

Inspection of safeguarding and looked after children services

Barnsley Metropolitan Borough Council

Inspection dates: 25 June – 6 July 2012

Reporting inspector Dick O'Brien

Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with 19 children and young people and 18 parents and carers receiving services, 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 representative
 - 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 98 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in January 2011
 - visits to services including to the assessment, children in need, family support, First Directions, fostering and children with disabilities teams
 - interviews and focus groups with front line professionals, managers and senior staff from South West Yorkshire Partnership Foundation Trust (SWYPFT) and NHS Barnsley.

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. Barnsley is located in South Yorkshire and has a history as a centre of coal mining but includes the Pennine hills to the west and farm land in the east of the borough. Population centres are arranged around the traditional community bases that sprung up around the mining industry and market towns. Latest data show that Barnsley is ranked 47th most deprived local authority out of 326. Barnsley has 63 elected members, with three councillors for each of the 21 wards.
5. Approximately 227,600 people live in Barnsley, of whom 82,300 live in the urban areas surrounding and including the town centre. Some 23.8% of the population are 0-19, and 16.9% of the population are of pensionable age. There have been recent changes to the make up of Barnsley's population. Those from non-'White British' backgrounds have increased by 1.8% in the past six years, and now form 4.1% of the population. The minority ethnic population in Barnsley has a slightly younger age profile than the Barnsley average. Approximately 1,350 migrants currently live in Barnsley.
6. There are 2,354 children in 54 nursery units, 17,409 children in 80 primary schools, 11,147 in 12 secondary schools and 247 in two special schools. The nine pupil referral units are located in secondary schools. Early years services are provided by 149 childminders and 69 other settings. The council has commissioned 20 children's centres. There are 1167 children with statements of special educational needs.
7. At the time of the inspection 186 children were on child protection plans and 243 were looked after children. Children's social care services are delivered through two localities based assessment teams and four children in need teams. A number of specialist services cover the whole area including the adoption, fostering, independent reviewing, youth offending and children with a disability services. There are three local authority residential children's homes. New area based neighbourhood arrangements and 10 locality based 'well-being partnerships' provide integrated services for children, young people and families.
8. The Local Strategic Partnership 'One Barnsley' provides the overview for the future for all public, private and voluntary sectors in Barnsley. The Children's Trust is chaired by the Director of Children's Services and includes representatives of all key statutory agencies. The Barnsley Safeguarding Children Board has an independent chair and brings together the main organisations working with children. The police service is provided by the South Yorkshire Police.
9. Some children's health services in Barnsley are commissioned by NHS Barnsley Primary Care Trust in partnership with Barnsley Metropolitan Borough Council (BMBC) using a pooled budget. Universal services such as school nursing, paediatric therapies and child and adolescent mental health services (CAMHS) are managed by BMBC through a Section 75 agreement with South West Yorkshire Partnership Foundation Trust (SWYPFT), who remain the employer of health practitioners. SWYPFT directly provide and manage health visiting services and adult mental health services. The acute hospital providing accident and emergency

(A&E) services for children is Barnsley Hospital NHS Foundation Trust (BHNFT), which also provides midwifery and maternity services.

Safeguarding services

Overall effectiveness

Grade 4 (Inadequate)

10. The overall effectiveness of services is inadequate. The vision and priorities of the council and strategic partners are clearly set out, for instance in the Children and Young People's Plan. This vision and priorities are appropriately aligned with the strategy to increase preventative and early help services through a variety of established, recent and planned services. Partnerships with other agencies are strong. Preventative and front line child protection provision has been protected from the need for budget savings. However, some core child protection practice is inadequate, for instance in child protection investigations.
11. Child protection practice has not received sufficient oversight by the council or by the Barnsley Safeguarding Children Board (BSCB) and the council cannot be assured that risks have always been thoroughly assessed and addressed. For instance, child protection investigations involving the police and social care services usually do not conform to the BSCB Joint Investigation Protocol 2011. Child protection plans are often not clear regarding actions to be taken and timescales, although child protection conferences and reviews are timely and children are regularly seen as part of assessments and subsequent intervention.
12. The understanding of partner agencies regarding social care thresholds for intervention is generally sound. The common assessment framework (CAF) process is well embedded among partner agencies. The threshold for access to social care services is not fully understood across all agencies and a high proportion of contacts result in no further action. In some cases seen by inspectors, the decision to take no further action was not robustly supported by the evidence. Where assessments are undertaken, they are usually of an adequate standard and some examples of good work were seen.
13. The quality of recording in social care services is variable and records of decision making in child protection are too often inadequate. The integrated children's system used by the council does not consistently produce coherent, accessible records. The council has identified that this is an area for improvement and is in the process of installing a replacement system.
14. The contribution by health agencies to keeping children safe is adequate. Improvements in policies and procedures have been implemented following serious case reviews, such as the recording of cases where domestic violence has featured. In most health agencies there has been an appropriate dissemination of lessons from these reviews but this dissemination has been less effective regarding learning from serious incidents. Training levels of staff regarding safeguarding are good. There is appropriate engagement with multi-agency forums such as the multi-agency risk assessment conference (MARAC) forum and the BSCB. However auditing of practice is not consistently carried across all health agencies and while policies are generally adequate, there is no policy regarding young people who present at A&E departments having self-harmed or who are intoxicated.

15. Staff who wish to work with children are appropriately subject to sound recruitment practice. The safeguarding of children and young people within schools, fostering and adoption placements and in residential children's homes is almost always judged to be good or better in Ofsted inspections, including where children are placed out of the area. The council takes appropriate action where there are established concerns regarding its staff.

Capacity for improvement

Grade 3 (Adequate)

16. The capacity for improvement is adequate. There is a clear commitment from senior managers and elected members to improve the quality of services and to improve outcomes for young people. Where the council introduces new services such as the families at risk panel, they are well focused, targeted and include a good range of partner agencies. However elected members are insufficiently involved in the ongoing scrutiny of safeguarding services, which limits their capacity to challenge and hold to account departments and agencies.
17. The council is aware that there are weaknesses in performance management and supervision within children's social care services and has developed plans to reconfigure its quality improvement activities. However, the self assessment of the council and the BSCB has been over optimistic and did not include a comprehensive picture of the weaknesses identified in this inspection at operational level such as in practice of child protection investigations and the implementation of joint investigation protocols. The BSCB are aware of some of the weaknesses in safeguarding practice and have established multi-agency commitment to attendance and to suitable governance. It now needs to improve its challenge to agencies and departments.
18. The evaluation of its services by the social care department is not rigorous. Regular audits undertaken within children's social care services are overly focused on assessing processes and workflow rather than quality and outcomes. Audits and case reviews requested for this inspection showed a lack of thoroughness and recognition of significant shortcomings.
19. Where the council does identify areas of practice for improvement, systems to embed change are not robust. Mechanisms to ensure that change has taken place are not robust and some action plans are over optimistic that required change has taken place, so that the council has a less clear picture of what it still needs to address.

Areas for improvement

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

Immediately:

- ensure that managers provide robust oversight of safeguarding practice and that their case planning, directions, decisions, case discussions and staff supervision are promptly and routinely recorded
- ensure that child protection investigations are carried out in accordance with the BSCB Joint Investigation Protocol 2011.

Within three months:

- ensure that referrers receive feedback on the outcome of referrals that they make to social care services
- ensure that child protection conference chairs are enabled to assess the effectiveness of safeguarding practice through child protection conferences and that any issues are regularly reported to the BSCB
- NHS Barnsley PCT and its partners to review strategic and operational links with primary care health providers, with specific regard to the engagement of primary health in the delivery of services through well-being centres, and strengthening links with health visitors to improve risk assessment, early intervention and prevention
- Barnsley Hospital NHS Foundation Trust to review the arrangements in the emergency department for responding to children and young people presenting with deliberate self harm or who are intoxicated, and develop appropriate systems with robust monitoring and quality assurance systems. Barnsley Hospital NHS Foundation Trust to review arrangements for quality assurance of safeguarding training and practice across adult and paediatric emergency departments, and take appropriate action to strengthen systems
- ensure that agencies have a clear understanding of thresholds for access to social care services
- ensure that intervention and services are promptly provided to meet the assessed needs of children
- ensure that child protection plans are consistently specific and measurable and that plans are regularly reviewed and developed at core group meetings
- ensure that there is sufficient capacity within the social care service emergency duty team to meet needs and enable children to receive a timely response.

Within six months:

- ensure that robust performance management of safeguarding services is undertaken across the partnership and that audits of practice are routinely undertaken and reported to the BSCB
- Improve the timeliness and quality of intervention in pre-birth planning protocols
- ensure that reports to child protection conferences are timely and of good quality
- ensure that referrals from children's social care services into the CAF and referrals from the CAF to social care are appropriately made where it is in the child's interests
- ensure that elected members and the BSCB robustly scrutinise core child protection processes and data
- ensure that the voluntary sector is actively engaged in strategic and operational planning of safeguarding services.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (Adequate)

21. The role and function of the Local Authority Designated Officer (LADO) are well understood across the partnership and appropriate referrals have been made by a wide range of agencies across the statutory and voluntary sectors. The LADO role, previously carried out by members of the safeguarding team, has been strengthened by the appointment of a dedicated person. Initial activity has raised awareness of the procedures for employers when an allegation is made against staff, carers or volunteers and this has resulted in an increase in reported concerns. Cases referred receive a timely and robust response that ensures that children and young people are protected.
22. Processes within the council and its partners to ensure safe recruitment of staff are effective and meet statutory minimum requirements. An appropriate range of checks are undertaken of the suitability of persons who have contact with children, including checks with the Criminal Records Bureau (CRB) and these are regularly updated. Safeguarding judgements in Ofsted inspections of the council's residential, fostering and adoption services range from good to outstanding and those for independent providers are at least adequate. The large majority of schools and children's centres are assessed to be good or better in helping children to stay safe.
23. Most young people who were seen by inspectors and those young people who responded to the survey for this inspection reported that they felt safe in their community or settings. Partner agencies work well together to identify and support children and families where there is domestic abuse. In most cases police appropriately risk assess families when they attend incidents involving domestic abuse and promptly inform partners to enable assessment or support to be provided. Appropriate training is provided to staff across the partnership to raise awareness of domestic abuse. The local domestic violence strategy is being revised and is currently in draft stage. Multi-agency public protection arrangements (MAPPA) and the multi-agency risk assessment conference (MARAC) arrangements are well established, with appropriate protocols and representation from relevant agencies at suitable strategic and operational levels.
24. Effective protocols, systems and practices are established to identify and support young people who go missing from home and those missing from education. Partners network well and communicate information on those young persons missing, to identify those at risk. For example young people at risk of sexual exploitation, both for Barnsley children and those children and young people who come into the area, receive effective support, with close collaboration with other local authorities. Children who go missing are supported well through Safe at Last.

25. The identification and provision of support for young carers is at an early stage of development. In October 2011 Barnardo's was commissioned to provide support for young carers following the decommissioning of a specialist project which had supported low numbers of young carers. Young carers are now offered family group conference and individual support and a young carers group has recently been established. At the time of this inspection Barnardo's had received 18 referrals and is developing programmes to further raise awareness of the needs of young carers in the community. Arrangements to assess the numbers of young carers in the area are not sufficiently developed.
26. Appropriate action is taken by the council to promote awareness of private fostering and to identify and support children who are privately fostered. For instance, leaflets raising awareness of private fostering have been developed and distributed locally and the BSCB publicises details on its website. These efforts have had a positive effect and 20 privately fostered children have been identified and are being supported.
27. Agencies work collaboratively to prevent bullying amongst children and young people, including the education welfare service, youth service, secondary schools, further education college, the inclusion manager, and health services, which combine in a multi-agency group with specific responsibility for anti-bullying. The group is developing an audit of practice across the area and methods to collect data on bullying. Schools currently use a variety of methods to record incidents of bullying and this information is not uniformly returned to the council to enable the incidence of bullying to be robustly measured, analysed and action taken.

Quality of provision

Grade 4 (Inadequate)

28. Overall quality of provision is inadequate. Early help services have been a focus for the council which has created a number of services, such as through family support teams which provide high intensity support for up to 80 families a week. The newly established and innovative families at risk panel is starting to bring multi-agency focus to families and neighbourhoods although it is too early as yet to assess the impact of this service.
29. Written thresholds for access to children's services and child protection intervention are clear. Referrals are assessed and responded to in a timely manner but thresholds are not consistently, and in some cases appropriately, applied. Most referrals requiring a child in need assessment are promptly undertaken, although some remain unallocated for several weeks which can result in delay in identifying and meeting the needs of those young people. Whilst unallocated, cases are robustly monitored by managers. Partners and the voluntary sector report that they do not consistently receive notification of the outcome of referrals that they make to social care services and often have to contact social care services to know the outcome. A recent audit by Barnsley Council identified issues around disparity between perceptions of thresholds and expectations of referring agencies with actual criteria for the service, and a need for greater clarity in processes.

30. In some cases delays in responding to those children assessed as in need result from cases not being allocated to a specific social worker and some are held on duty for several weeks. Clear pathways are established from children's social care to common assessment framework (CAF) processes to enable children who do not meet thresholds for social care intervention to receive support. However, these pathways are not consistently effective since thresholds are not being applied rigorously and because the levels of referrals between these services is low.
31. Police and social care services routinely do not adhere to the Joint Investigation Protocol ratified by the BSCB in February 2011. Strategy discussions do not consistently evidence detailed discussion or case planning between key statutory agencies. In some cases when child protection referrals are made to police or to social services, single agency investigations are undertaken prior to notifying each other, contrary to the BSCB child protection procedures. In such cases the need to act in a timely manner would not have prevented earlier notification between agencies or a planned joint response. In many cases managers are not sufficiently involved at the referral stage and in further strategy discussions, contrary to the BSCB Joint Investigation Protocol. In many cases seen by inspectors strategy discussions and decisions on actions required were undertaken by practitioners, with little or no evidence of management involvement or direction. In some cases the only management involvement recorded was at the completion of child protection inquiries.
32. Decisions whether to undertake single or joint investigations by police and social care services are often not taken jointly and often no evidence is recorded that decisions are based on the child's best interests. Too often the decision is made to undertake individual agency investigations, based on individual agency expediency, and made without sufficient analysis of the presenting referral information. As a result very few investigations are carried out jointly and in some cases this negatively impacts on the welfare of children who are subjected to repeat interviews in relation to the incident. In some cases the evidence may have been compromised by the lack of robust intervention by one agency.
33. Many safeguarding and children in need assessments seen by inspectors are adequate and some are good. Historic information is often used effectively to inform assessments and decisions made within child protection conferences. However this is not sufficiently evident in all assessments. Some child protection assessments that did not progress to child protection conference were not sufficiently thorough or well planned so that it is not clear if the child's best interests had been safeguarded.
34. Children are routinely seen, and in most cases are seen alone during assessments and their wishes and views are recorded together with those of parents. However, consideration of their views is not always evident in the conclusions reached and in planning subsequent interventions. Parents and children are encouraged to attend child protection conferences. Prior to this inspection few children attended although this is beginning to increase as a result of a service commissioned from Barnardo's. In some cases delay in social workers providing timely reports to conferences

impacts negatively on the ability of conference chairs to facilitate full participation of parents within conferences.

35. Child protection conferences are held in a variety of venues, many of which do not enable privacy or confidentiality. The BSCB is aware of this and is seeking more suitable locations. Conferences appropriately involve wider partner agencies. Almost all conferences are timely and are routinely attended by most partner agencies, who actively participate. Decisions and recommendation of child protection conferences are sent out to members promptly. However, considerable delay, of up to a month, in sending out the minutes of the conference can in some cases result in the social worker to whom a case has been transferred not having a full picture of what is happening in the case.
36. The overall quality of information and reports to conferences is of too variable a quality, particularly those from schools. A pro forma for reports produced by the BSCB is not often used and health services use their own pro forma, which often contains minimal information. Until recently, the BSCB had agreed for the probation service to provide exception reports instead of routine reports due to lack of capacity in the service.
37. Most social work reports to initial child protection conferences are sufficiently detailed and analytical to ensure that risks and protective factors can be evaluated. However, recommended actions within social work reports are seldom specific and measurable and as these are frequently used to formulate the plan of protection at the conference, the resulting plans are often not sufficiently specific nor measurable. Core groups are regularly held, with appropriate attendance and information exchange between partner agencies, and parents are routinely enabled to attend and contribute. Core group minutes did not consistently evidence that the plan for protection was later fully reviewed or developed, even where this was a requirement from the initial conference, and this impairs the effectiveness of the work. Whilst the council indicates that core group minutes are accessible on its electronic recording system, conference chairs seldom receive core group minutes or are able to check how core groups are developing the child protection plan.
38. Issues of culture, ethnicity and religion are seldom discussed or considered beyond a minimal level within assessments or conferences, although interpreters are used where necessary. The diverse needs of children with a disability are robustly assessed and considered within the work of the children with a disability team although the weaknesses in relation to joint investigations also apply to this service.
39. Within social care services record keeping does not adequately support practice. Case recording by social workers is mostly sufficiently up to date although records vary too much in the level of detail contained. Most files contain chronologies and evidence of supervision discussions but these are not always regular. One template is used by managers to fulfil several functions such as supervision, case decision making, and managerial oversight and actions taken by managers, which is confusing and evidence of management oversight, case planning or direction is too often lacking. These difficulties are exacerbated by an ineffective electronic

recording system, lack of consistency between staff and managers where they record information and the lack of a single location on the electronic system where information can be stored. Often it is not possible to understand the sequence of case intervention, case planning and managerial oversight.

40. Children and their families benefit from continuity of social work intervention as a result of stability within the social care workforce. A stability policy within children's services enables social workers to retain children with whom they have an established relationship on their caseload when they change roles within the authority and this benefits those young people. Staff report that their caseloads are manageable. However, due to sickness or staff leaving, at the time of this inspection 20 children in need cases remained unallocated in one assessment team. Recent staffing difficulties within one long term team has resulted in 28 child protection or looked after children cases being nominally allocated to the team manager and responded to by the duty worker. While this is providing some oversight of the cases, it remains unsatisfactory practice.
41. The use of the CAF has increased considerably over the last year and is now well established. Partner agencies are actively engaged with the CAF. Step down and step up arrangements are established to support families requiring or coming off higher levels of intervention or to continue contact with families when immediate objectives have been achieved. This is facilitated by close working between CAF coordinators and the family support teams. However, data from the council does not indicate that this is being used extensively. There are low numbers of children in need referrals to social care teams from the CAF and low numbers of referrals to the CAF from social care teams from children in need or child protection. This is an area for development recognised by the council.
42. The social care emergency duty team (EDT) often operates with only one member of staff on duty, although at times of anticipated extra demand an additional member of staff is put on duty and a senior manager is always on call. This duty worker covers adult and children's services as well as some mental health and housing issues. The EDT staffing is shortly to be increased but currently at times this wide range of duties means that it remains stretched in its capacity to meet demand. However, in some cases the EDT was not available to respond to children in need, such as those held by police. An additional EDT worker has been appointed but it is not clear if this will be sufficient to meet the demands on the service. Information regarding the demand on the service is not sufficiently gathered and analysed. However, in cases seen by inspectors decision making and information provided to daytime services by the EDT were generally sound and recording was good.

The contribution of health agencies to keeping children and young people safe **Grade 3 (Adequate)**

43. The contribution of health agencies to keeping children and young people safe is adequate. The implementation of action plans arising from two recent Serious Case

Reviews has ensured that safeguarding policies and protocols have been strengthened, and internal provider audits of practice demonstrate that there is increased compliance with these protocols, for example in ensuring that midwives and health visitors undertake and record assessments regarding the identification of risk of domestic violence. Delivery of improvements is being closely monitored through governance arrangements, commissioning and reporting through the SCR sub-committee of the Local Safeguarding Children Board.

44. The designated doctor and nurse for safeguarding have clear strategic roles and have been active in improving safeguarding arrangements. For example targeted work with the named safeguarding lead for general practitioners (GPs) has led to increased compliance with contractual and policy standards including information sharing for case conferences, and participation in safeguarding training has increased in the GP practices visited. However, there was no formal evaluation of the outcome of the process as it was not yet completed
45. There are clear internal governance arrangements for safeguarding across health providers in Barnsley. Compliance with targets set out in safeguarding audits (Section 11 audits) is good across both SWYPFT and Barnsley Hospital NHS Foundation Trust, and action plans are monitored by the designated leads to ensure that targets for improvement are complied with. Both agencies have prioritised providing safeguarding training. Training levels at Levels 1 and 2 is high and although the target for attendance at Level 3 training is not being achieved, both agencies are actively addressing this. Named safeguarding doctors and nurses in community health and acute services provide appropriate supervision to staff, and a newly appointed named safeguarding midwife is prioritising the development of a system for supervision and support to midwifery and maternity services. Other staff confirmed that they have regular contact with named nurses, including advice on cases, and can access formal supervision on demand. However, both health providers recognised the need to ensure that the information cascade about learning from serious incidents is consistently robust across all health services including adult health services.
46. The physical environment of the paediatric emergency department at Barnsley Hospital is well suited to meet the needs of children and young people. Staff at the emergency department at Barnsley Hospital demonstrate a generally sound understanding of safeguarding. The systems to identify children subject to child protection processes and frequent attendances work well. There are clear protocols for emergency department staff to identify and report concerns. However, the Trust's internal systems to quality assure practice and provide regular feedback to staff are underdeveloped. The hospital has no policy for responding to young people presenting with deliberate self harm or those who were intoxicated with drugs or alcohol, leading individual staff to make a judgement on the best action. This system has the potential for inconsistency of response and there is no system to assess the quality of actual practice. The hospital has a dedicated suite for the examination of children and young people who have been sexually assaulted, including providing forensic examination, although the provision of this service across South Yorkshire is being reviewed. Health agencies and GP practices are

implementing new 'did not attend' policies so that safeguarding issues are identified if children are not brought to appointments, which is good practice.

47. Where there are concerns about children, engagement with the MARAC forum is effective and the use of the CAF is well embedded across health practitioners. However, the experience of health staff in making contact with social care teams to raise concerns is extremely variable. Teams who are co-located or who have good links with social care colleagues felt that thresholds were clear but other health practitioners struggled to understand thresholds, experienced inconsistency in their application, and identified that the quality of feedback was poor. An audit by Barnsley council of 300 cases referred to children's social care teams had identified some disparity between perceptions of thresholds and expectations of referring agencies with actual criteria for the service. The report of the audit identified a need for greater clarity in processes. Some training has been provided to health teams about thresholds, and a new referral process and system is being established.
48. Protocols for responding to child deaths in Barnsley have been clarified by the Child Death Overview Panel (CDOP), and there is a rigorous process for action including rapid response to unexpected deaths. Rates of infant and child mortality in the borough are similar to comparator groups. Targeted health initiatives have been developed to minimise risk of infant mortality, such as providing information on safer sleeping arrangements, and a new sexual health strategy is being developed to address factors around increasing rates of teen pregnancy in the area. A new initiative, "Having a Baby", provides multi-agency peri-natal education and parenting support and has improved rates of normal delivery (87% compared to the current Barnsley rate of 67%) and initiation of breast-feeding (87% compared to the current Barnsley rate of 61%). Public health funding has been secured to support a transition plan to develop this approach across other areas in Barnsley.
49. Peri-natal care provision includes specialist midwives provide effective maternity care planning for teenagers and pregnant women who misuse substances. There are strong links with the family nurse partnership (FNP) who support young women through pregnancy and afterwards. However, pre-birth planning arrangements for the wider range of vulnerable women are not ensuring sufficiently early engagement of social workers in multi-agency meetings to enable pre-birth assessment, work on parenting skills or planning for care proceedings. There is a clear implementation plan for the FNP and health visiting service to ensure sufficient staffing to meet future needs. Capacity across midwifery, health visiting and school nurse teams is generally good, although work is being done to reconfigure the school nurse specification to focus on priority health areas.
50. While rates of immunisations in Barnsley are excellent, health outcomes for older children are poorer than comparator groups across most national measured performance indicators, for example in rates of obesity, alcohol misuse, hospital admissions due to alcohol and drug related conditions, and tooth decay. Community health delivery is focused on local well-being centres, where multi-agency health and social care teams can tailor service delivery to the needs of the local

population, for example tackling obesity through the MEND programme. There are well-established links between multi-agency coordinators and children's centres, including specific training to help staff identify children with additional needs. In several well-being localities, leadership groups are focusing on multi-agency work for the early identification of vulnerable children and families, linked to the borough-wide families at risk panel. However, the links between well-being centres and primary care are under-developed, for example, there are insufficiently clear links between health visitors and GP practices which undermines good communication, information sharing and joint work, for example in risk assessment. There are examples of innovative practice such as the development of a health centre at Barnsley College, which has increased access to health for young people including targeted education about healthier lifestyles.

51. Access to paediatric therapy services is good, and effective work has been done by joint commissioners and service providers through the redesign and integration of services that has led to reduced waiting lists across speech and language therapy, occupational therapy and physiotherapy services. Children and young people have good access to contraception, sexual health and substance misuse services. CAMHS had recently been reconfigured to provide services to 16-18 year olds, an out reach service, and a telephone contact service which health practitioners reported has improved accessibility. Although there were few formal protocols for the transition of young people into adult services, arrangements work well.
52. There is a range of information appropriate for children and young people about their health, and young people that the inspectors met confirmed that they were given relevant information. Health practitioners confirmed that they had good access to translation services as required.

Ambition and prioritisation

Grade 3 (Adequate)

53. Ambition and prioritisation are adequate. The council and its partners share an ambition regarding the increased offer of early help to prevent the escalation of family difficulties through integrated and locality working. Inspectors saw examples where this vision has initiated innovative and potentially valuable services and resources which are aligned to the views and needs of local communities. The council has prioritised services for dealing with referrals, assessments and child protection processes by providing staffing levels sufficient to ensure manageable workloads.
54. The council's arrangements for scrutiny and monitoring by members are not effective. The Lead Member, Director of Children's services and the BSCB chair have introduced a range of measures to improve safeguarding such as reviewing the scrutiny programme, establishing additional members briefings and workshops and establishing a safeguarding members panel. The Lead Member plays an active role and is clear about the wish to improve scrutiny and raise member's awareness and depth of challenge. However, there is a complex system of scrutiny committees and other bodies so that member's monitoring of the detail of performance is fragmented.

55. The council and its partners have ensured that some aspects of child protection practice have been prioritised, such as child protection cases being reviewed in a timely way. However, the council and partners have insufficiently provided an oversight of the deficits identified in this inspection regarding some aspects of child protection practice. During this inspection the council and its partners accepted these findings and made clear that addressing these shortcomings would be an immediate priority.

Leadership and management

Grade 4 (Inadequate)

56. Leadership and management are inadequate. Outcomes regarding children and young people being safe and regarding health agencies contribution are adequate but the quality of provision and performance management and quality assurance are inadequate.
57. Barnsley social care services are well staffed, with low turnover rates and a very experienced group of staff. Staff are motivated regarding working in Barnsley, well qualified and there has been no recent use of agency staff. However, in the context of manageable caseloads within children's social care services these resources have not been used effectively. At the time of this inspection there were unallocated cases in both assessment and long term teams and child protection investigations were too often not robustly planned. Significant numbers of social workers have received training in conducting achieving best evidence interviews, but they do not undertake such interviews as these are invariably conducted by police officers, without consideration of what is in the child's best interest, which is not a good use of resources. These weaknesses have not been understood and risk assessed by senior managers who have overly focused on workflow issues rather than quality, compliance and improvement.
58. The Children's Trust has a workforce development strategy which addresses broad issues and the social care plan gives detail and shape to that strategy. A broad range of training is available from the BSCB and the council has implemented its commitment to integrated working through a number of joint courses. The needs of particular groups of staff, such as newly qualified social workers, are carefully considered and the council pays appropriate attention to the expressed views of staff when planning training. Courses are targeted on key themes such as improving supervision. However, performance management arrangements are insufficient to accurately identify and then aggregate individual needs. The council also acknowledges that assessing the impact of training is a challenge and has commenced work with a local university to undertake this.
59. Effective work by the Youth Council led to conferences on e-safety in 2010 with presentations by young people. There are processes for young people to be involved in the evaluation of services, such as the "You're Welcome" scheme, a national scheme involving young people in rating and evaluating experiences of health services, and representatives from the Youth Council had been involved in evaluating contraception and sexual health services. The paediatric unit at Barnsley Hospital has undertaken regular surveys of children and families using the service

and has developed posters outlining action taken. However, health partners acknowledge that greater coordination of processes to engage young people in evaluation and feedback was needed across the health service. Young people were not involved in the re-design of the complaints leaflet and this was a missed opportunity.

60. Young people receive assistance through the children's rights service to assist them when necessary in making complaints. The complaints leaflet has been recently revised but it is intended to provide information to a wide range of service users and is not in a format that some children would find easy to read. The system has the facility for complainants to also make complaints by mobile texting but this has not been used during the past two years. When complaints are made they are thoroughly investigated and recorded by a dedicated complaints officer. The use of complaints to drive improvement is variable. Types of complaints are appropriately aggregated but the analysis of the data is lacking, for instance regarding the proportion of complaints that are upheld or otherwise, and the largest category by which complaints outcomes are recorded is 'agreed a way forward' which is too imprecise. Some learning has emerged from this process and there are regular meetings to feed back to senior managers but the implementation of change is not always clear. Data regarding complaints shows that there has been a slight increase in complaints in 2011-12 but the data has not yet been analysed to draw conclusions and themes. Service user satisfaction with complaints processes and outcomes is not gathered.
61. The council commissions a variety of services such as from Barnardo's and contracts include an appropriate set of expectations regarding quality and outputs. The council uses good quality providers, for instance in residential children's homes and to encourage young people to participate in child protection conferences.

Performance management and Quality Assurance

Grade 4 (Inadequate)

62. Performance management and quality assurance are inadequate. Performance management of safeguarding services is not well established and is acknowledged by the council as an area which requires improvement. The council has plans to focus on quality improvement activities and gathers a very full dataset regarding contacts, referrals, assessments and child protection arrangements but the scrutiny of this data does not sufficiently lead to robust analysis and action.
63. Managers within children's social care services conduct a range of casework and service audits. However, these audits are overly focused on process and are not systematically conducted or repeated. Audits carried out by social care services for this inspection were frequently not rigorous in identifying practice issues or analysing the consequence of the issues that they did identify.
64. Child protection conference chairs are not specifically required to undertake performance management or quality assurance within their role, although they do report to senior managers within children's services on issues arising from individual

cases. Conference chairs were readily able to identify to inspector's issues on the quality of safeguarding work. However, senior managers within children's services and the BSCB do not routinely capture this intelligence and use it to drive improvement.

65. The council and its partners undertake a range of performance management and quality assurance functions across agencies and within individual services. The BSCB has a range of sub-groups to progress its work and to monitor the effectiveness of safeguarding services but these systems did not identify the weaknesses in quality, compliance and delay identified in this inspection. The effectiveness of this work has been hampered by delays in devising a dataset for agencies.
66. Staff within children's safeguarding services express a high degree of confidence in their managers and feel well supported. Newly qualified social workers receive individual support which they value highly. Supervision is regular but records show little evidence of challenge, reflection and information to assist worker's development. In a number of records there is inadequate evidence of managerial involvement in or oversight of decisions.

Partnership working

Grade 3 (Adequate)

67. Partnership working is adequate. At operational levels, effective arrangements are in place to enable close collaboration and communication between partner agencies. Staff report that day to day links with professional colleagues are well established and operate effectively. This is facilitated by stability of staff across most partner agencies. Protocols for information sharing and collaborative working are established and overall work well. Partnership work between staff of individual agencies has significantly improved, though close collaboration and some co-location of staff and services, for example health and social care staff within shared buildings. This has resulted in better networking and understanding of each other's roles and responsibilities.
68. At a strategic level, health and social care partners have a good understanding of the wider health picture across the population, with a detailed Joint Strategic Needs Assessment as well as quarterly performance management reports that includes updates on health outcomes such as breastfeeding. Health outcomes for older children are poorer than comparator groups across most national measured performance indicators, for example in rates of obesity, alcohol misuse, hospital admissions due to alcohol and drugs related conditions, and tooth decay, and this has been the case for some time. Partners report a shared vision is in place regarding work to tackle underlying contributory factors such as child poverty and literacy rates; although a joint strategic commissioning strategy is only in draft. Targeted initiatives have been developed such as MST (multi-systemic therapy), which supports families in parenting skills and has been successful in diverting children from care as well as improving school attendance and lowering offending rates. However, performance in national health outcome measures has yet to show an improvement.

69. Development of clinical commissioning groups in Barnsley has been slow although joint commissioning leads have been working to ensure the positive engagement of GPs. This has led to very recent meetings to agree a plan for preparation for devolving key responsibilities for budgets by October 2012. Action is being taken across health and social care to ensure that there will continuity of service delivery after April 2013, and that appropriate contingency planning is in place. This will enable work to be done to develop commissioning priorities, and link the clinical commissioning groups into current strategic planning and commissioning processes. However, there is a recognition that current arrangements are new and much work remains to be done to mitigate future risks, to strengthen partnerships and engagement of GPs, and secure a clear joint vision for future commissioning arrangements
70. BSCB representation covers a wide range of partner agencies. Membership is at an appropriate level of seniority to enable decisions to be made on behalf of their respective organisations. Health and other partners are well engaged in the BSCB and its sub-groups. Recent changes have helped to improve attendance and governance in the BSCB and board members are aware of the need to sharpen the focus of the Board on strategic oversight of safeguarding performance. Some potential improvements are in progress, such as the almost completed development of a dashboard of performance indicators, and an increasing expectation for agencies to report on compliance with standards, but the impact of these changes are not yet clear. However, there was recognition across stakeholders that the Board should develop a more rigorous quality assurance role and inspectors confirmed this view.
71. Voluntary sector organisations are not engaged in contributing to the development of safeguarding services at strategic level. The BSCB does not have anyone to represent the voluntary sector on the Board or any of its sub-groups. The council safeguarding services do not have a nominated link person for the voluntary sector organisations and the voluntary sector do not have a nominated safeguarding link person to represent their views. Some voluntary sector agencies, who are commissioned by the council to provide safeguarding related services, do attend some operational groups that undertake safeguarding functions. Voluntary sector partners report that they do not feel that statutory partners regard them as professional and at times will not share information, including whether a child is subject of a child protection plan, with them when referring for support.
72. Arrangements for responding to domestic violence are generally strong, with good links to health agencies, and a multi-agency sexual exploitation forum. Health practitioners and leads report that they receive notifications from the police where they attend domestic violence incidents. There is a good range of effective services to refer to, including Pathways, a voluntary organisation providing support to adults experiencing domestic violence.

Services for looked after children

Overall effectiveness

Grade 3 (Adequate)

73. The overall effectiveness of services for children and young people in care and care leavers is adequate. The council and its partners have shared ambitious for looked after children. Outcomes for looked after children are overall adequate. Looked after children are safe and they have good opportunities to make a positive contribution. However, arrangements to ensure that their health needs are met are inadequate. Opportunities to achieve economic well-being are also inadequate, primarily due to weaknesses in services for care leavers. Adequate progress is being made in helping young people to enjoy and achieve.
74. The quality of provision is adequate. Appropriate and timely action is taken to ensure that children and young people are in care wherever appropriate. However, health assessments and dental checks are not effectively carried out. Where children are placed outside of council provision appropriate checks are undertaken to ensure that the quality of placements is and remains good. Care planning ensures that aims and objectives to improve outcomes for individual children are clear.
75. All children are in safe placements and the quality of the adoption and fostering services is good. Residential homes used by the council are at least adequate. Looked after young people benefit from good continuity of social workers who visit regularly. Independent reviewing officers (IROs) know the young people well and this is valued by those young people. Reviews are held regularly and are well attended. Looked after children's attainment has improved but their access to higher education opportunities is weak. Young people have good opportunities to contribute to the development of services and make their views known through the Care4Us Council.
76. Placement stability is good. Performance in adoption placements is timely and disruption rates are low. A number of Special Guardianship Orders have also been made and young people's planning benefits from an effective legal services support. Care leavers benefit from the multi-agency dedicated team but employment opportunities and suitable accommodation are lacking.
77. The council has made considerable investment in resources for looked after children. The numbers of looked after children is low when measured against comparators and the workforce is motivated, well qualified and has moderate workloads. However, the pace of change and improvement is, in several areas, too slow given this context.

Capacity for improvement

Grade 3 (Adequate)

78. The capacity to improve services for looked after children is adequate. The council, social care and health staff has, at a general level appropriate aspirations for looked after children and these aspirations are stated in council plans such as the Children

and Young People's Plan. However, outcomes are too variable with two outcome areas for looked after children being inadequate, one adequate and two good. Poor performance is clustered around health provision, services for care leavers and the lack of looked after children in higher education. These significant areas of poor service and outcomes have been allowed to remain for far too long and do not reflect the council's stated aims. The council has identified that it needs to improve its quality improvement activities and results to meet these challenges.

79. The council has, on the other hand, maintained some good areas of performance, for instance in the stability of placements and the timeliness of reviews of looked after children. The council and partners have created modest but steady improvement in some areas such as in the education for looked after children. The council has also established an effective Care4Us group which has been an effective avenue for looked after children to express their views.
80. The council's awareness of areas needing improvement is insufficient. In some areas the council, partners and the BSCB have gathered no data and therefore cannot as yet know outcomes and trends for looked after children, for instance regarding looked after children who misuse substances or are pregnant. The social care department gathers some data regarding looked after children but this receives insufficient attention and analysis in its regular performance management forums. However, some resource issues, such as the need to increase in-house fostering, have been appropriately highlighted and are being targeted.
81. The arrangements for elected members to scrutinise performance has been strengthened by the recent incorporation of the Corporate Parenting Board into the council's constitution. However, the council's scrutiny arrangements are complex and there has been ineffective monitoring of performance by members which has contributed to longstanding weak performance, for instance regarding health issues and provision for care leavers.

Areas for Improvement

82. In order to improve the quality of provision and services for looked after children and young people in Barnsley, the council and its partners should take the following action.

Immediately

- create a plan which will ensure that looked after children's health needs are met.

Within three months

- ensure that looked after children's health assessments and dental checks are timely and appropriately carried out
- ensure that sufficient suitable accommodation is available to meet the needs of care leavers

- ensure that sufficient education, employment and training opportunities are available to care leavers.

Within six months

- NHS Barnsley PCT to take action to ensure that appropriate arrangements are in place to meet the health needs of looked after children in compliance with the statutory guidance "*Promoting Health and Well Being for Looked After Children*"; to include review of the capacity and role of the designated and named professionals for looked after children, and the development of robust arrangements for ensuring the strategic oversight and performance management of the looked after children's health team
- ensure that a robust range of data is routinely collated and analysed in relation to looked after children to inform service planning and development
- ensure that elected members are enabled to actively engage in the scrutiny of performance of services for looked after children.

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

Being healthy

Grade 4 (Inadequate)

83. Health outcomes for children and young people are inadequate. There is insufficiently robust strategic needs assessment, planning and service delivery. Systems for identifying or reporting on health outcomes for looked after children are not sufficient. Health data, for example regarding rates of pregnancies and substance misuse, has not been collected and as a result health trends have not been identified or analysed for this group.
84. NHS Barnsley acknowledges that the governance of the health of looked after children's needs is not sufficiently focused on looked after children. For instance no clear arrangements for quality assurance of health assessments have been established, including of those children in care who are placed outside of the area. The designated doctor has protected time but this includes clinical work which has taken priority and the strategic aspects of the role have not been fully undertaken. The designated nurse for safeguarding undertakes aspects of the designated nurse for looked after children role, although this is not specified in their job description, leading to lack of clarity and focus in their role. There is no named doctor although a medical advisor role is incorporated within the roles of two associate specialist community paediatricians, who undertake initial health assessments. Review health assessments for children under five are undertaken by a team of four associate specialist community paediatricians. Overall, there is a lack of leadership and coordination across the team to ensure quality and focus on addressing the health needs of children in care, and the arrangements do not meet the standards specified in statutory guidance "*Promoting the Health and Well-being of Looked After Children*".
85. Capacity across health practitioners undertaking health assessments has been decreased due to changes in personnel as well as the implementation of a reciprocal agreement with other local authorities which means that review health assessments are undertaken in the borough in which looked after children are placed. Barnsley has more looked after children placed in their area than they place in other areas, and this has increased demand on health services. As a result of these weaknesses, over recent years the timeliness of review health assessments has deteriorated and in 2010-11 was 60%, which is significantly below that of similar authorities. Similarly, the proportion of looked after children who have had a dental check has significantly deteriorated in recent years and is well below that of similar authorities. However, immunisation rates are above those of similar authorities.
86. While review health assessment forms include fields for language and ethnicity, forms for initial health assessment do not, and neither form includes specific questions on culture, gender, sexual orientation or religion, this undermines the

quality of the assessment process, and in health assessments seen by the inspector, these areas had not been addressed or reported upon.

87. Recent developments are increasing the number of targeted health services for looked after children. For example, a new care pathway for looked after children has been established to ensure that they have a 'fast track' into services to support their emotional and psychological well-being. Also, a contraception and sexual health drop-in has been started at Future Directions. However, it is too early to have evaluated the impact of these developments. There are no specific services across midwifery and maternity services for looked after children although referrals can be made to the teenage pregnancy midwife as appropriate. The family nurse partnership is reviewing the specification for this service. School nurses ensure that they focus on the needs and health assessment of children in care in their schools, and young people in care that we met confirmed that the school nurses "looked out for them" which they valued. Substance misuse services provide training and input to children's homes.
88. The health advisor for looked after children is located in the Future Directions team, and this has promoted a greater focus on the health needs of care leavers, which is a benefit to them. Looked after children are provided with relevant health information and can contact the health advisor at a drop-in centre. Care leavers are provided with health information and a new leaflet is being developed to provide them with a portable summary of their health history, for example on immunisations. Young people seen by inspectors confirmed that they had good information on health, and value the service provided to them by the health advisor and the Future Directions teams. However, health of looked after children practitioners experienced difficulties in maintaining good communication with other social care teams, for example timely notifications to the looked after children's health team by social workers of children being received into care, or those that are placed in another area, are not being consistently made by social care to the looked after children health leads. This undermines the ability of the team to undertake assessments within timescales.

Staying safe

Grade 2 (Good)

89. Safeguarding arrangements for looked after children are good. Looked after children seen by inspectors and the majority of those who responded to the Ofsted survey say that they feel safe or fairly safe and that they have at least one person they can talk to if they feel unsafe. In the cases examined on this inspection, those looked after children were in safe and appropriate placements.
90. The most recent Ofsted inspections of the council's fostering and adoption services (both in October 2010) judged them to be good. The council's children's homes are all judged good or outstanding. Sound commissioning arrangements are in place and effective action is taken where safeguarding concerns are identified or Ofsted judgements of any establishment falls below good, to assess whether the placement continues to safeguard the young person. This is underpinned by effective working relationships between the council and independent providers.

Placements are monitored effectively, including out of area placements, to ensure that all the children are safeguarded appropriately.

91. In almost all cases statutory visiting by social workers was undertaken within required timescales. Children are seen and are seen alone and their views and wishes are listened to and recorded, or with pre-verbal children appropriate observations and discussion with carers are undertaken.
92. There is a good focus on achieving permanency for children and young people. The number of children being placed for adoption, permanent alternative placements with extended family and friends/connected persons and through Special Guardianship has increased and Special Guardianship Orders are now being regularly considered in reviews. The council has recently produced policies and procedures, including financial support arrangements, to ensure that applicants to become Special Guardians are well informed, and to guide staff.
93. Placement stability, both long and short term, is above that of comparator authorities. Effective support is provided to foster carers from the fostering team, including regular one to one support, support groups that are well attended and access to a good range of training opportunities. Foster carers seen by inspectors said that support increases their confidence and understanding of children's needs, and improves their skills.
94. Performance in ensuring that looked after children reviews are undertaken within timescales is good. IROs regularly make contact with children and young people before their reviews, carry out reviews robustly, check progress and when necessary challenge agencies to fulfil their responsibilities to help young people to achieve better outcomes.
95. Missing from care protocols, procedures and information sharing arrangements are well established, which include the assessment of risk of child sexual exploitation. There is good partnership working between the police, children's social care services and Safe at Last who provides an independent worker on their return who offers support, identifies concerns and offers advice about self protection.

Enjoying and achieving

Grade 3 (Adequate)

96. The impact of services for enabling looked after children and young people to enjoy and achieve is adequate. The virtual school has an effective leadership structure, with a clear and developing cycle for the monitoring of the progress made by all looked after children, which is understood by schools. This progress tracking framework includes monitoring children who are educated in other local authorities. The developing quality of the monitoring of progress undertaken by the virtual school is leading to closer work with schools, including targeted intervention for individual children and young people, improved training for designated teachers and more personalised curricular provision, particularly through pupil referral unit provision. This monitoring is a key priority for Key Stage 4 with all secondary schools in the authority engaged.

97. There are year-on-year fluctuations in the attainment of looked after children at Key Stage 2 but since 2006 outcomes in English and mathematics are broadly in line with national figures for looked after children. Improvements have been achieved in the proportion of looked after children who make expected progress in English and mathematics and these outcomes are in line with national levels.
98. Results for looked after children in GCSEs have shown a clear trend of improvement since 2006. For example, in 2011, the percentage of looked after children who achieved five GCSEs at A* to C including English and mathematics was 15%, compared to the national average of 13%. This shows a significant improvement over the last five years, and demonstrates the effectiveness of the support strategies developed, including for example, individual tuition for looked after children. The outcomes for five higher grade GCSEs also show an improving profile with results for 2011 above the national average for the first time, and in line with similar councils. These measures represent an improving and satisfactory closing of the gap in performance between looked after children and all Year 11 students. Taken overall, this improving profile for performance measures has brought all educational outcomes for looked after children to a position which is broadly in line with similar authorities and national figures.
99. The virtual school leaders have developed a unified and multi-agency system for care and personal education plans based on an audit of their quality and use. The outcome of this audit is accurate and has helped to improve the planning for individual children and young people.
100. Most looked after children have an up to date personal education plan (PEP), which is monitored regularly, but the quality of these plans is too variable. Good examples fully involve the children, have targets specific to individuals, are achievable and have a clear timescale. However, some PEPs are too general with imprecise timescales, which reduces their impact.
101. School attendance of looked after children has generally remained in line with that of similar authorities since 2006. Improving school attendance is a priority for virtual school leaders with clear systems in place to trigger intervention when the attendance rate falls below the designated threshold. There have been no permanent exclusions of looked after children for over five years. The proportion of fixed term exclusions in 2010/11 shows a return to previous lower-than-average levels. This strong position is mainly due to the effective protocol operated by headteachers which enables carefully planned managed moves to other schools and settings, including pupil referral units, for those at risk of exclusion.
102. Looked after young people are funded to undertake a satisfactory range of extra-curricular activities, including learning to play musical instruments. There is adequate access to leisure activities through, for example, the Mi-Card scheme for concessionary bus travel.

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

103. Opportunities for looked after children and care leavers to make a positive contribution are good. In a recent survey of care leavers by the office of the Children's Rights Director the large majority of care leavers indicated that, overall, being in care had improved their lives and that they had received useful advice from staff working with them, particularly their personal advisor. The majority of care leavers indicated that they had been very well or well prepared for independent life after care. Care leavers seen by inspectors made similar positive comments in particular about the support that they receive at key transition points.
104. Looked after children and care leavers have contributed to the development of the Pledge, which sets out what they can expect from the council, including the consideration of equality and diversity issues. The driving force of the consultation process regarding the Pledge was the Care4Us group, the local Children in Care Council. This group has a clear structure and is representative of the range of children in care, including residential homes and unaccompanied asylum seekers. Members of the Care4Us group who spoke to inspectors indicated that they have a strong voice in the development of services, including issues relating to equality and diversity, and that their views are taken seriously and acted upon. For example, looked after children now have proper suitcases and containers for their belongings when they move between accommodation, following representation from the group.
105. Looked after children are enabled to express their views in a variety of ways. For instance, the Care4Us group is represented on the Youth Council and looked after children play an appropriate role in the recruitment of senior council staff. The children's rights service offers a number of opportunities for young people to have their views expressed, such as through drop in facilities at residential units. Care leavers have exit interviews to gain their views on their care experiences. Strong commitment is demonstrated by the council and senior managers to engage with looked after children. Events to celebrate children's achievements are held regularly and provide opportunities for elected members and corporate parents to meet with children and young people and to congratulate them on their successes. The Care4Us group is chaired by a care leaver and enjoys the strong support of elected members and the Director of Children's Services.
106. Scrutiny of case files and discussions with looked after children undertaken by inspectors demonstrate that young people are aware of how to complain and use the children's rights service if they have a concern. Care leavers in the Care4Us group were very positive about the continuity and effectiveness of the IROs in providing advocacy of their needs to social departments and other agencies, ensuring issues were progressed on behalf of young people.
107. Generally looked after children know how to make complaints and comments but a recurring theme in the complaints made to the children's rights service concerned care leavers' access to files where the council does not always meet its 40 day target.

108. Looked after children and young people who engage in criminal activity are identified effectively and a range of multi-agency support is used to address their behaviour, including restorative justice if appropriate. The percentage of looked after children who were cautioned and convicted has been below similar councils and national figures for three consecutive years but the latest data for 2010/11 shows a sharp increase. Youth offending team managers have taken appropriate account of the small number of looked after children who affect this statistic in their analysis of the possible reasons for this increase.

Economic well-being

Grade 4 (Inadequate)

109. The impact of services to improve the economic well-being of care leavers is inadequate. Care leavers who spoke to inspectors were very positive about the support that they receive from the Future Directions leaving care team, for instance regarding drug and alcohol misuse or general emotional support. They particularly value a duty worker being in place but, as one young person said, 'anyone at Future Directions will help you and spend time with you'.
110. Most care leavers have an up to date pathway plan which are mostly of a good quality. Where appropriate, plans reflect cultural and specific individual needs well. The young people are suitably involved in their pathway plan reviews. Care leavers are prepared for independent living through a range of courses and activities which emphasise providing individualised support. Transition arrangements for children with disabilities are supported through a specialist team that provides appropriate individualised support to the small number of young people involved.
111. The provision of suitable accommodation for care leavers is significantly below that in similar councils and has declined over the last four years. Provisional data for 2011-12 indicates further deterioration. Regularly, some looked after young people over 16 years of age are in temporary bed and breakfast accommodation out of the area and on a few occasions in a homeless hostel which accepts individuals aged between the ages of 16 and 60. Senior managers are aware of the lack of suitable accommodation, particularly where care leavers need to be supported appropriately. Regular contact is maintained with the young people and the providers. Coordinated work by the council and housing associations is under way to improve this longstanding situation but currently no clear timescale has been set to improve the situation.
112. Partnership working with providers has increased the range of housing stock for care leavers. Work with other providers, such as Barnsley College, Job Centre Plus and schools, have facilitated the development of a range of courses to enable the engagement by young people. A weekly surgery is provided at Barnsley College which offers help such as with CVs and interview preparation. Some care leavers are now undertaking apprenticeships with the council but establishing such schemes in Barnsley has not been timely and these measures have yet to make a significant and sustained impact.
113. Overall, the proportion of looked after young people in education, employment and training has increased over the last four years, narrowing the gap with the national

average to some degree, but remains significantly below this figure. As a result, less than half of care leavers at age 19 were engaged in education, employment or training, which is highly unsatisfactory. Provisional data for 2011-12 shows a slight increase but this is insufficient. The council, while it has taken some steps and had some success, has not acted with sufficient diligence and urgency to address these issues.

114. The council has stated a commitment to improving the aspirations of looked after children. However, at the time of this inspection only one care leaver is undertaking higher education. Council data indicates that a number looked after children have the academic potential to benefit from higher education.

Quality of provision

Grade 3 (Adequate)

115. The quality of provision is adequate. The family support teams and the multi-agency multi-systemic therapy (MST) team provide a responsive and targeted service to enable children to remain at home safely, including for children at the edge of care. As a result, outcomes for children have improved and there is evidence from the MST team that care has been averted for several children and young people.
116. When risk is assessed as too high for a child to remain at home there are suitable procedures and processes for social workers to follow. The decision to bring a child into care is made at a suitable level of seniority by service managers who prioritise consistent decision making. Thresholds and procedures are well embedded. In all cases seen appropriate and timely decisions and action were taken to place children in appropriate placements. Independent providers' feedback on the quality of referral information and effectiveness of support for young people placed with them was good. High priority is given to placing children in Barnsley or within a 20 mile radius, enabling children to retain links with their families.
117. In the majority of cases appropriate chronologies and family history are used well to inform the assessment. The impact of pre care experiences, learning disabilities, mental health and attachment issues are analysed to inform the identification of needs and how these should be addressed, including placement needs, support packages, direct work required and therapeutic needs.
118. The majority of assessment and progress records, placement information records and care plans include an up to date assessment of need which informs care planning. In most cases seen the care plan was appropriate and focused on achieving, or maintaining, stability and permanency for that young person through a permanent alternative placement by adoption, extended family or a safe return to parents. Care plans identified needs and planned outcomes and identified progress towards achieving those outcomes. All case files seen clearly demonstrated that the views wishes and feelings of children and young people had been sought and taken into consideration, for example when legal advice is being sought when a young person wishes to change their surname.

119. In the cases issued for court proceedings in 2011-12 feedback from Guardians ad Litem is positive about the prompt and timely action taken by the council to safeguard children and applications for orders were appropriate. Appropriate Public Law Outline protocols and procedures are in place and service managers appropriately chair the meetings. There are established and effective working relationships with legal services who appropriately challenge social care planning when necessary and legal advice is accessible, including advice out of hours.
120. The identity and cultural needs of young people are identified in most cases. Interpreter services are used well to enable a young person to participate more meaningfully in their care planning and the children's home had done some good work with the young person to decorate his room in a style which evoked his heritage. However, in some cases although needs are identified, sufficient detail about how they will be met is lacking or limited.
121. Appropriate direct work is undertaken by social workers, foster carers and other agencies such as Family Action, to help children and young people with emotional issues, help them understand why they are in care and to develop skills and build resilience. This includes life story work. Case files showed that the direct work was having a positive impact on the children and young people's emotional and psychological well-being. As a result outcomes are improving and this is contributing to stability in placement.
122. Risk assessed and frequent contact with parents and extended family takes place, the council is aware of the potential negative impact on very frequent contact and associated travelling on children and their attachment behaviour and have identified ensuring that this forms part of care planning and reporting to the courts as an area for development. Assessments of extended family members and friends are undertaken and given priority within the fostering team.
123. Looked after children reviews are carried out within the required timescales and the council's performance is better than comparators. IROs are effective in ensuring that plans and progress are regularly monitored. IRO reports are detailed, appropriate recommendations are made and timescales are set and monitored. IROs are robust in challenging the council decisions and plans where necessary, for example delays in completing life story work, challenging decisions about financial support and its impact on achieving permanency through a Special Guardianship Order. Children and young people seen said that they are encouraged to attend, or to participate in a variety of ways in their reviews and pathway and care planning by IROs, social workers and carers.
124. In cases seen it was evident that there was commitment to attendance and/or written contribution to reviews from other agencies such as schools, though staff seen said that this was variable between different schools. There is routine consultation with and written contribution from foster carers, children and young people and their parents. Parents said that they valued the independence and continuity provided by IROs, that their views are listened to and they are treated respectfully.

125. Many children and young people have sustained a stable relationship with foster carers and residential workers and valued the consistency provided by their IROs. Some children and young people had enjoyed a stable and helpful relationship with their social worker but this varied among the children and young people met. Most care leavers seen said that they had positive relationships with their personal advisers and valued highly the support they receive.
126. Case recording is up to date and is suitably detailed. Case records include relevant communication with other agencies and supports practice and effective communication, for example when social workers are on leave colleagues are able to establish promptly what is happening on a case. There are also examples of very detailed recording of contact, for example between children in care and family members, interactions and visits to children and young people including direct work on specific issues. These records were both descriptive and analytical in terms of the impact on the young person reflecting their reactions and comments and are used to inform case planning well.
127. There is appropriate involvement of service users, their input and views in reviewing and monitoring. Appropriate services are commissioned to meet the needs of children in care for example the recent CAMHS and for Advocacy. The majority of children and young people and parents spoken to, or who responded to the survey, was positive about the services and support they receive. The care leavers spoken to were particularly positive about the accessibility and responsiveness of their personal advisers. Parents spoken to said that they were satisfied with the service they had received from their social worker, they said that their views were listened to and they felt respected. Having the same social worker over time had enabled relationships to develop and meant that disagreements and problems were resolved more effectively. Parents particularly valued the independence and consistency provided by their children's IRO.

Ambition and prioritisation

Grade 3 (Adequate)

128. Ambition and prioritisation are adequate. Front line services for looked after children have been protected and the council has made considerable investment in resources, such as in social care service staffing and in preventing young people coming into care unnecessarily through the intensive support offered by the MST service which is jointly funded with health agencies. The council also has some appropriate ambitions for the future, such as that all its children's homes are graded Outstanding. However, the low number of care leavers in higher education indicates that in this area young people's aspirations are insufficiently encouraged.
129. Elected members and senior officers are active in attendance at the Care4Us Council and have responded effectively when looked after children express concerns such as regarding consents for overnight stays. Members' attendance at council bodies such as the Corporate Parenting Board is good. However, some longstanding significant weaknesses affecting looked after children such as in education, employment and accommodation have not been addressed by members and officers.

Leadership and management

Grade 3 (Adequate)

130. Leadership and management are adequate. The council has a sound understanding of its children in care population and the changing age profile. They have usually identified where this has highlighted gaps in current provision, for example in placements for children under three. They have identified the need to reduce their use of fostering agencies and external residential placements to achieve savings. The placement resource panel provides consistency of decision making regarding allocating resources for therapy and other specialist services.
131. Longstanding and significant gaps in resources in accommodation and employment opportunities for care leavers have not been prioritised and risk assessed. A performance management report is issued monthly and contains a great deal of performance management information regarding safeguarding but little regarding looked after children, and longstanding deficits such as health assessments are not referred to.
132. A suitable joint commissioning framework is in place and includes effective contract monitoring arrangements to ensure the safeguarding of children and young people. The independent children's homes offer choice in placements and the mix of independent children's homes and in house provision is generally working well to meet needs. When there are concerns or the provider's Ofsted's judgements fall below good, prompt and robust action is taken to ensure that children are safeguarded appropriately and their needs can continue to be met within the placement.
133. The workforce strategy has ensured that there is sufficient workforce in services targeted at looked after children. The workforce has a low turnover and staff morale is higher than in comparators. Social workers' and IRO caseloads are manageable. Good training opportunities and support for newly qualified social workers is effective. Stability of staff is high and young people comment on the value of the continuity of social workers which the current team structure provides.
134. There are plans to meet the shortfall in foster carers but ambitious targets have not been achieved. There has been a recent increase in family and friends assessments as a positive result of council strategy but managers acknowledge that the impact on the fostering team's capacity to respond effectively to mainstream prospective foster carers as well as these more recent applications had not been fully considered. As a result there are delays in undertaking assessments of applicants to foster for Barnsley.

Performance management and quality assurance

Grade 3 (Adequate)

135. The council is performing better than comparators in some areas such as placement stability, timeliness of looked after children reviews and in timeliness in adoption. There is an improving picture regarding the education of looked after children. However, performance in other key outcome areas is below that of comparators

and has been so for some time, for example in undertaking health assessments and dental checks, the provision of suitable accommodation for care leavers and in their education, employment and training.

136. Plans are in place to address most of these areas of low performance, for example, by redefining the roles of health visitors and school nurses in undertaking health assessments, but despite the length of time that poorer outcomes have been known, progress in improving them has been too slow.
137. Strategies and systems to drive quality improvement are adequate. Performance and management information is collected within social care. However the analysis of the data is underdeveloped. As a result managers are not consistently able to use data to accurately identify the underlying factors behind the data, to analyse trends and the reasons behind any improvements or deterioration in performance. The council has identified that the case file auditing is not sufficiently effective in improving quality and a review has been undertaken but the results are not yet apparent. The IRO Annual Report appropriately identifies themes and issues identified over the year, areas for improvement and priorities for 2012-13 and highlights good practice. However, it was not clear how the report is used to drive service improvement.
138. Management oversight through supervision is satisfactory. There is a suitable supervision policy which managers and staff are committed to. The vast majority of staff receive regular and helpful formal supervision and are very positive about the quality and accessibility of the support and direction they receive. The recording of case decisions on children's case files in supervision is brief, process and task focused. The quality of discussion and reflective supervision described to inspectors is not reflected in recording seen.

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	Adequate
Services for looked after children	
Ambition and prioritisation	Adequate
Leadership and management	Inadequate
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	Good
Enjoying and achieving	Adequate
Making a positive contribution, including user engagement	Good
Economic well-being	Inadequate
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