

# Inspection of safeguarding and looked after children services Northamptonshire

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**Reporting inspector:** Marie McGuinness 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 three of Her Majesty's Inspectors (HMI), one additional inspector and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence gathered and evaluated by inspectors included:
  - discussions with 88 children and young people receiving services and 30 parents and carers, front-line managers, a range of community representatives, elected members and senior officers, including the Director of Children's Services and the Chair of the Local Safeguarding Children Board
  - the scrutiny of key documents and reports, including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision, and the evaluations of serious case reviews undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
  - a review of 66 case files for children and young people with a range of needs. This provided a view of the quality of services provided over time and the quality of recording, reporting and decision making about children
  - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services, which was undertaken in October 2010
  - interviews and focus groups with front-line professional staff, managers and other senior staff from NHS Northamptonshire, Northamptonshire Healthcare NHS Foundation Trust, Kettering General Hospital NHS Foundation Trust, Northampton General NHS Trust, St Andrews Healthcare, General Practitioners and NHS Northamptonshire Provider Services.

## The inspection judgements and what they mean

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

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

## Service information

4. Northamptonshire's population includes 162,400 children and young people aged 0–18 (24%). The county is relatively affluent although there are pockets of deprivation, which are focused mainly around the major towns. Around 19,000 (20%) children and young people live in the most deprived areas in the county. The proportion of pupils entitled to free school meals in primary schools (13.4%) and secondary schools (11.1%) has increased from previous years, but remains below the national averages of 17% and 14% respectively.
5. The ethnic composition of the county is diversifying gradually. Children and young people from minority ethnic groups (those with a non White-British ethnicity) account for 17% of primary pupils and 14% of secondary pupils, which is below the national averages of 26% and 23% respectively. The proportion of pupils whose first language is not English has increased slightly to 8.7% in primary and 6.5% in secondary. In total, 150 languages are spoken by pupils in Northamptonshire, with Polish (1,531) and Bengali (713) being the most common. Since 2008, there have been noticeable increases in the number of pupils speaking Polish, Bengali, Lithuanian and Romanian.
6. The Northamptonshire Children and Young People's Partnership was established in 2006 and forms the Children's Trust Board. The Children and Young People's Plan 2009–12, 'Going for Gold', is being refreshed currently. The Local Safeguarding Children Board Northamptonshire (LSCBN) is independently chaired and brings together all the main organisations working with children and young people in the county to deliver safeguarding services.
7. Social care services in Northamptonshire have recently gone through a major transformation programme and changes have been made to the

delivery of services for the most vulnerable families in the county. In November 2010, a new 'Initial Contact Team' was launched in the council's customer service centre bringing all calls to social care through one central team. Social care intervention for children and families is now delivered in each of the four localities by initial assessment teams, response teams and children in need teams. There are also countywide placement teams, fostering and adoption teams, a social care team for children with disabilities and a new a Specialist Looked After Children Service (SCLAS), which includes services for young people leaving care.

8. At the time of the inspection, 706 children and young people were looked after by the local authority, including 118 unaccompanied asylum-seeking children. All of these unaccompanied asylum-seeking children were aged 10 or over and from minority ethnic groups and nearly all were male. Of the remaining 588 looked after children, 151 were aged five or under, 429 were between the ages of six and 15, and 135 were aged 16 and over. Just over half were male (57%) and 12% came from minority ethnic groups. The leaving care service works currently with 143 care leavers.
9. Looked after children are placed with 359 foster carers (of which 185 are in house and 174 agency), within six children's homes, secure units or other residential settings. Leaving care services are provided by a countywide leaving care team as part of the Specialist Looked After Children's Team.
10. NHS Northamptonshire is responsible for commissioning a range of health services, including universal, targeted and specialist health services for children. Child and Adolescent Mental Health Services (CAMHS) and sexual health services are primarily commissioned from Northamptonshire Healthcare NHS Foundation Trust (NHFT), including an in-patient unit and specific provision to Youth Offending Services. Accident and Emergency and secondary care services are provided at Northampton General Hospital NHS Trust and Kettering General Hospital NHS Foundation Trust. Community nursing services and services for victims of sexual assault are provided by NHS Northamptonshire Provider Services.

## Safeguarding services

### Overall effectiveness

### Grade 3 (adequate)

11. The overall effectiveness of safeguarding services is adequate. Senior managers and partners are committed to securing the safety and well-being of children and young people across this large and diverse county. The council is strongly committed to maintaining children's services within the context of financial constraints, to ensure that there is continuity of service, particularly for vulnerable groups of children and young people.
12. Progress to address the areas of development identified at the unannounced inspection in October 2010 is satisfactory. The case files sampled by inspectors demonstrate that improved attention is being paid to promoting equality and diversity when assessing children's needs. At the point of referral, oversight of children in need cases, has been strengthened through the newly established and centralised initial contact team in the customer service centre. Management oversight of referral and assessment work is improving through the introduction of a comprehensive auditing system. A new recruitment and retention strategy is beginning to reduce the number of vacancies in teams and good recruitment plans are in place to deal with the skills gap at team manager level.
13. Statutory requirements are met and no services are deteriorating. There is evidence of some improvement in outcomes through the increased take up and effective use of the Common Assessment Framework (CAF) and e-CAF. However, there is no routine collation of information about any need left unmet through the CAF process, to inform service planning. The introduction of the initial contact team for children and young people has ensured that families are signposted to the right services promptly and that thresholds for access to services are applied consistently. However, some health staff and other partners remain unclear about thresholds for referral into children's social care. There have been improvements in the timeliness and quality of initial and core assessments. When child protection enquiries are received by children's social care, the recording of strategy discussions and subsequent enquiries is not always undertaken or entered into the CareFirst system consistently and some child protection plans do not contain measurable targets to allow better tracking of progress against, and achievement of, specific actions. The children's CareFirst electronic recording system does not always assist social workers and team managers as much as it should. The council recognises this and has committed additional resources to support the development of the system. The use and implementation of CareFirst is on the corporate risk register and its effectiveness is monitored closely. Performance management and quality assurance arrangements are adequate. Managers have access to area and team performance data, which enables

them to track performance within social care teams and across areas. However, they are unable to scrutinise data fully on the CareFirst system and this limits their ability to check on social workers' caseloads and to monitor the quality of their work, which in turn weakens performance management. No alternative arrangements for performance management are in place to compensate for this.

14. The LSCBN is established and most partners are engaged, although the voluntary and community sector, faith groups and children and young people are not, as yet, fully represented on the board. While the board adequately fulfils its statutory duties, there is a lack of robust reporting and monitoring processes across a number of key areas. This includes a lack of robustness in reporting on the role and function of the Local Authority Designated Officer (LADO). There are good links between the LSCBN and the Child Death Overview Panel (CDOP), although there is no public health representative on the panel to ensure that public health information is shared effectively to support the safeguarding of children and young people. Governance arrangements between the LSCBN and the Children's Partnership Board are not yet embedded. Processes for the safe recruitment of staff are satisfactory.
15. A good customer feedback unit has identified learning from complaints and from comments by service users. These are informing service review and development. For example, this work has identified that communication with families needs to be improved and this is reflected in training being provided currently for social workers.

## **Capacity for improvement**

## **Grade 3 (adequate)**

16. The capacity to improve is adequate. The shared commitment to develop children's services between senior managers, health, other partners and elected members is evident. The transformation agenda is ambitious and appropriately focused on improving outcomes for children and young people. There is evidence that this is beginning to have an impact with improving early intervention and prevention services for children and families. At the point of initial contact, the service is now more responsive, and the introduction of the Integrated Working Procedures for Practitioners and Managers is providing a useful framework for integrated working. The establishment of Local Operational Teams (LOTS) is successfully supporting area-based working.
17. An effective needs analysis has informed a joint commissioning strategy between the council and health partners and suitable plans are in place for an integrated commissioning unit, which is to be implemented by June 2011. Arrangements for pooled budgets, relating to the CAMHS, substance misuse and children with disabilities service, are good.
18. Workforce planning and development are adequate. Social worker vacancy levels are low at 7%, with a reducing reliance on agency workers. In some

teams, social workers' caseloads remain too high and there are capacity issues at team manager level in terms of both numbers and capabilities. A corporate training needs analysis, including children's services, was undertaken approximately 12 months ago. However, a comprehensive training needs analysis has not yet been undertaken for children's services specifically, or used to inform the current recruitment and retention strategy in children's services. Similarly, a joint training needs analysis has not been carried out with children's services health partners and there is no joint children's services/health workforce strategy.

19. Service user engagement is good. The 'You choose' campaign is aimed at ensuring that children and young people are at the heart of the council's corporate and communication strategy. As a result, children and young people in Northamptonshire are listened to and consulted well. They are involved in a range of groups, including the multi-agency anti-bullying steering group, and the e-safety strategy group. The work of the children and young people's shadow board, which supports and facilitates anti-bullying workshops in schools, is outstanding. However, learning from the experience of health services users is not embedded enough across all health organisations. Young people, who care for an adult, or for their siblings, have good access to a range of support services. Despite this, some find it difficult to manage their caring role while attending full-time education. They feel that channels of communication between the different staff at school are not always good enough in ensuring that their personal circumstances are properly understood and supported.

## Areas for improvement

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

### Immediately:

- ensure that all partners are clear about thresholds for accessing social care services
- provide greater clarity for staff on the procedures for holding, and the recording of, strategy discussions and meetings; and ensure that minutes, and notes of meetings and pre-birth planning meetings, are distributed to professionals within an agreed tight timescale
- ensure all child protection plans have measurable targets to allow better tracking of progress against, and achievement of, specific actions
- review the caseloads of all social workers to ensure equitable and manageable caseload allocation across the service.

**Within three months:**

- strengthen governance arrangements between the LSCBN and the Children and Young People's Partnership Board to improve accountability and challenge
- ensure there is a comprehensive training needs analysis in place to inform future planning of training for the council's children's services workforce
- promote more effectively the individual needs of young carers within schools to ensure that a supportive approach is adopted that takes sufficient account of their caring responsibilities
- ensure that performance management arrangements give managers sufficient oversight of social workers' caseloads and the quality of their work
- ensure that there is public health representation on relevant safeguarding committees and the CDOP so that public health intelligence is used to keep children and young people safe.

**Within six months:**

- further develop the electronic recording system so that it enables social workers to record information better
- develop systems for the routine collation of any unmet needs through the CAF process, to better inform service planning.

# Safeguarding outcomes for children and young people

## Children and young people are safe and feel safe

**Grade 2 (good)**

21. The effectiveness of services in ensuring that children and young people are safe and feel safe is good. Children and young people seen by inspectors spoke of the trust they had in the adults who worked with them. All were able to name an adult whom they could speak to and some spoke positively about social workers they could contact if they were worried or felt unsafe. A number of children used pictures and writing to illustrate to the inspectors how they had been helped to feel safer. Parents of children in need, and children subject to a child protection plan, were equally positive about the services and support provided by social workers. However, a few children felt that they were not always listened to and some parents interviewed said that they had not been given information about how to make a complaint.
22. The Children and Young People's Shadow Board has been engaged in the development of the Children and Young People's Plan and officers made good use of the TellUs survey to inform the 2009–12 plan. Young people are asked routinely to evaluate the quality of services, such as the quality of sessions on offer at Northamptonshire Children's University at Tresham College. Parents, carers and children have been central to the development of the Aiming High for Disabled Children Joint Commissioning Strategy. However, there has been limited engagement of children and young people in developing health services.
23. Ofsted's inspections of services and settings in the local authority show that arrangements for keeping children and young people safe are mostly good or better. Good involvement by senior managers and partners in a multi-agency steering group, which includes two young people, promotes anti-bullying well. A range of initiatives raise good awareness of bullying in schools and other services. For example, schools cannot achieve the Healthy Schools status unless their anti-bullying policies have been assessed as good. Additionally, an anti-bullying accreditation scheme for schools has been in place since 2009. For the past two years, partners have supported an anti-bullying song competition through which young people are encouraged to express their views and feelings about bullying through music.
24. E-safety is promoted well through a designated officer, funded by the LSCBN, and supported by a multi-agency strategy group, which includes young people. This post has been in place for a year and good progress has been made in promoting e-safety, including through the distribution of 40,000 'bullying awareness bookmarks' across the county. Since the start

of the current school year, all primary schools have been required to hold three additional e-safety lessons for each year group.

25. A well established young carers' service provides a wide range of initiatives to support over 500 young carers. Referrals to the service have increased significantly as a result of improved identification of need, particularly through greater awareness in schools. Due to the increase in demand, the service has a number of young carers on their waiting list. Young carers are positive about the service and the support they receive. However, they are concerned that their schools do not fully understand their situation and do not always display enough flexibility or sensitivity in meeting their needs.
26. Good partnership work between the police and the LADO ensures that action taken in response to allegations about staff is timely and responsive. However, senior management and the LSCBN's oversight of the service are not robust as routine mechanisms for reporting on performance are lacking. Multi-agency Public Protection Arrangements (MAPPA) are well established and chaired by an independent person. Attendance by relevant agencies at meetings which are held to discuss vulnerable children and young people at high risk, is good although there is scope for improvement at lower level meetings. There is good engagement with accident and emergency service staff at these meetings. Processes to ensure the safe recruitment of staff meet statutory requirements.
27. Multi-agency protocols are in place for children and young people who are missing from home, care or education. The inter-agency Young Persons Missing Forum monitors information and reports to the LSCBN. All cases of children and young people who go missing from home or care are now recorded by the Police on a suitable database. Training of foster carers is developing in this area, leading to their greater awareness of the risk of sexual exploitation of young people. Links with faith groups and the voluntary and community sectors are good in relation to the awareness of honour-based violence. Police, social workers and other agencies are aware of a wide range of issues and risks posed, for example, through arranged marriages and sexual exploitation of children and young people.

### **Quality of provision**

### **Grade 3 (adequate)**

28. The quality of provision of safeguarding services for children and young people is adequate. Thresholds for access to services are appropriate with clear decisions made for initial assessments and child protection enquiries although they are not always widely or well understood. The new integrated working procedures for practitioners and managers, which set threshold criteria for children and young people who require services from social care, are not, as yet, embedded and health staff and some partners remain unsure about thresholds for referring into the service.

29. The Initial Contact Centre receives all contacts to children's social care services. The centre is relatively new, having taken over contacts from area teams incrementally between November 2010 and February 2011. The centre is staffed appropriately to meet current demand levels although contingency plans to cover for sickness absence are weak. Callers benefit from direct consultation and advice from CAF coordinators who provide support to the contact centre on a daily basis.
30. The implementation of the CAF has been slow to develop, but its use increases each year. The appointment of five CAF coordinators in October 2010 has accelerated the use of the CAF and the council is on track to exceed its target of 500 during 2010–11. Local area services have an individual CAF improvement plan to support its use by other services and agencies. A recent audit to check the level at which CAFs are being completed revealed that more CAFs are now being implemented at the stage of early intervention, which is appropriate. Quality assurance of CAFs, undertaken by the CAF coordinators, provides additional oversight and cases needing intervention are referred via the contact centre to specialist teams where appropriate. While performance tracking of CAF activity is in place, needs that were identified through CAF processes but that were not met, are not routinely collated or used to inform service planning.
31. Plans to implement the e-CAF are well established with 1,400 professionals being trained to date. Early signs of the use of the e-CAF show a month-on-month increase in activity with 46 CAFs on the system at the time of the inspection. Health provider services, children's centres, schools and voluntary and community organisations have signed up to use the e-CAF and use is expected to be widespread by the end of June 2011. However, health and social care systems are not compatible and this impacts detrimentally on staff training on the use of e-CAF and inhibits greater roll out of e-CAF across health providers.
32. In addition to the CAF, children, young people and their families have access to a range of community based early intervention and prevention services. For example, 112 parent support advisors are deployed within schools where support and advice is readily accessible. An independent evaluation of the service in 2010 revealed high levels of school and parental satisfaction with this service and judged that it was having a positive impact on outcomes. For those children and young people at risk of involvement in anti-social or offending behaviour, the Prevention through Learning Programme provides effective support services and works well in partnership with the Family Intervention Project and Intensive Intervention Project. The combination of these services has resulted in a reduction in the number of anti-social behaviour orders and first time offenders.

33. The quality of initial and core assessments completed by professionals is variable. Inspectors saw some cases that demonstrated a good use of research to inform understanding and analysis. However in some cases, the analysis did not include specific reference to risk or to protective factors that could impact on the safeguarding of children and young people. The views and wishes of children and young people are taken into account in making assessments and records state whether they were seen and if they were seen alone. Good attention is paid to the diverse needs of children and young people and case files reflect the proper use of interpreters and translation services, as and when they are required.
34. In most cases, child protection enquiries are carried out within suitable timescales. However, the use and recording of strategy discussions are not consistent across the service, with the result that some child protection enquiries are initiated without a strategy discussion or without a meeting taking place. This is not in line with the council's own procedures. A significant rise in child protection conferences, and in children subject to child protection plans, has added pressure onto the child protection system.
35. Child protection case conference reports are comprehensive and they pay good attention to risk and protective factors, which in turn help to inform appropriately detailed child protection plans. Accessing timely health reports for conferences is problematic, however, particularly with regard to General Practitioners (GPs). New measures are now in place to ensure that this issue is addressed, but the information and communication technology needed to make the system work effectively has yet to be introduced within social care services. Core group meetings, which follow a case conference, are held within timescales and confirm the child protection plan. However, plans do not always set out measurable targets or identify who has lead responsibility for individual actions. Most core groups are held regularly and attendance by key agencies is good but the tracking of actions at subsequent child protection conferences is not sufficiently robust.
36. Access to legal advice is good. The introduction of legal planning meetings has strengthened case planning. All child protection cases are reviewed after the second child protection conference to prevent delays and to maintain a strong focus on the case. Good use is made of the council's own Family Safety Agreement, which is undertaken when risks to children are identified in families. The agreement sets out risk and protective factors and the safety measures that parents are expected to put in place. The explicit reference to contingency arrangements makes sure that parents and carers are fully aware of what might happen if the terms of the agreement are not met.
37. Management oversight of individual cases is maintained, in most cases, through regular supervision. Outcomes of any supervision meeting or

review are recorded routinely on electronic case files and this is supported by the regular recording of any management decisions.

38. Caseloads are generally at a manageable level. However, staff vacancies in one area team have led to some staff having unacceptably high caseloads. Moreover, a combination of insufficient capacity and poor management oversight has led to a number of cases remaining unallocated. The recent appointment to this team of a permanent and experienced team manager has resulted in swift action being taken to address the outstanding work. This action has included the risk assessment of all cases and provision of sensible management support to staff. During the inspection, the council took effective action to deal with the unallocated cases.
39. The out-of-hours service has good links with day time services. The service consists of a full-time team manager, a number of principal social workers and the assistance of an administrator. A member of staff is always on duty from 4.30 pm on weekdays to ensure there is good continuity and sufficient sharing of information between day time staff and the out-of-hours service. Sound contingency ensures that staffing arrangements are secure, with access to four locum principal social workers if required. However, health staff report delays in responses to their requests for information from the service and while out-of-hours staff make use of the CareFirst system to gather relevant information on children and families, they do not routinely record their own activity on the system.
40. Good multi-agency work provides victims of domestic abuse with a responsive and sensitive service through the Sunflower Centre. The centre benefits from being hosted by the Police and staff have appropriate access to the Police system. This enables domestic abuse incidents to be followed up swiftly, with victims being contacted within 24 hours of the incident. The centre also provides good access to interpreters and translators if required. Services to domestic abuse victims are enhanced further by good working relationships between agencies. The Multi-Agency Risk Assessment Conference (MARAC) service is sited within the Sunflower Centre. As a result, any referrals of domestic abuse which come through MARAC are notified directly to the centre for immediate follow up. The Individual Domestic Violence Advisors attend all MARAC meetings. While working relationships with Children's Social Care Services are reported as generally good, there remains a reported lack of clarity about thresholds and some inconsistency of response from both the Customer Service Contact Centre and individual children's social care teams. Children of victims of domestic abuse benefit from groups specifically set up for them run by the Women's Aid. A well established sanctuary scheme enables families to remain within their local area when safe and appropriate to do so. Additionally, the inclusion of domestic abuse within a revised personal,

social, health and economic education for school children has raised awareness of domestic abuse.

41. Services for children and young people on the edge of care are well established. LOTs provide good opportunities for the early identification of vulnerable children on the edge of care. Good access to primary mental health workers for staff working with this vulnerable group has increased professional resilience and capacity. The Family Intervention Project has extended their services to include children on the edge of care, better enabling access for vulnerable families to highly intensive support services. Family group conferences provide a fast track process that can prevent children from becoming looked after and ensure an early return home where this is appropriate. Where service level agreements with children's centres are in place, they generally provide good support, including in relation to pre-birth assessments and the support given to parents whose children are returned to their care. Children excluded from school, or who are missing from school, are monitored effectively through reports to the area management team and LOTs and this, generally, helps with the early identification of vulnerability.

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

42. The contribution of health agencies to keeping children and young people safe is good. Health partners assure themselves that children and young people are safe through a range of mechanisms, including external reviews and section 11 Children Act 2004 safeguarding audits. There is good health representation on the LSCBN and sub-groups and health staff report an increasing level of challenge in making sure members take forward actions. All health providers have a safeguarding committee, which reviews serious case review outcomes and monitors the implementation of action plans. All health organisations' safeguarding policies are current, well understood, and accessible to staff. There are a low number of community practitioner vacancies and the named nurse/matron post is vacant at Northampton General Hospital NHS Trust.
43. Arrangements for the rapid response to child deaths are in place, although there is no dedicated nurse in post. The CDOP receives notifications of all sudden deaths and unexplained deaths. However, there is no public health representation on the panel. Regular audits ensure areas for development and subsequent action plans arising from child deaths are clearly monitored. Although, there is no robust assurance process in place to ensure that local and national child death alerts are sent to the appropriate individuals and services and that action is taken. Lessons learned from child deaths are shared across the county.
44. The quality of referrals from health partners to children's social care has improved as a result of routine quality assurance of all safeguarding

referrals and through the introduction of the Integrated Working Procedures for Practitioners and Managers. The dissemination of formal minutes from children's social care meetings, following pre-birth planning meetings, is not undertaken routinely or quickly enough. There is a good system for alerting staff to the placement of children and young people into care settings, including through notifications to community and general practices.

45. Children and young people nurses work well with schools to raise the awareness of mental health issues among pupils and how they can access help if required, for example through the mental health stigma project. A broad range of translation, communication and interpretation services is available, which helps young people from a wide range of cultural and linguistic backgrounds to access health services. Good services are available for children and young people with communication difficulties also, such as hearing and visual impairment.
46. There is good access to sexual health services for young people, with 95% of schools providing a drop-in centre for advice and support, and these services are accessed well by young men. With its dedicated forensic facilities, in a child-centred environment, the provision offered by the sexual assault referral centre is outstanding. The roles of the designated nurse for safeguarding and for looked after children have been amalgamated with a recently appointed postholder. The designated and named health professional safeguarding team, which is highly valued, provides good levels of bespoke training and supervision for health staff. The early identification and safeguarding of vulnerable children and young people is enhanced by the health visiting service's use of a family risk assessment. The assessment supplements the CAF process in arriving at decisions. Robust procedures are in place for monitoring and tracking children and young people who do not attend health appointments and this also helps safeguard vulnerable children and young people.
47. Good arrangements are in place for the successful transition of young people into adult services. Transition protocols ensure that plans are well focused and reflect the needs and wishes of young people. The plans commence at fourteen years of age. There is good access to the CAMHS, and a good level of compliance with the National Institute of Clinical Excellence pathways to support children and young people who self harm. Good integrated work within the disabled children's team ensures that care pathways reduce vulnerability and that disabled young people are well supported at all transition points between education and health services. There is good integrated working with the children's centres.
48. Most GPs and staff at Northampton General Hospital NHS Trust have attended safeguarding training, and all staff at Northamptonshire Health Foundation NHS Trust has attended the training. However, too few staff

have completed the training at Kettering General Hospital Foundation NHS Trust.

## **Ambition and prioritisation**

## **Grade 3 (adequate)**

49. Ambition and prioritisation are adequate. The children and young people's partnership board has a sound ambition and vision for children's services. The children's services transformation agenda is well underway in developing integrated and area-based working. The newly developed Integrated Working Procedures for Practitioners and Managers are ensuring that effective working practices are becoming established in Northamptonshire and beginning to have an impact. Consequently there are improved, earlier intervention and prevention services which are delivered through locally based work and through the implementation of the virtual LOTs.
50. The new children and young people's plan is sharply focused on core priorities and key safeguarding outcomes have been identified. However, the vision and priorities of the LSCBN are not fully developed and the LSCBN is aware that much work needs to be done to ensure that there is a suitable focus on the board's core safeguarding business. Elected members are well involved and engaged with children's services and aware of the need to make improvements. However, the level of challenge provided by the LSCBN to senior officers is not focused enough to ensure that safeguarding outcomes are subjected to robust challenge and scrutiny.

## **Leadership and management**

## **Grade 3 (adequate)**

51. Leadership and management of safeguarding services are adequate. Weaknesses in services are well understood and there are coherent plans in place in order to tackle the deficits. Senior managers recognise that there are capacity issues at team manager level in terms of both number and capability. Additional resources have been provided to deal with these gaps through the development of a new recruitment and retention strategy, and the implementation of a robust training programme. The latter includes a support programme for frontline managers. However, while the strategy includes an appropriate focus on professional development, this is not informed by a comprehensive training needs analysis and the strategy does not take sufficient note of the diversity of the local population.
52. Action plans have been implemented following serious case reviews and the learning from these has been disseminated across agencies. For example, there is now a prompt on all children's social care contact and referral forms, which identify any private fostering arrangement. In addition, new, integrated working procedures have been developed. The Police Child Abuse Investigation Unit now carries responsibility for both

intra and extra - familial abuse enquiries. However, the evaluation of the impact of actions arising from, for example, serious case reviews, is not widespread enough.

53. The customer feedback unit provides good support to children and young people who want to make a complaint. Good use is made of this feedback by using 'learning logs' to inform reviews of practice and areas for development. This well managed service produces monthly and quarterly reports for managers and practitioners and an annual report for the Scrutiny Committee. The service works closely with the Children's Rights Officer and Advocacy workers and promotes awareness of children's individual and collective views and needs.
54. The Children and Young People's Shadow Board is outstanding. There is a strong and demonstrable commitment by the council and its partners to consult and listen to the views of young people. The shadow board consists of 20 young people from across the county and includes at least one looked after young person and one care leaver. Two members of the shadow board sit on the Children and Young People's Partnership Board. The shadow board is consulted about important issues, for example on proposals to make savings. Excellent opportunities are available for members of the shadow board to be involved in promoting issues relevant to young people and this is supported by funding from the Partnership Board. This was used to run a countywide conference on anti-bullying, which was developed through workshops held by the shadow board with different age groups. Young people report that they can see the impact of their engagement through changes made in either processes or services, and that this is empowering, and makes them feel valued.
55. The use of resources is good. There is a strong commitment to keep front-line services intact despite the stringent efficiency savings required across all children's services. This extends to a political commitment to protect services for vulnerable children and young people, through an investment of £10 million for safeguarding in 2011–12. Some early work has been undertaken to compare costs of CAF interventions against the costs of social worker interventions, to ensure better use of resources. The development of the integrated commissioning unit, due to be in place in June 2011, is expected to make financial savings.
56. Service planning takes into account the needs of children and young people from minority ethnic groups. The Heritage Implementation group, set up in October 2010, considers the needs of all children and young people and a heritage panel meets monthly to focus on specific cases, including unaccompanied asylum-seeking children and young people.

## Performance management and quality assurance

### Grade 3 (adequate)

57. Performance management and quality assurance arrangements are adequate. The children and young people's partnership board and the LSCBN have access to a scorecard that contains the national indicator set and some local indicators. However, there is a need for both partnership boards to have access to more detailed performance information, based on a wider range of outcomes, to ensure they can challenge more effectively and hold each other and managers more rigorously to account. Social care managers have access to performance information, and also receive more detailed area and team performance data to enable them to track performance within teams and across areas. They are able to scrutinise the CareFirst electronic recording system to monitor social workers' casework, although this has its limitations and managers cannot rely on the system to provide them with all the data they need. The CareFirst electronic recording system has a joint form for contacts and referrals with insufficient differentiation between these processes. As a result, retrieval of information about contacts and referrals, for the purposes of performance management and oversight, is problematic and in some cases unreliable. In addition, the system does not facilitate the robust collection of information and data in relation to child protection enquiries. Overall, there is a lack of a consistent, coherent performance management system, which enables managers to scrutinise and monitor performance in their teams effectively.
58. Management oversight of casework is improving with the introduction of a comprehensive new quality assurance system, although it is too early to for it to demonstrate much impact. Themed audits are appropriately undertaken. For example, child protection coordinators undertook an audit on 28 children and young people who have been subject to child protection plans for over 18 months. The results of this audit were presented to the LSCBN so that learning could be shared with all agencies. Themed audits are also currently taking place in relation to the threshold criteria used at the point of referral into children's social care and to establish if initial child protection enquiries have been undertaken effectively.

## Partnership working

### Grade 3 (adequate)

59. Partnership work is adequate. The LSCBN meets statutory responsibilities although some standard reporting mechanisms are not yet in place, such as the presentation of an annual report from the LADO. However, some good work has been undertaken by the LSCBN in the completion of a Section 11 multi-agency safeguarding audit. This has resulted in the clear identification of issues that need action and inclusion within the LSCBN's business plan. There is evidence of good oversight of serious case reviews and the resulting action plans. The LSCBN provides a good level of

training which is valued by all agencies, although this is not based on a comprehensive joint training needs analysis and there is no formal robust evaluation of the impact of the training. The new independent chair is providing good professional leadership to the board. Joint action plans are in place to improve lines of communication, and to improve levels of challenge and accountability between the LSCBN and the Children and Young People's Partnership Board.

60. Good partnership arrangements are in place for the management and oversight of domestic abuse services. The Sunflower Centre, whilst being hosted by the police and staffed by police employees, is governed through a multi-agency partnership board. The voluntary and community sector is well engaged with the prevailing transformation agenda for front-line services. They attend local operational team meetings and feel that they are visible, listened to and can contribute to service developments. However, the infrastructure of this service and links with the council at a strategic level through, for example, the Children and Young People's Partnership Board and the LSCBN, are not sufficiently developed.
61. The development of area based working supported by local operational teams promotes sound partnership working in local areas. Attendance at LOT meetings by a range of partners including voluntary and community organisations promotes better sharing of local information and needs. Individual cases are brought to the LOT for consultation. The LOT chair holds a budget, which can be used effectively to provide responsive services and support to meet individual or local group need.

## Services for looked after children

### Overall effectiveness

### Grade 3 (adequate)

62. The overall effectiveness of services for looked after children and young people are adequate. The council, partners and elected members meet their statutory responsibilities and can demonstrate that most outcomes for looked after children and young people are at least adequate and continue to improve. For example, health outcomes are improving and in line with England averages, and access to dental services, CAMHS and speech and language therapy is good. Placement stability is improving steadily and adoption rates are high. Children and young people contribute very positively to their own care arrangements and their collective voice is making a difference to the services they receive. Families have been involved in re-shaping the family link scheme, which is now more responsive to their children's needs. Parents of children and young people with disabilities are making increasing use of direct payments so that they can better manage their care.
63. However, outcomes for young people leaving care are inadequate. There is no coherent strategy to develop the service and no dedicated care leaver health service. Young people leaving care have limited understanding of their pathway plans and their needs are not coordinated in a holistic way. The link between the work of Connexions personal advisers and the Leaving Care Team is not well established and consequently the proportion of looked after young people who are not in education, employment and training at age 19 is above England averages.
64. Performance management and the arrangements for quality assurance are adequate. Management oversight of casework is improving with the introduction of a new quality assurance system, which is comprehensive, although it is too early for it to have demonstrated the expected impact. Performance management is in place although robust performance management information is not fully available to enable managers to support staff better by scrutinising and monitoring their work in more detail.
65. Workforce planning and development is adequate. There are sufficient social workers to deliver the service and the remodelled SCLAS has improved its focus. Children and young people in care are benefiting from specialist workers who have the expertise to understand and meet their needs. Independent Reviewing Officers make considerable efforts to see children before their reviews and keep in contact with them. However, high caseloads for the reviewing officers and the considerable distances at which many of the children are placed make it difficult to sustain this good practice.

66. The council has a clear understanding of its responsibilities as a corporate parent. However, development of the corporate parenting board has been slow. Elected members are committed to their role and offer a range of experience. They recognise that placing children and young people out of the area is often not in their best interests and is costly also. A strategy to secure more local placements is progressing steadily. Commissioning arrangements are good and providers who have been successful in a recent tendering process stated that this was managed well and that they are very positive about working with Northamptonshire.

## **Capacity for improvement**

## **Grade 3 (adequate)**

67. The capacity to improve looked after children and young people's services is adequate. Performance across most outcomes is at least adequate although stronger in social care than in education.
68. However, outcomes for young people leaving care are inadequate and this service is insufficiently developed. The refreshed children and young people's plan reflects the commitment of the council and partners to prioritising looked after children and young people and to improving their outcomes. The new specialist looked after children service and the newly developed corporate parenting board, which are helping to improve services and assisting in the scrutiny of outcomes for looked after children and young people, are steps in the right direction.
69. Good engagement and consultation takes place between the council and looked after children and young people. Many young people have contributed to the development of services. For example, through being young inspectors, interviewing senior staff and mentoring younger children in care. The use of available resources is good, with close scrutiny undertaken of costs. The council is driving its strategy to recruit local foster carers to reduce the cost of out-of-county placements without compromising the quality and stability of placements for young people.
70. A new tendering process has been completed, which ensures rigour in commissioning high cost placements for children with severe and complex needs. The council is committed to maintaining the budget for looked after children and young people's services despite a challenging financial climate. There is sufficient staffing to meet the demands of the service and all looked after children have a qualified social worker. However, recent changes at front-line manager level mean that not all social workers are receiving the good quality professional supervision that they need.

## **Areas for improvement**

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

**Within three months:**

- NHS Northamptonshire must ensure that the health provision for looked after children is comprehensive and consistent for all looked after children and young people, including those who are placed out of the area and those who are leaving care. Care leavers should be provided with a copy of their health histories, including their immunisation and vaccine data
- ensure that the strengths and difficulties questionnaires completed by children and young people are analysed effectively and used as part of the annual health assessment of looked after children and young people, making sure that pathways for emotional wellbeing and mental health referrals are in place
- develop a coherent strategy for the 'leaving care' service and improve the quality of support provided to care leavers, including by providing good quality accommodation
- ensure the Independent Reviewing Officers have sufficient capacity to undertake the full responsibilities of their role with regard to children and young people who are the subject of a child protection plan or who are looked after
- conduct an audit of the developmental needs of newly appointed managers and ensure that appropriate training is provided to support them in their role.

**Within six months:**

- improve the proportion of young people leaving care who enter and stay in good quality education, employment or training
- reduce the level of persistent school absence and raise educational outcomes for looked after children and young people in secondary schools, including those who are placed out of the county.

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

### Being healthy

### Grade 3 (adequate)

72. The arrangements for maintaining and promoting the good health of looked after children and young people are adequate. Looked after children and young people benefit from fast track access to speech and language therapy services, dental services and support from CAMHS. Immunisation rates are high and health visitors attend residential children's homes to ensure that young people have access to vaccines when they are needed.
73. Most looked after children and young people receive health assessments, carried out by doctors, health visitors and children and young people nurses (previously school nurses), although the quality of the the health assessments does vary. Where they can, staff provide young people with a choice of venue for their assessments. Health action plans, which arise from assessments, are usually implemented quickly.
74. However, a lack of monitoring by designated health teams, and particularly of those who are placed out of the county, means that there is no overall reliable assessment of health provision for looked after children and young people. There is no dedicated care leaver health service, and care leavers are not provided routinely with a copy of their health histories. While some children and young people nurses provide copies of immunisation and vaccine data to care leavers, this is not consistent and some young people do not leave care with important personal information about their care.
75. The completion rate of the Strength and Difficulties Questionnaires for children and young people is good, particularly in relation to the emotional health and well being of looked after children and young people. Although questionnaire responses are not used enough to inform individual health care plans or to inform service delivery and development. Foster care training is well attended and evaluated positively by attendees, enabling carers to undertake their roles more effectively and helping to improve placement stability.
76. Reporting on the health and well being of looked after children and young people to health trust boards, the LSCBN and the corporate parenting panel is patchy and does not inform strategic planning, needs analysis and service direction enough. The designated doctor discharges the role in accordance with national guidance.

**Staying safe****Grade 3 (adequate)**

77. The arrangements for ensuring that looked after children and young people are safe are adequate. Safeguarding concerns for looked after children and young people were addressed effectively in all of the case files seen by inspectors. Children who are looked after have good opportunities to establish trusting relationships with the adults in their lives. Almost all of those children and young people who responded to the Ofsted Care4Me survey knew their reviewing officer and knew about the role. Most understood their care plan and felt that their views were listened in its review and development. A good number of looked after children and young people participate in their reviews.
78. A range of well-linked services ensures that looked after children's views are heard and make a difference to the quality of the service. Good links with the customer feedback team mean that themes arising from the analysis of children's views, individually and collectively, are used to guide service review and influence service development. Advocates provide regular drop-in sessions at the local authority's own children's homes, and visit children who have been missing from home on their return to care placements. However, further work is needed to make sure that children and young people who are placed out of the area, and who go missing, are visited and spoken to when they return. Unaccompanied asylum seekers based in the county feel safe although this is not always the case for those unaccompanied asylum seekers who are placed out of area.
79. Interviews and case files tracked show that social care staff are skilled in working directly with children and young people who are looked after. Carers confirmed this when speaking with inspectors. However, half of the children who responded to Care4Me said that their social worker did not always speak with them alone and a similar proportion reported that it could be hard to contact their social worker. Parents and carers reported that frequent changes of social worker meant it was hard for children to establish relationships with them. The well being and safety of disabled looked after children, including those who receive regular short breaks, are met effectively by staff who are appropriately trained to recognise and respond to their particular needs. Children who have few links with their birth families benefit from independent visitors. Effective work to recruit, train and support volunteers for this role means that children have access to adults with a wide range of skills and this helps to broaden their horizons.

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

80. The impact of services on enabling looked after children and young people to enjoy their learning and to achieve well is adequate. Children make good progress in their primary school and results are particularly strong in English. In primary schools, the individual progress of looked after children

is monitored from the Early Years Foundation Stage through to the final year of primary school and this is used well to pick up and tackle concerns early, such as poor attendance or signs of learning difficulties. Consequently, results have improved year on year and, in the last reporting year, they were above average compared to other looked after children nationally. A recently appointed interim 'virtual school' headteacher has targeted resources well and where they are needed most. The action plan for improving educational outcomes for looked after children and young people is realistic, well prioritised and is having an impact, for example on predicted GCSE results in 2011.

81. Commitment to raising standards, achievement and the attendance of looked after children and young people is strong. There is good partnership working between schools, social workers, the 'Life Chances' team of specialist teachers for looked after children and the Education Welfare Service. The headteachers and staff who were interviewed as part of this inspection, including from schools outside of Northamptonshire, value the good levels of support, understanding and knowledge made available by specialist teachers and social workers. The strategic use of data to monitor educational outcomes is developing, although there has been insufficient analysis of achievement by types of placement, particularly for looked after children educated out of area.
82. In 2008 and 2009, the proportion of 16-year-olds achieving one or more GCSE at grade A\*–G (or equivalent) and five or more GCSE at grade A\*–G (or equivalent) broadly matched the national figure for looked after children and young people but in 2010 results were below average. Results at the higher GCSE grades were also below average in 2010 and, although better than in 2009, only 12.3% of young people achieved five or more GCSEs (or equivalent) at grade A\*–C.
83. Personal Education Plans (PEPS) include clear targets for improvement and demonstrate that children and young people are involved in discussing their plan. In some cases, there is insufficient coherence between different plans to ensure, for example, that an individual educational plan for special needs complements the plans. Teachers seen as part of this inspection are aware of the need to use the target setting process more effectively, in particular to identify early where additional support might be needed. The training of foster carers promotes the importance of good achievement at school. In practice, some foster carers require more help, for example in attending parents' evenings and in providing support for older looked after children and young people who are studying for examinations. The local authority provides a wide range of resources to improve literacy and numeracy skills, such as the Book Sacks and Letter Box programmes to develop reading skills and there is good access to laptops. Currently about 84% of children and young people benefit from one-to-one tuition.

84. The rate of attendance of looked after children in primary school is very good and matches the attendance rate of all primary-aged children in Northamptonshire. However, persistent absence of looked after young people is above average in Years 9, 10 and 11 and well above the percentage for all students in the county. Looked after children and young people who have behaviour and attendance difficulties are prioritised for specialist support. They can access mentoring, counselling and the CAMHS readily. A wide range of additional activities, such as the Kic in 2 Study, summer schools and children's university, is effective in developing social and learning skills.
85. Looked after children and care leavers have access to a range of services and facilities through sport, leisure, libraries, expressive arts and drama programmes. Children and young people are encouraged to engage in extra-curricular activities. Where possible, these are linked to opportunities to gain awards or accreditation, such as the Duke of Edinburgh award or arts awards. The session observed as part of this inspection was good, and enabled children and young people to develop their personal, behavioural and emotional skills. The personal education allowance of £500 per person is used effectively to facilitate participation in a range of events such as children's university, extended schools programmes and master classes. Volunteers, such as those involved in 'The Expressions' theatre group, make a positive contribution to developing children and young people's confidence and life skills.

### **Making a positive contribution, including user engagement**

**Grade 2 (good)**

86. Children and young people who are looked after have good opportunities to make a positive contribution. In the last reporting year, 88% were involved in their individual care reviews. The latest figure shows further improvement and matches now the national average. Some looked after young people say that they are given the opportunity to chair their reviews and are supported to do so if they want to. Advocates are used effectively to ensure that children and young people who require additional support have their say and are listened to. The large majority of children and young people who took part in the pre-inspection survey, Care4me, reported that they felt their reviews worked well.
87. The Children's Rights service is excellent. Looked after children and young people praise the staff and the services they provide. The Children in Care Council is being re-formed to improve its role and impact and, although membership is small, members are active and enthusiastic about reaching out to a large audience, especially to younger children in care and those who have a disability. The Children in Care Council links with the East Midlands Regional Children in Care Council and this widens the influence of the children and young people who attend. Children and young people say that the pledge has required much involvement and has 'taken ages'

to develop. However, they were delighted, and rightly proud, to see the high quality of their art work on the pledge and are eager to disseminate it more widely.

88. A variety of mechanisms is in place to support consultation with children and young people on their care, the quality of their placements and on how to improve services further. Elected members who are corporate parents are committed to the roles and embrace their responsibilities well. They take a keen interest in looked after children and young people's care some visit residential settings. Children and young people are involved in a range of activities, including unaccompanied asylum seekers going 'on the beat' with police officers, young people working on anti-bullying projects, regular involvement in senior staff interviews and young people acting as 'young inspectors' of services. Although at an early stage of development, the 'Shooting Stars' group is beginning to influence services by ensuring that the views of disabled looked after children and young people are heard more loudly. Some young people feel that although their views are sought it takes too long to receive feedback on the suggestions they have made.
89. Care leavers have plentiful opportunity to help younger children in care, for example through mentoring activities and the young leader's programme. Training for young leaders includes learning effective presentation skills and presentations are then made to different groups of looked after children, young people and care leavers to inform them about topical issues. For example, they have been engaged in the Mental Health Stigma Project and have given presentations to full council meetings and to the Corporate Parenting Board. Young leaders have been involved in councillor induction training also.
90. Work undertaken to reduce the incidence of offending of looked after children and young people is effective. The proportion of children and young people convicted, or made subject to a final warning or reprimand, is below the national average. Partnership working with the police and the Youth Offending Service is strong. Protocols are clear and the police make every effort to avoid criminalising looked after children and young people and care leavers, including those who are unaccompanied asylum seekers. A range of strategies is in place to divert children and young people at an early stage away from the more formal criminal justice process. A Connexions adviser and a worker with specialist knowledge of learning and behavioural needs liaise effectively with relevant agencies, such as CAMHS, to intervene and support children young people at risk of offending. The increased use of restorative justice and the opportunities provided through youth work programmes are helping to develop children and young people's understanding of rights and responsibilities.

**Economic well-being****Grade 4 (inadequate)**

91. The impact of services to support and improve the economic well being of looked after children, young people and care leavers is inadequate. There is currently no coherent strategy in place to develop the service. The leaving care team is based in accommodation that is not fit for purpose and there is no drop-in facility for young people. Consequently, young people report that they attend the office only to get their money and opportunities to seek advice and discuss welfare issues are missed. Staffing changes have left only one team manager and some staff have not received supervision for as much as six months.
92. Young people and care leavers who have achieved well in their GCSE examinations, and those who stay in their school sixth form or study at a local college, are generally positive about the support they receive when continuing their education or training. Two colleges in particular meet care leavers' needs well. Unaccompanied asylum seekers make satisfactory or better progress in their education and have good access to one-to-one English language support and to English courses for speakers of other languages.
93. However, too many care leavers have limited understanding of their pathway plans and these vary in quality. Support is not responsive to need and it is not coordinated in an holistic way. For example, young people who entered care late and have not succeeded at GCSE require additional intensive support after the age of 16 but, although plans are in place to do so, the virtual school does not cater for young people after 16. Partners agree that there is more to do in tracking the achievements of looked after young people aged 16 and over wherever they choose to study, including those who move out of the area. The Life Chances team and the Aim Higher programme encourage looked after young people to understand the opportunities offered by higher education and aspiring university applicants are provided with the opportunity to visit universities. However, very few do so and only one young person is known to be currently at university.
94. The number of care leavers aged 19 in education, employment and training in 2009–10 was lower than the national average. The most recent data provided by Connexions as part of this inspection show improvement. The NEWS team (Northamptonshire Employment and Work Experience Service) engages with employers, but apprenticeship entry thresholds can be too high for some care leavers and placements are hard to find. A range of transition activities is established in schools in partnership with local colleges, which supports care leavers in making good decisions about their future. Most of the vocational courses offered are relevant to young people. However, work is hard to find. Connexions personal advisers help care leavers look for work but for some progress in finding suitable employment has been very slow. The council does not offer sufficient

work experience opportunities for young people and only three are currently benefiting from this scheme. There are very few jobs available in the council due to spending cutbacks and fewer of these opportunities are now open to looked after children and young people.

95. The case studies seen as part of this inspection show that some young people achieve highly taking their starting points into account. Partners are focusing their efforts on ensuring that care leavers with a disability have access to the best possible opportunities and the support provided or those looked after children and young people with complex needs is generally good. Plans for transition are started as early as possible, from age 14 onwards, and involve the young person, parents and/or carers as well as relevant staff, in particular those from education and health. It is becoming more difficult to secure local placements for young people with profound disabilities. Consequently, these young people are placed out of Northamptonshire and this can be difficult for some families as well as being costly.
96. The quality of accommodation available for 16 to 18 year olds is satisfactory but once young people reach the age of 18, they are required to move out of their accommodation. Only 45 out of 64 young people aged 19 are known to be in suitable accommodation (70.3%), which is too low a figure. A high proportion of unaccompanied asylum seekers are currently placed out of the county and this makes it difficult for workers to support their welfare and their economic well being. The Police now work effectively with social care to ensure that young people are not placed in unsuitable lodgings as this has happened on occasions. The "staying put" initiative that enables young people to stay in their foster family is good and provides stability for them. Front-line staff work with young people from age 16 onwards to discuss independent living. However, young people and foster carers spoken to as part of the inspection were critical of the quality of support for transition to independence, in particular in relation to budgeting advice and access to quality housing.

## Quality of provision

## Grade 3 (adequate)

97. The quality of provision for looked after children and young people is adequate. The action being taken to reduce unnecessary admissions to care is effective. Multi-agency panels are now in place and they consider what strategies might be used to allow looked after children and young people to stay, safely, at home. While this approach is expected to add an important dimension to decision-making, it is too early to see impact in terms of outcomes for children, young people and their families. Area based local operational teams provide multi-agency support to families when early intervention is required. A good range of support services in the community means that children enter and remain in care only when this is unavoidable and when it is in their best interests. Regular legal

planning meetings provide a valued source of support and guidance to social workers and managers and their access to legal advice is good.

98. Assessments and care plans are generally satisfactory. In some cases, they are good. Inspectors saw some good examples of how risks and protective factors that could impact on the safeguarding needs of children and young people have been analysed and taken into account before they become looked after. These are used well to inform short and longer term plans. Heritage plans, which help children and young people understand their cultural background and life-story, are being developed for children in care. Those seen by inspectors were of good quality and included contributions from the children and young people themselves. Assessments seen by inspectors demonstrated that the needs of children with learning difficulties and/or disabilities are taken into account well and that care plans are appropriate. Support is provided for families who wish to purchase individual packages of care through the use of direct payments.
99. The quality of assessments and care plans is overseen well by experienced and respected Independent Reviewing Officers, who provide an important source of professional support for practitioners and managers. Reviewing Officers provide a good level of challenge. They take their responsibilities seriously and ensure that action is taken to prevent or tackle delays in implementing care plans for children and young people. However, recent changes at front line manager level mean that not all social workers receive the level of support they need and, on occasions, Independent Reviewing Officers are compensating for weaknesses in management and support arrangements.
100. Most reviews are held on time and are child focused. Parents, carers and social workers report that these meetings provide a good opportunities to reflect on whether children's needs are being met, and enable all concerned to contribute to the the care plan. Reviewing Officers make considerable efforts to see children before their reviews and usually keep in close contact with them. However, high caseloads for the reviewing officers and the considerable distances at which many of these children are placed mean that it is a challenge to sustain this good practice. A good advocacy service helps ensure that a high proportion of children and young people make a meaningful contribution to their reviews.
101. Some caring relatives have had to wait too long for their assessment, formal approval and support as foster carers. While a kinship care strategy is in development, further work is required to raise workers' awareness of support needs for these children and their carers. Plans to ensure that children and young people can be placed with permanent carers are well embedded. This has resulted in consistently good, and improving, short and long term stability rates for children and young people, which strengthens opportunities for establishing trusting relationships between

children and young people and their carers. Adoption rates are high and the use of Special Guardianship and Residence Orders is rising. Carers spoken to feel well supported by their fostering social workers, who encourage them to extend their experience through training. The placement support service is flexible in responding when additional support is needed, both to stabilise children who are in placements and to assist them when they return to the family home. There is a well managed therapeutic fostering service, which provides specialist support to eight children and young people with complex emotional and behavioural need and prepares them well for permanent placements.

102. Records indicate, and carers confirm, that social workers see children and young people alone and that most have the skills needed to ascertain their wishes and feelings. However, cases tracked by inspectors showed that not all children who are looked after are visited within the required timescales. Carers seen attributed this, in part, to frequent changes of worker, some of whom were agency staff. Social care records seen are up to date and demonstrate well the core elements of effective practice. Staff are clear about expectations in relation to the timeliness of record keeping and management oversight is evident in most cases. Health records generally conform to appropriate guidance, although they do not contain chronologies. Health action plans are not always monitored and reviewed.

### **Ambition and prioritisation**

### **Grade 3 (adequate)**

103. Ambition for, and prioritisation of, looked after children, young people and care leavers are adequate. The newly revised children and young people's plan sets out unambiguous priorities and ambitions for children and young people who are looked after by the council. These have been identified by undertaking an effective needs analysis as well as by considering the findings from internal and external audit. Most outcomes are improving although outcomes for care leavers are inadequate and more needs to be done to prioritise this group of young people. The corporate parenting board includes experienced elected members and partners and this is a strength. However, although elected members express a strong commitment to corporate parenting, the corporate parenting board has yet to realise its potential. The board is planning to increase its level of challenge to officers, particularly in relation to outcomes. However, it is currently not well placed to do so because of a lack of robust performance and management data. Plans are now in place to ensure that young people in care are active contributors to the board.
104. An ambitious programme is in place to maximise the use of the 50 children's centres across the county to improve levels of supervised contact for families who are involved in care proceedings and where children are looked after. The aim is to centralise administration, standardise arrangements for contracting and managing the workers who will carry this work out, raise standards in social work practice, and achieve

better value for money. These ambitions are a good response to a growing need for supervised contact arrangements. The council and its partners have been effective in maintaining a low number of looked after children and young people who are convicted or made subject to a final warning or reprimand.

## **Leadership and management**

## **Grade 3 (adequate)**

105. Leadership and management of services for looked after children, young people and care leavers are adequate. The senior management team is providing clear leadership. However, deficits in services such as those for care leavers, although acknowledged, have not been prioritised. Until very recently, the pace of change for, and prioritisation of, looked after children and care leavers have been insufficient, although this is improving. Strengths include good planning for permanent care arrangements and good decision making in ensuring that care planning reflects children and young people's needs. The recently appointed, and interim, head teacher of the virtual school is making good progress in improving provision and monitoring of outcomes and the current cohort of 16 year olds is making good progress in their studies against the individual targets set for them.
106. There is adequate understanding of the diverse needs of children and their families. Unaccompanied asylum seekers receive suitably sensitive support. The authority seeks to place them in communities with similar cultural backgrounds so that they can establish their own peer networks. However, this means that many are placed out of the county and this makes it harder to support them well.
107. There is some very good social work and other professional practice in Northamptonshire, with dedicated and skilled staff at all levels working across services to provide a well focused care and support for looked after children and young people. There are sufficient social workers to meet demand and all looked after children and young people have a qualified social worker. Independent Reviewing Officers carry high caseloads, which limits their ability to provide a quality to service to all looked after children and young people. A good range of training is provided to foster carers to meet the needs of children and young people.
108. Partnership working is adequate. Professionals across the relevant agencies understand the responsibilities they have for looked after children and young people. Individual commissioning arrangements ensure that full account is taken of the cultural and diverse needs of looked after children and young people, including unaccompanied asylum-seeking young people. A recent recruitment drive has succeeded in increasing the extent of placement choice for younger children. However, for some young people this remains more limited. Effective action has been taken to strengthen commissioning arrangements for children who cannot be placed with Northamptonshire carers. The use of resources is

good and the benchmarking of the cost of in-house residential provision against external placement has been rigorous. The council has led collaborative commissioning arrangements for seven out of the eight East Midlands local authorities. A weekly multi-agency placement panel for children on the edge of care and the 'returning home' project are examples of actions taken to prevent children entering care unnecessarily.

109. There is a well established customer service feedback process in place and advocates are available to support children and young people where this is necessary. The majority of children and young people who responded to the survey carried out as part of this inspection said that they knew how to contact an advocate and to access support when required.

## **Performance management and quality assurance**

### **Grade 3 (adequate)**

110. Performance management and quality assurance arrangements for looked after children and young people are adequate. While the children and young people's partnership board and the LSCBN have access to a scorecard that contains the national indicator set and some local indicators, there is a need for both partnership boards to have access to more detailed performance information based on a wider range of outcomes so that they can challenge and hold each other to account. Managers have access to similar information and they receive some detailed performance information about each area and team. However, the information and processes for performance management are not robust enough to enable them to scrutinise, manage and monitor the performance of their teams effectively enough.
111. Management oversight of casework is improving with the introduction of a new comprehensive quality assurance system, although it is too early for it to demonstrate impact. Independent Reviewing Officers for looked after children and young people provide a good service which offers an appropriate level of challenge to social workers and managers. However, there is a lack of capacity to meet revised government expectations (effective from April 2011) for this role and caseloads are between 80 and 90, whereas guidelines suggest 50 to 70. Given the additional demands arising from the high proportion of children and young people who are placed outside of the area, this limits their capacity to establish and maintain strong enough links with all looked after children and young people.
112. Front-line health practitioners who were interviewed by inspectors reported they do not receive enough supervision of their work with looked after children and young people, although their work on safeguarding is supervised and they value this. On occasions, they use these sessions to discuss issues relating to looked after children cases.

## Record of main findings:

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