

Inspection of safeguarding and looked after children services

Norfolk County Council

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Reporting inspector Brendan Parkinson

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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 five of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with 56 children and young people and 18 parents and carers receiving services, front line practitioners and managers across a range of services, 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 a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010,
 - a review of 53 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken,
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in March 2011,
 - interviews and focus groups with front line professionals, managers and senior staff from NHS Norfolk and NHS Great Yarmouth and Waveney as well as Great Yarmouth and Waveney Community Services, Norfolk Community Health and Care NHS Trust, Norfolk and Waveney Mental Health NHS Foundation Trust, Norfolk and Norwich University Hospital, James Paget Hospital NHS trust and Queen Elizabeth King's Lynn Foundation NHS Trust.

The inspection judgements and what they mean

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

Outstanding (Grade 1)	A service that significantly exceeds
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	minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements
Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

Service information

4. Norfolk has 429 maintained schools comprising three sixth form colleges, 367 primary schools, 43 secondary schools, 11 special schools and five pupil referral units. There are also seven academies (one primary, six secondary). Early years service provision is delivered mainly through the private and voluntary sector in 429 settings (119 day nurseries, 234 pre-schools, 76 nurseries); there are three local authority maintained nurseries and over 750 childminders.
5. The Norfolk Children and Young People's Trust was formally established in 2006. The Trust includes representatives of: Norfolk County Council, NHS Norfolk and NHS Great Yarmouth and Waveney, Norfolk Constabulary, Norfolk Probation Service, the voluntary sector, Norfolk Safeguarding Children Board (NSCB), Schools Forum, and representatives of schools and District Councils. The NSCB was independently chaired from its inception in 2006, bringing together the main organisations working with children, young people and families in the area that provide safeguarding services.
6. Social care services for children have 373 foster carers, eight local authority children's homes, which includes two Children with Disabilities units and a further nine homes which have been externally bloc-commissioned. Community-based children's services are provided, since June 2011, by three duty teams, six safeguarding teams, seven Children in Need teams, six Corporate Parenting Teams, early years' teams and school support teams. These are supported by county-wide teams for adoption, fostering, diverse communities and youth offending. An emergency out of hours service provides cover for all of Norfolk. Other family support services are delivered through 54 designated children's centres and extended services in schools. Some services are provided or coordinated through children's services, such as family nurse partnerships, the Common Assessment Framework (CAF), Child and Adolescent Mental Health Services (CAMHS) Tier 2 services and parenting support. Norfolk uses a virtual school approach in its support of the learning of looked after children.
7. At the time of the inspection there were 978 looked after children. They comprise 194 children less than five years of age, 667 children of school age (5–16), and 117 young people aged over 16. At the time of the

inspection there were 531 children who were the subject of a child protection plan. This is an increase over the previous two years. These comprise 242 females and 278 males (11 were unborn children). Some 43% of these children are aged under five, 36% are 5 to 11 and 21% are 12 years or older. The highest categories of registration were neglect at 67% and emotional abuse at 19%.

8. Commissioning and planning of national health services and primary care are carried out by a single management team for NHS Norfolk and NHS Great Yarmouth and Waveney through their cluster arrangements. The main providers of acute hospital services are the Norfolk and Norwich University Hospital Foundation Trust, the Queen Elizabeth Hospital King's Lynn NHS Trust, and the James Paget University Foundation Trust.
9. Community-based Child and Adolescent Mental Health Services (CAMHS) are primarily provided by Norfolk and Waveney Mental Health NHS Foundation Trust. Suffolk Mental Health Partnership provides CAMHS to children and young people registered with General Practitioners in the Thetford area of Norfolk. Community health services are provided by Great Yarmouth and Waveney Community Services and Norfolk Community Health and Care NHS Trust.

Safeguarding services

Overall effectiveness

Grade 3 (adequate)

10. The overall effectiveness of safeguarding services is adequate. Statutory requirements are being met in relation to those children most in need of protection. Core requirements in relation to safeguarding are currently being met in the majority of assessments. An improved focus is given to sustaining and increasing compliance in delivering the requirements of legislation and guidance. However managers and practitioners recognise and acknowledge that a number of further improvements are required before safeguarding services become good. While performance in some key areas of safeguarding has shown some deterioration over the last two years, notably in the response to referrals and the completion of assessments, that relating to child protection enquiries has been maintained, with further recent improvements in responsiveness and focus. Others remain in need of improvement, such as ensuring effective managerial oversight, consistency of performance and embedding the range of quality standards. This includes identifying and evaluating the wishes and feelings of children and addressing a legacy of work with some children requiring protection from chronic neglect and/or emotional abuse. The council and its partners have commenced the work necessary to address many of these issues and this has begun to make a positive impact.
11. The transition from Children's Trust to a commissioning based strategic planning model has made considerable progress, although a fully coordinated, mature and integrated approach is yet to be completed. A strong framework is in place to support the implementation of shared ambitions for all children. Partnership activity involving use of the CAF is a continuing strength, with children's centres and schools providing particularly active and strong support. Ethnicity and communication needs of children and their families are routinely identified and prioritised. In addition, the evaluation of strengths and needs arising from diversity in the work of the CAF is a particular strength. This, in turn, results in improved impact of services. This approach is less evident in assessments by social care.
12. Children most in need of protection and safeguarding are suitably identified and, while further information was sought in relation to some cases, no child was referred for urgent action during the course of the inspection. Risk management arrangements are in place to prioritise those children who require intervention. While a number of child in need cases remain unallocated, these are also risk managed. While much change and improvements have taken place, the performance of duty and safeguarding teams remains variable and inconsistent. The Care Connect service, the first point of contact for advice and referrals, and its links with

the social care duty response is acknowledged by managers as being insufficiently robust in providing an assured response from referral to initial assessment. Immediate steps have been taken to remedy this. There is limited evidence that the views of children are routinely sought or that their views have impact within their plans. Consistent improvements to outcome measures are yet to emerge, although large scale structure and consequent personnel changes have taken place across children's services, potentially delaying some of these improvements.

13. Leadership and management within children's services have maintained front line workforce stability during a period of turbulence and change. However, challenges remain in relation to variable workload sizes and complexity as well as managerial span of control, notably in some duty and safeguarding teams. While performance reporting and monitoring is in place, the accuracy of data is not consistently assured. Quality assurance arrangements, including systematic auditing in social care, and through the NSCB, are now being embedded. Findings from audits support service improvement and make a sound contribution to some planning and commissioning activity. Lines of accountability are clear for all and practitioners met were positive about the support, guidance and supervision by their line managers. Safeguarding policies and procedures are appropriately established.

Capacity for improvement

Grade 3 (adequate)

14. The capacity for improvement of safeguarding services is adequate. Improvements identified in the unannounced inspection of arrangements for contact, referral and assessment in March 2011 have been included in a robust action plan and this is in the process of being implemented. Throughout the period of this inspection the local authority has responded consistently with prompt, positive and thorough improvements where these were identified as needed by inspectors. Senior managers have shown high levels of motivation and drive in delivering essential improvements. The local authority has undertaken extensive and ambitious restructuring over the previous two years to address the need for more responsive organisational arrangements as well as in meeting target budget reductions and this has consumed much time and energy at all levels of the organisation. With children's services entering a period of consolidation following change, appropriate priority is being given to the delivery of more consistent management and practice. Workforce stability and development are sound with considerable strengths in post qualifying opportunities and requirements within social care services. Capacity overall is sufficient to meet needs, although distribution of work remains uneven in parts of the service, as are size and complexity of some caseloads.
15. Data and performance management arrangements are used extensively, at all levels of the organisation, and the quality of these are improving.

Quality assurance information is developing well through the increased use of audits of individual cases and through themes. Senior managers recognise that further work is needed by children's and health services to monitor, provide constructive challenge, map need and to more effectively plan for the commissioning of services to ensure, for example, a greater equity of access to the CAMH service across the area. The capacity to deliver a consistently effective response out of hours is a challenge for the local authority and this service is currently subject to review. There is limited evidence that all children are provided with suitable overnight accommodation following arrest during the out of hours period. While local authority and partner support for the safeguarding and looked after children functions of children's services is sustained, other targeted services have been subject to budget cuts, reducing support to vulnerable children, for example to young carers. The legacy of a previous lack of sustained intervention by children's social care remains for some children, notably those experiencing chronic neglect or emotional abuse. Managers recognise the importance of achieving sustained improvements for the wellbeing of these children. In meeting these needs more effectively significant additional pressures are being placed on social care capacity. The local authority has identified further improvements are needed in improving the professional standing of the service with some agencies, for example in the more effective use of legal services within the family court. Some children are beginning to experience improved planning as a consequence of sustained intervention. However, limitations remain in producing assessments, recording and the timely implementation of plans for children that are specific, measurable, achievable and realistic.

Areas for improvement

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

Immediately:

- make the application of thresholds using the 'priority matrix' more consistent and clearly communicated to all partner agencies, ensuring consequent robust risk assessment and communication between Care Connect and the social care duty teams
- ensure improvement in the quality and the timeliness of assessments
- ensure robust managerial oversight, guidance and direction for children in need, including those in need of protection
- ensure that the outcomes of referrals and planned child protection meetings are effectively communicated to partner agencies and other referrers.

Within three months:

- ensure improved effectiveness of agencies response to child protection needs through the implementation of the planned multi-agency safeguarding hub
- ensure that the out of hours social care service provides a timely and consistent response to safeguarding needs of children and young people.
- ensure that assessments fully consider issues of ethnicity, religion, culture and identity and that services are responsive to these needs to enable full engagement by children and their families
- ensure sufficient capacity to effectively implement the requirement of the Public Law Outline, including timely legal advice and effective instruction of legal representation
- review the balance of workloads within social care duty, safeguarding and children in need teams, to ensure they are commensurate with the urgency and complexity of cases
- ensure that there is equality of access for all young people referred to the CAMH services across the area
- establish, through the NSCB, more effective use of information and intelligence in evaluating performance and planning improvement from, for example, conference chairs, Local Authority Designated Officer (LADO), Multi-Agency Public Protection Arrangements (MAPPAs) and the Multi-Agency Risk Assessment Conference (MARAC).

Within six months:

- assess and address the current needs of children previously subject to poor assessment and protection, notably those who have experienced chronic neglect or emotional abuse
- ensure that agencies are compliant with guidance on safeguarding training requirements, in particular dental services, and that training is robustly monitored and evaluated to ensure that it positively impacts on practice.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (adequate)

17. Arrangements to ensure that children and young people are safe and feel safe are adequate. Surveys undertaken as part of this inspection indicate that almost all children feel safe and know how to access help; this was also the case for most young people spoken to during the inspection, who were able to identify people they could speak with if they had a concern. However, a large minority of young people who responded to the survey did not know how to make a complaint. The most recent inspections of care providers and school inspections have assessed safeguarding or staying safe to be adequate or better. Safe recruitment practices meet statutory requirements in children's services. Safeguarding provision is judged as adequate in other settings including through inspection of fostering and adoption services. A number of families reported good support for example, from the Norwich Families Unit, including unannounced visits out of hours, to check on the welfare of the children.
18. The NSCB has established a renewed focus in improving member agency engagement in more effectively listening to children. This applies from the individual case level through to children and young people achieving greater impact on service development. The multi-agency risk panel is a positive development in providing a broad overview and consultation in those most complex cases, although it is yet to be established where it fits with other decision making arrangements. All NSCB partner agencies undertook an audit of conformity with statutory requirements in safeguarding and promoting the welfare of children, noting high levels of compliance by agencies. Further improvements were identified and a follow up audit will monitor their implementation. Safeguarding training is valued by staff of all partner agencies. Revised NSCB structure arrangements are improving the delivery of key responsibilities in monitoring, evaluation, workforce development and reviewing child deaths. The recent 'roadshow', outlining good practice lessons from serious case reviews to over 1000 public service workers, has been well received. Training overall has contributed to improving awareness of safeguarding responsibilities amongst most partner agencies and this has been well received, particularly amongst schools. Voluntary sector organisations report that this training is highly regarded and contributes strongly to the essential knowledge and skills of those involved. Attendance rates at training are variable, particularly among dental practitioners.
19. Effective identification of children missing from care and identification of any consequent issues is routinely undertaken, in conjunction with the

police. However, information from individual incidents is not sufficiently aggregated to inform service planning. There is good contact with those who are home educated. A 2010 Ofsted survey of home education¹ assessed Norfolk to be good overall for its service and for its data tracking, recording and reporting of these children. The LADO arrangements are good. Two and a half full time equivalent LADOs have been appointed, providing sufficient capacity to enable most enquiries to be completed within timescales. Complaints and advocacy arrangements are well established. However, many children say that they do not know how to make a complaint should they wish to do so. While complaints and allegations against carers are clearly reported to senior managers, there is limited aggregation of key learning for organisations.

Quality of provision

Grade 3 (adequate)

20. The quality of provision is adequate. Statutory requirements are being met in relation to those children most in need of protection. Contacts and referrals for these children are responded to promptly and appropriately. There were no cases seen by inspectors where children were at risk of significant harm and this had not been recognised. Strategy discussions are routinely held between social care and the police. Some improvements in coordination and integration have been achieved between the range of family support and the social care services so that children and families can move between levels of need and receive appropriate continuity of services. Family support services provide coordinated and well received support to children and families at different levels of need, particularly through the use of the CAF and through support within schools. A good range of services, including some from the voluntary sector, provide support to children and young people with higher levels of assessed need; for example, in respect of sexual abuse, domestic violence and emotional, behavioural or psychiatric issues. Recent service reductions have, however, negatively impacted on some targeted provision for some groups of children, notably young carers (although a resumption of these in September 2011 has recently been planned).
21. A recently revised 'priority matrix', which identifies levels of intervention for referrals, is not fully understood, consistently applied, or fully accepted across partner agencies. Referral screening and communication between the Care Connect and social work duty teams are insufficiently effective. Decision making is not always sufficiently accurate or clear in case recording. However, child protection enquiries are effectively undertaken. Out of hours arrangements between social care and key partner agencies provide an assured response to children and families in urgent need although there are some delays in responding during periods of high demand or limited capacity. This does not adversely affect the safety of children. Managerial capacity is also limited resulting in excessive work

¹ *Local authorities and Home Education, Ofsted, June 2010*

periods for some. Effective communication and recording arrangements between the out of hours and daytime services are established, and the service can support day time services by, for example, conducting urgent checks on the well being of children as well as providing support to daytime practitioners continuing to work out of hours. However, arrangements for the transfer of children from police custody to local authority accommodation are not consistently applied. While the resource provided to accommodate such children is under-used, there remain significant numbers who remain in overnight detention. There is no protocol in place to support the placement of such young people.

22. Assessments are too variable, although the most recent work seen is mostly of an adequate quality. In some cases there has been delay in completing assessments and historical drift in implementing plans. Weakness in analysis is a common feature of those assessments seen by inspectors. While some recent improvements are noted, failure to evaluate the historical context for children was evident in some cases. Children are seen during assessments but it is not always clear whether they are seen alone or their wishes and feelings recorded. When views are represented, it is not consistently clear whether they have been fully evaluated. Ethnicity and language are consistently identified, with some good work with children seeking asylum. There is good and prompt access to communication support provided by the INTRAN translation and interpretation service particularly for parents and children whose first language is not English, or who are signers. Full attention to equality and diversity strengths and needs is limited. Attention to equality and diversity factors in respect of disability services is good. Parents with additional needs, such as those with learning difficulties and/or disabilities or mental health problems have access to advocacy provision. Children in need of protection always have plans in place but many of those seen are insufficiently specific. Almost all initial and review child protection conferences take place within required timescales with reports and assessments routinely shared with families. However, this is not always sufficiently in advance of meetings and some notifications of conference arrangements to other agencies, such as community health professionals, are not always timely. Core groups meet regularly for those children with a child protection plan, with active contributions from key professionals and families.
23. Case recording in cases seen by inspectors is mostly up to date, although records did not always succinctly pull together the key case information. Limitations of the social care records database result in records being held in different locations and formats, with risks that this could cause some information to be overlooked. This is recognised by managers and planning is underway to address this.

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

24. The contribution of health agencies to keeping children and young people safe is adequate. Improvements have been made towards the creation of a joint commissioning framework to take the place of the Children's Trust responsibilities and objectives. A temporary post funded by the local authority and community health is providing constructive support and promotion of the further development of partnership approaches with the establishment of a health and well-being board is imminent. There are robust internal governance structures in provider trusts for safeguarding children although with limited analysis of information or challenge. While there had been a positive track record of joint commissioning and working, recent service reductions have provided a challenge in some operational relationships between health providers and children's services. Recent changes to NSCB arrangements have resulted in improved attendance by hospital representatives. Communication with frontline health staff are reported to be less effective by both the NSCB, and social care, particularly relating to thresholds since the recent introduction of the 'priority matrix'. All Norfolk health providers have identified the issue of the social care 'priority matrix' as a risk issue on their respective trust risk registers. While there are active responses to child protection referrals, concerns were expressed by some practitioners, in common with other referrers, over a lack of subsequent feedback. There has been appropriate use of escalation procedures, resulting in effective challenges to social care following the rejection of some referrals, particularly in relation to emotional harm.
25. Maternity alerts are well communicated across the county and with neighbouring counties. Safeguarding supervision and support following traumatic incidents is readily available, especially for staff within accident and emergency settings. There is good access to CAMHS out of hours, and substance misuse services provide effective support. Waiting times for Great Yarmouth and central Norfolk specialist CAMHS (Tier 3) are variable, with referrers reporting difficulties in getting treatment following the acceptance of referrals, potentially impacting on the emotional well-being of children. There is some lack of capacity in health visiting due to increasing caseloads and a number of vacancies being recruited to. There remains, however, a strong commitment to ensuring joint assessment visits to families with children under five years. Use of the CAF has increased and the joint visits and assessments by the family nurse partnership are valued by service users and practitioners. Pregnant teenage women and young fathers value the service they receive, as evidenced by positive user feedback, low attrition rates and an increase in college course completion. However, there has also been a more recent rise in the number of second unplanned conceptions and a revised teenage pregnancy strategy has yet to be fully implemented.

26. Health visitor liaison arrangements, particularly at the Norfolk and Norwich University Hospitals children's accident and emergency department, enable an effective quality control check for safeguarding concerns and referrals, and effective information sharing with practitioners in community services. Frequent hospital attendees are identified, and those children known to social care are 'flagged' on the patient administration system. This information is shared effectively with general practitioners, to ensure ongoing monitoring of the case. However, some community practitioners report slow receipt of accident and emergency unscheduled care notifications within some areas, due to notifications not being sent electronically.
27. Effective joint work between the youth offending teams and partner agencies ensures smooth transition and access to services, notably within substance misuse services, particularly through the Matthew project, a highly valued drug and alcohol service for young people across Norfolk. Substance misuse services provide a range of positive, targeted training for foster carers and schools, often with CAMHS, which have been evaluated positively.

Ambition and prioritisation

Grade 3 (adequate)

28. Ambition and prioritisation are adequate. The NSCB is established with robust processes and revised structures in place. The local authority and partner agencies, through the NSCB, have recognised previous shortcomings and have implemented a number of changes resulting in an improved leadership function. Partner agencies accept that some changes have previously been slow to be delivered, such as in ensuring improvements in the quality of assessments and specific and measurable protection plans for children. It is planned to continue to implement a firm programme of quality audit activity. Partner agencies report an improved focus within the NSCB, more effective agenda-setting, constructive challenge and accountability. Inter-agency arrangements, such as the MARAC and MAPPA are both well embedded. These prioritise safeguarding, with good engagement by all relevant agencies.
29. Ambition towards the improvement of safeguarding provision is shared by key partner agencies, although an increased engagement shown by some members, such as, District Councils, has not been shared by all agencies, such as the poor attendance by the Children and Family Court Advisory Support Service (CAFCASS). Elected members show an increasing awareness with some being well engaged with their responsibilities towards safeguarding children. Work is undertaken by lead members to extend this further. The chair of the NSCB, appropriately, has also been a full and active member of the Children's Trust and is engaged in supporting the new Health and Well Being Board initiative.

Leadership and management

Grade 3 (adequate)

30. Leadership and management are adequate. A commissioning strategy, developed in detail by a well coordinated team of officers from across the partnership and NSCB, has recently been developed, providing a firm platform for coordinated and integrated activity, although this is yet to deliver measureable outcomes for children. The NSCB has recently revised its training arrangements and is implementing a new strategy with some evidence of impact especially in the voluntary and community sector. However, concerns were expressed by some social care practitioners at being unable to prioritise attendance, as well as some training opportunities being cancelled from the programme in the last year. Social care teams are appropriately established and staffed, although the span of control for some managers is too large, with up to 12 staff to supervise, many working with complex and high risk cases. Vacancy rates are low with additional support provided through an ambitious post-qualifying training awards and an effective staff development programme, in conjunction with the University of East Anglia. Newly qualified social workers are positive about the support, training and development available to them, combined with a well considered framework for career progression for social workers.
31. Improving partnership working is exemplified by full member engagement in the NSCB audit programme. Plans to further streamline duty functions within the area are also well advanced with the implementation by September 2011 of the Multi-Agency Safeguarding Hub (MASH), an integrated 'front door' for safeguarding, staffed by police, health and children's services practitioners. Safe recruitment is in place across the key statutory partner agencies. The local authority applies disciplinary procedures promptly and effectively where there are safeguarding concerns, including early involvement of the LADO and referral to professional bodies, where appropriate. While the LADO arrangements are operationally effective, there are no arrangements for aggregating or sharing specific lessons learned.
32. The local authority has used the population profile information and known demand well to inform the recent restructuring and distribution of resources. The NSCB has identified improvements as needed to engage more effectively with service users, with a strategy agreed and in place to address this, although this is currently a weak aspect. There is good evidence, however, of an exemplary partnership with service users in relation to commissioning practice for services to disabled children. This is highly effective, ensuring full engagement and involvement of parents and carers through Family Voice in specifying the quality and quantity of services. Other constructive examples of user involvement include evaluation of CAMHS and sexual health services, using the 'you're welcome' standards, participation in budgetary planning and the use of the 'Youth Engagement Toolkit'. Young people are also currently being

involved in developing information for practitioners about children who go missing. However, there is more limited evidence of user engagement shaping safeguarding aspects in other children's services work.

33. The local authority has undertaken a detailed consideration of the resources required to sustain a targeted approach to providing services to those children most in need of protection. The challenges presented by this have been used as a constructive opportunity to revitalise the service through re-design. This has been an extensive, arduous task, impacting on a large number of personnel and taking a significant amount of managerial effort to deliver. Some unintended consequences have been a degree of turbulence and fracturing of some professional and managerial relationships, which are only recently beginning to settle. Numbers of suitably qualified and experienced social workers, above the national average for the level of children in need, are sufficient overall to meet current demands. At any one time around 10% of children in need, not specifically in need of protection, are unallocated but subject to management oversight and prioritisation. Caseloads are mostly manageable; though in some parts of the service staff, understandably, express concern about the effect on capacity of numbers of care proceedings, the demands of supervised contact and large geographical areas to cover. Non-social care services such as children's centres and Family Intervention Projects provide good resources to children and families with additional needs. Concerns are expressed by both practitioners and young people, however, about reduced support for young people, for example, for young carers and those needing support in sustaining employment, training, education and stable accommodation.

Performance management and quality assurance

Grade 3 (adequate)

34. Performance management and quality assurance are adequate. Some effective and targeted performance management systems are in place, mainly based around data, its analysis and trend reporting. These are well focused on key performance monitoring and to support resource planning. Social workers report that they feel valued, supported and well led by their immediate managers. Regular case supervision is prioritised and well embedded in teams. It is considered as developmental and supportive by staff. Quality assurance is undertaken at social care team level by the first three tiers of local managers through a range of activities such as regular dip sample audits, multi-agency file audits through the NSCB, and clearer management decision recording practices. However, the absence of a routine use of peer social care audit results in variable engagement by some first line managers with the overall improvement agenda.
35. Child protection chairs sufficiently exercise quality assurance functions, such as in providing feedback on the quality of reports and by challenging practice deficits. However, no formal data gathering, collation and analysis

take place departmentally or through the NSCB. The local authority has recognised this and has plans to remedy this gap. Nevertheless, conference chairs are clear and committed to the role they have and, where necessary, appropriately challenge practice and escalate wider issues. There are some good examples of the use of performance and quality assurance, such as in the area of domestic violence which is subject to effective progress monitoring against agreed priorities and the use of dip-sampling of cases to evaluate quality. The NSCB, generally, has not routinely used data from partnerships such as MAPPA or aggregated information from the LADO to identify, and respond to, issues and trends.

Partnership working

Grade 3 (adequate)

36. Partnership working is adequate. The local authority, health and other partner agencies understand and engage well in their safeguarding responsibilities. Recent progress has been made by the NSCB in exercising more effective leadership, as well as by the local safeguarding children groups operating across the area by, for example, holding some agencies to account for poor engagement, and giving a clearer focus on driving improvements in performance. These have ensured improved engagement by partners and a renewed ownership of the improvement agenda, through strengthened business planning. The local groups have been particularly vital and constructive in pursuit of safeguarding improvements across the operational partnership spectrum. District Councils, are notable in significantly improving their activity, focus and sharing of information. A wide range of joint activity has resulted in a number of improvements in agencies working better at the local level. The MARAC and MAPPA provisions are mature and well-embedded, with all key partners fully engaged and effective action, including across county borders, taken to ensure children are safeguarded.
37. Operational partnerships between key agencies are strong, with sound joint working between police and social care services in child protection investigations. Joint visiting by social workers and health visitors to most new referrals involving children under five is a particular strength. Good partnership in community safety initiatives enable prompt sharing of information and intelligence through participation of a number of key agencies in operational partnership teams and through the safer schools initiative, including the effective use of information sharing protocols. Similarly, effective transition arrangements are in place between childrens' and adults' social care for children with disabilities. In the event of differences or disputes between key agencies, partners report that where escalation arrangements are in place they are understood, easy to use and effective.

Services for looked after children

Overall effectiveness

Grade 3 (adequate)

38. The overall effectiveness of services for looked after children is adequate. Aspirations for looked after children in Norfolk are outlined within a powerful, overarching and continuing commitment to all children by the Children's Trust. A clearer articulation of the leadership, ambition and objectives for looked after children is yet to be provided for practitioners, as the current Corporate Parenting Strategic Plan does not specifically identify looked after children as a priority group. Corporate parenting continues to emerge as an important commitment, and there are a number of examples of focused consultation with and participation of looked after children, although the voice of the child remains insufficiently well heard at an individual level. Adequate or better outcomes for most looked after children are achieved in, for example, placement stability, fewer placement moves, low involvement in the criminal justice system, very low rates of substance misuse and small numbers going missing from foster care and in some educational achievements. These are achieved through effective operational partner relationships, such as the virtual school and the 'prevention plus' additional support arrangements. Particularly valued is the support provided by schools and the looked after health team.
39. Statutory functions in relation to looked after children are being met and no services are deteriorating. Almost all children in care and those receiving leaving care services report feeling safe or very safe in their current placements. Children and young people spoken with by inspectors report that their views are mostly listened and responded to. Some elements of guidance are neither sufficiently current nor fully implemented, such as for kinship care, and the roles of Independent Reviewing Officers (IROs). The care plans of some children are subject to drift and a high proportion remains living outside the local authority area. Considerable investment in a range of leisure and engagement activities for vulnerable young people has successfully enhanced the personal and social development of a number of looked after children. However, young people are insufficiently well prepared for leaving care, supported in independence or in sustaining engagement with education, training and employment. There is no leaving care health service, resulting in the absence of targeted services for this group. Fewer health assessments are taking place, with a large minority of children not being seen. Some of those who are seen are not assessed by medical practitioners. There are poor arrangements in place to communicate effectively between social care and health in providing information about children entering care or other significant changes.

40. The social care workforce for looked after children is generally stable. Those practitioners surveyed and those spoken with by inspectors value the training opportunities available and are also well engaged in working alongside partner agencies. Senior managers recognise that improvements in the quality of assessment and effective care planning are required. Operational managers do not yet consistently provide the focus and drive to address the full needs of all looked after children within satisfactory timescales for all children. An example of this is the number of children who wait too long once adoption is identified as in their best interests.

Capacity for improvement

Grade 3 (adequate)

41. The capacity to improve services for looked after children is adequate. Statutory requirements are met with a strong record of placement stability and a number of sustained or improving outcomes for many children, albeit against a continued rise in numbers of looked after children. The leadership and management of services for looked after children and care leavers have initiated a number of service improvements. However, senior officers acknowledge they have yet to deliver sustained improvements in some key areas, for example, the quality assurance of practice within social care. Further work is also required to ensure consistent improvement in the quality of assessment, direct work and more effective care planning for looked after children, as well as in minimising drift within the care system.
42. Adequate and stable staffing capacity, a restructured and refocused service, enhancement of the role of the IROs and sustained support from some partner agencies contribute to a firm foundation for improvement. The local authority now demonstrates more clearly a commitment to extending the contribution of looked after children to service provision improvement. Good support is provided for children with learning difficulties and/or disabilities in transition to adulthood. However, pathway planning for care leavers remains weak and too variable in quality, and requires strengthening to support young people into adulthood. Local authority plans are in place to address the added financial challenges presented in purchasing additional placements for children due to the increasing numbers becoming looked after.

Areas for improvement

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

Immediately:

- ensure the full implementation of requirements in relation to the transfer of children detained for alleged offences from police custody to social care accommodation

- ensure timely notifications of all new looked after children to partner agencies, also informing them of other significant changes to placement arrangements
- cease the use of bed and breakfast accommodation for young people looked after aged between 16 and 18 years
- ensure improvements in the quality and timeliness of assessments, ensuring that children are seen on their own and that their views are obtained, recorded and taken into account in care planning
- ensure that care plans for looked after children are focused, specific and measurable and that they have clear managerial oversight, guidance and direction
- ensure compliance with regulation and guidance, with regard to placing children in the care of family and friends

Within three months:

- ensure that the strategic partnership provides clearly articulated leadership, ambition and detailed objectives for looked after children, communicating these effectively to practitioners and managers in all services
- ensure that looked after children placed out of area receive health assessments and that all looked after children initial health assessments are undertaken by a medical practitioner in accordance with guidance
- provide robust pathway and transition plans for all those leaving or having left care and for relevant or former relevant young adults.

Within six months:

- ensure progress is made in providing stable placements for children close to their home community, and the timely provision of permanent homes for children with a plan for adoption
- implement efficient, clear and effective commissioning and procurement arrangements in accordance with the sufficiency duty, engaging, as appropriate, partner agencies and the voluntary and community sector
- provide an effective health leaving care service.

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

Being healthy

Grade 4 (inadequate)

44. Outcomes for the health of children and young people are inadequate. There is limited evidence identifying whether the health care needs of looked after children are being met, as the frameworks in place do not ensure that health outcomes are effectively monitored. While actions have been identified to improve data collection, these have yet to be implemented. Data show deterioration in most outcome measures, such as the completion of initial and review assessments, with performance indicators significantly below both national and statistical neighbours' rates. The notification of children becoming looked after, or of a placement change, is not consistently received by the appropriate health services. This was addressed as a matter of urgency by the local authority at the time of the inspection. Where notification is provided, not all consequent initial health assessments are completed by a medical practitioner, and in particular Great Yarmouth and Waveney provider services do not comply with this requirement. In some cases implied consent or consent from a previous assessment has been used without current consent being obtained. There is insufficient capacity in the named and specialist health service to provide a continuous service. However, young people and carers report that when assessments are completed they find them helpful and value the advice provided.
45. There are no robust, regular audits or quality control arrangements for health assessments or reviews, and no regular meetings with IROs to review health plans. While looked after children are given a choice of assessment, either face to face at a venue and time or their choice, or by health questionnaire, there is no effective use of the strengths and difficulties questionnaire. Effective joint working for pregnant looked after young women between the Family Nurse Partnership and social care achieves good information sharing, and result in reduced service duplication. A looked after children CAMH service does not provide cover in the east of the area with some children experiencing longer waiting times there. An adequate range of health promotion activities is in place that have been further developed since a specialist team has been operational, although a full evaluation of its effectiveness has not been undertaken. There is no dedicated health leaving care service. While it is recognised that young people in independent accommodation are particularly vulnerable and require targeted intervention, this does not consistently take place. Personal health histories are also not provided to care leavers, reducing the focus on improving the range of health outcomes for this group.

Staying safe**Grade 2 (good)**

46. Outcomes for staying safe are good. Almost all looked after children and those receiving leaving care services express the view that they feel safe or very safe within their placements and immediate environment. However, few children describe being given a choice of placement. Children describe their carers, including residential staff, as recognising and responding to children's identified safeguarding needs. Foster carers are provided with well regarded support and training, such as through the 'Fostering Changes' programme. Good partnership working between care providers and the police when looked after children go missing has further improved since the recent implementation of multi-agency procedures. Young asylum seekers are safeguarded well, with good consideration of their cultural and religious needs. Young people in external placements are monitored well, including appropriate use of independent visitors. Almost all young people are placed in settings where the arrangements for safeguarding are judged good or better. Good use is made of independent visitors, advocacy and the LADO service is a particular strength in the area. It provides a robust attention to any allegations against carers and a sound point of reference for advice and guidance to public services. Placement stability is good and while an increased focus on providing placements within the area is required, these decisions are properly being made within individual care planning.

Enjoying and achieving**Grade 2 (good)**

47. Outcomes for enjoying and achieving are good. Governance arrangements are good with strong inter-agency working involving elected members, key local authority services, third sector agencies and hearing the voice of the pupil. There is a clear strategic approach and good leadership from within learning services. The virtual school is well established, is highly regarded by schools and has a good understanding of the needs of the looked after children population. Educational achievement is adequate and improving. From low starting points in early years, children make good progress with attainment at Key Stage 4 in line with the national average and higher for those achieving more than one GCSE. The 'Catch Up' pupil support programme enables pupils with special educational needs to make sustained progress. Strategies to narrow the gap in achievement include one to one support, with robust systems and close monitoring of individual progress and attainment. The full implementation, as well as the quality, of Personal Education Plans has been improved. However, the quality of action planning and setting realistic and achievable targets are still too variable and recording of the children voice is inconsistent in Personal Education Plans.
48. Attendance overall is satisfactory and improving. Persistent absence is well below the national and regional averages. Schools work well with attendance officers and the virtual school team to ensure that any

concerns about school attendance, or absences, are quickly resolved, with carers being well engaged in this joint effort. Children and young people's achievements are regularly celebrated. A specific programme for those considered to be gifted and talented which resulted in 27 children 'graduating' from the 'children's university' this year. Good opportunities are provided through the extended schools programme towards further learning, cultural and recreational activities.

Making a positive contribution, including user engagement

Grade 3 (adequate)

49. Arrangements for looked after children to make positive contributions are adequate. Children and young people who attend the Children in Care Council have regular access to senior officers and elected members and are due to address the full council. The 'Pledge' captures the aspirations of this group, although it is recently produced and has yet to be launched to the whole looked after children population. The Children in Care Council is well structured with broad representation. Creative use of information technology, media and arts extends the reach of the Children in Care Council and the local authority as corporate parent, to a wider range of children to participate and respond to consultations. Active engagement is achieved in a range of consultation work such as through IRO's, the development of the looked after children health care team and the review of allowances. However, delays in implementing some suggestions have resulted from recent reductions in some services. Children and young people have access to advocacy, although many remain unclear about how they can make a complaint or access their care files. First time offending has continued to reduce year on year, supported by a highly effective restorative justice approach with both residential and foster carers. This is jointly implemented by local authority services and Norfolk Police. A dedicated, experienced team provides strong support to young people seeking asylum, which they highly value. Some care leavers describe mixed views about the current support they receive. All were negative about their time when being looked after, citing instances of frequent placement changes, many changes in social worker, and no notice or consultation about significant changes.

Economic well-being

Grade 4 (inadequate)

50. Outcomes for economic well-being are inadequate. While the local authority report all care leavers are to be in suitable accommodation, there is insufficient affordable accommodation for young people aged 16 or over, and too often it is of inconsistent quality and not in the right place for them. The local authority continues to place vulnerable 16 and 17 year olds in bed and breakfast accommodation, which is not appropriate. It has very recently commenced efforts to address this by reviewing every young person in this type of accommodation. A recently reviewed joint housing protocol is beginning to have some impact in providing effective support

for those aged 16 or over who are homeless and vulnerable, although this does not affect those already in independent accommodation. Some housing agencies work well with young people in preparing them for independent living, but this work is not well shared across all providers, making planning arrangements less effective overall.

51. Young people are not sufficiently prepared for independent living. Those seen by inspectors report limited ongoing support when they leave care. Pathway Plans are of too variable a quality and many are insufficiently focused on realistic and achievable objectives. Whilst the proportion of care leavers not in education, employment or training is low, options for on-going employment or training are limited and drop out from college courses at 17 and 18 years is too high. Young people seen by inspectors had little awareness of the support, advice and guidance available to them. Opportunities for apprenticeships and training placements are available through business partnerships. However, there are no formal apprenticeships or training opportunities offered by the council which is a weakness. The virtual school has recently taken responsibility for developing services for the 16–19 age group and, while work is underway, outcomes are yet to be achieved. Transition planning for young people with learning difficulties and/or disabilities aged 14 or over from children's to adult services is well established and of a good quality.

Quality of provision

Grade 3 (adequate)

52. The quality of provision is adequate. There are appropriate, clear, established procedures for decision making to determine whether a child should become looked after. Good quality family support services are in place to support children on the edge of care. These include constructive behaviour and parenting support as well as support from school attendance officers and family support workers within the recently established children in need teams. For those experiencing unsettled placements good support is provided through a dedicated resource, 'placement plus'. Carers also have timely access to the looked after children CAMH service for consultation and support. Most children are in appropriate placements and most make good progress within stable placements. Most young people report that they are satisfied with their current care arrangements. The recent inspections assess in house regulated services as good or better, providing some dynamic and creative work with young people placed in an emergency. Children with a disability receive a very good range of looked after, short break and other support services. Positive direct work is undertaken with asylum seeking children, both individually as well as in group settings. Informal and formal support and interventions are provided to enable most to maintain some links with other people of their culture or plight.
53. Assessment of risk and decision making are improving across the area, with practitioners addressing a legacy of work previously subject to both

drift and limited managerial oversight. Care planning remains too variable, ranging from good to inadequate. Some children have no care plan currently in place, and others have plans that do not clearly identify the steps toward better outcomes, including permanency. The local authority is not fully compliant with current assessment requirements for the placement of children in kinship or 'connected person' care. The improving focus on addressing long standing harm has led to a significant increase in children who are subject to the Public Law Outline and family court proceedings. This has resulted in some difficulties in relation to the availability of timely legal advice and in the clarity of instructions to legal representatives. Good financial and personal supports are available for those subject to special guardianship and residence orders, although improved consideration of this as a route out of care is needed for those in the care system. Small numbers of looked after children are placed at home, with good arrangements for their welfare.

54. Arrangements for statutory reviews for looked after children are adequate, supported by skilled and experienced IRO's. However, their high work loads and poor communication with some social workers adversely impact on their performance, in holding timely reviews and fully engaging with those looked after children they have responsibilities towards. Some children responding to the survey for this inspection were unclear about the role of, and their relationship with, their IRO. Not all children are visited by their social worker in accordance with requirements and some report not being seen alone. A small number of children do not have an allocated social worker due to staffing changes, although there is sufficient risk management of these cases by managers and team duty cover arrangements, as a temporary measure. Some children, with stable placements and an enduring relationship with a practitioner, have an unqualified allocated worker if there is a plan for early rehabilitation or until the point where transfer is appropriate to the needs of the child. The quality of case recording is often too limited in quality and, in some cases seen by inspectors, the child's 'journey' cannot be sufficiently well identified.

Ambition and prioritisation

Grade 3 (adequate)

55. Ambition and prioritisation are adequate. The local authority has a broad, constructive and shared aspiration for all children, including those looked after. However, it does not have a sufficiently well articulated vision, ambition and priority statement specifically for those who are looked after. There is, consequently, a less well focused perspective articulated by elected members and operational staff. A strong commitment among key members, senior officers and practitioners to deliver improving services is articulated. Council elected members acknowledge that there is a variable level of awareness of their corporate parenting responsibilities, although there is strengthening commitment through the scrutiny and overview arrangements. The Corporate Strategic Parenting Board has good

representation from elected members, officers and partner agencies, and a clear action plan. However, it does not set out sufficiently clear or ambitious targets for looked after children in order to raise their aspirations, educational achievements, or life chances. Clear objective to reduce the numbers of children placed outside of the area are properly tempered by the requirement for this to always be in the child's best interests. The strengthened strategic framework, including recent efforts to achieve a regional focus on commissioning and placement procurement, is yet to be fully implemented.

Leadership and management

Grade 3 (adequate)

56. Leadership and management are adequate. A robust commitment to the continued development of commissioning is evident, with firm foundations in place to further develop appropriate partnerships with providers. There is some understanding of the needs of the looked after children population with active and positive development in placement procurement arrangements. A dedicated commissioning unit is actively securing more efficient and effective commissioning arrangements. A good range of services support looked after children and children on the edge of care. Some are innovative, enabling improved placement stability, for example the Benjamin Foundation in relation to substance misuse, looked after children CAMHS and the Family Nurse Partnerships which work with pregnant young women and young fathers. The support from, and contributions by, schools and other learning environments have contributed significantly to maintaining the stability of many placements and achieving improved outcomes. The local authority is commencing a programme of commissioning services to meet its sufficiency duty. Too many children continue to be placed outside of Norfolk, leaving them potentially vulnerable to a range of poorer outcomes.
57. Case responsibility for looked after children in children's services is divided between the corporate parenting teams and safeguarding teams. It is acknowledged by practitioners and managers that, as a consequence of recent changes, some social workers in safeguarding teams have insufficient experience of working with the range of looked after children requirements, and additional training is underway to address this deficit. Responsibilities within the safeguarding teams are also too broad, resulting in potential difficulties in prioritising work with individual children. Some staff have been unsettled by recent structural changes, adversely affecting levels of motivation.
58. Much of the work with children from minority groups is undertaken by the specialist Diverse Communities team. Although the quality of this work is often good, an unintended consequence is that social workers in other teams are less likely to develop the skills in working with children from minority groups. Some social workers express a narrow understanding of some issues; for example, private fostering, forced marriage and child

trafficking. Managers and staff have access to a good range of training and developmental opportunities, including post qualifying and advanced qualification modules, which support well both workforce development and future leadership capacity. There is a strong, well embedded culture of staff supervision and support with staff speaking highly of the professional and personal support they receive from their managers.

Performance management and quality assurance

Grade 3 (adequate)

59. Performance management and quality assurance systems are adequate. A number of data reports focused on key indicators are routinely provided to different levels in the local authority. The quality of data continues to improve, supporting managers in achieving performance objectives across a range of duties relating to the management of staff and reporting achievements against objectives to their teams. Quality audit measures have been developed but are yet to be fully embedded across this part of the service. As these are undertaken by a separate quality assurance unit, some practitioners and first line managers have a limited awareness of the learning identified. A number of the suggested improvements are about basic practice requirements.
60. Some cases seen by inspectors are of insufficient quality, with limited evidence of effective management oversight in driving plans for children or being sufficiently challenging to promote improved outcomes. Audits undertaken recently have identified many of these issues and the local authority has embarked on an extensive programme of re-skilling practitioners and first line managers, the latter through a positively regarded 'bite size' programme of learning.

Record of main findings:

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