

Inspection of safeguarding and looked after children services

Cornwall Council

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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 four Her Majesty's Inspectors (HMI) and two inspectors from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with 79 children and young people receiving services, 41 parents and carers, front line managers, senior officers, including the Director of Children's Services and the Chair of the Cornwall and Isles of Scilly Safeguarding Children Board (CLOSSCB), elected members and a range of community representatives
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of four serious case reviews undertaken by Ofsted in accordance with 'Working Together To Safeguard Children', 2006
 - a review of 21 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, assessment and referral centres undertaken in July 2009.

The inspection judgements and what they mean

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

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements
Adequate (Grade 3)	A service that only meets minimum requirements

Inadequate (Grade 4)	A service that does not meet minimum requirements
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Service information

4. Cornwall has nearly 117,000 children and young people up to the age of 19 years. This is 23% of the total population in the county. The proportion entitled to free school meals is below the national average. Children and young people from minority ethnic groups account for 4.7% of pupils in primary schools and 3.8% of pupils in secondary schools which is well below the national average of 24.5% and 20.6% respectively. This includes 350 children and young people from Gypsy, Roma, Traveller and fairground communities.

5. The Cornwall Children and Young People's Strategic Partnership was set up in 2004 and the Children's Trust established in 2009. The Trust includes representatives of the Cornwall & Isles of Scilly Primary Care Trust (CIOUSPCT), Devon and Cornwall Police Authority, Careers South West (formerly Cornwall and Devon Connexions), the Learning and Skills Council, community and voluntary organisations, schools and the further education sector. The Cornwall and Isles of Scilly Safeguarding Children Board (CIOUSCB) is independently chaired and brings together the main organisations working with children, young people and families in Cornwall to deliver safeguarding services.

6. Social care services for children have 235 foster carers, six children's homes, seven respite care centres and a family assessment unit. Community-based services are provided by three complex and acute contact, referral and assessment teams, three children in care teams, six children in need teams, one care leaver team, one family placement team that includes private fostering services, and one adoption team. Other family support services are delivered by three resource teams and 38 designated children's centres across Cornwall.

7. At the time of the inspection there were 469 looked after children. They comprise of 82 children under five years of age, 291 children of school age (5–16) and 96 post-16 or care leavers. The leaving care service is a partnership arrangement between the local authority and Action for Children. Cornwall uses a Virtual School approach in its support of looked after children to raise standards of individual achievement and attainment, celebrate their successes and increase the overall rates of progress made by looked after children.

8. Commissioning and planning of health services are carried out by Cornwall and the Isles of Scilly Primary Care Trust (PCT). Acute hospital services are provided by the Royal Cornwall Hospital NHS Trust and Plymouth Hospital NHS Trusts (although the latter was not included in this review). Learning disability services are provided by the Cornwall Partnership NHS Trust and Child and Adolescent Mental Health Services (CAMHS) by Cornwall

Partnership NHS Trust, Plymouth Hospital NHS Trust and Cornwall Council's Children's, Schools and Families Directorate.

The inspection outcomes: Safeguarding services

Overall effectiveness

Grade 4 (Inadequate)

9. The overall effectiveness of the service is inadequate. In 2008 the joint area review identified inadequacy in the quality of some middle management, case recording, the precision and rigour of action planning and some aspects of performance management, as well as the poor focus on delivering value for money, the lack of robust vetting and barring systems and the limited progress made in joint workforce planning. There is little evidence to demonstrate the progress made by the council and partners in addressing these key issues. In July 2009 the unannounced inspection of the contact, referral and assessment service found significant weaknesses in the provision of safeguarding services. This raised concerns as to how well the council and partner agencies safeguard children and young people in Cornwall and resulted in a full safeguarding and looked after children inspection in September 2009. The findings from this inspection confirm further the inadequate practice identified in the unannounced inspection. Safeguarding and child protection referrals are not all responded to in a timely way and there is inconsistency in the application of thresholds by children's social care in determining whether services should be provided or not. Partner agencies express frustration and concern at referrals of children in need not being appropriately responded to. Assessments of children in need of protection are inconsistent in the quality of analysis of the risks and protective factors involved and many lack clarity about the desired outcomes of protection plans.

10. Senior managers are ineffective in ensuring that quality assurance and performance management arrangements are used to ensure robust safeguarding systems and practice. Management support for staff in ensuring that policies, procedures and guidance are followed is inconsistent and line managers do not provide sufficiently effective challenge to the quality of child protection and child in need assessments and plans. An action plan is now in place to address the areas of weakness and priority actions identified in the unannounced inspection, however changes to practice have yet to be established and sustained before improvement can be demonstrated adequately. Cornwall faces a significant challenge in changing the culture and practice within children's social care services to ensure safeguarding services are delivered securely. In addition, staffing resources across the partnership are currently insufficient to deliver the agreed service priorities of the Children's Trust.

Capacity for improvement

Grade 4 (Inadequate)

11. While front line workers demonstrate a child-centred approach to their work, ineffective leadership and a lack of clarity as to how services should be delivered have led to unsatisfactory outcomes for children and young people. Leadership across the partnership is not effective. The Children's Trust fulfils its statutory duty to cooperate but has not yet matured to a level where it provides effective leadership and challenge. Trust board members are committed but their prioritisation of the 'One Cornwall' agenda and the children's services transformation programme have resulted in a lack of direction in delivering core functions. There is agreed membership and terms of reference but more clarity of focus on the delivery of priorities is needed. Trust board members who met with inspectors acknowledged that they had not effectively challenged the strategic priority leads to actively drive forward the key priorities identified in the Children and Young People's Plan. Furthermore, the board's performance monitoring of the Local Area Agreement targets is ineffective and there is a failure to ensure that an integrated strategy is in place to improve joint planning and commissioning arrangements. The Trust board is unaware of central government's commissioning support programme and the revised Children's Trust guidance and were unable to identify the Commissioning Champion for the Trust as requested in the Secretary of State's letter in November 2008.

12. Since the joint area review in 2008 there is no track record across the partnership of achieving continuous improvement in service provision or outcomes for children and young people. The CAMHS is still not fully established and there remains a shortage of health visitors, school nurses and social workers. Social workers have high case loads with some children in need cases being counted as one case irrespective of the number of children in the family. A lack of capacity within the health visiting and school nursing service means they are unable to engage fully in health education and health prevention work with families. Similarly, a lack of capacity within the substance misuse service results in it being unable to deliver an adequate level of preventative work. Although commissioning arrangements are starting to show signs of improvement they remain under developed. Joint commissioning arrangements have not commenced. Following the local elections in June 2009 the new political administration has yet to become established. For example, 99 out of 123 councillors are new to office, including the lead portfolio holder for children's services, the chair of the scrutiny committee and the elected members who will undertake corporate parenting functions.

Areas for improvement

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

Immediately:

- Ensure that operational senior management responsibility and accountability for front line children's social care services is set at a sufficiently senior level within the new structure to provide clear and direct professional accountability throughout the service.
- Ensure there is sufficient capacity within the re-organisation of the children's social care service to provide safe child protection services through direct work with children, young people and families and in accordance with published thresholds.
- Ensure children's social care team managers have the appropriate skills and expertise and consistently follow guidance, procedures and protocols.
- Ensure workloads in children's social care are fully reviewed to ascertain that the actual number of cases held by social workers accurately reflect the level of work they have allocated to them and ensure that newly qualified social workers are protected from carrying complex cases.
- Ensure the quality of social work responsiveness, assessment, case planning and recording is raised through effective senior management audit, performance monitoring and evaluation.
- Ensure all assessments robustly and accurately identify and record risk and protective factors.
- Ensure that child protection core group meetings are convened with sufficient frequency and regularity to facilitate joint working in delivering the child or young person's protection plan in a timely manner.
- Ensure actions and outcomes for individual children are monitored against the child protection plan and make any necessary alterations as circumstances change.
- Ensure that the decision-making and signing off of positive criminal record bureau (CRB) checks are undertaken by a manager of at least Head of Service or Head of Safeguarding level within children's social care service and that arrangements are put in place to monitor and evaluate outcomes.
- Ensure that within children's social care service records are fully merged into a single, corporate and comprehensive database to

record all vetting and barring checks undertaken on all staff who work with, or are in close contact with, children.

Within three months:

- Ensure agreed arrangements for the implementation of the CAMHS are completed and that the service is fully functional and provides specifically designated direct provision for looked after children and young people. This is an outstanding recommendation from the joint area review in 2008.
- Ensure there is sufficient capacity to support preventative work on substance misuse and review transition arrangements between children's and adult services for young people with substance misuse difficulties.

Within six months:

- Ensure the Children's Trust fully understands its purpose and function in providing strategic leadership and challenge to partner agencies and provides timely delivery of the objectives and targets of the Children and Young People's Plan and the Local Area Agreement.
- Ensure the Cornwall and Isles of Scilly Safeguarding Children Board monitors the safeguarding arrangements across the partnership so that significant progress is made in delivering robust safeguarding services across Cornwall for children and young people.
- Ensure the Cornwall and Isles of Scilly PCT provides sufficient capacity within health visiting and school nursing services to allow for support of preventative and health promotion work with children, young people and families.

Outcomes for children and young people

The effectiveness of services in taking reasonable steps to ensure that children and young people are safe. Grade 4 (Inadequate)

14. The effectiveness of services in Cornwall to ensure that children and young people are safe is inadequate. Children in need of protection and safeguarding are not always identified well. While thresholds for access to children's social care services are well understood by referring agencies, the response to referrals from children's social care is inconsistent. Thresholds for risk and assessment are not well understood by children's social care and are inconsistently applied thus reducing the council's ability to provide effective safeguarding services. Partner agencies consistently commented to inspectors of the difficulty in obtaining a service from children's social care for referrals that did not meet the higher threshold levels and that there was no service

response for preventative work. This view was in accord with other inspection findings.

15. The recording and monitoring systems for the vetting and barring of staff in children's services are inadequate and have not significantly improved since the joint area review in 2008. Although appropriate checks are undertaken and there is now a central record in place, clearance details entered on to the central record are incomplete as children's social care records are not fully merged. The current decision-making arrangements for the signing off of positive CRB checks are inadequate. Decisions are made at an inappropriate level at middle management, by more than one person, and there are no monitoring arrangements in place to ensure appropriate actions are taken or to ensure consistency of practice between the decision makers/signatories.

16. Schools and other settings take adequate steps to ensure that children are safe. Ofsted inspections of schools and early years provision indicate that adequate procedures are in place to safeguard children and young people. Appropriate activities are provided by schools, children's centres, community and youth services to encourage children and young people and their carers to be aware of safety issues within their homes and wider communities. However, the shortage of health visitors and school nurses has impacted on the amount of health promotion and health education undertaken with children, young people and families. The key priorities of these staff are appropriately directed towards work with families where there are child protection plans and looked after children. For example, school nurses carry high workloads of up to 35 cases each for children subject to child protection plans and up to 45 cases of looked after children and young people. As a result, school entry health assessments are not being carried out or completed in a timely manner. Work to meet the national targets for obesity in children is limited to weighing and measuring children in Reception and Year 6. This leaves a significant shortfall in the provision of preventative health support to families.

17. The availability of effective services for children with learning difficulties and/or disabilities is adequate. Independence for children and young people has improved with waiting times from assessment to delivery of equipment significantly reduced. For example, waiting times for routine equipment is now down to four weeks and for an electric wheelchair the waiting time has reduced from 21 weeks to eight weeks. There remains a longer wait for more specialist equipment. Families are benefiting from direct payments, personalised budgets, carers' breaks and respite care, all of which help to maintain the safe care of children and young people within their own homes. Transitional arrangements for young people with disabilities moving from children's to adult care are improving, however new policies only came into effect in May 2009 and while these reflect the new organisational changes within the local authority, they have yet to show impact. Parents who took part in the inspection confirmed some service improvements have taken place, however some parents expressed their frustration at what they perceive to be a lack of information and support and commented; 'everything is a battle. Processes are too slow and

parents are not informed of choices. Parents need more help to guide them though support procedures and need social workers to be proactive'.

18. The quality and consistency of substance misuse prevention work are variable. Resource packs are provided to schools together with a training package but the effectiveness has not been assessed. YZUP, the substance misuse service for young people, receives inadequate support from partners. Insufficient capacity means preventative work cannot be addressed as the focus of their work is with those who are in treatment programmes. Inadequate transition processes between children and adult substance misuse services result in a significant number of young adults over the age of 18 remaining in the YZUP service. YZUP experience difficulties in getting social care to accept referrals of young people with chaotic life styles and substance misuse difficulties and assess that 3% of those with whom they are working would benefit from assistance through social care. This results in YZUP providing support to an individual young person in all areas of support, housing, benefits and transport. In September 2009 NHS Cornwall and Isles of Scilly agreed to commission a drug and alcohol liaison nurse to be based within the accident and emergency department and recruitment processes have commenced. If a young person is admitted to hospital with self harm and is known to be a substance misuser, the young person is only referred to YZUP. This is inappropriate as there may be other underlying mental health needs that should be addressed.

19. Two projects supported by the family nurse partnership and youth service for young mothers under 19 years of age are positively received by those benefiting from the service. The projects support young mothers to continue with their education, child care, socialisation, sexual health advice and contraception. Quotes to inspectors include; 'it's great, the midwife saw me as soon as I knew I was pregnant and I see her every two weeks. She was with me while I was pregnant and will stay with me until the baby is two. She tells me all sorts of things from child care, to health, and involves the baby's father', and 'I only saw the health visitor from the surgery once, I have had much better care and assistance from this youth centre, I can see the health visitor each week if I need to'. Findings arising out of serious case reviews have identified the lack of professional support for young fathers. The partnership is seeking to address this issue and one youth centre has employed a male youth worker to work specifically with young fathers. A new fathers' group has just been launched for both birth fathers and step-fathers. This has been welcomed by the first participants but is too early for impact to show.

20. The local authority discharges its statutory duties by ensuring there are effective multi-agency arrangements in place to identify the whereabouts of children and young people who are missing from home, education or care. For those children and young people who receive elective home education, arrangements for monitoring checks are in place. One parent described the monitoring by the local authority as 'helpful and supportive and rigorous in terms of safeguarding'.

21. Partnership working with the police is adequate. Joint working arrangements are in place to share information relating to domestic violence incidents with health and children's social care, however the absence of a secure electronic mailbox within children's social care results in a delay in the service receiving police notifications. Such delays potentially impact adversely on the partnership's ability to make appropriate safeguarding decisions in a timely way. Multi-agency public protection arrangements are good and following a recent audit the attendance at multi-agency risk assessment conferences has recently improved. Attendance by partner agencies had been inconsistent, thus undermining the value of partnership working to safeguard children and young people.

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

22. The majority of children report that they feel safe and most know where and how to access help if they need it, as reported in the TellUs 3 survey and pre-inspection survey of looked after children and young people. Children and young people have some opportunities to make their views known on a range of topics through consultation events, student councils and 'Dreamcatcher' events. Effective strategies are in place to promote acceptable behaviour within schools and other settings through the healthy schools initiative, the Social and Emotional Aspects of Learning programme and the personal, social and citizenship curriculum. Since 2004/05 there has been a 91% reduction in permanent exclusions and 38% reduction in fixed term exclusions in all schools. Intervention funding from the council is available for crisis work and has helped maintain some children and young people in school. This has impacted positively on promoting their safety and well-being and helping them feel safe.

23. There is good multi-agency liaison work involving children and young people in developing an understanding of bullying and harassment. School assemblies address anti-bullying and staying safe, both within, and out of, school. Pupils who met with inspectors reported feeling safe, knowing what to do if bullied and who to talk to if concerned or worried. Quotes from students include 'I feel supported and can talk to someone at my school who will sort out problems', however outcomes for young carers were less positive. Those interviewed by inspectors described being bullied at school because of other young people who knew something about their home situation. They did not feel confident or want to keep reporting it to teachers whom they felt were not sympathetic or understanding of their situation. The analysis of bullying incidents by age, gender, faith, cultural background or sexual orientation is not comprehensive and as a result, partners do not have sufficient information to accurately evaluate the impact of their work.

The quality of provision

Grade 4 (Inadequate)

24. The quality of safeguarding provision is inadequate and has deteriorated since the joint area review in 2008 when staying safe was judged to be adequate. Although the workforce across children's services strongly expresses its commitment to improving safeguarding services to meet the needs of children, young people and their parents and/or carers, the systems and practices underpinning their work are inadequate. A significant number of assessments seen are not child focused and they do not fully take into account or clearly record the views and feelings of the child and family. Additionally, assessments are not always carried out within statutory timescales. In too many cases sampled by inspectors risk assessments have not been completed and in some instances this has led to premature case closure. In a random sampling of case files, six assessments were referred back to the Head of Operations because of the lack of identification of risk and protective factors. On some files inspected there was insufficient analysis to demonstrate how a child or young person's needs are appropriately met. Parents/carers of children on the edge of care told inspectors that they experienced considerable stress by the lack of support and felt it undermined their ability to cope. One parent commented 'the situation has to get to crisis before we get support; we weren't listened to until the Family Assessment Support Team (FAST) became involved.' The FAST is a much valued resource by parents and carers as it provides practical support and helps build their parenting skills.

25. Service response is inadequate. Although policies, procedures and guidance are available they are not rigorously followed and thresholds for access to children's social care services are not consistently applied. Referrals to the complex and acute access and assessment teams are not always promptly responded to, including some concerned with child protection, and there are significant delays for some children and families in receiving a timely and appropriate service response. A number of referrals have required three or more repeat referrals before being accepted as a case for social work intervention. Day time social care services are supported by the out of hours service where service responsiveness is good with sufficient capacity and a range of support services available to meet assessed need. However, out of hours duty social workers are resourced from day time social work staff. This arrangement raises concerns about sustainability due to vacancy levels and high sickness levels within the day time service. There are no performance management arrangements in place to quality assure or monitor the work of the out of hours service.

26. The unannounced inspection identified a proportion of referrals inappropriately judged by the assessment team as not requiring any further action and immediately closed. Since then a senior manager has reviewed a number of such cases and judged the response of 'no further action' to be inappropriate. In other instances some initial assessments are completed and closed down without either the child being seen or without sufficient consultation with other agencies. In some other cases core assessments

commence but are not completed. These shortfalls in practice are compounded by inconsistent and inaccurate recording on the system and the lack of timely administration processes that are not rigorously addressed by line managers.

27. A pre-inspection case audit undertaken by Heads of Service and senior managers on 12 cases selected at random by Ofsted found poor compliance with procedures in terms of chronologies not completed on the electronic recording system, poor quality and unfocused recording, lack of direction and targeted working, and in some cases little evidence of management oversight, including lack of supervision and management decision records. In one case the senior manager initiated immediate action to safeguard a child where an earlier decision had been made that the case failed to meet the threshold for child protection intervention where the child was suffering significant harm.

28. There is significant delay in the transfer of cases between children's social care teams. This limits the capacity to provide an effective front-line service and also limits the effectiveness and longer term care planning for children, young people and families. The practice of counting one family as one child in need case, regardless of the number of children in the family, masks the actual number of cases allocated to a social worker. It is only when the case is a child protection case that one child counts as one case. This practice distorts accurate measurement of workloads, disguises actual capacity and increases the risk of individual children's needs not being fully recognised and addressed.

29. Since the joint area review 2008, progress in implementing the common assessment framework (CAF) is much improved. Multi-agency training has been delivered to 2,500 people, including some parents who assist in delivering on-going training. The CAF is proving effective in supporting 940 children and young people in early intervention and preventative work. However, whilst professionals report positively on the use of the CAF, concerns were consistently reported to inspectors of cases where other agencies were expected to implement a CAF approach on what they believed to be child protection cases. They attribute this to children's social care's refusal to assess some cases where the safeguarding concerns are of a 'lower level' but in other professionals' views are 'higher' than what the CAF should engage in. This confusion and lack of clarity around thresholds were further compounded by a letter sent from children's services to referrers stating that due to re-organisation of the service they could only offer a service as outlined 'at upper tier 3 in the Integrated Children's Services Framework document'. This issue remains unresolved and uncertainty still prevails, thus placing some children and young people potentially at risk and denied access to an appropriate service.

30. Case planning overall is inadequate although there are some individual examples of good child centred and focused work. The majority of cases sampled during this inspection indicate a lack of professional rigour making it unclear what the plan for the child or young person is. In these cases there is

no evidence of challenge or comment by the supervising line manager. Visiting frequency is not always clearly defined and records do not always state whether a child or young person was seen on their own. In some cases unqualified outreach workers or support workers see the child rather than the allocated social worker. Whilst files sampled demonstrated multi-agency attendance at case conferences, it was not always clear what role individual agency staff were to undertake in delivering the plan as case recording does not support clear planning. Attendance at core group meetings is inconsistent. There is no single record for a child and the full record is a combination of both paper and electronic files. This recording practice is potentially unreliable, inefficient and presents a high risk in working with other agencies to make safe judgements about the safety of children and young people.

31. Reports for child protection conferences are not routinely shared with parents and carers until just before the meeting and there is insufficient engagement of children and young people in their child protection conferences. The council has identified this as an area for future development whereby children and young people can be provided with an advocate. Parents report to inspectors that they feel insufficiently prepared for the meeting, their social worker does not always attend and that this inhibits them contributing effectively or challenging the content of the report. Overall, reviews are held on time and comply with statutory requirements, however the current system of child protection review is ineffective in providing challenge and a clear focus to drive plans forward.

32. Statutory guidelines in relation to complaints are followed and there are good advocacy arrangements in place to support children and young people who wish to make a complaint, however not all children and young people who are in receipt of services are aware of how to make a complaint, for example, young carers. There have been some changes of practice in response to complaints investigations but learning from complaints has not been systematically used to improve the quality of the service. The system for the management of allegations against staff is good and appropriately used. Monitoring of referrals demonstrates that statutory agencies are referring cases appropriately to the local authority designated officer with resolution completed in a timely manner.

Leadership and management

Grade 4 (Inadequate)

33. The leadership and management of safeguarding services for children and young people are inadequate overall. Progress in implementing recommendations from the joint area review in 2008 is inadequate. For example, none of the following recommendations have been adequately met: to improve CAMHS; to take steps to identify all the young carers locally and ensure that provision is made to meet their needs; to improve casework recording within social care services and improve the monitoring and evaluation of casework by middle managers within the social care services. Whilst there is

political cross party support for the delivery of children's services, it is too soon to judge the impact of the new administration in driving the required improvement agenda forward.

34. The comprehensive restructuring of children's services that commenced on 1 September 2009 and is scheduled for completion 1 January 2010 has diverted the children's services directorate's attention away from ensuring delivery of its core business to provide robust safeguarding services. The new structure aims to deliver wrap around children's services from a number of locality bases and is welcomed by some partners in health and education. However, this has not been communicated well to either staff or some external partners resulting in confusion and, particularly within children's social care, very low staff morale. In a pre-inspection survey, social work staff reported strongly their lack of confidence in the capacity of the new model to effectively safeguard children and young people. The structure of the new organisational model has the potential to reduce capacity for direct work with children and families. Furthermore, in the new model, the professional accountability for safeguarding services rests at middle manager level, although the post holders hold the title of senior manager. This does not accord with Lord Laming's recommendations in his first report that there should be clear lines of accountability from top to bottom, without doubt or ambiguity about who is responsible at every level for the well-being of vulnerable children.

35. The updated Children and Young People's Plan is based on an adequate needs analysis and is clear in its ambition and priorities. There are appropriate links between the plan and the Local Area Agreement and the CIOSSCB business plan, however, performance against priority targets are under developed and there are reported difficulties in getting the strategic priority lead officers to drive the plan forward to deliver improvements.

36. The CIOSSCB is significantly more effective in its community and leadership role than it was when the joint area review took place in 2008. The appointment of an independent chairperson has resulted in good leadership and challenge to partner agencies. Partners are left in no doubt that they have a statutory duty to cooperate and will be held to account if they do not discharge their responsibilities accordingly. The CIOSSCB minutes reflect a good range of appropriate work and provide evidence of follow through. Ofsted evaluated four serious case reviews produced by Cornwall during 2008 and 2009, all relating to incidents that took place from 2006 onwards. Three were judged to be inadequate and the fourth good. Following the subsequent review by the serious case review sub-panel of the three inadequate serious case reviews, the statements of action taken to improve the quality of the reviews were all judged by Ofsted to be satisfactory, however the effectiveness of dissemination of learning across partner agencies from these reviews is variable. Some partner agencies, particularly within health communities, highlight the learning while a number of social workers report not being aware of the findings or of how the findings have changed practice.

37. The corporate process for performance management is currently under review. New reporting arrangements to the cabinet and scrutiny committees of the new administration have yet to be established. Reporting of performance in children's services is undermined by a lack of accuracy in the local performance management data submitted to the corporate processes, for example, the reporting of completed initial and core assessments within timescales. Too much attention has been focused on national and local performance indicators with little exploration of the quality of work that underpins them. Furthermore, there has been reliance on oral assurances from Heads of Service and senior managers that performance and practice were robust. This was not supported by the outcomes of the unannounced inspection in July and recent case audits undertaken by Heads of Service and senior managers, both before and during this inspection. Where competency issues have been identified they have not been addressed and followed up with the rigour of good, active performance management.

38. Development of the children's workforce strategy is limited by the lack of a joint workforce strategy established across partner agencies. Each partner agency relies on its own single agency strategy. This adversely impacts on workforce effectiveness by limiting strategic ownership across partners, agreeing joint resources, developing a shared training and development plan and sharing good workforce information. Currently, staffing and resource capacity is insufficient to meet the needs of the service, in particular with regard to qualified social workers, health visitors and school nurses. Within the health community, the lack of health visitors and school nurses has led to inconsistent access across the county to health services and insufficient capacity to support preventative work with children and families. Within children's social care services, many social workers carry excessively high case loads impinging on their ability to engage fully in assessment and casework with children, young people and their families. Direct line-manager supervision is well regarded by social workers but is ineffective at providing rigour and challenge to practice.

39. Training plans across partner agencies are variable with the exception of single and joint agency child protection training levels 1-3. Good progress has been made within the health communities to ensure staff, including general practitioners, receive the appropriate level of safeguarding training. Within health there are now robust recording systems to track and monitor the uptake of child protection and safeguarding training. Induction arrangements within children's social care are inadequate and newly qualified social workers' caseloads are not sufficiently protected from complex work. Access to training, other than child protection training, is limited. For example, there is inequitable allocation of support for social workers to gain the post qualification child care award.

40. There are some examples of service users' views within health services informing strategic developments, however across the partnership evidence is more limited with little to demonstrate their involvement in service evaluation.

The voice of children and young people is valued but their involvement is inconsistent. Some children and young people recognise they have made an input but from their viewpoint they do not know what difference they have made or what has changed as a result of their feedback.

41. Outcomes and leadership on equality and diversity in safeguarding are adequate overall and good in some individual cases. The strategy has been in place since January 2008 and equality impact assessments adequately identify relevant issues. Although data are collected it is unclear how this is used strategically to influence improving outcomes for children and young people or how well it is used to influence local commissioning to meet identified need. Inspection fieldwork has identified examples of good initiatives and projects across the partnership which are making a difference to individual children and groups. These include; sensitivity to cultural issues within case work and improvements to services from children with disabilities within the hospital setting.

42. The achievement of value for money is inadequate overall with some adequate aspects. Strategies to secure value for money within the council and across the partnership are under developed. Joint commissioning arrangements are not yet established although there is some alignment of budgets. There are no jointly funded posts and no joint workforce strategy in place. There are early signs of progress within the council's commissioning service with the introduction of the 'Options Appraisal' model which is improving practice and enhancing capacity. The voluntary and community sector report positively that commissioning arrangements are improving and that the system is 'open and fair'.

The inspection outcomes: services for looked after children

Overall effectiveness

Grade 4 (Inadequate)

43. The overall effectiveness of services for looked after children and young people is inadequate. Despite this, education outcomes for looked after children and young people are good. Leadership across the partnership has resulted in a shared vision and some agreed areas for priority improvement that are reflected in the Children and Young People's Plan. Since the joint area review in 2008, not all improvements in service provision have been sustained; safeguarding services have deteriorated and are now inadequate. Although the voice of looked after children and young people is actively sought, they feel that they are not always listened to or if they are listened to, they cannot see how their views have influenced service planning or resulted in improved outcomes for them. Some care leavers who met with inspectors wanted to ensure that their views of their positive experiences of care are included in the report and that for them 'being in care' had been a positive experience with good outcomes.

44. The inspection has identified failures in compliance including those for care planning, risk assessment, review, recording, permanency planning and social worker visiting. Thresholds for entry into the care system have not been consistently applied or monitored. Placement stability has deteriorated since the joint area review in 2008. The lack of capacity of fostering resources is further compounded in a number of cases by poor matching. Where looked after children are admitted to hospital there is inadequate sharing of information and communication from the hospital to the designated doctor and nurse. Senior managers across the partnership have failed to address these deficiencies through active performance management. There is a misplaced and too great a reliance on assurances from middle and senior managers and performance indicators to validate the quality of practice. Corporate parenting arrangements are starting to develop from a very low base and the new political administration has yet to become involved in and understand its corporate parenting responsibilities and accountability. Commissioning arrangements for looked after children and care leavers are starting to show improvements with the adoption of the Options Appraisal model focusing on the needs and outcomes for children and young people.

Capacity for improvement

Grade 4 (Inadequate)

45. Currently, because safeguarding services for looked after children and care leavers is judged inadequate, the council and its partners have inadequate capacity for improvement. Although the political and managerial leadership across the council and partner agencies expresses clearly their ambition and commitment to service improvement, this has yet to be translated into improved and strengthened services for looked after children and care leavers.

Whilst educational outcomes for children and young people are good, across the full range of services current performance is not raising the level of performance to a sufficiently high standard. Managers at all levels within children's social care are not using active performance management in a consistent way to drive up standards and ensure plans for looked after children and young people are implemented in a timely manner and to reduce drift within the care system.

46. Staff in all agencies working with looked after children and care leavers are committed to providing good quality services. However, increasing vacancy and sickness levels in children's social care taken together with the rising number of children and young people entering the care system and insufficient resources to meet placement demand places staff under significant pressure. In some instances resources and support to enable children and young people to remain within their families have not been allocated until the family is in crisis when it has been too late to prevent family breakdown. These weaknesses therefore prevent some children remaining within their families and do not ensure all looked after children and young people make the progress in their lives that they should.

Areas for improvement

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

Immediately:

- Improve and maintain the quality of case planning, recording and permanency planning through effective senior management performance monitoring and evaluation.
- Ensure all care plans robustly and accurately identify and record risk and protective factors.
- Ensure full information and risk assessments are provided to foster carers to support the matching process.
- Ensure that when looked after children and young people are admitted to hospital as a result of self harm the designated doctor and nurse are provided with full details of their admission and any subsequent treatment plans.
- Ensure looked after children and young people receive detailed information about the carers or residential placement they are to be placed with.

Within three months:

- Ensure appropriate thresholds are in place for entering care and sufficient resources are available to support children and families on the edge of care.
- Ensure the independent reviewing service is effective in providing robust and systematic challenge to practitioners.
- Ensure timely and effective decision making eradicates drift within the care system for looked after children and young people.

Within six months:

- Improve placement stability for looked after children and young people and review the fostering placement service to identify and tackle barriers affecting placement stability.
- Ensure effective systems are in place to capture the views of looked after children and care leavers and that these are used to inform service development; and that timely feedback is provided to inform them of the outcome of their contribution to service development.

Outcomes for children and young people

48. Services to promote good health among children in care are adequate. The appointment in October 2008 of a designated doctor for looked after children has resulted in significant improvements to the prioritisation of health partners support for looked after children and their carers. Performance in accessing initial health assessments carried out within 28 days has significantly improved from 30% to 90%, however a lack of information-sharing between children's social care and health colleagues has resulted in only 63% of looked after children aged 0–5 years and 16% of children and young people aged five and over receiving their annual health checks within time. Despite countywide difficulties within Cornwall for people to access dental services, this has not been the case for looked after children. Significant effort has been made within the health community since the joint area review in 2008 to address this issue resulting in 87% of looked after children and young people receiving appropriate dental services. Preventive health care arrangements are good with immunisation rates up to date and a 76% take up rate of substance misuse services by those looked after children who are assessed and offered a service. Due to the shortage in some areas of named nurses for looked after children health visitors have to undertake this role.

49. Progress across Cornwall in establishing a cohesive CAMHS is inadequate and has resulted in looked after children not having direct access to a specifically designated CAMHS. Instead, each looked after child referred to the service is seen and assessed by a psychologist within five days of referral and a decision made as to whether they meet the threshold for CAMHS. Where assessment identifies that alternative form of therapy is the most appropriate

course of action, there are no specifically designated resources available to looked after children. Such services are commissioned by children's social care and there are examples where this has occurred, however there are no performance monitoring arrangements in place to assess whether these services are consistent or effective in producing improved outcomes for children and young people. It is of concern that where looked after children are admitted to hospital as a result of self-harm they are seen by the CAMHS but are not routinely taken on or referred to the psychology service. The designated doctor and nurse for looked after children are not consistently notified of these episodes and often have to rely on foster carers to provide them with the information.

50. Children and young people in care and on the edge of care are inadequately safeguarded. Thresholds for entry to the care system have not been managed consistently and have resulted in some children and young people not being adequately safeguarded. Although improving, there is not yet a comprehensive range of services in place to prevent children and young people entering the care system when families are in crisis. Parents told inspectors that they requested help over long periods of time during which their situation became more difficult and stressful and that it was not until their situation became so unmanageable and their child needed to enter care that they received help. Quotes from parents include, 'when you need the help you need it immediately, but this isn't given' and 'how far does it have to go before you can get help? However, some parents and foster carers reported positively on support provided by the Family Assessment Support Team, and confirmed that this had maintained some children within their homes and foster placements.

51. Not all looked after children have comprehensive and up-to-date care plans that clearly indicate how their needs will be met. These plans do not always appropriately address risk and protective factors and lack direction, clear outcomes and specific timescales for implementation of identified actions. The independent reviewing service does not deliver effective challenge and does not consistently hold other professionals to account. There has not been a systematic and robust approach to permanency planning resulting in too many children and young people experiencing drift and lack of decisiveness in their lives. Delays to planning caused by limited placement choice have also negatively impacted on some children and young people moving to more permanent placements in a more timely manner. On files sampled by inspectors there was evidence of inadequate risk assessments and limited information shared about the child with the foster carer that undermines the matching process and placement stability. Managerial oversight has been ineffective in quality assuring and challenging the work of professionals and the independent reviewing service. All looked after children are allocated to suitably qualified social workers, however some of the statutory visits are undertaken by family support or outreach workers. Care plans and records do not effectively demonstrate how the wishes and feelings of the child, young person or family have been used to influence the care plan.

52. The impact of services on enabling looked after children to enjoy and achieve are good. The Children in Care Education Support Service (CICISS) is a developing service situated within the school improvement team to provide support and challenge to schools and to act as an advocate for looked after children. A real strength is the positioning of the Virtual School head within the school improvement service which has ensured headteachers support the partnerships' ambition and prioritisation for looked after children. For example, challenging targets are set for the educational attainment of looked after children and schools are supported to analyse the performance of looked after children through the school improvement partner programme. Improvements in attainment and progress at Key Stages 1, 2 and 3 have been sustained. There is clear evidence that within the primary age range the gap has been closed significantly between looked after children and all children. However, at Key Stage 4 the outcome is less positive. In 2009 results at GCSE were disappointing and showed a decline on 2008. In part this reflects the make up of the cohort with over one third of the young people having a statement of special educational need. The CICISS has analysed these latest results and has begun to develop strategies with schools to focus on looked after children's achievements at Key Stage 4.

53. Attendance rates for looked after children are good and are above average when compared to national data for looked after children. There are no looked after children and young people permanently excluded from school and fixed term exclusions have significantly reduced. These improvements have been achieved as a result of robust monitoring, early intervention and challenge to schools. All looked after children and young people have personal education plans which are completed and audited by the children in care education team, however the quality of the evaluations is variable and further work is in hand to address this issue. There are good systems in place to support the transfer of looked after children between primary and secondary schools.

54. The Foster a Book programme provides looked after children with book tokens, library tickets and transitional education study packs for those in Year 6. Additional support arrangements are in place for those assessed as having a statement of educational need. Children and young people are well supported to engage in a wide range of leisure activities outside of school. Since January 2009, 42 looked after children and young people have received their personal educational allowance to provide access to additional life enhancing learning opportunities. For example, in one case support was provided to a young person to obtain individual tuition in science and resulted in their predicted grade D becoming a grade A. Other young people have used their personal education allowance to benefit from learning a musical instrument or taking performing arts lessons outside of school.

55. Opportunities for looked after children and young people to make a positive contribution are adequate. Looked after children and young people report that whilst their views are sought through a range of consultation events they are less certain that their views are listened to or that they have influenced

service delivery. Variations in the experiences of looked after children and young people of the review process are too wide. Some young people chair their review conferences and consequently feel their views are better represented. Others report to inspectors that they do not feel listened to within the review process and that actions agreed at reviews are not followed through. The Children in Care Council is at a very early stage of development and therefore is not yet effective in engaging with or representing the views of other looked after children and young people.

56. There is effective partnership working to reduce offending of looked after children and focuses on preventing them from entering the criminal justice system. Between April and June 2009 only three looked after children were first time entrants. These young people make a positive contribution through restorative justice and are encouraged and assisted to join local organisations and clubs to provide them with more positive diversions.

57. The impact of agencies in enabling looked after children and young people to achieve economic well-being is adequate overall with some good aspects. Good progress is being made to engage young people in education, employment and training. In 2009 the number of care leavers enrolling at a university has increased from 13 to 20. Partnership working between Careers South West (formerly Connexions) and further education colleges has raised the aspirations of care leavers and increased their learning opportunities by meeting their needs for specific vocational courses. In 2005 only 29% of care leavers were in education, employment or training, in 2008/09 the proportion increased to 89%. At the time of the inspection 79% of care leavers are in education, employment or training which is positive within the current economic climate. Transition plans for care leavers with learning difficulties and/or disabilities are timely and ensure smooth transition to adult services and further education, employment and training. Whilst most care leavers have a pathway plan in place the plans are of variable quality and some young people report not being fully involved in the planning process.

58. The number of care leavers in suitable accommodation is adequate. There has been a recent extension to 40 placements of the supported lodging scheme for 16 and 17 year olds resulting in bed and breakfast accommodation being rarely used, however it still remains a challenge to the council and partners to obtain suitable accommodation at the right time near to a young person's education establishment, particularly in rural locations. Care leavers report they have very little choice over accommodation or where they live.

The quality of provision

Grade 4 (Inadequate)

59. Service responsiveness is inadequate. Recent Ofsted inspections of regulated services judged the fostering and adoption services to be good and fully compliant with national minimum standards, however of the 13 children's homes inspected only 46% were judged to be good or better which is significantly below the performance of similar councils or the national average.

Between 31 March 2008 to September 2009 the numbers of looked after children increased from 414 to 469. Court directed placements and young people in the 12-14 age range contribute to the increase and reflect the national profile. However, admissions to care are not always appropriate or timely and the use of support services such as family group conferencing has not been used consistently at an early enough stage to prevent children and young people entering the care system. Management information is not used routinely to inform service development for looked after children and care leavers. Access to the complaints service by looked after children, care leavers and parents/carers is adequate. Whilst some examples were seen of young people receiving an appropriate and positive resolution to their complaint, not all young people or their carers were aware of how to make a complaint or felt able to do so. Advocacy arrangements are in place to offer additional support to looked after children and young people.

60. The assessment of and direct work with looked after children and care leavers is inadequate. In March 2009 multi-agency At Risk of Care Panels were established in each of the three children's social care areas. The purpose of the panel is to marshal multi-agency resources to support children, young people and their families and to prevent family breakdown and the child or young person from having to enter care. While some effective multi-agency work is beginning to show a positive impact, some cases presented to the panel had the opposite effect and resulted in children becoming looked after. The panel considered those children to have safeguarding needs that could not be met if they remained living at home. It is of serious concern that this had not been identified before presentation to the panel. For looked after children and young people placement stability remains inadequate with performance well below that of similar councils. There is a significant lack of initial emergency placements, mother and baby placements, and permanent placements for boys of primary school age with complex difficulties. These deficits are compounded further by the lack of choice within specific localities and poor matching and information sharing between child and foster carers.

61. Arrangements for planning, case review and recording are inadequate with statutory requirements not consistently met. Care plans analysed by inspectors did not always include clear analysis, recording or timescales for achieving a permanent placement outcome. Managers at all levels within social care do not undertake sufficient evaluation of the timeliness or quality of the work undertaken by social care staff. Trends and knowledge about the looked after population are not routinely evaluated and used to inform service planning.

Leadership and management

Grade 4 (Inadequate)

62. Leadership and management of services for looked after children are inadequate. Although there is an expressed commitment across the partnership from key agencies to deliver improved outcomes for looked after children and young people it has not been translated into practice. Corporate parenting

responsibilities and accountability remain under developed and the Corporate Parenting Strategy was only formally adopted in June 2008. It has not been effective in achieving its ambition to improve placement stability which has deteriorated since the joint area review in 2008. The Children and Young People's Plan clearly articulates as one of its key priorities to improve the experience of children in care and their life chances by 'Narrowing the Gap' and improving outcomes for looked after children and care leavers. Whilst inspectors noted a number of initiatives and projects to support this priority, they are generally at an early stage of development and it is too soon for impact to be demonstrated. Overall, the time it is taking to effect the re-organisation is adversely impacting on the council and partners' ability to deliver service improvements.

63. The current performance management arrangements are ineffective in contributing to improving outcomes. Performance management systems within children's social care have focused on performance indicators to the exclusion of addressing quality of practice.

64. Workforce development is currently inadequate and in a state of flux with social workers being moved between teams to meet the needs of the re-organisation. The impact of the re-organisation has led to low morale and an increase in sickness levels. It remains unknown as to what the impact of the re-organisation will have on outcomes for looked after children and young people. Looked after children and young people expressed concerns to inspectors about their workers changing jobs due to the re-organisation and the impact it would have on their own situation. Supervision of staff within children's social care services is generally carried out in accordance with the directorate's policy. Whilst supervision is valued by front line staff its quality is variable and challenge and decision-making are not consistently reflected in the records.

65. Looked after children and young people have adequate but variable experiences as to how well their views are used to influence outcomes. Their views are not always well recorded in plans, although they report satisfaction with the respectful treatment they receive from those charged with their care.

66. The promotion of equality and diversity for looked after children and care leavers is adequate overall with some good aspects in meeting individual need. In some instances however, whilst workers could articulate how individual need was being met, insufficient attention was paid to ensuring records reflected the work undertaken. Whilst the profile of looked after children, young people and their parents/carers is known it is used to inform service planning and delivery individually rather than strategically.

67. Partnership working is adequate overall at both a strategic and operational level. Voluntary organisations play a significant role in delivering services to looked after children and young people. They are well represented on strategic boards and other planning structures. There are adequate examples of effective partnership working such as the emerging commissioning

Options Appraisal framework that addresses the purchasing of specialist and some support services for looked after children and care leavers, however pooled budgets, joint commissioning and the securing of value for money are aspects that cannot yet be adequately demonstrated by the partnership.

Record of main findings: Cornwall

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

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