

Metropolitan Borough of Barnsley Council

Inspection of services for children in need of help and protection, children looked after and care leavers

and

Review of the effectiveness of the local safeguarding children board¹

Inspection date: 2 June 2014 – 25 June 2014

Report published: 8 August 2014

The overall judgement is **requires improvement**

There are no widespread or serious failures that create or leave children being harmed or at risk of harm. The welfare of looked after children is safeguarded and promoted. However, the authority is not yet delivering good protection and help and/or care for children, young people and families. It is Ofsted's expectation that, as a minimum, all children and young people receive good help, care and protection.

1. Children who need help and protection		Requires improvement
2. Children looked after and achieving permanence		Requires improvement
	2.1 Adoption performance	Requires improvement
	2.2 Experiences and progress of care leavers	Good
3. Leadership, management and governance		Requires improvement

The effectiveness of the Local Safeguarding Children Board (LSCB) is **requires improvement**

The arrangements in place to evaluate the effectiveness of what is done by the authority and board partners to safeguard and promote the welfare of children require improvement.

¹ Ofsted produces this report under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006. This report includes the report of the inspection of local authority functions carried out under section 136 of the Education and Inspection Act 2006 and the report of the review of the Local Safeguarding Children Board carried out under the Local Safeguarding Children Boards (Review) Regulations 2013.

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Section 1: The local authority - Summary of findings

Children's Services in Barnsley require improvement because:

1. Although the officers in the local authority know their services well, there are many planned improvement actions still in progress and it is too early to evidence the impact of some improvements made. In addition, there is one area for improvement that was identified within the previous inspection in 2012 that still has to be addressed. However, a detailed and comprehensive improvement plan is in place which is consistent with many of the areas for improvement identified through this inspection.
2. Not all professionals working with children and their families in Barnsley understand when it is best to support families with early help and when to make referrals to children's social care.
3. The police and children's social care do not use the same risk assessment model and so do not have a shared understanding of the risks involved with domestic abuse in families, resulting in some families not receiving the right help at the right time.
4. Health professionals are not always included within strategy discussions and are not therefore part of the decision making for children who may be a risk of significant harm.
5. The plans that are made to protect children from harm and to meet the needs of vulnerable children are not always of a good quality, which means that risks are not always properly identified and it is not always clear what needs to change to reduce risk for children. Children who have been identified as being at risk of sexual exploitation or who are missing from home do not always receive a good service.
6. Services to prevent children needing to come into care are not effective for teenagers with complex problems.
7. The educational achievement for children in care in Barnsley is not good. The plans to help children in care achieve better at school need to be improved to make sure that everyone working with the children understands their progress and needs.
8. Some permanency plans are not made as quickly as they should be, and some children wait too long for an adoptive family to be identified.
9. Managers and political leaders (the corporate parent) could do more to support the needs of children in care and care leavers to help them feel secure and to succeed in life.

What does the local authority need to improve?

Priority and immediate action

The inspection did not find any areas for priority and immediate action.

Areas for improvement

10. The local authority and its partners need to build upon and embed their Think Family Strategy to ensure the overarching approach to early help is properly understood and implemented across the partnership. This should include developing a system to evaluate its effectiveness.
11. All professionals undertaking early help assessments need to have access to advice and guidance, and be supported through training to improve the quality of early help planning for individual children and their families.
12. Appropriate social work advice should be available to partner colleagues when they are considering making a referral to children's social care. This is in addition to the current practice of offering information and advice regarding children with less complex needs.
13. A shared understanding and application of thresholds needs to be further embed at key transition points of a child's journey, to include thresholds for the Stronger Families Teams and referral to Children's Social Care.
14. A review of the working arrangements within the duty and assessment teams is needed to sharpen the focus and clarity of contact and referral work.
15. Police and children's social care should develop a shared understanding of the level of risk to children and their families where domestic abuse is a concern.
16. Processes to reduce risk for children at risk of sexual exploitation need to be more effective.
17. The needs arising out of ethnicity, faith and identity should be consistently considered and reflected in assessments.
18. All professionals need to fully understand the purpose of core group meetings and their role in monitoring progress against plans.
19. Services to prevent the need for teenagers to become looked after need to be enhanced.
20. The use of special guardianship orders should be promoted for those children with a permanence plan who no longer need to be looked after by the local authority.

21. The quality of the review reports for children subject to a child protection plan and for children looked after needs to be improved so that all involved can easily read and understand the review records.
22. The response to access to records requests by young people in care and care leavers needs to be improved and the provision of information about children's and young people's life history should be developed in a way that makes it clear and more easily understand.
23. Personal education plans should contain accurate and detailed achievement data and personal development information which is updated at every review to ensure that attainment for individual children looked after improves.
24. The virtual school should track and challenge the attainment, progress and personal development of all children in care from babies to care leavers to ensure the gap between educational outcomes for children looked after and all children is narrowed.
25. Membership of the Care 4 Us Council should be increased to ensure that it reflects a broader age-range of children looked after and care leavers.
26. The role of corporate parenting within the Borough needs to be strengthened to provide effective challenge to managers and to improve outcomes for children looked after.
27. The adoption panel chair and senior managers should improve opportunities for sharing and promoting good practice and informing service developments.
28. The time taken for completion of care proceedings needs to be reduced to within the 26-week target.
29. Avoidable delays, including the time between court order and matching need to be addressed in order to deliver improved outcomes for children where permanency is appropriate.
30. The monitoring and consistency of all permanency plans should be improved to ensure timely decision making, improved quality and the effective achievement of progress for children.
31. The quality of pathway planning for all care leavers needs to be improved to ensure that plans consistently identify how the needs of individual care leavers will be met, including the support that will be provided to help them gain skills and identify their aims for their future.
32. The grant for care leavers should be reviewed to bring it in line with recommended best practice.
33. Managers should offer appropriate challenge to social workers regarding their case work, and this should be consistently recorded within case supervision.

34. Professional, reflective supervision and professional development needs to be embedded to support social workers in their current positions and future careers.

The local authority has the following strengths:

35. When children are at risk of immediate harm, they receive a good service from children's social care and the police to keep them safe. Other professionals also work well with social workers when children continue to be at risk of harm.
36. There is good support for children in need and their families where domestic abuse, parental mental health, or alcohol and substance misuse issues have been identified.
37. Social workers get to know the children and families they work with well and make sure their views influence plans and the services being provided.
38. The local authority makes sure that children who are missing from education and care are identified, and the local authority works well with other professionals to ensure children are safe.
39. There are very good arrangements in place to make sure that children are protected when allegations of abuse are made against professionals.
40. Children know how to complain about services from children's social care, and many are supported by an advocate to attend and contribute to their meetings.
41. Social workers use legal and court processes well to ensure children are protected. This includes working closely and effectively with some families before court proceedings begin.
42. When it is safe for children to return to their parents' care, social workers provide good support to children and their parents to make sure that this goes smoothly. This includes agreeing plans to keep children safe and supporting parents to gain confidence in their parenting skills.
43. Children who are in care have good access to health and dental assessments. They have appropriate contact with their families, live in stable homes, and have good access to leisure activities. Children in care also benefit from knowing their social workers and other professionals, such as their independent reviewing officers, well.
44. The local authority provides good, proactive support to children in care at the first indication that school attendance is reducing.
45. There is a good range of placements for children in care and for those who are going to be adopted.
46. Social workers work well with people wanting to become carers (both foster carers and adoptive parents) and provide them with good support after they are approved to care for children.

47. Children in care are effectively supported by the local authority to stay in their placements after their 16th and 18th birthdays to make sure they can choose to live more independently at the point they feel ready.
48. Care leavers in Barnsley benefit from a range of educational and vocational courses. If they prefer to get a job, they also receive good support and advice from social workers and personal advisors to help them.
49. There are a small number of care leavers in Barnsley who have had excellent opportunities as apprentices within the Council, which has helped them to feel more confident and skilled in the workplace.
50. Although many Barnsley care leavers live outside the local authority area, they live in suitable accommodation and they say they feel safe in their homes.
51. Managers in Barnsley work hard to make sure they know their services well and they have put effective plans in place to improve services for children and their families. They also regularly check the work that social workers are undertaking with children and their families to make sure it is of a good standard.

Information about this inspection

Inspectors have looked closely at the experiences of children and young people who have needed or still need help and/or protection. This also includes children and young people who are looked after and young people who are leaving care and starting their lives as young adults.

Inspectors considered the quality of work and the difference adults make to the lives of children, young people and families. They read case files, watched how professional staff work with families and each other and discussed the effectiveness of help and care given to children and young people. Wherever possible, they talked to children, young people and their families. In addition the inspectors have tried to understand what the local authority knows about how well it is performing, how well it is doing and what difference it is making for the people who it is trying to help, protect and look after.

The inspection of the local authority was carried out under section 136 of the Education and Inspections Act 2006.

The review of the Local Safeguarding Children Board was carried out under section 15A of the Children Act 2004.

Ofsted produces this report of the inspection of local authority functions and the review of the local safeguarding children board under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006.

The inspection team consisted of five of Her Majesty's Inspectors (HMI) and an additional inspector from Ofsted, and one local authority seconded inspector.

The inspection team

Lead inspector: Jansy Kelly

Team inspectors: Lynn Radley, Sarah Urding, Rob Hackeson, Julie Winyard, Ralph Trevelyan-Butler, Sue Williams.

Information about this local authority area²

Children living in this area

- Approximately 49,000 children and young people under the age of 18 years live in Barnsley. This is 21% of the total population in the area.
- Approximately 24% of the local authority's children are living in poverty.
- The proportion of children entitled to free school meals:
 - in primary schools is 22% (the national average is 18%)
 - in secondary schools is 19% (the national average is 15%).
- Children and young people from minority ethnic groups account for 3% of all children living in the area, compared with 21% in the country as a whole.
- The largest minority ethnic group of children and young people in the area is the mixed group, at 1.5%.
- The proportion of children and young people with English as an additional language:
 - in primary schools is 3.4% (the national average is 18%)
 - in secondary schools is 2.3% (the national average is 14%).
- The ONS mid-2012 estimates suggest that the 0-15 years population in Barnsley will increase by 3.8% overall by mid-2017 (2.0% increase in Early Years; 11.6% increase in Primary and 3.4% increase in Secondary). This is 2.3% greater than the average estimate for the Yorkshire and Humberside region. Growth in the 0-15 age group is projected (to 2022) to be around the England average but above the regional average.
- The local authority demographics provide a contrast of a small, but growing, ethnic minority population (rising from 1% in 2001 to 2.1% in 2011) with overall high levels of deprivation (Barnsley is the 47th most deprived borough nationally).

Child protection in this area

- At 17 June 14, 1,251 children had been identified through assessment as being formally in need of a specialist children's service. This is an increase from 1,177 at 31 March 2013.
- At 31 May 14, 261 children and young people were the subject of a child protection plan. This is an increase from 187 at 31 March 2013.

² The local authority was given the opportunity to review this section of the report and has updated it with local unvalidated data where this was available.

- At 13 June 14, 10 children lived in a privately arranged fostering placement. This is a decrease from 18 children at 31 March 2013.

Children looked after in this area

- At 31 May 14, 227 children were being looked after by the LA (a rate of 46.2 per 10,000 children). This is a reduction from 234 (47.8 per 10,000 children) at 31 March 2013. Of this number
 - 78 (or 34.4%) live outside the local authority area
 - but 39 (of the 78) children live within 10 miles of the Barnsley boundary
 - of the 18 placed over 50 miles from the Barnsley boundary, all are placed as a result of securing long term arrangements including adoption
 - 18 live in residential children's homes, of whom 44.4% live out of the authority area
 - 3 live in residential special schools, of whom 2 live out of the authority area
 - 170 live with foster families, of whom 22.4% live out of the authority area
 - 1 child lives with their parents within the authority area
 - there are no unaccompanied asylum-seeking children (within the last 12 months).
- In the last 12 months:
 - there have been 20 adoptions
 - 8 children became subjects of special guardianship orders
 - 93 children have ceased to be looked after, of whom 1 subsequently returned to be looked after
 - 6 children and young people have ceased to be looked after and moved on to independent living (of whom 5 are in semi-independent living)
 - there are no young people who have ceased to be looked after and are now living in houses of multiple occupation.

Other Ofsted inspections

- The local authority operates three children's homes. One was judged to be outstanding in its most recent inspection and the other two were judged to be good.
- The previous inspection of Barnsley's safeguarding arrangements was in June 2012. The local authority was judged to be inadequate.

- The previous inspection of Barnsley's services for looked after children was in June 2012. The local authority was judged to be adequate.
- The inspection of Barnsley's adoption service was in October 2010. The overall quality was good.
- The inspection of Barnsley's fostering services was in October 2010. The overall quality was good.

Other information about this area

- The Director of Children's Services has been in post since June 2013.
- The chair of the LSCB has been in post since January 2013.

Inspection judgements about the local authority

The experiences and progress of children who need help and protection

Key Judgement	Judgement Grade
The experiences and progress of children who need help and protection	Requires Improvement

52. The Common Assessment Framework (CAF) is embedded in Barnsley as a recognised process for early help, but there is not yet a clearly defined early help strategy in place that coordinates consistently effective contributions from all partners. There remain inconsistencies in the quality of common assessments and early help practice, and CAF professionals identify that they need further training in how to write effective action plans with SMART targets. School CAF professionals do not have access to formal and robust professional supervision. The recent implementation of the 'Think Family' Strategy and the team around the family (TAF) is beginning to engage the whole family rather than just focus professionals on the child.
53. The multi-agency stronger families' teams are providing an improved focus and good levels of timely support to families where there are more complex issues. Good quality stronger families' assessments are facilitating task-focused direct work with families to prevent cases escalating to children's social care, for example, in relation to domestic violence, financial hardship and in supporting educational attainment.
54. Social workers and early help professionals have good access to a range of services to support children in need and families at risk of domestic abuse and substance misuse, for example, Pathways and Phoenix. An evaluation of the 'Breaking the cycle' programme, which aims to support parents and their families to reduce harm associated with substance misuse, identifies that in the majority of cases a positive impact is achieved on improving parenting and reducing substance misuse.
55. Transitions to adult services for older young people with mental health problems are effectively planned.
56. The Future Directions (leaving care) team provides effective and supportive arrangements for both care leavers and child in need to support homeless 16-17 year-olds.
57. Within early help, the multi-agency family panel is considering complex cases at a lower level and providing recommendations for a multi-agency approach where additional support is required. Their role in escalating cases to children's social care is less well defined, and minutes of these meetings do not clearly identify the level of need or whether escalation to children's social care is agreed. For example, in one case considered, a referral to children's social care

did not contain the level of information discussed at the meeting, and this was subsequently signposted for further family support when a social work assessment would have been more appropriate. The use of Family Group conferencing is underdeveloped.

58. Thresholds for intervention are not yet fully embedded across all levels of need. In a small number of cases seen, children are not receiving the services or the level of intervention that they need at the right time.
59. The local authority has undertaken a great deal of work with partners on the thresholds for social care intervention, and it anticipates that an increased number of children may now come into care services as a result.
60. An improved offer of information and advice to agencies is being provided, but there are too many requests for information and advice to children's social care, which is placing additional pressure on the duty and assessment team.
61. When the threshold for children's social care is met, arrangements for dealing with contacts and referrals are not as sharply focused as they might be. For example, considerable information gathering by social workers is taking place at contact point and even more information is gathered at referral stage, which could more usefully be undertaken at the start of an assessment. Good consideration is given to securing parental consent where appropriate, and information sharing protocols are consistently followed.
62. The review of the thresholds for children's social care and the pilot restructuring of contact and referral services, including co-location with the Police, has resulted in an improved response to children in need of services. Following assessment, children in need are appropriately allocated to social workers in the stronger families teams. However, a small number of cases were seen where children presenting with complex needs were signposted to CAF without a full social work assessment of their needs being undertaken.
63. The weekly handover point within the current pilot duty system leads to duplication of work by incoming team managers. There are also delays in allocating work for assessment in a small number of cases, although these cases had been screened and risk assessed by a team manager and were not cases where children required immediate protection. These pilot arrangements are already under review.
64. Domestic abuse notifications are risk assessed by the police. High risk notifications are immediately and appropriately progressed to children's social care for further action. All standard and medium risk-assessed domestic abuse cases are screened in the stronger families' teams by a team manager or social worker. However, the criteria for categorising risk in domestic abuse notifications are unclear and are not consistently applied or understood. This is a result of police and social care staff not sharing or using agreed risk

assessment tools for domestic abuse and, in a small number of cases; this has led to cases not receiving the appropriate response.

65. Where children are at risk of immediate harm, prompt and appropriate action is taken to protect them pending the outcome of an investigation. Children are seen and seen alone. Strategy discussions between children's social care and the police consistently take place, with some clear and effective plans being developed. However, discussions do not routinely include health professionals, but arrangements to facilitate this via conference calls are underway. The out of hours service is unable to offer a comparable service to daytime services, but there is appropriate prioritisation of children's cases and good levels of communication are reported.
66. Joint child protection enquiries between the police and social workers are thorough and timely in the majority of cases. However, where needs and risks emerge for children and child protection processes are initiated, the electronic recording system is not consistently updated to reflect this change. In a small number of cases, the rationale for not pursuing a joint investigation was not clearly recorded.
67. Case recording is up to date in the vast majority of cases seen, and historical factors in the family are consistently taken in to consideration. However, in some cases, there are gaps in chronologies, and there is not a consistently clear overview of management decision making. Case supervision is of a good quality, is regular, appropriately directive and reflective and this is improving practice. However, the recording of management challenge in respect of case work and decision making is not consistent.
68. The quality of social work practice, which includes assessments and planning, is improving through effective use of social work forums, mentorship and training. However, practice is too variable and cases remain where there is an insufficiently robust assessment of children's needs. There is a lack of consistency in addressing long-standing risks and concerns for children, and in some cases this leads to too many children being re-referred. In those assessments seen by inspectors that were good, effective identification of needs and experiences of children and learning from research are evident; social workers are also using a range of tools to help them understand children's needs and the nature of risks to them. There are a small number of notable exceptions where practice seen was outstanding, for example an adoption case and a case of a child with a disability. In these cases social workers thoroughly consider the needs, strengths and risks in relation to the child; consultation with other professionals is wide ranging; planning is effective and the welfare of the child is at the centre of all activity.
69. Statutory visits are timely in the cases seen, with some good examples of focused direct work with children and families to reduce risk and meet needs. Social workers know and understand children well and their views are consistently reflected in assessments and plans. Ethnicity is consistently

recorded, but needs arising out of identity and ethnicity are not routinely reflected in assessments. Needs arising out of disability are consistently well reflected in the work of the children's disability team within their assessments.

70. Child protection and child in need plans are not of a sufficiently good quality. While some good quality plans were seen, those that require improvement do not consistently and explicitly reflect the assessed needs and risks identified in assessments; they are also not all updated as risks or needs change.
71. Contingency planning is not sufficiently outcome focussed. Senior managers have taken recent and positive action to reduce drift in planning for children. This includes the implementation of the policy to consider the use of the Public Law Outline at the third child protection review if there is little or no change, and improving the understanding of the impact of chronic neglect through focused training and support to social workers. It has been recognised that current templates for plans are not helpful in identifying children's needs and the outcomes to be achieved. The local authority has therefore developed new templates on the electronic recording system for children in need, children subject to child protection plans and those looked after and these are now ready for testing and implementation. This will support social workers to ensure plans more effectively reflect individual planning needs.
72. Initial and review child protection conferences are timely, with 100% of reviews being held within timescale; they are also well attended by most agencies. Attendance and reports from GPs and adult services are inconsistent, and there are plans to address this with an agreed reporting template. There is improved practice in relation to sharing and receiving reports prior to conference and in the timely distribution of conference decisions and minutes to agencies. Child protection conferences and core groups observed were effectively and sensitively chaired, with good attention to facilitating a positive and equal contribution from parents and agencies. However, in a small number of cases there are missed opportunities to explore and challenge issues such as school engagement and parent's not fully meeting children's needs.
73. Social workers' reports to conference are improving in quality, and some very good quality reports were seen that present clear reflection and rationale for recommendations made. However a minority of conference reports present as over optimistic in relation to parental capacity to sustain change, and a small number of cases were seen where recommendations were made to prematurely step the case down for support under a CAF arrangement when continued services for children in need would have been more appropriate. The number of children subject to repeat child protection plans was high during 2012-2013 and showed a drop in the first quarter of 2014-2015, which brought it more in line with comparators. However, the local authority project the number of children subject to repeat child protection plans may remain high during this year due to previously over-optimistic decision making in relation to the potential for sustainable change in some families experiencing parental substance mis-use and domestic abuse.

74. Core groups are of a variable quality. Whilst the majority are appropriately focused, effective monitoring of the plan is not consistently achieved and a very small number of core groups evidence a lack of clarity amongst agencies over their purpose. For example, managing parental expectation regarding progress; in one case seen, parents were given the impression that progress against the child protection plan was more advanced than the subsequent conference found it to be. Multi-agency risk assessment conference (MARAC) arrangements are established and well coordinated, but action plans are very brief and the impact of risk or the outcome to be achieved is not consistently clear.
75. There are effective arrangements in place to monitor children missing from education and care placements. Robust arrangements are also in place to track and monitor those children whose parents elect to home educate them, through an assessor who visits families regularly to check the quality of education being offered. Senior managers monitor individual cases of children missing from care, and return interviews are conducted by a commissioned service, Safe@last, who also undertake awareness training and provide support to schools, families and residential units.
76. Multi-agency arrangements for services to children missing from their family home and those at risk of child sexual exploitation would benefit from further development. A specialist team of four police officers and a specialist social worker from Barnardo's was set up in April 2014, and this is a positive additional resource; however, it is too early to measure direct impact for children. There is good partner representation at the multi-agency Children's Sexual Exploitation and Runaways (CSER) forum, but the forum lacks robustness and it is not sufficiently clear how its work adds and links to child in need and child protection processes. Children missing from home and care procedures have not yet been reviewed in light of the new 2014 statutory guidance. Senior managers have made recent and positive plans to invite expert consultancy to review the effectiveness processes for children at risk of sexual exploitation.
77. There are strengths in the arrangements for assessing and monitoring private fostering arrangements, however, weaknesses have been identified in the oversight and management of the service. There are currently 10 private fostering arrangements, which is a reduction from 18 in 2012–13. An improvement plan is now in place that appropriately identifies the need to strengthen processes for aligning the work of private fostering with the assessment of needs and protection of children. Tracking arrangements are not in place to monitor the private fostering process, and so were not included within the private fostering report for 2013–14 to the LSCB.
78. Highly effective arrangements are in place to ensure that children and young people are safeguarded where there are allegations of abuse, mistreatment or poor practice by professionals and carers. Exceptionally comprehensive records are maintained that provide a detailed overview of appropriate actions taken. This includes timely strategy meetings, clear and appropriately-focused

direction to agencies, and very good consideration of the broader implications for children. Occasionally there are delays in signing off tasks allocated for completion when the local authority designated officer (LADO) is assigned to other tasks, such as chairing child protection conferences; however, the majority of these delays are appropriately monitored.

79. An appropriate, accessible complaints system is in place. There is an improved focus on embedding the learning from complaints in practice through discussion at the weekly performance management meetings, although this is not yet fully embedded. Barnados are commissioned to provide an effective advocacy support service for children looked after and children attending child protection conferences; last year 42 children were effectively supported to attend their conferences. Children and young people are very positive about the support they receive.

The experiences and progress of children looked after and achieving permanence

Key Judgement	Judgement Grade
The experiences and progress of children looked after and achieving permanence	Requires improvement

80. Developments in services are improving the experiences and progress of children looked after, but further improvement is needed, particularly in education, adoption and permanence planning.
81. Existing services to support families help to prevent the need for children to be looked after. These include parenting courses to build confidence and skill, and a good range of services for children with complex needs, such as short breaks. Family group conferences are available through a contract with a third sector provider, but this service has been underused during the past year. The local authority recognises that current services delivered by the stronger families' team do not identify and meet the complex needs of teenagers, and has plans to develop a service able to meet these needs.
82. Barnsley has a much lower proportion of looked after children than comparable local authorities, but does not yet fully understand the reasons for this. The local authority has worked with partners to clarify thresholds for access to services, and anticipates that one of the effects may be a future rise in the number of children coming into care. It acknowledges that some 16 to 18 year-olds who have entered care during the past year would have been admitted to care at a younger age if the current threshold had been applied. There are plans to evaluate more fully the effectiveness of services in reducing the need for children to become looked after.
83. In cases seen during the inspection, decisions made to look after children were appropriate and in their best interests. The Public Law Outline is being used effectively in work with families where the use of care proceeding is a necessary contingency, and in some cases this focus has helped children to remain with their birth families safely. Senior management oversight of the progress of cases in PLO is improving, with the recent introduction of a tracking system to avoid delay where care proceedings are required. Inspectors saw good, purposeful work with families to enable children to return home. One parent spoke very positively about the support received from social care: "my experience has been fabulous... they put me through a programme with Barnados which gave me a lot of knowledge to bring her up the best I can... once I took her home, the social worker took a step back, which I appreciated, but they still meet with me to see everything's ok".
84. The vast majority of children benefit from regular visits from their social workers and they know them well. Young people who met inspectors were

positive about their experience in care, describing very good relationships with both their foster carers and their social workers, although some had experienced several changes of social worker over previous years. They knew who to go to if there are problems and they have access to advocacy if needed. In their experience, most matters are resolved easily and without the need for a formal complaint.

85. Six out of the seven young people who met inspectors had not experienced bullying. One young person who had been bullied felt that these incidents had not been tackled when initially brought to the attention of a teacher. When raised again with a more senior teacher, the bullying was dealt with. The Youth Council is devising a charter on bullying for use in schools, designed to raise awareness that it is not tolerated.
86. Arrangements to monitor individual children who go missing from care are robust. The Assistant Executive Director is immediately alerted to every child in care who goes missing. Notifications of missing children are tracked daily by the manager for safeguarding services, and recovery plans are escalated as necessary. Return interviews and other follow-ups are carried out by Safe@Last. From 1 July 2013 to 30 June 2014, there were 192 missing episodes for 44 children, with 13 children accounting for 5 or more episodes each. The impact of interventions is considered on a case by case basis; however, an overall analysis of trends has not been undertaken. Partners show a strong commitment to working together for children looked after to manage children at risk of sexual exploitation, but more work is required to ensure that all plans are focused and seek to reduce risk for individual children and young people. Good, coordinated work between the Youth Offending Team and social workers ensures that the small number of looked after young people in care who are involved in offending are diverted from this behaviour.
87. Child and Adolescent Mental Health Services (CAMHS) offer a consultation clinic for carers and workers, with a target of five weeks from referral, although this is not always met. CAMHS does not have capacity to offer a therapeutic service to all children looked after who need this. A review of CAMHS provision is currently in progress. Additional therapeutic services for looked after children are commissioned by the local authority from independent providers on a case by case basis. A dedicated substance misuse worker supports young people, and there is no wait for access to treatment for those who need it.
88. Arrangements to assess and meet children's health needs have improved since the last inspection. A very high proportion of health assessments are completed (95% in 2013–14). Children looked after in Barnsley receive their immunisations by age five. Good systems ensure that all children who become looked after are registered with a local general practitioner and have access to dental services, and that initial health assessments are undertaken promptly, including assessments for children placed out of borough. The quality of health assessments and reviews has improved, with the designated nurse screening them and taking up poor practice with counterparts in other areas. Health

professionals are beginning to take strengths and difficulties questionnaires (SDQs) into account as part of their assessment in order to gain a holistic view of the child's physical and emotional needs. It is, however, too early to demonstrate the impact of this new approach.

89. The educational achievement of children looked after requires improvement. Only 62% of children looked after attend good or outstanding schools and this may have an impact on their outcomes. From their starting points at the end of the Early Years Foundation Stage, children looked after make average progress but by the end of Key Stage 1 attain below national expectations. In Key Stage 2 there is an improving pattern over the last two years and the authority's most recent achievement data for 2014 indicate that both attainment and progress are likely to be above average. However, achievement at Key Stage 4, although showing signs of improvement, remains well below expected levels for children looked after and the gap between children looked after and all children is not closing quickly enough. The authority acknowledges that there is work to be done to make sure that the progress of very young children is carefully tracked from the moment they come into care.
90. The school attendance of most children looked after is good. This is due to the rapid identification of those at risk of lateness or persistent absence. Once identified, the authority has good individualised systems in place to support young people back into high attendance. The number of fixed-term exclusions is reducing and is below statistical neighbours and national performance at 6.9%. There have been no permanent exclusions of children looked after in Barnsley for the last four years.
91. The Virtual School has a good knowledge of the educational needs of all children looked after and of how schools, both inside and outside the Borough, are seeking to meet these needs. Data collection is robust and provides a clear picture of the impact of schools' work towards improving educational outcomes for children looked after. The tracking information clearly states how, in the majority of cases, Pupil Premium Grant is used to fund specific interventions, but is unclear as yet about whether these are working to improve children's behaviour and/or achievement. There is some information about the progress of children looked after during the Early Years Foundation Stage, but this is not yet fully integrated into the virtual school's tracking system. Although the authority initiated a variety of strategies to improve educational outcomes, there has not been enough time for these to have a full impact on raising the achievement, aspirations and future life chances of all children looked after.
92. Most children looked after have a personal education plan (PEP), and a twice-yearly audit process has recently been introduced to check the quality of these. Of the PEPs sampled, the child's voice came through strongly in terms of what they like and do not like about their learning and their personal interests, but there is no evidence recorded of the educational progress being made between review meetings.

93. Young people are involved in a good range of social and recreational activities, which they are encouraged by their carers to join and attend regularly. They had also had 'sleepovers' at friends' homes agreed by their carers using delegated authority.
94. Placement stability is good. In one case a young woman was living in a children's home which was inspected by Ofsted and rated inadequate. She expressed her wish to continue to live there, and the local authority assessed the situation to establish whether it continued to meet her needs and provided additional support for a short period while the necessary improvements were made, enabling her to continue to live in the home. This home is now rated as good by Ofsted. Many of those who have moved during the past year have done so for positive reasons, such as moving locally from an out of borough placement, in line with their care plan. The local authority's strategic aim is to bring young people back to Barnsley where this is in their interests.
95. At the time of the inspection, 17 (7%) children looked after were living more than 20 miles away from Barnsley. Children living away from Barnsley who met inspectors were in well-matched placements. Young people and the staff in the two children's homes visited feel well supported by their allocated social workers. Their education and health needs are met and they have regular contact with their families.
96. The quality of care plans is variable, ranging from poor to good. Plans are generally clear and informed by updated assessments, and children's views are usually well represented. Some plans are not specific, measurable or time bound. Reviews are held regularly and are well attended by professionals involved. The review reports are difficult to read, and work is needed to improve the review template on the computer system. The recent initiative with Independent Reviewing Officers (IRO) writing to the child after each review is positive and helps to bring clarity and relevance to the process. Children find these letters helpful.
97. IROs routinely visit children between reviews, and in many cases have had long-standing relationships with the child, so they understand their life history and needs thoroughly. However, audits conducted for the inspection found limited evidence of oversight and challenge by IROs. While there is evidence within some case files and minutes that IROs do provide challenge, they recognise the need to collate and report this more systematically. To this end, a system for IROs to raise issues with colleagues has been introduced during the past year, but it is not yet used consistently across the service.
98. In cases seen, careful consideration was given to contact with family members, and contact arrangements met the needs of children. Children who met inspectors were all happy with their contact arrangements.
99. A good supply and range of family and residential placements are available locally. Independent providers operating in the area supplement 'in house'

provision and offer good placement choice. Children are carefully matched to placements that meet their needs. Effective contractual arrangements with independent providers are agreed through a regional consortium of local authorities, and quality is tightly monitored through the consortium and through Barnsley's own arrangements.

100. Ambitious targets have been set for increasing numbers of 'in house' foster carers, and additional staff have been appointed, including a recruitment and marketing manager. A wide range of training is available to Barnsley's foster carers. The children's rights service works with the fostering service to facilitate the involvement of young people in recruitment and training. Foster carers appreciate hearing directly from young people about their experiences. Carers are positive about the support they receive from their supervising social workers and almost all are also positive about support from the social workers for the children.
101. Partners on the Local Family Justice Board have constructive relationships with the local authority. CAFCASS reports good communications with senior managers and no concerns regarding quality or timeliness of court work by Barnsley social workers. The latest data (January to March 2014) show Barnsley averages 37 weeks for completion of care proceedings while the regional average is 38 weeks. However, performance is not yet meeting the required 26-week timescale.
102. Practice in permanence planning is variable. In some cases sampled, plans for permanence were appropriately developed, with long-term solutions being secured for young children in a timely way, including reunification with birth parents and a connected person placement. In other cases, there was delay in securing permanence, such as delay in matching a baby relinquished for adoption. Senior managers track the progress of children who come into care through the placement resources panel, which helps to ensure that plans for permanence are progressed in a timely way. The panel has yet to establish what the plans are for all children who have been looked after for more than a year. Special Guardianship Orders (SGOs) are currently underused to secure permanence for children and young people placed with mainstream foster carers. They are more commonly used with connected carers. The local authority acknowledges the need to review its policies to encourage the use of SGO applications.
103. Life story work is of variable quality. The dedicated children in care (CIC) team has the capacity and expertise to progress this work, and a better quality of work was seen in this area than in other parts of the system. Most case recording is up to date. There continue to be delays in providing access to records when this is requested by young people in care and care leavers. This is a long-standing problem that was reported in the last inspection and is not yet resolved.

104. Children looked after are under represented on the Care 4 Us Council, and senior managers recognise the need to develop consultation with children and young people under 16. This work has begun, with two recent consultation events with two different age groups which contributed to developments, such as a new information pack for children when they first come into care.

The graded judgement for adoption performance is that it requires improvement

105. The social workers and manager in the Barnsley adoption team are a highly motivated and committed group of staff who welcome the focus and commitment brought by the new senior management team. The adoption team has been strengthened through additional resources, and reorganised to focus on key areas of performance recognised as requiring improvement. However, these developments are relatively recent, and the service is not yet good as there is still work to do, and improvements are not sufficiently embedded to demonstrate sustained improvement and consistently good outcomes for children.
106. Permanence reports are not of a sufficiently consistent standard. Performance against the national scorecard measure for the time taken from receiving court authority to place a child and matching to an adoptive family is poor at 246 days, compared to similar authorities at 209 days and the England average of 210 days. Too many children experience uncertainty as a result of avoidable delays.
107. The level of recruitment of adopters has previously been an area of underperformance: Barnsley recruited only 10 adopters in 2013–2014, less than half the number of similar authorities. However, performance has improved significantly as a result of the establishment of a recruitment and marketing manager, and the local authority is now projecting a higher number of approvals over the coming year: 16 adopters were recruited in 2013–14; there are currently 17 adopters at stage one and 5 at stage two, and the team manager estimates 17 adoptive families will be approved in the first six months of 2014–15, with an ambitious prediction of 25–30 approvals this year. For children whose needs cannot be met through Barnsley adopters, the authority has placements identified through a range of agencies, including the Yorkshire consortium and the national adoption register.
108. Opportunities to promote good practice arising from the findings of the adoption panel are underdeveloped. The annual report for senior managers and councillors for 2013–2014 has yet to be produced. There has been insufficient engagement of the chair of the adoption panel with senior managers in the authority to share learning from the panel's experience and expertise.

109. The agency decision maker demonstrates a strong commitment to the matching of children to an appropriate adoptive home. Plans to separate brothers and sisters are strongly challenged. The adoption panel is appropriately constituted with a suitable range of panel members. The chair ensures that there is careful preparation to enable close scrutiny of applications to adopt. Most reports are of a good quality and contain the required information for the panel to make an informed recommendation. There have been no reported placement disruptions in the last three years, indicating the success of the matching process. There is evidence of increasing use of parallel planning to reduce delay, however fostering to adopt is at a very early stage of development.
110. Senior managers recognised the need to drive improvements in the timeliness and quality of permanence planning and have recently introduced a number of effective initiatives. For example, increased capacity and reorganisation has enabled social workers to concentrate on progressing permanence plans more effectively alongside the child's social worker; recognition of the need to engage all teams in assessing children's needs has resulted in the recent linking of adoption workers to relevant fieldwork teams; and advice and support is provided to these teams to promote earlier identification of children for whom the plan is likely to be permanence including adoption. Planning for permanence through adoption is now improving, with strong performance now in place to progress plans for children who have become looked after to move more swiftly into an adoptive home. In Barnsley, children take an average of 541 days compared with 606 for similar authorities and 647 nationally. The percentage of children looked after waiting less than 20 months to move into an adoptive home is also good at 66%, compared with 61% in similar authorities and 55% nationally. The local authority's data show that in the first 10 weeks of this reporting year 2014–2015, four children have been adopted, eight are placed for adoption, four have been matched and a further child is waiting for a match.
111. There is now a strong focus on increasing the number of adopters recruited by Barnsley. Social workers in the adoption team who are now dedicated to training and assessment are able to progress prospective adopters more rapidly through stages one and two. Increased capacity has reduced delays in commencing training. These improvements have increased the number participating in the training and assessment. Recently approved adoptive carers are very positive about the training and challenge in their assessment process.
112. There has been a good focus on developing adoption support in Barnsley through the appointment of a dedicated worker. Detailed adoption support plans are routinely developed to enhance adoptive placements. These include emotional support packages through CAMHS for parenting support for adopters and access to specialist counselling services for children. There are 18 support plans for current adopters. These plans are completed on a generic form, which does not provide sufficient clarity in a user-friendly format. This has been recognised by the authority and a more suitable template is to be developed.

113. Adopters met with were very positive about the help they receive through the groups run by the adoption support worker. However, not all adopters met with were aware of their entitlement to ask for an adoption support plan. Good attention is paid to needs of adopted children, with three support groups for children. Some adopters are concerned that schools do not always recognise the particular needs of adopted children. There is also concern that schools do not sufficiently engage with adoptive parents to determine how best to use the pupil premium funding. These issues are recognised by the team and meetings between the coordinator and schools are arranged.

The graded judgement about the experiences and progress of care leavers is good

114. Care leavers say that they feel safe in Barnsley and in their current accommodation. They get good advice on how to keep safe and make good life choices, although they admit they do not always take the advice.
115. Most pathway plans do not have sufficient detail about the young person and precisely how their needs are being met. There is very little detail about care leavers' health needs, and health passports are not provided. Pathway plans are not a useful working record of the young person's journey out of care and into independence. The authority recognises that there is more to be done to make sure the health needs of care leavers are fully met. However, care leavers say that they have access to health advice because their personal advisor (PA) is proactive in making sure they are registered with a GP and dentist, and that good advice is available through PAs regarding mental health and substance misuse.
116. The leaving care team provides effective support to care leavers to be confident and responsible adults. Care leavers say that they feel able to cope with independence and that if they need any help their personal advisor or another member of the team is always there for them. Case files indicate that care leavers are given every opportunity to develop life skills, like managing their budget, maintaining a healthy diet and managing their relationships and behaviour. The story of individual care leavers also emerges through detailed case records. Care leavers are supported to make and maintain contact with their families.
117. The local authority has a robust staying put policy, and as a result care leavers can stay put if they wish to, with the agreement of their carers. The large majority of care leavers choose to stay put and are supported to do so. Young people with learning and other complex disabilities are successfully supported to stay put by placements jointly funded with adult services.
118. There is good partnership working with post-16 providers, and as a result young people have a good range of choices for continued learning that leads to

employment. There are 23 care leavers, of whom 12 are not actively engaged in education, employment or training at age 19 (at the end of quarter four 2013–14). This does, however, demonstrate positive progress from 2012–13 and the service is confident that their target of 45% NEET for participation will be achieved.

119. Care leavers speak very highly of the wide range and flexibility of courses at Barnsley College that are tailored to meet individual needs. The college also provides good support to help care leavers sustain their interest and enthusiasm for education through the tutorial group mentors, who meet with care leavers weekly to check how things are going. Other local FE colleges have a similar approach. Most care leavers take advantage of further education, but tend to dip in and out according to how their lives are going. Some want to get a job as soon as possible, and are given excellent help and support on how to apply and interview skills; most are helped with buying appropriate clothes for their interview. One care leaver said, "They bought me a suit to go to my interview and it made me feel really good about myself".
120. There has been good improvement in the last two years in the number of care leavers who are at University. This has risen from zero to five. One started in 2012 and a further four started in 2013. Care leavers currently have access to four apprenticeships provided by the local authority, and plans are in place to grow this scheme. These apprenticeships are working exceptionally well for this small group of care leavers, and have an outstanding impact on their self-esteem, ability to cope with expectations within the workplace and ability to plan the direction of their future lives. Those involved in apprenticeships say this has been a life-changing opportunity.
121. Most care leavers are positive about themselves and the life they have chosen to lead, and receive good support from their Connexions PA and the leaving care team. The leaving care team celebrate achievements all the time through their very regular contacts with care leavers, who highly value the advice and support they receive. However, care leavers do not value the formal reward system organised by the authority. For example, one care leaver was given a certificate but she did not understand why this had been awarded or what difference it would make to her ability to get a job.
122. The provision of housing and suitable accommodation by the authority within the Borough is limited, providing insufficient choice. Most of this type of accommodation is provided by private providers on a spot purchase basis. The vast majority of care leavers are placed in suitable accommodation and performance has improved over the past two years to 96%, compared to statistical neighbours at 93.8%. Care leavers are not placed in houses of multiple occupancy, although occasionally hotel accommodation is used for short periods. Care leavers all say that they have a safe place to live.
123. Every care leaver has a national insurance number and birth certificate. All are issued with identity cards, but do not have passports unless a specific individual

need arise. The leaving care grant is considerably less than government advice. Although care leavers spoken to by inspectors say they know what information and support they are entitled to, the Children's Rights Service report (2013–2014) indicates that this is not the case for all care leavers. Care leavers have access to their case files and are offered support when reading these, although there remain delays in providing care leavers with this access. They know how to make a formal complaint and that they can have an advocate to support them through this process.

Leadership, management and governance

Key Judgement	Judgement Grade
Leadership, management and governance	Requires Improvement

124. Work to improve standards has been ongoing since the DfE improvement notice of November 2012. However, progress accelerated when the present Director of Children’s Services (DCS) was appointed in June 2013 and was further enhanced following the appointment of the Interim Assistant Executive Director (AED) in October 2013. Well planned use of interim managers in key posts has added impetus to driving necessary changes in practice. The DCS and her team provide a transparent and candid approach to reporting performance, detailing both progress and remaining challenges.
125. Challenges such as the structure and clarity of focus at the ‘front door’ are acknowledged and understood by the leadership team, with appropriate plans in place to review and remedy the situation in the next two months.
126. Managers know their services very well and are responsive to changing trends or newly captured data. A comprehensive self-assessment provides an accessible ‘whole service’ overview, and their improvement plan is regularly updated to provide real time consideration of areas for improvement against actions, outcomes and impact. Significant and rapid progress has been made over the last 12 months to implement and strengthen both performance management and quality assurance systems. Performance information is used routinely with managers at all levels to raise standards of practice, maximise learning and improve the quality of work with children and their families. Evidence of this can be seen in the increased understanding of the high numbers of children subject to repeat child protection plans in 2013-2014 and the need to provide greater training to social workers working with families experiencing substance mis-use and domestic violence.
127. Quality assurance is robust, with both thematic and routine case auditing evidencing a strong commitment to ‘get things right’. Case file audits clearly detail poor practice and managers acknowledge that work remains to embed consistently good standards of practice across the service. Recently improved and reliable management information allows senior leaders to quickly identify emerging issues. Remedial action is put in place at the earliest opportunity. For example, when the timeliness of health assessments began to fall the DCS effectively challenged health partners, who promptly made additional resources available with the result that good performance has been restored. Gaps in service provision are openly acknowledged, such as the need for a specialist service to intervene with young people on the edge of care. Appropriate plans are either being developed or already in place to address them. The impact of many of these plans on improving outcomes for children is yet to be realised.

Management oversight and supervision of case work is good and clearly evidenced on children's files. However, work remains to fully embed a system of professional, reflective supervision and professional development.

128. Strong leadership ensures that governance arrangements comply with statutory guidance. Key leaders such as the Leader of the Council, Lead Member, Chief Executive, LSCB chair and the DCS have established appropriate processes to ensure clear working arrangements and distinction of roles and responsibilities. Leaders have also been fully engaged with, and are key members of, the safeguarding improvement board. The independent chair of the improvement board has also been effectively engaged in essential dialogues by the Leader of the Council, Chief Executive, Lead Member, DCS and independent chair of the LSCB. Constructive dialogue regarding governance arrangements takes place between the DCS and LSCB chair, who meet every two months. For example, they have agreed the protocol in principle for the Health and Well Being Board. Formalised arrangements are in place for the Chief Executive to meet with the LSCB chair to review the Board's progress and to consider their annual report and business plan. The DCS and Assistant Director undertake monthly visits to social work teams to observe practice and gather feedback from front line staff; the Chief Executive also visits social work teams on a regular basis. Whilst the scrutiny panel routinely receives reports and challenges performance data about some areas of children's social care practice, they do not routinely scrutinise the LA's performance with regard to children looked after. This means they cannot be assured of the quality of the services delivered or challenge performance
129. The DCS and partners hold one another to account appropriately. For example, the work done by the DCS in partnership with a senior manager from the Clinical Commissioning Group over the delivery and range of CAMHS for children looked after has notably improved arrangements. Barnsley Children's Trust is a committed strategic partnership who are passionate about making required improvements to comprehensively implement thresholds across the partnership. Trust members are fully aware of the work still to be done to fully embed a shared understanding at key transition points of a child's journey. Whilst Early Help services provide a positive range of support for children and their families, a coherent, overarching strategic approach is not yet in place and evaluation of effectiveness is underdeveloped. The partnership has taken recent action to progress this area of work and is developing an early help performance scorecard. The Trust has yet to develop a fully shared understanding and ownership of the early help agenda. Leaders across the partnership keep front line staff well informed by regular electronic bulletins, with a candid assessment of progress and a focus on recent work.
130. Corporate parenting is underdeveloped and historically has not been a priority. Senior managers are raising awareness and encouraging elected members to act as 'pushy parents'. However, there is very little direct evidence of their influence being used to improve the lives of children in care. For example, educational outcomes for children looked after require improvement. Meetings

of the corporate parenting panel are now more child focused, and elected members have begun to appropriately challenge officers. For example, the panel have recently challenged senior managers to resolve problems in foster carer payment processes, a task which currently remains outstanding. Meetings are now more frequent, but as yet no young people sit on the panel.

131. An ambitious Placement and Sufficiency strategy is in place and aligns well with the Joint Strategic Needs Assessment (JSNA). Costs are benchmarked with a plan to reduce expenditure by £1.5 million over the next 3 years. The authority has sought benchmarking information both regionally and nationally to ensure that it effectively manages budget pressures. Elected members acknowledge that the base budget for children's placements had not been set at the correct level historically. Action has been taken to address this, and sufficient funding is now in place.
132. A wide range of placements is available locally, with independent providers supplementing the local authority's own provision, offering appropriate placement choice. Recruitment of sufficient local adopters remains challenging although recent improvements are reported. The Staying Put offer is good and vulnerable care leavers with disabilities particularly benefit from joint-funded staying put placements after they reach 18 years of age. Work remains to plan and develop a range of locally available suitable accommodation for care leavers. An effective operational joint commissioning group effectively identifies joint funding solutions to support children looked after with complex needs to achieve better outcomes.
133. The local authority works well with CAFCASS and the local judiciary. The standards of quality and timeliness in legal proceedings are satisfactory. The authority is in line with local regional timescales at 37 weeks; however, it continues to aspire to achieving the 26-week national target.
134. The stable and committed workforce in Barnsley is a real strength and provides a firm foundation to sustain and build upon recent improvements. The use of agency workers is very low and caseloads for social workers are manageable and closely monitored by senior managers. There are currently three key senior posts covered by interim managers, which creates some uncertainty; however, the local authority has robust plans in place to recruit permanently to these posts. Necessary work to implement a career pathway for social workers has started and a well-considered certification scheme is to be implemented later this year. A good workforce development plan links directly to improvement priorities and staff report easy access to frequent training opportunities. An evaluation of the impact of this strategy is not yet available, but all the requisite components are in place to achieve the necessary progress.

What the inspection judgements mean: the local authority

An **outstanding** local authority leads highly effective services that contribute to significantly improved outcomes for children and young people who need help and protection and care. Their progress exceeds expectations and is sustained over time.

A **good** local authority leads effective services that help, protect and care for children and young people and those who are looked after and care leavers have their welfare safeguarded and promoted.

In a local authority that **requires improvement**, there are no widespread or serious failures that create or leave children being harmed or at risk of harm. The welfare of looked after children is safeguarded and promoted. Minimum requirements are in place, however, the authority is not yet delivering good protection, help and care for children, young people and families.

A local authority that is **inadequate** is providing services where there are widespread or serious failures that create or leave children being harmed or at risk of harm or result in children looked after or care leavers not having their welfare safeguarded and promoted.

Section 2: The effectiveness of the Local Safeguarding Children Board

The Local Safeguarding Children Board (LSCB) requires improvement

The arrangements in place to evaluate the effectiveness of what is done by the authority and board partners to safeguard and promote the welfare of children require improvement.

Priority and immediate action

The inspection did not find any areas for priority and immediate action.

Areas for improvement

135. Increase the influence of the Barnsley Safeguarding Children's Board (BSCB) by strengthening relationships with the Health and Wellbeing Board.
136. Improve oversight by the Children's Sexual Exploitation and Runaways sub-group to improve practice and ensure that risk to young people is reducing.
137. Ensure 'Learning Lessons' reviews disseminate findings to front line staff in a timely manner to improve practice.
138. Revise the Threshold Document to more clearly outline pathways for referrals and the triggers for the various assessments being utilised.
139. Continue to embed constructive challenge to ensure partners consistently hold each other to account for improving safeguarding services in Barnsley.
140. Ensure partners hold each other to account for the coordination and delivery of effective early help services to children and their families.
141. Develop an effective model for evaluating the impact of training on safeguarding practice.

Key strengths and weaknesses of the LSCB

142. Barnsley has a clear protocol, last reviewed in February 2014, setting out effective governance arrangements between the local authority, the Independent Chair of Barnsley Safeguarding Children's Board, the Health and Wellbeing Board (H&WBB) and the Children's Trust. However, although a meeting is planned, to date the BSCB chair has not met with the H&WBB and therefore has not yet been able to ensure that issues relating to the safeguarding of children are given due consideration by the H&WBB members.
143. Agency representation on the BSCB is at an appropriately senior level and attendance by the vast majority of agencies is good and consistent. The chair is a member of the Children's Trust Board and the Improvement Board.
144. The Independent Chair of BSCB has been in post for 18 months, during which time he has gained the respect and confidence of partners, and he is widely recognised to have brought an improved focus and drive to the Board's work. He has encouraged constructive challenge within the partnership and has been successful in achieving 100% s11 returns, and is subjecting each return to a 'challenge' process. Efforts to engage the schools in submitting their s175 returns have proved more challenging, however, numbers are improving year on year. The lay member has volunteered to support schools that have yet to make a return. The Chair has, on a number of occasions, demonstrated his ability to hold agencies to account for their practice. However, there is little evidence that agencies effectively hold each other to account.
145. An effective review of the substructure of the Board has resulted in seven appropriate sub-groups. However, all but two of the sub-groups are chaired by officers from the Local Authority and they would benefit from a wider range of agencies taking these responsibilities. A very positive move is the establishment of a new sub-group to oversee improvements in inter-agency work with disabled children and those with complex health needs. The Board recognises that links with faith groups in Barnsley are underdeveloped.
146. The performance data overseen by the Board has recently been reduced to bring greater focus to the oversight and scrutiny exercised. The Performance and Audit sub group takes responsibility for escalating any declining indicators from a more expansive dataset. However, there is further work required to ensure that the Board receives relevant data from health agencies and the Police, and to complete the development of a scorecard to enable the Board to evaluate the effectiveness of early help.
147. The Safeguarding Board oversees a good range of single agency audits and has considered two multi-agency audits. The first multi-agency audit considered 31 midwifery cases and 10 social care referrals, to analyse compliance with the pre-birth protocol; the second multi-agency audit considered 12 cases and focussed on the quality, effectiveness and validity of child protection plans. Both audits led to the development of appropriate action plans. However, child

protection plans seen during the inspection indicate that the impact of these has yet to be embedded. There have been no audits on the effectiveness of Early Help, and none are scheduled for 2014–5. A report on private fostering was presented to the LSCB in May 2014; however, this did not reflect recently identified areas for improvement within the service.

148. The terms of reference and reporting arrangements of the Child Death Overview Panel (CDOP) have recently been revised and the panel now reports directly to the Board. The annual report is thorough and the number of child deaths in Barnsley each year is low. There have been no serious case reviews (SCR) in Barnsley since June 2012. There is a suitable learning and improvement framework in place that complies with Chapter 4 of Working Together 2013 and outlines the process for conducting serious case reviews in Barnsley. Following challenge from CDOP, a case relating to a serious incident involving a child in November 2012 has been subject to a systems-based 'Learning Lessons' review. Although a learning event has been held for staff involved, the report remains in draft and the learning has not yet been disseminated to the wider workforce, some 20 months after the event.
149. A wide range of standard and specialist training is on offer from the LSCB multi-agency training programme. Extensive awareness raising from the Board regarding Child Sexual Exploitation has led to very high attendance at training and a conference has also been held. The sub-group has made strenuous efforts to try to evaluate the impact of training by withholding continuing professional development certificates until delegates return their personal action plans to implement their learning, but returns are very low. This is subject to continuing effort from the group.
150. BSCB has a comprehensive procedures manual that includes local and regional protocols and guidance. The manual was last updated in March 2014 and helpfully highlights new procedures brought in following the revisions to Working Together in 2013. The procedures include the locally agreed Threshold Document, which provides good information about levels and types of needs of children; however, it does not make referral pathways sufficiently clear (e.g. into the Stronger Families Teams), nor the triggers for the CAF, Stronger Families Assessment or DoH assessment for children in need. The DCS and Chair of the LSCB organised a successful meeting with front line workers from one area of the borough to seek their views on current issues affecting their work; this included a discussion about thresholds, and the professionals were urged to use the escalation policy when they did not agree with individual case decisions by children's social care.
151. The annual report of 2013–14 is comprehensive and clearly outlines the steps forward taken by the Board over the year. The report outlines how the Board has begun to exercise greater oversight of partnership work to improve outcomes for looked after children. However, it does not recognise the need to improve oversight of the effectiveness of Early Help services.

152. The LSCB has made children at risk of sexual exploitation a major priority for the Board over the last year and a detailed strategy has been agreed, which is overseen by the recently established Children's Sexual Exploitation and Runaways sub-group. The LSCB has received a report on children missing from care, but has not considered any reports on children missing from home and has not audited the effectiveness of arrangements to protect young people at risk of CSE. Whilst LSCB safeguarding procedures are appropriate and regularly reviewed, it has been acknowledged that procedures need to be updated in accordance with recent changes to statutory guidance on missing children.
153. The LSCB is an active participant in planning local services. For example, the Board has participated in the formation of the Stronger Families teams and the establishment of a dedicated CSE Police team, in place since April 2014, which benefits from the inclusion of a specialist Barnados social worker. Following a study day with the Adults Safeguarding Board, the Chair is also working closely with partners to explore the development of a Multi-Agency Safeguarding Hub for Barnsley.
154. The Board held its most recent meeting in a Barnsley school, which provided the Chair and DCS with the opportunity to meet with young people to speak with them directly about their safeguarding concerns in Barnsley and to seek their views on the issues the board should prioritise. It is planned that future board meetings will also be held within schools, with the next meeting consulting with disabled young people.

What the inspection judgements mean: the LSCB

An **outstanding** LSCB is highly influential in improving the care and protection of children. Their evaluation of performance is exceptional and helps the local authority and its partners to understand the difference that services make and where they need to improve. The LSCB creates and fosters an effective learning culture.

An LSCB that is **good** coordinates the activity of statutory partners and monitors the effectiveness of local arrangements. Multi-agency training in the protection and care of children is effective and evaluated regularly for impact. The LSCB provides robust and rigorous evaluation and analysis of local performance that identifies areas for improvement and influences the planning and delivery of high-quality services.

An LSCB **requires improvement** if it does not yet demonstrate the characteristics of good.

An LSCB that is **inadequate** does not demonstrate that it has effective arrangements in place and the required skills to discharge its statutory functions. It does not understand the experiences of children and young people locally and fails to identify where improvements can be made.

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