

Inspection of safeguarding and looked after children services

Cumbria County Council

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Reporting inspector: Pauline Turner HMI

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI), with additional capacity of a fourth for two days, 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 31 children and young people receiving services, 28 parents and carers, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
 - 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 67 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the annual unannounced inspections of local authority contact, referral and assessment services undertaken in May 2010 and February 2011
 - interviews and focus groups with front line professionals, managers and senior staff from the local authority and partner agencies.

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. Cumbria is the second largest county in England. It has a two tier political structure consisting of the county council and six district councils: Allerdale, Barrow-in-Furness, Carlisle, Copeland, Eden and South Lakeland. Cumbria is predominantly a rural county with the main urban areas situated around the central mountainous region which incorporates the Lake District National Park.
5. There are nearly 110,000 children and young people in Cumbria aged between 0-19 years out of a total population of just under 495,000 people. In January 2011, approximately 97% of the school population were classified as White British and there were 1,139 children (1.6%) who have English as an additional language, 2,387 children (3.4%) who are minority ethnic and 151 children who are Gypsy Roma Travellers.
6. There are 323 schools in Cumbria comprising of 272 primary schools, 37 secondary schools, five special schools, six local authority maintained nursery schools and three registered pupil referral units. Early years services are, in the main, provided by the private and voluntary sectors in over 229 settings and by 230 childminders, but also through 28 children's centres commissioned by the council. Other family services are provided through extended services in schools and through commissioned youth services delivered through a contract with third sector providers.
7. At the time of the inspection 355 children were subject to a child protection plan, 603 were looked after children and 146 young people were entitled to leaving care services.
8. Children's social care services are delivered through targeted intervention and early intervention teams in three children's services districts which each cover two district council areas. There are also a number of central specialist teams which cover the whole county including safeguarding, adoption, fostering and the independent reviewing service. There are six local authority children's residential care homes and services to children and young people who are at risk of offending or who have offended are provided through the Cumbria youth offending service, managed within the Children's Services Directorate.
9. The planning and commissioning of children and young people's health services and primary care is carried out by NHS Cumbria (the Primary Care Trust) in conjunction with the shadow Cumbrian Clinical Commissioning Group. The main providers of acute hospital services are the North Cumbria University Hospitals NHS Trust and the University Hospitals of Morecambe Bay NHS Foundation Trust. North Cumbria University Hospitals NHS Trust provides acute services on two sites in North Cumbria including paediatric in-patients and maternity. University Hospitals of Morecambe Bay NHS Foundation Trust also provides acute services on two sites in

South Cumbria with paediatric in-patients and maternity services on one site. Community health services including health visitors, school nurses, child and adolescent mental health teams and specialist teams supporting young people with complex health or long term conditions are provided by the Cumbria Partnership NHS Foundation Trust. A targeted mental health in schools (TaMHS) programme is delivered in partnership with schools, the Foundation Trust and the local authority.

Safeguarding services

Overall effectiveness

Grade 4 (Inadequate)

10. The overall effectiveness of safeguarding services is inadequate.
11. Senior leaders and managers have agreed plans and appropriate priorities are in place across the partnership which are focused on improving outcomes for children and young people in Cumbria. However, plans have not been sufficiently progressed to demonstrate that effective provision is in place to consistently meet the needs of children and young people. A number of serious case reviews published since 2010 and the unannounced inspection of contact referral and assessment in February 2011 all identified that the use of the common assessment framework (CAF) in the early identification and work with families to reduce the need for statutory intervention is not functioning effectively. The Cumbria Local Safeguarding Children Board (CLSCB) has twice audited the effective use of CAF during 2011 with subsequent plans being left to individual agencies to progress without sufficient oversight from the CLSCB. This has further limited progress. Strategic leaders have been slow to respond to this significant gap in coordinated partnership provision although they have, very recently through the Children's Trust Board, commissioned a project to review and establish improved ways of implementing the CAF. This is due to report later in 2012.
12. Effective partnership working at a strategic and operational level is evident in the coordinated and robust response to domestic violence. Some highly valued and effective support is also available through children's centres and voluntary sector provision. However, serious case reviews identified that thresholds are not understood or embedded across the partnership. This continues to be the case. The lack of effectively coordinated early help for families through the CAF leads to increased pressures on social care services. The newly created early intervention teams have not yet been able to fulfil their purpose. Instead, child and family workers in these teams are undertaking work with complex children in need without suitable training or sufficiently robust management oversight. As a result many of the cases sampled had significant assessment, planning and practice weaknesses that meant that interventions were not leading to improved outcomes for children. In addition, in some cases referred back to the local authority, it was not clear that all risks had been suitably identified, assessed and appropriate plans put in place, potentially leaving children at continued risk of harm. Where children are subject to child protection plans timely reviews and core group meetings are held with consistent contributions from most relevant agencies. However, this work lacks sufficient focus on the child's needs and plans are not effectively outcome focused. Therefore improvement in children's circumstances are not effectively sustained or monitored. In total, 15 of the 67 case files sampled during the inspection from a variety of teams were referred back

to the local authority for review due to concerns about the focus on safeguarding and the quality of practice. Immediate action was taken by the local authority and partner agencies to review these cases to ensure that these children are safe. Many other cases in the total sample demonstrated significant weaknesses and inconsistencies in practice.

13. Poor and inconsistent practice is significantly hampered by inadequate quality assurance processes and ineffective managerial oversight. Case supervision by managers is not sufficiently child focused and did not consistently review assessments and plans for their effectiveness. While there is a wide range of reliable management information this is not used systematically to analyse themes and trends. Quality assurance activity within children's social care reduced significantly during the 2011 restructure and although processes have been re-established since January 2012 this work is yet to have impact on improving practice. Safeguarding Expert Reference Groups (SERGs) have undertaken some multi-agency themed audits but again effective action to collate the findings and drive improvement has been left to individual agencies without robust challenge for the CLSCB. The reporting of private fostering activity to the CLSCB in line with guidance has not been fulfilled.
14. There is no consistent monitoring of the regularity with which children are seen and spoken to resulting in the views of children being absent from ongoing work to protect them. In many cases seen there was insufficient focus on their needs. The voice of young people does not sufficiently contribute to informing service improvements. This is recognised by the CLSCB who have prioritised this as an action going forward.
15. The contribution of health professionals to keeping children safe is inadequate. Health partners have been slow to progress some key national policy and requirements. Although a range of activity is now being progressed, improvements are still at an early stage of development and are yet to have impact. Safeguarding children has high priority at senior level although implementation is not yet adequately secured given challenging workforce capacity issues in many areas. Some learning from serious case reviews and progress against some actions is evidenced including the positive recent engagement of GPs. However, many other weaknesses, such as the lack of shared focus on management of risk, interpretation of thresholds and gaps in contribution to CAF, deficiencies in record keeping and sharing of information, and under developed quality assurance processes, leave current provision unable to consistently meet the needs of children sufficiently.
16. Processes to ensure safe recruitment are in place and functioning effectively although the workforce planning strategy is underdeveloped and has not yet led to the effective retention and development of staff. Staff are offered appropriate training opportunities but their ability to

access these and the impact of training in improving practice is not yet evaluated.

Capacity for improvement

Grade 3 (Adequate)

17. The capacity for improvement is adequate.
18. The local authority and partners at a strategic level have identified and agreed appropriate priorities. These priorities are aligned and reflected in the various business plans of the Children's Trust Board, the Cumbria Local Safeguarding Children Board (CLSCB) and the Children's Services Directorate Plan. However, the restructure of the Children's Services Directorate during 2011, the absence of the Children's Services Assistant Director due to prolonged illness, the change of the independent chair of the CLSCB midway during the year and the weak and inconsistent functioning of the CAF have placed considerable pressure on the delivery of agreed priorities across the partnership.
19. The local authority and partners can demonstrate that much work has been undertaken to ensure that systems and structures are now in place so that priorities can be progressed. A new independent chair for the CLSCB is now in post and has the confidence of all partners. Senior management capacity within children's services has been improved with the very recent appointment of an interim assistant director and the creation of an additional senior manager post. Known areas of development have been collated into a focused and specific action plan and this is in the early stages of being driven forward. At an operational level the local authority and partner agencies work well together to ensure individual children are being appropriately protected from significant harm, weaknesses in practice are known and plans are in place to improve the consistency and robustness of practice. Work force planning arrangements have primarily focused on the recent restructure although gaps have been recognised and plans to address them are at an early stage of implementation.
20. The local authority is committed to learning and is a Department for Education (DfE) pathfinder organisation currently engaged in developing better ways of working with families in response to the Munro Review of child protection, which DfE review on a regular basis. This work is showing early evidence that this approach is enabling the local authority and partners to respond more effectively with families through a needs-led, outcome focused assessment approach. However, service delivery is not yet fully underpinned by coherent quality assurance process which provides regular challenge and scrutiny or routine feedback from service users.

Areas for improvement

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

Immediately:

- review the caseloads of all child and family workers to ensure that the risks are fully assessed, that work is suitably allocated to workers with sufficient skills and experience and that work is effectively managed
- review the role and deployment of child and family workers including identification and provision of the required induction and training necessary to support them in their role
- ensure that consistently comprehensive assessments of all children at risk of harm are undertaken to inform outcome focused plans that are effectively progressed and monitored across the partnership.

Within three months:

- ensure that the current review of CAF arrangements develops robust plans for the coordinated and effective use of CAF across the partnership
- develop and implement robust quality assurance systems to improve the quality of assessments, recording supervision and safeguarding practice across the partnership
- develop robust partnership arrangements to review the thresholds for access to services so that children and families receive coordinated support appropriate to their level of need
- review deployment of staff and managers across social care teams and ensure that resources are sufficient to deliver requirements
- ensure that all social care staff consistently receive regular constructive supervision which also addresses developmental issues
- ensure that arrangements for privately fostered children are robust and that effective scrutiny of these arrangements by the CLSCB is in place

- expand local arrangements for managing child deaths and ensure a comprehensive range of support to young people who have been sexually abused.

Within six months:

- ensure that safe and suitable accommodation which meets their assessed needs is available for homeless young people
- ensure that learning from serious case reviews is embedded in policies and practice and that the impact of related training is fully evaluated
- ensure the child's voice, their experience and needs are clearly recorded and used to inform their individual plans and the work of the CLSCB
- ensure community health teams have sufficient capacity to meet local demand and are able to undertake early intervention and prevention work
- address gaps in access, joint working, and service responsiveness in supporting young people with complex emotional, mental and behavioural needs
- address gaps in the availability of support for children with disabilities or complex health needs and ensure fair access to services.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (Adequate)

22. The effectiveness of services to ensure that children and young people are safe and feel safe is adequate.
23. Recruitment procedures for staff working with children and young people ensure that staff are appropriately vetted for their suitability for their roles. Vetting and safeguarding requirements are built into the service specifications for the extensive provision of commissioned youth services and for children's centres. Records of interviews and the decisions made are evident on the staff recruitment files. Procedures for checking criminal records through the Criminal Records Bureau follow the national guidelines. The risks of employing people with any criminal records are assessed and all decisions on the examples seen are appropriate.
24. The role of the local authority designated officers (LADOs) is suitably established with increasing referrals made of cases where adults working with children may pose a risk. Referrals are responded to well with effective recording, tracking systems and auditing processes. LADO activity is appropriately reported to the CLSCB. Good work is being done with education staff and non local authority residential schools to raise awareness and ensure that concerns are referred and dealt with appropriately.
25. Designated staff in schools identify and promptly refer child protection concerns to children's services. Children's educational outcomes are adequately taken into account in multi-agency discussions when considering how to protect or care for children. Those children and young people who are excluded from school or electively home educated are monitored appropriately.
26. The strong contribution of children's centres to safeguarding families is recognised in inspection results. Nine out of Cumbria's 23 children's centres that have been inspected are judged good or outstanding, giving exceptional support to families in times of crisis through care, advice and guidance. Safeguarding is has been judged good in recent inspections of local authority children's fostering and adoption services. A small number of children and young people are subject to private fostering arrangements. Evaluation of private fostering arrangements is weak and annual reports on this activity have not been presented to the CLSCB in line with guidance. However, the local authority is currently preparing a report of private fostering activity over the last two years, to present to the board in the near future. The quality of safeguarding provision in

children's homes is variable. Although most safeguard children well, services in one children's home were recently suspended due to its overall rating of inadequate.

27. There is appropriate identification and action taken by children's social care at the point of referral to protect children from significant harm. However, ongoing assessment, planning and management oversight of work with children in need and those subject to child protection plans is not sufficiently robust and has led to drift for some children and not all their needs being consistently assessed or met.
28. Appropriate arrangements are in place for responding to and for sharing lessons learnt from complaints. Some parts of children's services occasionally invite feedback from children and families about general services that are provided to them. The response rate is low but results are generally positive and children and young people know where to access help if they need it. All children spoken to during the inspection report that they currently feel safe. The CLSCB appropriately identifies that they do not sufficiently hear the views of children and their families experiencing child protection processes and have made this a priority action for the coming year.

Quality of provision

Grade 4 (Inadequate)

29. The quality of provision which includes service responsiveness, the quality of assessments, direct work with children and families and case planning, reviews and recording is inadequate.
30. CAF processes are not established across the partnership and are not sufficiently or effectively used to provide early effective and coordinated support to children and families. There are insufficient support and monitoring systems in place to either support its effective use by a range of lead professionals or assess what, if any, impact it is having. This has been recognised across the partnership and the Children's Trust Board have commissioned a review of CAF arrangements which has recently commenced and is due to report later during 2012.
31. There are weaknesses in early intervention services and these are not effectively supporting children and families to divert them away from statutory social care provision. While a range of highly valued and effective support is available through children's centres and through a range of voluntary sector provision, the lack of effectively coordinated early help for families leads to increased pressures on the social care services. This is particularly evident in the newly established social care early intervention teams, where increasing demand prevents the delivery of effective early help.
32. Staff from a range of agencies value the consultation and advice provided by the social care triage teams regarding individual cases. However, they

report that thresholds for social care intervention are not clearly or consistently understood or agreed across agencies. Most contacts and referrals to social care services seen by inspectors are progressed promptly and appropriately followed up after the initial contact. In a number of cases there were previous referrals, some of which had not received an appropriate response or intervention, which led to a subsequent referral. Re-referral rates are relatively high and there is as yet no shared understanding of the reasons for this. In most cases appropriate feedback is received by referrers on referrals made.

33. Out of hours arrangements have recently been reorganised to include a dedicated children's emergency duty team. The current arrangements are understood to be temporary until arrangements to incorporate out of hours services within a single, multi-agency triage team can be progressed. Meanwhile the service is thinly resourced although a pool of bank staff are available as a contingency. There is appropriate communication between the emergency duty team and day time services.
34. All cases are currently allocated. However, a significant number of child and family workers who are not qualified social workers, are holding sizeable caseloads of children in need cases within early intervention teams. In cases sampled by inspectors there was insufficiently robust assessment of risk and need, poor case planning and weak management of cases. While there are no delays in transferring arrangements between social care teams, the current arrangements for the transfer of work can result in unnecessary repeated assessment and changes of worker for children and families.
35. While a number of satisfactory assessments were seen, overall the quality of both initial and core assessments is too variable and too many contain significant weaknesses. Assessments are generally timely, and in most the contribution of partner agencies is clearly recorded and the previous history has been taken into account. However in many instances it is not clear whether the child has been seen or how their views have been taken into account. Others are insufficiently probing about the information available or over narrowly focused on presenting issues. Some do not clearly identify or assess the role of fathers or male carers, or the impact of domestic violence on children. Attention to aspects of equality and diversity is superficial. Where there is identification of risks to children the majority of assessments lead to appropriate case decisions. However, a significant number of cases analysed by inspectors were referred back to the local authority during the inspection for further review of assessment, planning and management oversight. The local authority acknowledged these weaknesses and has taken appropriate action to review cases brought to their attention during the inspection. In a small number of cases inspectors saw good, timely and focused social work intervention in partnership with other agencies to support good outcomes for children.

36. Strategy discussions and Section 47 enquiries are usually well recorded with good contribution from the relevant key agencies with clearly agreed actions and findings in relation to significant harm. Child protection plans are in place and overall reviewed regularly although there have been delays in both initial child protection conferences and reviews as well as distribution of minutes. Core group meetings are largely held at required intervals with regular attendance and input from health, education and other key partners. However, there is not sufficient focus on the progress of the plan either in core group meetings or in child protection reviews.
37. Planning for children assessed as children in need is inadequate. In most cases reviewed by inspectors there is no clear plan of intervention in place, weak management oversight and a lack of a robust review process. In a number of these cases recording was not sufficiently up to date or supportive of good practice.
38. In most cases seen case records are up to date. Few case files contain up to date chronologies and where these are in place they tend to be a record of all contacts and events rather than the identification of critical events or incidents for the child.
39. The local authority has been involved in the piloting of different approaches to social work practice following the Munro Review of child protection services. Recent training on needs led and outcome focused planning has been valued by staff although the impact of this has not yet been seen in the case plans sampled by inspectors.

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

40. The contribution of health agencies to keeping children and young people safe is inadequate.
41. Senior health managers, designated and named safeguarding staff have taken appropriate action to strengthen their leadership and safeguarding systems to improve their capacity and focus on children at risk of harm. They demonstrate a commitment to learning the lessons from recent serious case reviews. Governance arrangements continue to be strengthened to ensure safeguarding children has high priority, and progress in raising the quality and safety of services is now increasingly challenged and monitored. Inspectors identified a range of service development and improvement activity however some actions are still at an early stage of development or have yet to have the desired impact. All health partners have reviewed and updated their safeguarding policies and procedures to provide better guidance and support to staff. Senior health partners are increasingly aware of incidents of concern through strengthened escalation arrangements. However, partnership working and peer challenge is still relatively immature and requires strengthening to

increase the pace of change and provide greater assurance of joint agency accountabilities and learning. The engagement of some NHS leaders in the work of the CLSCB is relatively recent and their contribution needs to be clarified and understood. Quality assurance arrangements, including audits of child health records and safeguarding work are not yet sufficiently robust, embedded or shared across health and the wider partnership.

42. Child health records are of a variable quality in evidencing effective analysis of risk, including parental protective factors and detailing follow up action taken to safeguard children. Matters relating to consent and confidentiality are adequately managed and recorded. The child's voice, their experience and needs are not adequately recorded or consistently used to inform health support or wider analysis of children's care and welfare. Inspectors found examples of some good engagement and supportive relationships that are valued by children and their families. Awareness of professional accountabilities and confidence in using safeguarding children procedures is growing, and opportunities for reflective learning are increasing. However, inspectors found that understanding of thresholds and shared approaches to the management of risk across teams and agencies are not yet sufficiently shared or embedded resulting in delays in taking action. The current reliance on paper records in some organisations and the lack of alignment of electronic child health records is a significant barrier to the efficient retrieval, risk management and oversight of the quality of work and outcomes for children. New solutions to strengthening organisational capabilities are developing, including the flagging of children at risk of harm; however, given their relatively early stage of development, impact on practice has not yet been seen.
43. Access to training, safeguarding and clinical supervision has been recently strengthened, but there remain some key gaps in management support, oversight and training coverage that NHS providers are working to fill. There are adequate levels of engagement of community health and adult mental health staff in a range of safeguarding activity, however late notification of key meetings and insufficient flexibility about their location is a barrier to the attendance of most health professionals including GPs and paediatricians. High priority is given to safeguarding children, however, current caseloads of health visitors, school nurses and the CAMHS teams lead to limited capacity to undertake early intervention and prevention work. This is a significant issue to address in embedding the CAF, Healthy Child programme and to tackle health inequalities in areas with high and multiple deprivation.
44. There are some significant gaps in joint working, responsiveness and access to support for young people with complex emotional, mental health and behavioural needs. Young people who self harm or are intoxicated are sometimes admitted to children's wards out of hours due to lack of robust community alternatives. This puts significant added pressure on ward

management arrangements, including patient safety. Whilst hospital staff generally report a good response from the CAMHS to children and young people in crisis during the day, the absence of out of hours support from CAMHS is a significant gap for young people under the age of 16. The mental health crisis team has been commissioned to respond to young people aged between 16 and 18 years of age out of hours, but on occasion there can be gaps in their capacity to respond in a timely manner.

45. There remain some significant gaps in the availability of professional support and access to services for children with disabilities and complex health needs that places significant pressures on the sustainability of some families. Parents of children with disabilities and complex health needs we met raised a number of concerns about the lack of service development and inadequate partnership working that left them without sufficient support.
46. Teenage conception rates are very high in some localities. Sexual health services have been recently expanded, but planned integration of contraception and screening for sexually transmitted diseases is not yet integrated in the south of the county resulting in young people having to make additional appointments. Access to sexual health services out of hours has been recently expanded and improved take up of contraceptive health services is evident, however staffing capacity is stretched. The family nurses and teenage midwives provide good support to young women and their partners and there is positive work in some areas to engage young people. Additional capacity is being secured as currently not all young people who meet the family nurse partnership criteria can be helped. Midwives are working to strengthen their assessments of risks posed to unborn and new born babies, and specialist substance misuse and domestic abuse midwives have been recently given protected time to support improved partnership working, discharge planning and report writing. Acute provider trusts are working to strengthen their leadership and management of maternity services, including the quality of clinical work and using patient surveys and patient stories to share positive experiences and identify areas for improvement.
47. A positive feature of the new safeguarding culture being built in Cumbria is the engagement, leadership and development programme for GPs. The growing focus of GPs on safeguarding children recognises their new clinical commissioning responsibilities. Good progress is being made in ensuring lead GPs are appointed to each locality with strong leadership and support from a designated GP. Training of GPs, including out of hours GPs, has been given a high priority and safeguarding systems are being developed to enable primary care to act as a single hub for overseeing the effectiveness of safeguarding arrangements and outcomes for children.

48. In a few areas safeguarding arrangements lag behind expected standards of practice including local arrangements for managing child deaths and ensuring appropriate levels of follow up support to children who have been sexually abused. The work of the Child Death Overview Panel has not been effectively embedded in the work of the CLSCB, but the recent appointment of a new designated doctor provides enhanced capacity to develop practices in this area. Children who require examination for alleged sexual abuse have to travel some distance to the Sexual Abuse Referral Centre in Preston. However, this is an appropriately resourced service with suitably trained and experienced senior staff. There is a recognised need to strengthen care pathways to ensure a comprehensive range of support to young people affected.
49. Accident and emergency departments do not currently have appropriate levels of paediatric nurse cover. This has been flagged as a risk by both acute trusts and a robust and sustainable solution has yet to be found. The alert systems in use within A&E, minor injuries/primary care and assessment units and out of hours are insufficiently developed to ensure prompt recognition of safeguarding children concerns. The role and contribution of paediatric liaison nurses where they exist is valued in strengthening links between hospital and the wider community health and social care services.

Ambition and prioritisation

Grade 3 (Adequate)

50. Ambition and prioritisation are adequate.
51. There is a clear and agreed vision and ambition shared across the partnership. Children's Trust Board, CLSCB and children's services plans are aligned and related and clear about priorities and processes of delivering priorities. There is a clear commitment to improvement which can be seen in various action plans that are suitably focused in developing a range of services. For example, Cumbria is a Department for Education pathfinder organisation currently engaged in developing better ways of working with families in response to the Munro Review of child protection. This shows some good early signs but impact is limited to one area and very recent. The restructure of the Children's Services Directorate brought clearer structures and improved robustness in line management arrangements. However, it has yet to fully deliver the shared vision with partners of providing the right level of service at the right time to children and families in need of early intervention support.
52. The CLSCB has undertaken a number of serious case reviews in the last three years. These have demonstrated that the CLSCB is able to effectively analyse and identify lessons to be learned from practice. However, a range of other safeguarding work, particularly quality assurance of child protection work and hearing the voice of the children involved in these processes, is underdeveloped and learning from serious

case reviews is not yet sufficiently embedded in practice across the partnership. The CLSCB has recently had a change of leadership with a newly appointed independent chair who has the confidence of partners to improve the level of influence and effectiveness of the CLSCB.

53. Tri-partite planning arrangements are in place to ensure that information is shared between the local authority, the lead member and overview and scrutiny board elected members. However, there is over reliance on senior officer input and insufficient formal checks and balances are in place to assist elected members to test out information received from officers. Members have confidence in senior leaders and show their political support to ensure that safeguarding issues are prioritised across the council. This has recently included the securing of additional funds to develop provision for homeless young people.

Leadership and management

Grade 3 (Adequate)

54. The leadership and management of safeguarding services across the partnership, including workforce development and use of resources are adequate.
55. Over the past year there has been considerable staff turnover resulting from restructuring of services, changes to pay and conditions and capability issues. Suitable line management arrangements are now in place that support appropriate decision making pathways. Action has been taken to recruit to a number of vacancies and a permanent social care workforce has now been secured with a relatively small number of vacancies filled by agency staff. A significant number of newly qualified social workers have been recruited resulting in some acknowledged imbalance of skills and experience across teams. The post of Assistant Director children and families has remained uncovered due to illness of the substantive post holder for some months; interim cover has very recently been put in place. The local authority has addressed capacity issues at senior management level by the recent appointment of an additional interim senior manager while roles and responsibilities can be reviewed and a permanent additional senior manager post appointed to. Capacity issues in the joint independent reviewing officer and child protection chairing service, which are impacting on the impact of these roles and outcomes for children, have been identified by the local authority and appropriate action is being taken to address this.
56. It is acknowledged that workforce planning in terms of securing and retaining a suitably qualified and diverse workforce is at early stages although workforce gaps have been analysed and recognised. Further action is needed to recruit and retain suitably qualified and experienced staff in a competitive environment and although a clear strategy to achieve this is not yet in place, although some appropriate action has been taken. Staff spoken to report appropriate access to training and

development opportunities and value these although there is as yet no evaluation of the impact of training on practice. Newly qualified social workers receive an appropriate support package although work pressures across social care have meant that this has not been fulfilled for a small number of this group of staff. While a significant group of child and family workers have recently joined social care teams there has been no clear programme of induction or required training targeted to their roles although their training needs have identified individually by team managers. A review of the role of child and family workers is about to be undertaken led by the newly appointed interim assistant director for social care.

57. Currently resources are not used most effectively. Early intervention services including the use of CAF are not demonstrating impact in appropriately diverting children away from statutory services and there is increasing demand on social care services. All social care teams are experiencing considerable work load pressure but this is greater in some than others and managers and staff report that the appropriate balance and deployment of staff across teams has not yet been achieved. The points at which cases transfer between teams can result in duplication, and are viewed by staff and managers as not achieving best use of resources.
58. Satisfactory commissioning processes are in place with safeguarding requirements and standards integrated into service specifications, monitoring and quality assurance arrangements. There are examples of clear and strategic commissioning informed by audit of need for example services to address domestic violence.
59. A range of multi-agency training has been delivered to disseminate lessons learned from four recent serious case reviews. Individual staff and managers across agencies can identify changes to practice and processes as a result although impact the partnership is inconsistent. The CLSCB acknowledge that implementation of action plans has been largely left to individual agencies and not sufficiently overseen by the multi-agency partnership.
60. The engagement of users is adequate to enable safeguarding services to be planned and managed effectively. Children's services and partners know the broad profile of needs of groups and individuals in the area well. The issues of rural deprivation and the extent of families living in areas of urban deprivation are understood by partners. These factors influence the location of services such as children's centres and youth foyer facilities. Historically the ethnic, linguistic and religious diversity of the county was particularly low. Although the proportion of non-White British groups doubled in the five years to 2011, calculated in that year by the county to be less than 5%, it is still among the lowest in the country. Some services specifically for identified groups, such as the Gypsy, Roma and Traveller

groups coming seasonally to Cumbria are well established. However, local data collected by children's services, health, schools and voluntary sector partners is not always a firm base for planning as it is often incomplete. Among the children's services files seen only two had all of the child's identity characteristics recorded.

Performance management and quality assurance

Grade 4 (Inadequate)

61. Performance management and quality assurance arrangements are inadequate.
62. Performance management and quality assurance processes are not sufficiently robust to drive improvement. Performance reporting arrangements are in place with regular performance reporting to managers and review by senior leaders. This has led to action to address performance dips such as assessment timescales. However the reasons for some performance trends such as low referral rates, high re-referral rates, repeat child protection plans or long term child protection plans are not clearly understood and there is insufficient focus on quality assurance.
63. Some auditing of practice takes place by line managers and CLSCB sub groups have undertaken a small number of multi-agency audits. However, these have not resulted in effective collation of learning at senior management level or effective plans to address weaknesses and improve services.
64. The systems and processes in place for quality assuring practice and driving improvement are not working effectively. Front line managers spoken to report that rising demands in social care impede their ability to effectively quality assure practice. It is acknowledged by the local authority that child protection chairs exercise their quality assurance role inconsistently. Scrutiny arrangements by elected members are not robust with an over reliance on officer briefings. The CLSCB have not sufficiently focused on or interrogated safeguarding performance or the underlying quality issues in their work.
65. Social workers spoken to report good management support with regular helpful supervision with approachable and accessible managers who support them in managing the complexities and challenges of the work. However, in supervision files and case records sampled this was not evidenced for a number of staff. In a number of cases, supervision was not taking place at the required intervals including for newly qualified social workers and staff requiring additional oversight. Records did not demonstrate a focus on developmental issues or the impact of the work on staff with staff reporting considerable stress and pressure.

Partnership working**Grade 3 (Adequate)**

66. Partnership working is adequate.
67. At operational level effective partnerships are reported and seen to be in place with police, a number of health professionals, education and voluntary sector services. Some positive joint working between social care and the police to more effectively manage and risk assess domestic violence incidents involving children has been piloted in one of the three triage teams. However, plans to extend this work across the county, including health partners, have not yet been achieved.
68. Effective child centred partnership working in respect of transitions to adult services for children with complex needs is achieving better and more flexible services for young people with flexible use of commissioning approaches and budgets.
69. Representatives from the voluntary and community sector seen during the inspection report they are valued and equal partners with appropriate representation on the key strategic groups and boards.
70. Effective partnership working takes place in respect of domestic violence with a clear strategic approach which informs priorities and service commissioning. A multi-agency network of domestic violence champions have been trained to provide contact points and consultation across agencies. Specialist domestic violence courts are established. Secure and well supported multi-agency public protection arrangements (MAPPAs) and multi-agency risk assessment conferences (MARAC) with good consistent representation from key agencies result in good information sharing and prompt coordinated follow up action to protect children and victims of domestic violence.
71. The CLSCB is attended by key partner agencies and fulfils its statutory duties although has not demonstrated effective partnership working or sufficient challenge and leadership regarding some child protection issues. Recently, a new independent chair has been appointed and board members express optimism about the future development and role of board.
72. There are some weaknesses in strategic partnership working. With health partners action is being taken to address this with regular meetings now starting to be held between health and social care managers. In some parts of the county, partnership working between social care and district council housing managers has not yet been effective in addressing provision of safe housing for homeless young people. While the county council has identified capital funding to address this no effective interim arrangements are in place.

73. Partner agencies report that thresholds for social care involvement are not agreed, understood or consistently applied across the partnership. Disagreements about thresholds can be escalated through an agency's own procedures, but not yet through a single cross-partnership process. While a review of thresholds has taken place and a model prepared for consideration by the Children's Trust Board clear partnership arrangements are yet to be implemented.

Services for looked after children

Overall effectiveness

Grade 3 (Adequate)

74. The overall effectiveness of services for looked after children, young people and care leavers is adequate.
75. Despite the significant and recent restructure of children's services during 2011 the provision of services for looked after children, young people and care leavers have been sustained. However, gaps in senior leadership have meant that there has been limited drive to improve services and the current looked after children's strategy is underdeveloped. This has been recognised by the local authority and an interim assistant director and an additional interim senior manager, currently responsible for fostering, adoption and residential services, have been appointed. Some early evidence of this additional capacity to drive improvement was seen by inspectors. Quality assurance and performance management is generally used well to identify themes and areas of service improvement. The local authority has a good understanding of gaps in service provision and areas for developments and an action plan effectively collates development activity. However, limited progress has been made in this development work due to the very recent nature of the additional capacity.
76. Priorities for looked after children, young people and care leavers have been appropriately identified and there is some evidence that services across the partnership are improving the outcomes for looked after children. For example, the educational achievement of looked after children is above the national average for all looked after children. Looked after children are well supported by the virtual school that effectively coordinates services for them. High achieving young people are well supported to attend higher education although there are limited work based placement opportunities for many care leavers. Work with housing partners has ensured that care leavers have priority for housing stock. Health partner agencies contribution to improving outcomes for looked after children is inadequate. Timely and quality assessments of their health needs are not consistently undertaken and where needs are identified these are not always met due to significant capacity issues in health provision. Care leavers are not provided with their health histories on leaving care.
77. In the cases seen by inspectors risks had been appropriately identified and timely decisions made to place children in care. Robustness of decision making processes has recently been improved. Effective placement commissioning and foster care recruitment arrangements ensure that the majority of looked after children are placed within Cumbria and the majority with foster carers. However, issues relating to communication

about payment structures mean that not all foster carers feel sufficiently valued by the local authority.

78. All looked after children have an allocated social worker. The recent impact of the service restructure on some children has meant that consistency of worker has been affected as individuals move to different parts of the services. Care leavers value the support offered to them by pathway advisors. Most aspects of looked after children's needs are appropriately assessed although their identity needs are often not given sufficient scrutiny. Inconsistent supervision means that such gaps in assessment are not always sufficiently addressed by line managers. Plans are regularly reviewed. Looked after children are generally fully involved in the review of the plans for them and many attend their looked after review meetings. Placement stability for children is good.
79. The stretched capacity of independent reviewing officers means that there has been a dip in the timeliness of looked after children's reviews and the extent to which independent reviewing officers can track and monitor the timely progression of plans for looked after children. The local authority has now secured additional funding to improve the capacity of this service and recruitment to two additional posts is underway. However, independent reviewing officers do not have the independence from children's social care in their line management arrangements to reflect national guidance.
80. The individual views of children and young people are used well to ensure their participation in their individual plans. However, the Children in Care Council has very recently been re-established which means that the collation of a sufficiently wide range of looked after children's views to inform service improvement is underdeveloped. Not all young looked after children and young people know how to complain or access the services of an advocate should they need this. While elected members undertake a range of corporate parenting duties their ability to provide robust challenge to the local authority and partners is underdeveloped.

Capacity for improvement

Grade 3 (Adequate)

81. The capacity of the local authority and its partners to improve services for looked after children, young people and care leavers is adequate.
82. The local authority and partners have an accurate understanding of the needs of looked after children, young people and care leavers. The recently established multi-agency looked after partnership board (MALAP) demonstrates the commitment of senior leaders across the partnership to improve services for looked after children and care leavers, engage in the corporate parenting agenda and raise the partnership's ambition for looked after children and care leavers. However, the effectiveness of these arrangements are not yet evident given the very recent nature of the board's establishment.

83. Outcomes for looked after children and care leavers in most instances have been sustained. There is some evidence of improvement in services linked to improvement in outcomes for looked after children, for example the virtual school has significantly contributed to the improved educational achievement of looked after children. Performance is at least in line with similar authorities or better. Adoption and fostering services are judged good and children's homes are judged satisfactory or better except in one instance recently where an inadequate judgement was made. The local authority have taken appropriate action and suspended services in this children's home. Capacity issues at senior management level within the local authority and health agencies has meant that not all identified gaps in service provision have been successfully addressed. Capacity issues within the local authority at senior manager level have been addressed albeit on an interim basis and action has been taken to improve known capacity issues of independent reviewing officers.

Areas for improvement

84. In order to improve the quality of provision and services for looked after children and young people in Cumbria, the local authority and its partners should take the following action.

Immediately:

- ensure that health and social care partners work together more effectively to ensure there is timely and quality assessment of the health needs of looked after children and care leavers and that identified needs are met, clearly monitored and reported
- review the local authority line management arrangements for independent reviewing officers to ensure that these are in line with statutory regulations and guidance
- ensure that all looked after children know how to complain and how to access advocacy services
- ensure that children's identity needs are fully assessed and inform planning for them.

Within three months:

- ensure that effective supervision arrangements are in place for all staff
- ensure that a robust looked after children's strategy is in place that reflects a full and accurate picture of the profile of looked after children, current resources and ensuring that the sufficiency duty is met going forward

- improve participation of all looked after children and young people in service planning across the partnership
- ensure children's health records provide a comprehensive picture of children's development and well-being, and that care leavers are provided with a full health history on leaving care
- promote effective communication and joint working arrangements between front line health and social care teams to ensure that looked after children's health services comply with statutory and good practice guidance.

Within six months:

- work with partners to secure work placements and other opportunities that will lead to routes to employment for care leavers
- work with partners to increase the access of care leavers to affordable and permanent housing
- provide suitable training to elected members to ensure that their challenge and scrutiny of officers and partners is robust
- secure an appropriate range of local services to meet children's emotional, mental health and behavioural needs.

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

Being healthy

Grade 4 (Inadequate)

85. Health outcomes for looked after children and young people are inadequate.
86. Child health records for children who are looked after provide a basic overview of their health and development needs. Health promotion work, including smoking cessation, sexual health and substance misuse issues are adequately promoted, but the trends and outcomes of this work are not yet effectively tracked. Care leavers are not provided with a comprehensive health history on leaving care. Efforts are made to ensure an equivalent level of support to the relatively low number of young people with complex needs placed out of area. However, robust monitoring of the quality of their health care can be difficult given the distance of their placement from Cumbria combined with the high demands on the capacity of existing service delivery. Transition pathways are not yet sufficiently developed and require stronger partnership working with adult health and social care services to ensure vulnerable young people are appropriately safeguarded. However, at an individual case level, examples were seen of the looked after children service maintaining support to young people until key areas of concern had been addressed.
87. The focus on children's emotional, mental health and behavioural needs is limited in most records seen and is an area for priority attention. Use of strengths and difficulties questionnaires is not embedded in health assessments and reviews, and does not provide a comprehensive picture of children's needs or risks to their well-being. Records seen did not sufficiently focus on children's wishes and feelings. Children we met thought the review of their health care was satisfactory and appreciated their assessments being undertaken at home, although given current staffing capacity the looked after children's health team has not been able to consistently offer choice of location. Children reported good support with meeting their specific medical conditions or disabilities. Foster carers also reported good access to advice and training in addressing children's health and development needs.
88. Some children have clearly benefited from additional health screening and support, with risks to their physical health and development being appropriately identified. However, their looked after children status has not been consistently flagged as a priority resulting in delays for some children in accessing relevant care and treatment and difficulties in monitoring specific outcomes from the care and treatment provided. Late notifications by social care of the child's looked after status and placement

details as well as difficulties in gaining parental consent have added to delays in some cases, and means that Cumbria is not fully compliant with Department of Health regulations and good practice standards. Initial health assessments undertaken by GPs are of variable quality and do not ensure a clear and comprehensive overview of children and young people's needs. Work has recently commenced to strengthen the involvement of GPs and to address their training needs. Review health assessments undertaken by health visitors and school nurses are also of variable quality, and do not sufficiently evidence outcomes or the positive work undertaken by school nurses with some young people. The shortfall in school nursing capacity is a significant issue with respect to monitoring and supporting children and young people with complex needs. Medical advice to adoption and fostering panels has been stretched, contributing to delays in assessments being completed and permanency planning for children. This has been recognised as a gap and additional medical capacity has been recently secured.

89. Health care plans for children with high emotional, mental health or behavioural needs are not sufficiently clear, measurable or secured through effective communication and joint working arrangements. Performance in undertaking annual health assessments has dropped, and there is significant variability in performance between districts. Most children have been immunised and there is rapid access to dental health checks, although recent performance in this area indicates a need for further improvement. Access to CAMHS provision is variable and requires stronger team working with other health and social care partners. Conception and pregnancy rates have increased over the past year, with a significant rise in the number of children born to looked after young people. The vulnerability of this group of young people is recognised and there is evidence of some positive outcomes from work undertaken by teenage midwives and family nurses. However, the capacity of family nurses is unable to meet current demand. This has been recognised and an additional two family nurses are to be appointed to provide longer term support to these vulnerable women and their partners.
90. Work recently undertaken to map the needs and location of children who are looked after in independent residential schools and care homes provides a clearer picture of demand on local NHS services. Management oversight and the capacity of looked after children nurses has been recently enhanced, but work to promote improved standards of health care to children being placed in the area by other local authorities is at risk of detracting from their overall capacity. Further review of the role and accountabilities of specialist looked after children nurses is required. Although there is a stated ambition to integrate looked after nurses into frontline multi-agency teams, planning is still at a relatively early stage of development.

91. Work has recently begun to assess the performance of the service against NICE guidelines and Care Quality Commission outcomes for children who are looked after. Work in progress identifies the need for substantial service development in some key areas, and the provider trust is soon to appoint a senior manager to ensure compliance with statutory requirements and regulations.
92. Current performance reporting of CAMHS and young person's substance misuse activity does not support effective tracking of trends, levels of demand and outcomes for looked after young people or care leavers. Therefore, Cumbria health partners and the local authority do not have sufficient assurance of the impact of service provision in tackling the health inequalities experienced by this vulnerable cohort of children. Children and young people have not been asked what they think of the service, and *You're Welcome* work to promote young person friendly health services has not been effectively progressed.

Staying safe

Grade 3 (Adequate)

93. Safeguarding arrangements for looked after children and young people are adequate.
94. Children and young people who met with inspectors said they were and felt safe. The Care4Me survey also reflected this, although a very small number of care leavers who responded had some concerns about the support they received, particularly in regard to the accommodation that was provided for them. Most looked after children who responded said that they felt very safe or mainly safe and any concerns related to aspects outside their placements. All of the looked after children that responded indicated that there was at least one person they could speak to if they were worried.
95. Children were currently safe in all cases seen. Risks had been identified appropriately at the point when they had become looked after. However, in some cases there had been lengthy previous involvement and the decision to place children and young people into care could have been taken sooner. There is satisfactory monitoring of placements to ensure children and young people are safeguarded. In the majority of cases regular statutory visits are undertaken by the child's social worker where children and young people are seen and often spoken to alone; this was confirmed by children seen by inspectors and by those children and young people that responded to the survey. Team managers and independent reviewing officers robustly identify when visits to children and young people are not being undertaken at sufficient intervals and action is taken to address this.
96. There is effective reviewing of looked after children in their placements. In cases seen there was sound evidence that the reviews monitor progress, to ensure that plans are effective in improving outcomes. Children and

young people's participation is encouraged and many attend their review, including children and young people placed out of Cumbria. If young people choose not to attend they are given the opportunity to share their views in writing. However, there was a concerning drop in performance in reviews being carried out within statutory timescales in 2011 linked to capacity in the independent reviewing officer service. The local authority has taken appropriate steps to address this and performance is improving.

97. Appropriate arrangements are in place to ensure that commissioned services for looked after children and care leavers have appropriate focus on safeguarding and safe practice. Additional safeguards and monitoring is provided by the National Youth Advocacy Service (NYAS) to young people who are placed in children's homes. This ensures that children who live in the local authority children's homes receive at least one visit a month and those who live in independent provider children's homes are visited at least three monthly.
98. Placement stability for looked after children and young people is good. In the majority of cases children and young people are living in stable placements with extended family or foster carers which support them well. Most children and young people said that they valued the stability and security of their placements. However, there is some variation with care leavers expressing dissatisfaction with the number of changes in placement which some of them had experienced. Foster carers and adopters receive good support and appropriate training to ensure that they understand children's needs and are equipped and supported to meet them. There is good support provided to looked after children and their carers by health and well-being workers from the looked after children's teams which strongly focuses on nurturing relationships between carers and the children and young people that they care for. However, when required access to CAMHS, to support children and young people with additional emotional well-being needs, is not sufficiently responsive.
99. Fostering and adoption services are judged good in recent Ofsted inspections. However, there are variations in the quality of the six local authority children's homes. Three are judged good and two satisfactory. However a sixth was recently judged inadequate. Safeguarding issues in relation to the care provided to young people were identified which required the involvement of the LADO. Regulation 33 visits set up to monitor the standard of care provided in the home were not sufficiently robust to identify these concerns. Services in this home have been suspended and the young people have moved to alternative placements.

Enjoying and achieving

Grade 2 (Good)

100. The impact of services in enabling looked after children and young people to enjoy and achieve is good.

101. Looked after children have good support to enjoy stable education and achieve well through the arrangements of the virtual school. Most looked after children achieve highly in comparison with looked after children nationally. In 2011 looked after children gained their best ever results by the end of Key Stage 2 when 70% achieved Level 4+ in English and 60% achieved Level 4+ in mathematics, which is above the national average for looked after children and continues a positive trend in Cumbria. The cohort of looked after children taking GCSEs in 2011 similarly achieved the best ever results when just over 15% gained five or more A* to C passes including English and mathematics and 36% gained five or more of any A* to C grades, figures which are above the national average for all looked after children. Some 95% of looked after children gained at least one GCSE or equivalent.
102. These results reflect good progress for most looked after children from their starting points. This includes children with disabilities whose progress may not be measured by the national curriculum but on other scales and measures. Looked after children are narrowing the gap with other looked after children and with their age peers in Cumbria by the end of Key Stage 2 although the virtual school recognises that the gap is not closing so fast in mathematics. Results for Cumbria's looked after children are above the national average for all looked after children but are tracking, rather than closing on their peers in the county. Notably the early years age group of looked after children has risen by half in just over a year to 51 children in Early Years Foundation Stage settings or special school provision. In 2011 the early years group of looked after children made adequate progress from their very low starting points but only two attained a good level of development by the time they started school.
103. Educational progress of looked after children and young people is tracked very closely through generally good quality personal educational plans (PEPs). Children are routinely involved in drawing up targets and reviewing their plans. PEPs link to individual educational plans and reviews of statements, where they apply, and are kept up to date. Designated teachers and key workers provide monthly monitoring information to the virtual school, which is regularly presented to the corporate parenting board and more recently to the newly established MALAP board. Around 105 out of approximately 370 looked after children have a statement of special education need. Locally named 'baby PEPs' are in place for the growing number of looked after children aged under two years to ensure that there is a good focus on their early development.
104. Children that we spoke to and whose views are recorded on their files said they find a great deal of enjoyment in their school life and achievements. The virtual school takes care to match looked after children to schools that provide good quality education or are able to meet children's particular needs. Transition projects for children moving from Year 6 to Year 7 have been successful in helping children to maintain progress. A project for the

large number of children moving from early years to full-time school is underway to help the early years cohort to close their attainment gap. Looked after children's attendance is very good and is among the highest for looked after children in the country. Looked after children are not excluded permanently and children who are excluded for fixed terms have appropriate alternative provision.

105. Learning is adapted and enriched well for individual looked after children through effective use of the pupil premium. Within and outside the county a suitable range of resources and specialist equipment are provided. Some effective partnerships between schools and foster carers enable looked after children to take part in choirs, sports and additional learning, leisure and recreation opportunities. Commissioned projects enrich looked after children's experience in drama.

Making a positive contribution, including user engagement **Grade 3 (Adequate)**

106. Opportunities for looked after children and young people to make a positive contribution are adequate.
107. Looked after children and care leavers are adequately supported to give their individual views about their care and services that are provided directly for them through participation at reviews. The number attending their reviews is good but at 86% the proportion is down on the same period in the last year. However, looked after children and young people do not have consistent opportunity and encouragement to develop their views with the independent reviewing officer between reviews due to independent reviewing officer capacity.
108. Advocacy arrangements are in place through NYAS. While this is positively promoted to children and young people placed in local authority children's homes, access to advocacy services is limited for children who live in foster care. Many of the children spoken to by inspectors or who responded to the survey were not aware of the advocacy support they could access if they needed it. The local authority acknowledge that further work needs to be undertaken to more widely promote advocacy services to all looked after children, young people and care leavers.
109. Many children are in stable long-term placements and have developed a sense of belonging. Many children that we spoke to said that they volunteer in their schools and communities to give something back. There are great examples of older looked after children who have forged strong leadership roles as active participants on youth councils. Some speak out to their peers to raise awareness of issues facing looked after children. Some looked after children have helped to select members of social care staff but this is not consistently embedded across all recruitment of staff who work with children and young people.

110. The Children in Care Council has recently been re-formed after a significant gap due to historically weak succession planning. The new Children in Care Council is beginning to enable looked after children to meet and share ideas on issues of common interest. The group is not yet sufficiently developed to demonstrate real impact on the shape of services. Looked after children have been involved in drafting the Pledge although this has not been widely distributed or its impact evaluated. The opportunities for participation of children, young people and care leavers in influencing the delivery of services are underdeveloped at present. Care leavers do not meet regularly with each other, staff or elected members so that their collective experiences can influence service provision. The opportunities for younger children who are looked after to meet and for their views to be sought out are limited although they do respond to surveys when asked.
111. Looked after children and care leavers generally behave responsibly and a very small minority are known to the criminal justice system. The youth offending team works closely with looked after children who offend. Personal development and restorative justice programmes have steadily reduced the proportion of looked after children who reoffend, to an adequate level in comparison with other areas. Custodial sentences for looked after children are currently very low.

Economic well-being**Grade 3 (Adequate)**

112. The impact of services in enabling looked after children and care leavers to achieve economic well-being is adequate.
113. Care leavers are supported well to access courses and a curriculum that is well-matched to their individual needs. Those staying on in sixth form and college benefit from the variety of courses available. Work to raise aspirations and to find out about interests and skills of looked after children starts in secondary education and is embedded in personal education plans. From Year 9, students are encouraged to think about their choices and to visit for taster days in local universities. All looked after children who are over 16 and care leavers have pathway plans in place. Plans are generally detailed, fully completed and take account of the individual needs and identity of the young person. Support at transition to adult services for young people with disabilities is adequate.
114. Young people are fully involved in developing and reviewing pathway plans for their future. Care leavers that spoke to inspectors say that they are happy with the support they get from pathway advisors and value their purposeful relationships with workers who offer a diverse range of backgrounds and skills. However, care leavers say that when talking to each other they learn that they do not always get consistent advice or information. They do not always see formal planning as relevant or useful – as one care leaver put it 'life changes too quickly'. Too few plans include

meaningful contingencies so that young people often have to start planning from scratch if preferred plans, for example for a particular job, come to nothing.

115. The rate of young people staying on in education is good and the attainment gap for looked after children, young people and care leavers with their peers achieving qualifications by age 19 is narrowing. Care leavers with high aspirations are effectively supported by commissioned partnership arrangements to identify and overcome barriers for students and to provide university application and funding advice. There are currently 22 care leavers in higher education achieving well on a variety of degree and post-graduate courses. Many return to extended home-stay arrangements during their holidays and maintain community links.
116. With effective communication arrangements in place, the employment, education and training outcomes are known for all but two care leavers in the last three years. The rate of care leavers who are in education, employment or training is higher than the national average although care leavers who have vocational qualifications are not always finding work. A small apprenticeship support scheme is in place and beginning to provide opportunities for care leavers but overall there are too few work placements available to care leavers.
117. The county, districts and housing association providers generally work in close partnership to ensure that care leavers have priority to meet their housing needs. All are in affordable housing although some are in hostels that they do not find suitable. Providers offer a range of pre-tenancy and independent living training for those moving into their own housing. The set-up grant is welcomed and found to be adequate by care leavers, however, it has spending restrictions for a particular retailer that care leavers do not find helpful or best value for money. Care leavers are helped to find permanent accommodation although some housing, reflecting the wider housing market for 16 and 17 year olds, is not of good quality.

Quality of provision

Grade 3 (Adequate)

118. The quality of provision in services to looked after children and young people is adequate.
119. In most cases seen there had been an appropriate and timely action to ensure that children and young people were in appropriate placements including extended family where risks had been suitably assessed. There has been very recent strengthening of processes to ensure that decisions about placements are taken at the appropriate level of seniority. However, a small number of cases were seen where action to ensure children became looked after was not taken in a timely way.

120. A high percentage of looked after children are placed with foster carers, most live within the district they originate from and few children and young people are placed outside of Cumbria. This supports contact arrangements with family well. There are acknowledged challenges in meeting the demand for fostering placements linked to the recent significant increase in numbers of looked after children. Fostering services recruitment planning is informed well by the understanding of need and the existing resource profile. An annual recruitment plan is in place which includes targeted recruitment.
121. Most children are placed for adoption in a timely way. Most are placed with Cumbria adopters and there are also good links with neighbouring consortiums. Effective processes are in place to access funding for the national adoption register and placements 'out of county' for harder to place children and young people, primarily sibling groups and minority ethnic children.
122. The district panels are seen to be an effective and robust process for ensuring that plans for children and young people are scrutinised and progressed appropriately. Thresholds for escalating individual children's cases to legal proceedings are applied appropriately through legal gate keeping meetings which are chaired at a suitably senior level. However the understanding of care thresholds is not yet consistently embedded across the partnership. CAF arrangements and early intervention services do not yet consistently identify young people who are at the edge of care and services to support them are underdeveloped. Parents and young people seen by inspectors said that they did not always feel that their views had been listened to, and that their needs and concerns were not adequately understood or met. They were dissatisfied with the frequent changes in social worker and children and young people said that this had inhibited the building of trusting useful relationships. Concerns were also expressed about poor communication and lack of responsiveness to their requests for contact and help.
123. Children and young people's views were usually reflected in assessments, although this was less well done for younger children and in some assessments the picture and voice of the child was not strong enough. The views of parents and carers are generally included in assessments. Although assessments included reference to children's identity needs, there was little depth to this aspect of the assessment and opportunities to address and explore this further with children of non-White British heritage in particular, were not taken. As a result assessments are not always comprehensive and cultural and identity needs are not sufficiently taken into account in care planning and in helping children and young people understand the richness of their backgrounds.
124. Care plans are suitably informed by previous assessments or through the social workers on-going work with children and young people. Appropriate

aims are identified in most care plans and those seen had been regularly updated although the quality and depth of analysis of progress varied and often timescales were lacking. Generally, independent reviewing officers do consider the quality of care plans and progress on outcomes robustly and report the use of escalation where appropriate. However, the use of escalation is not yet collated to inform wider service delivery and training needs.

125. There is a mixed picture about sustained relationships between children and young people and social workers. In most cases seen there had been good evidence of sustained relationships for children and young people with social workers. Foster carers and social workers reported that there had been some changes of social worker for children recently entering care as a result of the restructure. Children and young people were unanimous in saying that the most important thing for them was to have the same social worker and that having changes made it harder for them to develop a trust and a good relationship. They found having to repeatedly tell their story distressing and this discouraged them from making an investment in the new relationship.
126. Independent reviewing officers are not fulfilling their responsibility to maintain contact with children and young people between reviews due to their stretched capacity. They are also unable to write to children individually after reviews or to meet timescales for the completion of minutes and recommendations and therefore there are delays in children and young people, families and carers receiving these. Additional posts have been secured for the service and are currently being recruited to.
127. The quality of supervision offered to children's social care staff is too variable. Senior managers advise that practice development officers and training is being developed to address this but as yet first line managers have not received this input.
128. Most case files seen were up to date. However record keeping is of variable quality. Some good recording was seen but chronologies are not routinely included on files and therefore they cannot be used to ensure historic information is used to inform assessments and decision making. In some cases seen the recording was insufficiently clear about sequences of events, or actions taken by other agencies, to ensure that a full understanding informs planning effectively.

Ambition and prioritisation

Grade 3 (Adequate)

129. Ambition and prioritisation for services for looked after children, young people and care leavers are adequate.
130. The local authority and its partners have appropriate vision and ambition that they have acted upon so that outcomes for children looked after and care leavers are generally improving. The recently established MALAP

board further enhances the partnership ambition and commitment towards looked after children, young people and care leavers. Priorities for improving services and support for looked after children, young people and care leavers are identified although further work is required to strengthen the strategic planning through the MALAP board. Resource deficits are mostly understood and very recent action has been taken to extend capacity within the social care senior leadership team to drive improvement plans for looked after children, young people and care leavers. Appropriately specific action plans are being developed and some early positive progress is being made to implement these. However, progress in other areas remains underdeveloped.

131. Elected members are committed to and clearly share in the vision to improve services for looked after children, young people and care leavers and effectively raise awareness of the corporate parenting responsibilities to all elected members. An established corporate parenting board is in place and elected members regularly undertake Regulation 33 visits to children's homes to monitor the quality of care provided. Elected members would benefit from additional training to ensure that this monitoring activity can be fully effective in providing consistent challenge to the local authority and its partners as they move forward in taking up their place on the MALAP board. Elected members use ad hoc opportunities well to speak with some young people about their care experiences although their contact with children in foster care is less extensive.

Leadership and management

Grade 3 (Adequate)

132. Leadership and management of services for looked after children, young people and care leavers are adequate.
133. The local authority and partnership provide visible leadership and commitment to looked after children and care leavers services. However, following the children's services restructure stretched capacity has significantly impacted on the ability of the local authority to drive forward improvement. The local authority has recently acknowledged this and an additional senior manager post is temporarily agreed and the interim post holder commenced in February 2012. This post is currently responsible for fostering, adoption and residential services. This has provided increased capacity and there are very early signs that the appointment has begun to have some positive impact in strengthening processes and ensuring robust decision making for looked after children. Capacity has been further affected by the post of Assistant Director children and families remaining uncovered due to illness of the substantive post holder for some months; interim cover has very recently been put in place.
134. Strategically, appropriate arrangements are in place through the newly established MALAP board to focus on the needs of looked after children and care leavers across the partnership. However, there is limited

evidence of the impact of these arrangements due to the very recent establishment of the board and all agencies are not yet represented. At an operational level there are some examples of effective working relationships with education partners, with housing providers, and voluntary and independent sector commissions. However, working relationships with health professionals is not consistent across the county.

135. The looked after children's strategy is not sufficiently effective. Senior managers acknowledge that more work is needed to ensure that there is a full and accurate picture of the profile of looked after children, current resources and ensuring that the sufficiency duty is met going forward. A 'Better Placements' project, commenced at the end of March 2012, has appropriate objectives but it is too early to assess the impact in developing a sufficiently robust strategy.
136. Looked after children and young people are allocated to qualified social workers who have manageable caseloads. The looked after children's teams have been less affected by the restructure in terms of changes in personnel than other social care teams. This has had a positive impact on the retention of experienced social workers, skills and expertise. However, staff and managers acknowledged that morale has been affected by the restructure and as a result of negative outcomes from single status agreements. The amalgamation of children's social care looked after children's teams and leaving care teams is seen positively by staff. Senior practitioners supervise a range of staff and they are also available to provide advice and consultation to all team members which is valued by staff. Staff report that they had good access to training and development opportunities which helped them to increase and develop their knowledge, skills and expertise. However, the outcome of training has not been evaluated to establish whether it is having any positive impact.
137. As a result of the increased number of looked after children, independent reviewing officers caseloads are significantly higher than that stated in guidance. This has contributed significantly the services ability to satisfactorily meet timescales and fulfil statutory duties. Recruitment to two additional posts is underway. Line management arrangements for independent reviewing officers are not sufficiently independent from children's social care services. Senior managers are currently considering how these arrangements could be improved.
138. Foster carers said that access to effective support and training was variable across the districts and that the Children's Workforce Development Council (CWDC) training was not always easily accessible. They were unhappy with the implementation a fee structure linked to skills and levels of training undertaken. They acknowledged the local authority's financial challenges but felt delays in payment meant that their role and commitment was not valued and this was a disincentive in their view to assisting the local authority in recruiting of new foster carers. The local

authority accepted this feedback and undertook to discuss these issues further with foster carers.

139. There is an established complaints process, appropriately managed independently from children's services. However, not all looked after children and young people know how to make a complaint. Those that have made a complaint are informed about the advocacy service provided by NYAS and case files showed that several young people had used this. There are regular quarterly reports to the senior leadership team and the corporate parenting board which cover performance and learning from complaints. Appropriate changes were made to reporting systems during 2011 to ensure learning themes are collated, although these will not be reflected until the next annual report is published.

Performance management and quality assurance

Grade 3 (Adequate)

140. Performance management and quality assurance arrangements are adequate.
141. The local authority has undertaken a self assessment which appropriately identifies areas of strength as well as many areas for development for looked after children and care leavers. The local authority has a clear action plan in place to improve services for looked after children and care leavers which is monitored by senior managers. However, the impact of the service restructure in April 2011 has had a significant impact on performance management and quality assurance activity. Management information is collated but it has not been consistently used to drive improvement due to stretched capacity. While consistent and qualitative audit activity has reduced, some themed audit activity has continued which has allowed weaknesses in the quality of practice to be identified. However, this information has not been effectively collated, themes extracted and learning established in order to drive improvement through effective action plans.
142. Staff working with looked after children and care leavers reported that they received regular, helpful and constructive supervision and guidance from their line managers. They said that managers had an open door policy and were responsive to their needs for consultation, direction and guidance outside of formal supervision. There was evidence of case supervision and management oversight on all case files seen but the quality of this was variable and all examples seen were brief and descriptive. There was limited challenge or reflection recorded and managers at all levels acknowledged that the outcomes of consultation and advice were not consistently recorded on case file records. Managers recognised this as an area for more vigilance particularly as it was a learning point from a recent serious case review. Senior managers accept

that more work is needed to improve consistency of supervision across the social care service.

143. Team managers do operate some sound management oversight practices to monitor the quality of work and to ensure that they have an accurate oversight of the amount and complexity of work being undertaken by individuals and across teams. This includes the use of a workload monitoring tool, the routine checking and scrutiny of all statutory visits, care plans, and reports before they are authorised. Managers describe that where the quality of practice is not satisfactory, feedback advice and support is provided to ensure improvement although this is not always recorded. Suitable processes are in place and are being used to address capability issues.
144. Performance targets are met and the local authority's achievement is mainly above that of comparators and outcomes have improved for looked after children and young people in most areas. High numbers of looked after children and young people live in family placements either with foster carers or family and friends carers. Placement stability is generally good although recent local authority data indicates a steep decline in one district area and as yet there is no analysis of the reasons for this. The local authority performs well in adoption although there have been some difficulties in progressing adoption plans as a result of delays in adoption medicals. The number of looked after children and young people has risen significantly in the last year and there has been limited analysis of the underlying reasons for this.

Record of main findings:

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