

Inspection of safeguarding and looked after children services

North Somerset

Inspection dates: 9 – 20 July 2012

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Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with 97 children and young people receiving services, 49 parents and carers, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
 - analysing and evaluating reports from a variety of sources including a review of the North Somerset Children and Families Partnership Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluation of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
 - a review of 32 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 March 2011
 - interviews and focus groups with front line professionals, managers and senior staff from NHS North Somerset, Weston Area Health NHS Trust, North Somerset Community Health Partnership and Avon and Wiltshire Partnership NHS Trust.

The inspection judgements and what they mean

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

| | |
|-----------------------|---|
| Outstanding (Grade 1) | A service that significantly exceeds minimum requirements |
| Good (Grade 2) | A service that exceeds minimum requirements |

| | |
|----------------------|---|
| Adequate (Grade 3) | A service that only meets minimum requirements |
| Inadequate (Grade 4) | A service that does not meet minimum requirements |

Service information

4. North Somerset Children's Services Authority is situated in the South West of England. It is a unitary authority with a mix of towns, villages and rural areas close to the conurbation of Bristol. The largest town is Weston-super-Mare with the other main centres of population being Clevedon, Nailsea and Portishead. Overall, North Somerset is a prosperous area, scoring above average against national key indicators for health, crime, education and employment. However, 10% of North Somerset's population lives in areas that are amongst the 20% most deprived in England. The most prevalent forms of deprivation in North Somerset relate to barriers to housing, employment, health and disability.
5. The total population in North Somerset is estimated to be 202,600 and increasing (ONS 2011 1st Release). Of this population, the number of children and young people aged 0-19 is 45,600 (22.5%) which is less than the national average of 23.8%. The proportion of children and young people in North Somerset who are entitled to free school meals, at 11.8% is significantly below the national average of 17.1%.
6. Children and young people from minority ethnic groups account for 8.8% of pupils in primary schools and 7.6% of pupils in secondary schools, which is significantly below the national average of 24.5% and 20.6% respectively. The largest group at 3.3% is made up of children and young people who have a White ethnic origin other than White British with Eastern European children and young people accounting for 1.4% of this group. The other 4.9% of children and young people are of Black, Asian, dual heritage or other minority ethnic origins. In 2012 the percentage of pupils who speak English as an additional language is 4.4%.
7. North Somerset has a long history of Children and Young People's Partnership which pre-dates Children's Trust arrangements. Despite the removal of statutory requirements, North Somerset remains committed to continuing the arrangements for collaborative working through the People and Communities Board established in October 2011 and the successor to the Children's Trust Board. The ambition and priorities of the Partnership are reflected in the Children and Families Partnership Plan (CFPP) 2011-2014. Membership of the People and Communities Board is made up of key partner agencies from statutory, community and voluntary organisations. The Local Safeguarding Children Board has an independent chair and brings together representatives from all the main organisations working with children, young people, families and carers in North Somerset.

8. At the time of the inspection there were 239 children and young people looked after by North Somerset Council comprising: 44 children under the age of five, 178 children of school age (5-16) and 17 aged 17 years. The council and its partners currently support 80 care leavers. North Somerset uses a virtual school approach in its support of children in care to raise standards of individual achievement and attainment, celebrate their successes and increase the overall rates of progress made by looked after children.
9. Social care services for children have 136 foster carer households, including 15 families that provide short breaks for children with disabilities. North Somerset Council does not have any residential provision for looked after children. For children and young people who require residential placements these are commissioned from the independent sector.
10. There are 116 North Somerset children subject to a multi-agency child protection plan and an additional four children living in the council area for whom North Somerset is not the lead authority. A further 696 children and young people have been assessed as children in need of additional support through the provision of children's social care services. Community based social care services to children and young people are provided by 11 community and families social work teams (including one disabled children's team and one referral and assessment team), two fostering teams, three resource teams for looked after children and care leavers and one adoption team. Out of hours services are provided through contract arrangements with South Gloucestershire emergency duty service team. Additional preventative services are delivered by 14 children's centres and other early intervention services.
11. Within North Somerset primary care services to children, young people and their families and carers living in the community are commissioned by NHS North Somerset, now part of the NHS Bristol, North Somerset and South Gloucestershire (BNSSG) PCT Cluster. Acute hospital services and specialist child and adolescent mental health services (CAMHS) are provided through Weston Area Health NHS Trust (WAHT). Universal services such as health visiting and school nursing are delivered primarily by North Somerset Community Partnership Trust (NSCP). Adult mental health services are provided by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP). This provision is jointly commissioned with other local PCT's and NHS South Gloucestershire is the lead commissioner.

Safeguarding services

Overall effectiveness

Grade 3 (Adequate)

12. The overall effectiveness of the council and its partners in safeguarding and promoting the welfare of children and young people is adequate. While there is a range of good quality services provided by the partnership to help children and young people feel and keep safe this inspection identified some areas of risk to the partnership's safeguarding arrangements. Safer recruitment practice within health communities is inadequate, across the partnership there is inconsistent understanding and application of the Local Authority Designated Officer (LADO) role and functions and in some areas of police practice, such as undertaking achieving best evidence interviews as a single agency and the lack of unified recording of strategy meetings, there is the potential for some safeguarding risks to either not be fully identified or inappropriate practice undertaken. For example the detention of some young people in custody overnight and at weekends awaiting a court appearance or on occasion inappropriately detained under Section 136 of the Mental Health Act. Although satisfactory policies and procedures are in place with regard to missing children, return interviews are not undertaken on all children and young people. This means that the risks some children and young people may be exposed to are unidentified and more importantly, any additional support to minimise the risk of them going missing again is not offered.
13. The previous Children's Trust arrangements and the North Somerset Local Safeguarding Children Board (NSSCB), although well established, did not provide clear strategic direction on safeguarding matters and did not monitor services sufficiently robustly to identify the above deficiencies at an earlier stage. Performance and strategic direction has significantly improved with the appointment of a new Director of Children's Services and independent chair to the NSSCB in 2010 and the formation in October 2011 of the People and Communities Board. Progress in transforming and improving services continues to be made. In the cases reviewed by inspectors no child or young person was judged to be unsafe. The health contribution to improving safeguarding outcomes for children and young people is adequate with good aspects.
14. The unannounced inspection of contact, referral and assessment arrangements in March 2011 identified no priority areas for action. The two identified areas for development have been progressed and most actions completed satisfactorily. Assessments undertaken within the referral and assessment team are at least adequate, some are of good quality and informed by relevant research. Where children and young people are identified as being at risk, appropriate and prompt action is taken to safeguard them through an ethos of strong partnership working. However, the lack of robust systems within urgent health care settings

across the authority means that when a child presents with an injury or concerns there is no way of immediately finding out if the child has been seen previously in another setting. This prevents a cumulative picture being built up to inform the present situation.

15. Thresholds for referral to children's social care are not widely understood across the partnership and there is confusion as to whether the common assessment framework (CAF) is or is not used in work with children and families. However, despite this lack of clarity, cases reviewed by inspectors found evidence of good work to meet individual need. Parents, children and young people who met inspectors expressed a strong level of satisfaction with services received, even in situations where families were receiving statutory intervention.
16. Staffing resources within children's social care and health are stretched and this is hindering the partnership's ability to deliver all the priorities identified in the CFPP. Issues of low capacity have been identified within the health visiting and school nursing service, the child protection and looked after children reviewing service and the LADO service. The recruitment and retention of social care staff is improving and consequently there is less reliance on agency staff.
17. Performance management systems are used adequately both corporately and strategically to compare the authority's performance against national and local indicators and to follow up where performance falls below that of expected targets and plans. However, there is still more work to do across the partnership to develop consistent ways of collecting data and ensuring a systematic approach to monitoring and evaluation of services to provide an holistic view of service quality rather than numeric data. The views of children, young people, their parents and carers have yet to be effective in influencing service planning and making a real difference. Prior to the inspection the partnership had identified this as an area for further development.

Capacity for improvement

Grade 2 (Good)

18. The capacity for improvement is good. Political and managerial ambition and prioritisation across the partnership are good and provide a clear direction of travel. Although some important shortcomings have been identified there is a strongly evidenced commitment from all partners to ensure that the well-being and safety of children and young people are central to service planning and delivery. This can be evidenced by the incorporation of the function of the former Children's Trust into the new People and Communities Board. Although the Board has yet to show impact, the high priority accorded to the children's agenda is testament to the partnership's intention to give children's safeguarding and protection a high profile. Membership of the Executive Board is at the highest levels of

seniority thus committing partners to delivering the priorities and being held to account if they fail to do so.

19. Although leadership and management are judged to be adequate there are clear signs of the direction of travel and evidence of significant improvement to some service areas. For example the strengthening of the commissioning team to enable it to undertake the performance and quality assurance functions, to raise standards and ensure coherency of monitoring and evaluation across the directorate. All partner agencies have faced significant organisational changes which have provided on-going challenges to the continuity of partnership working at the strategic level. Within children's social care there has been a significant transformation programme embarked upon. The change has been managed well internally with staff understanding and commenting favourably upon the way services are developing. It should be noted that at the time of the inspection the new teams had only been in existence since 1 April 2012 and were just becoming established. Externally, communication with the third sector as to the changes has not been as well delivered. Learning from external inspections and serious case reviews is well-evidenced and has led to service improvement. The implementation of a good integrated workforce strategy underpins a wide range of training available to all professionals and the third sector. The training programme is clearly linked to the priorities identified in the CFPP.
20. Financial management is robust. The council has been able to reprioritise resources in a number of key areas focusing on 'doing things differently rather than cutting services' and building capacity through supporting social enterprises and community based initiatives to deliver some early intervention and preventative services. Overall, most staff are supportive of the transformation programme and see it as a positive challenge to work in co-located teams.

Areas for improvement

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

Immediately:

- NHS North Somerset, Weston Area Health NHS Trust and North Somerset Community Partnership to ensure that safe recruitment practices are followed for the protection of children and young people
- Avon and Somerset Police and North Somerset Council to review and address the current practice of undertaking joint investigatory achieving best evidence interviews as a single agency

- Avon and Somerset Police and North Somerset Council to ensure there is a unified record of strategy meetings.

Within three months:

- Avon and Somerset Police, North Somerset Council and the out of hours service provided by South Gloucestershire to review practice to ensure that children and young people are not inappropriately detained in custody while awaiting their court appearance
- The North Somerset Safeguarding Children Board to increase the understanding across the partnership of the thresholds for access to children in need and child protection services so that appropriate referrals are made
- The North Somerset Safeguarding Children Board to ensure and monitor partner agencies compliance with statutory guidance such as safer recruitment and understanding of the LADO role and by ensuring cases referred to the LADO are appropriately actioned in accordance with statutory guidance and procedures including child protection procedures
- The North Somerset Safeguarding Children Board to review its policy and practice in regard of missing children to ensure all children who go missing receive an assessment of need on their return irrespective of whether they are looked after or allocated to a social worker
- NHS North Somerset PCT, Weston Area Health NHS Trust and North Somerset Community Partnership to improve the capture of the views of children and young people to inform service development and delivery
- NHS North Somerset PCT, Weston Area Health NHS Trust and North Somerset Community Partnership to increase the understanding and use of the role of the LADO
- NHS North Somerset PCT/BNSSG PCT Cluster and Avon and Somerset Police to review practice to ensure that children and young people under 18 years of age are not inappropriately detained under Section 136 of the Mental Health Act 1983. In the event that a child or young person has to be detained, to ensure that there is access to appropriate dedicated facilities within the relevant cluster areas and that the child or young person concerned receives a prompt mental health assessment

Within six months:

- NHS North Somerset PCT, Weston Area Health NHS Trust, North Somerset Community Partnership and Harmoni GP practices/walk in centres to implement a system to ensure information about previous attendances at the differing area-wide emergency departments and minor injury units is available to the receiving urgent care unit at the time a child or young person is presented for treatment.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (Adequate)

22. The scrutiny of children's social care files randomly selected for this inspection demonstrated appropriate action is taken to safeguard children and young people. In the majority of cases appropriate decisions and actions were taken by suitably qualified and experienced social workers in a timely manner. In both safeguarding and looked after children cases inspected outcomes for children and young people were good and tailored to meet individual need. This was confirmed through discussions between inspectors, children, young people, their parents and carers. There is good managerial oversight of cases evidenced in the records. However, the records do not consistently reflect in a structured way good quality, decisive and safe interventions. No cases scrutinised by inspectors were referred back to the Director of Children's Services (DCS) because they were judged to be unsafe.
23. Children and young people who met with inspectors indicated that they feel safe living within their families and communities in North Somerset. They report knowing who to seek help from if they feel unsafe and how to deal with issues such as bullying and cyber-bullying. A wide range of staying safe material and activities are available within schools and the wider community to educate children, young people, their parents and carers on safeguarding matters. Most children and young people who receive services from children's social care or health report that their views are listened to by their social workers and health professionals and in most instances acted upon.
24. Safeguarding arrangements in settings for learning are good and afforded the highest priority. Learning from a recent serious case review has been disseminated widely and changes to safeguarding practices implemented and appropriately monitored. Ofsted inspections of schools, early years settings and colleges in the local authority show that arrangements for keeping children and young people safe are at least satisfactory and most are judged to be good. Each school has a designated person for safeguarding and child protection. Young people of secondary school age who need to be safeguarded and who are not attending mainstream schools are supported very well by alternative and safe provision. This is reflected in the inspection by Ofsted of the four pupil referral units which judged safeguarding to be good. Safeguarding arrangements in the inspections by Ofsted of adoption (May 2011) and fostering services (July 2011) were judged to be outstanding and satisfactory respectively.

Recommendations arising out of the fostering inspection have been acted upon and completed.

25. Adequate arrangements are in place authority wide to track children and young people missing from home, school or care. The 'safe and well' checks are carried out in person by the police. However, a more detailed return interview is only carried out by children's services where a child or young person is already allocated to a social worker or is looked after by the local authority. This minimises the opportunity for children's social care to identify early any child or young person who may be subject to potential safeguarding issues such as child exploitation or identify other risks they may have been exposed to whilst missing. Furthermore, it leads to incomplete monitoring of cases to enable identification of any trends and themes or determine what can be done to support the child or young person to reduce the risk of future missing episodes.
26. Following the outcome of a recent serious case review relating to a local school the work of the LADO has been effective in delivering training to schools and other educational establishments around the authority. Similarly, there has been effective work on a number of individual cases and in the delivery of safer recruitment training across a number of partner organisations. However, some individual cases reviewed by inspectors highlighted that the format for recording casework does not support effective safeguarding. Records of individual meetings do not evidence how all the safeguarding concerns within individual cases are to be addressed. For example in one case there had been insufficient consideration of all the factors needing to be considered within a protective safeguarding strategy such as the disclosure of information and protection of children within wider family networks. Records of individual strategy meetings with police and other colleagues from across the partnership highlight that there is not a clear understanding of the implications of asking for police checks on adults that are the focus of concerns.
27. The LADO has no effective links with the local authority complaints officer or with the commissioned provider of advocacy services for looked after children and young people. Inspectors saw a case where a young person had raised significant child protection concerns about his previous carers that were inappropriately dealt with as a complaint only and child protection procedures were not followed. In addition, another LADO case was seen where a child was seen by a social worker at their family home but no referral was opened on the electronic recording system.
28. The complaints and advocacy services are able to demonstrate that they have managed a number of complaints for looked after children and young people effectively where advocacy for individual children and young people has enabled them to raise their concerns. Overall, there is low usage of the formal children's complaints procedure. Where complaints

have been raised the council has learned from the outcomes of such complaints and as a result made some changes to service provision. However, this is limited to some discrete areas of service provision such as placement planning meetings rather than being used to improve services on a wider scale.

29. Within the council policies and procedures are compliant with safer recruitment guidance and meet statutory requirements. Staff files randomly selected for inspection confirmed that the required safeguarding checks are carried out to ensure that staff who work with children and young people are appropriately vetted. However not all information is recorded centrally in one place, it is held between team managers and the human resources section, and a clear audit trail is not immediately available. This shortfall poses a potential risk to the council. This has been accepted by the council and action instituted to make the existing systems more robust.
30. Good systems are in place to consider any concerns raised as part of criminal records bureau (CRB) checks. A senior manager within children's social care holds the ultimate responsibility to review and make decisions on cases where concerns are identified. CRB checks for social workers and education staff are repeated every three years. Contracting arrangements which exist to safeguard children and young people are appropriate and well monitored. Prior to a child or young person being placed in an independent sector residential children's home, school or family placement, service providers must demonstrate that all relevant vetting and safeguarding checks have been undertaken fully and outcomes known.
31. Safer recruitment policies and procedures within NHS North Somerset, Weston Area Health NHS Trust and North Somerset Community Partnership are non compliant with statutory minimum requirements and are judged to be inadequate. Records inspected within NHS North Somerset and Weston Area Health NHS Trust highlighted a failure to ensure that CRB checks had been completed prior to a person commencing employment. A risk assessment system is in place to allow employment to commence sooner in urgent and exceptional circumstances. However, in files inspected risk assessments had not been completed consistently even though employment had commenced. Although monitoring systems are in place these had not been used and therefore unsafe practices had been allowed to continue by default. This issue was raised with a senior manager at the time of the inspection and immediate remedial action commenced in all three organisations.

Quality of provision

Grade 3 (Adequate)

32. The quality of provision, which includes service responsiveness and the quality of assessment and direct work with children and families, is

adequate overall with some good practice evidenced. The council and partners have an appropriate range of services in place to deliver support and safeguarding learning to families, ranging from early preventative services to interventions for those on the 'edge of care'. At the time of the inspection 812 children and young people with identified safeguarding needs or at some level of risk were receiving targeted prevention and support services to help them remain living safely within their families and community. These interventions are well-regarded and viewed as beneficial by parents and carers who met with inspectors.

33. Service responsiveness is good. Through its good Joint Strategic Needs Assessment (JSNA) the partnership has a very clear understanding of its population and there is a strong focus on families that are isolated, and on vulnerable groups. The demographic makeup of the authority with its contrasting rurality and towns and varying areas of deprivation within those settings presents the partnership with a challenge to ensure that all children and families have fair access to appropriate safeguarding services. Early intervention and preventative services are being targeted to meet children and families who have the most need. Children's centres offer a high quality resource to families. Parents and carers who met with inspectors reported positively on the levels of support, safeguarding advice and parenting courses provided. Tangible examples were given as to how family outcomes had improved as a result of their involvement with the children's centres. The in-house family group conferencing service is a well used resource that has been very successful in preventing family break downs enabling children and young people to remain living safely within their home and family environments.
34. There has not been an early intervention and prevention strategy in place that underpins service delivery, coordinates resources and evaluates outcomes. Over the past few years early intervention services have been delivered in an ad hoc way often developing reactively rather than proactively. The Pathways out of Poverty Strategy, launched in November 2011, and recognised nationally as good practice, is to provide the underpinning structure and direction across the partnership for future service provision. However, the strategy has yet to be developed across the partnership into targeted and measurable actions and outcomes. At the time of inspection this remains work in progress. Other than in early year's services, the CAF has not been used consistently across the partnership to provide early intervention services. Agencies express confusion as to whether the CAF should be used or not. Where it has been used there is evidence that it has been effective.
35. Support for young carers is good with three differing age appropriate groups meeting regularly. The children and young people who met with inspectors demonstrated how highly they value the support they receive from other 'young people like ourselves who understand what it's like' and the workers. However, capacity is limited and there is a waiting list of

other young people who have been identified as benefiting from and wanting this additional support. An innovative development has been one of training and supporting some young people to become peer buddies of children and young people with disabilities. These young people demonstrated a good level of awareness of some of the challenges faced by their peers and displayed a strong commitment and belief in their supportive role.

36. Thresholds for access to children's social care service were signed off by the LSCB in 2010. However, they are not well understood across the partnership and not consistently used appropriately. There is a significant level of confusion amongst external agencies as to when a referral should be made to children's social care. On occasion an agency will indicate there are child protection concerns in order to have a referral accepted and a social worker will then undertake a 'contact' visit to the referring agency to review the referral and either signpost it elsewhere or accept it as a referral. This leads to the referral and assessment team having an inconsistent approach to the recording of contacts and referrals on the electronic social care record. Inspectors saw some cases of children, young people and their families having direct engagement with social workers in response to a contact where the electronic records did not record a new referral had begun. In addition, an initial assessment was not completed in all cases. While there was no evidence in the cases reviewed that families had been disadvantaged by such practice, it does mask the level of work undertaken and leads to an inaccurate measurement of work undertaken by social workers. Furthermore this practice is contrary to statutory guidance and can result in need and potential risk not being addressed appropriately.
37. Out of hours service provision is provided through contract arrangements with a neighbouring authority. It is appropriately resourced and social workers and their managers report there are good and robust communication systems between the daytime and the out of hours service to ensure children and young people are appropriately safeguarded. Access to legal advice via a North Somerset senior manager is available if required out of daytime hours.
38. Prior to this inspection and following the publication of an HMIC report 'Who is Looking out for the Children', an issue had been identified within North Somerset of a number of young people 14 years and over being detained in police custody out of daytime hours while awaiting a court appearance. In the majority of instances contact had not been made by the police with the out of hours service to ascertain whether there was any other appropriate and safe placement for the young person to be moved to pending their court appearance. Where contact was made with the out of hours service no appropriate alternative placement could be provided. This was identified as an issue prior to this inspection and all such cases are now referred to the out of hours service. However no

progress has been made by children's social care to ensure there are suitable and available placements to prevent some young people being inappropriately detained.

39. Appropriate arrangements are in place for the management of formal child protection processes. Children and young people in need of protection are suitably prioritised and their immediate needs satisfactorily assessed by a qualified social worker. There is good access to interpreter and translation services where needed. Within children's social care, procedures and practice are mostly compliant with statutory guidance. However strategy discussions between children's social care workers and the police are recorded separately. The absence of a unified record has the potential for a differential understanding and outcome arising out of the discussion and could comprise a child or young person's safety and welfare.
40. Although joint investigation training is undertaken by police and children's services social workers, within the Avon and Somerset Police practice has developed whereby achieving best evidence (ABE) interviews with children are routinely undertaken by police officers without children's social care staff being present. In some instances social workers are notified and invited to either watch the interview from the control room, watch the video of the interview at a later date or are simply not notified at all. This is inappropriate practice and contravenes the principles of *'Working Together to Safeguard Children'* 2010. Furthermore if children's social care has not been informed then the service is unable to offer any support to a child or young person. This is particularly relevant in instances where the police judge, from a criminal perspective, there to be insufficient evidence to take the matter further.
41. Overall, the quality of recording, assessments and management decision-making on case files seen is at least adequate and in some instances good. Referrals to children's social care are responded to in a timely manner and most cases allocated promptly. At the time of the inspection there was no unallocated work. However, this is a recent position and allocation and the timely transfer of child in need cases between the referral and assessment team and the communities and families teams remains a challenge.
42. Case planning is adequate and well supported by multi-agency partnership working. The quality of child protection plans is variable but at least adequate and demonstrates child-centred practice. Parents who met with inspectors understood their child's plan and the consequences if the plan was not adhered to. Children subject to child protection plans are visited regularly, at a frequency appropriate to their safeguarding needs and are seen alone by their social worker. Most records indicate clearly whether or not the child or young person was seen alone. Child protection conferences and reviews are held in line with statutory guidance and are well attended by partner agencies, as are the core group meetings. The

capacity of the child protection chairs is stretched due to their dual role as independent reviewing officers (IROs) and the increasing demands on their service. Challenge from child protection conference chairs is used appropriately and where necessary escalation processes are in place and followed. Planning for children who require protection through a court order is good and those cases reviewed demonstrated timely and clear planning with good outcomes.

43. Case files that were seen demonstrate that core groups work effectively to ensure children and young people are appropriately safeguarded. In most cases parents receive copies of reports in sufficient time before their meetings to enable them to prepare and contribute to future plans. Although they are given a handwritten copy of the outcome of the conference or review meeting immediately after the meeting the formal minutes are not consistently prepared and distributed within timescales.
44. Most of the initial and core assessments seen are thorough, of at least adequate quality and appropriately identify risk and protective factors. In some cases research is used well to inform assessment. However, not all subsequent action plans are sufficiently specific or measurable. This makes it difficult for workers and managers to track progress in a timely manner. While appropriate management oversight and decision making is evidenced in assessments and in the case records it is not always recorded in way that can be easily tracked or measured for progress. Contingency planning is evident in the cases reviewed but in most cases formulated as a standard generic statement and is not case specific. For example, the generic statement does not make clear what specific action would be taken if the original plan breaks down, other than the need to seek legal advice.
45. There is a strong child-centred focus on direct work with children and families. Social workers interviewed were very knowledgeable and articulate about the children and young people they were working with and the outcomes they are working towards. Most recording is up to date but the views and wishes of children and young people were not consistently evidenced in the case files reviewed and do not always show how they have been incorporated into their plans. Similarly, equality and diversity needs of families are not always sufficiently evidenced in the case records although well known to professionals working with the child and family.

The contribution of health agencies to keeping children and young people safe

Grade 3 (Adequate)

46. The contribution of health services to the safeguarding of children and young people is adequate. Health partners assure themselves that children and young people are adequately safeguarded. Clear and effective

processes are in place to escalate concerns when professional disagreements cannot be resolved. Across health communities there is a good understanding of the cultural and diverse needs of the population with a targeted service response where appropriate. There is effective use of independent interpreters rather than family members to help families access health services. Safeguarding policies and guidance are readily accessible to staff across health provider services.

47. Staff who met inspectors confirmed they knew how to seek safeguarding advice and guidance. Lead safeguarding professionals are knowledgeable and accessible to practitioners. Under the guidance of the named doctor, the named nurse for North Somerset community services and the interim designated nurse, the engagement of GPs, dentists and pharmacists in understanding safeguarding issues is improving but there is still more to do. Although GP attendance at case conferences is low, most GPs do submit reports for child protection conferences. The majority of GPs have completed training at Level 3. A named doctor (GP) for safeguarding has been appointed to work with other named professionals on behalf of GP's. All GP practices have identified a lead safeguarding person and are well supported by regular meetings and access to supervision. This is good practice. Effective meetings take place regularly between GPs and health visitors to share information on vulnerable families and ensure the coordination of primary care services to safeguard children.
48. Progress has been made in ensuring that staff across the health partnership are appropriately trained in safeguarding children. Learning from serious case reviews and serious incidents is incorporated into training plans. Clear arrangements are in place across all health communities for staff supervision, with a range of approaches used to promote the best outcomes for staff and families with whom they are working.
49. Health providers' support plans for individual children subject to child protection procedures are sufficiently detailed and outcome focused. Serious incidents are routinely notified by all providers to the named professionals. However, these notifications do not always reach the designated safeguarding nurse as a number of staff are unaware of the current interim arrangements or of the post holder. This means that strategic oversight and feedback to commissioners of services is limited and potentially delays service improvement.
50. Health visitors and school nurses prioritise child protection and safeguarding activity, and attendance at case conferences and core groups is good. There are capacity pressures in both the school nursing and health visiting services which are currently being addressed through training and a recruitment drive to increase numbers of qualified staff, skill mixing and the reconfiguration of the service based on areas of highest need.

51. The Healthy Child programme is delivered effectively using the skill mix within the health visiting service. Targeted visits are made to vulnerable families to provide additional support with a specific health visitor identified for Travelling or homeless families or those living in temporary accommodation. Good arrangements are in place to transfer families from the health visiting service to the school nursing service.
52. School nurses provide an effective and extensive range of services including 'drop in' sessions at each secondary school where young people can access a wide range of health advice, education and support. School nurses have good links with the CAMHS team and have received informative training to support them in providing universal services to meet the mental health and well-being needs of young people. They have good links with the CAMHS liaison nurse consultant for universal services to support them in meeting the needs of young people.
53. Young people up to the age of 18 who attend the emergency department following an incident of self harm are supported by the mental health liaison worker in the emergency department and the CAMHS team. As there is no inpatient facility at Weston General Hospital any young person under 16 is admitted to a ward at Bristol Children's Hospital for a short period, in line with NICE guidance. Older adolescents are discharged following consultation with the CAMHS. There are no clear arrangements in place across the health partnership for young people at risk to themselves to be held for assessment under Section 136 of the Mental Health Act 1983. This is inappropriate practice and does not meet the needs of the child or young person and leads to a delay in the provision of appropriate services.
54. Midwives appropriately identify potential safeguarding risks at registration and through ante-natal activity. Partnership working with children's social care has resulted in 16 week pre-birth planning meetings where these are required. This is good practice and enables proactive responses to any identified safeguarding issues. For women who have substance misuse or alcohol problems there is specialist midwifery support and close liaison with the local substance misuse service.
55. Teenage parents-to-be have timely access to good support from the teenage pregnancy midwife and from the teen parent worker for those living in the most deprived area of the authority. Good progress is being made in tackling teenage conceptions in North Somerset, with a reduction in conceptions being seen year on year in the last three years to a rate now below the national average. Effective sex and relationship education (SRE) is provided by the school nursing services.
56. Young people have access to a wide range of good quality sexual health services, known as 'No Worries', being delivered within a strong

partnership arrangement across health, schools and colleges, the young persons support workers and the third sector. The service is well known and trusted by young people and there are examples of innovative practice and service development. Access to clinics, school and college drop-ins is good and well used by young people. Vulnerability and risks associated with sexual exploitation or trafficking are identified through comprehensive assessments when accessing health care services. The assessments also help to identify any unmet need that local services can provide support with, such as substance misuse or emotional health and well-being services.

57. A programme of education and support is available to children and young people around substance and alcohol misuse. The Substance Abuse Service (SAS) provide packages of education tailored to the needs of the individual school or college. Health needs are assessed and reviewed regularly during engagement with the service. There are good links with the 'No Worries' service and the resource service for looked after children to provide health support and education.
58. Although the CAMHS provides effective interventions, thresholds for referral into the service are not clear. All referrals are reviewed daily to ensure a prompt response where necessary. Records showed input from mental health services for parents and good information sharing with other professionals. The service makes daily contact with the acute hospital trust through the mental health liaison worker based in the Weston Area Health NHS Trust, and responds promptly to requests for assessments. For young people requiring in-patient mental health treatment, there is access to specialist adolescent provision at Bristol. No young people requiring in-patient Level 4 mental health services are placed in adult provision. Transition into adult mental health services is timely and well planned. Quarterly multi-agency transition meetings start to discuss the future care needs of young people when they are 17 years of age to ensure their needs are known and planned for effectively.
59. Children and young people who have been victims of sexual assault have good support, via a well-established and effective referral system to dedicated services within 'The Bridge' facility at University Hospitals Bristol NHS Foundation Trust which serves North Somerset. Ongoing psychological support for these young people is provided in the north of the county and can be difficult to access for some young people living in other areas of the authority. The sexual health service will always seek to provide assistance for young people to access the appropriate care to meet their needs.
60. There is a good range of health services providing effective support for children with disabilities. Health care appointments are being coordinated through multi-disciplinary interventions. A 'team around the child' approach is used to minimise any upset and disruption to the children and

young people's daily lives. Schools, nurseries and children's centres are well supported to include children who have disabilities or healthcare needs and effective practice guidance is in place. Palliative care and support for children with life limiting illnesses are delivered in a sensitive and supportive way based on the wishes of the child and their family. Access to equipment is adequate with clear emphasis on early provision to children and families who move into the local authority area. However, for children and families who move out of the local authority area equipment is not transferred with them. This can lead to delays in re-provision and be detrimental to the health and well-being of the young person.

61. Health partners are well engaged in the domestic violence agenda across North Somerset providing intervention and support. Within midwifery, health visiting and the emergency department in Weston General Hospital an identified lead professional provides specialist advice and support to staff to enable appropriate multi-agency safeguarding arrangements to be put in place. Primary care nurses, including midwives, routinely receive police notifications of a domestic violence incident where there are children in the family thus improving awareness of relationships within the families they are working with.
62. Despite a wide range of good practice across health communities there are some significant deficiencies. Safer recruitment policies and procedures across the main health communities are non-compliant with statutory minimum requirements and are judged to be inadequate. The role of the LADO is not well understood across health services. This carries a potential risk that any allegations about the conduct of a member of staff working with a child or young person would not be addressed appropriately. Although staff confirm they are aware of internal whistle-blowing procedures and would use them if the need arose, there is insufficient robustness within the system to ensure effective safeguarding.
63. Although there is a system of daily review at Weston General Hospital, Clevedon minor injuries unit and the Boulevard walk in centre, there is a lack of ability across these care settings to easily identify children and young people at risk at the time of presentation. Electronic record systems are not linked and therefore at the time of presentation one setting is unable to find out whether the child has been presented elsewhere and for what reason. A comprehensive assessment is carried out on all attending children taking into account the child's condition and whether there are any safeguarding or child protection concerns. They are checked for repeat attendance at that venue and whether a child protection plan is in place. However, the post presentation system of faxing details and outcomes through to the school nurse and GP is not robust. There is inconsistency in the timeliness of notification which presents a risk for any appropriate safeguarding follow up.

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

64. Ambition and prioritisation are good. Councillors play an active and significant role in policy setting and direction and developing services and support for children. There is a clear understanding of the national context for the delivery of children's services and of the partnership's position within that context. Although the government has removed the requirement on local authorities to set up a Children's Trust Board and to prepare and publish a Children and Young People's Plan, the partnership in North Somerset has re-defined itself and published its first CFPP. The establishment in October 2011 of a People and Communities Board has brought together the functions and priorities of the previous Children's Trust, the Safer Communities Board and the Health and Well-being Board. Membership of the Executive Board is at the highest level of seniority from key partner organisations and includes the Leader of the Council. The incorporation of the Children's Trust into this new body has ensured that the priorities of the children's agenda are accorded equal status across the partnership and that the priorities are cross-cutting with other service areas. Although the draft strategy is in place it has yet to be translated into actions and outcomes. The CFPP is based on a thorough needs analysis and informed by service user views and experiences. It provides a sound basis for a 'think family and community' approach.
65. The importance of safeguarding and protecting children and young people is recognised as a high priority at both strategic and operational levels across all statutory, voluntary and community organisations within North Somerset. This commitment is reinforced through a wide range of good quality safeguarding training available to all staff. Operational staff across the partnership demonstrate good quality, child-centred commitment and approach to their work with children and young people. This has resulted in effective practice and some good outcomes for children and young people. The new Pathways out of Poverty Strategy and the transformation of children's services are the first steps in North Somerset's ambitious programme to improve services at a time of significant economic and budgetary challenges.

Leadership and management**Grade 3 (Adequate)**

66. Leadership and management of safeguarding services are adequate. Although there is evidence of good and effective leadership and management across a range of wider and statutory safeguarding service areas, the significant shortcomings identified below means leadership and management cannot be judged to be good. While inspectors found children and young people to be at least adequately protected from significant harm some other weaknesses in partnership practice were identified. Unless prompt remedial action is taken the partnership cannot assure itself that all children and young people are appropriately safeguarded. Insufficient monitoring and oversight not only within

children's social care but also by the previous Children's Trust and NSSCB failed to identify these weaknesses in safeguarding practice. For example the police practice of failing to undertake joint achieving best evidence investigations with children's social care colleagues, insufficiently robust LADO systems and practice, lack of robust systems within urgent care health settings to identify whether a child or young person had previously presented at a different urgent care setting with similar symptoms or concerns, and the failure within health communities to ensure safe recruitment practices are compliant with statutory guidance.

67. Until the appointment of an independent chair in October 2010 the NSSCB had not discharged its functions effectively. Board members recognise this and confirm that the appointment of an independent chair has resulted in more effective leadership. The chair has provided challenge to partner agencies to ensure they understand they have a statutory duty to cooperate and will be held to account if they do not discharge their responsibilities accordingly. However, the performance monitoring function of the NSSCB remains underdeveloped and although audits have been completed there is minimal evidence of action being taken to address the findings leading to improved outcomes for children and young people.
68. The partnership wide strategy for workforce planning and development is good and well-regarded by agencies. A strong feature is the good quality multi-agency training opportunities offered to all staff including those working in the third sector. There is a high investment across all agencies in ensuring child protection training at the appropriate level is accessed by all staff. Social work and healthcare staff report they receive good support and supervision appropriate to their roles. While inspectors judged there to be regular and effective arrangements in place, supervision records were task focused and did not consistently evidence any attention being given to a worker's personal or career development. Within children's social care morale is good and there are low vacancy rates. However, through the complexity of casework some social workers raise the issue of long working hours and workload management as issues still needing to be addressed by managers. Newly qualified social workers report they feel well supported and most have a reduced caseload. There are capacity issues within the health visiting and school nursing services, but a workforce plan is in place which commissioners are confident will deliver national workforce targets by 2015.
69. The voice and active participation of children and young people in service planning are adequate. The partnership recognises this is an underdeveloped area and has identified it as a priority area for development. At an individual case level children, young people, their parents and carers feel they have good opportunities to have their views known and listened to, feel their views make a difference to their individual situations and have high regard for the services they receive.

Although wider consultations take place, such as in the development of the CFPP, overall children, young people, their parents and carers do not feel they have any real involvement in service planning and could not identify where their input had made a difference.

70. Constant consideration is given by the partnership, councillors and senior managers to how resources are best deployed. The need to generate savings consistent with the political directive has resulted in the council and partner organisations facing unprecedented reductions in funding. North Somerset council is faced with having to save over £47m from its budget by 2015 and has an expressed principle of 'looking at how services can be delivered in a different way rather than cutting them'. Where appropriate, some services have been decommissioned and re-commissioned in favour of improved services. For example the youth service has been decommissioned in its previous format but through the Positive Activities programme children's services commissioners are supporting and working with 11 networks being set up across the authority to deliver sustainable positive activities for North Somerset's children and young people. The outcome of a judicial review in July 2012 supports the council's actions. Parallel to this has been a specific drive to target the range and quality of services provided to children and young people by improving commissioning across the partnership. Until more recently, the commissioning function has been underdeveloped in terms of monitoring, ensuring value for money and more importantly ensuring services provided met the needs of the individual child or young person. Significant work is being undertaken to address this issue and good progress is being made. However, communication between the council's commissioning section and the third sector, who hold a range of contracts, is variable. Some providers expressed concerns that from their perspective 'operational learning doesn't inform commissioning' and report their specialist and professional views could be better used to inform commissioning processes and practice.

Performance management and quality assurance

Grade 3 (Adequate)

71. Performance management and quality assurance are adequate. At a corporate level the council effectively monitors performance through its regular corporate leadership team meetings. The internal scrutiny of performance is good, with evidence of senior managers being held to account for service quality, performance and the actions to be taken in order to meet specific targets. Performance reports about all key indicators of performance are routinely made available to council committees and Partnership Boards to ensure that political leaders and managers have up to date information on performance trends. However, this has not had a consistent or direct impact on ensuring improvements to the quality of work across the partnership. For example the data on

missing children has only been used to focus on looked after children and those allocated to a social worker and not other young people who go missing. This minimises the opportunity for the partnership to identify early any potential safeguarding trends or themes such as child exploitation or identify other risks children and young people may have been exposed to whilst missing and develop services to meet need.

72. At an operational level in children's social care services, there is a consistent drive to improve the quality of casework through peer manager audits of case files. However, the findings of these audits are used as a team improvement exercise and not collated and used more widely to improve practice or service delivery overall.
73. Social workers and team managers who met with inspectors confirm there is a positive culture of critical challenge within their teams and gave as an example a manager returning a piece of work to them before sign off if it is not of sufficient quality. As part of a social worker's annual review their manager will, as well as directly observing a worker's practice, consult with service users, foster carers and other professionals to inform the worker's annual reviews. This is good practice.
74. Within NHS North Somerset, Weston Area Health NHS Trust and North Somerset Community Partnership monitoring and reporting arrangements have recently been revised or newly instigated. Therefore it is too soon for good quality monitoring to be evidenced. Assurance of safeguarding practice is supported by governance structures which are newly developed but not always effective in supplying quantifiable outcome evidence. Arrangements for the line management and accountability to the Trust Board of designated and named professionals are appropriate and effective thus meeting the requirements of *'Working Together to Safeguard Children'*, 2010.

Partnership working

Grade 2 (Good)

75. Overall, partnership working at both a strategic and operational level to promote effective safeguarding is good. At the strategic level a high level of commitment is shown by partner organisations to strategically develop and lead the People and Communities Board and meet its statutory responsibilities and functions. Senior managers have committed time, energy and resources to developing the Board. All partners, including those from the voluntary and community sector, have pledged to drive forward service improvements to meet the Board's priorities and implement agreed plans arising out of the priorities. However, the establishment of the Board is at an early stage and therefore it is too soon for meaningful impact to be evidenced.

76. At an operational level a wide range of partnerships exist across the authority delivering well evidenced, good quality and effective intervention services that are keeping most children and young people safe, reducing offending and promoting their health and emotional well-being. This is well evidenced through programmes of support delivered through children's centres, schools and a wide range of other child focused settings.
77. Partnership working with housing and the voluntary sector is good in identifying vulnerable children and young people and in the provision of a range of housing and support services such as effective interventions in families in which domestic violence occurs. Multi-agency action to reduce the impact of domestic violence is good in keeping children safe. Core agencies are regular attendees at multi-agency risk assessment conferences (MARAC) and report that information sharing in this area is very good. Thresholds for referrals to MARAC are understood across the partnership and are appropriately used. Cases are prioritised to ensure those whose lives are seriously disrupted by domestic violence and are at the highest risk are considered at the MARAC. Children and young people who arrive at the local refuge are well supported by designated health visitors and local schools. Multi-agency public protection arrangements (MAPPA) are effective in ensuring registered sex offenders and those who present a risk to children and young people are appropriately assessed for the level of risk they present to children.

Services for looked after children

Overall effectiveness

Grade 2 (Good)

78. The overall effectiveness of services for looked after children and young people is good. Outcomes in respect of being healthy, staying safe and enjoying and achieving are all good. Management and leadership, including political leadership, are effective in securing good quality services. There is evidence of good partnership working to meet the health needs of looked after children. Most looked after children who responded to Ofsted's Care4me survey reported that they feel safe living in North Somerset, believe they are living in the right place and have confidence in being able to talk to their carers or social worker if they have any worries or concerns. Although looked after children and young people take part in consultation activities and some are members of the Children in Care Council, known as 'Unite', they do not feel they make a positive contribution in a meaningful way that improves outcomes for others. They do however feel that in their individual reviews their views are taken into account, listened to and supported. There is good evidence of multi-agency action to prevent offending, and this achieves positive outcomes for young people. Some aspects of achieving economic well-being are good and improving, but outcomes overall are adequate. Care leavers' attainment is low and although bed and breakfast accommodation is only occasionally used, care leavers raised some concerns as to its quality.
79. Corporate parenting arrangements undertaken by the Children's Champions Group are adequate. Although the group scrutinises a wide range of relevant information it is only composed of elected members and one co-opted faith representative. Although members are well informed about their responsibilities to looked after children, young people and care leavers and openly champion them, there is minimal direct engagement with them. The absence of multi-agency partners on the Children's Champions Group reduces the opportunity for the corporate parenting role to be undertaken by the wider partnership.
80. Workforce development and safe recruitment strategies are well established and effective. Performance management and quality assurance processes are adequate. Performance information is available to relevant boards and panels but does not consistently evidence outcomes and improvement trends. More priority has been given to ensuring performance is measured against the national indicators than understanding the qualitative aspects. This had been identified by the council as an internal area of development. The quality of care provision is good overall and improving. Independent reviewing officers (IROs) provide effective oversight and challenge although capacity within the service means robust monitoring and identification of any trends and

themes cannot be accomplished. Placement stability has improved and a successful foster carer campaign has led to a significant increase. Recruitment continues for specific targeted groups. Commissioning arrangements are satisfactory and out of authority placements are appropriately monitored by health and social care. However insufficient flexibility has been applied to placement decisions when balancing cost against a young person's need for assured stability of placement. In some individual situations and to enable them to put down roots a young person needs to know their placement will last longer than six months.

81. Statutory requirements for visiting and reviewing the needs of looked after children are well met and the quality of case reviews is good overall. Although assessments and plans are at least adequate, some variation in quality was apparent in the cases seen by inspectors. For example, care planning is not always sufficiently specific and measurable. Good arrangements are in place to support care and transition planning for looked after children with disabilities. Although all care leavers contribute to their pathway plan reviews the quality of plans is variable. However, care leavers who met with inspectors were clear as to what their plan is. The take up of education, employment or training at 16 years of age is good. However, at aged 19 the sustainability of their education, employment and training opportunities shows a less positive picture.
82. Complaints systems are satisfactory, well known to children and young people and help to ensure that they are able to comment on the quality of the services they receive. An advocate is available to assist a child or young person to make a complaint should they wish to have support to do so. However, there is a lack of clear processes in place between the advocacy service, the complaints service and the LADO which on one known occasion has resulted in child protection procedures not being correctly followed. The take up of advocates and provision of independent visitors is low although some looked after children at times will make their own arrangements if they need support at meetings.
83. Good attention is paid to the race, culture, language, religion and disability of looked after children and young people although not always evidenced in records. Unaccompanied asylum seeking children are mostly placed nearby in Bristol within appropriate communities that wherever possible can meet their ethnic or religious needs. Should it be required, interpretation and translation services are available to aid effective communication with children and young people and their carers.

Capacity for improvement

Grade 2 (Good)

84. Capacity to improve is good. Performance against indicators for children in care is at least in line with, and in some instances better than, statistical neighbours and the national average. Outcomes from external inspections are used well to improve practice. For example areas for improvement

identified at the last fostering inspection in July 2011 have been addressed and the subsequent improvement actions completed. The council and its partners have strong ambition for their looked after children and young people. There is excellent encouragement and support for them to attain and achieve success from their starting points. The role and leadership shown by the virtual school has been instrumental in driving up standards.

85. The Children's Champions Group is currently revising its terms of reference to ensure it provides more challenge. Through its scrutiny and monitoring processes it ensures targets are being met and sustained. However, more needs to be done to ensure looked after children, young people and care leavers contribute to service development in a meaningful way.
86. Performance management is adequate overall. Monitoring at a strategic level is effective and leading to improved outcomes for looked after children and young people in most areas. However, at an operational level better monitoring and attention to care leavers' attainment is needed to ensure sustained improvement and improved outcomes for this group of young people.
87. Workforce planning and development is robust and ensures the partnership as a whole has capacity to deliver effective and good quality looked after children and young people's services. With the exception of the independent reviewing service capacity appears to be sufficient to deliver the service. However, not all looked after children and young people are allocated to social workers in the resource teams and are allocated to social workers in the communities and families teams or the referral and assessment team. No analysis has been undertaken by the council to satisfy itself that looked after children and young people not allocated to workers in the resource team are receiving a service of comparative quality.

Areas for improvement

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

Immediately:

- North Somerset council to ensure that there are clear processes and an understanding in place between the LADO service, complaints service and advocacy service to ensure any safeguarding issues are appropriately identified and followed up using the correct procedures
- North Somerset Council to review its commissioning arrangements to ensure there is a balance between placement cost and situations

where a looked after child or young person needs to know for reasons of stability that their placement is to be longer than six months.

Within three months:

- North Somerset Council to ensure robust tracking and monitoring systems are in place to ensure there is consistency and quality of social work support to looked after children and young people irrespective of which team they are allocated to
- North Somerset Council to consider developing the role and function of the Children's Champions Group as corporate parents to include members from key partner agencies
- North Somerset Children's Champions Group to further develop its relationship with looked after children, young people and care leavers so that those young people feel they have meaningful and regular interaction with their corporate parents
- North Somerset Council to ensure there is sufficient capacity within the independent reviewing service so that looked after children and young people can meet with their IRO between reviews and that the IROs can undertake appropriate service development
- North Somerset Community Partnership and North Somerset Council should ensure that health support to care leavers is fully developed in partnership with the Children in Care Council.
- North Somerset Community Partnership and North Somerset Council to ensure that care leavers receive copies of their health histories to equip them to make effective future health choices.

Within six months:

- North Somerset Council to ensure that the views of parents and carers of looked after children inform service development and review and that Unite is actively encouraged to make a positive contribution that will have a tangible effect in improving outcomes for other looked after children and young people
- North Somerset Council and partners to ensure communication links with Unite and/or other looked after children and young people who are consulted with are robust so they receive good quality feedback as to what difference their input has made to the consultation exercise.

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

Being healthy

Grade 2 (good)

89. Health outcomes for looked after children and care leavers are good. Management arrangements for overseeing the health provision for looked after children and care leavers are appropriate. Health partners are well engaged at both the strategic and operational level and are represented well on the complex care commissioning panel. The looked after children's nurse is very well regarded by those children and young people who meet with her. 'Amazing' and 'fantastic' are words used by looked after children to describe to inspectors their relationship with her. The co-location of the looked after children's nurse within the resource team provides a good opportunity for more cohesive working and sharing of information between professionals. Foster carers and other professionals receive good quality training on a range of issues relating to the health and well-being of looked after children and young people. They report they feel well supported by health professionals and able to access good health information, advice and guidance as required. The designated nurse post for looked after children is currently filled by an interim person and the post is under review.
90. Initial health assessments for looked after children and young people are completed within timescales by appropriately registered medical practitioners. The assessments are of good quality, comprehensive and provide clear details of the child or young person's health. Future health needs are well-identified and incorporated into their ongoing health care plans. Good follow up processes by the named nurse and the 'No Worries' sexual health service are in place for young people aged over 16 years of age who decline their health assessment. Reasons for this are currently being explored by the looked after children health group.
91. Annual health reviews are carried out by the looked after children's nurse, health visitors for those under five years of age or the GP. Reviews seen by inspectors were judged to be effective and to inform the development of appropriate health action plans. The local drug use screening tool (DUST) is used as part of the review process to help identify risk of potential alcohol and substance misuse. The timeliness of reviews is good with a completion rate of 86.1%, better than the national average of 84.3%. The service is able to offer looked after children and young people flexibility and choice of location as to where they have their health review. This is good practice and has helped encourage looked after children and young people to address their health needs positively. However, the quality of health assessments and health reviews undertaken by professionals for some looked after children in out of area placements is variable. Where this is identified action is taken to address the issue

through a directive approach. There is good coordination between looked after children and young people's statutory reviews and their annual health review with their health plan used to inform the statutory review. The latest health data for looked after children and young people indicates good improving rates for dental checkups (83.5%) and up to date immunisations (88%).

92. There are good arrangements in place to assess the emotional health needs of looked after children and young people. All young people entering the care system are assessed through the completion of the strengths and difficulties questionnaire (SDQ) which is reviewed by the designated CAMHS professional. However, in terms of effectiveness there is a lack of documented evidence to demonstrate how the outcome of the review is used to inform the subsequent care planning.
93. Adequate arrangements are in place to ensure the health needs of children placed out of the local authority area are met. Where looked after children and young people are placed in neighbouring authorities the named nurse ensures assessments and reviews are carried out in a timely manner. However, for looked after children and young people placed at significant distances out of the authority, practice is inconsistent. This has resulted in a small proportion of looked after children and young people not being followed up in a timely enough manner to ensure early identification of any health needs. This issue has been recognised and a new administrative system put in place to improve performance.
94. A wide range of services, including health promotion, contraceptive and sexual health advice services are available specifically for looked after children, young people and care leavers at the regular school nurse 'drop in' clinics. Additional support to address issues relating to substance misuse is available from the Substance Abuse Service link worker. For young women that wish to continue with their pregnancy they are able to access support from the midwife with specific responsibilities for teenagers who are pregnant. There is good and well established multi-agency work on going to provide support to this highly vulnerable group of teenage mothers. Foster carers comment positively on the quality of support offered to stabilise placements through the CAMHS and the 'Consult' service. These have successfully contributed to stabilising placements in danger of breaking down through a child or young person's complex and challenging behaviour.
95. While care leavers have access to a range of health services, more formal arrangements for providing them with clear health advice and guidance are less robust. Examples were seen of some very good work with care leavers however this is very much on an individual basis. Currently care leavers are not provided with a summary of their healthcare histories, current healthcare needs or any treatment arrangements that have been

or are in place. The partnership acknowledges this is an area for development.

Staying safe

Grade 2 Good

96. Safeguarding arrangements for looked after children and young people are good. Of the children in care who responded to the pre-inspection survey, 93% reported that they feel very safe or fairly safe and said there was at least one person they could talk to if they felt unsafe. In total 87% found the advice they receive from adults about keeping safe was useful.
97. Risk is appropriately managed to ensure that children and young people who need to be looked after are in care and living in appropriate and safe placements. Although recently the looked after children and young people population has risen to a high point of 239, there is a clear focus on preventing children and young people becoming looked after. Where a child or young person needs to become accommodated the decision is made at an appropriate senior manager level. Through its commissioning processes the council has effective oversight of placements and ensures appropriate safeguarding arrangements are in place within commissioned services. Contract compliance and appropriate monitoring arrangements provide additional safeguards. No children in care or young people are placed in independent children's homes or in a family placement service judged to be inadequate by Ofsted. The most recent Ofsted inspections judged the council's own fostering and adoption services to be satisfactory and outstanding when they were last inspected in 2011.
98. A higher proportion of North Somerset's looked after children and young people live in foster homes where they are appropriately placed. Improving and sustaining placement stability has been and remains a council priority. Although long term placement stability is below that of similar councils it is showing improvement. Effective partnership working and support to foster carers has been successful in aiding improved stability. Nearly all looked after children and young people who met with inspectors reported feeling safe in their placements and felt they were living in the right place. Short term placement stability is good when compared to similar councils with less children and young people having three or more placement moves. Social workers and foster carers report that the implementation of placement planning meetings has greatly improved the matching process.
99. Overall, decision-making in relation to adoption is timely and in 2010/11, 17% of all looked after children were placed for adoption and 20 children had their adoption finalised. This is good practice and significantly better than the performance of similar authorities and the national average at 11%. Special guardianship orders are increasingly being used to promote permanency for children and the authority is confident that there will be a significant increase during 2012. The council recognises the need to

support carers who apply for special guardianship both financially and with more practical support. The service has identified the significance of encouraging and supporting grandparents who become special guardians. A specific support group has been set up which is much appreciated by attendees and good practice by the authority.

100. Multi-agency arrangements to track down children and young people missing from care are effective in promoting their safety and welfare. 'Safe and well' checks carried out by the police and return interviews carried out by children's social care explores the reason the child or young person went missing, what risks they were exposed to whilst missing, and what further support can be provided to reduce the risk of future episodes.

Enjoying and achieving

Grade 2 (Good)

101. The contribution of services to helping looked after children and young people enjoy and achieve is good. Good oversight and close attention is paid to the education of looked after children and young people by the virtual school. All looked after children and young people who live within the authority are visited termly by a member of the virtual school to monitor and review their progress. Visits are well recorded and targets are carefully set. Information on the progress that looked after children are making is disseminated effectively to social workers and IROs. The virtual school head teacher and advisory teachers have a good understanding of the needs of the council's looked after children and young people.
102. Additional support including individual tuition effectively supports those who need more help and accelerates their progress effectively. For those placed further away monitoring is equally vigilant. The virtual school intervenes effectively where looked after children and young people are placed outside the area and are experiencing difficulties in their education. Effective advocacy is provided for all looked after children and young people.
103. Data on the performance of looked after children are used well to target resources effectively. For example to address delays in speaking and listening skills in the Early Years Foundation Stage and the reading skills of pupils in Reception and Year 1, additional support programmes have been put in place. This has been effective by improving literacy skills and increasing the amount of time children are read to each week.
104. Designated teachers in both primary and secondary schools receive effective and valued support from the virtual school which provides good advice and guidance to them. They share the high aspirations that the virtual school has for all looked after children to achieve highly. New and existing foster carers receive welcome support to better place them to provide practical help for looked after children's education. Foster carers

spoke highly of the support they received and considered it a feature in helping promote stability of placement.

105. Effective action is taken to support looked after children and young people at risk of exclusion. School absence is lower at 5.2% than similar areas and the England average. Attendance is good and there have been no permanent exclusions of looked after children for the last two years. Following a rise in fixed term exclusions in 2011, current data show that through the intervention of the virtual school the use of fixed term exclusions has reduced and is now low.
106. Attainment is satisfactory and broadly comparable with looked after children nationally. At Key Stage 2 in 2011 42% achieved Level 4+ in English and mathematics comparable to the average for looked after children nationally. At Key Stage 4, 15.4% gained five GCSEs including English and mathematics which is slightly higher than for looked after children in similar areas and those nationally. The progress that looked after children make from their starting points is good. For example in 2011 approximately 80% of children at Key Stage 2 made the progress expected of all children in reading, writing and mathematics. While the gap in attainment between looked after children in the authority and the national average for all children and young people is narrowing in some instances it remains wide overall.
107. Effective action has been taken over time to ensure that all looked after children have an up to date personal education plan (PEP.) They demonstrate good practice through the inclusion of the views of children, how safe they feel and the views of carers. However, plans seen by inspectors were variable in quality. This issue has been recognised by the virtual school which is focusing effectively on building the capacity of social workers and designated teachers to improve the consistency of PEPs.
108. Free access to leisure and recreation activities is promoted well through the local 'Leisure Key' available for looked after children and their carers. Looked after children are supported effectively to pursue their hobbies and interests. The weekly well attended Asdan group provides excellent opportunities for looked after children and young people to try new activities, develop their confidence and self-esteem and make and maintain new friendships. Looked after children and young people value the group highly and routinely receive good recognition for their achievements through regular award ceremonies attended by carers and social workers. Children and young people who met with inspectors and those who completed the pre-inspection survey confirmed they value the support and help they receive for their education.

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

109. Opportunities for looked after children and young people to make a positive contribution are adequate. There are three tiers of engagement: individual reviews, consultation and participation activities and the Children in Care Council known as 'Unite'. At an individual level looked after children and young people make a positive contribution through their reviews, through discussions with their social workers or personal assistants and feel listened to. The combination of committed IROs and an accessible advocacy service leads to the majority of children and young people being able to participate in their reviews. Most of the looked after children and young people who responded to the survey undertaken as part of the inspection reported that they felt their reviews worked well or very well in making sure that they receive the care they need and that their wishes were taken into account in the review process.
110. An established complaints procedure is in place and although most looked after children and young people who were surveyed knew how to make a complaint to the council the process had been used by only two young people. Both reported the complaint had been resolved fairly and to their satisfaction. There are good links between the advocacy service and the local authority complaints officer with a majority of complaints appropriately resolved at an informal stage. The advocacy service, delivered by a voluntary agency, is effective in supporting looked after children and young people to voice their wishes and feelings. In some instances, advocates have enabled individual children and young people to chair their own meetings. The organisation contracted by the council to provide an independent visitor service for looked after children and young people is contracted to provide six independent visitors but is providing a service for eight. There has not been any analysis undertaken to ascertain whether more looked after children and young people would benefit from an independent visitor if the service were extended.
111. Consultation and participation activities have not resulted in looked after children and young people feeling they have made a difference in any meaningful way to changes in services or in their lives. For example, care leavers feel they have not been consulted with or their views taken into account over the forthcoming move from their current premises to the town hall. It is unclear how the decisions were communicated to this group of young people by either senior managers or other workers. Looked after children and young people report their involvement in staff interviews for key posts but were unable to offer any other more tangible examples. Although they confirm they have been involved in consultation activities, for example when the Children and Families Partnership Plan and the Children Looked After Joint Commissioning Strategy were reviewed they themselves cannot identify any changes as a result of their input. The Unite group gave as examples of their input; wanting to stay

with their foster carers on reaching 16, understanding the reasons why they are in care with access to files at 18 and consistency of social workers. If changes have been made the communication links have not been successful in reporting back to the children and young people outcomes of their involvement. Unite is a very small body of members and therefore needs to expand its membership to enable it to become fully effective.

112. Reducing offending by looked after children and young people continues to be given appropriate priority by the council. The number of children looked after aged 10 to 17 years who receive final warning reprimands or conviction is low. First time entries into the criminal justice system have shown a significant and progressive downward trend. Through co-location the youth offending service has close links with children's social care teams and a robust protocol is in place to ensure looked after children and young people are tracked and bespoke interventions provided.

Economic well-being

Grade 3 (Adequate)

113. The impact of services to enable looked after children and young people to achieve economic well-being is adequate. A good proportion of young people gain and successfully maintain an education, employment or training place on leaving school. However at aged 19 only 56% of care leavers remain in education, employment or training. While this is comparable to similar areas it is low and less than the national average for care leavers. Most have plans in place for their next steps. However, there is a small cohort of young people who are more difficult to engage and where planning for their next step is not as effective. Transition arrangements between children's and adult services for looked after young people and care leavers with learning difficulties and/or disabilities are improving. There are good working arrangements between children's and adult services which is positive but overall opportunities to develop independence are limited.
114. Most care leavers spoken to by inspectors were clear about their next steps in education, employment or training and they rated highly the support they received from the specialist nurse, housing officer and their personal assistants. Pathway plans seen by inspectors varied in quality and did not sufficiently capture the support care leavers receive. Detailed analyses and contingency planning were not evident. However, reviews are timely and management oversight is sufficient. The whereabouts of all care leavers is known to the council.
115. There is a good range of housing provision for care leavers which includes trainer and assessment flats. The use of these successfully supports young people's progress to independent accommodation. Supported lodgings have been extended to facilitate young people moving from foster care to

independence. As a last resort bed and breakfast accommodation is used for a very short period of time, in most instances for less than a week. Only five young people have been placed in such accommodation over the past 18 months. The council's policy is for a risk assessment to be undertaken prior to placement to identify any safeguarding risks. However, care leavers who had experienced such accommodation met with inspectors and expressed concerns as to its quality and situation.

116. Through the council's resource centre care leavers and looked after young people receive good practical support that promotes their independence well and supports them effectively in time of crisis. While young people were positive about the support that they receive they were not always clear about the criteria for receiving financial support. This led to some care leavers feeling unfairly treated.

Quality of provision

Grade 2 (Good)

117. The quality of provision for children in care is good. The council has a good understanding and awareness of the needs of North Somerset's looked after children and young people with a clear focus on preventing them from entering the care system unless it is in their best interests to do so. There has been a low use of Powers of Police Protection indicating that safeguarding risks are appropriately risk assessed and actioned in a timely way. In the small number of cases where orders were used, this was appropriate to ensure a child or young person's immediate safety.
118. There is a good range of early interventions available to support families, children and young people on the edge of care. Robust systems are in place through the family support panel and the multi-agency Solutions Panel to ensure that children and young people only become looked after when it is in their best interest to do so and where all other alternative safe options have been fully considered. The multi-agency Solutions Panel has been reconfigured recently to give a sharper focus on matching a child or young person's needs to the commissioned placement and has been successful in increasing placement stability. Family group conferencing is well used and been successful in maintaining a good proportion of children and young people within their home environments or in effecting reunification. Parents and carers who met with inspectors place great value on the support they receive from the family support team reporting improvements in their family relationships, child's school attendance and behaviour and in accessing practical support.
119. All looked after children and young people are allocated to qualified social workers who visit often in excess of minimum requirements. Some young people report there have been too many changes of social worker and others that they are not always seen alone by their social worker. There is good care provision for unaccompanied asylum seeking children who are placed in suitable and safe placements.

120. The quality of care planning, reviews and recording is variable but at least satisfactory overall. Recording of case notes is up to date and in most cases clearly indicates the work being undertaken with the child or young person to achieve the desired outcomes. Currently the forms on the electronic recording system do not support focused case recording and therefore social workers are having to rely on more lengthy textual entries to 'tell the story'. Case records show that regular supervision takes place in accordance with the council's supervision policy with case directions well evidenced. However, these were variable in quality and did not consistently have clear actions, timescales and outcomes for the worker to follow. In the files inspected, although plans could have been clearer, there was no evidence of drift of care plans. IRO provide appropriate levels of oversight and challenge. The timeliness of reviews is good and has consistently remained at 100%.
121. Social work visits to looked after children and young people meet statutory visiting requirements in the majority of cases, however children and young people are not always seen alone where that is appropriate. Looked after children and young people who met with inspectors were very clear that they receive good support and good quality care from the carers and professionals they are involved with. They confirm that their social workers and IROs take their views and wishes into account when plans are being made for them and that they are fully involved in appropriate decisions. While assessment and review records do provide a comprehensive understanding of the child or young person's needs they do not always translate into robust plans that can be clearly reviewed and progress measured. This was not demonstrated consistently in case files or in documented care plans. However this is mitigated by social workers' knowledge of the children and young people they work with and their strong commitment to working towards good outcomes for them. Similarly, there was limited evidence seen in case files, but more in direct discussion during social worker interviews, of the work undertaken to meet the cultural and diverse needs of children and young people in care.

Ambition and prioritisation

Grade 2 (Good)

122. Ambition and prioritisation of services for looked after children, young people and care leavers are good. There is corporate leadership from the council and the People and Communities Board. The Lead Member for children's services has taken an active and enthusiastic interest in all aspects of children's services. The revised joint commissioning strategy for looked after children has very recently been re-launched (June 2012) and is aligned to key priorities in the CFPP. The strategy is designed to have a positive impact in improving service planning and delivery but it is too soon for impact to be evidenced. In its work with looked after children and young people the partnership demonstrates a strong child-centred

approach. The promotion of safeguarding of looked after children and young people and promoting their well-being is at the heart of the partnership's ambition and priorities for looked after children, young people and care leavers. The Children's Champions Group are enthusiastic, insightful and supportive of looked after children and young people. Currently they are redrafting the group's terms of reference to ensure they better measure the impact of the council's decision making on looked after children and young people and improve their direct consultation with the children and young people themselves. However, the Children's Champions Group is composed of elected members and one co-opted faith representative. Consequently, by not being a multi-agency group it is missing an opportunity for a more partnership wide approach to be given to the corporate parenting role.

Leadership and management

Grade 3 (Adequate)

123. Leadership and management are adequate. There is competent leadership and management of services for looked after children, strongly supported by cross-party support from elected members. The Children's Champions Group provides a scrutiny function and, while it does provide a level of challenge to officers and champions the needs of children in care and care leavers, it is under-developed. There is limited direct engagement with looked after children, young people and care leavers. Although Unite has a standing open invitation to meet with the Panel it is not taken up regularly and insufficient action has been taken by the Children's Champions Group to ensure it happens. A standing multi-agency children looked after progress group chaired by the Service Leader Resources provides challenge and follows up any identified issues to ensure the needs of looked after children and young people and care leavers are met effectively. Senior managers are committed to improving outcomes for looked after children and young people although in some key outcome areas improvement is needed, such as making a positive contribution and economic well-being.
124. While most outcomes are judged as good, they are more often arrived at as a result of partnership working and commitment rather than robust analysis and strong strategic direction and service planning. There is a strong focus in the resources team on making tangible improvements to the quality of services for looked after children and young people. However, a proportion of looked after children and young people remain allocated to workers within the community and families team and the referral and assessment team. Workers in those teams do not work exclusively with looked after children and also have to balance their workloads with child protection and child in need cases. There are no systems in place to ensure that looked after children and young people allocated to these multi-faceted casework teams are receiving a comparable quality of service to those in the more permanent care teams.

Consequently, the council and partners cannot assure themselves that all looked after children and young people are receiving a comparable quality of service that appropriately meets their needs.

125. A good and integrated workforce plan is effective across the partnership in developing and training a wide range of staff working with children. There is a high level of investment in training and development reported upon positively by staff working within the looked after children, young people and care leavers service. In most areas of children's services there is sufficient capacity and a low vacancy rate within the service to enable managers and staff to meet the needs of the service and to deliver its core functions. However, the IRO service is struggling to meet the increased demand for reviews and is therefore unable to meet with looked after children between reviews or undertake developmental work. The council has been successful in continuing to increase the number of internal fostering placements. This has been facilitated by recruiting more foster carers. A robust recruitment campaign is continuing with a recognition that more foster carers are required, particularly for older young people and to prevent some young people being detained in custody awaiting a court appearance. The training and development for foster carers is good. It has been accorded a high priority and this is reflected in improved placement stability. Staff who met with inspectors commented positively on the service and on the support they receive from their managers both informally and through supervision. However supervision files randomly selected by inspectors were variable and did not reflect the reported good quality of practice discussions or identify areas for development.
126. Partnership working to meet the needs of looked after children, young people and care leavers is good and well established at both the strategic and operational level. At a strategic level the partnership is effective, child centred and focused on keeping children and young people in care safe, enhancing their levels of educational achievement and attainment and on encouraging them to have high aspirations for themselves. At an operational level, a wide range of good quality preventative services work together well to meet the needs of, and deliver improved outcomes for, looked after children and young people. There is an established complaints and representations system in place with the availability of advocates to support children and young people in care as necessary. However, there is a lack of awareness of child protection and safeguarding issues within the advocacy service. No clear links have been made with the LADO by the local authority complaints manager or advocacy service. Consequently, the council cannot be confident that all cases that meet the threshold for child protection investigations have been appropriately referred. Prior to this inspection this issue had not been recognised either by council managers or the partnership as a potential risk to the safeguarding of looked after children and young people. The council has

accepted that this is an issue that needs remedial action as a matter of some urgency.

127. Commissioning arrangements, including joint commissioning for looked after children and young people are adequate and placements for looked after children and young people are commissioned on an individual basis. The family support meeting and the Solutions Panel effectively coordinate single agency and multi-agency packages of support to children on the edge of care and to foster carers or parents to maintain placement stability. The panels have a clear role for effectively ensuring that risk is appropriately managed and that safe alternatives to care have been fully explored. Although they cannot always be met, individual commissioning arrangements ensure the cultural and diverse needs of a looked after child or young person are appropriately considered. In making effective decisions the panel is required to consider the cost of placement, whether it offers value for money and, more importantly, whether it can deliver what the child or young person needs to provide stability. However, although the principles underpinning the practice are robust, placements made through the Solutions Panel are subject to a six monthly review. While this is appropriate in terms of cost effectiveness and ensuring a young person's needs continue to be met, it does mean that some children or young people cannot be reassured that their placement will last for longer than six months. For some young people this does not provide them with the stability they need to make an investment in their future. The council is to review this practice.

Performance management and quality assurance

Grade 3 (Adequate)

128. Performance management and quality assurance arrangements are adequate overall and developing. Performance targets are mostly met and achievement is at least in line with, or in some instances exceeds, that of similar councils. Performance management at the strategic level within the service is adequate and performance information based upon the national data set is used at all levels of the council and partners to monitor performance and identify areas of concern. It is used appropriately to inform planning and service delivery. However, measurable outcome focused objectives within action plans are not yet fully developed or sufficiently rigorous.
129. The People and Communities Board, the Children and Young People's Services Policy and Scrutiny Panel and the Children's Champions Group all receive and scrutinise management information on the service and hold officers to account. Where weaknesses are identified, appropriate action plans are put in place but not always followed through to ensure services have improved as a result of the identified actions. There is some evidence that the views of children, young people, care leavers, parents

and carers are taken into account to inform performance monitoring and service improvement. Similarly, there are weaknesses in some areas of operational performance management. Auditing processes are in place but the outcomes from audits do not consistently lead to improvement. Because of lack of capacity within the services, IROs do not systematically gather and analyse information so that key themes can be identified. The council has recognised this as an area for improvement.

Record of main findings:

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