention was appropriate. In several cases there were significant periods of time when children and young people with child protection plans had not been visited by social workers, although this has improved recently. In consequence it is not yet possible to be confident that children and young people who have been identified as at risk of significant harm are safe.
18. The management of allegations against people who work with children is good. The role of the local authority designated officer is well understood and referrals come from a wide range of agencies including the voluntary sector. The number of referrals, approximately 200 every year, has remained stable for some time and is in line with other local authorities in the south west region. There are good links to the police and children's social care services, and good attendance at allegation meetings. Allegations are handled in a timely way. Over 1,000 people have had safe recruitment training and audits are being carried out with schools to check the effectiveness of safeguarding procedures. However few representatives of voluntary and community organisations have undertaken training on safe recruitment, as the training is not sufficiently targeted to meet their needs.
19. Complaints regarding children's social care services are handled effectively and most complaints are resolved in a timely way at a local level. There is

some evidence that the outcomes of complaints have been used to improve service and practice, for example better consideration about how many people attend strategy meetings as part of the allegations management process. However the annual report on complaints with regard to safeguarding arrangements is not presented to the Gloucestershire Safeguarding Children Board, which is an omission. The council does not yet monitor whether parents, carers and children are given information on complaints and how to access their records, although plans are in place to address this in the coming year.

20. The council has robust safe recruitment procedures in place, although telephone follow up to referees is inconsistent. A panel is in place to consider any concerns raised as part of Criminal Records Bureau (CRB) checks. All applications are risk assessed and forwarded to the panel if necessary. CRB checks for social workers and education staff are repeated every three years. All schools have carried out retrospective CRB checks on staff and volunteers.
21. Protecting children from harm or neglect and helping them to stay safe were judged as satisfactory in the most recent inspections of local authority fostering and adoption services. The local authority operates two children's homes, both providing services to children with disabilities. One was judged outstanding overall and for staying safe following its most recent inspection, and the other was judged good overall and for staying safe. Private fostering has not been inspected since 2006, although the most recent annual report indicates that children and young people in private fostering arrangements are not being visited promptly.
22. Children surveyed by the council report that they feel safe in school. The council has compared its database of 57,000 responses from 2006 with current views, and this shows improvement across all indicators. There is good oversight of performance on bullying and reports are presented to the Gloucestershire Safeguarding Children Board every six months. 96% of primary schools have achieved healthy schools status, which includes an anti-bullying element, and about half of all secondary schools have anti-bullying accreditation. Effective work has taken place with Stonewall on addressing homophobic bullying with secondary school students. Training on e-safety has been provided to 31,000 children and young people, with separate training being provided to parents and teachers. Fixed term exclusions for all children and young people in Gloucestershire have declined steadily over the last three years.
23. Good support is provided to minority groups in primary and secondary schools and to travelling families, through the racial equality and diversity team. Mentoring has been specifically provided to 72 young people, and this has led to improvements in school attendance.

Quality of provision

Grade 4 (inadequate)

24. The quality of provision, which includes service responsiveness, the quality of assessment and direct work with children and families, and case planning, reviews and recording, is inadequate. Following the Joint Area Review of services to children and young people in Gloucestershire, published in February 2008, referral and assessment arrangements were reshaped to provide a more effective and streamlined service. This has been welcomed by staff and partner agencies and the voluntary and community sector. However, while agencies are reporting a clearer understanding of thresholds for referral to children's social care services, and improved responses, the proportion of cases that are inappropriately referred remains high. This is reducing the capacity of children's social care to focus on more complex, appropriate work and indicates that agencies are still not entirely clear or confident about the most suitable means of support. Work is well underway with the Gloucestershire Safeguarding Children Board to develop a comprehensive threshold document that links to a single point of referral in the localities.
25. Early intervention through the common assessment framework (CAF) has been effectively implemented. Practitioners report that effective multi-agency training is resulting in a shared sense of responsibility across agencies. Some agencies have amended their assessment processes to align with the CAF, to avoid duplication of work and to simplify the process for families. Almost 1000 assessments were undertaken between April 2009 and March 2010. Assessments examined by inspectors were of good quality, although some reviews were overdue, and there is good evidence of the CAF being widely used across a range of agencies. Outcomes for children and young people have improved through the use of the CAF, with improvements noted in 80% of cases during 2009/10 and high parental satisfaction at 92%. Multi-agency led professional forums have been set up across the county to provide on-going professional development and support, and advice on individual cases; these are highly valued by staff.
26. Most referrals to children's social care services are responded to promptly. Work is prioritised appropriately, although in one case examined by inspectors, three opportunities had been missed in the last year to follow up on child protection concerns for a child who had previously been subject to a child protection plan. Appropriate action has since been taken in this case, following a subsequent referral. Feedback to referrers in writing is inconsistent. At the time of the inspection there was no unallocated work and cases were transferred promptly from the referral and assessment teams to the relevant longer term teams. Performance indicators suggest that an increasing number of referrals go on to initial assessment, and that the rate of rereferrals is very high. However there are concerns about the degree of confidence in the data, so trends in performance are not clear. The timeliness of assessments has improved

but remains variable, and some are of poor quality. Section 47 enquiries are planned by qualified social workers in conjunction with the police and partner agencies but there is still some evidence of drift and multiple strategy meetings, delaying the presentation at child protection conferences. In cases examined by inspectors, the nature of the concerns was not always clear. However, recently there has been better managerial scrutiny and assurance that children at risk of significant harm are seen promptly. Out of hours arrangements to provide emergency duty cover are robust. The co-location of the out of hours team with the police is reported as being very helpful. However there is no legal advice available to out-of-hours workers and no facility to obtain an emergency protection order. There is insufficient analysis of the use of police protection orders to enable children's social care services to know whether these are always being used appropriately or because of the lack of availability of legal advice.

27. The quality of assessments is inadequate. At the time of the inspection there were a number of incomplete, out-of-date or poor quality core assessments, and incomplete or poor quality initial assessments. Significant numbers of overdue core assessments were evident in one team, with the delayed assessment periods going back several months; these were reviewed by managers during the inspection and appropriate action taken. Training on risk analysis in assessment has recently been delivered to staff and has had a positive impact on assessments, but this remains an area of inconsistent practice, and impacts on the quality of subsequent planning. Improvements have been made in the involvement of children and families in their assessments but assessments do not consistently demonstrate appropriate consideration of ethnicity and diversity.
28. Local performance information indicates that between April and October 2010, on average, 86% of initial child protection conferences were held within 15 working days of the start of enquiries. This represents a significant improvement on previous performance. The engagement of partner agencies at child protection conferences is good and leads to effective decision making. However case records do not consistently reflect when social workers' reports to the conference are shared with parents. The quality of child protection planning varies considerably from inadequate to good. 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. Attendance at core group meetings is more variable, especially as the plan continues, and some parents spoken to by inspectors reported that some professionals were not sufficiently committed to attending. Monitoring of plans by core groups is not consistently rigorous. The number of children who are made the subject of a child protection plan for a second or third time has increased from 12%

in 2008/09 to 20% between April and October 2010, according to local data.

29. Overall, case recording is timely, with evidence that management decisions and recommendations are recorded promptly, but the quality of recording is variable and in some cases poor. Although supervision is recorded, in some cases it remains descriptive rather than analytical, with a lack of clear direction. In some files there is insufficient individual recording for each child in a sibling group, with information about children being copied into their siblings' records indiscriminately. This leads to a lack of focus on children as individuals. If they were to request access to their records much would have to be redacted, providing them with a record of limited value.
30. All children receiving a service are allocated a suitably qualified social worker. Some social workers actively coordinate their plans and regularly visit and see the child or young person alone but the monitoring of statutory visits, including whether children are seen alone and whether their views are recorded, is inconsistently reviewed by managers and child protection conference chairs. Some records clearly and sensitively describe children; others are scant and record nothing apart from a visit having been made. The electronic recording system does not enable a swift oversight of this aspect of work, so it is not easy to track when or whether children have been seen.
31. The arrangements for identifying and finding children missing from home, care and school are effective. Return interviews are undertaken by social workers or by ASTRA (Alternative Solutions to Running Away), a council-run service which is joint funded with partner agencies, including the police. There are good processes for identifying children and young people in receipt of elective home education.

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

32. The contribution of health agencies to keeping children and young people safe is good. NHS Gloucestershire places a high priority on ensuring that the safeguarding needs of children and young people are met, and health partners demonstrate strong strategic and operational commitment through multi-agency arrangements. Performance monitoring by health partners of safeguarding arrangements is good. The provider trusts have processes in place to ensure that safeguarding policies and procedures are up to date and easily available for all members of staff, with the named professionals involved in regular audits of policy implementation.
33. Children and young people contribute actively to future health service design and provision, for example as part of the CAMHS retendering process. Good progress is being made with achievement of the You're

Welcome quality award, which aims to ensure that health services are welcoming to young people. Young people's views have also actively contributed to the design of the enhanced contraceptive services, now available in four Gloucestershire GP practices.

34. Sufficient numbers of health visitors and school nurses in Gloucestershire enable the provision of both core and targeted intervention to children and young people. Vacancy rates amongst public health nurses across Gloucestershire are very low and staffing levels are managed well. Adequate progress has been made by the acute trusts and provider organisations in Gloucestershire to ensure that at least 80% of staff have received level 1 safeguarding training. However performance is lower for the more specialised levels of training for relevant staff. Performance activity relating to safeguarding training is reported on and monitored routinely within all trusts' governance committees. Steady progress has been made in all provider trusts to ensure appropriate supervision processes are in place for staff involved in safeguarding and child protection issues.
35. Health care organisations demonstrate effective dissemination of learning from serious case reviews, for example through improved supervision activities, changes to documentation and ensuring that correct parental responsibilities are obtained at assessment in acute hospital settings.
36. Locality working is well developed, with many front line health staff co-located within partner agencies' premises. For example, the NHS Gloucestershire named nurse for safeguarding is located in the public protection bureau, health visitors and CAMHS workers are based in children's centres and therapists, midwives and school nurses also provide sessions there.
37. There is good attendance by health partners at child protection case conferences, with staff reporting that their contributions are valued and taken into account. The named doctor for the Gloucestershire commissioned health service has focused on providing adequate support to general practices through advice and training. However GP attendances at case conferences are rare and their input is restricted to the provision of reports when asked for. An audit in 2009 of practices' understanding of safeguarding issues, led to the development of a lead GP for safeguarding children in each practice, to act as a resource for other partners and staff. All GP practices in Gloucestershire are encouraged to attend safeguarding training and currently 72% of practices have received level 1 training. However only 15% of GPs have attended the multi-agency training from the Gloucestershire Safeguarding Children Board. Strategies are now in place to ensure appropriate levels of safeguarding training are undertaken by all independent contractors.

38. Accident and emergency departments, community hospitals and minor injury units across the county have good alert systems in place to record previous visits and to track concerns, with a comprehensive flagging system installed on electronic recording systems. Good support from the liaison health visitor ensures information relating to accident and emergency visits, and hospital admissions of children and young people across the county, is shared with community staff in a timely way. Access to a 24 hour interpreting service, which is well used by staff, has ensured health needs are understood when English is not the first language of patients attending accident and emergency departments for treatment.
39. The multi-disciplinary substance misuse service provides good county-wide care across Gloucestershire. Support for locality based services is well established. The education and advice available to young people on substance related issues has an emphasis on harm reduction. As well as direct work with young people, the team advises and supports professionals, parents and carers on substance misuse in young people. There are effective links with specialist midwives which has resulted in better attendance for ante-natal care, with earlier identification of complications. This has led to a reduction of new born infants requiring specialist hospital care for drug related problems. Work by the substance misuse team with CAMHS and the youth offending service has led to increased referrals to the youth crime prevention team and a reported reduction in the reoffending rate. National Treatment Agency targets are met, for example regarding the percentage of young people assessed as requiring specialist substance treatment who started treatment within 15 working days.
40. The 2gether Mental Health Trust has developed an outstanding approach to preventative family based work in Gloucestershire. The SecureStart infant mental health programme is a nationally recognised and well evaluated programme providing targeted support for parents with young children under 3 years of age. CAMHS workers based in children's centres are providing good early interventions for the prevention of mental ill health. The programme has been well evaluated with positive outcomes, for example a reduction in the numbers of mothers with very young children needing to seek more specialist mental health support. A retendering process for CAMHS, which will enable further development of locality working with a focus on harder to reach groups, is currently being undertaken. All in-patient services for CAMHS are provided out of county.
41. Good progress has been made in rolling out the Healthy Child Programme, with only the 16–19 years programme yet to be fully implemented.
42. There is evidence of effective interagency working to reduce teenage pregnancies, with Gloucestershire having one of the lowest rates of teenage pregnancies in the south west region. Agencies working

together provide a wide range of contraceptive and sexual health care services through a variety of easily accessed venues across the county. Teenage parents receive a good level of support from a range of agencies before and after birth. Midwives are working collaboratively with partner agencies such as Connexions, the hospital education service and family support workers in children's centres. Specialist midwives for teenage parents are involving young fathers in the care of their children well. Teenage mothers in Gloucestershire report feeling well supported through the Young and Pregnant programme. This targeted approach is starting to have a positive impact on factors affecting infant mortality such as an increasing uptake of breast feeding, and a decrease in the use of instruments during delivery. A large number of young parents go on to use additional services available within children's centres, with an increasing attendance rate by young fathers at parenting classes.

43. There is an appropriate provision of resources by NHS Gloucestershire for children and young people needing a medical examination, following allegations of sexual abuse. A purpose built sexual assault referral centre in Gloucester provides a suitable environment, which is appropriately staffed and equipped during normal working hours; access to out of hours provision is currently being reviewed.
44. Adequate progress is being made to ensure that domestic violence is recognised and responded to by health care professionals. Additional training regarding domestic violence has ensured that health staff are increasingly confident about asking appropriate questions in order to identify abuse. Audits show a steady increase in the recording of domestic violence assessments.
45. Adequate support is provided to children with disabilities and their families through a range of health care services, with good working relationships reported between education and children's social care services. Good support is provided to children with long term health conditions through the community children's nursing team. Parents of children with disabilities have been involved in service planning, for example changes to extend community nursing service hours were made as a result of parents' views being sought and acted on. Although the increasing use of the CAF has reduced the number of times parents are asked for information, there have been particular challenges in ensuring effective information sharing between professionals working with families of children and young people with complex needs. Many parents spoken to during the inspection reported the need to continually provide different agencies with the same information. There is no multi-agency disability team. Multi-agency working is well developed for children aged under five years and for children being educated in special schools, although less so for older children, particularly those with disabilities in mainstream education. An adapted Webster Stratton course is available for parents of disabled children across the county who are based in special schools. This has

helped improve parenting skills for families with disabled children. Examples of targeted approaches such as that from speech and language therapists provide individual and group interventions to improve and develop language skills, with some good outcomes. Young people with disabilities who also have mental health needs receive an appropriate and responsive service through the dedicated CAMHS disability service. This provides mental health care as part of a multi-disciplinary team. Multi-agency care plans for children and young people with attention deficit hyperactivity disorder and autism spectrum disorders are in place, and are currently being reviewed to reflect changes to practice.

Ambition and prioritisation

Grade 3 (adequate)

46. Ambition and prioritisation are adequate. The importance of safeguarding children and young people is recognised at both strategic and operational levels across statutory, voluntary and community organisations. In October 2010 the partnership board and the executive group of the Gloucestershire Children and Young People's Strategic Partnership merged to become one partnership board, creating the Gloucestershire Children's Partnership. Multi-agency engagement is good, although there is currently no GP representation, and members report significant benefits not only from belonging to the Partnership, but also from the many networks which are connected to the Partnership. Partner agencies report an increasing willingness to engage, particularly since the Joint Area Review published in 2008. Examples of effective impact include the development of multi-agency locality working and the CAF, a significant reduction in the number of young people in custody, and the successful development of a youth homelessness protocol. Elected members have been highly effective in championing the needs of children and young people and securing additional funding for social work posts. A strategic commitment to integrated working is demonstrated through the appointment of joint key posts in operational services, commissioning and public health.
47. The Children and Young People's Plan 2009–12 is based on wide consultation with children and young people and partner agencies, and is supported by a comprehensive needs analysis. The plan makes clear the council's commitment to reduce inequalities across priority areas, and an equality impact assessment has also been completed. Almost 18,000 young people responded to the online pupil survey in 2010. The Plan is supported by priority action cards which are reviewed each year. Each action card identifies intended outcomes for each priority, together with key actions and timescales, and named leads. The action card seven (increased safeguarding of children and young people) identifies clear priorities for improving multi-agency safeguarding arrangements, some of which refer to qualitative improvement. However, despite the evident commitment and achievements by agencies to improve safeguarding arrangements, serious deficiencies within children's social care services

have not yet been fully addressed, leaving some children and young people at risk of harm.

Leadership and management

Grade 3 (adequate)

48. Leadership and management are adequate. The Chief Executive became directly involved in the safeguarding improvement agenda 18 months ago when serious concerns emerged about the quality of service in children's social care services. The key issues were identified at that time but turnover of senior managers, coupled with the reorganisation of services, a significant rise in the number of children and young people with child protection plans and high caseloads, meant that momentum was lost for some time. The appointment of key experienced senior managers in summer 2010, together with increased staffing levels and clear priorities, is reinvigorating the service. Weaknesses in children's social care services are understood and there is evidence that the strategies that have been put in place are delivering improvement, for example with increased supervision and more rapid allocation of cases.
49. Effective workforce planning and the injection of additional resources have resulted in the recruitment of 30 additional social workers, many of whom are now in post, and there is now much less reliance on agency staff. There is good access to a range of training and development opportunities. These are identified on an individual basis during annual performance appraisals, although the feedback from appraisals is not yet used to inform training plans. Newly qualified social workers have access to a comprehensive training and development plan, although inspectors' examination of supervision files showed that the quality of induction is variable. Team managers are benefiting from regional action learning sets on leadership and management, which they describe as inspirational. Additional resources have been secured from NHS Gloucestershire to improve the staffing ratios of midwives.
50. Staff interviewed by inspectors report a strengthened workforce development strategy group, with good sign-up by partner agencies. There is now a common job description and the training programme links directly to the Children and Young People's Plan. An online common induction programme is available for new staff across agencies. Service planning takes into account the needs of children and young people from minority groups, and the diversity of staff within children's social care services is beginning to be mapped, to improve service provision.
51. Joint commissioning with health is in place in a number of areas including disability, CAMHS, teenage pregnancy, and substance misuse services.
52. The complaints and representations process is well established, although the council does not monitor whether parents and carers are given information on how to complain. There has been effective involvement by

young people from the CAMHS forum, for example, in improving the information to children and young people about how to make a complaint.

53. The quality of user engagement is adequate, with some strong features. Examples of this are the numbers of young people responding to the online survey, and the involvement of young people in the CAMHS retendering process. The involvement of young carers is good at national, regional and local levels. An active young carers' forum has addressed a number of issues including the possible implications for the future of the service, following the comprehensive spending review. Young carers have been vocal nationally, they have met Members of Parliament locally and feel that they have significantly influenced the service they receive. Voluntary and community organisations report a much stronger emphasis in contracts on obtaining user views, for example from young people in supported accommodation, where information then gets fed back to the trustees. Recent section 11 audits of safeguarding arrangements in partner agencies require agencies to consider the extent to which they are listening to children. The evaluation of these audits has not yet been completed. Parents of children with learning difficulties and/or disabilities were positive about the influence that they could have on service planning and delivery. They described a number of different forums where their views had been shared and had made a difference to service provision. User engagement with the Aiming High programme has been particularly effective, for example through representation on the programme board and the involvement of young people in assessing bids for the tendering process. However some groups of young people, such as the children with disabilities forum, do not have easy ways of making their views known to senior managers. In addition, child protection coordinators report that children and young people do not often attend their child protection conferences, although consultation arrangements are currently being reviewed. The Gloucestershire Safeguarding Children Board has identified that user engagement and hearing the voice of the child needs to improve, and this will be included in the business plan for the coming year.
54. Three serious case reviews have been evaluated by Ofsted in the last two years. Each of them has been evaluated as adequate. The dissemination of the learning from serious case reviews has been very effective, using road shows and training. Staff across health and social care services are familiar with the recommendations and can evidence that these have been applied to practice.
55. The budget for children's services is being brought under control following a significant overspend in 2009/10. An underspend is predicted for 2010/11.

Performance management and quality assurance

Grade 4 (inadequate)

56. Performance management and quality assurance are inadequate. While there is regular performance reporting and clear evidence of improvement in some performance targets, it is not yet possible to demonstrate a consistent and steady improvement to outcomes for children and young people in receipt of services from children's social care.
57. The Gloucestershire Safeguarding Children Board has begun to carry out multi-agency audits. However the findings are still being evaluated and the impact of these audits is yet to be realised. There is evidence of some recent case file audits on children's social care files, which is good, but the quality of these audits is not sufficiently robust. This was also demonstrated by the audits of cases selected prior to inspection, some of which did not give full consideration to the quality of work on the file, and consequently, important learning was lost. There is evidence of increasing management oversight on social care files, but this is not yet sufficiently rigorous.
58. Chairpersons of child protection conferences have only recently begun to keep a checklist of information about child protection conferences, and they do not yet produce an annual report to the Gloucestershire Safeguarding Children Board, although plans are in place to do so.
59. At senior management level there is a clear willingness to challenge poor performance. This was demonstrated by a 'mock inspection' of children's social care services earlier this year, for example. However, this willingness is not embedded at an operational level across the service and there is not yet a strong culture of effective professional challenge at the front line.
60. Gloucestershire Children's Partnership receives quarterly performance reports and there are good examples showing where performance management has identified concerns, resulting in service improvement. Examples are the improvements to CAMHS, and reductions in the levels of bullying. There is a strong commitment to making performance data more meaningful to managers and more tailored to their needs.
61. Evidence from benchmarking a range of indicators against similar councils shows an overall trend of improvement in targeted activities, although performance against some indicators, for example child protection reviews carried out within timescales, deteriorated slightly in 2009/10.

Partnership working

Grade 3 (adequate)

62. Partnership working is adequate. The Gloucestershire Safeguarding Children Board has been reenergised by an independent chair, who is bringing effective challenge and direction to the board. There is good

engagement by partners, with representation from appropriate agencies, the district councils, the army and the voluntary and community sector. However, as yet there is no engagement by children or lay members. The performance management and quality assurance aspects of the board's responsibility are underdeveloped and the board does not yet have a comprehensive performance framework. The board does not yet fulfil all of its statutory obligations, for example in monitoring the effectiveness of private fostering arrangements. The board has started to carry out multi-agency audits, but members are not yet confident that they have a clear understanding of the quality of front line services. Resources continue to be a challenge although some resources are being provided in kind, for example the police are providing training venues and trainers. The board has recently started charging for training, and it is looking at increasing its own efficiency. The use of the Gloucestershire Safeguarding Children Board escalation policy to raise concerns, which was identified as a weakness in a serious case review, has been improved and there is evidence that it is working effectively.

63. Partnership working through the Gloucestershire Children's Partnership is strong. Effective relationships have been established across statutory agencies and the voluntary and community sector, and there are good examples of impact on outcomes, for example with the development of the locality hubs. District councils are engaged well in multi-agency partnership work and ensure that safeguarding receives a high priority within their services.
64. The child death overview panel is well established, and includes a recently appointed faith representative to ensure that the cultural needs of families who have suffered the death of a child are fully considered.
65. Information sharing arrangements are being strengthened through the new Gloucestershire Information Sharing Partnership Agreement, which was signed very recently. The Agreement is supported by a number of second level information sharing protocols. In addition, multi-agency information sharing training sessions are being rolled out to staff.
66. Multi-agency risk assessment conferences are in operation. However representatives from children's social care services do not always attend and an inspection of multi-agency risk assessment conferences last year identified concerns about attendance and information sharing. The percentage of repeat referrals is 30%; this is in line with national data but the numbers are particularly high in Gloucester City. Attendance by children's social care senior managers at level 3 meetings for multi-agency public protection arrangements has also been inconsistent, but with some recent improvement.
67. Multi-agency arrangements for the identification and support of women and children affected by domestic abuse are good. The Domestic Abuse

and Sexual Violence Board is growing in knowledge and this has led to a draft strategy. The domestic abuse referral project provides multi-agency screening and assessment of domestic abuse notifications and has ensured more appropriate referrals to the referral and assessment teams. The co-location of the domestic abuse referral project and the domestic abuse helpline in the public protection bureau is positive. There are sufficient refuge places for women fleeing domestic abuse in the four refuges in Gloucestershire, but places are under pressure and this pressure appears to be increasing as support services are reducing. Refuges can accept teenage boys with their mothers and cater for women from black and minority ethnic backgrounds. There are sanctuary schemes in each district and outreach support is provided for women who wish to remain in their own homes. Independent domestic violence advisers provide good support and there is effective outreach.

Services for looked after children

Overall effectiveness

Grade 3 (adequate)

68. The overall effectiveness of services for looked after children and young people is adequate. The council and its partners can demonstrate some improvements in outcomes for children and young people since the publication of the Joint Area Review in 2008, for example in better school attendance and increased placement stability. Key improvements to the quality and costs of provision have been secured through sound commissioning arrangements, and the majority of the local authority's children's homes, many of which were judged to be inadequate at the time of the Joint Area Review, have been closed. The respite units that remain registered have been judged to be good or outstanding overall in recent Ofsted inspections. The virtual school leadership ensures that effective strategies support looked after children in school, including those placed out of the local authority area.
69. Service responsiveness to vulnerable children and young people is good, and there is easy access to a range of early preventative resources. Social care teams have been reshaped in 2010 to provide more effective support. In addition, a not-for-profit company has been contracted to provide Connexions services and to establish more robust leadership and management of young people's services. For 16–17 year olds who are homeless there is better access to assessments as well as emergency and long-term supported accommodation. Social care staff have been provided with training to improve assessment practice and effective action has been taken to ensure that core assessments are completed for looked after children. The number of looked after children without a core assessment has been reduced from 280 to 30 in recent months. This is a clear sign of the impact of recent improvements.
70. The Corporate Parenting Committee and the Children in Care Council are both at an early stage of development and have yet to show impact. However, there is evidence that some looked after children, young people and care leavers contribute to service planning, for example, through the scrutiny and scoring of the tender for fostering services. Quality assurance arrangements are being strengthened, although the impact is yet to be fully demonstrated. The most recent individual inspections of local authority fostering and adoption services have judged safeguarding outcomes to be satisfactory. However, the overall quality rating of the local authority adoption service was judged as inadequate in 2009 and appropriate action has been taken to address the shortfalls. With the exception of outcomes for health and economic well-being, which are inadequate, outcomes for looked after children, young people and care leavers are adequate.

Capacity for improvement

Grade 3 (adequate)

71. The council and its partners have adequate capacity to improve services for looked after children, young people and care leavers. They are ambitious for the children and young people in their care. A new and strengthened senior management team in children's social care services is now in place. The team has an awareness of where improvements have been secured, a clear sense of direction and a good understanding of what must be achieved to improve outcomes. All looked after children and young people have an allocated social worker, and there is sufficient capacity within the teams to respond appropriately and to discharge statutory duties.
72. Shared training and inter-agency working are well developed across the partnership, particularly with regard to the provision of services for vulnerable children and young people to support them to live safely with their families. Effective programmes to prevent children and young people from entering care, and action taken to reduce the time spent in care, are now producing improved outcomes. Performance compared with national performance indicators for services to looked after children is generally the same as, and in some instances better than, similar areas and the national average. However, performance on the timeliness of adoptions has deteriorated. The development of the virtual school has already led to demonstrable improvement in outcomes such as school attendance. Appropriate action is being taken to improve quality assurance systems, and cases are now being regularly reviewed to ensure that casework is of a good quality. Where deficiencies are identified these are being addressed robustly. The Gloucestershire Safeguarding Children Board 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

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

Immediately:

- Improve the quality of recording of case directions and the quality of assessments and care plans for looked after children, young people and care leavers, to ensure that required actions are measurable and time-limited.
- Ensure all care plans clearly and accurately identify and record risk and protective factors and contain robust contingency plans.

- Ensure that looked after children, young people and care leavers know how to access the complaints procedure and how to contact an advocate should they wish to use one.

Within three months:

- Ensure that decision-making for looked after children and young people is timely and appropriate, through effective senior management performance monitoring and evaluation,
- Ensure that the independent reviewing service is effective in providing robust and systematic challenge to practitioners so that social workers' reports are completed prior to reviews, and decision-making is timely.
- Ensure that effective systems are in place to capture the views of looked after children and care leavers in order to improve the quality of service, and that timely feedback is provided to inform them of the outcome of their contribution.
- Ensure that the Children in Care Council is representative 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.
- Strengthen the corporate parenting arrangements to establish an effective multi-agency partnership that takes forward the corporate parenting agenda and provides more effective challenge to the partnership to improve the lives of looked after children and young people.
- Increase opportunities for elected members to engage with looked after children, young people living in residential and foster homes and care leavers, to ascertain their views and experiences of the care they receive.
- Ensure that appropriately trained individuals undertake health assessments and implement a robust monitoring system to ensure consistently good quality of health assessments for looked after children and young people, who are living in placements either in or out of county.
- Ensure that there are sufficient resources within CAMHS to meet the mental health needs of looked after children and young people.
- Ensure that care leavers receive good quality health information, advice and guidance and are provided with a full summary of their healthcare history in a format suitable to their needs.

Within six months:

- Ensure that the Gloucestershire Safeguarding Children Board demonstrates 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.
- Undertake a multi-agency review of the provision of services to looked after young people aged 16+ including transitional arrangements for young people with learning and/or physical disabilities, to ensure that a full range of services is available to meet their emotional and practical needs.

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

Being healthy**Grade 4 (inadequate)**

74. Health outcomes for looked after children and young people are inadequate. Although 91% of health assessments are undertaken, the quality of both initial and review health assessments of looked after children in Gloucestershire is poor. Although health visitors and school nurses undertaking review assessments have been provided with additional training to meet the needs of this vulnerable group of children, this was some time ago. Further training will be provided and established as part of the core training programme for these staff groups. Although the British Association for Adoption and Fostering documentation has recently been introduced, resulting in a slight improvement in the quality of health care assessments, too many are still incomplete or lack supporting information.
75. There is inadequate monitoring of the quality of health assessments undertaken by NHS Gloucestershire and the quality of care provided for looked after children. However the first annual report on the health of looked after children presented to NHS Gloucestershire in 2010 recognised these shortfalls and appropriate action is being taken to address the concerns. Action already taken includes the provision of additional nursing hours and administrative support.
76. The initial health assessments and most of the review health assessments currently carried out by GPs, who have received no additional training to undertake this role, are of a generally poor standard. A review of medical input is currently being carried out.
77. There is little in the way of effective health promotion provided directly to looked after children. The nurse for looked after children offers opportunistic health advice but there is no structured approach to

preventative health activities. The number of pregnant looked after young people is not currently routinely monitored in Gloucestershire.

78. There is now one CAMHS primary mental health worker dedicated to work with looked after children and young people. While there have also been improvements in access to CAMHS for looked after children and young people, including priority access where appropriate, this is insufficient to ensure adequate mental health support and guidance. Plans are in place to address this gap as from April 2011 as part of the recommissioning of CAMHS being led by NHS Gloucestershire. The 'strengths and difficulties questionnaire', which is an assessment tool that considers behaviour and psychological attributes, shows that looked after children and young people in Gloucestershire have higher than average scores, with higher scores indicating a greater level of difficulty. Information obtained from these questionnaires has been used effectively by the CAMHS worker to screen for medium or high levels of emotional stress. Schools are informed of the findings of the questionnaires when necessary, and additional support is provided by school nurses and CAMHS. Action taken as a result of questionnaire findings has resulted in placement changes for two young people. Although some support for foster parents is provided by the CAMHS worker through training for 'promoting positive parenting and attachment', this is insufficient to support the number of fragile placements.
79. Care leavers do not receive an adequate level of support or health related information from the looked after children's health team.
80. There are no formal arrangements in place at NHS Gloucestershire to monitor the quality of health care for children and young people in out of area placements. The commissioning of health assessment arrangements for looked after children in out of area placements is unclear, resulting in ad hoc and variable service provision.

Staying safe

Grade 3 (adequate)

81. The outcome for staying safe is adequate. Children and young people who are looked after benefit from satisfactory safeguarding arrangements which are actively promoted through commissioning and procurement processes. All residential and some fostering provision is commissioned from the independent sector. No looked after child is placed in any provision that has been inspected by Ofsted and judged to be inadequate overall. The most recent Ofsted inspection of the adoption and fostering service judged the services overall to be inadequate and satisfactory respectively. Recommendations arising out of these inspections have been acted upon effectively. The council has retained two residential homes to provide respite care for children with disabilities. At their most recent inspections one was judged outstanding overall and for staying safe outcomes; the other was judged good for both. Placement stability,

although improving, remains a challenge for the council. Performance in relation to the placement of children for adoption within 12 months of their 'best interest decision' being made is inadequate and has deteriorated over the last two years. A new management structure is in place and this has clear priorities for on-going service improvements for more timely permanency planning and a reduction in drift.

82. Most looked after children and young people's needs are reviewed on time through statutory review processes. Their views are listened to, with a clear focus on children's safety. Although only 32 children and young people completed the pre-inspection survey, they confirmed that the advice they receive from adults about keeping safe is useful and that if they were being harmed, there are people they would be able to talk to. In most of the cases reviewed by inspectors, the frequency of social workers' contact and visits to a looked after child or young person is adequate and meets statutory requirements. However, some young people and foster carers who met with inspectors reported that contact with social workers is inconsistent. The effectiveness of services to support children and young people who go missing from care is good.

Enjoying and achieving

Grade 3 (adequate)

83. The impact of services on the achievement and enjoyment of looked after children and young people is adequate with some good features. The virtual school has been firmly established over the last three years and the support provided for designated teachers in schools, particularly from learning mentors, is valued. The headteacher of the virtual school has worked hard to develop a comprehensive database which demonstrates the progress made by a looked after child or young person. The monitoring system includes information about how the personal education allowance funds have been used. It also shows the extra curricular activities undertaken. The virtual school is the only one in the country to be involved in the Achievement for All pilot programme, which is designed to measure the progress made by children with special educational needs against their starting points on entry to school. The council now has data for the progress made during Key Stage 2 by looked after children and this shows that for 2010, around three quarters have made the expected progress in English and mathematics. This information will be used as a benchmark for future years and consideration is being given to extend this in order to measure progress made during the secondary years. There is clear information on looked after children educated out of the county, with visits commissioned to review educational progress.
84. Most looked after children and young people have an up-to-date personal education plan. However, although there has been focused training to improve the plans, the quality remains variable. The council is aware of this and is taking appropriate action. The use of the personal education allowance provides children and young people with a satisfactory range of

additional activities like one-to-one tuition, that have been tailored to meet their individual needs. Packages of high quality books and games have been made available through the Letterbox Club to promote literacy and numeracy. These are delivered to foster homes for a six month period, and are proving to be particularly popular. A summer school in 2010, which targeted year six pupils transferring to secondary schools, attracted over half of the cohort and resulted in a smoother transition to secondary school. There is adequate access to leisure activities, and looked after children and young people are encouraged and supported to engage in a range of hobbies and extra-curricular activities. Where possible these are linked to opportunities to gain awards or accreditation.

85. The school attendance of looked after children and young people has improved significantly. In 2009/10 the proportion of looked after children and young people who had missed at least 25 days of schooling for any reason was well below the figure for similar councils and the national average. It was also below the percentage for all pupils in Gloucestershire. This reflects the impact of sustained work by the virtual school to support attendance. In addition, a multi-agency panel meets when an individual's absence reaches certain thresholds, and as a result, appropriate action can be taken in partnership with schools and the education welfare service well before absence levels reach unacceptably high levels. There have been no permanent exclusions of looked after children and young people over the past three years. This is the result of a protocol that provides managed moves to other settings, including pupil referral units, for those at risk of exclusion.
86. The educational attainment of looked after children and young people is adequate overall. The latest results for the end of the Early Years Foundation Stage show a significant improvement in the proportion reaching the expected levels in personal, social and emotional development and communication, language and literacy. This is a clear closing of the gap between looked after children and all children of this age. There are year-on-year fluctuations in attainment at Key Stages 1 and 2 and currently outcomes in performance for the older age group are below the national average for these indicators. The council does not yet keep sufficient progress data for Key Stages 1-2 and Key Stages 2-4, although plans are in place to do so.
87. GCSE results for looked after young people are improving steadily and are in line with similar councils and the national average. In 2009, the latest year for comparative figures, the percentage of looked after children achieving 5 GCSEs at A* - C was 17%, compared to the national average of 19%. The proportion gaining five higher level GCSEs including English and mathematics was 8%, against the national figure of 9%. In 2010 the proportion of Gloucestershire's looked after young people achieving five GCSEs including English and mathematics at A* - C increased to 11%, closing the gap slightly with all Year 11 students in the authority.

Making a positive contribution, including user engagement

Grade 3 (adequate)

88. Opportunities for looked after children and care leavers to make a positive contribution are adequate. The timeliness of looked after children's individual care reviews is improving, with a good level of active participation, although only about half of the reviews have a report from the social worker. Looked after children and young people are supported to chair their own reviews. To date, 20 young people have successfully chaired their reviews, reporting positively on their experience and their satisfaction with the outcome. Advocates are well used to ensure that children and young people who require additional support have their say and are listened to. Of the 32 children and young people who took part in the pre-inspection survey, 82% reported that they felt their reviews worked well or very well in making sure the care they receive is what they need. However, only 72% felt that their wishes were taken into account.
89. Consultation with looked after children and care leavers is well established in some aspects. There is positive involvement in activities like scrutinising and scoring tendering applications for foster care provision, staff interviews and making DVDs. However some young people feel their views are not taken seriously and report that they do not receive feedback about the suggestions that they make. The Children in Care Council is in its infancy, and fewer than half of the children and young people who took part in the pre-inspection survey were aware of its existence. Children in Care Council members who met with inspectors did not consider their input to be effective. They were unable to demonstrate how they linked with their peers to obtain their views, ideas or feedback and could not give any examples of how the council had made a difference to the lives of looked after children. Currently, younger looked after children and care leavers are not represented on the Children in Care Council. Although some looked after children have been involved in developing the Pledge, a document which describes the services and support that looked after children and young people can expect from the council, it has yet to be formally launched.
90. Work undertaken to reduce offending is effective. Since the Joint Area Review in 2008 there has been a decline in the number of looked after children and young people convicted or made subject to a final warning or reprimand. The increased use of restorative justice approaches within independent children's homes has had a positive impact, with few young people entering the criminal justice system as a result of their offending behaviour within the home.

Economic well-being

Grade 4 (inadequate)

91. The impact of services to improve the economic well-being of care leavers is inadequate. The proportion of looked after young people in education,

employment and training has declined significantly since 2006/07 and has remained relatively static over the last three years, with the latest figures being well below the national average. The latest monitoring figures for the current year show some improvement, reflecting an increased focus by Connexions personal advisers. The 14–19 curriculum for care leavers offers a reasonably appropriate range of vocational options. Satisfactory support is provided to the 11 care leavers who are in higher education. The virtual school encourages looked after young people to apply for places at higher education institutions and has run a residential school for aspiring university applicants. Participation rates have increased from three in 2008 to 22 in 2010.

92. Most care leavers have an up to date pathway plan, and are involved in its development and review. The cultural needs of the young people are broadly addressed. However, the overall quality of the plans remains variable, with many showing a lack of specific detail or timescales, which would ensure that their needs are appropriately identified and addressed. Young people and their foster carers spoken to as part of the inspection were critical of the quality of the overall support for the development of independent living.
93. Transition arrangements for children with disabilities are not fully integrated into the work of the 16+ team. This leads to too many potential changes in allocated key workers. There is no clear, consistent understanding by staff or parents as to when transition planning begins.
94. The council has focused on providing suitable accommodation for care leavers and this is reflected in the recent restructuring of the 16+ team. Teams that include social workers, housing officers and Connexions staff have been co-located in the centres of Gloucester and Cheltenham to establish a multi-agency approach, and to provide a range of services to care leavers in accessible locations. This co-location has resulted in an increase in meetings between multi-agency staff and young people. However, it has not yet had a sustained impact on outcomes for children and young people. Overall, the proportion of care leavers in suitable accommodation is broadly in line with similar councils and the national average.

Quality of provision

Grade 3 (adequate)

95. The quality of provision is adequate, as although there are good services to support vulnerable children and young people continuing to live with their families, the quality of case work is too variable. A comprehensive range of preventative services is in place and there is good evidence of safe decision-making regarding thresholds and support to families where children and young people are on the edge of care. The CAF has been used effectively to assess and determine the level and type of support needed. For unaccompanied asylum seeking children and young people

and 16–17 year olds on the edge of care, service responsiveness with regard to assessment is good and there is access to emergency and long-term supported accommodation for those who are homeless. Early intervention services such as the diversion from care team for those aged 11+, the family focus project run by the Nelson Trust which works with parents with identified substance misuse issues, and the whole family assessment programme undertaken by health visitors are all showing effectiveness in improving parenting capacity and supporting children and young people to live at home. A parent who contributed to this inspection spoke positively of the support he had received from all agencies in helping him to prioritise the needs of his children. Although a contract is in place with a voluntary agency to provide family group conferences, this service has been little used, with only 10 conferences taking place in the past year. Available data indicates that only two young people have subsequently become accommodated. There is insufficient analysis of effectiveness or patterns of referrals. Decision making for children becoming looked after by parental agreement, is at an appropriate level of seniority, and is effective in ensuring that all alternative safe options to care have been considered before a child or young person is accommodated. Social care staff have access to good quality legal advice to support the decision making process when statutory/court interventions are required.

96. The assessment of and direct work with looked after children and young people are adequate overall. Despite the good range of preventative work undertaken there has been increased identification of higher levels of need, resulting in a steady rise in the number of looked after children and young people. Some of this increase is due to older young people becoming accommodated as a result of the council's full compliance with the Southwark judgement on youth homelessness. In an attempt to reduce the numbers of looked after children and young people to a safe but appropriate level, managers are currently reviewing and strengthening the use of special guardianship orders. They are also considering some creative support packages to help reunify and enable some looked after children to return home or reside with friends and family. Cases selected at random for this inspection did not identify any situations in which the child or young person had not been appropriately accommodated, and there were some good examples of positive outcomes. However, subsequent work to ensure reunification or robust permanency planning was of variable quality and not well evidenced in either the case recording or in the minutes of review meetings.
97. Good care is taken when commissioning external placements and no residential or foster care placements have been commissioned from independent agencies that have been judged to be less than satisfactory in recent Ofsted inspections. A high proportion of looked after children and young people are placed in foster care within the county. The safety of children in external placements is effectively monitored through robust

contracting arrangements and statutory visits from the allocated social worker. However, although an independent visitor scheme is available to looked after children and young people, it is underused. The reasons for this are unclear.

98. All looked after children are allocated to qualified social workers, with some additional tasks being undertaken by children's support workers. Information received from the foster carers who met with inspectors indicated that social workers' interventions are variable. Looked after children and young people are well supported through direct work by CAMHS, substance misuse services and the youth service. However foster carers who took part in the inspection reported that often these services were provided as a result of their direct intervention, rather than by social worker activity or referral. A small number of young people also met with inspectors but from their point of view, social work intervention and support were ineffective and unreliable. Missed appointments, promises not delivered and social workers not taking notice of their wishes and feelings were common features of their concerns. Of those who took part in the Ofsted survey of looked after children in 2010, only 17 of the 32 young people reported they found it easy to get in touch with their social worker. Only 22 reported that they received some, or a lot of help.
99. The quality of case planning, reviews and recording is adequate. Many of the files examined showed good consideration of the wishes and feelings of the child or young person. Most social workers interviewed were knowledgeable about the children and young people and were clear about the outcomes that they were working towards. There is good evidence in cases examined by inspectors and in staff interviews of the work undertaken to meet the cultural and diverse needs of looked after children and young people. Good support arrangements are in place through the Gloucester Association of Refugees and Asylum Seekers, to provide culturally appropriate support for foster carers and direct access to a range of activities by looked after young people. An outstanding piece of family reunification work included engaging a Zulu social worker for a short period of time, to lead a community assessment and to ensure that cultural issues were fully addressed.
100. Most reviews take place on time. In 2009/10 91% of reviews were held within statutory timescales. Reviewing officers have a clear brief within their role to provide challenge and to monitor the actions identified at the previous review. This is to ensure that they have been implemented, and inspectors did see examples of appropriate challenge. However in some cases the challenging and monitoring role has not been fully effective. Newly appointed senior managers have found delays in planning in some adoption cases, and are now reviewing these. In one case examined by inspectors, planning was found to be poor and management oversight ineffective. Although there has been an improvement in the timeliness of recording, not all the assessments, care plans and records examined by

inspectors were fully up-to-date, so did not reflect the work that had been undertaken. Case recording is variable in quality and although there has been some improvement in recent months, not all cases convey a thorough analysis of the relevant issues. Most care plans seen were at least adequate, although some care plans analysed by inspectors were not specific enough in respect of desired outcomes, and the identification of timescales for achieving them was missing. Chronologies are not routinely completed for children and young people looked after under voluntary arrangements. In addition, during a 'mock' inspection in May 2010 it was found that core assessments were not routinely being carried out for looked after children. A subsequent review of cases by senior managers found that 280 core assessments were required. Significant progress has been made, with 250 of these core assessments now completed and the remainder due for completion by 31 December 2010.

101. While there is evidence of more frequent supervision, the quality of recording of management oversight and decision-making by managers is variable. In most cases sampled by inspectors, clear case directions and timescales for required actions were not well recorded. Permanency planning has been ineffective in some cases and has led to a number of looked after children and young people spending extensive periods of their life within the care system, with subsequent planning being reactive rather than proactive. Review processes have not consistently given attention to permanency planning or the possibility of reunification with families. New senior managers in post are very aware of these issues and as a result, care planning is being strengthened by focusing on improvement, case audits and additional social worker training.

Ambition and prioritisation

Grade 3 (adequate)

102. The strategic leadership and management of services for looked after children are adequate. Clear priorities and ambitions for children and young people who are looked after by the council are reflected in the Children and Young People's Plan. These priorities have been identified as a result of a good needs analysis and the findings from external inspection and consultation. The key focus is on improving and sustaining good outcomes for looked after children and young people. Following the Joint Area Review of Gloucestershire published in 2008, the local authority closed the majority of its residential homes, many of which were deemed by Ofsted to be inadequate. The local authority has also ensured that no looked after child or young person lives in a service judged as inadequate by an Ofsted inspection. The council and its partners have been effective in reducing the number of looked after children and young people convicted, or made subject to a final warning or reprimand. Although elected members express a strong commitment to corporate parenting and champion looked after children, young people and care leavers, the Corporate Parenting Committee has yet to demonstrate its effectiveness. The current committee only includes elected members and the resulting

absence of shared partnership responsibilities and accountabilities, limits the effectiveness of key partners to influence the delivery of services for looked after children, young people and care leavers. The committee does offer some appropriate challenge to officers in respect of performance. However the committee does not meet regularly with looked after children, young people and care leavers and members do not have all of the information they need to be sufficiently robust in their scrutiny.

Leadership and management

Grade 3 (adequate)

103. Leadership and management are adequate. A new senior management team is now in place and is providing clear leadership. Deficits in the service such as poor permanency and care planning 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 in the early stages so although the direction of travel is promising it is too soon for impact to be evidenced. Staff who met with inspectors commented positively on the new leadership structure. They report that they are reenergised and engaged in the challenge to improve services for looked after children, young people and care leavers. There is sufficient capacity and a low vacancy rate within the looked after children and post-16 service to meet the needs of the service, and to deliver its core functions. The 2010 annual report to NHS Gloucestershire on the health of looked after children is a positive development, but overall the health needs of looked after children, young people and care leavers have received insufficient attention.
104. There is evidence of some outstanding practice, with dedicated and skilled staff at all levels working across services to provide a holistic approach to caring for looked after children. Social workers report that supervision takes place regularly, that they have good training opportunities and that they are well supported. However, supervision files randomly selected by inspectors did not reflect the reported quality of practice discussions or identify areas for development. A good range of training is provided to foster carers to meet the needs of looked after children and young people.
105. Partnership working is good. Professionals at all levels across agencies understand their responsibilities for looked after children, young people and care leavers. Thirty seven per cent of respondents to the survey of the voluntary and community sector carried out by Ofsted in 2010 reported that arrangements for addressing the needs of looked after children are effective. Although this response rate is higher than the England average, sector representatives reported that they had less influence over the types of services that are commissioned. 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.

106. There is a well established complaints and representations system in place with the availability of advocates to support children and young people where necessary. However, not all looked after children, young people or care leavers know how to access the complaints procedure or how to contact an advocate should they wish to use one. There is a well established system in place for the investigation of complaints or allegations made against staff who work with children and young people, and this complies with statutory guidance.
107. Commissioning arrangements are good and ensure that looked after children and young people are in safe placements. Working in partnership with other areas, Gloucestershire has developed a detailed commissioning strategy which ensures good quality placements that offer value for money. For example the joint agency Children and Young Person's Exceptional Needs Panel considers all service requests for placement or service for a looked after child or young person with complex needs. Individual commissioning arrangements ensure full account is taken of the cultural and diverse needs of a looked after child or young person, such as for unaccompanied asylum-seeking children. There is focused attention on the recruitment of foster carers and there has been a successful recruitment drive to increase the range of approved foster carers. However, within the authority, sufficient matching capacity and placement choice remain limited for older young people, sibling groups and children and young people from black and minority ethnic groups.

Performance management and quality assurance

Grade 3 (adequate)

108. Performance management and quality assurance arrangements are adequate. Most performance indicators for looked after children and care leavers have shown some improvement over the last five years, apart from the timeliness of children being placed for adoption. Robust action is underway to improve the quality of adoption and fostering services, including the appointment of new and experienced managers. Action plans from the most recent inspections have been reviewed and updated, with most actions completed. The factors contributing to the lack of timeliness of adoption are understood by staff and the policy and procedure have been revised and relaunched to improve practice. However, the impact is yet to be realised. Overall, looked after children and young people are placed with 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.
109. The number of children and young people becoming looked after has risen over the last two years. Many of the reasons for this, such as the increasing numbers of older young people who have become homeless, have been identified and adequate strategies are in place to manage the

impact on services. The council is aware that there are serious concerns about the current quality of data produced by the electronic recording system for certain performance indicators, such as placement stability. The system is due to be replaced in 2011, but in the meantime the council is using local data held by managers to gather information and to tackle specific performance issues. Analysis of performance on short-term placement stability has led to better understanding of the underlying issues, and local data indicate that recent performance has improved significantly. A successful focus on school attendance has also resulted in much improved figures, and the 'strengths and difficulties' questionnaire has been used effectively by the primary mental health worker to improve outcomes for looked after children and young people.

110. However, while there is evidence of improvement in targeted areas, quality assurance arrangements are not yet fully established throughout social care services for looked after children, young people and care leavers. Case file auditing is now evident on some files, however the audits focus more on actions taken rather than quality of practice, therefore the findings are of limited value in influencing improvements to outcomes for looked after children, young people or care leavers. This issue is currently being addressed by senior managers through more robust oversight and direction, and consultation with team managers on the information required. At an operational level, children's social care managers do not yet have robust systems in place to monitor quality of practice, for example whether statutory visits are made within timescales, or whether children are seen alone.

Record of main findings:

Safeguarding services	
Overall effectiveness	Inadequate
Capacity for improvement	Adequate
Safeguarding outcomes for children and young people	
Children and young people are safe and feel safe	Inadequate
Quality of provision	Inadequate
The contribution of health agencies to keeping children and young people safe	Good
Leadership and management	
Ambition and prioritisation	Adequate
Leadership and management	Adequate
Performance management and quality assurance	Inadequate
Partnership working	Adequate
Equality and diversity	Adequate

Services for looked after children	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
How good are outcomes for looked after children and care leavers?	
Being healthy	Inadequate
Staying safe	Adequate
Enjoying and achieving	Adequate
Making a positive contribution, including user engagement	Adequate
Economic well-being	Inadequate
Quality of provision	Adequate
Leadership and management	
Ambition and prioritisation	Adequate
Leadership and management	Adequate
Performance management and quality assurance	Adequate
Equality and diversity	Good