

Inspection of safeguarding and looked after children services

Bath and North East Somerset

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Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four 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 21 children and young people and 22 carers receiving services, front staff and line 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
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
 - a review of 94 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
 - direct observation of practice and working groups. Visits to a range of safeguarding and looked after children's services across the partnership
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in January 2011
 - interviews and focus groups with front line professionals, managers and senior staff from; NHS Bath and North East Somerset and NHS Wiltshire, Oxford Health NHS Foundation Trust; Sirona Health and Social Care; The RUH NHS Trust; Great Western Hospital Foundation Trust; Avon and Wiltshire Partnership NHS Foundation Trust and Bath NHS Healthcare Centre.

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. Bath and North East Somerset (BANES) has a resident population of approximately 33,283 children and young people aged 0 to 18, representing 18.8% of the total population of the area. In 2011, 9.1% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall; 3.5% of the school population are of a mixed/dual heritage background; 3.2% of pupils speak English as an additional language. The proportions are very low for each of the wide range of languages spoken. Polish is the most recorded commonly spoken community language of pupils but forms less than half a percent of the total.
5. BANES has 78 schools comprising 62 primary schools, 61 maintained and one academy, 13 secondary schools of which seven are academies, three special schools, one of which is an academy and no pupil referral unit. Early Years services provision is delivered predominantly through the private and voluntary sector in over 93 settings; there are eight local authority maintained nurseries.
6. The BANES Children's Trust Board was established in January 2008. The board agreed that it would continue as a non-statutory board in September 2010, at which time it also reviewed its governance and membership. The Trust currently includes representatives of the local authority, independent chair of the Local Safeguarding Children Board (LSCB), primary, secondary and college representation, health, police, the voluntary sector and the transitions board. It also includes the chairs of the delivery and strategy groups who lead on the delivery of the Children and Young People's Plan. The BANES Safeguarding Children Board was established in 2006 and has been independently chaired since June 2010. It has core members in line with the requirements of *Working Together to Safeguard Children 2010*, associate members and links with other key stakeholders and partnerships. With three other LSCBs, it has established the west of England Child Death Review Panel.

7. Social care services for children have 78 foster carers. A preferred provider list of 25 Independent Foster Agencies on a Framework Contract was commissioned in partnership by the Northern Sub Region of the South West Local Authorities; Gloucestershire, South Gloucestershire, North Somerset, Wiltshire and Bristol. There is also a preferred provider list for residential children's homes of 12 homes. This has been re-commissioned and the new list of 38 organisations, covering 100 residential children's homes, will be put into effect on 1 April 2012.
8. Community-based children's social care services are provided by teams covering North East Somerset and the city of Bath. The latter is currently piloting new approaches to the delivery of services following a lean review of social care processes. These provide contact, referral and assessment services and social work services to children in need, subject to protection plans or entering care. Area-wide teams provide services to children in care, to those leaving care, and to disabled children. The Family Placement Team provides the council's Adoption, Fostering and Family Link Services. The emergency duty and out of hours service is provided through a consortium with North Somerset, South Gloucestershire and Bristol.
9. Other family support services are delivered through 11 children's centres and extended services in schools that include parent support advisors, family play inclusion workers and support to after-school clubs. Integrated youth support services are delivered by children's services through four youth hubs and a youth mobile unit. The service's Voluntary Sector Development Worker also supports 20 organisations and 24 projects to increase capacity and provision across the voluntary and community sector. Targeted specialist services are provided through the Youth Offending Team, which incorporates Compass, the Family Intervention Programme and the 117 support service.
10. At the time of the inspection there were 161 looked after children. They comprise 29 children less than 5 years of age, 110 children aged 5 to 16, 22 young people aged over 16 and a total of 64 with care leaver status. In 2009, a headteacher for the virtual school for children in care was appointed. At the time of the inspection there were 84 children who were the subject of a child protection plan. These comprise 35 females and 45 males of which two were unborn children. About 37% of these children are aged under 5, 36% are aged 5 to 11 and 25% are 12 years or older. The highest category of registration was emotional abuse at 51% followed by neglect at 39%, with physical abuse at 5% and sexual abuse also at 5%.
11. NHS Bath & North East Somerset and Bath and North East Somerset Council have formed a Partnership for Health and Well-Being to undertake the integrated commissioning of health and social care services for adults and health services for children. Commissioning for children's health

services sits within the council's children's services management structure with some joint funding of posts.

12. Commissioning of Primary Care services is undertaken by NHS Bath and North East Somerset. Child and adolescent mental health services (CAMHS) commissioning is aligned through a joint contract between the Primary Care Trust (PCT), council and NHS Wiltshire (who are the lead commissioner). CAMHS are provided by Oxford Health NHS Foundation Trust.
13. Universal services such as health visiting, school nursing, community paediatrics, and speech and language therapy are delivered by the recently established Community Interest Company, Sirona Health and Social Care. The acute hospital providing accident and emergency services, paediatric and neonatal services for children is the RUH NHS Trust. Maternity and newborn services are provided by Great Western Hospital Foundation Trust at Princess Anne Wing at RUH NHS Trust. Adult mental health services are provided by Avon & Wiltshire Partnership NHS Foundation Trust (AWP). This provision is jointly commissioned with other local PCTs and NHS South Gloucestershire is the lead commissioner.
14. Children and families access primary care services through one of 27 GP practices, and walk-in centres including Bath NHS Healthcare Centre, and the Urgent Treatment Centre and minor injury centres at Paulton Memorial Hospital. For children with learning difficulties and/or disabilities and who have complex health needs, services are provided by the Lifetime Service which is part of Sirona Health & Social Care. The PCT and council jointly fund short break services.

Safeguarding services

Overall effectiveness

Grade 3 (adequate)

15. The overall effectiveness of safeguarding services is adequate. Children and young people at immediate risk of significant harm are identified and responded to in a timely way to ensure they are protected and partner agencies collaborate well to safeguard children and young people. The council meets its statutory requirements for the management and delivery of safeguarding services. Commitment to safeguarding children is evidenced by all agencies ensuring that resources are maintained and, in some cases, are enhanced during a period where there have been significant reductions in other services.
16. The LSCB appropriately undertakes its safeguarding responsibilities, actively promoting and monitoring safeguarding work and facilitating high quality multi-agency training. Partnership arrangements are strong at both strategic and operational level with good commitment from most partner agencies and appropriate representation by most key agencies at strategic and operational groups. Most agencies are increasingly being held to account for their safeguarding responsibilities, although this is not sufficiently established with health services.
17. Performance management and quality assurance systems are in place across the partnership, and a range of individual and multi-agency case audit systems enable managers to identify key issues impacting on safeguarding services. Although this has resulted in improvement in some area of practice where issues have been identified, other areas of poor practice have not sufficiently improved. For example, to ensure that agencies are notified of the outcome of referrals and ensuring that core assessments are undertaken on child protection inquiries.
18. Significant challenges are faced by the council in remodelling children's social care services. The remodelling is based on a thorough needs analysis undertaken through a robust review of children's services. A strategy for systematic restructuring of the service has been developed, using experience gained from piloting a new Family Team. Actions taken are at an early stage and have not yet resulted in significantly improved performance and practice or demonstrated consistently high quality assessments, cases planning, intervention or management oversight.
19. The contribution of health service to safeguarding arrangements is inadequate as a result of failure to meet statutory guidance in key areas. For example, the lack of a designated nurse for safeguarding, until the recent appointment to this role, has resulted in insufficient strategic oversight of safeguarding responsibilities across health services. At an operational level, health service providers work effectively to promote good safeguarding outcomes for children and to effectively collaborate

with partner agencies. However there are areas where information exchange and communication requires improvement, such as notifications between the acute hospital and social care services.

20. Workforce planning across the partnership has been sufficiently effective to secure and retain suitably experienced and qualified staff. Staffing resources are, for the most part, sufficient across the partnership with some planned growth. Social work caseloads are higher than the council considers optimal although staff report caseloads to be manageable.

Capacity for improvement

Grade 3 (adequate)

21. The capacity for improvement is adequate. The council and its partners have clear ambition and appropriate priorities that are reflected in the Children and Young People's Plan (CYPP) and in the LSCB business plan. The council has protected and, in the short term, expanded spending on children's services, in the context of making savings across council services overall. The senior leadership is effective in identifying areas of concern or those requiring development and most of the practice weaknesses identified in this inspection were known to managers. However, there is not yet a proven track record of effecting or sustaining improvement in many of these areas.
22. Workforce planning and development have been largely effective in securing sufficient qualified and experienced staff across the partnership. For example the recruitment and retention of qualified social workers has been supported by a policy of enabling non qualified social work staff to attain qualifications. Staff have access to a wide range of training courses designed to develop good practice. However, safeguarding practice seen during this inspection was too variable and although most was of a satisfactory standard there is insufficient evidence of the impact of action taken to improve the quality and consistency.
23. Improvement in some key areas has been slow. Following the first inspection of contact, referral and assessment services in 2010 insufficient progress has been made on a number of areas identified for development. The most recent unannounced inspection in January 2011 reinforced areas requiring development of which several remain from the previous inspection. These include the inconsistent consideration of issues of equality and diversity in case planning, inconsistent acknowledgement to referring agencies of contacts made, variability in the quality of analysis including consideration of key risk and protective factors and the recording of managerial comments and decisions on case files.
24. The reconfiguration of children's social care services is at a very early stage of implementation and learning from piloting the Family Team has not been systematically evaluated to ensure that further service restructuring is based on effective practice. Whilst the council recognises the need to ensure that the quality of practice and management oversight

in the reconfigured service is robust, this is not sufficiently evidenced or secure at this stage.

25. Health service governance of safeguarding services and ensuring safe practices and communication are not sufficiently established. Managers now recognise the issues and that securing improvement poses a significant challenge across the partnership at a time of major change across health services.

Areas for improvement

26. In order to improve the quality of provision and services for safeguarding children and young people in Bath and North East Somerset, the local authority and its partners should take the following action.

Immediately:

- ensure that core assessments are completed following child protection investigations
- ensure that assessments are of high quality and are recorded fully on case records
- ensure prompt sharing of information between children's social care and health services about children subject to child protection plans and children who are looked after
- ensure that there is effective 'flagging' of all children and young people known to social care services on hospital information systems to facilitate risk identification and protection from harm
- ensure that referring agencies are promptly informed of the actions taken following their referral.

Within three months:

- ensure that a performance management framework for health providers' safeguarding activity and outcomes is established and that this is monitored routinely through clinical governance and through the LSCB arrangements
- ensure that adult mental health services have appropriate child protection and safeguarding training and related supervision and that performance monitoring of safeguarding practice in adult services is robust
- ensure effective performance management of safeguarding processes, practice and recording within the children's acute hospital services and that their effectiveness is reported to the LSCB

- ensure that safeguarding training undertaken by staff in health providers is at the appropriate level, is consistent across all organisations and is subject to rigorous monitoring
- ensure that all clinical and non-clinical staff in health provider organisations have access to regular, planned safeguarding supervision
- ensure that general practitioners, the Walk in Centre, pharmacists and all appropriate health practitioners are fully engaged in safeguarding arrangements
- ensure that managers in provide regular high quality supervision and fully record management decisions and directions on case records
- ensure that robust quality assurance and case file audit arrangements are implemented
- ensure that ethnic and cultural issues for children and their families are appropriately and consistently considered in assessment and case planning
- ensure that electronic case recording systems effectively support staff to record their work and evidence management oversight of cases. Ensure that the emergency duty service have access to all necessary information contained in children's social care services electronic case records
- ensure that case records contain high quality chronologies and that historic information is fully considered in case planning
- ensure that core groups are held in accordance with the plan of protection and that minutes of the group are recorded on case files.

Within six months:

- ensure that the 11-18 strategy improves early identification of the needs of older children and young people who may be vulnerable, leads to well targeted and effective services for this age group and reduces the need for statutory intervention.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (good)

27. The impact of services in ensuring that children and young people are safe and feel safe is good. The most vulnerable children and young people at risk of significant harm are safeguarded by timely interventions and decision making.
28. The role and function of the local authority designated officer (LADO) are well established. Arrangements for handling allegations against adults working with children and young people are sound and work has been targeted to ensure that independent schools and academies, as well as maintained schools are aware of their responsibilities in this area. The LSCB appropriately monitors the work of the LADO.
29. Robust arrangements within the council and across the partnership helps to ensure that the safe recruitment of staff meet the standards adopted by the LSCB. Agencies effectively audit their safe recruitment practice and report on this annually to the LSCB. Routine re-checking of Criminal Records Bureau clearance is undertaken by all agencies and those that indicate concern are subject to risk assessment and decision making by senior managers.
30. Strong corporate leadership to promote equality and diversity is evident, with the council rated at the 'Achieving' level of local government equality standard following recent peer assessment. Service managers have a sound understanding of the issues affecting the lives of children and young people in the area and the challenges of engaging black and minority ethnic communities. There is good engagement of children and young people strategically on the new Equality and Diversity group, with examples of consultation leading to improvements for vulnerable groups, such as refinements to school meals services and the provision of hoists in leisure centres. Effective work is undertaken in schools through the healthy schools programme and personal, health and social education programmes which aim to increase understanding and to celebrate issues of diversity. However, the council and its partners recognise further improvements are required. Case files audited within this inspection identified that the recording of ethnicity as well as the impact of cultural and diversity issues are not consistently considered in case planning. This is a long-standing area for development, which was identified in the unannounced inspections of 2010 and 2011.
31. A range of communication methods is used well to inform families and young people of how to make a complaint and these are monitored well

by managers to ensure that this has been done. For example, Independent Reviewing Officers check at statutory reviews that children and young people are aware of how to complain. Themes from complaints are collated and used to improve practice and inform learning. An annual report sets out the clear principles underpinning the complaints procedures. Complaint information and forms can be obtained in Braille and translated. A new complaint leaflet was published during 2010 and was designed specifically for children and young people.

32. Private fostering arrangements are effectively monitored, and the LSCB has taken appropriate action to promote and increase agency and public awareness of private fostering arrangements and the council's duties in respect of such children and young people. However, the number of known private fostering arrangements has not significantly increased.
33. Strategies to prevent school exclusion and to improve attendance for all children including those who are vulnerable are highly effective. Permanent and fixed-term exclusions from secondary schools have been below the national average for some years. Well established and diligent partnership work, built on trust and common purpose between schools and partners, enables appropriate packages of support to be put in place for children at risk of exclusion and moves of pupils between schools are managed well. The council has taken positive action to improve the way it identifies, monitors and ascertains the views of children and young people who are educated at home. The council maintains purposeful contact, on at least an annual basis, with the large majority of these families. Staff who undertake home visits are vigilant about potential safeguarding issues and work closely with social care services when concerns about the child's welfare are identified.
34. Multi-agency arrangements for identifying and finding young people missing from home, care and school are robust. Clear roles and responsibilities of Children's Social Care, the police and other agencies are made explicit in a local protocol. A monitoring group of key managers meets bi-annually to effectively oversee how the protocol works in practice and identify emerging issues. Interviews following the return of a missing child are routinely undertaken by police or a professional best known to the child or young person. Robust systems are in place to ensure children missing from education are monitored. The education welfare service is proactive in taking steps to trace children and young people missing from education, with children remaining on the school roll until their whereabouts have been identified.
35. Multi-Agency Public Protection Arrangements are effective in protecting the public from persons posing risk to others. This work is augmented by the Keepsafe service which works well with children and young people presenting sexually harmful behaviours, working directly with children,

young people and their families and providing consultation to other professionals.

36. A partnership of statutory, voluntary and community sector services meets as the Anti-Bullying strategy group to develop support services to protect children and young people from bullying. Every school in the area has an anti-bullying policy identifying preventative and reactive responses for dealing with bullying incidents. Appropriate consideration and action are taken to tackle cyber bullying and to promote e-safety.
37. The domestic violence forum is well established, with good participation from agencies. A specialist domestic violence court is in place, with independent domestic violence advisors to support victims in both criminal and civil proceedings. Support is available to families affected by domestic violence, for example the New Way project proactively engages fathers and male partners to break the cycle of repeat abusive behaviours. Multi-Agency Risk Assessment Conferences take place regularly and agencies value the opportunity to share information and to ensure that plans are coordinated to protect children, young people and their parents. Targeted training has raised awareness of domestic violence, which has resulted in an increase in referrals to children's social care, for example from the midwifery services. Notifications of incidents of domestic violence in households with children are shared with the school nurse who cascades the information to teaching staff, where appropriate.

Quality of provision

Grade 3 (adequate)

38. The quality of safeguarding provision is adequate. Children and young people at immediate risk of significant harm are identified and responded to in a timely way to ensure they are protected and partner agencies collaborate well to safeguard children and young people. The council meets its core statutory requirements for the management and delivery of safeguarding services.
39. Strong partnership work between partner agencies, schools and educational settings helps to build the capacity and expertise in local areas to identify and support the most vulnerable children, including those who may be at risk of significant harm or abuse. Schools and education settings understand the thresholds for child protection services and are confident in carrying out their roles and responsibilities in safeguarding children. Social care services are responsive when schools raise concerns about specific children and provide good advice and guidance for those with lower levels of need. Regular high quality training and information updates also ensure that staff in universal services are well informed about policies and practices and are well equipped to support children and families who need additional help.
40. The range and quality of early identification and preventative services are good. Common assessment framework (CAF) and team around the child

(TAC) arrangements are becoming well established. In particular, good use is made by vulnerable children and families of early years settings and children's centres. Close collaboration between social workers and children's centre staff enables 'step up' and 'step down' arrangements between child protection and CAF to be monitored closely so that children and families receive the right kind and level of support at the time it is most needed. Other than for young parents, the use of CAFs to support vulnerable teenagers is insufficiently developed. The council is developing an 11-18 strategy to identify and formalise referral pathways to targeted services for this age group.

41. The quality of CAF assessments, seen by inspectors, was satisfactory overall but was variable. Where CAFs have been used to best effect, they have led to integrated packages of support which actively engage children and families in a non-stigmatising way. Weaker assessments lacked rigour and did not focus sufficiently on the outcomes to be achieved. In some cases, it is not clear whether the child or young person's views have been sought or taken into account in developing action plans and reviewing progress. The council is aware of the variability in practice and is taking action to bring about improvement, for example through on-going training for lead professionals and by establishing a multi-agency quality assurance group which samples and audits the quality of CAFs and promotes good practice.
42. Thresholds for child protection are clear and are well understood by partner agencies. In most cases seen by inspectors thresholds of need are applied consistently. This has resulted in an increasing number of appropriate referrals to children's social care of which a higher percentage progress to assessment. However, referring agencies are not routinely informed of the proposed actions of children's social care following referral of children in need cases.
43. All child protection referrals are promptly allocated to suitably qualified and experienced social workers. Good relationships between children's social care services and the police ensure that joint child protection investigations are robustly undertaken where appropriate. However, not all Section 47 enquiries lead to core assessments being completed, as required by statutory guidance and the policy and procedures adopted by the council and its partners.
44. The quality of assessment and care planning for the most vulnerable and those in need of protection is too variable, although overall of a satisfactory standard. Most assessments identify risk factors impacting on children's safety and welfare, although protective factors are not always made sufficiently explicit. The better assessments, seen by inspectors, demonstrated a clear child centred approach. However, in too many cases assessments were not sufficiently thorough or did not demonstrate a full consideration of risk or prompt consultation with other agencies. In

contrast, assessments of children with disabilities consistently demonstrated good consideration of their needs.

45. Overall assessments do take sufficient account of the culture and identity of the child and family, but such practice is not consistent in all cases. Historical information is not always fully considered within assessments and case planning. This is made more difficult in some cases where chronologies were not up to date or detailed or missing altogether. Assessments are required to be authorised by managers, however, it was not always possible to verify from records what input managers had to assessments, what actions they had sanctioned or the rationale for some decisions made on cases.
46. The remodelled Family Team serving the communities of Bath and the surrounding area has been established to improve the consistency of access and response from the social care service. The team has been augmented by the addition of a Deputy Team Manager post to strengthen decision making at the point of access. Observation, by inspectors, of team functioning demonstrated that contacts and referrals are being dealt with satisfactorily. Although there is no unallocated work in this team, capacity issues at the time of this inspection resulted in the Deputy Team Managers holding small yet complex caseloads, which had not been intended to be their role by social care services. Piloting of the new team structure has promoted greater flexibility, use of professional judgement by social workers and the development of less prescriptive methods of recording work. However, inspectors were not able to consistently evidence from records that in all cases assessments, intervention and management oversight was conducted rigorously. The council has acknowledged the need to improve the quality of practice and management oversight within the team.
47. The North East Somerset Team operates a different system to the Family Team, pending the restructuring of the service. Child protection concerns receive a prompt response and managerial decisions are made within statutory timeframes. In some cases delay in the commencement of assessments for children in need results from seeking further information to clarify whether an assessment should be undertaken. At the time of this inspection 33 cases were allocated to the Deputy Team Manager for work to be progressed 'on duty' and this resulted in undue delay in the assessment and the provision of services to some children in need.
48. The timeliness of initial child protection conferences is adequate. In a few cases there was delay in the convening of these meetings beyond prescribed timescales. The timeliness of all subsequent review conferences is compliant with required timescales. Overall quality of social workers' reports to conferences is satisfactory, but is too variable. This has not improved in consistency or quality through the trialing of new methods of presenting information and reports to conference by the Family Team. The

timely sharing of reports with the independent chairs and families, although improving, remains inconsistent. The wishes and feelings of children and young people are not consistently sought and used to influence case planning, although the provision of an independent advocacy service has benefitted some older children and young people in helping them to contribute to their care plan. The new 'plan' for initial and review child protection conferences being trialled within the Family Team does not include a section to record separately the consideration of risk and protective factors. While these are within the plan, it can be difficult for parents to always succinctly ascertain the most pressing concerns.

49. The attendance of key agencies at child protection conferences is good. However, the production and quality of written reports by key agencies is too variable. An LSCB sub group regularly monitors the quality of reports to conference and reports to agencies to improve poor work and to recognise good work. Child protection plans are mostly of good quality, clearly identifying risks and actions required to minimise risks to children. However such plans do not always make clear contingencies if the actions are not carried out. Most plans specify the frequency of core groups and home visiting arrangements. However, in some cases seen by inspectors records did not evidence that core groups were being held with the frequency required by the plan. In a few cases records did not show that social workers had visited children in accordance with the regularity stated in the plan.
50. Within children's social care two electronic case recording systems are used. Neither system provides a coherent and comprehensive picture of service involvement and decision making. Neither support workers and managers in carrying out their duties or evidencing their work effectively and efficiently. The systems do not easily enable the compilation of case chronologies to promptly identify historic involvement and to contextualise presenting case concerns. One system does not require evidence of managerial oversight or 'sign off' nor can it be currently accessed by the Emergency Duty Team. In some cases seen by inspectors, key information such as the rationale for the instigation of Section 47 enquiries and details of core group minutes had not been put into the system.
51. Out of hours arrangements are well established and practitioners and managers report greater satisfaction with the work undertaken by this team following additional resourcing and reconfiguration. Relationships with daytime social care services are effective and, on occasion, welfare visits are undertaken by out of hours staff to support casework.

The contribution of health agencies to keeping children and young people safe Grade 4 (inadequate)

52. The contribution of Health service to safeguarding arrangements is inadequate as a result of failure to meet statutory guidance in key areas. No designated nurse for safeguarding, as set out within statutory guidance *Working Together 2010* has been in place within Bath and North East Somerset PCT for the past three years. This role is instrumental in providing expert health support to the LSCB and ensuring, on behalf of the PCT, that the safeguarding practice of providers of children's healthcare safeguarding is appropriate and is subject to strong governance and accountability across health services. Current governance arrangements do not challenge providers sufficiently and lack rigor. Not all health providers are engaged in these arrangements, such as pharmacists and the Walk in Centre.
53. No annual health safeguarding reporting system, involving all health providers and subject to rigorous challenge and performance oversight by the LSCB, has been established. The newly-formed Bath and North East Somerset and Wiltshire PCT cluster has identified this gap and took prompt action to appoint a designated nurse eight weeks prior to this inspection. This post acts as designated nurse for NHS Wiltshire and currently also for BANES. The designated nurse is beginning to establish the required relationship between commissioner and providers, and is developing an improvement plan, while reviewing the effectiveness of delivery of safeguarding activity in health services. The review incorporates an assessment of the capacity of this role to deliver necessary improvement.
54. Named nurses and doctors in provider services are knowledgeable, supportive and accessible to staff within their services. However, they have not had the benefit of the advice, guidance and support of a designated nurse to develop practice and competencies, and they welcome the new arrangements.
55. Health safeguarding referrals to social care are not routinely acknowledged by social care services, although health staff do routinely follow-up referrals to ensure these have been received. Health staff attendance at child protection meetings is improving but further improvement is required. For example, in 2010/11, school nurses attended and submitted reports to 76% of possible conferences and paediatricians attended 11% of possible conferences sending a report for 94% of these. Health services staff report that their opinions are not fully recognised within case conferences and some report not being fully informed of the specific child protection concerns under discussion which undermines their contribution to risk assessment, decision making and protection planning. Such issues have been resolved in individual cases with the support of the appropriate safeguarding lead, but remain a wider issue to be tackled.

56. Governance of practice for children's safeguarding at the RUH NHS Trust is inadequate. While staff seen, by inspectors, have an awareness of some safeguarding risks and their responsibilities and there is some evidence of lessons learnt from significant incidents informing practice, these are not embedded. Basic and advanced paediatric life support attendance and levels of core skills training among registered emergency department nurses are inadequate. Staffing capacity has resulted in difficulties in releasing staff for core skills training. Relationships with the social care team based at the hospital are positive and channels of communication and referral are clear. However, in some cases, children who have accessed the emergency department are not referred promptly to other agencies. Instead cases from the preceding seven days are reviewed weekly and action is then taken to notify other agencies where there are needs or concerns that need to be addressed. Analysis of these cases in this inspection did not identify any children left at risk of significant harm. However there were examples of delay in notifying children in need issues. For example, there were 20 retrospective referrals to social care in the past 12 months, including two children subject to protection plans and six looked after children. The review process is beneficial as a quality assurance process albeit on a weekly rather than daily basis and staff undertaking it are diligent. Data on the review activity is held on the ward. However, outcomes from the review are not reported routinely to hospital managers, the PCT or the LSCB to ensure that management oversight is rigorous and that no potential safeguarding issues are missed.
57. The provision of appropriate safeguarding training in provider agencies is variable and is overall inadequate. Safeguarding training at levels commensurate with health staff roles and responsibilities is not being delivered across all health services. Monitoring by health commissioners and the LSCB of the provision of health safeguarding training lacks rigor. Staff in community health services are trained to appropriate levels and this is overseen effectively by the named professionals within the service. However, workers in adult mental health services are not trained to appropriate levels and levels of safeguarding training at the RUH NHS Trust do not meet national minimum safeguarding training requirements. Managers acknowledge this significant gap and an action plan is in place which is now being overseen by the designated nurse.
58. Safeguarding supervision in health services overall is inadequate. Safeguarding supervision is not established across all health services in accordance with statutory guidance. Different arrangements operate in each health service. For example, the RUH NHS Trust has not established planned, dedicated safeguarding supervision and is a priority area for development. Informal supervision, advice, guidance and support to staff by managers are available in response to daily activity and these are valued by staff. However, this is not sufficient. Effective peer review processes are in place for consultants and their teams which are valued and provide supervision opportunities. Safeguarding supervision is well

established in community health services and is effective. Three monthly group safeguarding supervision for midwives is being introduced following a pilot programme last year, but is at a very early stage of implementation.

59. Adult mental health services do not adequately discharge their safeguarding responsibilities. Children's safeguarding issues and Think Family approaches are not embedded within adult health services and a recent survey undertaken by the Avon and Wiltshire NHS Partnership Trust identified that only 80% of the workforce regarded children's safeguarding as a priority. The Adult Mental Health Children's Social Care Protocol does not effectively ensure that appropriate joint visits and assessments are routinely undertaken where there are concerns about the impact of parental mental health upon children. Staff are not trained to appropriate safeguarding levels. Performance management of safeguarding and hidden harm issues is being developed between children's and adult services. No protocol is in place to ensure smooth transitions from CAMHS into adult mental health services for vulnerable young people. Managers are aware of these issues and are now taking action.
60. The information system newly introduced at the RUH NHS Trust, does not have an effective 'risk flagging', a facility to alert staff to concerns relating to individual children. This issue is subject to an action plan, however, the target deadline of autumn 2011 was not met and a new timescale for delivery has not been set. The RUH NHS Trust information system differs to that operating in the emergency departments, which does have an effective 'risk flagging' system, which staff value. The two systems are not able to communicate with each other, which impacts negatively on the ability to share information or concerns where children present at different health venues.
61. Sharing of information in relation to children looked after or subject to child protection plans between social care and specific health services is not consistent. Lists of these children are sent weekly by social care services to named professionals in the acute hospital and to community health services and health providers who find this helpful in identifying children at risk. However, this information is not shared routinely with the CAMHS service which has to identify looked after children and those children subject to plans on a case-by-case basis.
62. Health providers recently reviewed their response to children who do not attend health appointments and have significantly strengthened how they promote attendance and ensure a prompt response by health professionals to non attendance. This has resulted in a significant reduction in non attendances. Further work is required to ensure that social care services engage in the non attendance protocol to trigger referrals and responses.

63. Arrangements for children and young people who have been subject to sexual assault are well established and effective. There is no sexual assault referral centre in BANES, but facilities in Bristol and Wiltshire are in close proximity and are readily accessed, generally for young people aged 14 years and over. A team of paediatricians operates a 24-hour rota and examinations are undertaken in conjunction with forensic specialists in a designated facility situated in children's outpatients. This can be accessed out of hours. Suitable follow up and effective on-going sexual health and support arrangements are in place for young people who access the sexual assault referral service.
64. A range of good quality front line health services deliver good outcomes for children and young people. These include sexual health services, school nurses, health visitors, the CAMHS, including the learning disability service and the specialist eating disorder service. The outreach service for children and adolescents (OSCA) provides effective year-round crisis intervention available 24 hours per day. Positive relationships and daily contact are established with the acute hospital's children's services, and children at the hospital can readily access CAMHS support when needed. Services for children with disabilities and life limiting illnesses are also good.
65. General Practitioner (GP) engagement with safeguarding arrangements is improving but is not yet adequate. No named GP to provide direct work across practices has been appointed and the lack of designated nurse role has resulted in insufficient drive across health and social care to ensure the consistency and the quality of general practitioner contribution to case conferences. The designated doctor provides good quality three year training for GPs and this is valued by those who attend. Pharmacists are not engaged in safeguarding arrangements. The Bath Walk In Centre, while supported well by Sirona Care and Health, and by the named nurse for community health services has not yet engaged in the strategic governance arrangements that are being introduced by the designated nurse.

Ambition and prioritisation

Grade 3 (adequate)

66. Ambition and prioritisation for safeguarding is adequate. The strategic leadership within council and its partners give safeguarding the highest priority. Cross party commitment to safeguarding by elected council members demonstrates a consensus view that services for children and young people are a priority and must be appropriately resourced. However significant safeguarding governance issues within the health services remain unresolved.
67. The ambitious proposed remodelling for the delivery of Children's Social Care was informed by the lean review of social care processes and the key messages from the Munro review of child protection. The redesign is part

of the wider change programme for the council. Within this the needs of children are appropriately at the forefront of work targeted to improve the effectiveness and efficiency of children's services.

68. Almost all partner agencies appropriately ensure that safeguarding is prioritised within their services and necessary resources are assigned. Core child protection services are enhanced by a wide range of effective early intervention and prevention support services, which prioritise vulnerable children and young people.

Leadership and management

Grade 3 (adequate)

69. Leadership and management are adequate. Appropriate leadership in safeguarding is provided through the LSCB and within most partner agencies. Regular oversight of activity and progress in children's social care services is undertaken by elected members. This is supported by regular reporting from senior officers in children's services to the portfolio holder. The overview and scrutiny committee receives and reviews the children and young person's plan as well as the annual report from the LSCB. Effective leadership is provided by the Director of Children's Services and the senior management team within children's social care.
70. The council and its partners have a good understanding of the strengths and areas requiring further development in children's services. Social workers and their managers are generally positive about the proposed remodelling of children's services and report to inspectors a keenness to be freed from some of the more bureaucratic elements of their work and to have more time to work more closely with children and families. New documentation has been introduced to assist social workers with recording practice. However, reports from staff and the findings from this inspection indicate that further work is required to ensure that recording better evidences robust practice and management oversight of cases. This is not assisted by the weaknesses in the electronic recording systems.
71. Management and supervision arrangements within children's social care services are clear. Staff report having ready access to managers and value opportunities for informal discussions on casework. However, supervision files seen by inspectors in relation to safeguarding and children in need cases were at best adequate in recording whether supervision was undertaken on a regular basis or in capturing whether formal supervision was sufficiently detailed, reflective and challenging. Supervision files did not consistently evidence actions required from social workers following the meeting. Where actions were recorded subsequent supervision sessions did not consistently demonstrate that managers checked whether those actions had been carried out.
72. A wide range of safeguarding training opportunities is available to staff across the partnership with good outcomes seen by inspectors, for example in raised awareness of the impact of emotional abuse. The

introduction of reflective practice workshops has been well received and is promoting strong informal networks across partner agencies. Social workers report that they value the training opportunities provided. However, they report that capacity issues within their team, sometimes requires casework to be prioritised over attendance at training. Newly qualified social workers report good quality support with structured training and caseload protection in their first post-qualifying year. The authority has a good track record of supporting non-qualified staff to achieve the social work qualification and successfully growing and developing its own workforce.

73. In most cases, staffing resources across the partnership are sufficient to meet safeguarding needs and growth is planned in some services. For example, funding has been secured to appoint additional health visitors. Social worker caseloads are higher than the Council considers optimal, although staff seen by inspectors report that their caseloads are manageable and that they receive good support to manage their work. The established number of social work posts is sufficient to deliver the service priority areas. However, recruitment and some capability issues have necessitated the use of agency staff as well as case holding by Deputy Team Managers, which has a negative impact on the continuity of support to children and families and on the capacity of managers to oversee the work of the team.
74. Service user engagement in service planning and development is established although it is recognised by managers that further work is required in this area to further coordinate and consolidate practice. The recent establishment of the Equality and Diversity group reflects this ambition and demonstrates progress.

Performance management and quality assurance

Grade 3 (adequate)

75. Performance management and quality assurance are adequate. The council and its partners undertake a range of performance management and quality assurance functions across agencies and within individual services. At the strategic level, safeguarding performance is monitored through the LSCB, the Children's Trust Board and other governance bodies such as the Health and Well-being Partnership and the council's scrutiny committee. Several representatives attend both the LSCB and the Children's Trust Board, including the LSCB Chair and the director of children's services, which assists communication consistency and challenge.
76. The LSCB routinely monitors the effectiveness of core multi-agency child protection activity through the work of its Children's Services sub committee. This multi-agency body satisfactorily reviews the reports, minutes and outcomes of all Child Protection Conferences referring

individual matters of concern or good practice to individual agencies for them to improve or promote such practice. Despite this established activity persistent practice weaknesses have been identified by partners and inspectors. Examples are, significant variability in the quality of assessments; the identification of risk and protective factors as well as the quality of analysis in agency reports. Managers and front line staff reported that the audit tool used by the LSCB sub committee is not sufficiently rigorous and does not provide in depth analysis of the quality of multi-agency practice, and this was confirmed by inspectors. The LSCB is aware of the limited impact of this process on securing improvement to practice and is producing exemplars of best practice to drive forward improvement.

77. Managers in children's social care lead the drive to improve quality and performance in safeguarding work. For example, audits undertaken by the Children's services sub committee and by the Assistant Director of Children's social care are open and transparent, identifying issues of poor practice such as delays in case planning, risk averse practice and resources for young people in need aged over 11 years. While such work is valuable, it is yet to demonstrate progress in ensuring sustained improvement to practice in key areas, for example in the systematic use of case file chronologies. A system requiring front line managers in children's social care to audit cases has been implemented. However these audits are not being routinely undertaken.
78. Managers at operational level are accessible to staff and exercise suitable oversight of the work of their teams although this is not sufficiently reflected in case records. Managers are appropriately tackling issues of poor staff performance and are increasingly clear about the high quality of performance and practice that they expect from individuals, for example with the remodelled Family Team service. As yet this has not led to a significant improvement in the overall quality of service delivery.

Partnership working

Grade 3 (adequate)

79. Partnership working to promote safeguarding is adequate. The LSCB meets its statutory responsibilities and provides effective community and professional leadership in relation to universal, targeted and specialist services. Robust governance arrangements ensure regular communication between the LSCB and the Children's Trust Board, with clear respective roles and accountabilities. The LSCB has appointed an interim independent chairperson who is highly experienced and provides good leadership, effective support and external challenge. The LSCB has representation from a wide range of partner agencies, with membership at an appropriate level to seniority to make decisions on behalf of their respective organisations. However, the partnership has not effectively resolved the governance and strategic oversight weaknesses within health services. Attendance by the RUH NHS Trust has been intermittent. A

representative from the community and voluntary sector is appointed, but does not have the capacity to represent the wide range of agencies from the sector to ensure information from the LSCB is cascaded and the views of the sector are reported to the LSCB.

80. At an operational level, effective arrangements are in place to enable close collaboration and communication between partner agencies, for example, strong partnership is established between children's social care services and the police child abuse investigation team. Schools are well engaged in processes to support children and supported through the role of the Integrated Training Officer as well as through the highly regarded safeguarding forums.
81. Close communication and liaison between agencies is well established and is exemplified by the arrangements such as the Multi-Agency Public Protection Arrangements, the Multi-Agency Risk Assessment Conference and the anti-bullying initiative, where information is shared well to coordinate and ensure the provision of services.
82. The LSCB provides a comprehensive range of good quality child protection multi-agency training which promotes good partnership and networking between agencies. The Board has implemented a common induction programme for all staff working in the area. A training matrix adopted by agencies identifies well what training is mandatory for all those working at an operational level and the LSCB closely monitors activity in this area through its training sub committee.

Services for looked after children

Overall effectiveness

Grade 2 (good)

83. The overall effectiveness of services for looked after children is good. The needs of looked after children are appropriately prioritised by the council and its partners. Elected members and staff actively promote and engage in activities to carry out their responsibilities as corporate parents, through an effective Corporate Parenting Group which has active engagement with looked after young people. Strong partnership work is well established across partner agencies, in particular at the practice level.
84. Looked after children are appropriately safeguarded by effective services targeted at preventing the need for care and by timely intervention to ensure that they are looked after where necessary.
85. The fostering service was assessed to be outstanding in the last Ofsted inspection in September 2010 and adoption services was assessed as good with outstanding features, in November 2010.
86. Looked after children are strongly supported to achieve positive educational outcomes, most at above the national average for their looked after children and to engage in constructive activities. They are encouraged to make use of educational, employment and training opportunities, although this is not sufficiently effective for older looked after children and care leavers. Good partnership between health, social care and education services underpin the personalised packages of support put in place for these young people.
87. Whilst significant issues in relation to meeting the health needs of looked after children have been identified in this inspection, most are concerned with strategic development and statutory duties. At an operational level health promotion and engagement by health practitioners with looked after children lead to good outcomes. Health promotion activity is effective, and front line health staff, such as health visitors and schools nurses are actively engaged with looked after children to ensure that their day-to-day health needs are met.
88. The quality of work with, and support for, cared for children, is satisfactory or better, with high levels of continuity and consistency of social workers. Case planning and review are effective overall, although further work is required to improve aspects of work, such as the timeliness of reviews and the consistency and quality of social worker reports in shaping review plans.
89. A robust placement strategy and placement finding service enables looked after children to be in appropriate placements. Stability of placements is high and most children are placed within families. Where residential

placements are used, they are of a good standard, are safe and are regularly monitored. Children who would benefit from adoption are identified and prompt action is taken to meet their needs

90. Opportunities for looked after children to contribute to their individual case planning are well established and looked after children are actively encouraged and enabled to contribute to service development, including through an effective In Care Council.

Capacity for improvement

Grade 2 (good)

91. Capacity for improvement is good. Outcomes for looked after children are generally improving and most are in line with or better than comparator authorities. Educational outcomes are good, although significant challenges are faced by health services to ensure that the needs of looked after children are suitably addressed at the strategic level
92. The council and its partners have clear shared objectives for looked after children, based on a firm understanding of their needs. This has enabled strong partnership work to be developed and sustained. The Corporate Parenting Group and the Children's Trust actively promote the interests of looked after children and oversee performance of cross agency services to secure improvement in the support that they provide to looked after children. For example in the development of the virtual school.
93. Looked after children are actively engaged in evaluating and helping to shape services. Through the In Care Council and a range of other activities looked after children and young people ensure that they influence the improvement of services. For example young people have been involved in staff appointments.

Areas for improvement

94. In order to improve the quality of provision and services for safeguarding children and young people in Bath and North East Somerset, the local authority and its partners should take the following action.

Immediately:

- ensure that all relevant health professionals are invited to and are able to contribute effectively to looked after children reviews.

NHS Bath and North East Somerset and Wiltshire, Bath and North East Somerset Council and Sirona Health and Social Care should:

- ensure that a designated doctor and nurse for looked after children are appointed
- ensure the timely completion of all health assessments and reviews

- ensure that actions identified in looked after children health plans are carried out and are robustly monitored.

Within three months:

- ensure that robust clinical governance of health services to looked after children, including those placed out of area, is in place in accordance with statutory guidance
- ensure that health staff attend looked after children reviews, where appropriate and that they receive minutes of the review
- ensure that all looked after children make good academic progress throughout secondary school, increase the numbers achieving five or more GCSEs at A*-C grades, including in English and mathematics and narrow the attainment gap between looked after children and their peers in BANES
- ensure that looked after statutory reviews are timely in order to promote the timely and effective monitoring of care plans
- ensure social work reports to looked after children reviews are of a consistent high quality to inform care planning and to enable the plan to be effectively monitored and reviewed
- ensure robust notification arrangements to independent review officers and key partners including, health and education following a child or young person becoming cared for by the local authority
- ensure robust quality assurance and case file audit arrangements are implemented
- ensure that the In Care Council is engaged with the development and quality assurance of health services for looked after children.

Within six months:

- NHS Bath and North East Somerset and Wiltshire, Bath and North East Somerset Council and Sirona Health and Social Care should ensure that an annual looked after children report is prepared and is presented to the health trust boards, corporate parenting board and health and well-being board
- ensure that all care leavers receive effective support to raise their aspirations, to improve their employability, to engage successfully in education, training or employment and to achieve well.

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

Being healthy

Grade 4 (inadequate)

95. The arrangements to maintain and promote good health for looked after children and young people are inadequate. Governance arrangements for the provision of healthcare for looked after children are not robust. No designated doctor or designated nurse roles have been appointed. These roles, prescribed within statutory guidance in *Promoting the Health of Looked After Children 2009* and in *Working Together 2010*, are not set out clearly within the jointly commissioned contract with the service provider, and are not assigned within the provider service. The absence of these designated roles has a significant negative impact that results in poor strategic oversight, performance management and quality assurance of health services for looked after children. However, at the operational level, services provide good outcomes. For example, the looked after children's nurse works closely with the range of good quality sexual health services which are delivering good outcomes and, as a result, rates of teenage pregnancy are low. CAMHS operate an open and self-referral system with specialist support which is effective in providing support to fragile placements. Looked after children are fast tracked to specialist health services when needs are identified.
96. Health services are not represented on the corporate parenting board leading to insufficient health perspective at this level. Lack of sufficient capacity of the consultant paediatrician and the looked after children's nurse, who is also a school nurse, to deliver their responsibilities, has not been addressed. An annual reporting process is in place on the effectiveness of health services in supporting looked after children. However, this has not been effective in driving continual improvement. The annual report, due in August 2011, has been delayed until spring 2012, by mutual agreement between the commissioners and the provider. No strategic lead has been identified within the provider service to develop and drive improvements to services, performance and to tackle any operational issues across the partnership. There is no process within health services for case record audit or the quality assurance of health outcomes.
97. Health provider services are suitably flexible in where services are delivered and the level of choice for young people and carers. The looked after children health team works effectively to ensure that children in care are engaged in health assessments and this has resulted in no refusals of health assessments for young people aged 11 to 16 and only four refusals out of 42 young people aged over 16 in the last year. Appropriate foster carer training and health promotion work are in place.

98. The In Care Council, an active and influential group of looked after young people, has recently contributed to the review of the Pledge which includes health specific undertakings. However, the lack of the designated nurse for looked after children results in health services not having any strategic engagement with the In Care Council and no process by which the In Care Council can hold health agencies to account for delivery of the health elements in The Pledge.
99. Lists of looked after children are not routinely shared between children's social care services and the looked after children health team. The system for social care to inform the looked after children health team of those young people coming into, or leaving, the care system and any changes of placement is not robust. Delays in notifications being sent to health services and the use of incorrect documentation by social workers impacts negatively on the timeliness of the completion of initial health assessments within required timescales. This has diminished from 89.5% to 70.8% over the past two years. In some instances health services are not promptly informed about placement changes made by social care services and as a result looked after child's health reviews have been missed. The absence of assigned designated roles operating strategically has meant that the provider, Sirona, has not taken a proactive approach to addressing this issue with social care or ensured that information sharing is robust. Health commissioners cannot be confident that they have an accurate knowledge of the cohort of looked after children or that their health needs are identified and addressed.
100. The British Association of Adoption and Fostering (BAAF) documentation is used for health assessments to enable a consistent approach in health assessments. All initial health assessments are undertaken by or under the direction of the lead consultant paediatrician. The quality of initial health assessments is satisfactory overall. However, the quality of recording practice and health record organisation is not of a satisfactory standard which makes it difficult to track a young person's pathway through health services. Minutes of annual looked after children reviews and care plans are not shared with the looked after health team and health reviews are not sufficiently co-ordinated to fit well with the timing of the looked after children review.
101. Health plans set out at the end of the BAAF assessment documentation are not specific and measurable and it is not always clear what actions are being taken to address the health needs identified. Management and monitoring of information sharing between social care and health are not robust. Independent reviewing officers do not routinely see health assessments, with social work teams storing them in different ways and not always communicating the information between teams effectively. As a result, some children at risk of missing out on health provision may not be identified at their annual looked after children review.

102. Detailed delivery plans on how foster carers or placement providers should address the child's health needs identified in their assessment are developed from the overarching health plan. However, these are held by the child's foster carers without a copy on the child's health record and no effective process is in place to ensure the detailed delivery plans are routinely transferred when changes of placement take place. Where there are changes of placement health agencies are not notified promptly, reviews of health needs are not routinely taking place and, in some cases seen, the more detailed health delivery plans with actions agreed in previous placements do not transfer to the new placement.
103. No clear or effective systems are established to ensure that looked after children placed out of the area receive health care that addresses their physical and emotional need. The consultant paediatrician and looked after children's nurse do see children placed within practical distance and this includes most of the looked after population. However, as health professionals do not routinely attend looked after reviews, robust quality monitoring arrangements are not in place for the small cohort of children that are not seen by BANES health practitioners due to their placements being too distant. This group includes some of the most vulnerable children with complex needs.
104. Strengths and difficulties questionnaires are not routinely shared with health services. Social workers initiate strengths and difficulties questionnaires and request that foster carers share these with health professionals at health reviews, instead of ensuring routine exchange of questionnaire information between agencies. This reduces the impact in some cases and makes it difficult to derive accurate data on health's performance in addressing the emotional well-being of looked after children. Opportunities to use these in health reviews to enable young people to track their personal emotional development over time are also being missed.
105. Health services support for care leavers is underdeveloped. Following the looked after child's final health review, there is effective liaison by the lead consultant with the young person's GP, who is sent the final health report. The report is offered to the care leaver, however, the BAAF documentation may not be in the most accessible format for young people to find useful. Young people have not been engaged in exploring how to make the final health review fully effective in helping them to address their future health and well-being. Information on health and well-being provided to care leavers was originally developed with young people's participation but has not been reviewed recently with the In Care Council.

Staying safe

Grade 2 (good)

106. Arrangements for ensuring that looked after children stay safe are good. Risk is managed well to ensure that those children and young people who

need to be in the care of the local authority are appropriately identified and their needs addressed through a comprehensive range of commissioned and contracted services. BANES participates in a sub regional partnership group with five South West local authorities. This has developed prequalified lists of independent foster agencies, independent children's homes and non-maintained residential special schools. Placements with independent providers are purchased from a preferred provider list to ensure that safe placements meet the needs of children and young people.

107. The fostering service was assessed to be outstanding in all areas in the last Ofsted inspection in September 2010. The adoption services was assessed as good with outstanding features, including enjoying and achieving and positive contribution in the last Ofsted inspection in November 2010. Provision for children's homes and the residential special school within the area is generally of a very good quality with all provisions assessed as good or outstanding in their latest inspections. Independent providers for children placed out of area that were spoken to during this inspection, reported positive partnership working relationships with the council.
108. Arrangements for supporting children who go missing from care are effective. Appropriate action is taken to trace children and to conduct interviews when they return to care to prevent further episodes of children going missing. Stability of placement is good and provides continuity of care and security for children. Children are seen regularly by social workers and their carers. They have access to advocates and know how to complain. The majority of looked after children and care leavers, who took part in the recent Care4Me and the aftercare survey for BANES, reported feeling very or fairly safe and said there is at least one person they would tell if they were being harmed. The majority said they were in the right placement.

Enjoying and achieving

Grade 2 (good)

109. The contribution of services to helping looked after children to enjoy and achieve is good. The work of the virtual school has had a substantial, positive impact in improving the educational experiences of looked after children, and most educational outcomes are good. Looked after children and care leavers have effective support which helps them to access high quality educational provision, and the large majority are in good or better mainstream schools or early years settings. Strong and effective leadership by the virtual head teacher is complemented well by the dedicated work of the education coordinator with the younger age group. Both are active champions for looked after children's education and know the children in care population well.

110. Effective action has been taken to improve the school attendance of looked after children and to reduce exclusions. Attendance is good, with a very low rate of persistent absence that is better than that for all children in BANES. The overall absence rate for looked after children in the last academic year was also better than the average for all children in BANES and better than the national average for looked after children. This marks a notable improvement on attendance in 2008/9 when looked after children missed more days of school than their peers locally. No looked after children have been permanently excluded from secondary school in the last two academic years. Fixed-term exclusions are very low and are consistently below the rate for all children in the local authority and well below the rate for all looked after children nationally. These very good outcomes reflect the tenacious and effective support provided to individual children, as well as the strong partnership work between schools, the virtual school and central services to support educational inclusion.
111. The academic progress of looked after children from their starting points is mixed. While some children make good progress, this is not the case for all. For example, in 2011, all looked after children made good progress in English and most made good progress in mathematics at primary school. However, the progress made during secondary school is not consistently good and only a third made good progress in mathematics. This performance was well below that for all young people in BANES and is identified accurately as a key area for development in the virtual school's self assessment. Appropriate action is being taken to improve the academic progress made by looked after children through comprehensive data collection, robust progress monitoring and well targeted one to one support for children at risk of under-achieving or disengaging. Positive outcomes were achieved by young people who received well targeted one to one support in the last academic year.
112. The attainment of looked after children, including those in out-of-area placements, is consistently above the average for all looked after children nationally at the age of 5, 11 and 16 years. The local authority is achieving some success in narrowing attainment gaps, taking good account of children's diverse backgrounds, but recognises that further improvement is required. The proportion of looked after children attaining five or more GCSEs, at 73% in 2010/11, has risen consistently for three years and is well above the national average figure for this group. In this respect, the gap in performance between looked after children and their peers in BANES is closing. In 2011, every looked after young person at the age of 16 years gained at least one nationally recognised qualification. However, the proportion of looked after children gaining five or more good GCSE grades, including in English and mathematics, has been static for the last few years and remains well below the BANES average for all pupils, whose performance shows a consistent trend of improvement. The gap in attainment at this level therefore remains wide.

113. Most looked after children have an up to date personal education plan (PEP) which is reviewed regularly and supports their learning. The quality of plans seen by inspectors was satisfactory overall and some were good. The PEP process, including within early years settings, is now well established with clear roles and responsibilities for the virtual school, social workers and education staff. Clear and challenging targets are set for academic progress and attainment which are reviewed thoroughly in most plans. Children and young people's views and aspirations are central to the planning process and a good account is taken of their interests and hobbies outside the classroom. PEPs are used very well to support key transition stages within and between schools. Quality assurance arrangements to improve PEPs have recently been established. The virtual school monitors robustly the progress and attainment of all children in care and uses this information well to target support for individual children as well as to inform the development plan for the virtual school overall. However, in some cases delays by children social care services in notifying the virtual school when children first come into care impact adversely on the speed with which initial personal education plans are put in place.
114. Looked after children and young people and care leavers have access to a range of enjoyable leisure and recreational activities, including free swimming sessions in local leisure centres. These activities help to develop their skills, interests and confidence and provide positive opportunities to spend social time with their carers and peers.

Making a positive contribution, including user engagement Grade 2 (good)

115. Arrangements to enable cared for children and young people to make a positive contribution are good. The council has a strong commitment to ensuring looked after children and young people have a voice in decision-making. Their social and emotional needs are met well through a range of positive activities delivered through universal and targeted services and they have good access to support at key transition points in their lives. Looked after children have good opportunities in and out of school to develop their communication skills and to speak out on the issues that affect them as individuals and collectively as a group.
116. The In Care Council (ICC), which is made up of looked after children and care leavers, is well established and meets regularly. The children and young people are articulate and passionate and use their diverse care and life experiences to good effect. The ICC actively promotes the participation and involvement of a representative group reflecting all ages, backgrounds and experiences. The young people work hard to raise the profile of their work and that of other groups they belong to, such as the equalities group. They also organise events to celebrate the achievements of all looked after children and care leavers. Active steps are taken by ICC members to keep in touch with the wider population of looked after

children through a range of communication media, such as the attractive and informative magazine 'Small Issue', which is written and designed by looked after young people.

117. The recently revised Pledge has been developed following wide consultation with young people. It sets out the council's promises to children in care in all aspects of their lives, including healthy living, doing well in their education and moving to independent accommodation. The pledge monitoring group is regarded by children and young people as a positive step towards strengthening accountability, although it is still at an early stage of development. Young people have participated fully in making and delivering a high quality DVD to present the pledge and to promote awareness. The pledge is introduced and explained by members of ICC in a very professional and sensitive manner and involves professionals who provide services.
118. Looked after children have made an excellent contribution to the development of high quality education materials for use in personal, health and social education programmes in schools across the authority and further afield. These materials include a DVD which is based on the experiences of children in care which are poignantly and powerfully re-told in a series of scenarios using professional actors. The DVD is designed to promote awareness of what life is like for looked after children and young people growing up in BANES.
119. Young people in care regularly attend the corporate parenting group and this opportunity to talk directly to senior managers and elected members is highly valued by all concerned. Looked after children are involved in the induction of elected members and in the appointment of front line staff and service managers. Their views have shaped the development of services, including the commissioning strategy for care placements. The views of children and young people inform training programmes for staff across children's services.
120. Advocacy services are well provided by 'Shout Out', part of the 'Off the Record' Service and all young people have access to the service. A person centred approach underpins the work, taking into account the needs of children with a disability. The council has an established independent visitor scheme which is provided by 'Reconstruct' and take up is good, with the scheme also available to looked after children placed outside the area. However, while the council has recently increased provision, the service is at full capacity. An effective complaints procedure is in place. The annual report 2010 -2011 comprehensively outlines lessons learned and is effectively used to facilitate learning. A range of communication methods, including a web site, is used to inform families and young people of how to make a complaint. Independent reviewing officers also confirm at looked after children reviews that young people know how to make a complaint.

121. The number of looked after children who offend is low and is better than in comparator authorities. The youth offending service works well with other partners to offer programmes and activities which focus on preventing or reducing offending and anti-social behaviour. A protocol is in place between social care services and the youth offending service. The local authority recognises that early intervention and preventive services for the 11 to 18 year age group are an area for development and this important work is being coordinated by the youth offending service manager with good joint working across services.

Economic well-being

Grade 3 (adequate)

122. The impact of services that enable looked after young people and care leavers to achieve economic well-being is adequate. The Moving On team provides a clear strategic focus and continuity to the work with older young people and care leavers. While there are good elements of support for care leavers, their education, employment and training outcomes remain only adequate and, for the small number of care leavers at the age of 20, the outcomes are very poor, with too many not in education employment or training. The council acknowledges that this is a key priority for improvement; however progress has been slow and has yet to show discernable impact. The council is recruiting a dedicated employability worker to focus on care leavers as part of a council-wide strategy on tackling unemployment.
123. Almost all looked after young people at the age of 16 years progress successfully into further education or training and elect to have a post-16 personal education plan. The numbers participating in learning at age 16 have increased over the last three years and are above the national average for this group. However, as a result of high numbers dropping out, the number of 16 to 18 years care leavers participating overall is not nearly as good and is significantly below that for all young people in BANES, who continue to do well. The whereabouts of all care leavers is known and the council, with support of the Connexions service, has successfully maintained contact with all care leavers over the past few years. Regular meetings of the virtual school, the Moving On service and Connexions now enables the whereabouts and progress of all care leavers to be tracked.
124. Care leavers have access to a range of high quality post-16 education and training provision. Stimulating work related learning opportunities and foundation level programmes are helping young people to gain essential skills and improve their employability. However, the council recognises that it needs to do much more to target support at those who risk dropping out of learning and those who do not progress once shorter programmes end.

125. Good support is in place for young people who go into higher education, and currently five care leavers are at university. Work to raise the aspirations of looked after children and care leavers is being sustained. Whilst activities funded under 'Aim Higher' have ceased, good partnership working with local universities enables looked after children in BANES to still take part in taster days and other events promoting university level programmes.
126. Pathway plans, including transition planning for looked after children and young people with learning difficulties and/or disabilities, are good. The plans effectively address young people's needs and take account of their perspective and wishes. A sustained approach is evident in engaging young people to formulate their plan, often using a range of communication methods for the more vulnerable young people, including the use of advocacy services. Most plans take into account the longer terms needs and aspirations of the young person approaching adulthood and independence, clearly stating the goals and actions required to support them. Older looked after young people and care leavers who met inspectors were positive about their future, but described some poor earlier care experience around disrupted education and placements.
127. Well established transition protocols and joint working enable young people with disabilities to make a smooth transition from children to adult social care services. Good partnership between health, social care and education services underpin the personalised packages of support put in place for these young people. The Connexions service is actively involved in supporting young people with special educational needs in transition from school to post-16 education and training.
128. The proportion of care leavers in suitable accommodation fell below national levels and those of comparator authorities in 2010. Most young people who become looked after due to homelessness are placed in supported accommodation. This provision is jointly commissioned by children's services, Supporting People and housing services. A 'staying put' policy is being introduced to formalise current arrangements to support young people to stay in care placements beyond the age of 18, where this meets their needs and provides good continuity of care. The local authority commitment extends to those young people in independent provision. The Family Placement Team is focusing on increasing local placement choice particularly for older young people to ensure that their range of needs is met. The council recognises that good stable accommodation is critical to supporting young people's engagement and success in education and training and most benefit from stable placements.

Quality of provision

Grade 3 (adequate)

129. The quality of provision for looked after children is adequate. While the inspection identified some strong provision, for example around placement stability, there are significant shortfalls in the timeliness of reviews and variable quality of assessments. However, despite these weaknesses outcomes for looked after children are generally good.
130. The number of children in care has gradually increased since 2009. Robust arrangements for the identification of children and young people at risk of being accommodated combined with effective joint working arrangements across the partnership, result in informed decision making to ensure that only those children and young people who need to be looked after are taken into care. A range of early intervention and prevention services proactively support children and families to help reduce the need for children to be looked after. For example, the 117 Project Parent Support Group effectively works with families whose children are on the edge of care. During the inspection parents seen actively participated in the work which was professionally and sensitively delivered and supported open dialogue in sharing experiences and solutions. Recent evaluation of this work by the council, highlights the high demand for the service and its effective use of resources and value for money in terms of reducing the need for some children being received into care.
131. Assessments of the needs of looked after children, seen by inspectors were of variable quality ranging from poor to good and overall, were of a satisfactory standard. In some cases, assessments did not sufficiently take into account the child and family history and consequently planning is not always fully informed. This was compounded where chronologies were not always evident on case records or were not sufficiently detailed or up-to-date. Assessments in relation to those looked after children who have a disability were overall of a better standard, contained good analysis and adopted a child-centred perspective in assessing need.
132. Social workers regularly visit looked after children and in most cases seen by inspectors there was evidence of good engagement and support provided. In particular, a high standard of life story work was seen, which was targeted to help children and young people understand their experiences and place them in a position of being the main authority on their history. This good practice is extended to children and young people in a range of placements including adoption, fostering and, significantly in placements with extended family members where appropriate.
133. In many cases, children and young people have well established relationships with their social worker, although in a few cases there have been frequent changes of worker. Six looked after children within the locality and disability team were allocated to managers due to capacity issues, at the time of this inspection. Children and young people benefit

from a consistent relationship with their independent reviewing officer who proactively seeks their views and wishes in supporting their participation in reviews. The use of stable and continuous independent reviewing officers enables continuity of support where there are changes of social worker.

134. The views and wishes of children and young people, including children with a disability and their parents or carers are routinely taken into account within assessments. Assessments routinely made reference to the culture, religion and ethnicity of children and their families. However, these were not consistently fully explored and addressed and wider issues, such as the impact of a parent's mental health on social inclusion were not always fully considered.
135. In most cases seen there was evidence of satisfactory risk management of looked after children cases. Management oversight of the support provided by social workers and of case planning was satisfactory overall. However, in a number of cases the records were not sufficiently clear on the level of management oversight or the rationale for decisions or actions taken. Some plans seen by inspectors were shared with the young person and their family or carers and were authorised by the manager but this was not consistent.
136. Too many looked after children reviews are not sufficiently timely, do not meet the council's own time target and are below both national levels and those of comparator authorities. In a number of cases seen by inspectors there were significant delays in the first review taking place following a child's admission into the care of the local authority. In two cases, the delays exceeded two months and in one case four months. The local authority's data from March 2011 to November 2011 indicates that poor timeliness in first reviews taking place is a regular occurrence. In the cases seen by inspectors this is caused by a range of factors including: capacity issues across services in particular locality based front line teams, system failures in progressing the necessary notifications to trigger the review process and lack of clarity in two cases regarding the date when care commenced where children resided with extended family members. As a consequence the planning for some children was delayed and this has a negative impact on effective formulation or monitoring of the care plan. In some cases this resulted in delay in progressing aspects of the care plan, such as the health and personal education plan. The council has acknowledged the problem and has taken action to improve performance, such as training on placement regulations and reinforcing compliance with the notifications. However this has not yet sufficiently improved the timeliness.
137. Most looked after children's plans and records seen by inspectors were up to date and, in the majority of cases focused on outcomes and were well informed by an assessment of the child's need. Over that past year, the

council has adopted an innovative approach to ensure that care plans are effectively updated by combining them within the independent reviewing officers' review report. This has resulted in a more consistent approach to updating plans and ensures that all outcomes of the plan are monitored and evaluated and that progress is demonstrated within the review process. However, the absence of a social work report to update the review of the progress of care plans significantly weakened this approach in a number of cases seen by inspectors. In some cases looked after children reviews lacked rigour or there was insufficient challenge about the impact of delay in convening the review on outcomes for looked after children

138. Robust permanency planning results in good timeliness of looked after children being placed for adoption within 12 months of the decision being made. No disrupted adoption placements have occurred for a number of years, evidencing good matching arrangements. Permanency arrangements are well considered in planning from the outset. Performance on children being promptly placed for adoption, while below the local authority's own target for adoption placements, is improving and has gone from 33.3% in 2010/11 to 75% in 2011/12. The council has clear procedures in place for supporting special guardianship arrangements. Post adoption support is good and an effective range of services are provided for those affected by adoption. For example, a well used, bespoke telephone out of hours service for adopters and foster carers is available to support families. The adoption good practice forum is highly valued by social workers and family support workers and is used well to promote good practice in the placement of children for adoption and in undertaking life-story work.
139. Placement stability is good with performance significantly above national levels and comparator authorities. The majority of looked after children are placed within 20 miles of their home. Until recently, no children were placed in residential provision, which reflects the priority the council places on securing children and young people within a family, where this is in their best interest. The local authority has a high number of children placed with independent providers and is committed to supporting the long-term needs of the young person in placement and unplanned placement changes are avoided. Effective consultation with the virtual school head ensures that continuity in the young person's education is given priority and is resourced.

Ambition and prioritisation

Grade 2 (good)

140. Ambition and prioritisation are good. The children and young people's plan 2011-14 is comprehensive and sets out appropriate key priorities. The plan has been developed following extensive consultation with parents, children and young people and partner agencies. The majority of performance outcomes for looked after children and young people are in

line with or above national averages and those of comparator authorities. Highly effective practice has been developed across most areas at operational level, for example the virtual school, CAMHS, sexual health promotion and reduction in looked after children teenage pregnancies

141. The council has a clear strategy for the re-design of children's services set out in the document 'A Model for Future Delivery of Children's Social Care Service' informed by a lean review of social care processes. The redesign is part of the council's wider change programme incorporating the restructuring of children's services. The model is in the early stages of piloting and implementation and therefore it is too early to determine impact.
142. The needs of looked after children are prioritised well by the local authority and most of its partners. Corporate Parenting responsibilities are effectively championed through the Corporate Parenting Group and the lead member. Elected members who attend the group are committed and enthusiastic and actively promote corporate parenting responsibilities to other members and across the partnership. The Corporate Parenting Group is supported well by council officers. However representation has not been fully established from some key partners, in particular, health services.
143. Elected members appropriately prioritise the needs of looked after children and have ensured that funding of services has been maintained and in some instances increased, for example the new post to support care leavers into education and training. The corporate parenting group has direct representation and input from children in care and members have a range of opportunities to hear their views and take these into account in developing services. There is good understanding amongst partners including the voluntary sector and housing of the council's corporate parenting role. Effective oversight and scrutiny of the outcomes for looked after children and the impact of joint working are undertaken by the Children's Trust and the Corporate Parenting Group.
144. The revised corporate parenting strategy provides a detailed overview of services to children in care and care leavers and sets appropriate priorities. The strategy is informed by Corporate Parenting Members Group and the Children in Care Quality Assurance and Strategy Group. However it has yet to be signed off, formally agreed and implemented by the council.
145. A Pledge, setting out the promises for children in care, has been in place since 2008. This has recently been updated in consultation with young people and widely circulated using a variety of communication methods including a DVD made by young people. Partners are committed to the Pledge, and this is seen, for examples, in the commitment to providing high quality education and the involvement of young people in planning

for their futures. The council is establishing arrangements to further strengthen the monitoring of the promises made, through a pledge monitoring group involving young people and senior officers.

Leadership and management

Grade 2 (good)

146. Leadership and management are good overall. Strong partnership working at operational level has led to demonstrable improvement in the provisions of services and resulted in a coordinated approach to supporting looked after children and care leavers. Managers' commitment to improving outcomes for children, young people and families is evident and underpinned by joint working, including the effective work to support children on the edge of care and in the adoption of a child-centred approach to supporting young people approaching adulthood and independence. The Director of Children's services and the senior management team within children's social care services provides effective leadership to champion the needs of looked after children.
147. Local priorities are identified and underpin service planning. These have informed the council's comprehensive joint commissioning strategy which incorporates a detailed analysis of the placement market and sets out the joint commissioning and funding arrangements which are monitored through the Joint Agency Panel (JAP). The strategy includes a detailed profile of looked after children and underpins informed commissioning and the effective targeting of resources. The Joint Commissioning Strategy 2010-13 addresses well the accommodation needs of young people including 16/17 year olds. The council has established joint working relationships with housing services to respond to the needs of young people who become looked after due to homelessness requiring emergency temporary accommodation, including supported lodging provision pending assessment of the young person's needs. The strategy, which is underpinned by best value principles, is focused on achieving the best outcomes within the local community.
148. The council has developed and implemented an effective workforce strategy and action to plan to ensure the needs of the local community are met. For example, the virtual school offers a wide range of high quality professional development courses and programmes and regular network meetings which bring together professionals from different agencies to develop their skills, knowledge and capacity to support the education of looked after children. The feedback from participants is positive and informs future training programmes to improve practice.
149. Staff, seen by inspectors, indicate that their managers at all levels are accessible, approachable and routinely communicate information on issues affecting the service. Managers support the personal development of staff well and give priority to their training needs and continued professional

development. Briefings at team and corporate level ensure that staff are well informed regarding the council's priorities for children. Newly qualified social workers have protected caseloads and are well supported during their induction.

150. Supervision of looked after children social care staff is undertaken regularly in the majority of cases. Supervision records address well the training and development needs of the worker. The majority of staff had a personal development plan, however in some cases, this was not up to date. Most plans are clear, setting out the personal development and training needs alongside the business and service objectives. However, not all plans are signed by both the manager and worker and progress made against the previous years plan is not always clear. Reference to practice is well evidenced in most cases, but is seldom reflective and follow up of work undertaken is not always apparent.
151. A robust complaints procedure is established within the council services and in most partner agencies. Key findings from complaints made to the council are collated and reported annually, setting out lessons learned and using feedback from children and young people and staff well. Concerns raised as a result of a complaint are systematically followed through and discussed with the relevant staff to aid learning. There is regular consultation with children and this has led to their influencing services.

Performance management and quality assurance

Grade 3 (adequate)

152. Performance management and quality assurance are adequate. The Children and Young People's Plan states that an 'outcome focused framework' is in the process of being developed for each of the priority areas against which each lead strategy group will monitor performance. Each group reports to the Children Trust Board bi-annually, to inform the annual review of the Children and Young People's Plan in 2012 and 2013. The Children's Trust sub groups are based on the every child matters themes and the needs of looked after children issues are considered alongside those of other vulnerable groups of children.
153. The LSCB effectively reviews and monitors the activities around looked after children including the timeliness of reviews and the stability of care placements. Performance in respect of these indicators is also regularly reported to the Council's Children and Young People's Overview and Scrutiny Panel and the Council/PCT Health and Well-being Partnership Board.
154. The council has an established quality assurance arrangement for case file audits. However managers at all levels are not routinely undertaking such audits and case file audits of looked after children work are not routinely undertaken within individual partner agencies. Individual agency case file

audits seen during the inspection, while providing an overview of the case and identifying key issues, often lacked sufficient critique of actions taken and adopted an over-optimistic view of the standard of practice. The weaknesses identified in the audit did not always translate into a clear action plan with specified objectives and timescales to review progress.

155. A multi-agency quality assurance and strategy audit group routinely reviews in depth selected looked after children cases and has identified themes and areas of practice that need to be addressed. For example, the need to improve the quality of social work reports to looked after children reviews, and the need for more timely health assessments. A quality assurance audit tool covering the every child matters outcomes is used to enable multi-agency audit of case files. Audits seen during the inspection were detailed and included the contribution of individual agencies including health, education and social care. However the audits lacked rigour in the analysis and conclusion drawn and the corrective action was not always specified. Arrangements by the panel to review the progress of the actions identified was not made clear in the audit and, therefore, partners cannot be confident that the necessary changes have been implemented. The council has yet to undertake an evaluation of the findings of all audits and therefore lessons learned have not been fully identified to drive improvement.
156. A range of performance management information is available to managers on the work of their agencies with looked after children. Comprehensive reports are completed by independent reviewing officers against service standards. However, this information is not always used effectively to inform joint action planning to improve outcomes. Performance information is used well in some instances. For example, the self evaluation report of the virtual school is rigorous and fair and leads to well targeted actions to bring about improvement. Education data is used well to track individual pupils and the outcomes for all looked after children and to evaluate performance against key strategic priorities.

Record of main findings:

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