

# Inspection of safeguarding and looked after children services

Southampton

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**Inspection dates:** 23 April to 4 May 2012

**Reporting inspector:** Pietro Battista

**Age group:** All

**Published:** 13 June 2012

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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), one shadow additional inspector 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 52 children and young people receiving services, 32 carers, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
  - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of serious case reviews undertaken by Ofsted in accordance with '*Working Together To Safeguard Children*', 2010
  - a review of 103 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
  - outcomes arising from visits to a range of services including: contact and assessment, child protection and children in need, looked after children, children with disabilities, children's centres and schools
  - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in May 2011
  - interviews and focus groups with front line professionals, managers and senior staff from NHS Southampton City, the University Southampton Hospital Foundation Trust, and the Solent 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. Southampton has a resident population of approximately 46,700 children and young people aged 0 to 18, representing 19.5% of the total population of the area. In January 2012, 29.4% of the school population was classified as belonging to an ethnic group other than White British, compared to 22.5% in England overall. Polish and Punjabi are the most recorded commonly spoken community languages in the area and 21.1% of pupils speak English as an additional language. Some 2.2% of pupils are of Black African background.
5. Southampton has 80 schools comprising 61 primary schools, 12 secondary schools, five special schools and two pupil referral units. Early years service provision is delivered predominantly through the private and voluntary sector, including childminders in 112 settings. There are 10 local authority maintained nurseries.
6. The Southampton Children and Young People Trust was set up in January 2008. The Trust includes representatives from education services, primary, secondary, special and further education; Hampshire Constabulary; Jobcentre Plus; the Police Authority; NHS Southampton City; the Safe City Partnership, School Governors' Forum; Solent NHS Trust; Southampton City Council, Southampton Children's Alliance, Southampton Council of Faiths, Southampton Safeguarding Children Board and the Youth Offending Service.
7. The Southampton Safeguarding Children Board (SSCB) has been independently chaired since April 2008. The Board brings together the main organisations working with children, young people and families in the area that provide safeguarding services.
8. Social care services for children have 220 foster carers and 64 children placed in independent foster agency placements, as of 31 March 2012. Community-based children's services are provided by a children first 'contact' team, an integrated assessment team, two locality based protection and court teams (PACTs), two family centres, a family contact centre, and city-wide teams for children with disabilities (the children and young people's development service) adoption, fostering, children looked after, an unaccompanied asylum seeker service and care leavers' 'pathways'. There is a single emergency out of hours service.

9. Early intervention and prevention support to families are delivered through 14 children's centres and extended services in schools. Integrated youth support services are delivered and commissioned by children's services. Targeted specialist services are provided through two multi-professional locality teams.
10. At the time of the inspection there were 421 looked after children. They comprise 144 children less than five years of age, 242 children of school age (5–16), 35 post-16 young people and a total of 135 care leavers open to the Pathways Team. At the time of the inspection there were 266 children who were the subject of a child protection plan. This is a slight decrease from the same time last year, when it was 279, and a significant increase from two previous years, when it was 179. These comprise 116 females and 139 males, 11 were unborn children. Some 47.74% (127) of these children are aged under five, 37.60% (100) are aged 5-11 and 14.66% (39) are 12 years or older. The highest category of registration was multiple at 55.29% (147) followed by neglect at 21.05% (56), emotional at 15.03% (40), sexual at 5.63% (15) and physical at 3% (8).
11. Commissioning and planning of National Health Services and primary care are carried out by NHS Southampton as part of the Southampton, Hampshire, Isle of Wight & Portsmouth Primary Care Trust cluster. The Southampton Clinical Commissioning Group, due for authorisation prior to 1st April 2013, currently operates within NHS Southampton. The main provider of acute hospital services is University Hospital Southampton Foundation Trust. Community-based child and adolescent mental health services (CAMHS) are provided by Solent NHS Trust. In-patient CAMHS is provided by Southern Health NHS Foundation Trust, private providers, such as Huntercombe and Priory Group, are also instructed on a case by case basis. Community health services are provided for children and families by Solent NHS Trust, with additional community health services provided for adults by Southern Health NHS Foundation Trust.

## Safeguarding services

### Overall effectiveness

### Grade 3 (adequate)

12. The overall effectiveness of the council and its partners in safeguarding children and young people is adequate. Significant challenges have been faced by the council and its partners to reorganise safeguarding services both strategically and operationally over the past two years. Actions taken have resulted in improved performance and practice in some safeguarding areas, for example in the contact and referral services. However, many initiatives are very recent or are being further developed, and most have yet to be sustained. There is insufficient track record of sustained improvement across most safeguarding outcome areas, for example in the timeliness of assessments.
13. Children most at risk of harm are now appropriately protected and prioritised. Prompt action is taken to ensure that children who may be at risk are assessed and appropriate intervention is made to ensure their safety. However, in recent years, delay in assessing potential risks and taking prompt corrective action has left too many children in circumstances that did not promote their welfare.
14. Partnerships across all agencies are well established, with appropriate communication and collaboration at strategic and operational levels. The SSCB enables partners to work well together overall to deliver and develop safeguarding services. The Board provides some challenge to partners, where services are not performing to a sufficient standard. However, more work is required to ensure that child protection core groups are effective.
15. Robust analysis of performance management information results in sound analysis of the impact of safeguarding services to be undertaken across all partner agencies. This enables managers to have an accurate understanding of the effectiveness of practice and service delivery and to take appropriate action to tackle shortfalls. Audits within the social care service have identified cases with poor practice where children experienced delays in case planning, it has not been possible to ascertain whether similar issues are present in other cases which have not been audited.
16. Workforce development across the partnership is well established. Within children's social care services a detailed workforce strategy has not had sufficient impact to offset the high turnover of social work and managerial staff. This has had a significant, adverse effect on safeguarding work across the partnership. Staff have access to high quality training and development and have ready access to managers at all levels. However, staff supervision is not consistently regular or of sufficiently high quality. Managers provide social workers with extensive direction and support but

the quality of safeguarding social work is not of a consistently high standard.

17. User involvement and engagement is not systematically employed across safeguarding services in order to inform service development. On individual cases the views of users and young people are recorded, but it is not evident how these are used to inform case planning.

## **Capacity for improvement**

## **Grade 3 (adequate)**

18. The council and its partners have adequate capacity to improve. Over recent years the council has focused its attention on the reorganisation of children's social care services in the context of continued and growing demand on services, increased financial constraints and workforce capacity challenges. Some improvements are beginning to be secured, in particular in relation to the handling of referrals and assessments. However a track record of sustained improvement has not been established across most safeguarding outcomes.
19. In 2011 the council implemented changes to the terms and conditions of employees across all its services, which had an adverse effect on staff relationships and morale within children's social care services. The council introduced market supplements and enhancements for key social work posts, but these measures were not sufficiently timely or effective to prevent significant numbers of social work and managerial staff in safeguarding services from leaving the council's employment. As a result, a significant turnover of staff has adversely impacted on the quality of safeguarding work to a level which is now overall inadequate.
20. Workforce planning, combined with strenuous efforts by senior managers in the council, has secured some new permanent staff, but many are newly qualified with insufficient experience to undertake complex case work. Over reliance on agency staff has meant that additional financial resources have had to be assigned by the council, which are not cost effective. Turnover, and the management of poor performance of some agency staff, has exacerbated the lack of continuity of social work support and the effectiveness of case planning for some children. A new ambitious targeted children's workforce strategy has been developed to secure more experienced permanent staff and to develop and retain good, newly qualified, social workers. However, this has yet to have sufficient impact.
21. Senior managers within social care services are actively engaged in supporting staff to ensure that basic levels of social work and management are in place. This has ensured that recent overall practice is sufficiently safe and that staff are supported in undertaking their responsibilities. Such direct involvement is necessary pending the appointment of more permanent operational staff, although it is not the most effective use of strategic management resources. In the short term such measures are effective to underpin and stabilise safeguarding



services. However, it is not possible to ascertain how long this will be required or if it is sustainable.

22. Early intervention and support services are becoming increasingly effective and work collaboratively across the partnership to engage with children and families to avert the need for safeguarding intervention and to support children and families in need of protection. These provide a level of consistency and continuity whilst core safeguarding services are improving in their capacity and quality.

## **Areas for improvement**

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

### **Immediately:**

- ensure that the quality of social work to safeguard children is of a consistently high standard and that this is supported by regular high quality supervision by managers
- ensure that core groups are held regularly, that they include the active engagement of all relevant agencies and that they implement and develop the child protection plan to ensure that it is effective.

### **Within three months:**

- ensure staffing stability, in particular in the protection and court teams, so that sufficient social workers are in place who are suitably qualified, trained and experienced to provide children at risk and those in need with timely and skilled support
- ensure that the needs of homeless children and young people are fully assessed and that sufficient suitable accommodation is available for them, including emergency provision
- ensure that facilities for the medical examination of children and young people under 13 years of age who are the victims of abuse, including sexual assault, are available and are readily accessible at weekends
- ensure that service users are made aware of complaints processes and that lessons learnt from complaints are used to inform service development.

**Within six months:**

- ensure that there are sufficient experienced social work staff and managers to effectively carry out the council's safeguarding responsibilities.

## **Safeguarding outcomes for children and young people**

### **Children and young people are safe and feel safe**

#### **Grade 3 (adequate)**

24. Services to ensure that children and young people are safe and feel safe are adequate. Referrals to children's social care services are assessed and are responded to appropriately. Responses to child protection referrals are timely. There are some delays in responding to those children assessed as in need. In some child protection cases, there has been undue delay in recognising the need to escalate cases to legal planning and possible court action to protect children and to secure their long term well-being. Clear pathways from children's social care to common assessment framework (CAF) processes enable children who do not meet thresholds for access to social care to receive appropriate support.
25. The role and function of the Local Authority Designated Officer (LADO) are well understood across the partnership and referrals have been made by a wide range of agencies across the statutory and voluntary sectors. Cases referred to the LADO receive a timely and robust response that ensures that children and young people are protected. The LADO actively follows up concerns that arise from referrals with those agencies concerned and escalates them to the Director of Children's Services and the independent chair of the SSCB where appropriate. Concerns raised by the LADO about allegation management in schools that purchase human resources support from external providers were reported to the SSCB and, as a result, policies across the four sub-regional Local Safeguarding Children Boards have been revised to ensure a consistent approach. No electronic system for recording allegations against adults is in place, which limits the LADO's ability to use information fully to identify risk. This is recognised by the council and its partners.
26. Processes within the council and its partners to ensure safe recruitment of staff are effective overall and meet statutory minimum requirements. A range of checks are undertaken of the suitability of persons who have contact with children, including checks with the Criminal Records Bureau and these are regularly updated. The SSCB has ensured that partner agencies have clear guidelines for safe recruitment and has supported voluntary sector partners to promote and develop the use of safe recruitment practices. Contracts with external providers include

requirements for safe recruitment and are routinely monitored and reviewed by the council and its partners.

27. Safeguarding judgements in Ofsted inspections of the council's residential, fostering and adoption services range from adequate to outstanding, and those for independent providers are at least adequate. The large majority of schools and children's centres are judged good or better in helping children to stay safe. Most children seen during this inspection report that they feel safe and all report that they have at least one trusted adult to turn to if they are worried or afraid. However, some children report being bullied at school because of their ethnicity or learning difficulty and say that although they have reported it to staff, it has not ceased.
28. A well coordinated response to children who go missing is guided by a clear SSCB protocol that involves all relevant agencies. Effective risk assessment of each incident takes account of historical factors to ensure that cases are prioritised appropriately. Those children and young people assessed as missing, rather than having an unauthorised absence, are offered a return interview by an independent person. Routine monitoring of missing children enables themes and trends to be identified and to be used to inform training and development across the partnership. For example, training of front line police officers has led to an improved focus on the child's welfare in missing children reports. Effective monitoring of cases has enabled the identification of links between a significant cohort of children who have gone missing. This has resulted in a prompt and individualised response that has significantly reduced the incidence of children going missing and the associated risks.
29. Multi-agency public protection arrangements (MAPPA) and the multi-agency risk assessment conference (MARAC) arrangements are well established, with appropriate protocols and representation from relevant agencies at suitable strategic and operational levels.
30. Most complaints to the council about children's services receive a timely response. However, data provided by the council indicates that almost one quarter of complaints are not fully resolved in accordance with its timescales. Lessons learnt from individual complaints are routinely reported to senior managers. However, while the most recent review of complaints for 2010-2011 provides a commentary on compliance with internal processes, it does not identify or analyse themes and trends that emerge from complaints. This limits the extent to which the council can improve its services.

## **Quality of provision**

## **Grade 4 (inadequate)**

31. The quality of provision, which includes service responsiveness and direct work with children and families, is inadequate. Significant turnover in the council's children social work and managerial staff has resulted in poor or inconsistent quality of social work provision and managerial oversight of

key safeguarding services over several years. Improvements in some services, which had begun to show positive outcomes, such as within the referral and assessment services, were adversely affected by a large number of staff leaving in 2011-2012. There have been some very recent improvements in the quality of social work practice in child protection and child in need cases, however these are not yet fully embedded. Too many children have not received a safe service over an extended period of time which has impacted on the effectiveness of the current interventions. Whilst current front line practice is sufficiently robust to ensure that most children receive an appropriate response, there are still significant weaknesses, particularly in the PACTs.

32. Of the 20 cases randomly selected for this inspection, half were assessed to be inadequate by inspectors and this confirmed the council's own audits of these cases. Poor practice and ineffective management oversight was also identified in many other cases that inspectors reviewed, although there were a few examples of better practice. A significant factor in these persistent shortcomings has been the staff turnover, particularly within the PACTs. These teams have experienced exceptionally high staff turnover and have an over-reliance on agency staff, some of whom have left very soon after starting. Recruitment of permanent staff has mainly been of newly qualified social workers, who lack the experience to deal effectively with high risk child protection cases. As a consequence there have been frequent changes of social worker for significant numbers of children and families. This has led to a loss of momentum and case knowledge as social workers change, and drift and delay as incoming staff get to know children and their families. Parents seen by inspectors report that they have to repeat their stories too often and that new social workers often take over without a full understanding of their circumstances.
33. Thresholds for access to children's services and thresholds for child protection intervention are clear. Most contacts now receive a more consistent response than previously. Recent referrals have received a response that is timely for the child, though often not within timescales established by statutory guidance. New referrals are appropriately prioritised and those cases that require a child protection response are now recognised and dealt with promptly, with escalation to strategy discussions and child protection enquiries where required. Cases assessed by managers as needing no further action by children's social care services are appropriately referred for a response under the CAF.
34. The recent reconfiguration of the referral and assessment services has ensured that there are robust arrangements for identifying and responding to children and young children at risk of significant harm. All new referrals are responded to in a more timely way and collaborative processes are established with partner agencies to safeguard children and young people. The arrangements for the protection and care of children with disabilities provided by the multi-agency Jigsaw service are robust.

35. Children who have been known to social care services or have been allocated to social workers for some time have not always received a timely or adequately risk-assessed response at the point of referral or as new concerns have arisen whilst they were receiving social work support. Inspectors saw cases where children were exposed to risk for months and longer because of delays in recognising and responding to potentially abusive circumstances. In all those cases the council has, in recent months, identified the concerns and has taken appropriate protective action. However, the delays have meant that children have spent long periods living in adverse environments and that more permanent solutions were not achieved at an early stage.
36. The quality of assessments is too variable, and inspectors found that the quality of assessments has only improved consistently in the past year. Recent assessments seen are of at least an adequate quality and many, though not all, include a robust analysis that lead to appropriate recommendations. Assessments appropriately involve partner agencies and routinely record the wishes and views of the child and parents. However, consideration of their views is not always evident in the conclusions reached and in subsequent interventions. Children are seen, and in most cases are seen alone, but issues of culture, ethnicity and religion are seldom discussed or considered beyond a minimal level. However, many assessments carried out prior to the last 6–12 months do not always indicate that children have been seen alone. Too many of these assessments contain descriptive narrative that lack rigorous analysis. This has an enduring impact in some cases as assessments are not routinely updated and so practice is not informed by an up to date, comprehensive understanding of risk to the child or their needs.
37. Child protection enquiries appropriately evaluate risk and protective factors. However, often these enquiries do not lead to the completion of an initial or core assessment and as a result the opportunity to holistically assess the child's needs can be missed, particularly in cases that do not proceed to a child protection conference. In those that do proceed, it is often inappropriately left to the conference to collate and assess wider information which should have been made available through a core assessment.
38. Too many assessments are not completed in line with timescales and some very recent core assessments are overdue by some weeks. While these have been risk assessed by managers, the lack of timeliness results in delay in providing services to meet the needs of children and their families. The views of other professionals are clearly included in core assessments and do inform the analysis and conclusions.
39. The views of children and young people are routinely recorded in assessments, although how these are used to influence practice and decision-making is not always explicit. Equality and diversity issues are

considered to a minimal extent, although interpreters are used where necessary. The diverse needs of children with a disability are robustly assessed and considered within the work of the Jigsaw team.

40. Social work reports to initial child protection conferences are sufficiently detailed and analytical to ensure that risks and protective factors can be evaluated. Most child protection conferences are timely, are appropriately chaired and are routinely attended by most partner agencies.
41. Too many plans to safeguard children or to support children in need have not been progressed effectively. Drift and delay are particularly evident in a significant number of cases seen in the PACTs and while there is evidence of some improvements over the last three to four months, high turnover of staff and managers has contributed to failures in the implementation of plans and the oversight of cases. Children on plans have had frequent changes of social worker which has contributed to a lack of purposeful intervention. Actions set out in child protection plans have not always been carried out and as a consequence the protection needs of children have not been adequately progressed.
42. Review child protection conferences take place regularly and there is some evidence that they appropriately assess the progress of the child protection plan. However, in some cases successive review conferences have reassessed enduring risks without establishing contingencies or considering whether legal action should be taken, and this has contributed to drift and delay for some children. It is only recently that managers within children's social care services have increasingly considered the use of legal planning and action through the courts. This option is now being raised by child protection conference chairs and prompt access to legal advice is available to facilitate such consideration. This has resulted in a significant increase in the number of children being brought into proceedings and the number of children looked after for their protection.
43. In a number of cases seen by inspectors, core groups have not been held regularly. In some cases no core group meetings were held between review child protection conferences. Where core groups have taken place, there is limited evidence that the child protection plan is developed by the group or that it evaluates progress against objectives. Records indicate that core group meetings are not routinely attended by practitioners other than those from children's social care, and parents seen by inspectors report that health visitors and school staff often do not take part. Child protection plans are drawn up in considerable detail at child protection conferences. They cover key risks and needs and include timescales and designated leads. Parents report that they are generally clear about what needs to change for their children to come off child protection plans. However, they do not always receive core group minutes, which reduces clarity about the progress made and further expectations from them.

44. Some child in need cases are unallocated and the council has implemented new systems and processes to ensure rigorous oversight and monitoring of such cases. Child in need cases do not routinely have plans in place to inform the work, and this means that interventions are not always supported by a structured approach with clear objectives. However, those children in need held by the Jigsaw team do have good quality plans with specific and measurable objectives and as a result progress is more assured.
45. Young people aged 16 and 17 who present as homeless receive an assessment under the local protocol but there is no evidence in case records that the option of accommodation under Section 20 of the 1989 Children Act is considered. In three cases seen, vulnerable young people were placed in bed and breakfast accommodation, which means some young people are being placed in accommodation without adequate safeguards.
46. Record keeping by social workers is mostly sufficiently up to date although records vary too much in the level of detail contained. Most files contain chronologies. However, most chronologies do not contain appropriate information to assist case planning or to enable staff new to the case to promptly understand the case history. Case records contained evidence of supervision discussions. However, these are not always regular and instructions identified in supervision have not always been carried out, sometimes because a social worker or manager has left. For example, in one case supervision decisions made some months ago to investigate historical allegations of serious abuse were not acted upon until very recently. The quality of supervision was too variable between the teams in children's social care services responsible for safeguarding children, ranging from good in some teams such as the Jigsaw service to poor in other such as the PACTs.
47. Parents reported that they had experienced too many changes of social worker and that this had impacted negatively on the support that they had received. However, most parents who had the same social worker for a significant period found their support to be helpful and to have improved their family life. Most have found their social workers to be knowledgeable and sufficiently experienced but a small number thought that their social workers were too inexperienced and mechanistic in their approach to understand and help them to resolve their problems. All parents reported that there is undue emphasis by social workers on mothers and that fathers are excluded in case planning. Some also found that too little direct support is provided for children in the child protection process to help them to understand what is happening.
48. The use of the CAF has improved considerably over the last 18 months and is now well established. Partners now view the CAF as an effective problem solving tool with good joint working across services. All CAFs are

submitted to a multi-disciplinary panel which ensures that assessments are robust and that services have the capacity to provide the necessary resources to achieve the objectives of the plan. Step down arrangements are in place to support families coming off higher levels of intervention or to continue contact with families when immediate objectives have been achieved. Family based CAFs have been piloted and have proven effective in providing holistic support to families. CAFs are proving effective in supporting children to improve their attendance and behaviour at school and in supporting families with relatively high level of needs who do not reach the thresholds for social care intervention. However, the council does not have a systematic approach to assessing the impact of CAFs and so the full impact remains to be determined.

49. Safeguarding of children is afforded a high priority by schools and the education services. The council has well established services for supporting the emotional development of pupils. Emotional well being development officers work with educational psychologists and support emotional literacy support assistants based in most schools. The use of nurture groups is well established in the primary sector and is now also used in the secondary sector and the further education college. An anti-bullying officer has supported schools to implement their anti bullying policies and has helped schools to work with parents. Restorative justice approaches and mediation are increasingly used effectively and most secondary schools have peer mentors. Recent initiatives to reduce incidences of bullying and to keep children and young people safe have focused on safe use of the internet, awareness raising and combating cyber bullying.
50. Multi-agency work to reduce absence and exclusion is increasingly effective, although further improvement is required. Schools are increasingly taking collective responsibility for identifying children and young people at risk of exclusion early to take action to keep them in education or training. The primary heads inclusion group, established at the start of this academic year, is having a positive impact on improving behaviour, managing moves and avoiding exclusions, as is the secondary head group. The new Key Stage 2 pupil referral unit is helping improve behaviour, reintegration of pupils and raising their attainment. Education welfare officers monitor the safety of children and young people who do not attend school regularly and audit registers. The alternative pathways programme for Year 11 pupils established in 2011 is engaging 70 young people through personalised programmes who would otherwise not be attending school. Youth intervention services are in regular contact with other young people who are not attending school through 1:1 programmes or programmes provided through services commissioned through the voluntary sector. They are particularly vigilant of the safety of these young people.



51. A wide range of early preventative services support children and families. These include prevention and inclusion social workers who work with schools and families, parent support advisors and family workers. Approximately 100 families currently receive support, with some 150 families receiving support annually. School attendance is lower, whilst levels of exclusions and cautions and convictions are higher than in similar areas, but performance is now improving steadily. Children's centres are successful in making contact with the families of new born babies although the ease with which contact can be made through working with health colleagues varies across the area. Services provided by children's centres are effective in safeguarding children and in helping families to develop their parenting skills. A range of support is available for young carers that promotes their social and emotional well-being and provides opportunities for structured group activity, social contact and individual support.

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

52. The contribution of health agencies to keeping children and young people safe is adequate. The designated doctor and designated nurse for safeguarding posts have recently been moved into the PCT, NHS Southampton. The post-holders have strategic oversight of the implementation of action plans relating to the recent serious case reviews (SCRs), and are part of the SCR sub-committee. Appropriate priority is given to ensure prompt identification of and response to safeguarding concerns across provider services through performance monitoring and supervision by named nurses.
53. Health providers have taken appropriate action to address significant deficits in the arrangements for safeguarding children and young people that were identified in recent serious case reviews in the area. This is being closely monitored through governance arrangements, commissioning and reporting through the SSCB.
54. NHS Southampton PCT has established robust governance structures that ensure that provider health trusts have sufficient oversight of their arrangements to safeguard children, and that there are clear reporting lines to the SSCB. Self-assessment audits of provider trusts are closely monitored to ensure that targets for improvement are complied with. These audits indicate high levels of compliance with safeguarding requirements across providers. NHS Southampton PCT has established robust performance monitoring systems and reporting lines that enable it to effectively evaluate its services over a period of significant change.
55. Sufficient action has been taken by NHS Southampton PCT working with Solent NHS Trust and primary care to ensure that there is adequate information sharing and joint working between health visitors, school nurses and GPs. This has been facilitated by the introduction of new

protocols, forms and multi-agency meetings. These have been positively received by those practitioners involved and there is evidence of increased identification of risks to children.

56. Recent recruitment to vacant health visitor and school nurse posts has eased workload pressures across the teams, although target recruitment levels have not yet been achieved. The provision of additional safeguarding training, supervision and oversight to these teams has enabled an increased focus on identification of risk to children, early intervention and joint working, which is being monitored by service managers to ensure that safeguarding practice is improved and embedded.
57. A joint protocol has been developed by the four LSCBs for liaison and information sharing between children's services and adult mental health and substance misuse services. CAMHS representation has recently been included on the adult mental health strategic planning group and some multi-agency meetings have been established to discuss individual cases.
58. Access to safeguarding training for health practitioners is good at all levels, with increasing numbers of staff being trained in accordance with national guidance.
59. Health practitioners report that they have good access to safeguarding supervision on request, although dedicated safeguarding supervision is not routinely provided across all health practitioner groups. The Solent NHS Trust is addressing this in a new supervision model that is being developed.
60. Effective action has been taken by the University Hospital Southampton Foundation Trust to tackle deficits identified in their systems for identifying risks to children and young people when adults attend the accident and emergency (A&E) department. This has led to a significant increase in concerns being identified and appropriately responded to. Good links are established between the hospital A&E department and paediatric in-patient wards. However, the physical environment in the A&E department at the hospital is unsuitable for children and young people. A refurbishment plan is due to commence in 2013.
61. Solent NHS Trust provides facilities for the medical examination of children and young people who are victims of sexual assault or abuse, including a specialist centre based at University Hospital, entitled the Magnolia Centre. Specialist forensic examination is provided by community paediatric consultants from Solent NHS Trust. The service is highly regarded and valued across the partnership, but is not available at weekends for children aged under 13. This undermines good care and outcomes when the need arises, although the level of demand at weekends is low.

62. Health practitioners report that they experience difficulties in contacting and achieving a consistent response from social work teams when making referrals to them. Most health practitioners seen by inspectors felt that thresholds were high, not consistently applied, and that they needed to be persistent or had to escalate concerns to get a response. Most felt that there had been an improvement in the response that they have received recently. Particular difficulties are reported to arise in communication with social care teams that have had a high turnover of staff.
63. Health practitioners are increasingly involved in CAF assessments. A recent audit indicated that a quarter of all CAFs were completed by health based staff. Attendance of health professionals at safeguarding meetings has recently increased, although health practitioners reported that they do not routinely receive timely notification of meetings to enable them to attend. There has been a strong improvement in GPs submitting reports to case conferences where they are unable to attend.
64. Children and young people have access to a range of services that are effective in promoting good health outcomes around sexual health and pregnancy. The Family Nurse Partnership provides a highly valued service in supporting young mothers and supports the midwifery service in improving health outcomes for mothers and babies. A comprehensive contraception and sexual health service, including a specialist worker for the children of parents who are HIV positive has had a positive impact on health outcomes. Rates of teenage pregnancy are higher than comparator groups, but have shown a steady decrease in recent years.
65. A newly recommissioned CAMHS enables CAMHS staff to support and supervise staff working with children and young people who have emotional problems or mental health problems that do not meet the threshold to receive services from CAMHS, and to signpost people to other appropriate services. Concerns have been raised across stakeholders that there are insufficient Tier 2 services to meet the needs of children and young people. This is being reviewed by the SSCB as well as by NHS Southampton PCT. Currently no system is in place for evaluating the emotional well-being of children and young people in Southampton, and there is a gap in the analysis of whether those needs are being met. The CAMHS provides effective support to children and young people, although thresholds were increased at the time of the recommissioning of the service. While there is no significant waiting list for initial assessment at Brookvale and the Orchard Centre, there can be long waiting times for specialist services.
66. Children and young people with disabilities who have complex needs have good access to assessment and services through the Wordsworth Centre and Jigsaw. This service is in the process of being reconfigured, integrated and expanded to include young people up to 25 years of age. Children and young people who do not meet the threshold for Jigsaw receive prompt

initial assessments. However, the eligibility criteria for therapy services are set at a high level of need and there are significant waiting lists for some services such as speech and language therapy.

67. An occupational therapy transitions team, established in 2008, for children and young people with a disability is highly valued by people using the service. There are difficulties in securing positive transition planning into adult services for young people with disabilities who are not receiving a service from Jigsaw.

## **Ambition and prioritisation**

## **Grade 3 (adequate)**

68. Ambition and prioritisation are adequate. The partnership has established appropriate priorities, with a shared recognition that child protection and safeguarding services have not been sufficiently effective in recent years. Ambition is evident across the partnership to consolidate and extend the recent improvements that have been made and this is coupled with a realistic understanding of how much remains to be done. Service reviews are leading to greater alignment of provision, for example in relation to the screening and response to domestic abuse cases. While these are not yet fully implemented there are early indications of some success in achieving a more consistent and proportionate response.
69. The independent chair of the SSCB has provided strong challenge, for example in relation to the potential threats to safeguarding service delivery posed by recent industrial action in the council. Local priorities have been identified and acted on, for example in relation to neglect following the findings of a serious case review. There is elected member representation on the SSCB, however the chair has no formal contact with the council's Chief Executive or Leader and this may limit the Board's influence. Furthermore, some service deficits, such as the lack of community paediatric health and forensic sexual assault provision at weekends, had not been formally identified and considered by the Board.
70. Elected members across all parties prioritise safeguarding of children and champion the needs of children. Members regularly meet with staff in the council to oversee how safeguarding services are being delivered and routinely receive performance information and analysis from officers and from safeguarding operational and strategic groups. However, while the council has prioritised safeguarding services through additional funding to meet overspends in safeguarding budgets and to pay market forces supplements to social workers to aid recruitment and retention, this was not sufficiently timely or effective to prevent significant destabilisation of key safeguarding services through the loss of experienced staff.

## **Leadership and management**

## **Grade 3 (adequate)**

71. Leadership and management are adequate. Significant resource deficits and weaknesses in services are well understood by managers within

children's social care services, who routinely have access to a wide range of financial and performance management information. There is regular reporting to the lead member for children's services and the overview and scrutiny committee. Concerted effort is being made to resolve service shortcomings and this is supported by appropriate leadership and challenge by the SSCB. Additional funding has been secured from the council to offset some safeguarding resource deficits, primarily to appoint agency staff to cover for social work vacancies. Managers are fully aware that the high usage of agency staff represents poor value for money but measures to reduce this over-reliance have had little impact and costs remain high.

72. The last two years have seen the gradual emergence of a new and stronger leadership team in children's social care services which has worked with partners to identify and resolve very significant inadequacies in key aspects of child protection and child in need services. This has now ensured a more secure front line social care response but significant shortcomings remain for children requiring longer term child protection interventions, and while managers are responding urgently, efforts are hampered by difficulties in recruiting and retaining suitable qualified and experienced staff.
73. Staffing is a significant problem in the teams responsible for safeguarding children. Many qualified and experienced social workers left the council following revisions to staff terms and conditions of employment in 2011 and there has subsequently been an over-reliance on agency social workers and inexperienced newly qualified social workers. The PACTs have also experienced high levels of sickness absence, and while managers apply robust sickness management processes, the negative impact on capacity remains. These factors have meant significant weaknesses in the continuity of support provided to some children and their families, in case planning and in managerial oversight. The staffing position is regularly reviewed by senior managers and is reported to members.
74. Management and supervision arrangements within children's social care services are clear. Staff report having regular supervision and ready access to managers for informal discussions about casework. However, the regularity, quality and consistency of supervision evidenced in case records is too variable. Senior managers within social care services are actively supporting staff and are highly visible to ensure that work is carried out to at least a minimum safe standard. Safeguarding managers have a clear understanding of the issues affecting the service and have taken a range of appropriate measures to tackle the immediate challenges and to address the longstanding issues, such as poor risk management and drift in case planning.
75. Social work caseloads are manageable, averaging some 20 children per social worker, and have been sustained at this level for nearly two years.

This is a significant improvement on the position prior to that when caseloads were unacceptably high at between 50 and 70 children for some social workers. Staff report good access to training and development opportunities and newly qualified staff have benefited from structured learning activities. However, some newly qualified and inexperienced staff in the PACTs are carrying cases that are too complex for their stage of professional development.

76. Awareness by senior managers of the significant challenge in the PACTs has led to compensatory arrangements that are valued by staff. For example, child protection conference chairs spend time each week within the PACTs to offer advice and guidance about cases. They also provide targeted mentoring for newly qualified staff and staff identified who require additional support with child protection work. In addition, senior managers oversee casework very closely, for example scrutinising court statements before submission to ensure that they are fit for purpose. While this has the benefit of ensuring at least minimum standards, it is an unusually high level of oversight and in the long term is not a cost-effective use of senior managers' time.
77. Action plans from serious case reviews have been implemented and lessons learnt have been disseminated widely across the partnership. For example, progress has been made in raising the level of awareness about neglect indicators through workshops and training events. However, the full impact of this in practice has yet to be realised and inspectors saw cases where signs of neglect were not recognised and acted upon in a timely way.
78. Service user engagement in service planning and development is not fully established and while there are some examples of attempts to capture the child's voice, for example in the Children First audit and through the use of young inspectors in service reviews, the partnership recognises that further work is required in this area. The SSCB and its constituent partners have undertaken work with local mosques and madrassahs to raise awareness and ensure compliance with safeguarding standards.

## **Performance management and quality assurance**

### **Grade 3 (adequate)**

79. Performance management and quality assurance are adequate. The council and its partners undertake a range of performance management and quality assurance functions across agencies and within individual services. At the strategic level, safeguarding performance is monitored through the SSCB, the Children and Young People's Trust Board and the council's Scrutiny Committee. Through reports and its own audit activity, the SSCB maintains a close view of safeguarding performance across the

partnership and has been instrumental in raising concerns about the performance of safeguarding services within the council.

80. While performance management processes have enabled the council to develop a clear picture of shortcomings in children's social care services and to recently ensure a more secure front-line response, a need for considerable further improvement remains. Senior managers recognise this and routinely exercise a very high degree of scrutiny of practice.
81. The SSCB acknowledges that most of its audit activity has focused on pre-social care and child protection levels to ensure that the right cases are being referred. This contributes to processes for monitoring thresholds, which were last formally reviewed two years ago. The audit of Children First tested the application of thresholds across the partnership and found that there is broad agreement that thresholds are at the right level. The SSCB has also collated and reviewed audits by partner agencies. However, it has not conducted thematic audits or systematic, in-depth audits of practice. This is recognised and plans are being developed to begin this work.
82. Managers within children's social care services conduct a range of casework and service audits and these effectively identify issues within individual cases and some wider issues affecting safeguarding services. However, these audits are not systematically conducted or repeated. Audit activity, together with extensive performance management information, enables managers to have a sound understanding of issues to be tackled and to implement robust action where necessary. However, while some actions taken have begun to secure improvements, the quality of too many social care interventions remains poor.
83. Operational managers in children's social care confirm that there is an improved focus on performance as a result of senior management action and there is a clear sense of integration of strategic performance management processes and operational delivery in individual cases. Improved data reports enable real-time tracking by managers at all levels of the progress in individual cases, for example of visits and timescales, as well as of aggregate data. Managers now appropriately tackle issues of poor performance and are increasingly clear about the quality of performance and practice that they expect from individuals. However, much remains to be achieved to ensure that the overall quality of safeguarding practice within social care service is improved and sustained.
84. There is an increased focus on quality as well as quantity in some aspects of performance management. For example, child protection conference chairs provide formal monthly performance reports about social workers who report to and attend child protection conferences. These are used by the social worker and their immediate line manager as a staff

development tool, and also by more senior managers to identify themes and trends.

## **Partnership working**

## **Grade 3 (adequate)**

85. Partnership working to promote safeguarding is adequate. The SSCB meets its statutory responsibilities and provides sufficiently effective leadership across safeguarding services. Well-defined governance arrangements ensure regular communication between the SSCB and the Children and Young People's Trust, with clear respective roles and accountabilities. The SSCB chair is highly experienced and provides appropriate challenge to the partners.
86. SSCB representation covers a wide range of partner agencies. Membership is at an appropriate level of seniority to enable decisions to be made on behalf of their respective organisations. Schools are represented by three members who have well-defined mechanisms for ensuring that their head teacher colleagues contribute to and are informed by SSCB decisions.
87. At operational levels, effective arrangements are in place to enable close collaboration and communication between partner agencies, for example, a strong partnership is established between children's social care services and the police child abuse investigation team. Staff report that day to day links with professional colleagues are well established and operate effectively. However, parents and records indicate that attendance at core group meetings by some professionals such as health visitors and school staff is not sufficiently regular or consistent. The SSCB has recognised this, but has yet to take effective action. Difficulties in weekend access to paediatric child abuse medical examinations and sexual abuse forensic services have been examined at strategic level by health commissioners but have not been identified as a concern by the SSCB.
88. Representatives from the voluntary sector are actively involved in a variety of strategic and operational groups in which they are able to make a positive contribution. They report good relationships with other statutory partners, although recent staff turnover in children's social care services has necessitated forging new relationships with staff and familiarising those staff members with the range of services provided by the sector to facilitate signposting and access to those services within the community. This is disruptive of professional relationships and impairs the efficiency and effectiveness of joint working with children and families.
89. The Children and Young People's Trust provides a comprehensive range of multi-agency child protection training which promotes good partnership and networking between agencies. Staff across the partnership are readily able to access training and there has been recent success in securing attendance from independent schools in relevant child protection training. However, recognition of the need to deliver multi-agency training in core group working is very recent and has yet to be established.



## Services for looked after children

Children and young people in the care of the council have requested that they are referred to as children looked after. The council and its partners have respected this request and this is the term used in the body of this report.

### Overall effectiveness

### Grade 3 (adequate)

90. The overall effectiveness of the council and its partners is adequate. Many of the issues identified in the safeguarding section of this report have impacted across children looked after services and are not repeated in this section.
91. Significant challenges have been faced by the council and its partners to reorganise children looked after services both strategically and operationally over the past two years. Actions taken have resulted in improved performance and practice in some areas, for example in the fostering and adoption services. Health outcomes for looked after children are good. Educational outcomes are more varied but are adequate overall, as are opportunities for children looked after to make a positive contribution.
92. Appropriate services are established to ensure that children are safe, and most children and young people indicate that they do feel safe. However, in recent years, delay in assessing potential risks and taking prompt corrective action has left too many children in circumstances that did not promote their welfare. Some children were left too long with their families when they should have been looked after by the council and some children have experienced significant delay in progressing their care plans or in permanency planning.
93. Opportunities for young people to achieve economic well-being are inadequate as a result of insufficient suitable accommodation for some care leavers, poor pathway planning and the lack of sufficient preparation to enable young people to become independent.
94. Partnerships to support children looked after across all agencies are well established, with appropriate communication and collaboration at strategic and operational levels. The corporate parenting committee has been assigned the status of a local authority committee. It is well represented by partners and appropriately oversees the effectiveness of support to children looked after. A small number of young people on the Children in Care Council are contributing to the development of some areas of children looked after work, although the views of the wider children looked after population are not fully represented. The council is now

taking measures to increase the involvement of children looked after in service development.

95. Robust performance management information enables sound analysis of the effectiveness of children looked after services to be undertaken across the partnership. Managers have an accurate understanding of the effectiveness of practice and service delivery and take appropriate action to tackle shortfalls. However, this is only beginning to improve the quality of provision.
96. Performance is variable across the service. Strong adoption and fostering services provide good support for children looked after. The performance of health services in meeting the health needs of children looked after is good. However, too many children have experienced significant delay in case planning. Comprehensive, up to date assessments are not consistently in place, statutory visits by social workers are not sufficiently regular, and staff turnover adversely impacts on continuity of support and the effectiveness of case planning.
97. Workforce development across the partnership is well established. Within children's social care services a detailed workforce strategy has not had sufficient impact to offset the high turnover of social work and managerial staff, particularly in the PACTs, and as a result the quality of provision for children looked after is inadequate. Staff turnover has had less impact in the fostering and adoption and pathway teams. To some extent the support provided to these teams has mitigated the impact of significant difficulties experienced by the PACTs in providing continuity and consistency of support to many children looked after.

### **Capacity for improvement**

### **Grade 3 (adequate)**

98. The council and its partners have adequate capacity to improve children looked after services. Many of the issues impacting on capacity within safeguarding services are relevant to children looked after services and are not repeated.
99. Over recent years the council has focused its attention on the reorganisation of children's social care services in the context of continued and growing demand on services, increased financial constraints and workforce capacity challenges. Some improvements were beginning to be secured, in particular in relation to ensuring that those children who need to be in care are in care. This has resulted in a significant increase in the numbers of children looked after and in the number going through court proceedings. The increase has placed considerable strain on the capacity of children looked after services, despite the council injecting additional funding and resources to meet increased demand for services.
100. Some services supporting children looked after have managed to provide high quality support, for example the fostering and adoption services and

Jigsaw who support children looked after with a disability. However, other parts of the service, in particular the PACTs have struggled to meet the increased demand for their service. The significant social work and managerial staff turnover within the service and particularly the PACTs has negatively impacted on the quality and consistency of provision and case planning for many children looked after.

101. The same issue detailed in paragraphs 19 and 20 above in this report apply to children looked after services. Whilst there have been some improvements in key services, overall there has not been a sustained track record of improvement across the core children looked after services.

## **Areas for improvement**

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

### **Immediately:**

- ensure that statutory visits to children looked after are undertaken within the required timescales

### **Within three months:**

- ensure that children looked after are aware of the complaints process and are enabled to access the advocacy service
- ensure that pathway plans are in place for all care leavers, that they are comprehensive and specific and effectively support care leavers in achieving their objectives, including the development of independence skills and the transition to independence
- ensure that high quality personal education plans are in place for all relevant children looked after
- ensure that comprehensive up to date assessments are in place for children looked after and care leavers which are analytical and robustly identify risks, needs and protective factors and effectively inform care planning
- ensure that care plans are specific with clear intended outcomes, that these are recorded on the electronic recording system and that the implementation of the care plans is robustly monitored
- ensure that legal planning meetings are timely and that actions from these meetings are robustly monitored and implemented.

**Within six months:**

- ensure that robust systems are in place that enable children looked after and care leavers to effectively contribute to developments in strategic planning, policy and practice
- ensure that sufficient high quality accommodation is available to effectively meet the needs of care leavers
- NHS Southampton PCT should ensure that there is sufficient capacity within the children looked after health team to meet the health needs of children looked after.

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

**Being healthy****Grade 2 (good)**

103. The provision of support to ensure the health and well-being of young people in care is good. The designated doctor and nurse posts within Solent NHS Trust provide clear oversight of the operational responsibilities of the children looked after team (CLA). However, the strategic aspects of the role are underdeveloped, and it is not clear how responsibilities for strategic planning and reporting to the PCT are undertaken.
104. All of the children looked after health practitioners are located within the wider Solent NHS Trust health safeguarding service and this enables good information sharing and joint working where there are safeguarding issues relevant to the children and young people. The small CLA team is currently not fully staffed due to a secondment. The establishment has not changed despite a significant increase in both the number of children being looked after and the number of child protection medical assessments being undertaken. This has had an adverse impact on the capacity of the team to maintain the high and improving performance in undertaking health assessments achieved in previous years. In recognition of the increasing demand for the service, a commissioning review of the service is planned by the PCT.
105. Initial health assessments are undertaken by the CLA paediatric doctors which results in high consistency in practice and quality. Health assessments are undertaken at a local venue, No Limits, which is conveniently located for children and young people and de-stigmatises attendance as it is a centre for a range of other services. Young people are positive about the support and advice that they receive from the CLA team staff. However, some young people report that they are not offered a choice of venue.

106. Health assessments seen by inspectors are thorough and child focused, and appropriately consider wider social concerns that impact on the young person's health, such as housing and support. Health care plans incorporate the issues identified in assessments and are regularly updated. Practitioners across the range of health services report that they are well engaged in undertaking the actions in health care plans. Progress on health actions is recorded in different parts of the CLA health team's records, or in the child's review notes and there is no easily accessible summary or chronology. This makes it difficult to track outcomes.
107. The CLA team undertake the health assessments for the majority of children in care who are placed outside of the area, most of whom are within 20 miles of Southampton, which facilitates continuity of care.
108. Children and young people are screened for drug and alcohol misuse, and the CLA nurse provides advice and support where there are concerns about substance misuse. Referrals of children looked after to substance misuse services are increasing, and the rate of young people completing programmes is improving. However, rates of referral from this group remain lower than comparator groups.
109. Children looked after, their carers and parents have access to effective services to support their emotional well-being through the behaviour resource service. This service is highly regarded by partner agencies and is effective in improving health outcomes for those who access it.
110. Access by children looked after to initial assessments for CAMHS is prompt. Referrals for treatment are reviewed by the Therapeutic Panel to determine priority, after which there can be long waiting times for specialist services such as Cognitive Behavioural Therapy and clinical psychology depending on priority of need.
111. Children and young people including those looked after have good access to comprehensive contraception and sexual health services. Rates of pregnancy among children looked after are low. The Young Parents Midwifery Practice and the Family Nurse Partnership provide effective support and care planning for teenage mothers, including children looked after up to the age of 20 at the time of referral. This is a highly valued by service users and by other practitioners.
112. CLA health professionals are appropriately engaged in care planning for young people leaving care, providing them with personal health summaries and signposting them to adult health services. The children looked after clinic is based at No Limits, which enables young people who have left care to contact the team. This is provided on an informal basis as there are no specific protocols for providing health support to care leavers. Care leavers were part of the interview process for new Designated Nurse for CLA and influenced the panel's decision

**Staying safe****Grade 3 (adequate)**

113. Safeguarding arrangements for children looked after are adequate. There have been significant delays in securing permanency for a significant number of children and young people. This, combined with delays for some children entering the care system, has impacted negatively on the welfare of those children. Statutory visits to children looked after are not always made in timescales. This, combined with significant changes in social workers for some children, reduces the opportunity for them to develop a trusting relationship with their social worker and for social workers to act on a full understanding of the child's needs. However, once a best interests decision has been made, children are placed for adoption in a timely manner. A very significant increase in the number of children where the plan is for adoption is impacting on capacity of the service, but the children's services have plans in place to address this. The number of Special Guardianship Orders being undertaken is increasing. The number of children being adopted is increasing after a fall in numbers in 2010/2011.
114. The proportion of children entering the care system has increased very significantly since 2008. This increase has impacted adversely on placement choice; in particular there is a shortage of local placements for mothers and their babies, teenagers and sibling groups. A higher proportion of children are placed in foster care than the national average. All children looked after, including those placed outside Southampton, are placed with foster care providers that have been rated good or better by Ofsted. All children looked after placed in residential care are in a provision which has been rated adequate or better.
115. All children looked after who responded to the Ofsted pre-inspection survey reported that they feel safe or fairly safe, and almost all stated that there was at least one person that they could talk to if they felt unsafe. Almost all children and young people who responded to the survey found the advice that they receive from adults about keeping safe was useful. Ofsted's inspection of local authority fostering services in December 2011 rated the service to be outstanding, and an inspection of local authority adoption services in August 2011 rated the service good. The two local authority children's homes are rated satisfactory.
116. Stability of placements is better than the national average. Most children and young people who responded to the Ofsted pre-inspection survey stated that the care they received was either good or very good. This was reinforced when inspectors met with children who were very positive about their foster care placements.
117. An effective multi-agency response is provided to those children who go missing from care. Return interviews are undertaken in a timely way by the most appropriate professional. The Miss U project pro-actively

provides young people additional support if required. Strategy meetings are held for all young people who are looked after who go missing and planning takes place with carers to implement strategies to prevent further episodes of children going missing.

118. Commissioning arrangements and the monitoring of contracts ensure that appropriate safeguarding standards are in place for all commissioned services for children looked after and care leavers.

## **Enjoying and achieving**

## **Grade 3 (adequate)**

119. The impact of services to enable looked after children to enjoy and achieve is adequate. The local authority is committed to improving educational outcomes for looked after children and the city's virtual school has had some positive impact on improving attainment. A thorough review of the virtual school approach by the local authority resulted in its replacement by the leadership team for promoting the educational achievements of children looked after in 2011. The achievements of children looked after are reviewed carefully by the team and designated teachers monitor their progress at school. Designated teachers now attend children looked after reviews and work more closely with social workers, to ensure that appropriate support is provided to secure improved educational outcomes. Recent training has been provided to designated teachers on how to discharge their role, together with improved access to advice and support.
120. Schools are held to account for the progress and educational outcomes for children looked after and this is a key aspect of challenge discussions between schools and the Assistant Director in children's services. Some 71% of children looked after placed outside the city are in good or better schools but this reduces to 51% for schools within Southampton. This is lower than the rate of 62% for all pupils in the city.
121. The school attendance of children looked after is monitored carefully both for those placed within and outside the area, and is improving. However, the council recognises the need to improve persistent absence which is higher than national levels. Early intervention work with young children at the edge of care and their families is helping families achieve better attendance for their children and professional development for designated teachers is improving their ability to support children looked after. Against a background of higher than average exclusion rates for the city overall, rates for children looked after are decreasing but are in need of further improvement. The recently established primary heads inclusion group, the secondary head teachers inclusion group and the new Key Stage 2 and 3 pupil referral unit target support through managed alternative provision, emotional support programmes and short periods at the pupil referral unit to children and young people showing early signs of risk of exclusion.

122. The attainment of children looked after is improving and is mostly in line with national levels. Targeted additional support is used well to help individual pupils and is particularly effective in primary schools. At Key Stage 1 children looked after do better in mathematics than in reading and writing and they also do better in mathematics than English at Key Stage 2. Story Sacks and the Hamlyn Reading Project are helping carers to provide the necessary support, and a phonics project was successful in improving the reading levels of children looked after. Increasingly, children looked after are making the expected progress in primary school and their attainment is in line with that for all pupils in the area. This level of progress is not, however, reflected in secondary schools, which has only improved marginally in recent years.
123. Personal education plans (PEPs) provide a clear framework for evaluating the needs and progress of children and young people, but they have not been used to best effect to raise standards. PEPs record factual information about children and young people and outline attainment at different Key Stages. However, most do not include sufficient evaluation of progress and are not used to best effect to set improvement goals or to evaluate the impact of interventions. There is little indication of early planning and support for 15 and 16-year-olds to help them progress to education or training at the end of Key Stage 4. A new framework for completing personal education plans has been implemented recently by the leadership team for promoting the educational achievements of children looked after. Designated teachers and social workers have received training to use the new framework and report that it enables them to better target support. These plans are age specific and child friendly. The standard to which they are completed is too variable but is at least satisfactory.
124. Children and young people looked after are encouraged to participate in out of school activities, to participate in sports, to take up interests and to learn to play musical instruments. Carers are provided with funding to help with activities. Children and young people have access to computers or are provided with laptops. Youth Options provide opportunities for young people to develop their social skills, to participate in residential events and to try out new activities. A project is underway to provide additional after school and holiday activities for younger children and to encourage young people who are looked after to volunteer, support younger children and act as role models. Children and young people's participation in leisure activities is not reviewed consistently in PEPs to ensure that they benefit fully from the opportunities offered by the authority.



## **Making a positive contribution, including user engagement**

### **Grade 3 (adequate)**

125. The extent to which looked after children and care leavers make a positive contribution is adequate. Participation of children looked after in forums in which they are able to contribute or to influence policy and planning is underdeveloped and there is not a systematic approach to gaining the wider views of children and young people. A plan has been put in place to develop this further. Young people are involved in the training of foster carers and were recently involved in some recruitment, including that of the children looked after nurse. A Promise, the equivalent of a pledge, has been developed with some young people. However, there is a lack of awareness amongst children and young people looked after of the Promise and a lack of evidence of its impact.
126. Where children's views are heard the council is very responsive. For example, a young person wrote a letter to the Head of Safeguarding about their disappointment at the cancellation of the celebration evening for children looked after and as a result this event has now been reinstated for 2012.
127. There are a few examples of consultation events leading to changes in policy and practice, such as the meeting with the Children in Care Council at Youth Options. The council meets regularly. However, currently only a small number of children are on the council and this limits its impact and ability to represent to views of the large children looked after population. Young people have influenced some developments, such as a facebook page where young people looked after can communicate with each other. Work is being undertaken to improve children and young people's involvement in the Children in Care Council through meeting children in their own schools. Five schools have undertaken this so far. Some young people meet with a participation worker and are involved in the design and development of young people's participation, such as the development of a website for care leavers.
128. During the inspection, the council facilitated a large group of children looked after to meet with inspectors. This group indicated that they would like to meet together more often and the council are now considering ways of responding to their request.
129. Children and young people are actively enabled to participate in their reviews. Those who met inspectors felt that they were listened to concerning issues relating to their individual needs. The views of children looked after are routinely recorded and considered in social work visits. Particularly good work is undertaken within the adoption team to listen to the views of children and young people throughout the adoption process. Of the 25 children and young people who responded to the pre-inspection survey, 19 reported that reviews took notice of their wishes and feelings.

However, a number of young people are not aware of the advocacy service, how to make a complaint, or of the Children in Care Council. There is very little use of the advocacy service and the council recognises that further work needs to take place to improve children and young people's access to advocacy services. There is little evidence that organisational learning takes place through complaints and only a very small number of complaints have been made by children and young people who are looked after.

130. An effective independent visitor scheme currently supports 11 children and young people and is making a positive impact on those young people. Currently there is significant demand for the service that is not being met due to its limited capacity. Plans are in place to increase the capacity of the service.
131. Multi-agency actions to prevent young people looked after offending and reoffending are improving and the youth offending service was recently co-located with the prevention and inclusion services. Restorative justice approaches are used extensively by the youth offending service with cross agency commitment to early detection of risk and preventative approaches which include the police, education, social care, youth intervention and the voluntary sector. Young people are no longer prosecuted for minor offences in children's homes or whilst in foster care. Diversionary activities are increasingly used by the youth intervention and youth justice services to divert young people from criminal activities. The percentage of children and young people looked after cautioned or convicted has reduced steadily over the last three years, but continue to be higher than in similar areas.

### **Economic well-being**

### **Grade 4 (inadequate)**

132. The impact of services to promote the economic well-being of looked after children and care leavers is inadequate. Insufficient suitable accommodation is available for care leavers and a significantly lower proportion of care leavers than seen nationally are in suitable accommodation. At the time of the inspection there were three care leavers and older young people looked after placed in bed and breakfast accommodation due to a lack of appropriate alternatives. Care leavers who were able to remain in their foster placements were very positive about their experiences. Good work with independent fostering agencies has enabled this continuity of care in some cases, but it is not always feasible for care leavers to remain in foster placements due to financial considerations and circumstances.
133. Young people accommodated in hostels were more critical of their experiences. They report that they have not been adequately prepared for living independently and that they have not received the emotional support that they needed, which has sometimes resulted in their

placements ending. Young people felt that they need better support for independence which starts at an earlier stage and a more gradual transition into independence. The council's analysis of outcomes for care leavers accommodated in hostels confirms that a significant number of placements have ended prematurely. Work is being undertaken to improve this.

134. The options available to young people when progressing to independent living are too limited and sufficient time and support has not been provided to help them to develop the necessary skills and emotional capacity to live independently. One young person stated that the support they received was not proportionate to their needs. In recognition of these concerns, the council has implemented some recent improvements which include individualised packages of support for individual young people and a training bed is now being put in place in one of the hostels. Despite attempts by the council to recruit suitable supported lodgings, a very limited range of supportive lodging placements is available. The council is also aware that there is limited accommodation available for more vulnerable care leavers. This is a clear priority in the commissioning strategy and an assessment of need has been completed. In addition a combined voluntary sector lottery bid to provide support specifically to care leavers has been successful. The council has an arrangement with a furniture retailer that allows care leavers to choose their furniture when they move into their own accommodation. Staff report that this has been positively welcomed by young people.
135. Collaborative joint working between the council, local colleges and schools enables a wide range of provision to be available to young people at foundation, advanced and specialist provision and alternative programmes. Each of the Southampton colleges has a personal advisor who supports young people looked after during transition to college and close working between schools and colleges ensures that the specific needs of young people can be planned for and accommodated by colleges. A range of apprenticeship opportunities are available across the area, but these are not used sufficiently to help care leavers to secure employment. The council is planning apprenticeships to create more opportunities for looked after young people and care leavers.
136. The proportion of young people who progress to education and training at the end of Key Stage 4 improved last year and over the last three years over 80% of young people who started Year 12 completed their course. The authority recognises that at the age of 19 the proportion of care leavers in education training or employment is lower than in similar areas although levels are improving. Recent work through youth intervention programmes is helping to motivate and re-engage young people in education and training through 1:1 and small group work, which also enhances young people's personal development and self-esteem. Recent intervention through commissioned voluntary services is helping young

people gain pre-employment training and work experience. However, this work is still to impact fully on care leavers in education, employment or training at the age of 19.

137. The number of young people who have pathway plans is improving but remains low. The format for completing plans is clear and addresses relevant aspects. However, plans are often superficial, insufficiently evaluative and fail to set clear milestones to support young people through education or training and on to employment. The needs assessments are limited and descriptive rather than analytical and do not provide a comprehensive up to date assessment of the needs of the care leaver. The needs assessment do not consistently inform pathway planning. The authority recognises that they also do not consistently help secure support in a coherent manner to help young people develop living skills and to secure appropriate accommodation.

### **Quality of provision**

### **Grade 4 (inadequate)**

138. The quality of provision for children looked after is inadequate. In some cases children have been left within their family for too long before action was taken to place children in care. In some cases of long-term neglect thresholds have not been applied appropriately or in a timely way. Despite evidence that this has improved in recent months, drift in case planning remains in some cases. In a number of cases there are delays in legal planning meetings taking place and in proceedings being initiated and being followed through within appropriate timescales. Prior to September 2011, no system was in place to track cases following legal gateway meetings to enable any delay to be challenged at an early stage. Plans are not consistently progressed in a timely manner. These factors impact negatively on timely action being taken to place children in care.
139. A significant number of children and young people have experienced undue delay before action has been taken ensure that they are looked after. Once decisions were made that children needed to be in care, appropriate action was then taken. In many cases planning and intervention has been reactive rather than proactive and children have often entered into care following a crisis, rather than in a planned manner, and this has impacted negatively on those children.
140. Since September 2011, structures have been established within children's social care services, such as weekly consultations with legal services as well as planning meetings with legal services at an earlier stage. These are leading to some improvements. Some cases seen by inspectors have been progressed in a timely manner, for example inspectors saw evidence of recent timely pre-birth planning. The recently introduced care planning meeting and resources and alternatives to care panel, which considers cases of children on the edge of care as well as children in care, is improving decision making to ensure that children who need to be care

are in care. However, in some cases lack of management oversight and clear direction has led to significant delays in progressing plans for children and young people.

141. Assessments are too variable in quality. The majority of those seen by inspectors are inadequate or adequate and few are of a better standard. In a significant number of cases there is no comprehensive up to date assessment to inform planning. Overall assessments are not sufficiently analytical and do not focus sufficiently on the experience of the child. Risks and protective factors are not sufficiently explicit. There are delays in completing assessments and sometimes assessments are started by one social worker and completed by another social worker which impacts adversely on their quality and consistency. The views of older children are recorded but do not consistently influence case planning. The views of younger children are less evident in assessments. Issues of cultural ethnicity and diversity of children and their families are included but in most cases this is to a minimal level and overall is not sufficiently considered in case planning. Assessments in the Jigsaw service robustly incorporate issues of diversity in all assessments and care planning. The quality of work in Jigsaw which works with children looked after with disabilities is of a consistently high quality.
142. Delays in proceedings being initiated have resulted in delays in permanency planning, although there have been some recent improvements. Reviews now more consistently focus on permanency planning at an early stage. Once children enter the care system there is undue delay in case planning in a significant number of cases. This has been recognised by the council and has led to recent improvements. A review of children accommodated under Section 20 of the Children Act (1989) led to a significant number of children being progressed to proceedings. As a result the high proportion of children accommodated under Section 20 has decreased significantly.
143. Effective contingency planning is not consistently in place. The majority of care plans are not specific or measurable and are too limited. Intended outcomes and how these will be achieved are seldom clear, which makes the plan difficult to monitor. This has been recognised and a new planning format is now on the children social care electronic recording system, although staff have not yet been trained in its use.
144. High staff turnover and an over-reliance on agency staff has led to a significant number of children having a number of changes of social workers and managers, particularly in the PACTs. This impacts negatively on the worker's ability to progress plans and to build relationships with children. Children who are allocated to the Pathways team have experienced some very stable relationships with their social workers and in the majority of cases are positive about their social workers. Young people described how important having a stable social worker was to them. One

young person stated that changes in social workers had led to them 'no longer wanting to re-engage with social workers and repeat building another relationship and retelling their story'. A few young people who had experienced continuity of social workers were much more positive and had excellent experiences of social workers. Other young people, who were less positive about their experiences, reported that they did not feel the social worker spent enough time with them. Life story work is being undertaken with some children in permanent placements. However, this is not routine or embedded in practice. Life story work in the adoption service is of a good standard and is consistently undertaken.

145. Statutory visiting requirements for children looked after are not consistently met. A third of visits do not meet statutory timescales where a child is not in a permanent placement. Where a child is in a permanent placement statutory visiting requirements are met for the vast majority of children. Children are not always seen alone where it would be appropriate. The quality of recording of the visits is adequate overall, however, the purpose of the visit is not always sufficiently clear and in some recording the only statement is 'statutory visit'.
146. Senior social care managers have taken appropriate action to ensure that standards of basic practice required are clear to staff. Guidance and training has been delivered to effect this change. This is having some positive impact. However, progress to improve the quality of social work practice has been undermined by the high turnover of staff, particularly in the PACTs. Senior managers recognise that they need to improve the skills and confidence of the children's social care workforce. Senior managers currently have to be significantly involved in front line practice to ensure that minimum required practice is met. An example of the positive impact of senior managers' involvement in front line practice is the improvement in the quality of statements for court hearings, following representations from the courts concerning the poor quality of social work reports. Delays in assessments being both started and completed adversely impact on delays in securing permanency for children looked after.
147. Children are provided with good quality foster placements and the quality of support that children and young people receive in their placements is good. To some extent, this support mitigates some of the negative experiences where there is a lack of continuity of other staff. There is particularly good and flexible provision to support young people's emotional and mental health to prevent placements from breaking down. Foster carers report that a wide range leisure activities, such as Youth Options, effectively supports children in their placements. Options for young people to stay with family and friends and carers are consistently explored. The timeliness of assessments for family and friends to be carers has been identified as an area for development by the fostering service.

148. Robust strategic planning has led to the redesign of the council's children's homes to better meet the needs of children and young people. The ARC offers respite care for teenagers and intensive work with families to prevent young people entering the care system where this is appropriate. Although the impact of the work is too early to assess, evidence from some individual cases is positive. Parents met during the inspection were very positive about the service that they had received which is enabling improvements in their families' situation. Parents were very positive about being able to call the ARC services 24 hours a day if they needed support or advice and to be able to speak to someone who knew about their situation. The service is flexible in meeting the needs of families and offers intensive work and support for families, where appropriate. Parents described the staff as being non judgemental and stated that they felt listened to. Family group conferences are used well to enable children to remain within their own communities.
149. Independent reviewing officers (IROs) are experienced and knowledgeable. Their caseloads are high and their capacity and ability to effectively carry out their responsibilities has been adversely impacted by staff sickness and the significant increase in the number of children coming into care. The timeliness of reviews has decreased and performance is below the national average. IROs have been effective in challenging drift in some cases. However, the high number of cases where there has been delay in planning has not enabled the reviewing officers to be consistently effective. IROs do not have a clear or consistent system for tracking the progress of care plans in between reviews. As a result they use different methods of tracking and prioritisation. Social workers do not consistently notify IROs of significant changes to care plans. IROs are not always able to meet with children independently to gain their views, but are flexible in their approach and ensure a child centred approach to undertaking reviews. The quality of recording of reviews is improving and review reports are distributed in a more timely manner.
150. Overall the quality of social work information provided to children looked after reviews is improving from a low baseline. However, social workers do not always provide an update on the progress of the care plan before the review and the quality of this information is too variable. The effectiveness of some reviews is undermined as a result of the lack of effective care planning before the review. Where care planning meetings are held in a timely way reviews are more effective.
151. Recording of social work practice overall is adequate. However recording is not always up to date and some records are missing, for example, care plans are not always recorded. Chronologies are not always in place, are not consistently up to date and do not enable a new social worker or manager to promptly access the significant events in a case.

152. A significant proportion of cases involving care leavers seen by inspectors were assessed to be inadequate. The majority of care leaver cases seen did not have a comprehensive assessment and lacked effective planning which impacted adversely on outcomes for those young people. However, social workers in the Pathway team do have good knowledge of the children and young people they work with and demonstrate commitment and persistency in supporting care leavers. In most cases staff have developed good stable relationships with children and young people, which is enhanced by young people being able to stay allocated to their social worker when they reach 18 years old. However, this commitment does not consistently lead to sufficient clarity about purpose and effectiveness of the interventions undertaken with those young people.
153. The needs of unaccompanied asylum seeking children are met appropriately. There is good access to interpreters. The council runs a regular group for unaccompanied asylum seeking young people which is well received by those young people who attend.

### **Ambition and prioritisation**

### **Grade 3 (adequate)**

154. Ambition and prioritisation for children looked after are adequate. Children looked after are a clear priority within the council's plans and their needs are routinely considered in key strategic groups that oversee and develop services for vulnerable children. The council demonstrate commitment to ensuring that children live in permanency at an early stage in their lives.
155. The corporate parenting committee is well represented across the partnership. This includes cross party elected members, and other agencies such as health, housing and adult services. The corporate parenting committee has appropriate information provided which enables the group to identify key issues. There is evidence of effective challenge within the group and officers being held to account. There is evidence of some impact, however it is recognised that the group needs to use its detailed knowledge of the service to increase its effectiveness.
156. A small group of committed elected members champion the needs of children in care, and work is ongoing to embed this across the wider group of elected members. Some elected members do take opportunities to meet with children looked after. Where children's views are heard these are taken seriously and members ensure that action is taken.
157. Sound self awareness of the strengths and the weaknesses of services to support children looked after enables the council and its partners to establish the right priorities. Appropriate prioritisation has led to effective provision in some areas, such as in fostering and adoption services. However, the achievement of some priorities has been undermined by significant staff turnover within children's social care service supporting children looked after, which has led to the council and its partners not consistently achieving its targets.



## Leadership and management

## Grade 3 (adequate)

158. Leadership and management are adequate. The council and its partners have experienced senior managers who provide clear and visible leadership for children looked after services. Within children's social care services, senior managers are working strenuously to ensure that those children who require care are looked after and receive appropriate support and case planning. Managers are actively engaged in delivering guidance and training and monitoring performance to ensure that the basic expected requirements of practice are met. However, this has not yet had sufficient sustained impact on the quality of practice.
159. Leadership has resulted in improved strategic planning in some areas, such as the remodelling of the council's children's homes. A robust sufficiency strategy is in place, however commissioning of placements has been under-developed. This has not enabled the best use of the resources and clarity on outcomes that need to be achieved for children and young people, and there has been limited evidence of management of the market. A new regional fostering contract has put the council in a sound position to be able to ensure more effective matching of placements for individual children as well as better use of resources. The council projects that the contract will lead to significant savings. The commissioning of children's homes placements is underdeveloped and there are plans in place to improve commissioning in this area.
160. A detailed workforce strategy was updated in March 2012 in the Children's Social Care Workforce Development Strategy. This clearly analyses needs within children's social care services and outlines appropriate measures to tackle the need to recruit and retain social work and managerial staff and to ensure that there are sufficient experienced staff to undertake or manage the range of complex work. The Pathways team and fostering and adoption services have been able to achieve a greater stability of staff. However, in some key services, such as in the PACTs there has been significant turnover of staff which has negatively impacted on the provision of services. The council has focused on recruiting and supporting newly qualified social workers with some success, although numbers recruited are insufficient to meet vacancies. Few and insufficient experienced social work staff, who are readily able to take on more complex work, have been recruited to offset the high number of experienced social workers who left the service during 2011/2012.
161. High staff turnover and over reliance on agency staff within children's social care services is significantly and adversely impacting on the quality of provision and the value for money. Managers are working directly to minimise the impact of changes of social workers and to support new or inexperienced staff. Whilst this is appropriate and necessary to maintain some areas of children looked after services, it detracts from the time

available to senior managers to focus on strategic development of services and improving their overall quality.

162. Social workers report that they have ready access to training which is of good quality, and this training is also accessed by agency staff. Those staff who have remained in the service express confidence in their managers and commitment to sustaining and improving services for children looked after.
163. The council recognises the need to improve opportunities for young people to develop their economic well-being and clear priorities for improvement have been identified based on an accurate self assessment. The recently established leadership team for promoting the educational achievements of children looked after is well placed to prepare young people for progression to post-16 education or training and on to higher education or employment.

### **Performance management and quality assurance**

#### **Grade 3 (adequate)**

164. Performance management and quality assurance are adequate. A wide range of performance management information is routinely made available to and analysed by managers across the partnership, which enables them to have a sound understanding of issues affecting children looked after. Performance information and analysis is routinely reported to key strategic groups such as the Corporate Parenting Group and the council's Overview and Scrutiny committee to enable them to monitor the effectiveness of provision and guide service developments. Operational managers have regular access to management information and there is evidence that this is used increasingly to improve practice and to ensure that the key elements of practice are met.
165. A range of case and service audits are undertaken across the partnership. Within children's social care services some individual case audits have been undertaken that have resulted in the identification of practice and managerial issues that have been appropriately addressed, together with some areas of good practice. However, auditing has not been consistently or regularly undertaken across children looked after service to enable managers to assess whether actions taken to address issues have been effective and led to sustained improvements.
166. Within children's social care service for children looked after supervision and management oversight is mostly regularly provided. However the effectiveness of supervision is too variable. Most files seen by inspectors sufficiently recorded case discussion and consideration of issues from previous supervision. However, not all case planning was sufficiently detailed, specific or measurable and actions were often repeated from previous supervision sessions, with examples of actions not being followed

through. Supervision does not focus sufficiently on the experience of the child and there is insufficient challenge of the effectiveness of planning and intervention.

## Record of main findings:

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