

Inspection of safeguarding and looked after children services Gateshead

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Reporting inspector David Asher

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) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - interviews with 56 children and young people and 40 parents receiving services, the Director of Children's Services, the current and previous Chair of the Local Safeguarding Children Board, front-line managers and senior officers from a range of relevant services, including executives and senior managers from NHS organisations, elected members and a range of community representatives
 - findings from focus group discussions with front line health professionals, managers and senior staff from the local Gateshead Primary Care Trust (PCT) and health provider trusts
 - observation of front-line practice of social care, early intervention and health services in 18 settings, a review of 83 case files for children and young people in need or who are in need of protection, including 38 looked after children, and nine records of staff supervision. This evidence provided a view of the quality of services provided and the impact of practice on outcomes
 - analyses and evaluation of key documents, including a review of the Children and Young People's Plan, performance data, information about the inspection of local settings, such as schools and day care provision, and evaluations of three serious case reviews undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
 - the outcomes of the most recent annual unannounced inspection of local authority contact, assessment and referral centres undertaken in March 2010.

The inspection judgements and what they mean

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

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements
Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

Service information

4. Gateshead is the largest of the five Tyne and Wear metropolitan authorities, covering an area of 55 square miles stretching along the south bank of the Tyne. Gateshead hosts a mix of urban and busy commercial areas such as the Team Valley, and rural areas. Most of the population live in urban areas, where there are areas of industrial decline and high levels of deprivation.
5. Over the last 25 years, Gateshead Council and its partners have pursued a strategy of 'regeneration through culture'. Gateshead Quayside, for example, has been improved with the advent of the Gateshead Millennium Bridge, the BALTIC Centre for Contemporary Arts and The Sage Gateshead, and a concert hall and music complex. Elsewhere in the borough, the new Gateshead International Stadium's training facilities are used by athletes and local people from across the north east, and new and targeted housing developments are helping to regenerate disadvantaged communities.
6. Gateshead has 43,800 children and young people under the age of 19 years, which is just under a quarter of the total local population. There are 27,100 children and young people of school age (4–16).
7. In the north east of England, the proportion of children living in poverty is 24.0%, which is higher than the national figure. In Gateshead, the figure is slightly higher still at 24.3% and equates to around 9,655 children. The proportion of children and young people entitled to free school meals is 20.1%, which is above the national average of 16%.
8. Gateshead's population is largely of white ethnic origin. Children and young people from minority ethnic groups account for 2.4% of school age pupils. There is an orthodox Jewish community of around 4,500 people,

including just over 1,000 children under the age of 16 and a further 1,500 in further education. Around 3.5% of pupils in mainstream schools speak English as an additional language.

9. Education for children and young people between the ages of 4 and 16 years is provided in 68 primary schools, 10 secondary schools, one academy, six special schools and one pupil referral unit. Eighty nine per cent of the schools in Gateshead were judged at their last inspection as good or outstanding by Ofsted.
10. Services for looked after children and safeguarding are provided mainly through the Children and Families and Young Offenders Service, which is part of the wider Learning and Children Directorate. A placement service includes three residential units (two mainstream and one short break unit for children with disabilities), the local authority fostering service with 160 fostering households and the local authority adoption service. Community-based children's services are provided through a referral and assessment team, a family support service including four family centres, two safeguarding and planning teams and a disabled children's team. Other family support services are provided through a network of 16 children's centres, and there are two family intervention projects provided by Barnardos. Services for looked after children are provided through a looked after children's team, which works with children aged under 15, a looked after young people's team, which works with young people aged over 15 and includes care leavers, and a social work therapy team. A joint out-of-hours service for Gateshead is provided for both adult and children's social care services.
11. At the time of the inspection there were 323 looked after children, of whom 29.5 % were under five years of age, 54.5 % were under 15 years of age and 16% were aged 16 and 17. The council and its partners are supporting 96 care leavers.
12. Health services in Gateshead are commissioned by Gateshead Primary Care Trust (PCT), which is one of three PCTs under the integrated management and governance arrangements of NHS South of Tyne and Wear. Community provider services (which include health visiting, school nursing, community children's nursing, sexual health, 'therapies', community dental and emotional health and well-being) are provided by NHS South of Tyne and Wear Community Health Services, which was established in April 2010. Gateshead Health NHS Foundation Trust is the main acute trust serving the population of Gateshead. Residents from Gateshead access also a range of services provided by Newcastle upon Tyne Hospitals NHS Foundation Trust. Child and Adolescent Mental Health Service (CAMHS) are provided by NHS South of Tyne and Wear, Gateshead Health NHS Foundation Trust and Northumberland Tyne and Wear NHS Foundation Trust. Adult mental health services are provided by

NHS South of Tyne and Wear and Northumberland Tyne and Wear NHS Foundation Trust.

Safeguarding services

Overall effectiveness

Grade 3 (adequate)

13. The overall effectiveness of services in Gateshead for safeguarding and promoting the welfare of children and young people is adequate. While many aspects of services and outcomes for children and young people are satisfactory or better, shortcomings, some of them serious, in social work practice with children in need and children in need of protection mean that some children and young people are not supported effectively enough. In particular, some weaknesses in the level of challenge and performance management have led to custom and practice which are not in accordance with statutory guidance and have led, in two cases identified by inspectors, to children being left at potential risk.
14. Managerial oversight of social work practice, which was identified as a weakness in recent serious case review findings, needs further improvement. However, dissemination of learning from serious case reviews to partner agencies has been effective. Areas for development identified after the recent unannounced inspection of contact, referral and assessment arrangements for children in need and who are in need of protection have not all been tackled fully yet, and weaknesses remain in the quality of assessments, and the detailed tracking of case work. Satisfactory use is made of the Common Assessment Framework (CAF) for the early identification of need. However, the quality of assessments is variable. In part, these shortcomings have been redressed by generally good quality early prevention and multi-disciplinary support to families, children and young people.
15. The referral and assessment team has been key in developing area-wide work on the identification of safeguarding risk, and has helped other professionals, for instance in health services, to engage more effectively with hard-to-reach parents and young people. However, some basic practice in contact, referral and assessment work needs improving. A large number of cases remain open as initial assessments which should either have been closed or had further work completed, and there needs to be a more consistent and timely approach to convening strategy meetings and initial child protection conferences. Checks on the quality of front-line practice, including in relation to the recording of case information, and management support in this area is too variable leading to inconsistent quality of assessments. During the inspection, and after it was brought to their attention by inspectors, the council acted promptly to deal with all cases where concerns were identified.
16. More generally, and despite these weaknesses in practice, there is a strong commitment to multi-agency partnership working in Gateshead and this is helping to improve outcomes for children and young people. The

safeguarding of children and young people has been identified as a key priority for elected members, for health and other partner agencies and for council departments. Gateshead has a loyal, stable and committed workforce, which, together with strong political and officer leadership, demonstrates a collective ambition to improve the lives of the most vulnerable children and young people. Caseloads for social workers are high but generally, are manageable. Staffing levels are adequate, although there is evidence of growing demand on services. While safeguarding practice within health agencies is generally satisfactory, more needs to be done to improve prompt support for young people attending accident and emergency services, for instance following self harm or substance misuse. There is also a lack of local provision for in-patient Tier 4 CAMHS services.

17. Strategic planning for children's services within Gateshead is growing in sophistication, with many examples of good or better practice. For instance, findings from the Gateshead Child and Family Poverty Commission are being used to shape the priorities for the new Children and Young People's Plan (CYPP) and there is a history of children and young people being involved in planning services. A 'young inspectors team' makes a valuable contribution to evaluating the effectiveness of some provision and this helps guide decisions on service improvement. The Local Safeguarding Children Board (LSCB) is meeting its statutory requirements, for instance has established a new multi-agency forum to help assess risks to, and coordinate services for, missing children who are in danger of sexual exploitation. This has been praised widely by partner agencies as having been instrumental in improving the way that services respond to individual children. A second forum, to help assess risks to vulnerable teenagers, is due to start shortly. The recent decision to revert back to a non-independent chair is being reviewed after concerns were raised by inspectors during the inspection that the arrangement may compromise the Board's ability to exercise its local challenge function effectively. Work on clarifying the respective roles and responsibilities of the Board and the Children's Trust needs to be completed.

Capacity for improvement

Grade 3 (adequate)

18. The capacity for improvement is adequate. The local authority and its partners including the voluntary sector are mostly well engaged with the safeguarding agenda. Workforce planning is effective, and is supported by an outstanding and highly valued training programme which is recognised as investing substantially in the workforce of the council and its partners. However, children's social care services have not implemented fully, or monitored robustly the findings from serious case reviews. Variable progress has been made in responding to areas for development from the unannounced inspection of contact, referral and assessment services in March 2010. The council Overview and Scrutiny Committee is engaged fully in the development of new initiatives, for instance in the setting of priorities for the new CYPP and in supporting a recent increase in

management capacity within children's services more widely, but it has not yet ensured that areas for development identified in earlier reviews and reports are fully dealt with.

19. Quality assurance systems are in place but are undermined, in part, by the generally ineffective electronic recording system and the poor quality of recording by social workers. Together, this has meant that timely, accurate and comprehensive management information has not been readily available, and the use of paper systems does not allow managers to easily identify the current status of open cases. This poses a potential risk to children and young people. Action is being taken to try to improve the current system but this is yet to have sufficient impact.
20. Risks arising out of financial pressures are well recognised within the council and by partner agencies. Effective steps have been taken to ensure that commissioning arrangements are transparent, efficient and benefit from collaborative arrangements between neighbouring authorities. Relationships with the community and voluntary sector are particularly strong, reflecting their high degree of trust that the council will do its best to ensure that key services for children, young people and families whose circumstances make them particularly vulnerable, including early prevention services, are protected as far as possible.

Areas for improvement

21. In order to improve the quality of practice and services for safeguarding children and young people in Gateshead, the council and its partners should take the following action.

Immediately:

- Ensure there is sufficient management capacity within the referral and assessment team, including cover for absence, and that all managers have sufficient skills and knowledge to perform their roles effectively.
- Ensure that decisions are recorded clearly on social care files, which should identify the action to be taken and timescales.
- Undertake a review of all initial assessments currently recorded as active on the electronic system, in order to identify any uncompleted work including whether children and young people have been seen, to clarify cases that can be closed and cases that should remain open as either core assessments or section 47 investigations.
- Ensure that there is a consistent approach to convening strategy meetings, when child protection concerns are identified within referrals and during initial assessments, and that initial child

protection conferences are not delayed pending the completion of a core assessment.

- Ensure that all decisions to categorise a contact or a referral as not needing further action has management oversight.
- Ensure that parental permission is sought before interviewing children and young people, unless this is waived as result of a strategy meeting or a decision by a manager.
- Improve the recording of all visits made to children and young people who have a child protection plan so that it is clear whether the visit is announced or unannounced, and whether the child or young person has been seen, or is seen alone.
- Ensure that those making a referral routinely, and consistently, receive timely feedback on outcomes from referrals, including when these do not lead to further action.
- The LSCB should ensure that there are robust performance monitoring and audit systems across the partnership.

Within three months:

- Ensure that supervision for staff who work with children is reflective, regular and challenging, and that Achievement and Development plans are updated regularly.
- Improve the quality of analysis when making initial and core assessments, and ensure that they take historical information into account consistently.
- Consider equality and diversity issues routinely when making initial assessments so that they reflect fully the child or young person's identity or culture.
- Record whether children and young people and significant members of their family, including fathers, are seen as part of initial and core assessments.
- Ensure the accuracy of reporting on the timeliness of completion of core assessments and convening of initial child protection conferences.
- Ensure child protection case conference chairs and their managers challenge delay in carrying out child protection plans and that minutes of meetings are distributed promptly
- Ensure that children in need plans indicate expected outcomes clearly and that these are agreed by a manager.

- Ensure that the upgrade of the electronic recording systems allows for management decision making to be consistently recorded.
- Clarify the respective roles and responsibilities of the Children's Trust and LSCB.
- Ensure that the Gateshead Health NHS Foundation Trust' and partners improve access to services for young people attending accident and emergency services in relation to adult mental health services and substance misuse services.
- Review arrangements for notifying other agencies of domestic abuse referrals as these do not currently include health visitors and school nurses.

Within six months:

- Improve the use and quality of the CAF across all agencies, including through the use of a centralised system for the recording of actions, and ensure that all planning includes a clear description of the purpose and expected outcome of intervention.
- Ensure that information collected from children and young people at child protection conferences, and their families, is used to improve the quality of services.
- Ensure that capacity within the current commissioning arrangements by CAMHS to provide Tier 4 in-patient services on a local basis is improved in line with the recent regional review, in order to help prevent placements on adult wards or placements out of area.
- Review the provision of antenatal services for young people provided by Gateshead Health NHS Foundation Trust to ensure the service meets their needs.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (adequate)

22. The effectiveness of services to ensure that children and young people are safe and feel safe is adequate. In most cases, the action taken by services to protect children in need or who are in need of protection is adequate. However, lack of some management oversight and variable practice in social care children's services mean that the action taken to protect a few children is not well managed or monitored as well as it needs to be. However, the strong partnership work between agencies and services and the widespread alertness within partner agencies to the needs of children and young people are helping to keep children safe.
23. Arrangements for managing allegations against staff are adequate, and some practice is good. For instance, effective cross-agency work with independent schools, that has led to good engagement with ethnic minority groups and regular involvement in strategy discussions. The number of allegations reported to the local authority designated officer increased between 2008/09 and 2009/10, demonstrating that a recent investment in training is raising awareness although the number of agencies reporting allegations is low. Robust tracking systems enable regular monitoring of the work done following an allegation and lessons from this are learned. Investigations into over half of allegations made are completed within three months, which remains adequate despite the pressures created by the increase in volume. Designated staff in schools have received targeted training on allegations, and the reporting of allegations from education settings has increased significantly.
24. Recruitment processes are robust and emphasise the importance of keeping children and young people safe. However, the current system makes use of paper files, which are not always well organised, making it difficult to follow an individual through his or her career path. An electronic system is due to be introduced.
25. Ofsted inspections of the local authority adoption service in November 2010 and the local authority fostering service in 2007 judged their overall quality to be good, including in relation to Staying safe. Two children's homes operated by the council were judged to be good at their most recent inspection and a third has been judged to be outstanding. School inspections report that children and young people feel safe. Most children and young people spoken to by inspectors during this inspection said that they felt safe.

26. Multi-agency arrangements for safeguarding children who are missing from home, care or education are effective. Targeted activity is taking place to identify young people most at risk from going missing, with much improved liaison between schools, health agencies and the education welfare service helping to, reduce the risk of young children going missing and missing education.

Quality of provision

Grade 4 (inadequate)

27. The quality of provision is inadequate. Thresholds for access to services for children in need and in need of protection are understood and implemented across the partnership. The LSCB is updating its 'threshold' document, which was revised last in 2007. An effective escalation process is in place to resolve any disputes about the appropriateness of referrals.
28. Children and families enjoy good access to a wide range of early intervention and preventative services. Satisfactory use is made of the CAF for the early identification of need. However, the quality of the use of the CAF varies from inadequate to good. The council process for the centralised logging of instances of CAF use is ineffective, and as a result the data held are not accurate. Plans arising from assessments can lack clarity about their purpose, so that the impact of intervention for individual children is not readily measurable. No central monitoring of the quality and the outcome of multi-agency use of the CAF is in place and this hampers efforts to ensure the consistency and effectiveness of plans, despite considerable investment in training. 'Team around the family' meetings provide good support to families and are valued by parents. Parents have access to a wide range of parenting programmes. Parents who met with inspectors spoke highly of the support they receive, and fathers who attend an intensive parenting programme described how it has significantly improved their relationships with their children. Parents of children with disabilities report that they receive outstanding services through the Aiming High programme, to support them in the care of their children.
29. The screening of referrals made, and police notifications, to children's social care services are carried out in a timely way, and detailed records allow access to a summary of any previous contact a child, young person, carer or family has had with the service. Decisions about social care children's service response to referrals and notifications are taken promptly and cases are allocated at daily team meetings. There are no unallocated cases within the referral and assessment team. Managerial oversight of contacts and referrals is patchy. Decisions about what action to take following a contact or referral are made by duty social workers, provided the worker has been qualified for more than two years. There is no auditing of these decisions, and inspectors found evidence of a small number of cases where the decision to close had been premature with children not having been seen and historical concerns not considered.

Moreover, those making a referral are not routinely informed of the outcome of their referral and children and young people have been seen in school by social workers, for example, either without parental or managerial consent. Health partners and schools report that responses to their referrals are timely where a decision to take further action is made.

30. Most initial assessments scrutinised during the inspection showed adequate or better engagement with children and young families. Social workers generally make good use of opportunities to hear and heed children and young people's views in making assessments, and this is reflected in case records. However, the quality of analyses in case records is more variable, with some initial assessments containing little in the way of previous history or of the strengths and risks associated with the case. Most initial assessments seen by inspectors contained consideration of equality and diversity issues but this lacked detail, was often limited and did not provide a full picture of the child or young person's identity or culture.
31. Management oversight of the quality of initial assessments is inadequate. For example, one initial assessment was completed without the child being seen, despite risk factors identified in the referral and a history of concerns, and action in the case was not authorised by a manager until five months after the home visit. The council has now taken appropriate action in this case after it was raised by inspectors. Initial assessments completed by social workers with more than two years' experience are not routinely overseen or authorised by managers, and there is no auditing of the decisions that are made. This is contrary to the LSCB's own procedures.
32. Monitoring of the timeliness of initial assessments is ineffective. At the time of the inspection, 137 initial assessments were listed as having been open for more than ten working days, contrary to expectations set out in 'Working Together to Safeguard Children'. However, inspectors identified that some of these cases could have been closed but had not been authorised by managers, and, that some had moved on to be core assessment or section 47 child protection investigations. While most initial assessments seen by inspectors confirmed that assessments had been carried out in the required timescale and that the child or young person had been seen by social worker, not all assessments were authorised by a manager and some had not been shared with families. As such, they do not comply with statutory guidance.
33. Where there are concerns that a child is, or may be, at risk of significant harm, a strategy discussion is held promptly and agencies work effectively together to ensure that the child is safe. However, there are a number of cases seen by inspectors where child protection concerns were not recognised by social workers. In two cases referred to managers, current concerns had not been assessed within a context of historical neglect or

domestic violence, and therefore strategy discussions did not take place. Once these cases had been identified by inspectors, remedial action was taken promptly by the council to confirm that children were safe.

34. The arrangements for managing section 47 enquiries are inadequate. This contributes to poor timeliness of initial child protection conferences and potential delays in decision making about the safeguarding of children and young people. Compared with similar councils and the national average, a low number of initial child protection conferences between April 2009 and March 2010 took place within 15 working days of the strategy discussion, which initiated the section 47 enquiries. Evidence provided to inspectors by the council indicated continued low level of performance from April 2010. The time that it takes to complete a section 47 enquiries is measured from the final rather than the first strategy meeting, as set out in the LSCB's current procedures, but this does not reflect with the practice expected as set out in statutory guidance.
35. The existing practice of completing a core assessment before an initial child protection conference can shorten the time available to carry out a core assessment or, more often, delay the child protection conference until after the core assessment is completed. This practice does not follow statutory guidance and can delay the opportunity for multi-agency consideration of the case and for making joint decisions on how best to protect and promote the welfare of the child. Managers are not clear whether the use of the core assessment as the social workers report to conference means that they are then not being captured on the system as core assessments.
36. While some core assessments are good, others are insufficiently detailed or evaluative and overall, the quality of core assessments is inadequate. Too many core assessments sampled during the inspection did not demonstrate full consideration of the child or young person's circumstances. In some instances, it was not clear if the child had been seen. In others significant relatives such fathers had not been seen, even though they had some involvement with the child or young person. The quality of analyses seen in assessments was variable, with risks identified in assessment but not being properly explored in subsequent analysis.
37. Child protection plans are adequate overall and generally identify desired outcomes. Agencies report that they receive outline plans within 24 hours of the end of a child protection conference. However, agencies and parents report delays in receiving the minutes of conferences. In some cases seen by inspectors, planning was not robust enough and did not make sure that action was taken in suitable time scales, leading to drift.
38. Core groups of professionals and family members meeting to develop and implement child protection plans work effectively. Professionals from a range of agencies, such as health visitors, value working with social

workers on joint visits and at meetings, which partners report are well organised. Most core groups meet regularly and are well attended by families and other agencies, including health, and agreed actions are followed through from one meeting to the next. While the quality of the minutes of these meetings has improved recently, there are long delays in minutes being sent out and some parents reported to inspectors that they have never received minutes.

39. Most children and young people are seen suitably frequently but case records do not make clear always whether visits made are announced or unannounced and it is not always clear if the child has been seen, or is seen alone. These are crucial considerations within any assessment of risk and vulnerability, and their omission limits the quality of child protection decision making.
40. Children in need plans are adequate overall. Most are agreed following a child protection plan and help provide continued support for the family. Some identify the actions to be taken but are less clear about the outcomes. Other plans are comprehensive and include clear, measurable outcomes. Not all of the plans seen by inspectors were authorised by managers, which means that drift in achieving outcomes is not always addressed. This is an issue which has been highlighted within one of the recent serious case reviews with actions signed off as having been completed by the Safeguarding Children Board, but which has not subsequently been monitored to ensure the recommendation remains met.
41. Services for young carers are good. Young carers value the services they receive highly and case files showed that young carers were identified and well supported by social workers.
42. Parents and their young carers report that they are treated respectfully by their child's social worker and have easy access to them. Case records seen by inspectors show that good attention is paid to the needs of those children and young people from ethnic minorities who have a child protection plan. Social workers generally understand the family culture of young carers and work sensitively with parents and children. Record keeping is strong and files are up to date. However, here as elsewhere, case files do not reflect sufficient management involvement in decisions.
43. Out-of-hours arrangements for contact, assessment and referral are effective. The out-of-hours team has experienced and well qualified staff, and multi-agency arrangements for out-of-hours working are good.

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

44. The contribution of health agencies to keeping children and young people safe is adequate. Governance arrangements for safeguarding are well established throughout all NHS commissioners and providers. However, the arrangements for named and designated children safeguarding professionals are not clear across all agencies and do not comply with 'Working Together' or the recently released inter-collegiate clinical practice guidance. There is good representation of health partners on LSCB and sub-committees and on the Children's Trust. The arrangements for ensuring staff are properly trained in safeguarding children does vary across providers, and in some information about who has been trained and in what is inaccurate.
45. Health partners report good working relationships with children's social care services. Thresholds for referral and assessment are understood well and there is an effective escalation process to resolve any dispute about responses to referrals.
46. Arrangements for safeguarding those children and young people who attend the accident and emergency (A&E) unit at Gateshead Health NHS Foundation Trust are adequate. Sound processes are in place to alert staff to the any previous attendances although A&E does not have a system to alert staff to those children or young people who have a child protection plan. However, A&E do have 24 hour access to council staff so that they can make the necessary checks if they, or others, are concerned. Other relevant health professionals, such as the GP, school nurse or health visitor are informed whenever concern about child or young persons is raised or a referral is made.
47. The Gateshead Health NHS Foundation Trust has developed a protocol that formalises the care pathway for young people who access urgent care, following an episode of self harm. Young people under the age of 16 are treated in the department and then transferred to the paediatric ward for review by CAMHS. Young people between 16 and 18 years, who attend the unit out of hours, are assessed by the adult mental health crisis team who have access to a CAMHS on-call consultant. However, long and unacceptable delays before the adult mental health crisis team is able to attend the department to assess these young people means that young people who have self harmed do not have their needs met promptly. Support for young people who attend the A&E department needing urgent care following substance misuse is inadequate. There is no clear pathway of referring young people to the Substance Misuse Awareness Raising Team (SMART) and the current system relies on routine notifications to the school nurse, who may not always have the opportunity to follow these up with the young person concerned.

48. There is evidence of good partnership working in early intervention work. Parents who had received support through 'Team around the family' spoke highly about the impact the service had on their lives. Focus groups of staff from across health agencies told inspectors how they were fully involved in using the CAF and that support for their lead professional role in assessments was good.
49. The NHS South of Tyne and Wear Child Death Overview Panel is responsible for the review of all child deaths of those who reside in the Sunderland, Gateshead and South Tyneside areas. It is well established and has appropriate representation from the designated doctor from Gateshead. The Panel has a work plan that it reports progress against and is able to demonstrate a positive impact through reviewing and improving policies, procedures and training.
50. Good support is provided to young people following their referral for problems with substance misuse. The SMART have good partnership arrangements with the youth offending team and the police through the youth crime prevention team. Approximately 80% of young people who engage with the service continue to engage and complete their care plan.
51. Access to sex and relationship education (SRE) is variable. The sexual health promotion team have delivered training to teaching staff to allow them to deliver the SRE programme in schools but take up by young people is variable. A raising achievement team, funded by the local authority, is working on improving access to SRE and substance misuse education in schools.
52. While decreasing overall, the rate of teenage pregnancy in Gateshead is higher than the national average and the Gateshead 2010-11 target is not likely to be met. Detailed information is available to show conception rates by local area however, and these figures are used by the service to target provision.
53. The midwifery service provided by Gateshead Health NHS Foundation Trust has effective arrangements in place to safeguard unborn children. Appropriate support is provided for women who are pregnant and who misuse substances, through the work of the substance misuse midwife and good partnership arrangements across services. The service offered by community midwives to teenagers who are pregnant is adequate. Referrals are made to specialist services such as the Family Nurse Partnership, the Young Women's Outreach Project or the children's centres who run accredited courses such as 'Young Mums to Be' and the young parents interviewed gave positive feedback on their experience of the 'Young Mums' and 'Parents with Prospects' projects. However, they described how they had felt stigmatised at the general antenatal clinic appointments and would prefer separate young person's clinics.

54. Intervention and support for young fathers is effective, making a significant difference to the lives of the young men and their children. Examples were given of how one young father had gained custody of his child, other participants reported how meal times at home had changed from sitting alone watching TV to families eating together around a table at meal times.
55. The health visitor and school nursing services deliver the full 'healthy child' programme and checks are in place to make sure that key visits are carried out. Health visiting cases are weighted, according to complexity, and there are regular and formal team meetings, which help ensure that workloads remain manageable. School nurses deliver a core service and are starting to increase the number of child health plans for children and young people who need medical care and are in school. Nursery nurses support health visitors and run a number of support groups across Gateshead, including a popular 'weaning' course, baby massage and a child safety group. Community staff nurses and nursery nurses offer support as part of child protection plans or children in need plans under the supervision of health visitors.
56. Good partnership working between health visitors, school nursing and education is reflected in annual 'Preparing your child for school', events which are well attended. These events are supported by interpreters in those schools that serve communities with a high number of parents and carers who do not speak English as a first language.
57. Within the Gateshead Health NHS Foundation Trust, there is good awareness on the impact of family domestic violence on children and young people and the importance of multi-agency working. However, health visitors and school nurses are not notified always where the police have attended incidents of domestic violence where children are present, which means they do not always contribute early enough to assessment of risk.
58. There is good evidence of learning from serious case reviews and self-audit within the Gateshead Health Foundation NHS Trust, Community Health Services provided by Gateshead PCT and the Northumberland Tyne & Wear NHS Foundation Trust. The NHS South of Tyne has developed a log of serious case review findings, and actions required, and across Gateshead monitor progress against this.
59. CAMHS are provided throughout Gateshead at Tiers 2 and 3, covering specialist and multi-disciplinary mental health services for young people, and are commissioned from the Gateshead Health NHS Foundation Trust, the Northumberland Tyne & Wear Foundation Trust and the NHS South of Tyne and Wear Community Health Services (Gateshead). The young people's service has been evaluated as good through an external review. In-patient services for Tier 4 services are commissioned from the

Northumberland Tyne & Wear NHS Foundation Trust in Newcastle; however there is insufficient capacity to meet demand. This can result in some young people being placed on a pre-identified adult ward with safeguards put in place or transferred out of the area.

60. Health professionals working in adult mental health services have access to relevant details of any children or young people that live with or are cared for by users of their service. A recently introduced 'Keeping Children Safe' procedure is used to support a detailed risk assessment where there are concerns about the impact of the adult patient's health on a child or young person. The use of this procedure has not been audited so its impact on outcomes cannot be evaluated.
61. Support for families with children and young people who have disabilities is good. Parents and carers spoke of good health support in special schools, although there are waiting lists for speech and language therapy, occupational therapy and physiotherapy services. Children and young people who need nursing care in their homes are supported well through the children's community nursing service. The Emergency Carer Support Service was described by parents as being valuable and offering peace of mind. Access to respite care is good.
62. The PCT offers good access to training for GPs and currently over 62% of GPs have completed either Level 2 or Level 3 safeguarding training. Comprehensive child protection guidance has been produced for general practitioners, and standard templates to aid completion of child protection conference reports have been used regularly. However, there is not a standard approach within the GPs across Gateshead for recording and updating the records of children and families where there are child protection plans in place.
63. Arrangements for the medical examination of children and young people who may have been subject to sexual abuse, physical abuse and neglect are good.

Ambition and prioritisation

Grade 3 (adequate)

64. Ambition and prioritisation are adequate. The senior management team of children and families and young offender services has been strengthened over the past year, following the appointment of the Group Director for Learning and Children. The team provides visible and accessible leadership and management for the service, and has driven forward developments in a number of areas such as improvements in the management structure and the timeliness and quality of assessments by the Youth Offending Team since the inspection of the service in November 2009 and these improvements were confirmed by the recent re-inspection of the youth offending service. However, the re-inspection identified that joint safeguarding work with children's services and management oversight of safeguarding remain as areas for improvement. The leadership team has

secured additional funding for children's services, which is being used to strengthen management capacity further. The Group Director was instrumental in establishing the Gateshead Commission for Child Poverty, whose recent findings and recommendations are being used to help form the priorities for the CYPP, for instance, the importance of a stronger investment in early intervention to prevent crises within families with children under three years old.

65. The CYPP is being updated and will be published in April 2011 following extensive consultation involving children and young people and partner agencies. Early indications are that it builds on the achievements of the previous CYPP and the Joint Strategic Needs Assessment (JSNA), which is completed by the council and the PCT in order to identify current and future well-being needs of the local population. The JSNA has identified a number of safeguarding priorities which will be appropriately included in the CYPP, for instance on minimising the impact of domestic violence on children. Progress on priorities identified within the previous CYPP has been achieved, for instance in developing multi-agency partnership work and embedding integrated working.
66. Partners have decided to continue with Gateshead Children's Trust despite this not being a statutory requirement. Agencies reached the view that the Trust is functioning well and has a good track record of successful multi-agency initiatives, particularly over the past year since the appointment of the current Group Director. Agencies value the opportunity to share information and to plan services, for instance in developing new protocols between housing and education for children absent from school, and in identifying the need to reduce the duplication of Chlamydia training. The inclusion of Gateshead College within the Trust has enabled the college to align its priorities with the Every Child Matters outcomes and has supported their increased use of the CAF. The lead member for children and learning, who is also the chair of the Children's Trust, is an effective champion for children and young people. She provides strong and informed leadership, and has good direct contact with children and young people. Partnership working has been improved over the past year, for instance in terms of a stronger commitment to the Trust from education partners, and the Trust is seen to have been instrumental in the move towards more co-located services in the area.
67. Work has been undertaken to clarify the relationship between the Children's Trust and the LSCB but has yet to be completed. Uncertainty remains amongst members about possible overlapping of roles and areas of responsibility.
68. The children and young people's scrutiny committee meet regularly and examine an appropriate range of issues affecting children and young people, including outcomes from serious case reviews, narrowing the gap, and services for missing and exploited children and young people. The

committee chair is an experienced social worker and is briefed by senior officers regularly. Members of the senior management team for children and learners are routinely called to answer questions and to be accountable for progress by the scrutiny committee.

69. Analysis contained within the Joint Strategic Needs Assessment by Gateshead Council and the PCT is comprehensive and is updated regularly, and is used to identifying key joint commissioning priorities for children and young people. The refreshed Gateshead Compact for 2010–2013 strengthens the consistency of the approach taken to commissioning services from to the voluntary sector. Joint commissioning arrangements with neighbouring local authorities, particularly on a regional and sub-regional basis, are being developed.
70. The council ensures that staff are aware that vulnerable children, families and adult remain a key priority when decisions are made about funding cuts, in order to help secure workforce stability for front line workers working with these groups.

Leadership and management

Grade 4 (inadequate)

71. Leadership and management are inadequate. The council has not focussed enough on the quality of management oversight across children's social care services, despite this having been identified as a serious concern within the 2009 Youth Offending Team inspection, particularly in relation to safeguarding. Insufficient progress has been made in implementing the areas for development identified in the March 2010 unannounced inspection of contact, referral and assessment arrangements in. Auditing systems are still not sufficiently robust to ensure the quality and consistency of assessments. The electronic recording system does not provide coherent and accessible means by which managers can track and monitor the progress of social care work with children in need or who are in need of protection.
72. Reliance on a paper-based system in the referral and assessment team makes monitoring and checking on the consistency of decision-making unnecessarily difficult. In contrast, the disabled children's team make good use of electronic recording and enables better access to management information. Managers and staff within children's services recognise that the current electronic recording system is in need of significant improvement and plans are in place to upgrade the system
73. Three serious case reviews have been evaluated by Ofsted in the last year. Two have been evaluated as adequate and one as inadequate. The dissemination of learning from serious case reviews to partner agencies has been effective. However, not all actions arising from recommendations have been fully completed, for instance that case closure and management oversight procedures should be followed, even though these have been signed off by the LSCB.

74. Workforce planning is effective and the Strategic Workforce Group, a sub-group of the Children's Trust, ensures there is an effective multi-agency approach to planning. The group ensures that key priorities for children and young people are underpinned by effective training and development opportunities, for instance around early intervention. The workforce in children's services is stable and loyal. Retention of staff is good. The number of social workers is satisfactory overall and the council has recently secured resources to employ an additional service manager within family support, safeguarding and care planning services, in recognition that there is currently insufficient management oversight of practice.
75. A comprehensive multi-agency training programme is in place, and trainers are drawn from across the statutory and voluntary sectors. Staff and managers report that training is of a high quality, is readily accessible and comprehensively promoted among all partners. Training is focussed on those priorities identified through the CYPP and through the LSCB, including findings from serious case review action plans. Newly qualified staff are supported well through good induction arrangements, protected caseloads, and an effective training and personal development programme.
76. Staff supervision files indicate that opportunities for reflection on, and challenge to, practice are not always provided and there are gaps in management oversight. Achievement and development plans are not in place always, and this is acknowledged as an area for development by managers. However, supervision sessions are held regularly and staff indicate that they are supported by managers and that senior managers are visible and approachable.
77. Processes for the recruitment of staff to statutory agencies are adequate. All staff are subject to criminal records bureau checks and records of the review of the findings are good.
78. User engagement is adequate. Senior managers from across agencies report that they promote a culture of listening to, and speaking with, with children and young people both when developing services and when making individual case decisions, and this is substantiated by children and young people. For example, Northumbria Police runs a youth council and police officers attend schools and youth clubs regularly to meet with young people and listen to their concerns. Members of the Gateshead Youth Assembly, who met with inspectors, report that they have good access to elected members and senior officers and gave examples of how they have influenced practice. Members of the Youth Assembly have received training on undertaking recruitment interviews, and senior appointments in social care services have included young people in the interview process. There is good engagement between the Youth Assembly and the Older People's Assembly, facilitated by an elected

member, which is leading to better understanding between young and older people.

79. The young people's engagement officer post, established by the Children's Trust, enables children and young people to contribute to the work of the Trust, including in relation to cyber bullying, social networking and in contributing to the development of the new CYPP through extensive consultation. The Trust is aware that TellUs surveys by young people have now finished, and is considering how to replace them. Young people are currently working with the LSCB on key safety issues.
80. Members of the young inspectors group, part of a pilot project funded by the National Children's Bureau, are proud of the inspections that they have carried out and are positive about the impact that they are having. School council representatives have a good understanding of how they can use democratic processes to have an influence on services and policy, including those leading to improvements in their local environment.
81. Information is gathered following child protection conferences on the attendance of children and families but better collation would mean that it could be used in considering how services could be improved.
82. Customer satisfaction surveys conducted by children's social care services indicate that most families feel well informed, that they feel respected by staff and that they know how to complain if they wish to.
83. Budgets are managed effectively. Safeguarding and looked after children services have a high priority in the council and elected members indicate that budgets will be protected as far as possible in the budget planning exercise that is currently being undertaken. Commissioning arrangements use resources effectively and new joint commissioning arrangements with neighbouring authorities are being developed, for instance in relation to independent fostering agencies (IFAs) and independent schools. Some duplication of services has been identified, leading for example, to a rationalising of Chlamydia training and providing improved information about how to access it.

Performance management and quality assurance

Grade 4 (inadequate)

84. Performance management and quality assurance arrangements across children's services are inconsistent. Electronic performance management systems are not fully implemented across all teams, which means that team and senior managers are unable to monitor cases consistently, in relation to their current status, to timescales and to case closures. Management oversight of cases is not sufficiently widespread and this means that weak or unsafe practice is not reliably identified and addressed. While some individual case file audit does take place, the information from this is not then aggregated and used to drive

improvements at both individual and team level, for instance through targeted training.

85. Management oversight is weakest in the referral and assessment team, where there is a lack of performance management by middle and senior managers. As a consequence, poor practice is not identified by managers in a significant number of cases, including cases where statutory guidance is not followed.
86. A multi-agency audit of case files in the referral and assessment service, undertaken by the LSCB recently showed that outcomes of cases were not being reported to those who had referred the child or young person. To remedy this, a 'referral tracker system' is being developed by children's social care services to ensure that sufficient feedback is provided. Health agencies have initiated a system also to follow up referrals where feedback is not received within three days following referral.
87. The performance management sub-group of the LSCB has undertaken an audit of child protection conference processes, which identified that some agencies were not providing reports for child protection case conferences routinely. This has been tackled directly, in particular with GPs, and has led to an increase in the number of reports.

Partnership working

Grade 3 (adequate)

88. The quality of partnership working is adequate. The LSCB is well established with a broad multi-agency representation, although there is currently no voluntary or community organisation representation. The Board was managed until recently by an independent chair from a neighbouring authority on a reciprocal basis. The arrangement has worked well, and there has been valuable sharing of practice. The arrangement was terminated for the Gateshead Board following a change of employment within the other authority, with a senior officer from Gateshead replacing the independent chair, initially for a period of up to a year. The decision was been made during the course of the inspection to return to an independent chair, after concerns were raised by inspectors about the ability of the Board to exercise its challenge function locally.
89. Reports on private fostering and any allegations made against staff and carers are reported to the Board, and good attention is paid to the wider safeguarding agenda. A suitable range of LSCB sub-groups is in place, as is a regular cycle of reporting to the Board. In particular, the 'Missing and Exploited Group' is widely respected by partners and is a sub-group of serving practitioners, which has been established to improve the identification of, and service provision for, vulnerable children and young people missing from home and care.
90. The performance management sub-group of the LSCB monitors the effectiveness of current practice in protecting children from harm in

Gateshead, including through the periodic scrutiny of performance data and follow-up audit activity, although this work would be strengthened with the adoption of an electronic recording system across all social work teams. There is evidence of the practice review sub-group helping to disseminate learning from serious case reviews in Gateshead, and monitoring the implementation of action plans following inspection and audit activity, but key aspects such as the need for greater management oversight, regular auditing of case files and better arrangements for case closure are not fully implemented. Nevertheless, most social work and health staff spoken to during the inspection were aware of important learning arising from serious case reviews.

91. Multi-agency public protection arrangements (MAPPA) and multi-agency risk assessment conferences (MARAC) are well established and representation at meetings by partner agencies is good. The LSCB report that MAPPA procedures have been updated recently, following a serious case review recommendation, although it is too early to evaluate the impact of this on improving the way information is shared about Schedule 1 offenders between agencies.
92. Relationships between the voluntary and community sectors and statutory partners are strong, and the council has supported the temporary extension of funding for some projects which are due to finish in March 2011.

Services for looked after children

Overall effectiveness

Grade 3 (adequate)

93. The overall effectiveness of services for looked after children and young people is adequate. The council and its partners meet statutory requirements for looked after children and care leavers. Some outcomes are improving well, such as the numbers of care leavers in employment, education or training and the number of looked after children and young people who are offenders is reducing. Outcomes in children's homes are good and homes judged to be inadequate previously have been closed. Long-term placement stability is improving. The local authority adoption service has been judged recently to be good. Effective leadership of the virtual school ensures that looked after children and young people are supported in school, including those placed out of the council area. However, the ability of the council to comply with its policy regarding the availability of personal education allowances to looked after children and young people in the future is unclear. The number of fixed term exclusions for looked after children and young people is falling.
94. Social workers and professionals from across different agencies work together well at an operational and strategic level and have a strong commitment to improving the outcomes for children and young people who are looked after. However, the timeliness of initial health assessments and the quality of review health assessments needs to be improved. Social work capacity within the social work teams who work with looked after children and young people is adequate. Caseloads are generally manageable and there is a good understanding of the needs of the looked after children population. Management oversight of practice is insufficiently developed, however, and the current electronic recording system is not valued widely by staff. Some of the information available to managers is used to improve performance but deficiencies in the electronic recording system means that information is incomplete.
95. Corporate parenting is established well in Gateshead and there is some engagement by looked after children and young people at a strategic level, although young people indicate that this could be improved. The partnership is committed to improving outcomes for looked after children and young people across, and from, elected members of all political persuasions. However, care leavers indicate that their accommodation is not in suitable locations and that as a consequence that they do not feel safe. The council monitors the changing profile of its looked after population and adapts its placement services in response to this. The authority has seen a significant recent increase in the number of looked after children and young people, under section 20, although the reasons for this are not yet understood fully.

Capacity for improvement

Grade 3 (adequate)

96. The capacity to improve services in Gateshead for looked after children is adequate. All council children's homes are judged as good currently and there is a track record of improvement in residential care. Arrangements for commissioning placements for looked after children and young people are increasingly sophisticated, including through developing regional partnerships, although it is too soon to judge their effectiveness overall. The current looked after children action plan provides a clear sense of local priorities and actions, and it includes targets that are both ambitious and realistic. The most recent CYPP has generally relevant targets for improving outcomes for looked after children and young people. Looked after children and young people have been consulted about priorities as part of a revision to the CYPP. Although this is yet to be published, it is expected to have ambitious targets and a strong focus on improving outcomes for looked after children and young people and care leavers.
97. Elected members and senior managers in the council are committed to ensuring, within the current budget review, that sufficient resources are available to protect services for looked after children and young people and to secure further improvements. Outcomes for looked after children and young people are generally improving, but further improvement is needed in relation to care leavers and to their accommodation. The work of the Raising the Educational Achievement of Looked after Children Team, along with the virtual school, has led to demonstrable improvements in some educational outcomes. A number of looked after children, young people and care leavers have contributed to service evaluation, for example through the young inspectors team. However, complaints and advocacy systems are underdeveloped and do not provide enough opportunity for feedback about services. Arrangements for joint training and multi-agency working are well developed, and programmes to prevent children and young people from entering care are generally effective. Performance management and quality assurance systems are insufficient, however, in part as a consequence of shortcomings in the use of electronic recording.

Areas for improvement

98. In order to improve the quality of provision and services for looked after children and young people in Gateshead, the council and its partners should take the following action.

Immediately:

- Improve management oversight and the recording of decisions made in case files.
- Ensure that all accommodation for care leavers is safe, in a suitable location and that it is regularly reviewed with the young person.

- Ensure that all health initial assessments for looked after children and young people are carried out within statutory timescales.
- Ensure that all looked after children and young people have an up-to-date Personal Education Plan.
- Ensure that the criteria for decisions about overnight stays with friends for looked after children and young people placed within residential care are consistent with the criteria used for those placed in foster care.
- Ensure that homeless 16 and 17-year-old young people have access to independent advice about the support and benefits available to looked after young people in order that they can make an informed choice about whether to become looked after.
- Distribute the minutes from looked after children reviews promptly.

Within three months:

- Ensure that the views of looked after children and young people who choose not to attend their reviews are fully represented.
- Ensure that all looked after children and young people have regular dental check-ups and that dates for these and for any treatment sessions are included within the care plan.
- Comply with council procedures so that all looked after children and young people have access to a Personal Education Allowance (PEA), and that the PEA budget held by the virtual school headteacher for 2011-12 enables funding to be accessed by all eligible looked after children and young people.
- Improve the timeliness of initial health assessments and the quality of reviews so that all are of an adequate or better standard.
- Introduce a system at Gateshead Health NHS Foundation Trust for recording who has the legal status to consent to treatment for looked after children and young people.
- Share information between the Youth Offending Team and looked after teams about looked after children and young people who are offenders or who are at risk of offending.
- Provide care leavers with better financial advice, including budgeting.
- Improve the quality of direct work with looked after children and young people.

Within six months:

- Ensure that looked after children and young people are able to safely use social networking websites.
- Improve the awareness and use of the Complaint Service and the Advocacy Service by looked after children and young people
- Ensure that looked after children and young people contribute to foster carer induction and training.
- Ensure that foster carers receive youth offending training, including in restorative justice so they can better support looked after children and young people who are offenders.
- Ensure that the electronic recording system is fit for purpose and that it is used by staff and managers effectively for accurate and accessible case recording.

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

Being healthy

Grade 3 (adequate)

99. Health outcomes for looked after children and young people are adequate. Children and young people do not have access to timely initial health assessments when they become looked after, with only 28% of initial assessments being carried out within statutory timescales. The team is aware of the poor performance in this area and is working to identify and address the barriers to improvement. All initial assessments are carried out by the designated looked after children doctor or her community paediatrician trainees, which is good practice.
100. Good arrangements are in place to ensure that over 99% of looked after children and young people receive an annual review of their health needs, and that this review informs their care plan. There are processes in place to plan for the health needs for those young people who refuse a health review. Where appropriate, young people are given the choice of who accompanies them to the review and where they would like it to take place. Currently 61% of young people have a date in their care plans for a dental check up or treatment, although this may not be an accurate reflection of actual appointments. Ninety five per cent of looked after children and young people have been fully immunised.
101. For those looked after children and young people placed out of the Gateshead local authority area, there is an established process to ensure that they receive their annual health reviews and that care plans are in place. Access to CAMHS for those children placed out of area is adequate and is usually commissioned as part of the placement. Health partners make a financial contribution when planning for external placements.
102. No process is in place to quality assure annual health reviews, and this has been identified by the looked after children health team as an area for development. The team is currently working on evaluating the effectiveness of health care for looked after children in Gateshead although evidence about the impact of this is not available yet.
103. Arrangements for keeping young people engaged and informed about their healthcare are good, for instance through the jointly funded looked after children Personal Health Record booklet. The booklet is designed to record significant health events throughout childhood and gives advice and contact details of where children and young people can obtain local health advice and support, and is actively used by carers and children and young people. The looked after children health team contributes to pathway plans in preparation for when a young person leaves care. Young people leaving care are offered a final health appointment with the

designated nurse at which they review their past medical history as well as discuss and identify future health requirements.

104. Access to sex and relationship education (SRE) advice for looked after young people is good. Young people are encouraged to use universal services. However, there is a specialist service available from the looked after children sexual health specialist worker. Regular drop-in clinics as part of the leaving care service are available for young people aged 14 and over. The service has taken a proactive approach to recording the number of young looked after children who become pregnant and their figures are below those recorded nationally and lower than the population as a whole. There are good links between looked after children's teams and the teenage options pregnancy support worker and there is a clear pathway for referral when a looked after young woman becomes pregnant. All looked after young women who want to continue with their pregnancy are referred to the Family Nurse Partnership. However, this service is now reaching capacity after its first year of operation and will be reviewed shortly.
105. Access to substance misuse advice and support is good for young people who are looked after. The looked after children health team use a drug screening procedure, which is completed at the initial health assessment and at each annual health review for any child or young person aged ten and over. The procedure is completed with the young person and uses a scoring system to identify need and, where necessary and with agreement, the child or young person is referred to a link worker for looked after children within SMART.
106. Good use is made of a strengths and difficulties questionnaire (SDQ), which is completed when a young person comes into care and then at each review. The assistant clinical psychologist, working in the looked after children health team, collates the scores and these form part of a short report that is then sent to the young person's social worker along with any recommendations. A recent audit of care plans has led to the report being circulated to school nurses.
107. Access to emotional and mental health support for looked after children and young people is good also. A dedicated looked after children psychologist provides therapeutic sessions with young people, often alongside their carers, to help prevent placement breakdown. There are direct referral pathways into CAMHS, learning disability services and psychiatric forensic services, which are well used.
108. There is a strong partnership between the looked after children health team and the looked after children social care teams. Co-location has improved both communication and information sharing. The looked after children health team provide training on emotional health and wellbeing to foster carers, including on being healthy and maintaining sexual health,

and provide support and training to staff in children's residential homes and social workers.

109. The arrangements for identifying and recording the status of looked after children and young people when they attend A&E at Gateshead Health NHS Foundation Trust are not robust enough, leading to a risk that attendances may not be notified to the child's social worker. There is also a lack of recording of who has legal authority to consent to treatment for this cohort of children and young people. Although there is a system in place to advise the looked after children health team of any attendance by a looked after child or young person, this is not taking place routinely. This means that health reviews may not reflect fully the complete picture of a child or young person's healthcare or health needs.

Staying safe

Grade 3 (adequate)

110. The arrangements for ensuring that looked after children and young people are safe are adequate. Most children enjoy stable placements, which are monitored through statutory visits and looked after children reviews. Most, but not all placements, are well matched, particularly in respect of unplanned admissions. All looked after children and young people seen did report that they felt safe but not all care leavers felt safe due to the location of some of their accommodation. High use of local in-house provision helps to promote safeguarding and all of the local authority's placement provision is good currently. The use of independent fostering provision is appropriate and led by need. The authority is improving its monitoring of the quality of the external residential provision it uses, although staff describe the quality of external residential provision as too variable. Placement stability has been a concern and the authority has acted to tackle this. As a result, performance has improved to a level similar to that of its statistical neighbours.
111. Arrangements for responding to children missing from care are clear and are monitored by a multi-agency sub-group of the LSCB. Targeted activity is taking place to identify young people most at risk from going missing, and cooperation between agencies, including the police, education and health agencies has improved. Analyses of all instances of children missing from home and care is reported regularly to the LSCB and informs the work of the sub-group. Very few looked after children use the complaints process or the independent advocacy service although they receive informal support from a very active children's rights officer. This means that the authority has no means of monitoring the scale and nature of children's complaints and how well these are resolved. Similarly, young people with significant grievances are not supported by independent advocates. Reasons for the low use of the complaints and advocacy services are not well understood by the council and work is currently underway to improve this.

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

112. The impact of services on enabling looked after children and young children to enjoy and achieve is adequate. Considerable and effective efforts are made to ensure that the education of looked after children is not disrupted and that they remain at the same school, even when they have to move placement. Their attendance is good and is in line with that of the rest of the school population. No looked after child or young person has been permanently excluded in the last two years and the number of fixed term exclusions is falling.
113. A strength of provision for looked after children and young people is the virtual school, which is held in high regard by designated teachers and headteachers who value the training and support that it provides, as well as the constant challenge it provides in relation to raising the achievement of looked after children. One-to-one tuition in school or in carers' homes is an important aspect of the support, with almost a third of looked after children and young people receiving this. The focus of this work has been extended recently beyond the core subjects of English and mathematics to include other areas of the curriculum. Children's attainment and progress are monitored carefully and are used to identify areas needing further improvement.
114. Not all looked after children and young people have a personal education plan (PEP). The most recent figures show that 79% have a completed and up-to-date PEP. Of the incomplete plans, 8% relate to young people very recently admitted into care. Most of the PEPs seen are of good quality, include the views of young people and focus on their academic as well as personal and social development. The best plans include careful monitoring of progress towards clearly defined targets. Mainstream and special schools have detailed knowledge of the looked after children in their care. Designated staff are well trained to provide the support and help that these children need in order to make even better progress and improve educational outcomes. Carers receive detailed and regular reports from schools on the children for whom they are responsible. Procedures for monitoring the progress of children placed outside the authority are adequate.
115. The council's guidance for the provision of PEAs for looked after children and young people states that each child at risk of not reaching the expected educational standards should receive £500 towards the cost of additional support. For the last two years, the PEA budget has provided less than half of the amount necessary to support the number of eligible children and young people. This has been supplemented by funding from the Private Tutoring Pilot. However, the pilot money has now been spent and no indication has been provided of how looked after children and young people will receive their entitlement in future.

116. The educational attainment of looked after children and young people is adequate overall and is better at primary than at secondary level. Results in national tests for 11 year olds have improved considerably over the last four years. Results for both English and mathematics are now well above the national averages for looked after children, however they still remain below the results for other children of the same age. The proportion of looked after young people gaining at least one GCSE pass is improving but remains lower than the average for their counterparts across the country. The proportion gaining five or more grades A* to G, including English and mathematics, has fluctuated. After an improvement from 2008 to 2009, it fell in 2010 to well below the national average for looked after young people. This was largely as a result of a considerable increase in the number of young people within the cohort who had a Statements of Special Educational Need.
117. The 'Max Card' arrangement gives looked after children and young people and members of the carers' family access to a wide range of activities at reduced prices, and is an initiative which fosters cohesion and inclusiveness within families. Through this system and other funding, looked after children and young people are able to take greater part in communal sports and arts activities and a range of other projects. In addition, they can pursue their interests on an individual or small group basis. Care has been taken to involve young people in planning such activities although evaluations are not systematically collated to provide a coherent view of their and impact in improving outcomes. Access to a wide of good range leisure provision is a priority for the council and was one of the factors driving the recent major refurbishment of sport and leisure facilities across the authority.

Making a positive contribution, including user engagement

Grade 3 (adequate)

118. Children and young people who are looked after have adequate opportunities to make a positive contribution. The authority has established a number of youth groups, including the children in care council, 'One Voice'. This was responsible for preparing the silver book for tracking young people's health history. It produced a well written and well presented pledge also to which officers and councillors subscribe. There is a clear plan to promote, implement and monitor the pledge but it is too early to assess its impact. Members of 'One Voice' value the support they receive from senior managers and councillors and the ready access they have to them. However, they are not confident of the impact they are having on improving services and believe that awareness of 'One Voice' by the broader looked after children community needs to be extended.
119. Some looked after children and young people are involved in staff recruitment. They have contributed to consultations on improving leisure provision also. Young people who spoke to inspectors indicated that they

appreciated the support they received, particularly from the children's rights officer, in representing any concerns they had. Levels of satisfaction by young people with the quality of services vary considerably. Most of the young people spoken to had a high regard for their carers and for their support workers. Their views on social workers were less consistent, often depending on the individual members of staff concerned and on the number of changes in worker they had experienced. Some young people, particularly those in residential care, complained that an over-emphasis on safety and health is restricting their freedom. For example, they state that they are prevented from using social networking sites and are not allowed to stay overnight with friends unless Criminal Records Bureau checks have been completed. Further improvements they wish to see include 'more fun things to do', 'more entertainment' and wider membership of the 'One Voice' group.

120. Young people who spoke to inspectors knew about the complaints procedures but had made limited use of them. They felt that adults listened to them only when their worker was present. Advocacy is underdeveloped. Staff are unclear about how to elicit the opinions of young people who do not attend their reviews other than through the statements of carers or social workers. The underuse of complaints and advocacy services means that feedback from looked after children and young people cannot inform service planning fully.
121. The number of looked after children and young people who are offenders is low, with seven in 2010-11. However, the quality of the service to prevent offending is inconsistent, and this is acknowledged by managers. In response to criticisms made in a previous inspection report, closer links have been established between the Youth Offending Team and staff working with looked after children. To ensure a more coordinated approach, members of both teams now attend Youth Offending Team and looked after children reviews. However, there is no clear strategy for working with looked after children who are offenders. Agreed protocols between Children and Families and the Youth Offending Team are being drafted but procedures for sharing information are unclear. All looked after children who are offenders are identified on the Youth Offending Team risk register. However, there is no reliable way currently of looked after children's teams recording whether a looked after child is an offender and known to the Youth Offending Team. The authority has recognised these weaknesses. Planned improvements include locating both teams on one site and establishing more effective communication procedures.
122. Staff in residential children's homes have received training on how to help reduce looked after children and young people offending, including through the use of restorative justice. However, similar training has not been provided for foster carers even though most of the looked after children and young people are placed with them.

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

123. The impact of services to support and improve the economic well-being of looked after children and care leavers is adequate. Over the last three years, there has been an increase in the number of care leavers continuing with their education or taking up work. In 2010, the figure stood at 78.9%, which is higher than the averages for similar areas and across the country. The number of care leavers not in education, employment or training has fallen. In 2009, 8.8% were not in education or training, and although this is not as good as the picture nationally it compares well with the figures for similar areas. A major contributor to these improvements is the Sparc Project which works closely with a range of partners to enable young people who have become disengaged, or whose education has been disrupted, to gain entry to academic and vocational courses or to alternative education programmes. This, together with other initiatives, is helping to raise young people's aspirations.
124. Looked after young people over the age of 16 receive good support with their studies and are all provided with a laptop to support their work in sixth forms and colleges. Currently, eight care leavers are at university where they are making good progress.
125. The council places considerable emphasis on providing vocational as well as academic pathways for young people. Through its apprenticeship strategy, the council has established close partnerships with local employers. As a result, 20% of 14 to 16 year olds are following some form of vocational programme outside school. The 'teenagers to work' programme places a particular emphasis on enabling looked after young people to gain work experience during vacations. This has a good take up rate by looked after young people, gives them a better understanding of the range of options available to them and helps to raise their aspirations. Effective work is being done through this programme to support young people with disabilities or special educational needs.
126. There is inconsistency in care leavers' views about their pathway plans. Some describe positive support they have received in identifying their needs, clarifying aims and charting a way towards better outcomes. Others have very little knowledge or experience of pathway plans. All the pathway plans seen by inspectors are at least of adequate quality and give a clear indication of how young people have been involved in preparing and reviewing them. All pathway plans for young people up to the age of 18 are drawn up by social workers. The transition plans for children with learning difficulties and/or disabilities are of good quality and preparation for them starts in a timely way, with appropriate input from the young people.
127. Care leavers are enthusiastic about the way that they are helped to prepare for independent living. They are particularly complimentary about

their experience of a life skills course, which has been suspended currently because of a staff shortage. One major area of concern for several care leavers is finance. While appreciating the support and advice they received on budgeting, those on very low incomes find it very hard to manage. Attempts by social workers to arrange regular, expert advice for these young people on benefits processes have, so far, proved ineffective.

128. The council has formed a close partnership with a housing association to develop a range of options for care leavers. This work has focused on providing sustainable tenancies, tenant support and taster flats and giving care leavers high priority in housing allocation. However, the usefulness of these efforts is limited by the availability, location and the quality of the housing stock. As a result, care leavers who spoke to inspectors, expressed considerable dissatisfaction with accommodation arrangements. In particular, they were concerned about their safety in some of the housing provided. Interviews with staff within partnerships indicated that they were not always aware of the level of dissatisfaction among care leavers.
129. Bed and breakfast accommodation for looked after children and care leavers is used as a last resort only and in very exceptional circumstances and at the time of the inspection was not being used to accommodate any young person. A number of homeless 16 and 17-year-olds have been placed in bed breakfast accommodation over the last year, some for extended periods. These young people are not looked after but they would benefit from the provision of looked after services to help safeguard their welfare and provide the support that they need.

Quality of provision

Grade 3 (adequate)

130. The quality of provision for looked after children and young people is adequate. A range of flexible and effective family support services help prevent the need for children to become looked after and ensure that children remain with their families, where this is appropriate. Referral thresholds and decision-making processes for admission to looked after children services are clear and are generally properly applied. A safeguarding panel of senior managers reviews and decides the appropriateness of admissions to care regularly, agreeing out-of-authority placements where necessary. A significant proportion of children, however, are admitted in emergency circumstances and in some the need for the child to be looked after could have been identified earlier and been better planned. As a result, demands on fostering services do not match available placements well. However, this is mitigated against by sensible risk assessment and work to ensure that initial placement planning meetings are held speedily.
131. The council monitors the changing profile of its looked after population and adapts its placement services in response to this. The council has

seen a significant increase in the number of admissions under section 20 recently but the reasons for this are not understood fully by the council. This has slowed recognition of how services might better support the needs of these young people. Most children and young people in longer term care benefit from good quality placements, which meet their needs, and reflect good placement processes that consider any disability, culture, ethnicity and religion. Many children and young people enjoy stable relationships with their social workers although some children and young people experience too many changes of social worker due to staff and team structure changes.

132. Most assessments give a basic view of a child's and young person's needs and include some information on the child's and young person's views, although this is not always sufficient. Some of the better assessments seen provide good analyses of available information and a stronger sense of the child's and young person's perspective. This is particularly evident in adoption cases, where adoption planning is informed by good quality assessments of children's needs. Issues around culture, ethnicity and religion are recognised well in these assessments.
133. Management oversight and input into assessments is not as evident in case recording and it should be and as a result it is difficult to see how managerial input improves the quality of assessments. Social workers report some confusion and frustration around the expectations and processes for completing reports for looked after reviews although most reports seen were adequate or better. Some good, direct work is undertaken with children and young people and many children and young people have developed good relationships with their social workers and carers. This is not however, consistent and some workers report difficulties in prioritising time for this work. The council has taken steps to improve the consistency and timeliness of life story work with children and young people, which has had a positive impact, particularly for children being placed for adoption. However, in two cases seen by inspectors, there was a lack of coordination between social workers, carers and colleagues responsible for undertaking life story book work. Overall the quality and consistency of direct work with children and young people is variable.
134. The council operates a dual system of electronic and paper case recording currently. This duplication is inefficient. Staff report frustration with the current electronic case recording system, which is time consuming and is not supporting effective practice. Recording on the paper files, seen by inspectors, was usually up to date and to a satisfactory standard, although not all recording was sufficiently focused on the child's and young person's needs and views. Chronologies were provided for all cases but were of varying quality and content. Statutory visits were generally clearly recorded and meet statutory requirements. In some instances, very effective and timely care planning helps to achieve good outcomes for

children and young people, particularly in cases where permanent placements are achieved through adoption. In other cases seen by inspectors, where permanence was being pursued via long term placements with foster carers, decision making was appropriate but plans were being progressed too slowly. The authority makes appropriate use of, and supports, special guardianship and kinship care arrangements and is working to enhance support arrangements to reduce the need for these children and young people to become or remain looked after. Looked after reviews take place within timescales and are adequate in overseeing the delivery of care plans although delays were reported in the distribution of minutes. Independent reviewing officers report that they are unable to see all looked after children and young people before reviews and they recognise the need to improve this. Review, overall, do not provide enough robust independent, challenge or lead to improvements in social work practice.

Ambition and prioritisation

Grade 3 (adequate)

135. Ambition and prioritisation for looked after children are adequate. The CYPP is being updated and following extensive consultation, including with looked after children and young people, is scheduled to be published in April 2011. It builds on the previous CYPP for 2006–2009, which had been reviewed annually and extended until 2011. Two of the ten previous priorities related to looked after children and young people and some progress had been made towards achieving them. For instance, education, training and employment outcomes for looked after children have improved as has the extent of multi-agency support services. Overall outcomes for looked after children and young people remain adequate.
136. The current looked after children and young people action plan sets out local priorities and the actions needed to achieve them, and includes ambitious but realistic targets to improving outcomes and service levels. Most staff understand the priorities and believe that senior managers are visible and provide clear leadership.
137. The looked after children overview and scrutiny committee has been responsible for overseeing corporate parenting for looked after children for a number of years. The committee meets four times a year, with looked after children and young people attending on two occasions. The venue and timing for these meetings are selected to ensure the best attendance and participation by children and young people and the agenda is agreed together. Young people presented a powerful session on the experience of being a looked after child and young person recently, which members said helpfully extended their understanding. The twelve members of the committee are drawn from elected members, and do not include representatives from council officers or any external agencies, although officers such as the virtual school headteacher does attend meetings regularly. The committee is a strong advocate for looked after children

and young people. For example, it has secured a change in council school admissions policy to ensure that looked after children and young people and their carers have the highest priority when choosing the school of their choice. All councillors in Gateshead are expected to attend corporate parenting training, after becoming elected for the first time, in order to maintain a strong commitment to corporate parenting responsibilities across the council.

Leadership and management

Grade 3 (adequate)

138. Supervision for social workers in teams working with looked after children and young people is regular but focuses on caseload and/or business issues and insufficient time is available for reflection and challenge. Caseloads are generally high but are not seen by social workers and managers as being unmanageable and the workload-weighting tool works well. However, social workers indicate they can encounter difficulties in managing competing priorities, which compromises the quality of direct work. Social worker vacancies can remain unfilled for too long and this can create services gaps and additional pressures on busy teams. The retention of staff is good overall.
139. An extensive and easily accessible training programme is valued by staff from all agencies who work together in the children and young people's partnership. There is good support for newly qualified social workers. Foster carers receive training from the looked after children health team about 'being healthy' and are also required to undertake mandatory training on sexual health and relationships. Foster carers indicate that they are well prepared by induction, but would welcome more input from experienced foster carers and contribution from looked after young people during this training. There is a good range of training opportunities for foster carers who feel supported by their link workers. Carers have been recruited and prepared successfully to deliver specialist treatment foster care.
140. Partnership work for looked after children and young people is well established at all levels and across most agencies. It is not as well established with youth services or youth offending agencies but is improving. There is a strong multi-agency commitment to a culture of strong corporate parenting, and this is also evident across council departments. The benefits of this are evident in most cases and seen, for example, in good access to therapeutic services and high quality support for children's education. However, it is less evident in some of the pathway plans seen by inspectors. Practitioners consistently report excellent working relationships and communication across disciplines. The significance of this work is evident through discussions with children and young people also who value the support they receive in promoting their health and education, and in gaining access to a range of good quality leisure activities. Good partnership working is leading to improved

outcomes for looked after children and young people, for example by improving access to accommodation for care leavers and in good quality and timely adoption planning and placement. Children who have been adopted do not automatically qualify for continued support from corporate parenting services but in individual cases this has been continued as required.

141. Integrated looked after children and leaving care planning teams are co-located with the looked after children health team, the raising achievement of looked after children team, and Connexions and housing colleagues. All are based at the young people's resource centre. Social work therapists and psychologists are key members of the placement stability working group, which has been working successfully with looked after children, foster carers, and residential staff to support placement stability. Staff spoke positively about the benefits of co-location and how this has improved communication and working relationships.
142. Looked after children budgets are not currently pooled between agencies. However, budget alignment by education, health and children's social care services, which retain individual agency responsibility for budget management, enables effective joint planning and commissioning of external placements. A well written looked after children commissioning strategy has been completed recently, which provides a focused planning framework based on comprehensive local, regional and national analyses. New contracts with independent fostering agencies have been developed, in conjunction with regional partners, and come into effect from 1 April 2011, and are intended to promote more collaborative, flexible, cost-effective and outcome-based relationships. A gap in the ability to monitor the quality of all commissioned services has been tackled through the recent appointment of a contracts officer.
143. Complaints against commissioned providers are investigated robustly. For example, a national provider's commissioned service was suspended in 2010 while a thorough investigation of complaints about the quality of care and supervision of looked after children and young people took place. Gateshead Council is the lead partner in a consortium of 11 local authorities who commission the Sahara Project to provide black and ethnic minority foster and adoption placements and good quality placement support. Good partnership work exists between children's services and housing, leading to the development of new accommodation options and support for care leavers, such as sustainable tenancies, tenant support and 'taster' flats.

Performance management and quality assurance

Grade 3 (adequate)

144. The quality of performance management, management oversight and quality assurance is adequate. Some information available to managers is

used to improve performance, such as that on placement stability and on foster carer reviews. However, deficiencies in the electronic recording system can result in this information being incomplete. In some teams, there is a reluctance to use electronic recording and management oversight of practice is not sufficiently evident. The implementation of electronic recording systems across all teams has been slow, although where it has replaced paper files, such as in the children with disabilities team, there is evidence that it is leading to better practice. The auditing of individual case files is not consistent across all teams, and the quality of auditing is too variable.

145. The commissioning strategy sets out clear quality standards for commissioned services. Regulated and commissioned residential services are monitored closely and evaluated through individual review and contract monitoring. Action is taken to improve performance following investigation of complaints against service providers. However, reviews of looked after children or young people do not always lead to enough challenge to the quality of service levels, outcomes or practice.

Record of main findings:

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