

# Inspection of safeguarding and looked after children services

Poole

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## About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
  - discussions with 52 children and young people receiving services, seven carers, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
  - analysis and evaluation of reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
  - a review of 101 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
  - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in July 2011
  - interviews and focus groups with front line professionals, managers and senior staff from NHS Bournemouth and Poole, Poole Hospital NHS Foundation Trust and Dorset Healthcare University NHS Foundation Trust.

## 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. Poole is on the south coast of England and is part of a larger conurbation with the adjoining area of Bournemouth. Poole has a mixed economy with one of the largest manufacturing sectors in the South West. While the level of employment is relatively high, the comparatively low wage levels compared to the high costs of housing are a significant factor for many families. Poole is a town of contrasts with affluent areas alongside pockets of significant deprivation where there is poverty and disadvantage.
5. Poole has a resident population of around 142,100 of whom approximately 28,400 are children and young people aged 0 to 18, representing 20% of the total population of the area. This population is changing with a significant increase in the birth rate and is becoming more ethnically diverse. In January 2011, 8.23% of the school population was classified as belonging to an ethnic group other than White British, 0.3% of pupils are of Black African background and 5% of pupils speak English as an additional language. Polish and Malayalam are the most recorded commonly spoken community languages in the area.
6. Poole has 40 schools comprising one primary school, 12 first schools, seven middle schools, eight combined schools, eight secondary schools (four of which are academies) and four special schools/pupil referral units (one of which is an academy). Early years service provision is delivered predominantly through the private and voluntary sector in over 50 settings; there are four local authority maintained nurseries.
7. The Poole Children's Trust was set up in 2008 and has representatives from the key statutory agencies, schools and the voluntary and community sector. It is supported by a Shadow Board of children and young people. The Bournemouth and Poole Local Safeguarding Children Board became independently chaired in September 2008.

8. At the time of the inspection there were 144 looked after children. They comprise 31 children less than five years of age, 89 children of school age (5–16 years), and 24 post-16 young people. There are 71 young people with care leaver status. Poole uses a Virtual School Team approach and dedicated health posts in its support of looked after children. Children and Families social care services have 106 foster carers. Poole has no in-house residential provision and some additional placements are commissioned through residential and independent fostering agency providers.
9. At the time of the inspection there were 99 children who were the subject of a child protection plan. Children and young people social care services are provided through eight social work teams; a referral and assessment team and three family support and safeguarding teams, a dedicated children in care team and a pathways team which supports care leavers and other vulnerable young people aged over 16 years, a fostering team and an adoption team. Out of hours emergency social care is provided by a joint service covering Bournemouth, Poole and Dorset areas.
10. Other services supporting families are delivered through; a families intervention project; Children and Young People's Integrated Services, including disability and special educational needs; under fives services, including eight children's centres and three outreach and five to 19 years open access and targeted services.
11. Commissioning and planning of national health services and primary care are carried out by NHS Bournemouth and Poole, supported by developing General Practitioner (GP) commissioning arrangements. Community based services, including child and adolescent mental health services (CAMHS) and child health services are provided by Dorset Healthcare University NHS Foundation Trust. Acute and maternity services are provided by the Poole Hospital NHS Foundation Trust. Paediatric services are provided by Poole Hospital NHS Foundation Trust.
12. The Police service is provided by Dorset Police Authority. Services for young offenders and young people at risk of offending are provided through a joint Bournemouth and Poole Youth Offending Service. Voluntary and community services provide a range of services to children and families in Poole, for example services to children with a disability and services providing positive activities to young people.

## Safeguarding services

### Overall effectiveness

**Grade 2 (good)**

13. The overall effectiveness of safeguarding services in Poole is good. Statutory requirements for safeguarding children and young people are met and no services are deteriorating. Elected members, managers and staff across the partnership are committed to securing the safety and well-

being of children and young people. There is a strong commitment to protect children's services and ensure that there is continuity of service for vulnerable groups of children and young people. The strength of partnership working is evident in a range of multi agency forums which review the needs of children and coordinate service planning at strategic and operational levels.

14. The unannounced inspection of contact referral and assessment in July 2011 found two areas for development and these have been effectively tackled. The recent reconfiguration of this service has resulted in its improved effectiveness. Strategy discussions and safeguarding inquiries are undertaken appropriately. Child protection conferences are managed well with good involvement of parents, children and partner agencies. However some parts of the service require further development, such as the effectiveness of core group for children who are the subject of a child protection plan, the quality of case recording and the regularity of supervision of staff working in children's safeguarding services.
15. Learning from serious case reviews and inter-agency audits shapes priorities such as tackling domestic violence, substance and alcohol misuse, and promoting e-safety. Performance management information is used effectively to drive service development, for example in the recent reconfiguration of contact and referral, child protection and children in need teams within children's services. However, consistency in the quality of case audit requires further development.
16. The views of children and young people have informed the development of strategic priorities and helped to shape services, for example more flexible user friendly access to CAMHS and the Quay Advice Centre. Young people have contributed to the selection of individuals to represent the community at the Bournemouth and Poole Local Safeguarding Children Board (B&PLSC). However a young people's shadow board for the B&PLSCB is not yet in place.
17. Workforce planning and development across the partnership is effective, enabling appropriate levels of suitably qualified and experienced staff to be recruited and retained. Robust training needs analysis informs the workforce development strategy and staff in partner agencies report that their training needs are met.
18. The B&PLSCB, jointly managed with Bournemouth, is well established and takes a leading role in disseminating messages from serious case reviews and in staff training and development. Sub-groups are purposeful and well managed and the board communicates its activity well. Key partners are well engaged, although faith groups are not yet represented.
19. There are clear systems to safeguard children with disabilities and those who require additional support in having their voice heard. Keep safe work

is undertaken with young people with learning disabilities to enhance their awareness of risks.

## Capacity for improvement

**Grade 2 (good)**

20. Capacity for improvement in safeguarding services is good. Strong leadership and a shared commitment amongst managers, partners and elected members to develop the service are evident. The vision for developing safeguarding services is shared and combined with a realistic grasp of where further work is needed to achieve ambitious targets. The drive to reconfigure universal, targeted and specialist services is appropriately focused on improving outcomes for children.
21. The recent reconfiguration of children's social care services provides a secure basis for further improvement to safeguarding services. However the new arrangements are not fully established and do not yet demonstrate measurable improvements in terms of outcomes for children. While the reasons for the recent rise in referrals to the contact, referral and assessment team, increasing numbers of initial child protection conferences and rising numbers of children in care are understood, the numbers of children requiring these services continues to present a challenge for the authority and its partners.
22. Joint working between partner agencies in particular, social care, the Police, health agencies and voluntary sector organisations, including housing providers, is well developed. This enables well coordinated assessments and early intervention and as a result the needs of children and their families are better recognised at an early stage and lead to the avoidance, where possible, of the use of statutory measures.
23. The B&PLSCB demonstrates a consistent and improving track record. Staff at all levels share clear ambitions for the work. Managers in partner agencies demonstrate strong leadership. The monitoring and evaluation function of the Board has been strengthened in accordance with the recommendation of the Ofsted inspection of safeguarding and looked after children services in February and March 2011.
24. Robust workforce planning is underpinned by strong commitment from all partners to ensure that there are sufficient resources to meet emerging needs as safeguarding children is maintained as a clear priority.

## Areas for improvement

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



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**Immediately:**

- ensure that records of visits to children and families record whether a child is seen and whether they are spoken to alone. Ensure that children's case files record how child protection and children in need plans are explained to young people and their carers where they are not in attendance at meetings.

**Within three months:**

- ensure that there is effective communication amongst partner agencies of the role and remit of the reconfigured teams within social care services, in particular in relation to thresholds to access their services
- ensure that core groups routinely review the plan of protection and that minutes of core group meetings are recorded
- ensure that case recording in children's files sufficiently describes the purpose, interaction with, and impact of, social work contact with the child and their family and that chronologies on children in need cases are updated.
- ensure that social workers receive regular supervision and that this is clearly recorded.

**Within six months:**

- ensure that the views of children and families, who have experienced safeguarding intervention, are routinely captured to ensure the service consistently learns from their experience
- local health organisations, including GPs, should ensure all staff working with children have access to the appropriate level of safeguarding training and its impact in raising standards of practice is evaluated
- ensure that plans of protection include contingency planning and that staff are suitably trained in the use of contracts of expectation to enable them to clearly set out for families what needs to change to reduce risk of future harm to children
- ensure that multi agency and single agency case audits are routinely undertaken and are of a consistently high quality to enable issues for development in safeguarding practice to be identified and tackled.

## Safeguarding outcomes for children and young people

### Children and young people are safe and feel safe

**Grade 2 (good)**

26. The effectiveness of services to ensure that children and young people are safe and feel safe is good. In most cases seen the safeguarding needs of children are promptly and appropriately identified by partner agencies and their concerns are notified to social care services. However, in some cases where there are cumulative concerns about neglect, or anti social/criminal behaviour, there is a delay in identifying that concerns are about safeguarding issues. This can result in some children and young people not receiving a timely assessment of their needs. Social workers interviewed and cases tracked during the inspection indicate that when social care intervention with families takes place the assessment of risk and need is sound and that children receive an effective and well coordinated response.
27. The role and function of the local authority designated officer (LADO) are clear and well established. The well managed service has effectively raised awareness of their role and function through training and this has led to rising numbers of referrals, including those from the voluntary and independent sector. Analysis of issues raised from referrals and investigations informs service development, for example the need to focus resources on vulnerable children who travel on school buses or in taxis.
28. Resources to support young people and help them keep safe in the community are good. Young Adults Drug Advisory Services (YADAS) and the Quay Advice Centre are among a range of services that are working well to identify and respond to young people's needs in ways which encourage and enable them to accept support. The 'Where's Your Head At' website, developed in conjunction with young people using CAMHS provides a comprehensive range of information and advice. Four Safer Neighbourhood Teams successfully use a range of tactics to engage local families and young people who may be at risk in their localities, and in this way contribute to preventing the need for formal intervention.
29. Effective engagement by schools supports vulnerable children to achieve their best. Positive working relationships, in particular between school staff, carers and partner agencies together with social workers, helps to promote good communication to maximise learning opportunities for children, including those with complex learning needs and challenging behaviour. Most children and young people attend school regularly. Absence from school is lower than both the regional and national averages across all phases of education. The use of permanent exclusion is low. The use of fixed period exclusions in primary and secondary schools has been

higher than the England average but is reducing. Ensuring that children and young people attend school is supported well by a range of actions including attendance surgeries for parents and outreach work with those at risk of exclusion.

30. Staff in schools and children's centres have good awareness of safeguarding and welfare issues for children and respond to them appropriately. The Targeted Action for Mental Health in Schools (TAMHS) scheme has been effective to help young people to manage behaviour and keep them in school. A successful vocational programme at Key Stage 4 is in place, targeted at those pupils not succeeding in mainstream education, from which a high proportion of pupils move on to further learning.
31. Safeguarding provision was judged outstanding in the 2010 inspection of adoption services, and good for the 2010 fostering service. Effective action taken in response to recommendations in the Ofsted inspection of private fostering (2006) has led to a sustained awareness raising campaign that has resulted in a steady rise in referrals, which are addressed promptly and safely. The two independent children's homes in Poole, used for short breaks for children with disabilities, are judged satisfactory or better for safeguarding.
32. The Criminal Justice Joint Inspection of youth offending services in June 2011 found that drastic improvement was required on the work within the service in assessing and addressing safeguarding issues and risk of harm to others. Senior managers have promptly taken appropriate action to address these concerns and to improve risk assessment, management oversight of work and communication and networking between the youth offending service and other partners. This is beginning to have a positive impact with increased quality assurance of assessments, although it has yet to be embedded or sustained.
33. Children's views and feelings are appropriately taken into account in assessments and there is good use of advocacy to ensure that their voices inform child protection conferences and some child in need plans. Social workers seen by inspectors indicated that they informed children, young people and their carers of decisions made at meetings where they had been unable to attend, to enable them to fully understand what actions were being taken to ensure their safety, and what actions were expected from them. However this was not consistently evident on case files. All looked after young people who responded to the Care4Me survey expressed confidence that they could tell someone if they were being harmed.
34. Issues of diversity are appropriately considered. For example assessments and child protection conferences routinely consider issues of diversity and make appropriate plans to address the individual needs of children and their families. Interpretation services are used well. Links with workers in

partner agencies who have particular areas of expertise ensure appropriate support for adults with specific needs, for example those who are deaf, to ensure they can play a full part in risk assessments and case planning.

35. Robust policies and procedures for safe recruitment are in place across the partnership and meet statutory minimum requirements. The council takes appropriate action to ensure that safe recruitment practice is followed within its services and through commissioned providers. All schools had been supported by the local authority in developing safe recruitment and selection practices and reported good support from human resources.
36. Complaints are promptly and appropriately responded to. Learning from issues and themes arising from complaints is suitably analysed to inform service development.
37. Robust systems to identify and return children who are reported as missing from home or school are implemented well and the Police ensure a safe and well check is undertaken when the child returns home. However, lack of an established process for conducting return home interviews means an opportunity is being missed to identify and address any shared themes for the young people. This is recognised by the council and an action plan has been developed.

## **Quality of provision**

## **Grade 2 (good)**

38. The quality of safeguarding provision is good. Early intervention and targeted support services work together well to support vulnerable children and their families. Effective locality based work is underpinned with good staff development and training opportunities in universal services, as a result staff have a good understanding of what local resources are available to support children, young people and their families. This is strengthened by the small size of the area, which facilitates strong communication and networking between agencies. For example agencies and families value the role of family outreach workers who engage well with families, particularly those with more complex needs. The TAMHS programme has helped build the capacity of schools to better support pupils experiencing mental health problems and engage harder to reach families. A pool of teaching assistants has been developed so that a wide range of cultural needs can be met.
39. The common assessment framework (CAF) is a key element of effective preventative support to vulnerable children and their families. The majority of CAFs are undertaken by health visitors and schools, particularly primary schools. This method has been successful in marshalling resources around children and families when they are beginning to need additional support, outside of that which individual services and agencies can provide. Where the CAF is effective, a range of good outcomes are secured for children, young people and their families. These include, for

example, improved attendance and behaviour at school and better parenting strategies. Whilst all partner agencies are committed to the CAF, some agencies expressed concerns that the CAF has not maintained its momentum and profile amidst organisational changes within children's services.

40. Staff across the partnership are increasingly confident, through focused training, in assessing risks to children due to domestic violence. Strong and improving use of the Multi Agency Risk Assessment Conferences (MARAC) enables effective work with partners to consider risk to children. A robust multiagency approach is reflected in the number of general practitioners who are included in training with regard to the MARAC process.
41. Awareness raising, training and staff development opportunities enable partners to identify and to be alert to concerns about children. Good networking and liaison between staff facilitates open communication and information sharing where concerns arise. In most cases this results in prompt and appropriate referral to agencies responsible for assessing risks to children. However in some cases where there are cumulative concerns about the impact of the environment on children's emotional health, and issues of neglect, these are not always promptly referred by partner agencies. In other cases where such concerns are notified to children's social care services they are sometimes not classified as a referral requiring an assessment.
42. Safeguarding thresholds, in particular for child protection intervention, are clearly written and are regularly reviewed. Partner agencies are, for the most part, clear about thresholds for referrals and access to children's services. However the recent restructuring of contact and referral services together with child protection, children in need and targeted services has led to lack of clarity in some partner agencies on thresholds for access to these services. In a period of transition when these services are respectively determining which cases should be assessed or worked with, some partners do not feel that they have received sufficient communication about, or involvement in, these changes. The council recognises the need to ensure that partners are involved and has taken steps to improve communication.
43. Robust systems are established in the social care services contact and referral team for receiving and responding to contacts and requests for advice from professionals and the public. Assessments required are promptly prioritised and allocated by managers. All child protection referrals are assessed by experienced and qualified social workers and suitably overseen by managers with clear directions provided for case management. All safeguarding cases seen by inspectors were safely assessed and, where appropriate, this was undertaken jointly with partner agencies, in particular the Police. Strategy meetings are routinely and

appropriately used to ensure child protection intervention is well coordinated

44. The quality of assessments seen, including assessment of risks and protective factors, were of an adequate or better standard. Social workers engaged well with children and their families and knew their cases well. In some cases there was good use of research. All assessments appropriately involved other professionals in collation of information and in reaching a view on the plans that were needed to address risks to children. Workers are alert to the particular safeguarding needs of children with disabilities. Social workers for these children and their families, who are co-located with a multi-disciplinary team, have taken up focused training in this specialist area and care plans for the children they work with are effectively managed.
45. Case records evidence that children are routinely seen by social workers and that their views and feelings are considered in assessments. Good use is made of child-friendly facilities at children's centres to enable direct work. The independent advocacy service is used well to ensure children over the age of eight have their voices heard in child protection enquiries and reviews of child protection plans. Both announced and unannounced visits take place to families and records indicate when a child was present. However there was inconsistent recording of whether children were seen and spoken to alone.
46. Parents and carers interviewed stated they had been appropriately involved in assessments, remained included in care planning and had been treated with respect by staff. Social workers demonstrated confidence and skills to communicate openly and honestly with parents both in person and by letter where there are safeguarding concerns. The authority's commitment to communicate clearly with families where there are safeguarding concerns is demonstrated by use of DVDs explaining the purpose and function of child protection conferences, core groups and reviews. These high quality materials, tailored for children, adults and professionals have been produced in-house and exemplify innovative and excellent practice.
47. All cases within the child protection and children in need teams within children's social care services were allocated at the time of inspection, and appropriate systems are in place for prompt transfer of cases from the assessment teams. Children in need cases held by unqualified workers are promptly assigned to a qualified social worker if they become subjects of child protection concerns or enter care.
48. Case plans and child protection plans are robust, with outcomes that are specific and measurable in most cases. Plans seen had been routinely reviewed by managers within supervision and at child protection conferences. However not all child protection plans included clear

contingency plans if parents failed to comply with expectations. Contracts of expectation on case files set out for families what needed to change to reduce risk of future harm to children. The quality of these contracts was variable and social workers reported that specific training on the use of this method would be valued to ensure all meet a good standard.

49. Robust arrangements are in place to oversee case planning for vulnerable children. The independent reviewing officers demonstrate high levels of expertise and commitment and provide continuity for families by working both with children who may be subject of a child protection plan and those who enter care. These officers are respected by operational staff and are consulted effectively to advise on individual cases. They provide an additional dimension to safeguarding children by chairing the annual reviews of foster carers where there are complex issues.
50. The timeliness of initial and review child protection conferences remains good despite increasing workloads. Reviewing officers play a significant role in quality assuring work with children and intervene appropriately if challenge to care or placement plans is appropriate. Cases seen by inspectors and discussions with staff confirm that core groups are regularly held and are well attended by partner agencies. However minutes of these meetings are not consistently recorded on case files and, in some cases where core group minutes are recorded, they do not sufficiently evidence that the protection plan is systematically addressed.
51. Practitioners demonstrate commitment to involving parents and children in decision making. Chairs of child protection conferences routinely see families before meetings and ensure that they are supported to play as full a part as possible in discussion and decision making where appropriate. Social workers all consistently confirmed that plans are routinely discussed face to face with young people and their carers. However it was not consistently evident on case files how child protection and children in need plans are explained to young people and their carers where they are not in attendance at meetings.
52. Legal advice is readily available to staff and good use is made of legal gateway meetings to consider cases where legal proceedings may be needed to secure children's safety. Family Group Conferences are used effectively to avoid, where possible, the need for children to enter or remain in care.
53. Most record keeping on social care files was sufficiently up to date. However the quality of recording was not consistent and in some cases did not sufficiently describe the purpose, interaction with, and impact of social work contact with the child and their family. Chronologies were evident on files where child protection enquiries had been initiated or court proceedings were in progress. However, for children in need these were of variable quality and not consistently updated.

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54. Out of hours provision, jointly managed with Dorset and Bournemouth, provides a robust service. Links with Police and social care are good and practice issues such as a recent rise in out of hours Police Protection Orders are constructively shared with senior managers in Poole.

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

55. The contribution of health agencies to keeping children and young people safe is good. Safeguarding children has a high profile strategically and operationally across all health partners. Joint working is underpinned by prompt information sharing and multi agency cooperation. The Healthy Child programme is well embedded in localities and is a key driver in tackling health inequalities.
56. Front line health care staff are aware of their responsibilities and are proactive in identifying and addressing concerns about the safety or well-being of children. Safeguarding procedures were appropriately followed and children were kept safe in all the health care records seen. Good attendance by most health care staff at child protection conferences and the involvement of paediatricians in complex cases is a positive feature of safeguarding arrangements in Poole.
57. Safeguarding supervision is well embedded in community health services and staff reported positively that this enables them to reflect on and continuously develop their practice. Most health case records seen demonstrated effective supervision and management direction. Some gaps in the availability and quality of safeguarding supervision have been identified and are being addressed following recommendations made in the recent Bournemouth safeguarding and looked after children inspection report 2011.
58. Designated and named safeguarding staff provide an effective response to requests for advice and are actively engaged in audits, training, supervising and supporting front line staff managing complex work. Their capacity is over-stretched on occasion and this is carefully monitored by Trust Boards to ensure that capacity is sufficient and sustainable where there is increase in workload and demand. GP practices have established lead roles for safeguarding and there is some good work at a locality level to ensure systems for managing and monitoring child protection and domestic violence risks are robust.
59. Audits of case records are routinely undertaken to assess the performance of community and hospital based staff in meeting statutory requirements. The outcomes of this work have led to improvements in the quality and consistency of practice. Areas for development are owned by managers and frontline staff and are promptly addressed. Practice has been strengthened in a number of areas through the introduction of new staff



guidance and pathways of care. New assessment tools have been developed and are being embedded in practice, including a format for conference reports that provides a stronger focus on the wishes and feelings of children.

60. Most health care staff have received an appropriate level of training. However, a few gaps in training have been identified and there is work in progress to strengthen monitoring of compliance and enhance access to the range of training provided. The training of GPs in Poole is a priority area for improvement. Although the quality of training courses is routinely evaluated, the impact of training in raising standards of practice and prevention has yet to be fully considered.
61. There are clear systems to safeguard children with disabilities and those who require additional support in having their voice heard. Keep safe work is undertaken with young people with learning disabilities to enhance their awareness of risks. Deterioration in the health and well-being of young people with disabilities or long term conditions is sensitively monitored. Gaps in the provision of palliative care have been identified and there is work in progress to offer increased choice in end of life arrangements.
62. The rate of teenage conceptions is relatively low compared to national and statistical neighbours. Support to teenage parents has been strengthened and is now good. There is early identification of young people who become pregnant and midwives, health visitors, GPs, young people's services and children's centre staff are working to effectively engage with them and to build their parenting capacities. Risks to the health and welfare of young mothers and their babies are closely monitored. There is a clear focus on fathers and their contribution to parenting.
63. Robust systems are in place to identify young people presenting to emergency, maternity departments and children's wards. Good liaison takes place between local schools, social workers, health visitors and GPs in undertaking checks of risks to their safety. There has been a reduction in the number of young people presenting to Poole Hospital accident and emergency (A&E) services due to self-harming behaviour. The development of the CAMHS crisis intervention and treatment service has contributed to a reduction in demand for in-patient treatment.
64. Support to children who require medical examinations as part of child protection investigations is well managed in Poole. A rota of paediatricians enables a prompt response to addressing the needs of children at risk of harm. The limits to current facilities for examining children and adults who have been sexually assaulted have been recognised and a new sexual assault referral centre is due to open early in 2012. There are strong and effective joint working arrangements to respond to sudden or unexpected deaths of children. Learning from these events is suitably evaluated and used to promote child safety awareness.

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**Ambition and prioritisation****Grade 2 (good)**

65. Ambition and prioritisation is good. Elected members, leaders and senior officers across the partnership ensure that safeguarding of children is prioritised and an ambitious vision for maintaining and improving safeguarding services is articulated in relevant strategic and operational plans. This is underpinned by all partners prioritising allocation of resources to safeguarding children in a period of financial constraints with a clear view to securing value for money.
66. Partners ensure that safeguarding issues are appropriately overseen and considered at key forums such as the council's overview and scrutiny committee, the Children's Trust and the B&PLSCB. Local priorities, in particular for vulnerable groups and communities, are understood well and multi agency action plans and resources are specifically targeted, for example in the development of services in the Bourne Valley area following detailed analysis of need.
67. Safeguarding targets are ambitious and realistic, and as a consequence most safeguarding performance indicators demonstrate stability and improvements. Within children's social care services, the recent reconfiguration of the safeguarding and targeted early intervention services demonstrate clear prioritisation of these key services with ambition to improve the quality of provision.

**Leadership and management****Grade 2 (good)**

68. Leadership and management of safeguarding services are good. Managers across the partnership ensure that safeguarding services are robustly overseen strategically and operationally. A wide range of multi agency and single agency groups routinely monitor and review safeguarding practice to enable managers to effectively plan on individual cases and across service areas.
69. Robust workforce development planning has secured high calibre, committed and enthusiastic staff across the partnership, who are eager to work across disciplines and agency structures to provide multi agency safeguarding services. This is facilitated by effective joint training opportunities, in particular those developed throughout the B&PLSCB. Sufficient resources are made available in most agencies to meet current needs, for example within social care safeguarding teams all cases are allocated and caseloads are, overall, of a currently manageable level. Strategies to attract and support newly qualified social workers are embedded and effective.
70. Overall appropriate supervision is provided to staff across the partnership to monitor and develop the effectiveness of their work to support children and families. Social workers consistently report that they have open access to managers for case discussion and direction, which they value,

together with opportunities for reflective supervision on challenging cases. However supervision files did not consistently evidence that staff received regular supervision and records did not sufficiently demonstrate the quality of case discussion or staff personal development issues.

71. A strong participation strategy is well embedded, and despite a lack of continuity of staff in the participation team, the views of young people are routinely sought to inform the development of services. For example young people have been consulted over cuts in public spending through the youth conference, which was attended by the Chief Executive. The parents and carers special needs forum has been involved well in the development of the special educational need policy. Young people's views have resulted in changed opening times at the Quay Advice Centre to extend weekend access to counselling and medical advice. Young people participate in a Children's Trust Shadow Board and have a range of opportunities to meet with elected members and senior managers to voice their views. Young people have also been actively involved in the appointment of key staff and senior managers across the partnership.
72. The profile of children and their families, including those who are from minority groups, is well understood and informs service planning. Staff spoken to by inspectors expressed confidence in their managers in providing effective leadership at strategic and operational level. They indicated that overall managers were appropriately accessible and cascaded information regularly on issues affecting their work and services. Staff indicated in most cases that they have understood, felt involved in and able to contribute to, the development of safeguarding services.
73. Representatives of the private, voluntary and community sectors attend a wide range of operational and strategic safeguarding groups and are elected to do so through the voluntary sector forum. However some representatives of agencies seen in this inspection expressed difficulty in representing the sector and in demonstrating the impact of their involvement in these groups in shaping service developments. Some voluntary sector agencies indicate that there is not sufficient information or transparency on how some services are commissioned, or that tenders sufficiently identify all needs to be met by commissioned services.
74. Staff in partner agencies are well informed about the issues raised in serious case reviews and clear about how findings are driving the safeguarding agenda and leading to change. Action plans from serious case reviews have been systematically implemented and regularly monitored through the B&PLSCB and its subgroup. For example, early identification of domestic violence, identified as an issue in recent serious case reviews, is a shared priority. Effectiveness of action taken to address the issue includes the confident and growing use of the Multi Agency Risk Assessment Conference (MARAC) and the Multi Agency Public Protection Arrangement (MAPPA) forums to assess and respond to risks to vulnerable

families. 'Champions' to tackle domestic violence in key agencies promote good communication and underpin a range of measures in place and in development to improve information sharing, timely assessments and coordinated respond to safeguarding concerns.

## **Performance management and quality assurance**

### **Grade 2 (good)**

75. Performance management and quality assurance are good. A wide range of safeguarding performance management information is available to managers at all levels across the partnership. This information is effectively analysed to identify key issues and shape services and is routinely reported to senior managers and leaders, in particular the B&PLSCB, the council overview and scrutiny committee and the Children's Trust.
76. Performance indicators for safeguarding are broadly in line with comparators and show that no services are deteriorating. Performance monitoring within the children's social care service has effectively informed the restructuring of the safeguarding and early intervention services following analysis of factors including caseloads, increased demands on services and budgetary constraints.
77. Commissioning arrangements for services supporting safeguarding of children are robust and ensure that commissioned services comply with safeguarding requirements alongside overseeing their efficiency and effectiveness. These are routinely checked in compliance monitoring.
78. Audit and quality assurance systems are well embedded and findings are used routinely to inform service review and development of safeguarding services. Examples of effective joint agency use of information include the use of outcome data to evaluate change as a result of focused work with families, following interventions by the Family Intervention Project. Analysis of performance on referrals and engagement of children and families involved in domestic violence has been used effectively to review and improve information exchange between agencies to strengthen the MARAC process.
79. Case audits are routinely undertaken by managers across the partnership and are used to inform individual case planning and service development. Audits appropriately identify areas of positive practice and shortfalls. Most multi agency audits undertaken for this inspection were sufficiently rigorous; however single agency audits were not sufficiently consistent despite a standard template being used.

## **Partnership working**

### **Grade 2 (good)**

80. Partnership working is good. The small size of the area, relative stability of the workforce and positive relationships across all agencies, makes

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partnership working a key strength in Poole. The B&PLSCB and its sub groups actively engage staff across the partnership to encourage and enhance partnership working, in particular through joint training initiatives.

81. A range of established forums are in place, which bring together professionals who are well informed on local needs and the individual circumstances of vulnerable young people. An open and collaborative approach between professionals with different skills and experience is evident with a determination to find the best resources for families. For example, the work of the Family Intervention Project, the YADAS initiative, the Police-led Safer Community Teams and the Quay Advice Centre enable good interagency work which is having a beneficial impact on families leading to improved outcomes for children
82. The impact of partnership working on vulnerable children and families involved in MARAC and MAPPA detailed earlier in this report also exemplify effective working.
83. Staff from partner agencies value access to the multi agency Families At Risk panel which brings together key professionals to develop work plans for young people who have complex needs. Outcomes from interventions agreed at the panel demonstrate effective impact and improved outcomes for children resulting from this work, including the avoidance of entry to care.
84. The pan-Dorset Child Death Overview Panel is effective in using findings to influence policy and guidance and Poole is well represented. For example staff at the Poole Hospital NHS Foundation Trust have been trained to ensure that end of life care for children and young people is culturally sensitive.
85. An effective pan-Dorset overarching information sharing protocol is in place that provides an appropriate framework for information sharing, and gives guidance to organisations on how to draw up individual agreements.

## Services for looked after children

### Overall effectiveness

### Grade 2 (good)

86. The overall effectiveness of services for looked after children is good. Looked after children are a clear priority across the partnership and this is reflected in the good range of services which have been developed and maintained to support their needs. High quality leadership, management and practice by committed staff from all agencies contributes effectively to enabling looked after children and young people to achieve good or better outcomes in most areas, although in some areas like substance misuse, outcomes are less positive.
87. Corporate parenting is actively promoted by leaders and staff, and the Corporate Parenting Board is increasingly robust in monitoring looked after children's services and ensuring that they work collaboratively. However, not all partners are represented on the Board and formal links with the Children in Care Council have yet to be established.
88. Looked after children and young people are actively encouraged and enabled to contribute to individual case planning and to shaping services, and most report that they value the support they receive. Good workforce planning, training and close networking between staff at all levels, including foster carers, enables good communication and collaboration between partners. Young people enjoy positive relationships with their carers and professionals and, in most cases, continuity of support from key people in their lives.

### Capacity for improvement

### Grade 2 (good)

89. The capacity for improvement is good. The council and its partners have a consistent track record of providing and sustaining collaborative services for looked after children that are of a high quality. Ambition and prioritisation of the needs of looked after children are clearly demonstrated in strategic and operational plans and are known and shared by staff at all levels across the partnership. The reconfiguration and development of some services for looked after children, in particular across children's social care and health services; demonstrate commitment to further improve service delivery. However these changes are recent and yet to be sustained.
90. Joint partnership planning for looked after children is effective. The council has undertaken detailed analysis of the local 0–19 year old population to plan its commissioning strategy. This recognises the changing profile of the general population of children in Poole and the challenges in delivering services to children in care, such as an increased demand for adoptive placements, pressures on in house fostering services and placements for specific age groups.

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91. Robust workforce planning has enabled partners to ensure that sufficient experienced staff are in place across the partnership to meet the needs of children. Staff have access to high quality training and development opportunities to enhance their skills and improve the support they provide to children and their families.
  92. Elected members across the council champion the needs of looked after children and ensure that their needs are prioritised through the Corporate Parenting Board. However the Board has yet to establish formal links with the Children in Care Council. Many members have received training to better understand the needs of looked after children and action is being taken to enable more members actively understand and engage in their corporate parenting responsibilities by ensuring that this is included in the induction of all members.

### **Areas for improvement**

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

#### **Within three months:**

- ensure appropriate representation of key partner agencies on the Corporate Parenting Board and establish direct links between the Board and the Children in Care Council
- ensure that looked after young people are made aware of the availability of the access to leisure card.

#### **Within six months:**

- the council and its health partners should demonstrate improved outcomes for young people who are looked after who also misuse substances
- ensure that the use of bed and breakfast accommodation for looked after young people and care leavers is reduced to the absolute minimum
- ensure improved consistency in the quality of case file auditing
- ensure that all members are aware of their roles as corporate parents.

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

### Being healthy

Grade 2 (good)

94. The health of looked after children is good. There is a clear, well structured approach to meeting their health needs, secured by effective joint working between partner agencies. This has resulted in high and continuously improving performance in meeting the health care needs of children and young people.
95. Many examples of sensitive, child and family centred work that has resulted in better outcomes for local children were seen by inspectors. These include growth in their confidence and self esteem, stability of school and family placements and reduction in risky behaviours. Foster carers and front line health, education and social care staff value the contribution of specialist health services in supporting young people with complex emotional, mental health and behavioural needs.
96. Health assessments are generally undertaken within the required timescales. Risks to children's health and development are proactively identified and referrals for additional support or treatment are promptly responded to. Strengths and difficulties questionnaires provide a clear focus on areas of concern and support effective tracking of children's well-being. There is work in progress to align health care reviews with the timing of statutory reviews to provide a more joined up approach to meeting needs and delivering improved outcomes.
97. Consent and confidentiality issues are well managed. Health reviews and case records clearly demonstrate young peoples' views. Care leavers are supported to take a lead role in managing their own health needs. Young people reported positively on their level of contact with and help received from their looked after children named nurse. The capacity of the designated looked after children doctor has recently been increased to ensure comprehensive assessment and screening of the needs of children when they first enter care.
98. Some case records reviewed by inspectors, which involved risks relating to misuse of drugs and alcohol by young people, showed that despite efforts made by agencies to engage them, concerns for their welfare and safety continued. The council and its health partners are working to find alternative approaches that deliver better outcomes in such complex cases. The young person's substance misuse service has been redesigned and includes an outreach CAMHS worker to strengthen their capacity in reaching and effecting change in the behaviours and lifestyles of young people, however it is too early to determine the impact of these changes.



99. A range of local health promotion services are 'young person' friendly, flexible and offer targeted individual and peer support. Local information and advice services, including sexual health services and the Quay Advice Centre information and counselling services, are successful in reaching young people and in supporting them to access the help they need.
100. Areas for improvement identified in the recent inspection of Bournemouth safeguarding and looked after children services are also driving improvements in the quality of health care provision for children and young people in Poole. Health records are now being reviewed and updated to provide a comprehensive record of the health history of young people leaving care. Work on strategically assessing the needs of looked after children and care leavers is almost complete and provides good information to inform future planning and service delivery. The vulnerability of looked after children placed out of the area is recognised and specialist health staff are involved in the review of children to ensure their needs are being effectively met.

### **Staying safe**

### **Grade 2 (good)**

101. Staying safe outcomes for looked after children and care leavers are good. Risk to looked after children in relation to their care, permanency planning and placement stability is rigorously monitored by managers through supervision, looked after children reviews and a robust quality assurance framework.
102. There has been a steady increase in special guardianship orders since 2009 when none were made, with four being made in 2010/11 and four in progress at the time of the inspection. Recommendations to achieve permanency for children are being made in the vast majority (85%) of cases by the child's second review. Overall there has been a steady improvement in placement stability, with the exception in 2010/11 when there was a slight decrease. The council has maintained high stability in placement through a period of increased demand on its services.
103. Children in independent fostering services, residential special schools and children's homes are placed in services that are judged to be at least adequate and most good or outstanding in Ofsted inspections. The council operates an effective combination of preferred provider and spot purchasing arrangements to offer both choice and quality of placement.
104. In addition to statutory reviews and visits undertaken by social workers, an annual visit by a contracts officer is undertaken to review the quality and effectiveness of placements in the independent sector. The fostering service also undertakes quality assurance audits on residential establishments to satisfy the council of the appropriateness of placements and accompanies social workers to assess placement suitability of independent fostering agencies whenever possible. Rigorous monitoring arrangements are in place for looked after children who go missing.

Principal officers are routinely notified of children who are missing for 24 hours and this is escalated to the Service Unit Head for those missing for 48 hours.

105. Young Carers who met inspectors were highly enthusiastic about the service they receive. Young people hold the support, advice and activities they are offered in high regard. Young people find staff approachable and responsive to their needs. The young carer's service actively promotes its services to a range of agencies in order to identify young carers. Its popularity is reflected in the high number of children it currently supports.
106. The council continues to use bed and breakfast provision for looked after children, taking measures to assess the suitability of such placements. The council recognises that the use of such provision is not appropriate and is reviewing and increasing the range of accommodation available for looked after children and care leavers. This includes an increase in the number of high complex needs beds with an established provider. The number of supported lodgings with emergency beds has improved and the service at the Quay Foyer has been remodelled in order to provide different levels of support, including for those with more complex needs.

## **Enjoying and achieving**

**Grade 2 (good)**

107. The impact of services to enable looked after children and young people to enjoy and achieve is good. The virtual head teacher, the education support team and designated teachers ensure that good personal and academic support is in place for looked after children. The individual needs of children and young people are well known and this ensures that support is tailored effectively to individual circumstances. As a result, most looked after children and young people make good progress, achieve well and enjoy their education. They attend school regularly and take part in a wide range of out of school learning, recreation and leisure activities. However, in a minority of more complex cases where young people demonstrate very challenging behaviour, good educational outcomes are not achieved. Children and young people who spoke with inspectors felt that they were well supported in their education and knew those areas that they were doing well in and those where more work was needed.
108. The small numbers of looked after children make comparison with national averages statistically unreliable. At Key Stages 1 and 2 outcomes are good, taking into account the high proportion of the cohort with additional needs. In 2009/10 the proportion of those children at Key Stage 1, achieving level 2 and above in reading and mathematics is comparable with the English average for children in care, but is below the average for writing. At Key Stage 2, in 2009/10, a much better proportion achieved level 4 and above in English and mathematics than the England average. At Key Stage 4 an increasing proportion of looked after children are achieving examination passes. In 2011, a third of the cohort achieved five

good GCSEs. The gap in attainment has narrowed at Key Stage 4 between looked after children and the overall cohort. Effective transition planning has led to this entire group successfully moving on to further education.

109. Attendance at school of looked after children is good and has consistently improved each year since 2009. The use of permanent exclusions is low and the use of fixed term exclusions has halved between 09/10 and 10/11. Where looked after children are excluded they receive prompt alternative education, with the quality of provision monitored and outcomes tracked.
110. Personal education plans (PEPs) are mostly of good quality and children's views are well recorded. PEPs are used effectively to review the progress of individual children. The virtual head teacher has instigated a rigorous quality assurance process to improve the quality of PEPs. Most looked after children have an up to date PEP, although there are some delays in producing plans for children in early years settings and in carers receiving information on their progress.
111. Good oversight and close monitoring of the progress of looked after children is in place, including those placed out of the borough and of those with special educational needs, a small proportion of whom are in specialist placements. The virtual school has good information on looked after children's education. This is used regularly to monitor the progress of individuals and enables informed discussion with schools on the progress that children and young people are making. Designated teachers are well supported through regular meetings, training and an annual conference.
112. Looked after children have access to, and take part in, a wide range of leisure activities. An access to leisure card is available to young people but not all those spoken by inspectors were aware of it. The achievements of looked after children are recognised through a popular annual awards ceremony.

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

**Grade 2 (good)**

113. Looked after children and young people receive good support to make a positive contribution. Suitable arrangements have been established to secure the views of looked after children through the teens in care group and to accelerate their influence on service development through the recently established Children in Care Council. Half of all young people surveyed reported using the Children in Care Council to get their views across. Formal links between the Children in Care Council and the Corporate Parenting Board are not yet established, although members of the board routinely listen to the views of looked after children. Children in care are represented on the Children's Trust shadow board. A Pledge outlining what looked after children can expect from the council has been

developed but has not yet been formally evaluated to assess its effectiveness.

114. Children and young people meet with policy and decision makers regularly to influence service delivery and development. They have contributed to service development in a number of ways, including changing the overnight stay arrangements, the frequency and supervision of contact and the location of review meetings. Looked after children are regularly involved in the appointment of staff. They contribute to the training of foster carers and social workers. Children and young people are involved in the tendering process for the advocacy service.
115. The views of looked after children from diverse backgrounds inform service delivery. For example, as a result of feedback from young asylum seekers, interpreting services have been put in place and more regular family meetings held. The diverse support needs of children are taken into account well when placements are considered.
116. Advocacy is strongly promoted by social workers and independent reviewing officers and is widely used. This enables the feelings and wishes of looked after children to be routinely included in reviews. Looked after children are involved well in their reviews and their individual needs are appropriately considered. Complaints procedures are well publicised. Complaints are dealt with effectively and the vast majority are resolved at an early stage. As a result of complaints from parents, measures to respond more promptly to their concerns have been put in place.
117. The youth offending services supports looked after young people within its general provision for vulnerable groups. The proportion of looked after children who offend is low and is reducing. In 2010/11 the proportion of looked after children who were cautioned or convicted was the lowest recorded in the area. At the time of the inspection six looked after young people were involved in the youth justice system.

### **Economic well-being**

**Grade 2 (good)**

118. The impact of services to improve the economic well-being of care leavers is good. In 2010/11 a good proportion (67.0%) of care leavers were in education, employment or training, higher than similar areas and the England average, and an improvement on the previous year. Good transition planning is evident for those leaving school. A range of programmes effectively build the skills and knowledge of care leavers to enable them to become more independent and achieve well. For example, courses on running your own business and work experience opportunities build their capacity well. The council is developing an employability course to ensure that there is a clear pathway from care into work.
119. Support for care leavers is timely and is effectively targeted to enable them to achieve positive outcomes. Support from CAMHS is tailored well

to meet the individual circumstances of young people. The daily drop in service is well attended and a residential course for young people prior to them leaving care prepares them well for their next steps.

120. Pathway planning is good. It provides a clear structure for addressing the needs of care leavers and identifies their needs well. Plans are routinely reviewed and young people's progress monitored. The additional needs of young people are clearly recognised and all are assigned a qualified social worker. Care leavers who spoke with inspectors felt that they had been appropriately supported in their transition to independence, in obtaining suitable accommodation and to pursue further education. They benefited from good support from carers and the use of a training flat, where they learn basic household management skills and responsibilities.
121. The council has responded to the lack of availability of local emergency accommodation and this and supported housing has recently been expanded. Targeted support for those young people with complex learning difficulties is effective.

## **Quality of provision**

## **Grade 2 (good)**

122. The quality of provision for looked after children is good. Thresholds for the entry into care are clear, are embedded and are well understood across the partnership. The Families at Risk panel robustly assesses the needs of the most vulnerable children and ensures that there is effective support from partners to avoid children and young people becoming accommodated unnecessarily. A wide range of good early interventions are available to support children, their families and children on the edge of care and prevent breakdown within families. These include targeted services, family group conferences and targeted youth support. The Family Intervention Project has been successful in preventing 95% of cases referred to the families at risk panel becoming looked after.
123. Where children become looked after, rigorous oversight is provided through the multi agency Children in Care panel which routinely reviews the appropriateness of placement suitability and ensures the engagement of relevant agencies. Communication and networking between agencies and professionals who support looked after children is effective, and is assisted by a number of co-location arrangements involving health, education and social care partners.
124. Assessments are timely and the wishes and feelings of children and young people are taken into account, particularly through the work of the advocacy service. Assessments of the needs of looked after children seen by inspectors are of an adequate or better standard, with many containing detailed information and clear analysis. All assessments include contributions from relevant partner agencies and, in most, the views of children and their parents are recorded and are taken into account in case

planning. Recording on case files is generally up to date and is of an adequate or better quality.

125. All looked children have a suitably experienced qualified social worker, with whom they have regular contact. These children are enabled to express their views through a variety of ways such as with their social workers, carers, independent reviewing officers and through the advocacy service. Children and young people spoken to in the inspection, and those who responded to surveys, indicate that their wishes and feelings are taken into account in planning for their care. Whilst the majority of children and young people surveyed and spoken to have experienced positive relationships with a range of practitioners, many also commented on the negative impact of the number of changes in social workers they had experienced throughout their time in care.
126. Looked after children with additional needs are subject to review at the multi disciplinary complex needs panel. Panel members have a good understanding of individual need and the panel regularly consider more effective interventions to improve outcomes for children. The panel makes good use of the advice of specialist health staff in identifying appropriate resources. There is a good service for children with disabilities who require short breaks.
127. Only a small number of looked after children are from ethnic or minority groups and those that are routinely have their diverse needs assessed and appropriately addressed. The use of interpreters and advocates link young people well to related faith and community services when required.
128. The review process for looked after children is robust, with reviews held regularly which are well attended by relevant partner agencies. Reviews are effectively managed by experienced independent reviewing officers who maintain continuity of contact with the children and young people and enable good participation by young people, carers and staff.
129. Foster carers are very positive about the support they receive from the children's services. Carers report they feel highly valued and appreciated and have been able to participate in much valued training with other professionals from social care and health. They receive support from a CAMHS social worker and clinical psychologist which contributes to good assessment and support in maintaining children in placements. Annual reviews of foster carers are chaired by independent reviewing officers, which provide an additional measure to monitor the quality of care delivered to children and young people.

## **Ambition and prioritisation**

**Grade 2 (good)**

130. Ambition and prioritisation is good. Practice across the partnership is effective and consistently results in good outcomes for looked after children. The Placement Commissioning Strategy for Children in Care is

robust, and demonstrates a thorough understanding of placement demand to develop a clear strategy of early intervention, placement commissioning and support services for children in care.

131. Commitment to sustaining and enhancing fostering provision is reflected in the high numbers of children placed in foster care and the positive comments made by young people and foster carers about how the service is provided and supported. The service was judged outstanding by Ofsted at its last inspection. Similarly, adoption services are appropriately prioritised and this has resulted in increased numbers of children placed for adoption in 2010/11. The adoption service was also judged outstanding in its last Ofsted inspection.
132. The council recognises the impact of an increase of children in care on its services and is appropriately planning for projected need for placements of children in care, in particular for placements for seven to 13 year olds in independent fostering agencies.
133. Senior officers across the partnership ensure that staff at all levels actively engage and contribute to key priorities through a wide range of strategic and operational groups. The small size of the area enables effective links and communication between professionals across all organisations, and a shared vision to be sustained.

## **Leadership and management**

**Grade 2 (good)**

134. The Corporate Parenting Board is well established and provides effective leadership, direction and oversight of the performance and development of services for looked after children across the partnership. Representatives from most key partners regularly attend the Corporate Parenting Board meetings and a detailed action plan is in place to oversee the impact and outcomes of services for looked after children. However some agencies are not sufficiently represented on the Corporate Parenting Board, in particular health, leisure and adult services. The Board is aware of this and action is being taken to increase its membership. Elected members are actively engaged in championing the needs of looked after people and providing appropriate scrutiny and challenge to professionals on the effectiveness of the services provided. Members have a range of opportunities to meet young people and ensure that their views inform how services are shaped.
135. Managers across looked after children's services are accessible to staff and routinely engage with them well to monitor how services are being delivered or being developed. For example staff in children's social care services were consulted about, and generally welcomed, the recent reconfiguration of services for children in care and the pathway teams.
136. Effective commissioning arrangements are established for looked after children provision, with some joint commissioning between partner

agencies. Commissioned services are robustly monitored and contract managed to ensure that services provided are safe and have a positive impact in supporting the needs of children.

137. Arrangements for children and young people to make a complaint are robust and are well publicised. The overall majority of complaints are appropriately dealt with. Lessons from complaints are used constructively to improve services. For example complaints from parents have led to reports for children in care reviews being made available to them three to five days before the meeting to enable parents to actively participate in the discussions and planning for their children.
138. Workforce planning has been effective in securing and retaining staff, which results in greater consistency and continuity of support to looked after children. Good opportunities are in place for staff to access high quality training and development. Foster carers are very positive about the support they receive from the council and report that they feel highly valued and appreciate that they have been able to participate in training with other professionals from social care and health.

## **Performance management and quality assurance**

### **Grade 2 (good)**

139. Performance management and quality assurance are good. A wide range of performance monitoring information in relation to looked after children is routinely collated and analysed by individual agencies. Information is analysed well and is reported to strategic and operation groups such as the Corporate Parenting Board, the Children's Trust and the Council Overview and Scrutiny Committee. This effectively informs service delivery and development.
140. Casework audits are routinely undertaken by managers across the partnership and are used to inform individual case planning and service development. These appropriately identify both shortfalls and areas of positive practice. Shortfalls identified in audits are appropriately addressed, for example, the need for timely completion of good quality PEPs and the need to complete transfer summaries between teams. Case audits within social care services follow a standard template and most audits seen by inspectors are sufficiently rigorous and challenging, however this is not consistent in all cases.



## Record of main findings

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