

Inspection of safeguarding and looked after children services

West Sussex

Inspection dates 8 to 19 November 2010

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Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI), two inspectors from the Care Quality Commission and one additional inspector. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with 19 children and young people receiving services, 20 parents and carers, front line 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 108 case files for children and young people with a range of need. This provided a view of services delivered over time and the quality of reporting, recording and decision making undertaken;
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment arrangements undertaken in October 2009;
 - visits to over 40 services and teams throughout the county to inspect services, speak to staff and assess practice.

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 meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

Service information

4. West Sussex has a resident population of approximately 173,080 children and young people aged 0 to 18, representing 21.8 % of the total population of the area. In January 2010, the annual school census showed that 12% of the school population belong to an ethnic group other than White British, compared to 22.5% in England overall. Some 1.12% of all pupils in West Sussex are of Indian background and 0.74% are of Black African background. Some 7500 pupils (7% of all pupils) speak English as an additional language. Urdu and Polish are the most commonly recorded spoken community languages in the area, although there are 140 language categories recorded in 2010.
5. West Sussex has 283 schools comprising 234 primary schools, 34 secondary schools, 12 special schools and three pupil referral units. Early years service provision is delivered predominantly through the private and voluntary sector in over 430 settings and with over 1,000 childminders; there are four maintained nursery schools and 13 maintained schools with nursery classes. All maintained nursery schools are children and family centres.
6. The West Sussex Children's Trust was set up in 2004. The Trust includes representatives of: the county council; borough and district councils; NHS West Sussex; Western Sussex Hospitals NHS Trust; South Downs Health NHS Trust; Sussex Partnership Foundation Trust; practice based commissioning general practitioners (GPs); Sussex Police Authority; West Sussex Local Safeguarding Children Board; schools; non-maintained special schools; academies; pupil referral units; diocesan boards; further education institutions; the youth offending service; Job Centre Plus; the voluntary sector; parents, carers, children and young people. The associated West Sussex Children and Young People's Plan 2010–15 sets out the key priorities of the Trust articulated through seven themed report cards. The West Sussex Local Safeguarding Children Board (LSCB) brings together the main organisations working with children, young people and families in the area to oversee safeguarding services. The Board has been independently chaired since 2009.
7. The county council has 342 foster carers and, through its access to resources team, works with 36 providers. Community-based children's services are provided through duty and assessment, intensive family

support, looked after and child disability services, all supported by county-wide teams for adoption and fostering. There is a generic social care emergency out of hours service covering West Sussex. Other family support services are delivered through extended services in schools and 49 children and family centres, which have integrated the former eight family centres to offer targeted family support through universal access. A dedicated young people's service is delivered through county-wide services including youth work teams, Connexions and the youth justice service. These services deliver a balance of universal and targeted services with teams comprising a workforce with a wide range of professional responsibilities.

8. At the time of the inspection, there were 737 looked after children, together with unaccompanied asylum-seeking children. They comprise 183 children less than five years of age, 476 children of school age 5 to 16, 78 post-16 young people, and 346 with care-leaver status. West Sussex county council uses a virtual school approach in its support of the achievement of looked after children. At the time of the inspection 503 children were subject to a child protection plan. This is an increase over the previous two years from 363 in September 2008. These comprise 221 females, 255 males and 27 unborn children. Some 45% of these children are aged under 5, 42% are 5 to 11 and 13% are 12 years or older. The highest category is neglect at 44% followed by emotional abuse at 39%, physical abuse at 9%, sexual abuse at 7% and multiple abuse at 1%.
9. Commissioning and planning of national health services and primary care are carried out by NHS West Sussex. Universal children's services, such as health visiting, school nursing, looked after children nurses and paediatric therapies, are delivered by Sussex Community NHS Trust, which was formed on 1 October 2010. The main providers of acute hospital services are: Western Sussex Hospitals NHS Trust; Surrey and Sussex Healthcare NHS Trust, and Brighton and Hove Universities Hospital NHS Trust. Child and adolescent mental health services (CAMHS) are provided by Sussex Partnership Foundation NHS Trust through separate contracts from the county council and NHS West Sussex.

The inspection outcomes: Safeguarding services

Overall effectiveness

Grade 4 (inadequate)

10. The overall effectiveness of safeguarding services is inadequate. The Annual Performance Assessment in 2008 assessed the contribution of services to improving staying safe outcomes for children and young people services in West Sussex as inadequate. This resulted in the Department for Children, Schools and Families (DCSF) issuing an improvement notice in March 2009. The council's monitoring reports to the DCSF showed that of nine key priorities identified for improvement by the department seven had subsequently improved. However, action on the key priorities concerning the timeliness of initial and core assessments has not led to satisfactory improvement overall. The timeliness of core assessments has deteriorated since the inadequate judgement and, while the timeliness of initial assessments has improved, it still remains significantly below the average for similar local authorities. An independent audit of social care cases conducted in March 2010 concluded that casework practice within children's social care services had improved to an adequate level. The improvement notice ended in March 2010, although departmental oversight of improvement in relation to concerns over the timeliness of initial and core assessments continues. Children's social care services were restructured in April 2010 as part of the children's services reorganisation. This has resulted in some very recent signs of improvement in service delivery from a very low baseline. However, this inspection has found that safeguarding systems do not currently ensure that the most vulnerable children are safe.
11. In too many cases seen by inspectors, there was very significant delay in identifying concerns, in visiting children and in completing assessments, including section 47 investigations. In some cases, initial assessments are undertaken when the threshold for section 47 investigations is clearly met. The quality of too many assessments and section 47 investigations is poor. Management oversight is inadequate in too many cases, resulting in a lack of prioritisation and drift in action to protect children. This has led to delays in protecting children and in children and families gaining access to services. In some cases identified by inspectors, it was not possible to establish, from the records or in discussions with staff, whether children were currently safe. Appropriate remedial action was taken by the council when these cases were brought to their attention. Performance monitoring of the quality of child protection practice is inadequate and, as a result, neither the LSCB nor the council has identified the significant weaknesses in core safeguarding referral and assessment services. There is too much variation in the capacity, skills and knowledge of managers, which impacts significantly on the variable performance of social workers. However,

inspectors did see some examples of adequate and better practice to protect children.

Capacity for improvement

Grade 4 (inadequate)

12. Capacity for improvement is inadequate. The council has not been able to demonstrate a track record in improving safeguarding services and in ensuring that there are timely and effective responses for the most vulnerable children. Plans have been effective in delivering improvements to the majority of priorities identified in the improvement plan. However, this is not the case of planning to improve the quality of practice and management oversight. Successful recruitment and retention initiatives have resulted in a significant increase in social worker numbers, although many lack experience. The restructure of social care services has clarified lines of accountability and there have been very recent improvements in the allocation of cases, the timeliness of assessments and the quality of assessments, albeit from a very low base. However, systems and practices are yet to become embedded and there is too much inconsistency between the three areas of the county in terms of the quality of practice, how they operate, staff workloads, and the ability of teams to respond to work pressures. The variability in the skills and knowledge of managers further undermines capacity through inconsistent and often poor management oversight and case planning. Qualitative performance monitoring is not robust, and where audits have identified concerns, there is not sufficient evidence that these have been effectively addressed. The existing performance management measures and audits used by managers at all levels within the service have failed to identify the significant concerns raised during this inspection.

Areas for improvement

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

Immediately:

- The LSCB should develop a specific and measurable action plan to respond robustly to the safeguarding concerns raised in this report.
- The LSCB should ensure that there are robust and challenging performance monitoring and audit systems, both within partner agencies and across the partnership, to ensure that services are effective in safeguarding children.
- Ensure that partners clearly understand the thresholds for access to children's social care services and that the outcomes of contacts and referrals are routinely and consistently reported to referring agencies. Ensure that thresholds for and purpose of the common

assessment framework are clearly understood and applied across the partnership.

- Ensure that systems to prioritise contacts and referrals are consistent, clear and appropriately recorded. Ensure that management oversight of cases awaiting allocation or assessment is safely and regularly reviewed and monitored.
- Ensure a timely response to referrals, in particular those referrals from the probation service relating to medium and high risk offenders.
- Ensure that the thresholds for section 47 investigations are clear and are consistently applied by managers, and that when section 47 investigations are undertaken all relevant agencies are promptly contacted, and the information obtained is appropriately recorded.
- Ensure that section 47 investigations are timely, that all information is collated, recorded and fully analysed, and that risks are robustly identified and assessed.
- Ensure that all assessments are timely, include all relevant information, are analytical and robustly identify needs, risks and protective factors.
- Ensure that all assessments and visits to children are promptly and accurately recorded, and that chronologies are accurate and up to date. Ensure, where appropriate, that children are seen alone and that their views are recorded and taken into account in assessment and care planning.
- Ensure that the supervision of staff who work with children is regular, thorough and appropriately recorded, with specific and measurable action plans which are reviewed in subsequent supervision.
- Ensure that managers provide clear directions about actions required on cases and that these are systematically and promptly recorded. Where plans are not followed through or are changed, managers should clearly record the reasons and authorise the change.

Within three months:

- Children's social care services should audit all section 47 investigations undertaken in 2010 which did not result in a child protection conference to ensure that assessments were thoroughly undertaken and that risks were appropriately assessed.

- The LSCB should ensure regular attendance by key partners at the multi-agency public protection meetings and the multi-agency risk assessment conferences.
- The LSCB should review the purpose and function of multi-agency core groups to ensure that they are regularly held, have appropriate agency representation, and systematically implement, review and develop the plans of protection made at child protection conferences.
- The LSCB should review attendance and engagement by partner agencies at case conferences and strategy meetings to ensure that appropriate input is provided to improve outcomes for children and young people.
- The LSCB should review the role and function of child protection conferences to ensure that risks to children are clearly assessed and recorded, and that plans of protection are specific and measurable. The Board should ensure that child protection conferences routinely confirm that core groups are effective in implementing and progressing child protection plans.
- Strengthen the management of community health teams to clarify their responsibilities, risk assessment and working arrangements, including safeguarding support functions.
- Ensure that there is sufficient management capacity across the partnership and that managers have sufficient skills and knowledge to effectively perform their roles.

Within six months:

- Ensure that the designated and named doctor roles across the Primary Care Trust and community providers are appropriately defined, resourced, contracted and performance managed.
- Ensure that resources are allocated so that children's social care services across the county have sufficient capacity to deliver a consistent and timely response to local needs.

Outcomes for children and young people

The effectiveness of services in taking reasonable steps to ensure that children and young people are safe. Grade 4 (inadequate)

14. The effectiveness of services in taking reasonable steps to ensure that children and young people are safe is inadequate. Lack of capacity, poor management oversight and decision making, including a lack of systematic prioritisation of work, and historical poor practice have led to ineffective systems and practices to keep children safe. There has been insufficient

focus on the quality of practice and outcomes for children. In too many cases there are delays in safeguarding children and providing services. During the inspection, inspectors identified some cases where it could not be established that the children were safe. Children's services took appropriate remedial action in relation to these cases. However, there have been delays in protecting children and some children have been left in unsatisfactory circumstances for too long. The risks and needs of children have not been consistently identified which has led in a significant number of cases to an inadequate response to safeguard children.

15. Multi-agency arrangements for public protection (MAPPAs) are effective overall. However, there has been variable attendance at meetings by children's social care staff. This variable attendance has led to delays in actions being followed through or reported back to MAPPAs which in turn has a detrimental impact on the timeliness in implementing plans to ensure that children are safe. Attendance is improving but still remains too variable. There has been an inadequate response by children's social care services to referrals from the probation service concerning medium and high risk offenders in families, resulting in unacceptable delays in undertaking assessments of risk to those children and their families.
16. The effective raising of awareness by the council and its partners of domestic abuse has led to an increase in referrals to multi-agency risk assessment conferences (MARACs), which are developing robustly, and have strong commitment by most partners and good communication between agencies. Attendance by children's social care has significantly improved, but is not sufficiently regular. However, adult mental health services have not engaged effectively with the MARAC. Referrals to MARAC from education, social care and health services are low, the reasons for which have yet to be fully investigated. Effective support for domestic violence is provided by the independent domestic violence advisors and through the women's refuges which offer outreach services. However, there is insufficient service provision across the county for children and young people who have experienced domestic abuse. Health services are not routinely informed by the police or social care services of domestic abuse incidents. Domestic abuse referrals from the police do not always have a clear assessment of risk.
17. Robust multi-agency arrangements are in place for responding to children who go missing from home and care. The police have increased their capacity, with two missing person coordinators operating across the county. Proactive work, including good engagement of private providers, ensures that risk assessments are in place for children who go missing. This is a clear priority for the partnership and has led to a very significant reduction in the number children going missing from care in the area, including those children placed by other councils. There has also been a significant reduction in the number of children going missing from home. Some effective work in relation to unaccompanied asylum-seekers who

enter the country through Gatwick Airport has resulted in a significant reduction in unaccompanied asylum-seeking children going missing. Appropriate priority is given to reducing the number of pupils out of school because of exclusion or persistent absenteeism, reflected in an improving trend. Robust steps are being taken to ensure that children missing from education are identified and followed up. Appropriate systems are in place to safeguard young people of school age who have part-time employment. Systematic monitoring of children being educated at home by their parents ensures that relevant agencies are alerted if there are any safeguarding concerns. However, in one such case seen by inspectors there was insufficient communication of safeguarding concerns.

18. Systems to ensure safe recruitment of staff meet minimum statutory requirements. However, there is no monitoring of which members of school staff have undertaken safer recruitment training. The Local Authority Designated Officer (LADO) responds effectively to allegations against staff and ensures that agencies are aware of their role; this has led to a significant increase in referrals. However, referrals from the police and health services are low and the reasons for the low referrals have not been fully explored. The council recognises that it needs to improve timescales for responding to allegations and data collection, including tracking of individual cases.

The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe. Grade 3 (adequate)

19. The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe is adequate. Ofsted inspections of most local schools and pupil referral units over the past year indicate that the very large majority of children and young people feel safe. Strategic planning and extensive work by the council and its partners to heighten awareness about bullying and provide support and advice to those who raise concerns have resulted in a reduction in the number of children and young people who report being concerned about their safety. Young people, for example, access advice through the council's 'Your Space' web link and, where required, are supported appropriately by anti-bullying caseworkers.
20. Surveys undertaken by the council and its partners indicate that the vast majority of children and young people in West Sussex feel safe. Children and young people spoken to by inspectors stated that they felt safe within their communities. In a significant number of cases, there was no evidence on case files that children were seen alone and their views were not consistently recorded in assessments. Children's views did not consistently inform the assessment and care planning process.

The quality of provision Grade 4 (inadequate)

21. The quality of provision to ensure that children are safe is inadequate.

22. Service responsiveness is inadequate. The council has invested significantly in improving safeguarding services for children and young people. However, action to improve safeguarding systems and practice has not been effective to ensure that all children are safe. Thresholds for referrals to children's social care have not been consistently applied across the county and referring agencies report a lack of understanding of social care thresholds. Outcomes of referrals are not consistently fed back to referring agencies. Agencies report that there is significant variability in the quality of social work practice, which was confirmed by inspectors. Referring agencies, parents and carers report that families need to reach crisis point before referrals are responded to.
23. Since the reorganisation of social care services from locality to area teams, poor communication is reported in many localities between allocated social workers and health visitors or school nurses. The social care telephone system does not allow callers to leave messages unless the social worker has logged in. Emails are no longer considered to be a secure form of communication so faxes are required which cannot be sent until telephone contact has been made. Social workers are reluctant to give their work mobile numbers even to health professionals. This has a negative impact on networking, communication and promptness of responses.
24. Children are aware how to complain, and a significant number of complaints were received from children and young people or their advocate in 2009/10. An effective advocacy service supports children and young people to complain. Learning from complaints has informed service improvement, such as a review of arrangements for cover when staff are absent to avoid delays in communication. Complaints leaflets have been developed with contributions from a group of young people. The majority of complaints are resolved within timescales. Some parents, however, reported that they were not aware of how to complain.
25. Private fostering services were assessed to be inadequate at the last inspection. Some improvements have since been made. However, notifications remain low and in one private fostering case viewed by inspectors, the response was inadequate. The social care out of hours service is satisfactory, with appropriate communication and sharing of information with day time services. Good joint working between the sexual assault referral centre and partner agencies is well established, although it is reliant on a single paediatrician to perform examinations.
26. Alcohol misuse amongst young people is a significant problem in West Sussex. An integrated drop-in service is in place with a care pathway for alcohol misuse and hospital admission, but the focus is on all-age support rather than targeted provision for young people, and on wider drug misuse rather than specifically tackling the problem of alcohol misuse.

27. Assessment and direct work with children are inadequate. Some cases seen demonstrated significant delays in protecting children. Information sharing is variable. In too many cases there is lack of timeliness in assessments and intervention. In most cases where contacts do not proceed to referrals, decisions are appropriate. However, the reasons for management decisions are not consistently or sufficiently clearly recorded which makes it difficult to understand what action has been authorised. As a result subsequent decision making is made more difficult where the cases are re-referred. Referrals to social care are not consistently prioritised or assessed in a timely manner. There is no recorded evidence of how work is prioritised within the referral and assessment service. In some cases there are unacceptable delays in responding to referrals. Not all management decisions or directions to social workers about the work to be undertaken on new referrals are recorded. Where such decisions and directions are recorded, they are seldom specific and measurable, and do not indicate the level of assessment to be undertaken or the issues to address. There is very recent improvement in some areas, such as in responding to new referrals, but there are still too many delays in seeing children and completing assessments, and improvements are not yet embedded.
28. Chronologies are not consistently evident on case files and, where present, they are frequently of poor quality or not updated. Key documents are often not accessible as a result of an ineffective computer information system. In too many files, limited case recording makes it difficult to establish whether information relevant to the family has been taken into account in assessment and decision making.
29. The quality of assessments is too variable. While some assessments seen were of an adequate or better standard, many were of poor quality. Too many assessments focus on supporting parents rather than identifying the risks and needs of children. Insufficient emphasis is given to what specific outcomes need to be achieved for children and young people and what difference interventions should be making. In many cases it is unclear from records whether children are being seen alone. The views of children and young people are not consistently explicit in assessments or in child protection reports and their views do not consistently influence planning or the assessment of risk and need. Male partners are not routinely involved in assessments. Assessments do not consistently gather information from partner agencies and as a result decisions are made without consideration of all the key information. There is insufficient involvement of adult mental health services in assessments where this is required. Assessments do not always include key historical information and there is insufficient analysis or explicit identification of risk and protective factors. The information provided by parents is not rigorously challenged and checked. There is inconsistent consideration of the religious, ethnic and cultural needs of children and their families in some assessments and care plans. Some initial and core assessments are

undertaken by unqualified staff and, in a few cases, unqualified staff have undertaken section 47 investigations. Partner agencies report that some complex children in need cases are managed by unqualified staff. This is not compliant with 'Working Together to Safeguard Children' 2010. Risk assessments are conducted on unqualified staff that undertake initial and core assessments.

30. The council has very recently succeeded in allocating all child protection cases to qualified social workers. Since July 2010 there has been a significant reduction in the backlog of initial and core assessments, from 600 initial assessments out of timescale to just over a 100. The number of core assessments out of timescale has reduced from over 300 to just over a 100.
31. The quality of section 47 investigations is too variable. In a significant number of cases statutory checks are not completed for section 47 investigations and key information is not gathered. In some cases initial assessments were undertaken instead of child protection inquiries, where the threshold for section 47 was clearly met. Poor decision making and poor prioritisation of some section 47 cases by manager's result in delays in taking action, and at times the delay was very significant. The quality of strategy meetings and of the decisions made is too variable. The majority of strategy discussions only involve the police and children's social care services and full information from partner agencies is not always taken into account. However, recording of strategy discussions has improved and minutes are shared promptly.
32. All cases in the duty and assessment teams are currently allocated and action to protect children has very recently improved and is now timelier. However, core assessments are not always completed when section 47 investigations are undertaken, resulting in a lack of comprehensive assessment of needs. In some cases joint working between the police and children's social care is not timely or robust. This is in part due to periods when there was no allocated social worker. Parents report that they have experienced a number of changes in their social worker, and that this impairs the development of relationships with parents and children and the progress of child protection plans. Lack of sufficient management oversight of cases, results in drift in some cases and delays in sending out minutes of some child protection conferences. In a few cases effective use of family group conferences has led to good plans. Transfer arrangements between safeguarding teams have improved and are now more effective with more cases transferred in a timely manner.
33. The quality of reports to child protection conferences is too variable and some are poor. Some reports do not include sufficient historical and contextual information; they also lack information from other agencies or evidence that children are seen or seen alone. The reasons why a child is at risk of significant harm are not always clear. In the majority of cases

reports are effectively shared with parents; however practice is still too variable. Overall, children on child protection plans are visited regularly; where visits are not undertaken in accordance with the child protection plan, the reasons for this were not consistently recorded.

34. Caseloads in social care safeguarding teams vary widely and are too high for some social workers, which contributes to the variability in the quality of practice. Progress in clearing the referral backlog has led to increased pressure in the long term social care teams and there are a significant number of children in need cases that are unallocated and being managed on a duty system. Management oversight of some unallocated children in need cases is not sufficiently robust, resulting in drift in some of these cases, including some where children have recently had a child protection plan or have been subject to an initial child protection conference.
35. Practice in the use of the common assessment framework (CAF) is inconsistent. About 1400 CAFs have either been initiated or are in place and a little under half of these have been initiated by schools. There are some examples of positive impact, such as in preventing permanent exclusion from school. Partner agencies hold mixed views as to the effectiveness of the CAF and this is reflected in the low take up and slow development. The practice of seeking the views of parents about the CAF process and its impact is also under-developed.
36. Access to CAMHS across the county is variable, with primary care staff reporting high thresholds and a service that focuses on adolescents with no service for pre-school children. Waiting times for treatment following referral are currently around four weeks. For young people with urgent needs assessed as high risk, the waiting time is usually no longer than two weeks. A rapid response referral pathway is also available through the crisis team which provides assessment for young people who present to accident and emergency services and enables access for young people into the substance misuse service. There is a good and increasingly accessible service to young carers and this has led to a significant increase in referrals. The service is highly valued by young carers who are able to access an appropriate range of services. Transition arrangements and liaison between children and adult services are appropriate, and jointly agreed protocols are in place with transition work commencing when the young person reaches around 16 or 17 years of age.
37. Services for disabled children are provided from four child development centres and benefit from co-location and good interagency communication within health. However, engagement with the children's social care disability team is poor with referrals being rejected; health staff report that their concerns around neglect and early child in need support are ignored until a child protection incident occurs. Senior managers are beginning to tackle this issue working across teams to improve the quality of referrals and agree thresholds.

38. Western Sussex Hospitals NHS Trust has effective provision for safeguarding. A dedicated children's accident and emergency service is open every day with clinical staff, all of whom have undertaken safeguarding training at level 3, and receptionists have undertaken level 2 training. The accident and emergency department has an effective system in place to alert staff to safeguarding issues in relation to children who attend and are also able to implement alerts to raise awareness for staff. The system is available as a cause for concern alert in the urgent treatment centre at Crawley. A liaison health visitor ensures that all young people attending accident and emergency and within the urgent treatment centre are reviewed and other agencies alerted. Clinical care for children is delivered in appropriate child friendly environments across acute services. Within acute sites, children's wards and out patient settings have secure entry and some areas have CCTV in place.
39. Safeguarding engagement and systems within the maternity services are effective. A monthly concerns meeting includes representation from midwifery staff from the ward and community, health visiting and children's social care services. Shared information is held in a social concerns file on the labour ward so that when a young mother arrives on the unit staff are immediately alerted to any concerns and are able to implement appropriate care or inform other agencies at an early stage.
40. Case planning, review and recording are inadequate. Planning in children in need cases is poor. Plans do not adequately reflect all of the child's needs, are insufficiently specific and lack measureable outcomes. In addition, there has been delay in implementing many of these plans. Child protection plans are frequently of poor quality and are not sufficiently specific with clear measurable outcomes. Child protection plans are not always specifically linked to risks and do not outline the particular goals that need to be achieved in order to reduce the risk to the child. Core groups are ineffective in developing and implementing protection plans in a timely way. They fail to develop the outline plans from the conference as a working tool or monitor the progress of implementation of the child protection plan. Core groups lack clear purpose over the tasks to be undertaken and this has led to delays in work to protect children and young people. Most files seen by inspectors did not record decisions and actions by core groups or the child protection plans being developed or monitored outside of the child protection conferences and reviews. However, the timeliness and frequency of core groups have improved significantly since July 2010.
41. Child protection chairs are suitably experienced and knowledgeable to provide challenge on individual cases. However, due to capacity issues within children's social care service, expectations of their role have been lowered to focus primarily on ensuring that children are safe and they do not perform a significant quality assurance function. As a result, they do not provide sufficient challenge to enable service improvements.

Improvement in the timeliness of child protection reviews has been achieved, with all held within timescales since February 2010. Good attendance by police and health services is sustained at initial child protection conferences but attendance by education services is variable. Attendance at child protection conferences by CAMHS and adult mental health services is too variable. No systematic processes are place to enable children and young people to engage in child protection processes, such as access to a proactive advocacy service.

42. In too many cases the quality of recording is poor, with insufficient recording of the observations of family interaction and home environment. The purpose of visits is insufficiently clear and it is not consistently recorded whether child protection visits are announced or unannounced. There is not always evidence of risk assessments being undertaken when circumstances for children on child protection plans have changes significantly. Some recent improvements have been made in the frequency of supervision by managers and in recording case directions. However this is still too variable and significant gaps remain in recording supervision decisions in individual cases. Actions agreed are limited and are not sufficiently specific in stating clear outcomes and timescales for completion. Managers do not check consistently and adequately that actions have been carried through at subsequent supervision meetings and there is little evidence of reflective supervision. Poor quality of recording combined with poor recorded management oversight make it difficult to understand why certain decisions are made in some cases or for senior managers to audit the work undertaken.

Leadership and management

Grade 4 (inadequate)

43. The leadership and management of safeguarding services are inadequate. Ambition and prioritisation are inadequate. In response to issues of concern identified in the 2008 Annual Performance Assessment, the council prioritised improvements in capacity, the functioning of the service and the timeliness of assessments. However, the council has not focused effectively on ensuring that children are safe, in particular in assuring the quality of safeguarding practice and the quality of management oversight. The council's focus has been successful in improving some key performance indicators but has not given sufficient attention to the impact on safeguarding and outcomes for children and young people and their families. The council has improved in all priority areas identified in the 2008 Annual Performance Assessment, with the exception of the timeliness of core assessments. However, while timescales for initial assessments have improved, these remain significantly below their target. Senior officers across partner agencies and elected members are determined to ensure that safeguarding children has a high, and this is reflected in the Children and Young People's Plan and the Children's Trust priorities, which are underpinned by a significant increase in resources. However, leaders have not effectively ensured that core services tasked to

safeguard children are sufficiently robust. There is adequate strategic leadership from the LSCB across its broad range of responsibilities but the Board has failed to identify the significant concerns in relation to its core child protection responsibilities and the functioning of key services tasked to ensure that children are safe.

44. Service agreement specifications for commissioned health services routinely include reference to safeguarding children although more detail is required in contracts to set out exactly what is within the scope. Across the Primary Care Trust, Acute and Mental Health Trusts, a clear safeguarding strategy is supported by policies and guidelines which reflect the guidance in 'Working Together to Safeguard Children' 2010. Policies and procedures for child protection and safeguarding are well understood by healthcare staff and there is a strong safeguarding ethos. A Pan-Sussex policy is to be implemented by the end of 2010 to ensure that healthcare has complete standardisation of safeguarding guidance. Support and guidance are promoted through the designated and named nurses and doctors for safeguarding, including GPs and midwives. A new post of head of safeguarding for adults and children, created in the Commissioning PCT in February 2010, has resulted in improved monitoring and oversight of practice. There is appropriate representation from healthcare on the LSCB, with senior executive leads from both the Primary Care Trust and Acute services attending.
45. Evaluation, including performance management, quality assurance and workforce development, is inadequate. Safeguarding performance management systems within the council and its partners are ineffective. The LSCB has developed a range of performance management and audit measures, based on individual and multi-agency assessments. The council has sufficient quantitative information systems, which enable tracking of information. A multi-agency audit tool has been developed and some multi-agency audits have been undertaken together with peer reviews, which have enabled some case-specific issues to be addressed alongside a few wider themes. However, neither individual or multi-agency performance management systems nor the audits have identified the significant concerns in relation to safeguarding highlighted in the inspection. The auditing of cases within agencies or across the partnership does not sufficiently identify areas for improvement and is not sufficiently challenging about the required standards of practice, their impact and the outcomes for children and young people. Audits undertaken have not consistently led to appropriate improvements in safeguarding children and young people. Individual social care cases are not audited systematically and findings are not collated to identify themes for improvement. Oversight of safeguarding within the Primary Care Trust is better with clearer performance monitoring and reporting arrangements. A number of internal and external audits of safeguarding practices have been undertaken within the last year across health services which provide greater assurance of the robustness of safeguarding systems. Where

recommendations have been made, these have been appropriately followed through.

46. The council has significantly increased capacity by increasing the number of social worker posts; it has successfully attracted newly qualified social workers and retained experienced staff. Good support is provided to newly qualified social workers, who have protected caseloads. Recently, the council has had more success in attracting experienced social workers. The council has reduced its vacancy rate to 10% which, in the context of an increase in posts, is a very good achievement and there is a significantly reduced reliance on agency staff. Social workers report that there has been an improvement in access to managers since co-location and that managers are accessible and supportive. The restructuring of children's social care services has been well managed and consequently staff morale is improving. The good quality training available is highly valued by social workers and greater prioritisation is given to ensuring that staff attend training. However, training has not ensured that all staff and managers have the appropriate knowledge and skills to perform their role well.
47. There are effective training and development strategies across the Primary Care Trust, Acute and Mental Health Trusts with appropriate evaluation and monitoring of the training delivered for child protection and safeguarding. Within the Acute Trusts, all staff have received training at level one, and staff working with children have received either level two or three, as appropriate to their role and contact with children and young people. A number of internal and external audits of safeguarding practices have been undertaken within the last year, both in the Primary Care Trust and Acute; generally these have provided assurance of the effectiveness of systems in place. Recommendations made have been actioned appropriately through health safeguarding forums and reported at Board level.
48. User engagement is adequate. Children and young people are involved in the development of the Children and Young People's Plan. The LSCB has consulted with young people to inform developments but children and young people are not sufficiently linked into the work of the Board. Some young carers were actively involved in the development of the new strategy for young carers. Young people have been involved in organising youth events to discuss bullying issues and raise awareness of how young people can protect themselves. Children and young people were involved in shaping a survey on developing play schemes and other activities including short breaks provision. There is limited involvement by children and young people in the evaluation and development of health services.
49. Workshops, for prospective young parents are held within colleges to provide advice on health and well-being issues, sexual health, careers, training, and further education opportunities and to signpost to other

agencies. Following feedback from young people, outreach sexual health teams are using touch screens when entering personal details and reason for attendance in clinic settings to improve confidentiality. Drop in health and well-being sessions for young people have been reorganised in some areas in response to their feedback. This has resulted in increasing access and capacity to sexual health advice, contraception and Chlamydia testing.

50. Partnerships are inadequate. At strategic level partnership links are well established. Arrangements are in place between the Children Trust and the LSCB to enable appropriate representation, communication clarity of responsibilities and accountabilities. However, the LSCB and the Children's Trust have not provided sufficient leadership or monitoring to assure the quality of safeguarding arrangements across partner agencies. There is some evidence of increasing challenge between partner agencies and the LSCB being used to escalate and resolve issues, such as in analysing the difference in the use of police powers of protection across the county. Partnership working at the frontline is variable, with examples of effective joint working between statutory agencies contrasting with examples of poor communication and information sharing between local services and staff. The LSCB has not received required information from partner agencies. Programmes of thematic audits relating to child protection have not been developed and multi-agency auditing has only recently been undertaken. As a result, the Board has not been able to monitor effectively the quality of safeguarding arrangements across its partners. Arrangements for undertaking serious case reviews are effective and the last serious case review was judged as good. There is evidence of some learning by agencies from serious case reviews, for example the importance of recording and ensuring tight systems are in place for monitoring the relatively high numbers of children whose parents choose to educate them at home. Training delivered by the LSCB is highly regarded by staff. However a number of training events have been cancelled because of lack of attendance by agencies.
51. Some multi-agency partnership projects across healthcare work well to provide early recognition and intervention that support children and their families. Within all clinical specialities, practice groups are multi-disciplinary and multi-agency. The designated nurse for the Primary Care Trust is chair of the West Sussex NHS Professional Safeguarding Forum, the professional advisor for the LSCB and the chair of the Board's quality and effectiveness group. This promotes communication and partnership working across healthcare. Within CAMHS, the children and young people's planning forum has resulted in improved joint working across social care, health and schools. However, in some areas CAMHS universal services are difficult to access and referral thresholds are not clear.
52. Equality and diversity are adequately addressed. Key issues are being identified and responded to. An example is the access for some parents from Gypsy and Traveller sites to health services and to immunisation

which has led to the development of alternative routes to services. The youth service is developing a range of different sexual equality groups in response to requests from young people. Appropriate consideration is given to ethnic and cultural needs when undertaking most care or risk assessments, particularly for asylum-seeking children. Interpreters are suitably available and used whenever required. The cross-partner domestic abuse team enables satisfactory access by minority ethnic communities, with a higher proportion using the services than the population in general.

53. The achievement of value for money in safeguarding is adequate overall. The council and its partners align resources to reflect strategic and operational priorities. Some outcome-based joint commissioning arrangements are in place between health and children's social care services to provide services to children and young people with complex needs. Most commissioned health services are on block contracts and value for money has not been formally evaluated. There is an improving awareness of the need for better targeting of funds and improved contracting. Robust joint commissioning has enabled central money for short breaks to be used effectively across a range of providers, including the voluntary sector, to develop learning. The council has invested in a number of measures to improve outcomes and reduce costs, in particular for services to support children on the edge of care and those looked after. The recent restructuring of children's social care services enables improved efficiency in use of resources. However within children's services, issues of workload pressures, poor performance management, allocation arrangements and distances travelled have not been sufficiently well analysed to ensure that workforce capacity is being best utilised. Resources are currently sufficient to deliver statutory requirements and there is a focus on the core elements of financial and budgetary planning.

The inspection outcomes: services for looked after children

Overall effectiveness

Grade 3 (adequate)

54. The overall effectiveness of services for looked after children is adequate and outcomes for looked after children and care leavers are adequate overall. Strong commitment to corporate parenting by the council and its partners is yet to be strategically driven through the corporate parenting panel, which is still at a very early stage of development. The corporate parenting agenda is actively promoted by a few dedicated elected members, but has yet to engage actively the commitment from the wider group of elected members.
55. The restructuring of children's services on a county-wide basis supports a more targeted focus for looked after children, particularly in preventing

children entering the care system or remaining looked after longer than is necessary. Priorities for looked after children and young people are well known and applied throughout the service and with partner agencies. However, the restructuring is relatively recent and early improvement has yet to be embedded.

56. Services to ensure looked after children have healthy outcomes are adequate. All looked after children are registered with a GP and most looked after children have up to date health and dental assessments but there is no designated doctor for looked after children. Arrangements to address the safety of looked after children are also adequate. Intervention to identify those children at risk of care is not always timely, although services to prevent children entering or remaining in care are more robust. Looked after children are regularly reviewed and their plans updated. However, the supervision of staff who work with looked after children is not sufficiently regular and management case direction is not adequately recorded, specific and measurable. The lack of continuity of social workers for some looked after children counteracts efforts to build relationships with children and young people and with partner agencies. In some cases, trust is undermined where looked after young people and their carers believe that promises made by their social workers are not kept. Short term placement stability for looked after children is adequate, but long term stability of placements remains below the national average.
57. Educational attainment for looked after children presents a mixed picture, with improvements in some areas. The gap in attainment between looked after children and their peers is closing, but the rate of improvement is slow. Crucially, the majority of looked after children are making satisfactory or better progress in relation to their starting points. However, education performance data are not robustly collected, analysed or used to inform intervention, support and strategic planning for looked after children. The attendance of looked after children is improving and the number of looked after children who are permanently excluded has fallen significantly year on year, although a small number of pupils are still excluded. The proportion of looked after children who have up-to-date personal education plans is increasing, although the quality of the plans is variable. Opportunities for looked after children and young people to make a positive contribution are in place through initiatives such as the Children in Care Council and through their looked after children reviews. There is limited evidence, however, of how their views influence the development of services.
58. Most care leavers and looked after young people who have left school are in education, employment or training. However, too few go on to higher education. Links between the virtual school and services supporting young people post-16 are at an early stage of development. Young people leaving care are appropriately assisted to sustain their independence in

suitable accommodation although small minority are in bed and breakfast accommodation.

Capacity for improvement

Grade 3 (adequate)

59. Capacity for improvement in services for looked after children is adequate. Strategic leadership through the Children's Trust is leading to gradual improvements in outcomes for looked after children. However, leadership is not underpinned by strong corporate parenting. Officers from all partner agencies work appropriately together on individual cases and in the development of some cross-agency services, but mechanisms are not well developed to monitor or jointly performance manage services which are inter-dependent.
60. Some improvements have been achieved in service provision in some areas, such as in health checks and in the achievements of some looked after children, although overall improvements have not yet been sustained. Inspections confirm that fostering and adoption services achieve a high standard, which other services have yet to achieve. The high number of looked after children has placed increased pressure on the looked after children teams. At the time of the inspection, all children are allocated to a suitably qualified social worker. As recently as July 2010, there were significant numbers of looked after children with no allocated social worker.
61. The role of the virtual headteacher is beginning to influence cross-agency services to support looked after children, but this is a relatively recent appointment, and it is too early to assess the impact. There is currently no designated doctor for looked after children to oversee health initiatives.
62. Consultation with looked after children and care leavers in the evaluation and development of provision are under developed. The Children in Care Council enables some young people to contribute their views. However, methods for engaging the wider looked after children population to influence service development are not well developed.

Areas for improvement

63. In order to improve the quality of provision and services for looked after children and care leavers in West Sussex, the local authority and its partners should take the following action:

Immediately:

- Ensure that social workers and other staff who work with looked after children do not make promises to looked after children or their carers which may not be kept.
- Ensure that supervision of staff who work with looked after children is regular, appropriately recorded, and has specific and measurable action plans which are reviewed in subsequent supervision.

Within three months:

- Improve the coherence and consistency with which education performance data are collected, analysed and used to inform intervention, support and strategic planning for looked after children.
- Increase the engagement of elected members in the work of the corporate parenting panel.
- Develop the capacity of the corporate parenting panel to provide strategic oversight and direction, including cross-agency monitoring and performance management.
- The looked after children service should improve systems for notifying health professionals when a young person becomes looked after or changes placement.

Within six months:

- Reduce the level of permanent exclusions from school for looked after children.
- Ensure that all looked after children have personal education plans which are of a high quality.
- Appoint a designated doctor for looked after children
- Ensure that changes of social workers allocated to looked after children are minimised to enable consistency in work and sustaining relationships.
- Reduce the number of looked after children who are placed in bed and breakfast accommodation. Ensure that where bed and breakfast accommodation is used, that it is safe and meets the needs of the looked after young person.

Outcomes for children and young people

64. Health outcomes for looked after children are adequate. Ofsted inspections of local authority residential care, fostering and adoption services assess outcomes to be in the top quartile of performance. All looked after children are registered with a GP. Statutory health checks are monitored effectively, with 90.6% of health assessments, 94% of dental checks and 97% of immunisations up to date, showing a marked year-on-year improvement and follow up to ensure that checks are completed. Initial health assessments are undertaken by paediatricians in the south and west of the county, while GPs undertake the assessments in the north. Many of the GP assessments are of poor quality; of the ten case files examined only one of these had assessments undertaken by a GP and this was satisfactory. All health assessments result in a health care plan

which details identified health needs and appropriate referrals for health care. Assessments are shared with social workers and other key health workers. Delays in conducting initial health assessments within the statutory 28 days arise as a result of the late receipt of relevant information from social workers.

65. Contrary to statutory guidance, a designated doctor for looked after children has not yet been commissioned by the Primary Care Trust, although the role is currently covered by a paediatrician from the provider service. Dental care is good with a responsive service by local practitioners. Within the community provider service, the looked after children's health team is effective and enthusiastic, with well developed relationships across providers and with the council. Information systems enable all looked after children placed in the county by the council and other authorities to be identified and for their health to be monitored, although poor notification by the council and other placing authorities poses a challenge in ensuring information is accurate and up to date.
66. The looked after children health team have developed a two-day training course for foster carers covering physical health and emotional well-being, which is highly valued. Effective liaison and regular visits to all children's homes and independent fostering agencies enable all looked after children to be identified. Support for carers and young people includes appropriate enuresis advice, sexual health and smoking cessation support. A specialist mental health team for West Sussex looked after children streamlines referral allocation through a multi-agency panel and specialists in the team include cover for permanent fostering.
67. Teenage pregnancy rates remain high, although there has been a concerted effort to address sexual health for looked after children and numbers have fallen in the last year. Chlamydia testing rates are low and school nurses are not commissioned to provide emergency contraception, even though many are trained to do so. An intensive support programme, delivered by midwives in children's centres and young people's homes, provides young parents with valued skills on a range of health and well-being topics.
68. Adequate arrangements are in place to ensure that looked after children are and feel safe. Referral and assessment services do not always ensure timely intervention to identify those children where there are concerns that could result in their reception into care. However, when children and young people have been appropriately assessed as being on the edge of care, they receive an effective range of services to reduce the need to become looked after and to minimise the length of time they need to remain looked after. Children and young people are regularly visited by social workers, although it is not always clear if they are seen alone. For some children, the lack of continuity of social worker has been a negative experience as they find it difficult to build new relationships and share

their experiences or concerns with different staff. Performance on short term stability of placements for looked after children is adequate, in line with the national average. Long term stability of placements is improving but remains below the national average. Effective multi-agency targeted support for care leavers with complex needs results in increased placement stability. Appropriate arrangements are in place to safeguard children and young people who go missing from foster care or residential establishments. Asylum-seeking children are well supported, with appropriate emphasis given to raising their awareness about the new culture they live in and the risks posed by potential exploitation. The most recent inspections of fostering and adoption services and children's homes indicate that children are positive about their safety. This is reaffirmed in the comments of looked after children and young people seen during the inspection about the support they receive that helps them to feel safe and cared for.

69. The impact of services to enable looked after children and young people to enjoy and achieve is adequate. Services are responding well to the rise in the numbers of looked after children aged five years or younger and are increasingly targeting support and guidance for children in the Early Years Foundation Stage. This is having a positive impact on closing the development gaps between looked after children and other children. Attainment at the end of Key Stage 2 shows a variable trend. In 2009, it was broadly in line with the attainment of all pupils nationally in English and mathematics. However, current incomplete data indicate that attainment dipped in 2010, particularly in mathematics. Conversely, pupils' attainment at Key Stage 1 in 2010 improved in reading and mathematics, and more significantly in writing. The council's latest data show some signs of improvement in attainment for those who sat GCSE examinations in 2010, despite attainment levels overall remaining significantly lower than those reached by peers locally and nationally. Improvements are reflected, for example, in the proportion of looked after students who gained five or more higher GCSE grades, which has more than doubled. As a result, there has been a significant narrowing of the gap when comparisons are made with the attainment of looked after children at a local and national level. The council has rightly identified that more can be done to raise attainment, for example, for those who achieve five higher grades that include English and mathematics.
70. Information from the council, available to inspectors at the time of the inspection, indicates that looked after children, including a high proportion that have been identified as having special needs and/or disabilities, are making satisfactory or better progress. Measured against the comparator benchmark, the attendance of West Sussex looked after children is improving but remains above the national average. There are no looked after children missing from education. The rate of permanent exclusion has fallen sharply over the past four years but a small number of looked after children are excluded year on year. Patterns of fixed term exclusion

are now being collected, although there has been little reporting of trends over time which makes comparisons difficult.

71. An increasing proportion, currently around four fifths, of looked after children have up-to-date personal education plans. The recently appointed virtual headteacher has rightly prioritised the need to improve this performance. Quality assurance mechanisms are now in place to ensure that these plans are consistently of a high quality in the way they monitor progress and identify challenging targets matched to appropriately personalised support. Looked after children, who attend local provision and access extended services, benefit from a wide range of out-of-hours learning and enrichment opportunities. Targeted funding is being used to support looked after pupils in Year 6 and Year 11, although its impact has not yet been evaluated.
72. Opportunities for looked after children and young people to make a positive contribution are adequate. A well-established Children in Care Council is helping to shape a number of initiatives, such as the 'Welcome to Care' pack. The Children in Care Council has regular contact with elected members to enable them to raise issues on behalf of other looked after children, although there is insufficient evidence about how this is used to inform service development or to improve the quality of corporate parenting. Ofsted inspections of most providers, particularly children's homes, assess opportunities for looked after children to make a positive contribution to be good or better. Most looked after children take part in reviews of their care plans and are helped to make their own decisions about their lives. Looked after children have appropriate access to the independently commissioned Participation, Advocacy and Rights service. Independent reviewing officers have worked closely with this service to get feedback from some young people about their experience of the review process. However, there is insufficient evidence of how their views have influenced the development of review processes. The most recently available council data indicate that the number of looked after young people who were cautioned, convicted or reprimanded, which had grown over the previous two years and was well above the national average, has started to fall and is now closer to average. This has been achieved through effective restorative justice programmes targeted at schools, private and local authority residential homes. An increased range of multi-agency interventions has improved collaboration and communication between the youth offending, looked after and early intervention and prevention services.
73. The impact of agencies to improve the economic well-being of care leavers and looked after young people is adequate. Current data indicate that 80% are in education, employment or training. While a high proportion is in further education, too few looked after young people go on to university. Partners are working well to develop further a range of curriculum pathways that meet the aspirations and needs of looked after

young people and care leavers. Improved sharing of information has enabled a variety of services to be better placed to provide personalised support. The links between the work of the virtual school and services supporting post-16 young people are at an early stage of development. Young people, such as those with special educational needs and/or disabilities, are well supported through a clear and robust transition process. Recently agreed protocols with colleges ensure that those looked after young people who are subject to custodial sentences are given an opportunity to access appropriate courses when they return to the community. The council is participating in the Care2Work programme to enhance the employability of looked after young people and care leavers. The majority of institutional inspections assess the impact of provision on economic well-being to be good or better, particularly in private and voluntary children's homes. The co-location of services, such as housing and Connexions, helps to ensure that young people are assisted to maintain their independence in suitable accommodation. A number of positive initiatives are in place to expand and improve accommodation for care leavers, such as supported lodgings, which are approved by the fostering panel. Ongoing training opportunities are provided for landlords to help support placement stability. The majority of care leavers are in suitable accommodation. However, too many looked after young people aged 16 and over are placed in bed and breakfast accommodation; at the time of inspection this was 14 out of 191 (7.3%). Not all bed and breakfast accommodation providers have yet had criminal records bureau clearance. All have been risk assessed by the council. The council is taking action to ensure that all bed and breakfast accommodation used for looked after children are approved, are regularly visited by social workers and are subject to health and safety checks.

The quality of provision

Grade 3 (adequate)

74. The overall quality of provision for looked after children is adequate. Service responsiveness is adequate and most services and children's homes have been judged to be of good or better quality. All looked after children receive a copy of the complaints leaflet which was designed with contributions from young people, and there are a number of effective avenues through which young people can make their concerns known, such as the well-established and publicised independent advocacy service. Most complaints from carers or young people are resolved before reaching the final stage. However, some complaints have been referred to the ombudsman for resolution. Lessons from these complaints are reflected in improvements to service provision and practice, such as reviewing the fostering publicity and literature.
75. The adoption service responds well to the diverse needs of service users. It has recruited a range of adoptive parents reflecting diversity, such as disabled couples, same sex couples, unmarried couples and single carers in order to offer a broad range of possible matches. The service has

effective and well established links with organisations, which includes telephone help-lines, support services to all parties involved in adoption, outreach work and a tracing service. Inter-country adoptions are contracted out to a registered voluntary adoption agency which was assessed as outstanding at its last Ofsted inspection. The independent visitor scheme is well established, and is widely publicised and utilised. There has been sustained good performance in the number of adoption and special guardianship orders. Parents and carers of looked after children indicate that they receive appropriate support for children when within looked after service services, but that this was not so effective for older young people and for those leaving care, with more frequent changes of social worker and poorer communication. Parents and young people indicate that it was most important to them and to their children that "social workers kept their promises when they make them", but that this did not always happen.

76. Assessment and direct work with looked after children are adequate. Arrangements to assess and ensure timely and appropriate action when children and young people have been identified as being on the edge of care are not sufficiently robust. However, those children who are engaged in services targeted to prevent the need for them to become looked after are in most cases appropriately assessed, and have access to a range of direct work which is largely of good quality. A broad range of effective support is being developed to prevent young people at high risk of coming into care or drifting in the care system, such as the Fostering Emergency Support Programme, and the pilot Leapfrog project, which involve low numbers receiving specialist high intensity, targeted support. An increase in the use of family group conferencing has enabled some children to remain within their family and wider community. The Connexions service is leading on a multi-agency pilot for 16 and 17 year olds to avoid them entering the care system. In half of the referrals received, the young person returned home within a few days and only a very small number went into care. This pilot is now being rolled across the county. Family resources teams provide prompt early intervention and support, which is targeted at children and young people at high risk of being taken into care. They work well alongside other services to identify families at risk of breakdown, and to provide intensive support, working with other partner agencies at times. While the number of looked after children has not decreased, this is largely due to an increase in younger children, particularly under the age of five, coming into care. Services have been effective in reducing the numbers of teenagers coming into long-term care.
77. In most cases social workers for looked after children carry out statutory visits regularly, although it is not always clear if children are seen alone or what is the purpose of the visit beyond monitoring. All children are now allocated to a suitably qualified social worker, although this has only been achieved in recent months. Previously, there have been significant

numbers of looked after children who did not have an allocated social worker. Staff turnover and organisational restructuring have led to frequent changes of social worker for too many looked after children, which results in a lack of continuity and difficulties in maintaining relationships with children and their carers.

78. Direct work by the health team for looked after children is good and is enhanced by effective services provided by sexual health, CAMHS and school nurses. Some communication difficulties arise when children and young people move placement and the looked after children health team is not made aware of the change quickly enough, which results in missed appointments. Since the recent reorganisation of social work teams, health professionals report a lack of understanding among some social workers of the importance of sharing background information with the health team in advance of looked after children health assessment, which results in some children and young people having delayed assessments. There has been poor uptake among social workers of training that has been offered by the health team. Overall, however, there is good liaison between looked after children health services and the social care teams, foster carers, and social workers to improve placement stability, as well as providing support to carers and young people should a placement breakdown.
79. Case planning, review and recording are adequate. Performance in relation to the timeliness of reviews has shown sustained continuous improvement from 60% in 2006/07 to 96% in 2009/10, exceeding the local target. Casework sampled during the inspection demonstrated inconsistencies in the quality of planning, supervision and case recording. Some improvement in the quality of supervision is evident in recent months but the recording of supervision is basic in most instances and lacks sharpness in action planning and in the review of previously agreed actions. Most files do not have up to date chronologies. Although communication between health and social care professionals is reported as being good, only one health file seen by inspectors contained the looked after review reports and documented shared information. The quality of looked after reviews is good and there is generally a clear follow through in terms of decision making from one review to the next. Partner agencies regularly attend and engage in looked after children reviews, with appropriate levels of information exchange. The majority of care leavers have pathway plans and services such as Connexions contribute well to these, although the quality and timeliness of pathway plans are variable.

Leadership and management

Grade 3 (adequate)

80. The leadership and management of services for looked after children are adequate.

81. Ambition and prioritisation are adequate. The council and its partners appropriately focus on securing improved outcomes for children and young people in their care and this is reflected in a range of clear policies and plans such as the Children's Delivery Plan. A corporate parenting panel has been established. However, the panel is at an early stage in developing a full range of corporate parenting initiatives or in its ability to oversee the wide range of corporate parenting responsibilities across the council and its partners. Some dedicated elected members actively engage in their corporate parenting role and in developing the role of the panel. However, they are too few to take forward the wide-ranging number of tasks and this undermines the corporate parenting responsibility of all members. While there is officer representation from partner agencies on the panel to advise members, there is as yet no multi-agency strategic group to facilitate the work of the panel and, in particular, for the panel to monitor the performance of services and to ensure that all agencies work in a coherent and effective way to promote positive outcomes for looked after children. Services for looked after children within the council have been reorganised to support looked after children more effectively and to build on the existing trends of improvements. For example, the reorganisation of the intensive family support team and looked after children teams, with appropriate engagement of managers at all levels to shape service development, has resulted in better targeted services and improved transfer arrangements between the teams.
82. A number of key appointments, such as the virtual headteacher role, have been made in the six months prior to the inspection, which have added greater capacity across the partnership. The work of the newly-established virtual school is underpinned by a well-thought out development plan that reflects an ambition to secure better educational outcomes for looked after children. However, it is too early to see measurable impact. The council is clearly committed to ensuring that the children in its care are in the right placement and this is reflected in the effective commissioning of services which are suitably responsive to the changing demography of looked after children.
83. Children and young people placed out of the council's area do not yet have good support for healthcare in line with the 'responsible commissioner' requirements. Placement decisions are not jointly made and the council does not consult the Primary Care Trust in advance. Although the commissioning arrangements are still being negotiated, there is good clinical liaison with health teams in other authorities to support the health needs for looked after children.
84. Evaluation, including performance management, quality assurance and workforce development, is adequate. This is reflected in the mostly improving trends in outcomes for looked after children. A wide range of performance management information is regularly collated by the council and its partners for individual services. However, performance data and

analysis are not consistently collated or overseen across agencies and services to inform service development. In some areas, such as educational achievement and attendance, performance management is underdeveloped and sometimes information is incomplete or inaccurate. The corporate parenting panel has recently begun to receive performance information from individual agencies which provide support to looked after children and carers on an ad hoc basis, but it has yet to develop systematic performance management systems across these agencies. Individual agencies undertake some auditing of the effectiveness of their work with looked after children but the systematic audit of work within or across partner agencies is not well developed.

85. Staff and carers benefit from a wide range of training and development opportunities, such as groups for partners of foster carers run by the fostering service, which have resulted in carers sharing their experiences, developing a greater appreciation for their role and enabling them to understand challenging behaviour and to support their partners in order to reduce placement disruption. A lead designated teacher for schools has been identified for each of the three geographical areas in the county and a network of designated teachers is being set up in each area to enable staff to share best practice and improve communication links.
86. Strong commitment across the partnerships to engage with parents, carers and looked after children is reflected in the good level of user engagement. Parents and carers report being engaged well in discussion and planning for their children within the review process and that their views are actively sought and listened to by independent reviewing officers. Parents attend the disability children's placement panel and are actively encouraged to contribute their views if they cannot attend. Looked after young people's views are sought to help evaluate some services, such as the independent visiting service. An inspection team of young people has been trained to inspect children's homes, giving them the opportunity to shape services through monitoring preferred private residential providers.
87. Partnership work is adequate. The strategic impact of partnerships on the work of the corporate parenting panel is underdeveloped. However, partnerships are stronger at operational levels. Links between social care teams, schools and clinicians for looked after children are generally positive where there has been better stability of social work staff. There is effective partnership work between the nursing team and children's homes within the county, with looked after children nurses visiting and providing assessments, health and lifestyle advice and training and support for care staff. Links between health services and foster carers are good and a number of two-day training courses are provided by the health team together with fostering agencies. Communication across health and social care partners ensures that all those who are looked after in the area are accounted for and their location and healthcare status are known by all

relevant healthcare professionals. This enables, for example, prompt follow-up where a young person fails to engage with substance misuse services. However, poor notification of placements or placement changes made by the council and other placing authorities poses a challenge in ensuring information is accurate and up to date. Effective communication between the health team and independent reviewing officers ensures that where health partners have not been involved in cases, they are followed up. Appropriate links are being developed between the virtual headteacher and equivalent post holders in neighbouring counties. A range of partners, including those in the 14–19 partnership, is working well to improve the life chances and employability prospects of looked after children and care leavers.

88. The promotion of equality and diversity for looked after children is adequate. Social work practice in assessing and ensuring that diversity needs for looked after children are being met, is variable. Casework analysis shows inconsistencies in how equality and diversity needs are being addressed; in some instances they are identified and met, while in others this is not the case. There is appropriate use of interpreters, with the same interpreters being used by other agencies to enable continuity. Steps are taken to ensure appropriate matching, where possible, of looked after children with carers from similar cultural background. All council staff have undertaken mandatory equality and diversity training, which has increased their knowledge and understanding of issues affecting looked after children. Inequalities in the attainment of looked after children are being tackled and some progress is being made. The analysis of achievement data is now being undertaken in relation to specific groups of looked after children, such as those from minority ethnic heritages. This enables support to be more accurately targeted. Attention is paid by partner agencies to matters of equality and diversity in their assessment of the needs of unaccompanied asylum-seekers and in ensuring that a clear understanding of the issues and implications regarding displacement informs practice and arrangements for care. Unaccompanied asylum-seeking children spoke very positively about their access to educational opportunities, and they valued highly the provision of 24-hour support. Suitable priority is given to meeting their religious and cultural needs and to maintaining links with their own communities.
89. Value for money is good. The high overspend in 2009 in children's social care budgets, primarily related to increased numbers of looked after children, and independent agency costs have been reduced significantly in 2010. Effective monitoring of performance and value for money has led to the development of better value alternatives. For example, in-house parent and baby placements have reduced the use of higher cost external placements, resulting in significant savings and reduction in drift in cases. A wide range of services with intensive support has been developed to prevent children being looked after and has effectively prevented some children on the edge of care coming into the care system. Appropriate

consideration is paid to value for money when developing and monitoring services such as the Family Resource service. The development of four in-house units to meet the highly complex needs of some children with disabilities who are unable to attend local special schools has prevented the need for higher cost external placements. Robust commissioning arrangements ensure that value for money is regularly monitored, such as in the commissioning of internal and external residential services and foster care. Monitoring of value for money in relation to the educational provision in out of county placements is less secure. Value for money factors are being appropriately considered in relation to the possible decommissioning of one local authority residential unit, to be decided in January 2011, because it is not being sufficiently used for the younger age range due to the preferential use of foster care.

Record of main findings: West Sussex

Safeguarding services	
Overall effectiveness	Inadequate
Capacity for improvement	Inadequate
Outcomes for children and young people	
Children and young people are safe: effectiveness of services in taking reasonable steps to ensure that children and young people are safe	Inadequate
Children and young people feel safe: effectiveness of services in helping to ensure that children and young people feel safe	Adequate
Quality of provision	
Service responsiveness including complaints	Inadequate
Assessment and direct work with children and families	Inadequate
Case planning, review and recording	Inadequate
Leadership and management	
Ambition and prioritisation	Inadequate
Evaluation, including performance management, quality assurance and workforce development	Inadequate
User engagement	Adequate
Partnerships	Inadequate
Equality and diversity	Adequate
Value for money	Adequate

Services for looked after children	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
Outcomes for looked after children and care leavers	
Being healthy	Adequate
Staying safe	Adequate
Enjoying and achieving	Adequate
Making a positive contribution	Adequate
Economic well-being	Adequate
Quality of provision	
Service responsiveness	Adequate
Assessment and direct work with children	Adequate
Case planning, review and recording	Adequate
Leadership and management	
Ambition and prioritisation	Adequate
Evaluation, including performance management, quality assurance and workforce development	Adequate
User engagement	Good
Partnerships	Adequate
Equality and diversity	Adequate
Value for money	Good