

# Inspection of safeguarding and looked after children services

Bristol City Council

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**Reporting inspector** Lynne Staines HMI

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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), one local authority shadow inspector and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.

2. The evidence evaluated by inspectors included:

- discussions with 75 children and young people receiving services, 21 parents or carers, front line managers, senior officers including the Director of Children's Services, Chief Executive Officers of NHS Bristol, the North Bristol Trust and University Hospitals Bristol, the Chair of the Bristol Safeguarding Children Board, elected members and a range of community representatives.
- analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluation of a serious case review undertaken by Ofsted in accordance with 'Working Together To Safeguard Children', 2006.
- a review of 23 case files for children and young people with a range of need. This gave 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 September 2009.

## The inspection judgements and what they mean

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

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

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

## Service information

### Service information

4. In April 2010 Bristol City council's population of children and young people aged 0 to 19 was 91,635 equating to 21.7% of the city's total population. The proportion of children entitled to free school meals is well above the national average. Children and young people from minority ethnic groups account for 32% of pupils in primary schools and 28.6% of pupils in secondary schools. This is above the national average of 24.5% and 20.6% respectively and includes 0.2% children and young people of Gypsy/Roma/Traveller heritage; 14.7% of pupils (nursery to year 11) in maintained schools in Bristol have English as an additional language. This percentage is more significant in nursery schools and early years settings, where 6,807 (24.7%) of pupils have English as an additional language. For these pupils the most common first languages are Somali (22.1%), Polish (7.5%), Punjabi (6.6%) and Urdu (5.5%).

5. The Bristol Children and Young People's Partnership was created in 2006 and its Board formalised in September 2007. It has acted as a Children and Young People's Trust throughout, formally changing its name in 2009. It is one of five delivery groups accountable to the Local Strategic Partnership. The Trust Board includes representatives of the city council, NHS Bristol (the Primary Care Trust), Avon and Somerset Police Authority, Avon and Somerset Constabulary, Voluntary and Community Sector representatives, schools, further education sector and local businesses. The Bristol Safeguarding Children Board (BSCB) appointed an independent chair in 2010. The BSCB brings together the main organisations working with children, young people and families in Bristol to protect and safeguard children.

6. Social care services for children have 280 in-house foster carers. Bristol city council has six registered children's homes providing children's residential care to 30 young people. There are three family placement teams and an adoption team. Three children in care teams and two care leaver teams provide the city's long-term children in care and care leavers with social care services. Several integrated services support children and young people in care and their carers, including the Bristol Collaborative Service, the Education of Looked After Children Service and Thinking Allowed a specialist mental health service for children looked after. Community-based social care services are provided through four area offices comprising of a total of 16 social work teams, four social work assessment teams, two hospital social work teams and 10 area based teams. Additional direct family support is provided through the Family

Intervention Support Team and the Child & Family Support Service. Two social workers provide support to young people at risk of homelessness and are integrated into the city's Neighbourhood & Housing directorate. Other family support services are delivered by the voluntary sector, extended services in schools and through children's centres across Bristol. Private fostering services are currently provided through the area-based children's social work team.

7. Bristol has 655 looked after children. The city's care population consists of 129 children under five years of age, 458 children of school age (5–16) and 68 post-16. There are 336 young people supported by the Care and After Team. Bristol uses a Virtual School structure to support looked after children to raise standards of individual achievement and attainment and increase the overall rates of progress made by each looked after child.

8. The Disabled Children's Service consists of three teams and includes social workers and occupational therapists who undertake assessment and longer term work with disabled children and their families. A Disabled Children's Resources Team includes two residential short break units (one funded by the Primary Care Trust (PCT), a Community Care service and Family Link Scheme which provide short break services to 118 children.

9. Bristol has 152 schools. This includes 119 primary and nursery schools, 20 secondary schools of which eight are academies, nine specialist inclusive learning centres and four pupil referral units. There are 31 Sure Start children's centres situated across Bristol city.

10. Commissioning and planning of health services are carried out by NHS Bristol (Bristol Primary Care Trust (PCT)). Acute hospital services are provided by North Bristol NHS Trust and University Hospitals Bristol (UHB) NHS Foundation Trust. UHB also manages the Bristol Children's Hospital. Learning disability services and Child and Adolescent Mental Health Services (CAMHS) are provided by the Community Children's Health Partnership (North Bristol NHS Trust in partnership with Barnardo's). Health visiting and school nursing services are provided by the Community Children's Health Partnership. Adult mental health services are provided by Avon & Wiltshire Mental Health Partnership NHS Trust. Adult community health services (including district nurses) are provided by Bristol Community Health as part of Bristol PCT.

## The inspection outcomes: Safeguarding services

### Overall effectiveness

### Grade 2 (Good)

11. The overall effectiveness of safeguarding services in Bristol is good. A very strong commitment from all professionals to a child-centred approach underpins service delivery. Safeguarding and child protection needs of children are strongly prioritised. There is good evidence across the partnership, including the private, voluntary and community sectors that safeguarding services, both preventative and statutory, are responding well to local needs and are being delivered effectively. Policies and procedures for the protection of children, which are aligned to the south west child protection procedures, are comprehensive and up to date. The Common Assessment Framework (CAF) is being used increasingly effectively, particularly within schools, to deliver early intervention and prevention services. However, the lack of capacity within the health visiting and school nursing services has inhibited their full engagement in the process in either initiating CAFs or taking on the role of lead professional.

12. The quality of multi-agency early intervention is good, such as the Triple P parenting initiative and health-led work to address female genital mutilation. Partnership working has produced good improvements in responses to domestic abuse, safeguarding services and public protection arrangements. Multi-agency and single agency safeguarding training is well established across all partner agencies and ensures that staff are equipped with the skills to recognise risk and take appropriate action to safeguard children and young people. However, there has been no formalised safeguarding awareness training for community dentists. Within the health community, while practice observed and evaluated by inspectors did not evidence any unsafe practice, staff awareness and use of the safeguarding flagging and alert systems are inconsistent across the sector. The unannounced inspection of children's social care contact, referral and assessment arrangements carried out in September 2009 identified areas for development. The local authority children's services responded appropriately to address issues and current practice demonstrates that improvements have been made. There is good engagement with children, young people, their parents and carers, seeking their views to contribute to improvements in service planning. Overall, this leads to good levels of user satisfaction.

### Capacity for improvement

### Grade 2 (Good)

13. The capacity for improvement is good. Since the joint area review in 2006 there have been demonstrable and sustained improvements to service provision. Joint working between the Bristol Safeguarding Children Board and the Children's Trust is effective in ensuring a shared vision across the partnership, agreeing priorities for improvement and providing independent challenge across the sector. The appointment of an independent chair of the Bristol Safeguarding Children Board from January 2010 will further strengthen

the Board's leadership role. Cross-party political support and senior managerial leadership across the local area partnership are good and provide a solid base for driving forward the safeguarding agenda. Robust corporate leadership and commitment to providing good safeguarding services to children and young people have ensured that sufficient resources have been allocated to safeguarding services. While efficiencies have been made across the council as a whole the children's services budget has been protected. The alignment of some budgets and good outcome-based joint commissioning arrangements are meeting local needs appropriately.

14. The capacity to improve the local authority children's services core business for the delivery of child protection services is good, supported by an increased range of preventative services. A well-qualified, experienced and stable workforce shows strong commitment to safeguarding activity across the city. Some social worker caseloads are still too high, which impacts upon their capacity to close and transfer cases in a timely way. The emergency duty service is a commissioned service shared with three neighbouring authorities and has insufficient capacity to respond to all priority referrals regarding children and young people. Consequently, the police are left to manage some situations of concern without social work intervention and support. Overall, there are good systems in place across the partnership to monitor and evaluate performance and to make continuous improvements to services. At an operational level within children's social care, line managers have not consistently provided effective management oversight of the content and quality of casework records.

## Areas for improvement

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

### Immediately:

- Bristol City Council to improve and sustain improvements to the quality of social work case recording and ensure effective performance management including oversight of the content of the files.
- Bristol City Council to improve the quality of recording of case directions, assessments, child protection plans and child in need plans to ensure required actions are documented in measurable ways within set timescales.



### **Within three months**

- Bristol Safeguarding Children Board training sub-group to audit and, assess the training needs of community dentists and provide safeguarding awareness.
- Bristol City Council to review social worker capacity to meet service demands and ensure social workers have manageable caseloads.
- Bristol City Council to review its emergency duty team contractual arrangements to ensure that the service has sufficient capacity to respond to all Bristol's priority referrals regarding children and young people.

### **Within six months**

- North Bristol Trust to review and improve capacity within the public health, school nursing and health visiting services to enable their full participation in health promotion and preventative work, such as the CAF.
- North Bristol Trust and Bristol Community Health to ensure that there is improved awareness and consistency in usage across health communities of the safeguarding flagging and alert systems already in place. To review the safeguarding alert systems within minor injuries units and walk-in centres where the electronic system is not available to ensure alert systems used are known to staff and are robust.

## **Outcomes for children and young people**

### **The effectiveness of services in taking reasonable steps to ensure that children and young people are safe. Grade 2 (good)**

16. The effectiveness of services in Bristol to ensure that children and young people are safe is good. Partnership working at the strategic and operational level is effective. Safeguarding strategies and their accompanying policies and procedures support practice well and are aligned to the south-west child protection policies and procedures. Protocols established to share safeguarding information are used well by statutory agencies and the voluntary and community sector. The BSCB provides satisfactory leadership on safeguarding matters. The recording and monitoring systems for the vetting and barring of staff in children's services are satisfactory and meet statutory requirements. Partnership working in Multi Agency Public Protection (MAPPA) and the Multi-Agency Risk Assessment Conference (MARAC) is effective, with evidence of good assessments, actions and outcomes for most families.

17. Outcomes show appropriate plans are put in place across the partnership to meet the needs of children and young people who are in need of

safeguarding and child protection services. For example, locality commissioning is well integrated with the CAF and in the Brislington area the CAF panel has been used to commission therapy services for children and young people in both primary and secondary schools. A range of activities take place in both universal and targeted services to consult children and young people, including checking out how safe they feel in a variety of settings. Safe recruitment is set out as a standard requirement in all contracts with providers and an information-sharing protocol has been agreed with all neighbouring authorities. Safeguarding arrangements for the identification and tracking of missing children are good. At the time of the inspection no children or young people were reported as missing from home or care. Children and young people identified as missing from education were being actively tracked by the local authority.

18. Multi-agency and single agency safeguarding training is well resourced and established across all partner agencies. It is effective in ensuring that staff are equipped with the skills to recognise risk and take appropriate action to safeguard children and young people. However, the inspection identified a gap in the awareness of community dentists of safeguarding training and procedures. Clinical staff interviewed during this inspection report that in accordance with PCT policies and procedures they have regular access to child protection supervision and that it is of good quality.

19. The proportion of good or better safeguarding inspection judgements in early years and school settings exceed national averages. Children's centres and nurseries are effective in working with parents and carers to raise their awareness of safety issues both within their homes and within the wider community. For older children and young people schools, youth services and the voluntary and community sectors provide a good and wide range of activities designed to raise their safeguarding awareness of risky behaviours, divert them from offending and generally promote their overall safety and well-being. A high priority is given to raising awareness of e-safety issues. Activities such as restorative justice and peer mediation have had a positive impact in reducing bullying and been particularly effective in reducing homophobic bullying.

20. There is good multi-agency working to deliver the CAF with most schools fully engaged and using it to enable constructive involvement with families who require additional support. Evaluation of children, young people, their families and professionals at the end of CAF programmes indicates that in a majority of cases the interventions have been effective in achieving positive outcomes. Lack of capacity within health visiting and school nursing services significantly reduces their ability to instigate CAFs or take on the lead professional role. The Family Intervention Support Service (FISS) and children's social care family support services are effective in identifying need and delivering early preventative services and parenting programmes. Parents interviewed spoke positively of the benefits they experienced commenting 'it changed the way I

react to my child' and 'I learned how to cope, it gave me confidence and I no longer felt isolated'.

21. Across most health communities at an individual level there is a good understanding of how to access safeguarding services. Staff knowledge and awareness of safeguarding factors ensure that most children and young people at risk of harm are promptly identified and referred for further assessment. There is a good flagging system in place for the identification and communication of safeguarding concerns that is well used by staff within emergency departments. However, awareness of and accessibility to the flagging system are inconsistent across all health communities. For example, there is a lack of awareness by key staff within the eye and dental hospitals as to how to access the system and the system itself is not available to the minor injuries units or walk-in centres. There is good continuity of out of hours health service provision with on-call paediatric clinician and community support available. Any child or young person presenting with self harm issues is referred to the CAMHS. A primary mental health specialist team for under fives has proved effective in delivering good outcomes.

**The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe. Grade 2 (Good)**

22. Overall, children and young people report they feel safe. Good and effective action is being taken by the partnership to ensure that children and young people feel safe with a wide range of initiatives in place. There are examples of effective strategies to promote good behaviour in schools and other settings through the Healthy Schools initiative, the Social and Emotional Aspects of Learning programme and the personal, social and citizenship curriculum. Community police are attached to 12 schools where anti-social behaviour has been identified as a risk. They undertake continuous active monitoring of anti-social behaviour to identify any trends or issues of concern that need more targeted responses. Their presence has had a positive impact on children and young people feeling safe. A pilot project to increase independent advocacy for some children and young people, enabling them to participate fully in their child protection conferences, to have their views heard and to feel safe when voicing them, has been very effective. It has had a positive outcome for those who have used the service and based on its success further expansion is planned.

23. Members of the youth parliament and youth select committee have worked effectively to analyse safeguarding concerns and have devised approaches for presentation to the city council. For example, the high cost of Bristol's public transport results in fewer young people using it. They perceive this to be potentially detrimental to their safety when they are out in the evenings. Children and young people who took part in the inspection are very positive about restorative justice approaches being used and feel this impacts positively by promoting respect amongst peers and helping to reduce bullying

and anti-social behaviour. While children and young people report that bullying is being tackled they feel that further proactive work still needs to be done.

## **The quality of provision**

## **Grade 2 (good)**

24. The quality of safeguarding provision is good overall and has improved since the JAR in 2006 when staying safe was judged to be adequate. The workforce across children's services is very responsive to concerns about children's well-being and safety and professionals at all levels throughout the partnership demonstrate a very strong child-focused approach. Good outcomes across a range of initiatives have been achieved by effective work within multi-disciplinary arrangements such as in the Triple P parenting programme, the rapid response service to children and young people who present at hospital emergency departments as a result of deliberate self harm, the youth restorative disposal project, and effective alternative education opportunities to prevent exclusions and re-engage young people who display more challenging behaviours. Outstanding health-led work has been undertaken with professionals and community leaders to improve understanding of female genital mutilation, with very clear processes in place to identify young female children and recognise risks.

25. Service responsiveness is good. There are clear and agreed thresholds for access to safeguarding services which are widely understood across the partnership. Referrals are more clearly related to need and increasing use is being made of the CAF, which is central to early intervention and prevention services. An unannounced Ofsted inspection of the contact, assessment and referral service in September 2009 identified a number of strengths and no areas for priority action. The council has taken appropriate and timely action to address the identified areas for development. At the time of this inspection, satisfactory progress has been made. Responsiveness to referrals generated through domestic abuse is good. An established multi-agency domestic abuse referral team situated within the police child abuse investigation unit reviews all referrals daily, assesses risk and makes appropriate recommendations for action. This is effective in making early and appropriate links to the CAF and children's services.

26. The emergency duty team is a contracted service shared with three other neighbouring authorities and does not have sufficient capacity to respond to all priority referrals regarding children and young people. As a result the police are left to manage alone some situations out of hours where there are concerns about children which require social work intervention and support. Staffing within the emergency duty team is to be increased but a more fundamental review is required.

27. Good arrangements are in place to ensure that children, young people, parents and carers are offered independent support to make complaints. Systems are robust to ensure that outcomes from recorded complaints are used

to change and improve services. Within the Community Child Health Partnership, Barnardos is providing advocacy for children and young people to enable them to use the complaint process and also to contribute to patient information. A robust process is in place which ensures that the management of allegations against those working with children and young people are appropriately investigated and responded to. Raising awareness is a key priority. For example, a member of staff from the children and young people's service sits on the Catholic Church Advisory Board to ensure there is a good awareness of the church's safeguarding responsibilities. The impact of training in safer recruitment and the management of allegations against staff is effective and has resulted in an increase in the number of allegations referred to the local authority designated officer from 86 in 2008 to 121 in 2009.

28. Most referrals to the assessment teams are responded to in a timely manner and cases allocated promptly. Currently, social worker caseloads are too high which impacts on their capacity to close and transfer cases in a timely way. The council has made new investment to increase staffing levels to respond to the increased demand for safeguarding services. However, although recruitment has started of the seven new qualified social worker posts 50% have yet to be appointed. Seven additional social work assistant posts are proving effective by enhancing social workers' capacity to focus on their statutory duties. All child protection cases are allocated to a qualified social worker and at the time of inspection there were no unallocated cases. Initial and core assessments are generally completed in a timely way and the local authority's performance is at least in line with comparable areas.

29. Case planning is satisfactory with clear and appropriate child protection or child in need plans in place for most children. In cases selected at random as part of this inspection, inspectors did not find any instances where the child or young person was judged to be unsafe. Children and young people are seen regularly and their well being positively monitored. However, in the 10 randomly selected cases, documented plans did not consistently reflect the quality of the work being carried out. Case analysis was variable; case histories not always used to influence current practice; and all chronologies were not up to date. Discussions with social workers on individual cases provided a more robust and clearer picture of the quality of direct work being undertaken and of the desired outcomes. Case recording was up to date and in most instances the wishes of the child or young person appropriately evidenced. Child protection and child in need reviews are undertaken within required timescales. Staff in the children's and young people's service report good local management support and supervision, but this was not consistently evidenced by inspectors when they evaluated case records. While management oversight through case directions was adequate, the content was brief and not always specific. Prior to this inspection, between January and March 2010, the council had undertaken an internal case audit in the children's and young people's service highlighting similar issues. An action plan is being prepared.

30. Direct work with children and young people who use safeguarding and child protection services is good. Children, young people, parents and carers spoke positively about the quality of support and advice provided to them. Good communication and joint planning with education and health services are consistent features, as are intelligence sharing and joint planning between the police and the children and young people's service. For example, the Staying Safe initiative, a joint venture between the police, children and young people's service and the youth offending team, is effective in reducing safeguarding risks to children and young people. Over the past three months, 30 vulnerable young people have been taken from the streets at night to a place of safety where they have received a thorough assessment of their needs. This has impacted positively on their safety and well-being. Numbers of young people subject to reprimands, final warnings and first time entrants to the criminal justice system have reduced. The youth restorative disposal project, a new police initiative, has shown positive impact and contributed to reducing the offending and criminalisation of children and young people, by providing them with a second chance and a deterrent to stop future offending.

31. Inspection outcomes for schools indicate they are increasingly effective in managing behaviour and are offering good support through learning mentors to individual pupils who may have previously been subject to exclusion. Permanent and fixed term exclusions overall are continuing to reduce. Effective education and health partnership support is provided to teenage mothers through a specialist centre with good outcomes in raising individual attainment and parenting skills. Alternative education provision for disengaged young people is good and is being further developed through a review of commissioned and directly managed provision. A wide range of structured and appropriate activities, including the accreditation of personal skills, is showing a positive impact in re-engaging pupils. Consequently, their confidence levels and employability skills have significantly improved. Arrangements to support children and young people educated at home are good. Regular home visits are undertaken by the elective home education service who audits plans and progress. All children and young people are visited and no settings have been judged to be unsatisfactory. Where issues are identified, multi-agency work is effective in supporting and engaging families to meet their children's needs. Home visiting staff are aware of child protection issues and procedures.

## **Leadership and management**

## **Grade 2 (Good)**

32. Leadership and management of safeguarding services for children and young people are good. Since the joint area review in 2006 the Children's Trust board and the BSCB have made good progress in developing the leadership roles. The Children's Trust has confidence in its role in providing collective leadership of Bristol City, complemented by competent corporate leadership from the council, the PCT and health trusts. Following the recent appointment of an independent chair of the BSCB, governance and accountability arrangements between the BSCB and Children's Trust have been reviewed and updated to specify clearly each Board's leadership role and functions. There is

good, cross-party political support from elected members for children's services. All key partners, including the voluntary and community sector are well engaged and focused on delivering robust safeguarding services with good outcomes for children, young people their families and carers. Ambition and prioritisation are clearly articulated and defined with a robust focus on addressing inequalities across the city. Priorities link to the Local Area Agreement (LAA) and other thematic partnerships. A culture of collaborative working has become more robustly established, with positive outcomes in individual cases and effective identification of new or changing local priorities. Service plans are coherent, with clear links to the Children and Young People's Plan (CYPP) and the LAA.

33. Performance management and evaluation arrangements are adequate overall. At a corporate and strategic level performance management systems are good. Data cleansing and collection systems are being improved, both within health and children's social care, to improve the accuracy of data that inform service planning and delivery. Performance against national and local indicators is scrutinised by the Children's Trust, the BSCB and the council's cabinet and scrutiny committees. At an operational level within children's social care, managerial case management information is not readily available from the electronic system. While good arrangements are in place for case and specific topic audits to be undertaken regularly, it is not always clear how the findings are used to improve practice. Within the children and young people's service supervision, structures are good and staff receive regular supervision in accordance with council policy. Social workers report positively on its benefit but the quality of recording within supervision files is variable. Within health communities, child protection supervision structures are in place and the quality of supervision is reported by staff as good when accessed. However, within most settings in both primary and acute sectors, regular supervision does not always take place within the required frequency. Senior managers have recognised that this is an area for further development.

34. Workforce planning is developing well; recruitment practice is compliant with statute and guidance, and some significant inroads have been made into long standing recruitment difficulties in some key areas. For example, within the children and young people's service there are no external agency staff and all social worker posts are filled by permanent qualified staff. Within speech and language therapy services some staff in children's centres and nurseries have been trained to deliver child development tasks that would otherwise be undertaken by qualified speech and language therapists. For some young children this has led to earlier recognition of their development needs and the provision of appropriate services to meet those needs. A shortage of health visitors and school nurses has resulted in re-defining work in key areas to ensure that child protection work is prioritised. Consequently, the lack of capacity has resulted in health visitors and school nurses being unable to undertake wider health promotion work or participate fully in the CAF process. Single agency and partnership training is well resourced and is valued by staff. It includes comprehensive child protection training at levels appropriate to the

recipient's role. The council recognises that at middle and senior management levels the workforce is not reflective of the city's population. Black and minority ethnic groups and disabled persons are underrepresented. Attention is being given to revising recruitment policies and to developing further a bespoke leadership programme.

35. The voice of children and young people is valued and there are some good examples of their active involvement and participation in service planning and delivery within both health and children's social care. For example, within health, children and young people have been directly involved in the formulation of contract and monitoring standards by considering 'what behaviours make a good worker'. Parents, carers, children and young people are routinely involved in child protection planning processes with advocacy available for those who need additional support. A majority of service users interviewed as part of this inspection consistently reported high levels of satisfaction with the services they received.

36. At a strategic level partnership working is good and has significantly improved since the joint area review in 2006 through improved Children's Trust arrangements and the work of the BSCB. Voluntary and community sector representatives have effective networks and represent each other in all partnership task groups. Multi-agency working in the 10 locality areas is good and leads to a concerted approach to inclusion, a better understanding of each other's role and more appropriate referrals to services. An outstanding feature of partnership working is the relationship between the statutory services and the local higher education academic institutions. Representatives from the University of Bristol and West of England University bring benefit to the partnership through providing up to date advice, guidance on best practice and research projects. For example, the University of Bristol funded a project to raise the profile of domestic abuse as a safeguarding issue through specific training to 20 general practitioner practices across the city. This had a significant impact in raising safeguarding awareness and resulted in an increase of appropriate referrals from general practitioners to MARAC.

37. The promotion of equality and diversity is good. The Children's Trust, BSCB and local partnerships demonstrate a clear commitment to promoting diversity and equality and have extensive knowledge of local needs and populations. The multi-agency tension monitoring group has reduced incidents within communities by effective briefings to local partnerships and has progressed from reactive reporting to proactive prevention. Challenging discrimination and reducing inequalities across the city is rightly incorporated within the CYPP's three key priorities; prevention and early intervention, the 14-19 agenda and raising the educational attainment of all Bristol children, particularly those from vulnerable groups. Inspection fieldwork has identified examples of good initiatives and projects across partner agencies that have been very successful in making a difference for individual children and young people. For example, work with asylum-seeking young people, children and young people from different faith groups and successful work with the Somali



community. Effective planning for inclusion, using Building Schools for the Future and PFI money, has provided the opportunity to co-locate specialist learning disability and mainstream resources. This has had a positive impact with fewer children and young people with learning difficulties and/or disabilities having to leave the area for their education, promoting their inclusion with mainstream peers and increased their aspirations. Where appropriate advocates or interpreters are available to ensure children, young people and their families are appropriately supported.

38. Safeguarding services provide good value for money. Good partnership working with some joint commissioning and aligned budgets, for example, CAMHS and the youth offending team, ensures that resources are well linked to priorities and that key priorities are translated into service delivery. Outcome-based commissioning provides value for money and is used to challenge poor performance to ensure better outcomes for children and young people. A strategic multi-agency commissioning group ensures that agencies know what services are being commissioned. Actions taken by the council to secure value for money include 'invest to save' activities focusing on children on the edge of care in order to avoid expensive care placements, and the use of social work assistants to increase capacity to enable social workers to focus on 'front line' services. Currently, the existing resource panels and commissioning arrangements meet need. However, the Children's Trust identifies this as a key area to drive forward further development.

## The inspection outcomes: services for looked after children

### Overall effectiveness

### Grade 2 (Good)

39. The effectiveness of services for looked after children, young people and care leavers is good overall with some adequate features. Since the joint area review in 2006 there has been steady improvement in all areas of service provision. The Children's Trust provides good leadership, resulting in a shared vision and agreed priorities for improvement. Statutory requirements are met including those for care assessment, planning, review and social worker visiting. Case work recording, assessments and care planning are adequate but variable in quality and do not reflect the good work undertaken directly with most looked after children, young people and care leavers. All looked after children and young people are allocated to a qualified social worker. Corporate parenting arrangements are effective, resulting in a shared responsibility across all agencies. Elected members demonstrate a strong commitment to corporate parenting and are champions for looked after children and young people. They offer appropriate scrutiny and challenge in respect of performance and meet regularly with looked after children and young people.

40. Outcomes for looked after children, young people and care leavers are good and demonstrate that the council and partnership are meeting their individual needs through providing them with safe care. Partnership working at all levels and across all agencies shows commitment and child focus which result in well tailored support packages to meet individual need. However, for 16–17 year olds on the 'edge of care' service the response on assessments is variable and there is a lack of access to emergency and long-term supported accommodation for those who are homeless. The quality and comprehensiveness of health and educational support for looked after children, young people and care leavers are good. Health assessments are timely, but the quality of recording is variable. Looked after children and young people are positively encouraged to pursue healthy lifestyles and broaden their horizons through leisure and cultural opportunities. Looked after children and young people report they participate fully in their case reviews with their views and wishes taken into account. Inspections carried out of the fostering service in 2007 and the adoption service in 2008 judged them both to be good. Despite focused attention on the recruitment of foster carers within the city, sufficient matching capacity and placement choice remain limited for older young people, sibling groups and children and young people from black and minority ethnic groups. Regulated and commissioned residential services are closely monitored and evaluated through inspection, individual review and contract monitoring. High priority is given to ensuring that commissioned services are of good quality. Robust safeguarding systems are in place and providers can demonstrate improved outcomes for the children and young people cared for.

## Capacity for improvement

## Grade 2 (Good)

41. The council and its partners have good capacity to improve services for looked after children, young people and care leavers. Since the joint area review in 2006, partnership working has improved significantly and is effective in delivering good quality provision to looked after children, young people and care leavers. There is a good and accurate awareness of improvements made and areas still identified for further improvement. There is effective leadership at all levels, with shared ambition and prioritisation to meet the needs of Bristol's looked after children and care leaver population. Vision and priorities are clearly articulated and translated into practice. Performance against indicators for looked after children are at least in line with similar areas, with improvements continuing to be made. Good management information systems are in place to identify early any emerging problems. Effective programmes to prevent children and young people entering the care system together with the quality of looked after children services and ongoing work to minimise children and young people needing to remain in the care system result in improved outcomes for children, young people and care leavers. Key improvements in the quality and costs of provision are secured through sound commissioning arrangements. Looked after children, young people and care leavers contribute well to service planning, with tangible evidence of their views effecting change. Across the partnership workforce good practice and dedicated and committed practitioners work well to deliver good quality services for looked after children, young people and care leavers.

## Areas for improvement

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

### Immediately:

- Bristol City Council to improve the quality of social work case recording and ensure effective performance management oversight of the content of the case records.
- Bristol City Council to improve the quality of recording of case directions and the quality of assessments and care plans for looked after children, young people and care leavers, to ensure required actions are documented in measurable ways, within set timescales.
- Bristol City Council to audit all referrals for 16-17 year olds on the edge of care to ensure that service response to these young people is appropriate and meets their needs.

- North Bristol Trust to improve the quality of the recording of health assessments for looked after children and young people.

**Within six months:**

- Bristol City Council and housing partners to review and improve access to emergency and long-term supported accommodation for 16-17 year olds who are homeless.

**Outcomes for children and young people Grade 2 (Good)**

43. Overall the health of looked after children and care leavers is good. Healthcare partners give priority to looked after children and once an assessment of health needs has been undertaken children have good and timely access to appropriate healthcare services. Robust systems are in place for the children's looked after nurse to follow up swiftly any missed appointments and to prevent delay in a looked after child or young person receiving appropriate treatment. Effective arrangements are in place for the looked after children's nurse to proactively follow up healthcare issues for children and young people placed out of area to ensure their needs are responded to appropriately and in a timely manner. The continuing health care nurse quality assesses all health placements for looked after children and young people placed out of the city.

44. In response to requests from looked after children and young people, a more flexible approach is taken to where they attend for their annual health assessments. They are now held in settings where they feel more comfortable so consequently more young people are willing to attend. Timeliness of health assessments has improved and is now good. At 87% for annual health checks and 84% for dental checks, performance is in line with similar areas. However the quality, comprehensiveness and recording of health assessments sampled during inspection are too variable. Outcomes for looked after children under five are good and improving with good rates of up to date immunisations. For older children and young people, the children looked after nurses provide sexual health advice and referral to sexual health services, if needed. All 16+ care leavers are encouraged and positively offered healthcare consultations and advice. For care leavers with mental health or complex health needs the continuing health care nurse works closely with adult services to ensure that health transition arrangements are appropriately addressed.

45. Good and timely intervention is provided by health professionals to support placement stability. For example, the children's looked after nurse undertakes joint placement visits with a child or young person's social worker to support placements that may be breaking down, to identify and manage risk and where necessary to bring in specialist help. The CAMHS service has been re-designed and there is now an effective and dedicated provision, 'Thinking Allowed,' that provides either a direct service to looked after children and young people or support to foster carers and other professionals to help manage

challenging behaviours. Foster carers receive effective training to ensure that they are aware of their role in promoting healthy lifestyles of the children and young people they care for. The children looked after nurses visit children's homes and other carers' meetings to provide health education and information on quitting smoking, substance misuse, nutrition, hygiene and sexual health. Looked after children surveyed for this inspection confirm they have useful advice from adults on healthy diets and exercise and that they have good opportunities to pursue hobbies and leisure activities.

46. Children and young people who are looked after benefit well from good safeguarding arrangements. There is good partnership working to ensure that the health, education and care needs of looked after children and young people are met in a safe and timely manner. Robust systems are in place to track and follow up children and young people missing from care. Looked after children and young people surveyed and met with as part of the inspection confirmed that the advice they receive from adults about keeping safe is valued and that there are people they would be able to tell if they were being harmed. One young person surveyed commented 'I am as safe as anyone could be because the people in my foster home make me feel safe and never unsafe or uncomfortable'.

47. Placement stability is a key priority with a robust focus on continual improvement. A placement stability task group has been created to focus on understanding trends and responding to difficulties presented by individual cases. Unplanned changes of placement are avoided wherever possible. For example, the Bristol Collaborative Service provides effective targeted support to placements at risk of breakdown. While short term stability has remained static and in line with that of similar councils, longer term placement stability has continued to improve from 69% in 2008 to a current rate of 72%. However, placement choice remains limited for older young people and sibling groups and there is an insufficient number of racially and culturally appropriate placements available for children and young people from black and minority ethnic groups. The council is aware of this issue and has on-going targeted recruitment activities in place.

48. The impact of services on enabling looked after children and young people to enjoy and achieve is good. The education of looked after children service (ECLAS) and virtual head have had a significant impact on raising awareness amongst schools of the needs of looked after children and young people and in raising their attainment. Tracking and monitoring are rigorous and enable targeted actions to be put in place quickly. The head of the Ethnic Minority Achievement Team and the virtual school head meet six monthly to ensure that looked after children and young people are prioritised within programmes for black and minority ethnic pupils. The virtual head robustly monitors and follows up the educational achievement, attainment and attendance of those looked after children and young people placed outside Bristol. ECLAS has focused on improving the quality and completion of personal education plans. This has resulted in a significant increase in completion from

65% to 87%. The use of the personal education allowance is good and provides looked after children and young people with a range of additional support tailored to meet their individual needs, particularly in maths and English. Incentive schemes are in place to encourage the completion of homework and broader cultural experiences are encouraged through the provision of musical instruments, visits to museums, theatres and engagement with local arts organisations.

49. The achievement of looked after children and young people is rising at every stage and the gap between them and their peers is closing. Every looked after child and young person is carefully monitored at every stage, and from their start points they have all shown improvement in their attainment. Progress is most apparent at KS1 and KS2 with 10% of looked after children in the gifted and talented cohort. Improving performance at all key stages is an identified priority within the Local Area Agreement, with robust action being taken to tackle the problem. The overall position is improving, but the gap in attainment between looked after children and their peers is still too wide at Key Stage 4. The majority of looked after children and young people have better school attendance than their peers. For example, 80% of looked after children and young people have a positive attendance record of over 90%. There have been no permanent exclusions of looked after children for the past three years and days lost through fixed term exclusions have significantly reduced. During 2008-9 fixed term exclusions reduced by 281 days to 205 and in 2009-10 they reduced further in the first two terms to 76. However, 60 children and young people with more complex needs are currently waiting for appropriate placements. The authority is actively working to address this issue through its Back on Track strategy. A high proportion of children and young people who responded to the inspection survey commented that their education is good or better and that they are receiving good support to help them achieve.

50. Opportunities for looked after children and care leavers to make a positive contribution are good. Consultation with looked after children and care leavers is well embedded. Members of the Children in Care Council have been proactive in developing and launching the Pledge. They have taken on lead roles in speaking out on issues that matter to them and their peers, and their views routinely inform service planning and provision. The young people are proud of their achievements and receive positive feedback from the corporate parenting panel on issues raised. They feel they have a positive impact, are listened to and that their views are taken seriously. Those who took part in the inspection gave examples of their involvement in the development of the Children in Care Council, senior manager appointments and in making DVDs to deliver key messages. The timeliness of looked after children's individual care reviews is good with a good level of active participation. Advocates are available to ensure that children and young people who require additional support have their say and are listened to. Work undertaken to reduce offending is effective. Since the joint area review in 2006 there has been a steady decline in the number of looked after children and young people who have been convicted or made subject to a final warning or reprimand. The

increased use of restorative justice approaches within children's homes has had a positive impact with few young people entering the criminal justice system as a result of their offending behaviour within the home.

51. The impact of services to improve the economic well-being of care leavers is good. Fewer young people are choosing to leave care at 16. The Staying Put initiative is very effective in supporting over 40 young people to remain living in their foster homes beyond 18, resulting in good stability and better support to prepare them for eventual independence. Of the 57 looked after young people who completed their statutory education in 2009 all but nine young people are in education, training or employment. The use of mentors and role models from local businesses and universities is effective in developing higher aspirations for care leavers and has resulted in an increasing number of applications to university. All care leavers receive a good level of financial support to help them access further and higher education opportunities. Currently 15 care leavers are at university, 11 are applying for entry in 2010 and 42 Year 10 looked after children expressed their aspiration towards achieving entry in the future. Partnership working between the care leaver services, Connexions and further education colleges is good, with an agreed protocol in place to monitor the take-up of post-16 placements and the progress of care leavers. The proportion of care leavers living in suitable accommodation has decreased from 94% in March 2009 to 90.5% at the end of March 2010. The availability of suitable accommodation within Bristol as a whole is limited, but the needs of care leavers are prioritised. There is on-going work with housing to improve resources and choice. The council demonstrates strong commitment to act as a good corporate parent to young people leaving care.

## **The quality of provision**

## **Grade 2 (Good)**

52. Service responsiveness is good with comprehensive preventative services in place for the majority of children and young people on the edge of care. There is good evidence of safe decision making regarding thresholds and support to families on the edge of care. However, for 16–17 year olds on the 'edge of care' service response with regard to assessment is variable and there is a lack of access to emergency and long-term supported accommodation for those who are homeless. Increased use of the CAF, the Family Intervention Support Service (FISS), family group conferencing and the family support service are all showing effectiveness in improving parenting capacity and supporting children and young people to live at home. Parents who contributed to this review spoke positively of the support they had received particularly from the FISS. One parent commented 'if it hadn't been for the FISS worker my daughter would have been in care'. Decision making in respect of children becoming looked after by parental agreement is at an appropriate level of seniority. The Area Resource Panel is effective in ensuring all alternative safe options to care have been considered before a child or young person becomes looked after.

53. Assessment and direct work with looked after children and young people are good overall. There are currently 655 looked after children and young people. Numbers have remained relatively static for the past two years, only showing a slight reduction from a peak in September 2009. In an attempt to reduce the numbers of looked after children and young people to a safe but manageable level, managers have reviewed and strengthened the use of residence orders, special guardianship allowances and financial support to enable children in need to reside with friends and family. This has only had a marginal impact, but cases selected at random for this inspection did not identify any situations in which the child or young person had not been appropriately accommodated. Placement stability is well supported through direct work by professionals with foster carers, such as that provided by the children looked after nurses, CAMHS, substance misuse services, ECLAS and the youth service.

54. All looked after children are allocated to qualified social workers. The adoption and fostering services have been judged as good in their most recent inspections. During 2009-10 inspections of Bristol City's children's homes judged 86.7% to be good or better compared to 76% in similar councils and 68.6% nationally. Effective permanency planning has led to an increased rate of adoption and special guardianship orders. Specific training is provided to foster carers to meet the needs of looked after children and young people from black and minority ethnic groups. Good care is taken when commissioning external placements and no residential or foster care placements have been commissioned from independent agencies that have been judged to be less than satisfactory in inspections. A high proportion of looked after children and young people are placed close to Bristol, with only 5% placed more than 50 miles away in specialist residential provision. The safety of children in external placements is effectively monitored through robust contracting arrangements and regular statutory visits from the allocated social worker. Statutory guidelines in relation to complaints made against staff working with children are followed consistently. Looked after children, young people and care leavers are well supported in making their views known and are aware of how to make a formal complaint should they wish to do so.

55. Care planning, review and recording are adequate. Overall, looked after children and young people have adequate assessments and care plans, but in the cases sampled not all assessments and care plans were documented in a sufficiently clear manner. In some there was a lack of analysis or updated assessments, in others the quality of direct work being undertaken was significantly better than that recorded in the assessment or care plan. Senior managers are aware of this issue and care planning has been strengthened through case audits, additional social worker training and a management focus on improvement. In most cases sampled clear case directions were recorded but did not fully document required actions within specified timescales. Capacity within the independent reviewing service is good and 90% of reviews are held within statutory timescales. Reviewing officers have a clear brief within their role to provide challenge and monitor the actions identified at the previous



review to ensure that they have been implemented. Of the 65 children and young people who took part in the pre-inspection survey, 88% reported that they felt their reviews worked well or very well to make sure the care they receive is what they need and that their wishes are taken into account. Although case recording is variable in quality, most social workers interviewed articulated well the outcomes that they were working towards with children and young people, highlighting some good work.

## **Leadership and management**

## **Grade 2 (Good)**

56. The leadership and management of services for looked after children, young people and care leavers are good, with competent and determined corporate leadership from the council, the Children's Trust and the BSCB. This is complemented by cross-party political support from elected members and the children's portfolio holder as children's champion. A child-centred approach, the promotion of their safety and well-being and raising their educational attainment and achievement are at the heart of the partnership's ambition and priorities for looked after children, young people and care leavers. The corporate parenting panel undertakes its responsibilities seriously, meets with children and young people regularly, and is proactive in promoting their needs to secure improved outcomes for them. Effective external challenge is provided to the panel by a representative from Bristol University. Governance arrangements are well established and reports from the corporate parenting panel are provided to full council meetings and are reflected in the annual report.

57. Performance management is adequate overall. At the strategic and corporate level within the looked after children's service it is good. The Children's Trust, BSCB and the corporate directorates all receive and scrutinise management information on the service and hold officers to account. The council has adopted a robust approach to managing performance and, where performance is or has been below target, holds performance clinics focusing on specific services. The educational attainment of looked after children has been subject to such a review, resulting in a very detailed action plan and close monitoring arrangements. At an operational level the quality of performance management information in monthly briefings is comprehensive and is used by managers to oversee performance. Supervision takes place regularly and social workers report that they find it supportive and beneficial. However, supervision files randomly selected did not reflect the reported quality of practice discussions or identify areas for development. There is some evidence that managers have used the findings from audits to improve practice, for example, in raising the quality of care planning. However, it is less clear how other audits are being used across the service to improve practice.

58. The involvement of looked after children and young people and care leavers in service planning, training events, consultation events, service delivery and in their individual care reviews is good. Children and young people who contributed to the inspection indicate that they have been provided with

opportunities to participate well in their own reviews and in the development of services, for example, by participating in commissioning interviews for selecting independent fostering agency providers and in developing and launching the Pledge. They feel they are listened to and that their views influence outcomes in a meaningful way. While there are good participation opportunities for older looked after children and care leavers, the challenge to the partnership remains how best to engage with younger looked after children so that they also have opportunities for meaningful involvement in service improvements.

59. Partnership working to meet the needs of looked after children, young people and care leavers is good and is established at both strategic and operational levels. At a practice level, a range of services such as the youth offending service, Connexions, Housing, police and looked after children social care, health and education teams, works effectively in partnership to deliver good outcomes. The co-location of The Bristol Collaborative Service and Thinking Allowed is a good example of partners working together to achieve improved placement stability.

60. The promotion of equality and diversity for looked after children, young people and care leavers is good. The partnership's knowledge of its children and young people population is, on the whole, secure and the variety of needs known. The Youth Select Committee includes looked after young people who have the opportunity to develop strategic leadership skills. There are some very good aspects in meeting both individual and community need. For example, the unaccompanied asylum seekers service is very effective and child focused. It ensures that all young people under 18 years of age, 30 within the city, are deemed to be looked after children, which ensures that they receive a full range of services, including leaving care entitlements.

61. The contribution of partners to achieving value for money is good. The Care Placement Commissioning Plan 2009-12, agreed by Cabinet, details actions to achieve good outcomes and value for money. Unit costs for looked after children and young people have changed little in real terms during 2009-10 and are below target costs and those of similar areas. Costs of care are reducing across all types of placements. A range of actions is taken to secure value for money, including: 'invest to save' activities focusing on children on the edge of care in order to avoid expensive care placements; a project to recruit more 'in-house' foster carers; and robust commissioning processes for independent foster placements. Strong corporate and cross-party political support has ensured the looked after children and young people's service is appropriately funded.

## Record of main findings: Bristol City Council

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

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