

Committee: **Children's Services Scrutiny Committee**  
Date: **7 March 2011**  
Title of Report: **Outcomes of Ofsted Inspection of Safeguarding and Looked After Children's Services**  
By: **Director of Children's Services**  
Purpose of Report: **To advise the Committee of the outcomes of the recent inspection of Safeguarding and Looked After Children's Services.**

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**RECOMMENDATION:**

**That the committee consider the outcomes of the Announced Inspection of Safeguarding and Looked After Children Services and comment upon the Action Plan resulting from it.**

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**1. Background**

1.1. Each year Ofsted makes an assessment of children's services, in accordance with section 138 of the Education and Inspections Act 2006. Their assessment is based on a performance profile of the quality of services and outcomes for children and young people in each local area. This performance profile includes findings of all inspected and regulated services and settings, together with data from the relevant indicators in the National Indicator Set (NIS).

1.2 In addition, Ofsted undertake a more in depth inspection of Children's Services on approximately a three yearly basis. The Ofsted Announced Inspection of Safeguarding and Looked After Children's services took place between 29 November and 14 December 2010. The period of the inspection was extended by a few days due to disruption caused by snow and inspectors' illnesses.

1.3 The Council was given ten days notice of the announced inspection. During these ten days inspectors were provided with more than 150 documents and audits of ten case files were carried out by staff and then shared with the inspection team. Six inspectors were involved from both Ofsted and the Care Quality Commission (CQC). During their time on-site inspectors scrutinised 31 case files in total and undertook more than 80 focus groups, interviews and visits, seeing 269 people in the process. These included managers and staff, parents and carers, children and young people and partners from numerous organisations such as the police, health and voluntary sector.

**2 The findings**

2.1 The Ofsted report on the findings from the Announced Inspection of Safeguarding and Looked After Children's Services was published on 24 January 2011 (see appendix A). The key judgements are:

**Safeguarding:**

- Overall effectiveness -Grade 2 (Good)
- Capacity to improve – Grade 2 (Good)
- 6 sub judgements were good, 2 were adequate

**Looked After Children:**

- Overall effectiveness - Grade 2 (Good)
- Capacity to improve – Grade 1 (Outstanding)
- 3 sub-judgements were outstanding, 6 were good and 1 was adequate

2.2 The areas of improvement for the authority were as follows:

- Ensure that safeguarded children and young people allocated to practice managers receive services in accordance with the recommendations of their case plans.
- Ensure that management oversight of decision making and action planning is clearly recorded on individual children's case files and on the supervision records of social workers.
- Review communication and resourcing arrangements to enable initial health assessments and plans for Looked After Children to be completed effectively and on time.
- Ensure that the equality and diversity needs of Looked After Children, young people and families are routinely taken into account when their needs are assessed and their care package is planned.
- Review and improve the participation of children's services in the county-wide Multi-Agency Public Protection Arrangement (MAPPA).

- Improve the range of supported accommodation available for care leavers so that none are placed in bed and breakfast accommodation.

2.3 There were also a number of recommendations for our Health partners and we will be working with them to ensure that these are resolved:

- Sussex Partnership NHS Foundation Trust should strengthen its commitment to safeguarding by ensuring compliance with the requirements of 'Working Together To Safeguard Children', 2006 and the intercollegiate guidance on training and competencies.
- The joint PCT commissioner and providers should ensure that the named doctor posts are filled within provider services and have clear and separate responsibilities from the designated doctor role.
- Recruit a designated doctor for looked after children and produce an annual report on their health outcomes.

2.4 There was one further recommendation that relates to a discussion with inspectors on the capacity of Police and CSD teams to undertake joint visits at the start of a safeguarding investigation:

- Ensure that all child protection processes proceed in a timely way with the full participation of partner agencies.

### **3 Relative position**

3.1 East Sussex currently has the best announced inspection results of any of our statistical neighbours and stands out as one of the best in the country so far – only Lincolnshire and Knowsley have better overall judgements and only Swindon is on a par. See Appendix B for details.

### **4 Next Steps**

4.1 Children's Services are now developing an action plan to ensure that all the recommendations from the inspection are dealt with. This plan will also be negotiated with partner agencies under the aegis of the Local Safeguarding Children Board, since a number of recommendations relate to actions and expectations placed upon partner agencies by Ofsted and the CQC. See Appendix C.

4.2 The coalition Government has announced that it intends to abolish the Annual Grading of Children's Services and will repeal the legislative requirement in due course. It is unknown at this stage whether the announced inspections of children's services will continue in their current form but it is likely to be at least three years until another one is due, unless one is triggered by a poor judgement from another inspection.

4.3 Ofsted's annual unannounced inspections of Duty and Assessment Teams are still continuing at the moment and the next one is expected before the end of March 2012.

### **5 Financial Appraisal**

5.1 Any resourcing implications arising from these inspections will be taken into account as part of the action plan to deal with the recommendations.

### **6 Conclusions and Reason for Recommendations**

6.1 The inspection results are very pleasing, especially in comparison to other authorities. This provides assurance to the Scrutiny Committee that we continue to deliver high quality services to protect and care for children in East Sussex, although we are not complacent and will continue to try and improve despite the difficult financial times ahead. The Scrutiny Committee is therefore recommended to note the report and the Action Plan arising from it.

MATT DUNKLEY  
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Local Members: All  
Background Documents:

# Inspection of safeguarding and looked after children services East Sussex

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**Inspection dates:** 29 November – 14 December 2010  
**Reporting inspector:** Stephen Hart HMI

**Age group:** All  
**Published:** 24 January 2011

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## About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI), one additional inspector seconded from a local authority's children's service and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004. The normal inspection period was extended by three days due to major disruption caused by extreme weather conditions and the ill health of two inspectors. We are grateful for the cooperation, flexibility and forbearance of colleagues in East Sussex for enabling the completion of this inspection.
2. The evidence evaluated by inspectors included: discussions with children and young people receiving services, 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.
3. Inspectors analysed and evaluated reports and information from a variety of sources including:
  - 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'*, 2006;
  - interviews and focus groups with front line health professionals, managers and senior staff from a range of health commissioners and providers from across the county;
  - a review of 31 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, assessment and referral centres undertaken in July 2009.

## The inspection judgements and what they mean

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

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

## Service information

5. East Sussex is a county located in the south east of England covering 666 square miles. The population is just over 500,000 people, of whom some 120,000 are under 20 years of age. More than 80% of the county is rural in character and is mostly designated as areas of outstanding natural beauty. The main centres of population and employment are concentrated in the southern coastal strip and in the west of the county in Hastings and St Leonards, Eastbourne, Bexhill, Newhaven, Seaford and Lewes. The majority of the population is white British with only 2.3% of black and minority ethnic (BME) heritage at the last census. The proportion of BME children in schools is currently 9.2% with few living outside the coastal towns. People of other white background represent the largest BME group (2.7% of the total population). There is a small traditional Traveller community and in the last two years an increasing number of families from Eastern Europe have moved to the area.
6. A minority of the population is among the most affluent in the country, many families having moved into East Sussex because of the natural environment, and because housing costs are comparatively low. However there are some areas of significant social and economic deprivation, mainly in the larger coastal towns, and many poorer families in the rural areas are disadvantaged as a consequence of their distance from services. In the Income of Deprivation Affecting Children Index, East Sussex ranks as the fifty first least deprived local authority in England (where one is the least deprived and 149 is the most deprived). There is significant variation in the percentage of children living in poverty in different districts with East Sussex. The overall proportion for East Sussex is 18.6% but the proportions for different areas range from 10.7% in Wealden to 30.1% in Hastings. Within Hastings there is also a large variation between wards, with 8.4% of children living in poverty in the Conquest ward compared with 53.3% in Central St Leonards.

7. The Children's Social Care Service has 732 staff and comprises four services areas as follows:
  - Access and Disability
  - Youth Offending
  - Locality Social Work and Family Assessment
  - Looked After Children Service.
8. There are 609 children with child protection plans, 558 children who are looked after by the council and 13 unaccompanied asylum-seeking children. East Sussex has 202 foster families and the council manages four residential units, one secure unit and 2 respite units for disabled children. There are 30 children currently placed in residential accommodation, 328 placed with local authority foster carers and 84 are currently in independent fostering agency placements. Care leavers receive services from the leaving care service. In the last two years, 47 looked after children have been placed for adoption and 48 have secured permanence through special guardianship.
9. Pre-16 education in East Sussex is provided to approximately 67,000 children in the following settings:
  - 17 local authority-maintained nursery classes, nine local authority run childcare settings and a further 269 early education settings (childminders, playgroups, full day care and nursery units in independent schools)
  - 35 designated children's centres, of which 7 include childcare
  - 155 primary schools
  - 26 secondary schools
  - one secondary academy
  - 10 special schools, 17 special units and/or facilities located within 15 mainstream schools and 1 pupil referral unit.

Post-16 education and training is provided by:

- eight mainstream schools with sixth forms, educating approximately 1,900 pupils post-16
- four colleges.



10. East Sussex has 28 facilities offering vocational programmes to 1456 students aged 14–19 studying Foundation Learning provision (which includes Entry Level, Entry Levels 1 and 2 and Level 1) and there are 90 Young Apprentices and two delivery partnerships.
11. Education and recreational leisure time activities including Youth Work are provided by a range of statutory and voluntary sector partners across East Sussex and a database of activities and services is available via the Connexions 360 web site for young people. The Youth Development Service operates a range of open access drop in facilities offering a range of sports and recreational activities and many projects are delivered in partnership with borough and districts and voluntary sector providers.
12. Over the past five years the East Sussex Council for Voluntary Youth Services has increased its membership from 90 groups to over 140 community led youth and sports clubs.
13. Health services in East Sussex are commissioned by two Primary Care Trusts (PCTs) (NHS East Sussex Downs & Weald and NHS Hastings & Rother) which have combined their management functions and operate as one organisation. Community provider services (health visiting, school nursing and three minor injury units) are provided by East Sussex Community Health Services, an arms-length provider for which the management contract will be taken over by East Sussex Hospitals NHS Trust from 1 January 2011. Acute trust services including maternity, Accident and Emergency (A&E) and paediatric inpatients are provided by East Sussex Hospitals NHS Trust which has acute sites at Hastings' Conquest Hospital and Eastbourne. There is a birthing centre run by the trust at Crowborough. Child and adolescent mental health services (CAMHS) and adult mental health services are provided by Sussex Partnership NHS Foundation trust.

## Safeguarding services

### Overall effectiveness

### Grade 2 (good)

14. The overall effectiveness of the council and its partners in safeguarding and promoting the welfare of children in East Sussex is good. There is a strong culture of safeguarding across the partnership from council members to front line staff that is leading to improved outcomes for children and young people. Leadership and management in safeguarding and child protection services are good, with children at risk of harm being protected effectively, where necessary with the use of court orders. Low rereferral rates and the comparatively low numbers of children subject to repeat child protection plans reinforce the effectiveness of the partnership's interventions. Effective operational and performance management and workforce planning have enabled the enlarged workforce to respond in a managed way to unprecedented levels of sustained demand. The skill base of the workforce is enhanced by good training and development opportunities and there is very clear evidence of the influence of the outcomes of serious case reviews influencing practice and management. When decisive intervention is required decision making is rigorous, and case planning for all possible outcomes starts early in the process so that the child's safety and well-being is secured at the earliest opportunity. Considerable progress has been made in ensuring that children and their parents and carers are involved in these processes and there is clear case evidence that this has enabled agreed plans for permanent placement to be made in some very complex cases. Independent reviewing officers and child protection conference chairs are influential in quality assuring work and ensuring that appropriate progress is made on the implementation of case plans.
15. The area for priority action identified in the unannounced inspection of contact, referral and assessment services has been addressed through an increase in social work capacity in the front line duty service. However, the increased demand for services has outstripped the enhanced capacity and pressures on front line staff are still evident. This has resulted in some assessments not being completed and recorded in a timely manner. Nevertheless, active management and supervision has ensured that priority cases, for example those proceeding to court interventions or to child protection conferences, are dealt with appropriately and in the large majority of such cases, timely assessments and investigations are carried out.
16. Good progress has been made across the partnership in ensuring that equality and diversity issues are addressed. The children and young people's plan is explicit in setting out agreed priorities, and joint work on equality monitoring, user engagement, advocacy and translation clearly

demonstrate the commitment to ensure equal access to services is achievable for all citizens.

## Capacity for improvement

## Grade 2 (good)

17. The capacity for improvement is good. The council and its partners have a track record of systematically identifying areas for development and addressing them. The rolling programme of audits has an appropriate focus on aspects of safeguarding, and action plans following audits are used to drive improvements through to front line services. Performance monitoring and management have also been used to identify emerging pressures. The recent and unprecedented increase in demand for safeguarding and child protection services quickly led to intense pressures on front line services. These were responded to promptly by a range of pragmatic and short term measures, which were revised following the recruitment of additional staff.
18. The children and young people's plan and the plan of the East Sussex Safeguarding Children Board (ESSCB) articulate clear visions for safeguarding children and young people. There is a drive to improve outcomes and the priorities of each plan are focussed to this end. The ability of all staff to accept in full their individual responsibilities and accountabilities is an important element of this approach and the leadership team has recently been strengthened to support the accountability framework which is progressing well. Workforce planning and development are effective and training and development opportunities are well aligned to priorities.
19. Service users are increasingly engaged in the child protection processes that directly affect them, particularly child protection conferences and core groups. Although the partnership recognises that there is room to strengthen the arrangements further, attendance and involvement data show that performance exceeds comparators.

## Areas for improvement

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

### Immediately:

- Ensure that all child protection processes proceed in a timely way with the full participation of partner agencies.

**Within three months:**

- Sussex Partnership NHS Foundation Trust should strengthen its commitment to safeguarding by ensuring compliance with the requirements of *'Working Together To Safeguard Children'*, 2006 and the intercollegiate guidance on training and competencies.
- The joint PCT commissioner and providers should ensure that the named doctor posts are filled within provider services and have clear and separate responsibilities from the designated doctor role
- Ensure that children and young people allocated to practice managers receive services in accordance with the recommendations of their case plans.
- Ensure that management oversight of decision making and action planning is clearly recorded on individual children's case files and on the supervision records of social workers.

**Within six months:**

- Review and improve the participation of children's services in the county-wide Multi-Agency Public Protection Arrangement (MAPPA).

# Safeguarding outcomes for children and young people

## Children and young people are safe and feel safe

### Grade 2 (good)

21. The effectiveness of services in taking reasonable steps to ensure children and young people are safe and feel safe is good. Ofsted's regulatory inspections of seven units of East Sussex's managed residential child care provision for children, judged them to be good or better with the exception of one children's home which is judged to be satisfactory. However the 'staying safe' judgements in all establishments are either good or outstanding. These judgements are endorsed by each child and young person seen during this inspection, who reported that they felt safe in their placements. All could identify at least one trusted person in whom they could confide should the need arise.
22. A survey of the views of children and young people that was conducted as part of this inspection found that children felt safe and had been well advised about strategies for keeping safe. One young person expressed concern about bullying but generally children and young people were clear that anti-bullying strategies in schools are proving to be effective in reducing the incidence of reported bullying.
23. Children and parents' participation in case conferences is good and they have appropriate access to advocacy support. This represents a significant improvement over the course of the last year. Ofsted's survey results show that children feel included by the process and most (in excess of 80%) feel that their wishes and feelings are taken into account and that they influence positively the outcome of their reviews and planning meetings. The equality and diversity needs of families are given good consideration in most of the case files seen. This finding is consistent with user feedback collected by the children's service, which demonstrated substantial increases in the proportion of parents and carers who considered that their diverse needs were recognised and taken into account.
24. The management of complaints made by children against staff is understood well by the council and its partners. The role of the Local Authority Designated Officer (LADO) is clearly defined in accordance with statutory guidance and the post holder has established effective links with other agencies and the ESSCB. The partnership has a clear understanding of the difference between the LADO function, disciplinary and criminal processes.
25. There are robust policies and processes in place to ensure full compliance with safer recruitment guidance and processes. The inspection of

personnel records demonstrated a rigorous attention to detail and staff files were well ordered with all key information easily accessible. This reflected an understanding among personnel staff that recruitment is a key safeguarding function.

26. The Sussex-wide MAPPA is established according to a pan Sussex protocol which covers the three local authority areas with children's services responsibilities. However, there are different perceptions among the professional groups represented about the nature and extent of the council's participation. Some agencies have concerns about the impact of what they perceive to be sporadic attendance by social care professionals on discussion and decisions about the risks posed to children by some adults. However it is recognised that when discussion about child perpetrators is scheduled, attendance is very good.

### **Quality of provision**

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

27. The quality of provision is adequate. Thresholds are well understood across the partnership and this leads to prompt referral of children for a service from children's social care. All newly identified cases are allocated promptly to suitably qualified social workers for assessment. However, initial case planning set out on some children in need case records by managers is neither consistently robust nor sufficiently specific in setting out the actions that are to be undertaken. Although in the majority of cases the written instructions are supplemented by apparently clearer oral advice and guidance and outcomes are good, there are some cases in which there is 'drift' and no clear evidence that case plans have been implemented effectively. However, children's safety was not compromised in any case that was seen during the inspection.
28. Early intervention and prevention services are being systematically developed across the county in accordance with the approach adopted by the Children's Trust arrangements. The Common Assessment Framework (CAF) is developing well and in the majority of cases at least adequate outcomes are identified. There is increased commitment across partner agencies as a result of the CAF having been tailored to meet local need identified by the local area partnerships. However, health professionals are not yet fully engaged and some perceive the use of CAF to be more relevant to schools and children's social care. Children centres provide effective universal and some targeted services, for example in meeting the needs of families from diverse cultural backgrounds, and are considered by the county councillors to be a resource for local communities to which parents can turn for advice, support and social contact.
29. The significant and sustained increase in referrals and the number of children subject to child protection plans has impacted upon the size and complexity of caseloads across the partnership. This has been appropriately managed in many cases, for example all child protection

cases are allocated to appropriately experienced and qualified social workers. However, the police are experiencing difficulties in assigning officers to planned child protection conferences and investigations, and on occasions this causes delay. Cases before the court are expedited well and to good standards. However, in less urgent cases the quality and timeliness of service delivery has been affected and practice managers temporarily hold case responsibility for some children in need, in order to manage the increased demand. The decision to allocate to practice managers is a pragmatic response to workload pressures but it has resulted in some cases receiving a limited service rather than planned and systematic intervention in accordance with the child's plan. However, children's safety was not compromised in any case that was seen during the inspection.

30. Child protection plans in most cases are clear and robust identifying intended outcomes for children and young people. These are regularly reviewed at core group meetings which, like child protection conferences, are well attended by professionals. They are increasingly attended by service users who are skilfully helped to participate well, through the use of advocates when necessary. Recording in most cases demonstrates that protection plans are being effectively actioned and monitored, although in some cases, the recording of decisions is insufficiently specific and therefore difficult to manage and evaluate.
31. There are clear policies and procedures to deal with children who are absent or who go missing with appropriate cross referencing to child protection procedures, guidance relating to asylum-seeking children and young people and that relating to forced marriage and honour violence. The innovative and new Young Runaways Mentoring Service has had significant impact over its first five months of operation. The incidence of missing episodes has reduced by 12% (36 episodes) compared to the same time period in 2009.
32. Managers at all levels together with key politicians are accessible to front line staff, and this is highly regarded by the social work staff. Staff receive regular supervision. However, the recording of decisions taken in some cases of supervision is insufficiently detailed or clear.

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

33. The contribution of health agencies to keeping children and young people safe is adequate. Engagement and relationships between health service partners and with children's services are generally effective, with clear policies in place and good systems for referral, information sharing. There is a good, shared understanding of partners' capacity and contribution. There are however, challenges in meeting statutory guidance for the

appointment of named and designated doctors and nurses, and the engagement with some GPs.

34. Health visiting and school nursing services work well with other agencies across the partnership and there are good monitoring and review systems for children causing concern. There are very good arrangements in maternity services for identifying and managing women who need additional support and the family nurse partnership is being extended to the west of the county following successful implementation in Hastings. However, the absence of a perinatal mental health service and poor awareness and engagement with management of domestic abuse is of concern. The mental health trust does not engage well with partners over its safeguarding responsibilities, although there are some effective specialist clinical initiatives in place.
35. Maternity services have good risk assessment and can trigger a specialist midwife to be allocated to the family. There is clear identification and alerts from maternity staff for women and babies at risk and these are followed up as part of routine postnatal care. This is particularly effective where midwives are within children's centre teams.
36. Health trust boards all have a named safeguarding lead and receive regular reports on safeguarding and child protection, including the oversight of action following serious case reviews. There is good awareness of the risks and benefits for safeguarding of the forthcoming merger.
37. The acute trust's child protection steering group draws together key staff across both hospital sites with good progress on standardising policies and procedures. Systems in A&E departments are improving for the identification of children at risk, and the paediatric liaison health visitors are crucial in this but more needs to be done to include the Minor Injury Units to the systems and ensure all staff are appropriately trained to identify children at risk, particularly where the patient is an adult carer. Staff in A&E and maternity are not all confident about managing domestic abuse disclosures and contribution to the local Multi-Agency Risk Assessment Conference is patchy.
38. There is insufficient formal paediatric cover, despite efforts to recruit to three vacancies, and the service relies on hard work by the current named doctors to meet the needs of the service. One individual covers both named and designated roles which is inappropriate in the longer term.
39. Health partners are actively engaged with the ESSCB and its subgroups. This includes chairing sub-committees, participating in panels for each others' key staff and contributing to good implementation of actions. There is effective weekly liaison across acute and community staff in the east of the county (Hastings) on all cases of concern that have arisen in the previous week, and this is supplemented by discussion about recent or



forthcoming child protection conferences. Arrangements for case review and liaison in the west of the county are adequate.

40. Involvement of children and young people by health partners is patchy. However the sexual health team have achieved "You're Welcome" accreditation for three sites; the rural health bus, the Ringmer Community College sexual health service (for young people) and the Eastbourne Station primary care centre sexual health service, and five more settings have applied. The mental health trust has excellent, effective involvement systems with clear outcome and impact monitoring.
41. The sexual health team is working effectively across the partnership, which includes specialist workers and links to specialist teams for teenage parents, youth offending teams and other vulnerable children. All school nurses are trained to provide contraception and advice, and all staff are skill-assessed. Staff across services provide consistent and accurate healthy living and self-care advice to young people. The resulting reduction in appointment times has enabled an increase in resources for staff in further education colleges, under 19 settings and 'drop in' clinics. In addition, a relocation of the main hub for sexual health services last May has resulted in an additional 100 young people being seen each month.
42. Child protection issues are identified early by the sexual health team and the named and designated nurses are involved. The team is linked to the council-trained youth inspectors but whilst completion of the "comment and complaints" cards in the Hastings hub has increased, formal involvement in service planning by users has been patchy.
43. Teenage pregnancy rates are starting to drop and there is a good strategy as well as clear initiatives for prevention. Support commissioned from an independent provider for young people who seek a termination is very good and includes local counselling, Chlamydia testing and contraception services, with clear follow up by local referring services.
44. The community provider is modernising practice and developing integrated teams using a clear process to match case complexity, staffing skillmix and areas of need. The Healthy Child Programme is delivered in full with additional support provided to families as required. Each health visitor has a specific area of specialism to support colleagues and improve the quality of care. Although caseloads are high and staff feel pressured, particularly during the current changes, there are no vacancies, staff turnover is low and morale is reasonable. Amongst staff there is a clear ethos that child protection work is a priority.
45. There are good systems across partners to identify and share information about families known by universal services who have not been "seen" to maximise the use of staff resources. There is also good encouragement of families to take-up service offers. Links are good with the duty assessment

teams and health visitors are comfortable in calling for advice prior to written follow ups. The named nurse monitors and quality assures all referrals and case conference correspondence so that cases are followed up and invitations responded to.

46. Health staff training is generally good. There are clear policies and all staff receive safeguarding training as part of their induction. The PCT and community provider have trained 92% of staff at level 1, and all maternity and Tier 4 CAMHS staff are trained to level 3.
47. GP training is less advanced since the departure of named GPs earlier in the year although support has been commissioned to run a basic programme of training. Systems are in place for GPs to identify safeguarding concerns on adult medical records. The Royal College of General Practitioners/NSPCC safeguarding toolkit has been rolled out in the Hastings and Rother areas and will be extended across the county following the appointment of a named GP post, currently being advertised.
48. Child protection supervision for staff in acute and community providers is provided appropriately. It is valued and case file based. Health staff feel supported and are clear about how and where to seek safeguarding advice and how to make a referral. Formal child protection/safeguarding supervision is not established in the mental health trust. The "counselling" sessions which are considered to be the equivalent do not systematically review case management.
49. The mental health trust named doctor and interim named nurse are insufficiently engaged with the responsibilities of their roles. There is poor induction and limited awareness of statutory requirements and responsibility for training. Monitoring of attendance at child protection conferences and strategy meetings does not take place centrally and attendance is poor.
50. A perinatal mental health service is not currently provided although there is a plan to commission this from April 2011. Although East Sussex has had a high proportion of pregnant women with mental health need (one in three rather than one in seven nationally according to a recent SECoast Audit) an unfunded pilot service has ceased and women do not receive specialist support.
51. Specialist CAMHS services, including the outreach service (OWLS), the primary mental health team, Twilight programme of training and eating disorders programmes are very good, with clear performance monitoring including an evaluation of outcomes for young people. The criteria for accepting referrals and treatment targets are clear and a new single point of referral has been established which is considered useful by health practitioners and GPs. S136 and self harm cases are seen immediately, but for those requiring a universal or complex service, referring practitioners consider waits are too long.

52. The SWIFT service, a partnership between the council and Sussex Partnership provides appropriate support for families where there are substance misuse issues. Although its initial support was limited to 70 families, SWIFT is now working with over 100. There are clear guidelines for identification, support and referral, and a duty service during office hours which provides advice to practitioners considering making a referral.

## **Ambition and prioritisation**

**Grade 2 (good)**

53. Ambition and prioritisation are good and are understood across the partnership and also find expression in the priorities of individual agency plans. The needs of children and young people are well understood, and the service priorities which are set out in the children and young people's plan and by the Safeguarding Children Board (ESSCB) articulate clearly how they are to be addressed. Opportunities have been taken to engage with all services that have a direct or indirect responsibility for the safety and well-being of children. For example, in response to the findings of a serious case review, the fire service has developed procedures for identifying households where fire hazards pose a risk to children. This strong culture of safeguarding is the highest priority for staff across the partnership and leading councillors actively promote its importance across every aspect of the council's responsibilities.
54. The Children's Trust and ESSCB provide increasingly effective strategic leadership through their commitment to safe practice. The implementation of the governance protocol which defines the respective roles of the two organisations has taken into account recent changes to statutory guidance affecting children's trusts announced by government. It ensures that arrangements for each body to challenge and hold the other to account for safeguarding matters are well established.
55. The ESSCB annual report clearly identifies safeguarding priorities, which are being taken forward by an effective, independent chair who is promoting a focus on achieving good outcomes for children and young people in the work of the Board. Effective and formal challenge and oversight are provided by members of the council's scrutiny committee who consider all board papers and reports, making representations and seeking further information when necessary.

## **Leadership and management**

**Grade 2 (good)**

56. Leadership and management are good. An effective multi-agency workforce plan has secured an increasingly stable workforce which is supported by visible senior managers and politicians. There is a good balance of newly qualified and experienced social workers who have good access to training and professional development opportunities. Suitable unqualified staff are encouraged and supported to achieve qualifications in social work. Management development is well established and there is a

commitment in the council to ensure that all operational managers benefit from formal management training, which is refreshed and revised as new priorities are developed. The increased priority being given to performance management, for example, has resulted in the development of a training programme involving local universities. Recruitment practices are sound with rigorous application of guidance at all stages of the process.

57. Commissioning of services is undertaken well. There are clear tendering and procurement processes and their implementation has resulted in preferred providers being identified for all relevant areas of service provision. An appropriate outcome focussed assessment tool is used to judge all providers who offer services to 10 or more children and young people, and value for money in all aspects of tendering and procurement is assisted by membership of a 'benchmarking club'.
58. There is clarity about the minimum safeguarding standards that are required, including those for recruitment, and only providers judged to be good through inspection are used to provide services to children and young people. The quality of service provision is kept under review and although managers of services that fail to meet expectations are actively encouraged to improve, if the circumstance persists contracts are terminated.
59. The two serious case reviews submitted by the council were initially evaluated by Ofsted in June and October 2009 to be inadequate. However, both sets of review reports were revised and the resulting robust action plans led to increased multi-agency training and development opportunities for staff, and the effective dissemination of the key learning points across the partnership.
60. Financial resources are used well to support the priorities of the children's service. Good use has been made of voluntary sector services such as The Young Runaways Project, and there is a strong commitment to continue to use these services provided the sector continues to impact positively upon safeguarding services and can demonstrate value for money. However there is a realistic understanding that some preventative services will be vulnerable to cutbacks if their impact cannot be established.
61. The Children's Trust Executive Board and the ESSCB are increasingly effective in ensuring resources are deployed effectively. Elected members have confidence in officers to manage and deliver the budget effectively, and there is a council commitment to maintain the budgets for safeguarding and looked after children services in the current challenging financial climate.

## Performance management and quality assurance

### Grade 2 (good)

62. Performance management and quality assurance are good. Performance management is increasingly effective at all levels of the children's service and is used to monitor and improve service delivery as well as to inform members and the wider public of the current state of the children's service. Although most staff are well acquainted with the concept of performance management, some, particularly newly appointed and inexperienced managers, struggle with making the transition from performance monitoring to performance management. Further training opportunities are being extended to the individuals concerned.
63. Performance data is produced on a regular basis covering all of the key elements of the service and its sophistication affords opportunity to 'drill down' to the performance of individual practitioners. These data are supplemented by a process of systematic auditing, some of which is carried out on a multi-agency basis. Audits quantitatively and qualitatively examine selected aspects of the service and report in timely ways. Not all documented findings are sufficiently detailed, although oral feedback to staff is reported to be more specific about the required actions. The scrutiny of data and audit information has enabled managers to adopt strategies to tackle the significant and sustained increase in demand for services. As a result, most performance against key indicators has remained comparatively good.

## Partnership working

### Grade 2 (good)

64. Partnership working is good. There is good engagement of partners in the ESSCB and with the Children's Trusts arrangements. Both bodies have sought to broaden membership to all relevant organisations and the significant contributions made by the voluntary sector, district council and the youth parliament bear testimony to this approach. As a result they are more closely aligned to the communities they serve and more able to fulfil their community leadership roles.
65. At the front line of services there is good evidence of partnership working, relationships are good, and where necessary, mutually challenging. Current pressures on the operational workforce across the partnership are understood and managers make pragmatic decisions to ensure that children's safety and well-being is not compromised by prioritising services to those most at risk. Information sharing is satisfactory across the partnership, with clear communication taking place at all levels to ensure that children are safeguarded.

## Services for looked after children

### Overall effectiveness

**Grade 2 (good)**

66. The overall effectiveness of looked after children's services is good. There is a shared vision in respect of all looked after children. Those responsible for the leadership and management of services are committed to ensuring that each child can achieve the best outcomes possible. These are demonstrated by successfully enabling young people to enjoy and achieve in education and to make a positive contribution to the services they receive and the communities in which they live. The service is very well supported by politicians and the concept of corporate parenting is well established. Children and young people are encouraged to contribute to their own plans and the development of the service and the Children in Care Council is increasingly confident and effective. The looked after children service is continually seeking to improve and the plans reflect well these aims and priorities. The plans are implemented with rigour and evaluated through established performance management arrangements.

### Capacity for improvement

**Grade 1 (outstanding)**

67. The capacity for improvement is outstanding. The looked after children service is well planned, very well managed and consistently delivers services of high quality. The recent relocation of the leaving care service within the children's service is a demonstration that the council is willing to reverse previously made decisions, where it has been found that service quality is adversely impacting upon the life chances of children and young people.
68. There is highly effective practice in most services which lead to good outcomes for children, for example in relation to educational attainment and progress and overall placement stability. Inspections of settings and institutions consistently demonstrate that children and young people receive good or outstanding services. Children and young people placed out of the county are few, but the services they receive are equally well planned and in addition, commissioning practice ensures the standards prescribed in the commissioning contract are maintained. Although the health services are experiencing some shortage of resources and capacity challenges, most outcomes against performance indicators exceed that of comparators. Children and young people feel safe in their placements and Ofsted's survey results demonstrate a high degree of satisfaction that their wishes and feelings directly influence their care plans.
69. Workforce planning and training has enabled the development of an effective staff group that is clear in its purpose, committed to the children it serves and mostly successful in delivering services of high quality. Often the delivery of services is in partnership with the young people it serves.

However, the council is not complacent and has a strong focus on achieving continuous improvement. For example, plans are being implemented to reduce the incidence of fixed term exclusions and to eradicate the use of bed and breakfast accommodation for care leavers.

## Areas for improvement

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

### Within three months:

- Review communication and resourcing arrangements to enable initial health assessments and plans to be completed effectively and on time.
- Ensure that management oversight of decision making and action planning is clearly recorded on individual children's case files and on the supervision records of social workers.
- Ensure that the equality and diversity needs of children, young people and families are routinely taken into account when their needs are assessed and their care package is planned.

### Within six months:

- Recruit a designated doctor for looked after children and produce an annual report on their health outcomes.
- Improve the range of supported accommodation available for care leavers so that none are placed in bed and breakfast accommodation.

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

### Being healthy

### Grade 3 (adequate)

71. The health outcomes for looked after children are adequate. Their needs are appropriately prioritised by health and other partners and there is some positive joint working underpinned by good relationships across teams. While outcomes for children and young people are good in some respects, the specialist nursing team for looked after children is under-resourced given the recent significant rise in children coming into care in East Sussex. Despite this, the general comparative health indicators for looked after children are good in some important respects. For example, 95% of children have up to date immunisations. A further 92% had their teeth checked by a dentist and 89% had their annual health assessment undertaken in the previous 12 months. Performance on all these measures is better than the national average. All of the looked after children aged five or younger had up to date development assessments.
72. The absence of a designated doctor for looked after children, despite an on-going recruitment campaign, has resulted in inconsistent quality of initial health assessments and delays in completing care plans. An annual report has not been presented to the PCT Board, although a report on services for looked after children has been considered by the PCT provider services committee within the last year.
73. The health team for looked after children focuses appropriately on completing health assessments and follow up reviews. However, in the absence of a designated doctor, initial health assessments have been undertaken by local GPs and this had led to variation in quality, particularly when full background information on the child has not always been provided promptly by children's services. Plans are in place to recruit an additional specialist nurse to oversee and improve the quality of these assessments. Health care planning for looked after children is of good quality overall, although the stretched capacity of the specialist nursing team means there are some delays in completing them. During 2010, 56% of initial assessments were completed within the 28 day statutory requirement with others delayed for a maximum of three months. There are, however, good specialist services in place to support the mental health, immunisation and sexual health needs of looked after children and young people.
74. Appropriate arrangements are in place to monitor the health of children and young people placed out of area. Their health is monitored effectively by the community team for looked after children using a bespoke database which includes all East Sussex looked after children as well as those placed in the county from other authorities, where these are known.



While the community health provider is not commissioned to deliver services to looked after children placed outside East Sussex or those from out of area in local private or boarding schools, their details are kept up to date, in case a care placement breaks down and new arrangements need to be put in place quickly.

75. Looked after children are appropriately prioritised within CAMHS and the quality of service is good. At the time of the inspection, the specialist health looked after children service was working with 111 young people, in addition to the 11 carers attending a therapeutic parenting group. Looked after children who receive a service express high levels of satisfaction but some professionals, including teachers and nurses, expressed concern to inspectors about the high thresholds for access and delays in treatment for complex cases. An increase in demand for bespoke training to help professionals improve the support they give to looked after children for their emotional health and well-being needs is being addressed. CAMHS for children placed out of the area are not provided by East Sussex health trusts, but contact is made with the receiving team where ever possible, to support the needs of these children. Children placed in East Sussex from other local authorities have access to local CAMHS, but the specialist service is only available to East Sussex looked after children.
76. Partners work closely together to assess the needs and provide a service for looked after children and young people with substance misuse problems. Around 7% of them have a known substance misuse problem, which is slightly above the average for England. At 58%, the proportion receiving an intervention is broadly in line with the national average. The limited capacity of the substance misuse team however means that it is not always able to follow up effectively those children who do not take up the service offered.
77. Services to promote looked after children and young people's sexual health are good. Action is taken to identify young women who may be at risk of teenage pregnancy and to put targeted support in place. Courses for professionals undertaking sexual health work are run regularly and well attended. There is good support and training for foster carers which equips them well with the skills and confidence to talk with people about sexual health. Looked after children have access to the C-Card contraceptive scheme, as well as Chlamydia testing and sexual health clinics. Bespoke training for staff who work in residential children's homes ensures that the young people in these settings also get good support.
78. The Safe Around Sex project, a targeted teenage pregnancy prevention programme, operates in all local secondary schools. All looked after young people are offered this programme and it provides effective and intensive one-to-one support for vulnerable young women. A third of the young people who use the service are looked after and priority is given to those who are approaching transition into 16+ services. Referral sources and the

interventions delivered are monitored and case studies provide good evidence of the positive impact on young women's self confidence and skills.

79. A satisfactory contribution is made to promoting the health of care leavers. A full-time nurse assigned to the leaving care service works with young people from age 16 onwards. Around half the young people take up the opportunity to have a review and appropriate priority is given to completing immunisations before they leave care. However, this means there is not always time to look at wider health issues, such as smoking cessation. A leaving care mental health worker is providing good support for care leavers, but the service is only available for those who are in stable placements and the work is currently undertaken on a short term contract only.

### **Staying safe**

### **Grade 2 (good)**

80. Staying safe outcomes for looked after children are good. High priority is given to ensuring the safety and well-being of looked after children. Risks to children are carefully managed to ensure that children who need to be looked after, are in care. Children and families who need other kinds of support and services get what they need when they need it, and the well-being and safety of children in their families and in the wider community is promoted well.
81. The large majority of residential and foster care provision is provided in-house by the local authority's own good services. The local authority only uses independent foster care and residential provision that has been judged to be good or better by Ofsted. All but one of the seven children's homes in East Sussex, including a secure children's home, were inspected in 2010 and all but one were judged good or better for their overall effectiveness. All the homes were judged good or better for their work in safeguarding children and young people.
82. Effective arrangements are in place to monitor the quality of care placements. There is a strong focus on promoting and achieving good placement stability for children whatever their care plan. The local authority's performance in securing the stability of care placements has been consistently better than the national average for many years, with a secure track record of improvement from 2006 to 2009. In 2010, while performance continued to be better than the national picture, the proportion of children experiencing three or more placement moves in a 12 month period increased from 6.3% to 9.4%. This represented a slippage in previously good performance. By contrast however, the numbers of children in stable long-term placements improved from 2009 to 2010 and, at 72.4%, were over four percentage points above the national average.

83. The local authority's fostering service was judged outstanding in all areas of performance at its last inspection and the adoption service was judged good in the following year. The foster carers who met with inspectors were unanimous in their praise for the very good support, training and guidance they receive from the local authority. This has enabled them to continue to provide high quality and stable placements for the children and young people in their care.
84. Case files seen by inspectors show careful and effective matching of children to placements and good support services to prevent and minimise placement breakdown. Social workers visit children and young people in placements regularly, including those placed out of the area, at least in line with statutory requirements. Where social workers and their line managers identify that more frequent visits will benefit a child, arrangements are made to do this. Well established policies and procedures are in place to identify children who go missing from care or education. Children are interviewed promptly on their return, to identify the reasons they ran away and to put in place strategies to prevent any reoccurrence.
85. All looked after children have a named worker and the vast majority of these hold a suitable qualification in social work. In the small number of looked after children cases managed by staff who are not qualified social workers, there has been a clear and robust risk assessment. Typically these cases involve children in long term and settled placements with no complex care decisions to be made. The work is closely managed and supervised by a qualified social worker and /or senior practitioner and reviewed regularly.
86. The safeguarding needs of looked after children with learning difficulties and those with disabilities are well met by the dedicated children with disabilities team. This team works very closely with the specialist duty and assessment team on any safeguarding matters. Thresholds for the different teams are clear and understood, and good communication between social workers means that these children are well supported and cared for and any potential risks are identified swiftly and managed.
87. All looked after children and young people, including those with learning difficulties and those with disabilities, have access to a good independent advocacy service which is commissioned by the local authority from a respected national charity. The use of the service has grown steadily over the last two years. Effective steps are taken to ensure the service is easily accessible, even for the most vulnerable children, for example by providing a regular visiting advocate for those in residential children's homes, secure settings and in short break accommodation. The service provides additional support for children and young people with specific communication and language needs.

**Enjoying and achieving****Grade 1 (outstanding)**

88. Local services have an outstanding impact in helping looked after children and young people to enjoy their learning and achieve well in their education. A very high priority is given to improving educational outcomes for all looked after children and this is well articulated in the local authority's key strategic plans. Managers and front line staff across the whole of children's services have high aspirations for looked after children, wherever they receive their education and whatever the challenges presented by their individual learning needs and circumstances.
89. The virtual school, through its able and committed headteacher, staff and governing body, provides strong and effective leadership across the county for the education of looked after children. The school's positive impact is clearly evident in improving key measures of attainment and progress, particularly in the last two years. These good outcomes have been achieved through persistent and strong collaborative work in and across primary, secondary and special schools. This work builds on the strong foundations of good inclusive early years practice and provision, which helps give the very youngest looked after children a good start in life.
90. While much progress has been made, the local authority and its schools are not complacent. For example, the 2010 review of the children and young people's plan clearly identifies that more needs to be done to close the gap in attainment between looked after children and all other children in East Sussex. To do this, work has undertaken to improve the way that targets for educational progress and attainment are set, monitored and evaluated for individual children educated in East Sussex, as well as those in educational placements out of the county. Schools are held to account for the progress and achievements of the individual children in their care.
91. All looked after children have a personal education plan which is reviewed and updated regularly. Children are actively involved in completing their plans and reviewing their progress. The best plans set clear, realistic and measurable targets, and record and celebrate academic achievement as well as important personal goals and successes. Recent improvement to the design and content of personal education plans is helping to further improve their overall quality and their effectiveness as a tool for target setting and progress monitoring. The respective roles and responsibilities of education and social care staff are now clearly established in a way that makes better use of the different skills and expertise that each bring to the planning and review process.
92. A top priority has been given to improving outcomes in English and mathematics and this strategy is showing positive results. For example in 2010, while over half of all looked after children at age 11 had special educational needs and the cohort comprised many more boys than girls,

80% made at least two levels of progress in English. This good performance is on a par with the average for all other children in the county. The majority of looked after children also made good progress in mathematics.

93. In 2010, the proportion of looked after young people at age 16 gaining five or more good GCSEs, including English and mathematics, improved significantly to well above the performance of all looked after children nationally. This notable improvement in the performance of 2009 is helping to close the gap in attainment between looked young people and the majority of the same age in East Sussex. It also narrowed the gap in performance with all 16 year olds nationally. The numbers of looked after young people gaining one or more GCSE at grades A\* to G, at almost 80%, was also well above the national average for all looked after children. The targeted and responsive work of the virtual school in partnership with local secondary schools is supporting looked after children well. It is helping them to further improve the progress they make between ages 11 and 16, for example, by providing one-to-one tuition, tailored resources, mentoring and revision courses. Good use has also been made of personal educational allowances to provide enrichment and other activities to support and complement learning in school.
94. No looked after child has been permanently excluded from a primary, secondary or special school in the last two years. The numbers of looked after children who are excluded on a fixed term basis however, remain comparatively high in relation to the national average for this group. The local authority and its schools are committed to tackling this issue. Robust challenge and support to schools is helping them find effective alternative solutions to fixed term exclusion, for example through personalised and flexible curriculum planning, tailored behaviour support packages put in place at an earlier stage, and good alternative education programmes. The local authority identifies that there is more work to do to challenge and support those remaining schools where fixed term exclusions of looked after children remain high.
95. School attendance is closely monitored and a range of well planned strategies are in place to reduce persistent absenteeism of all children in East Sussex. The number of looked after children missing more than 25 days schooling a year is slightly below the national average for this group. The virtual school checks the attendance of looked after children on a daily basis and follows up any unauthorised absence immediately. There is good support to help looked after children make a smooth transition from primary to secondary school. This includes holiday activities which help children prepare for the changes and an opportunity to share with others any concerns they may have. Strong links between schools, parents and carers ensure that children who may find the move more difficult are identified at the earliest opportunity and support put in place to give them the best chance of success.

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

### **Grade 1 (outstanding)**

96. Looked after children receive outstanding support to improve their social and emotional well-being and have access to a good range of opportunities to make a positive contribution. Concerted action has been taken to ensure that looked after children benefit from the wide range of out of school and community-based activities, including those funded through the 'Access to Activities' programme. Activities regularly enjoyed by looked after children include sports, first aid, outdoor activities, creative arts and breakfast clubs. Some of these lead to accreditation and additional quantifications.
97. East Sussex has an active and well established Children in Care Council which gives looked after children and young people a voice in decision making. It also gives them direct and regular access to senior managers in children's services and elected members across the council, to whom they can express their ideas and concerns and represent the views of other children in care.
98. Looked after children are actively involved as co-opted members of the county's Youth Cabinet and have played a key role in local campaigns, for example about climate change and public transport. These issues have also been adopted by children's services as two of twelve over-arching policy drivers for the next few years. Looked after children also contributed to the national 'Who Cares' initiative and had the chance to meet and discuss issues with members of parliament and government ministers. Children and young people involved in these structures and activities have grown in self confidence, and developed their personal and social skills by working in teams alongside others. Some have had the opportunity to have their skills and qualities accredited, for example through the Key Stone Award scheme.
99. Looked after children were central to the design and development of the pledge for children in care which sets out six key 'promises' that have helped drive the work of the local authority over the last few years. These promises include helping children to do well at school and providing the support they need to make a success of moving on from care to adult life. Looked after children and care leavers are regularly involved in staff recruitment and selection in children's services. Older young people support younger children coming into care by working as trained mentors and helping them to understand the care system. A handbook designed by young people also clearly sets out what children new to care can expect and where they can get help and advice.
100. Local data show that 94% of all looked after children participated in their reviews in 2010 and this represents a marked improvement on the 80% performance last year.

101. There is a well established independent advocacy service which is used effectively by children young people, mainly to date in supporting their involvement in child protection conferences and reviews. User feedback shows high levels of satisfaction. Children know how to make complaints and the lessons learned are used by services to improve their practice
102. Offending by looked after children and young people is below the average for this group nationally, but remains consistently above the rate of all children in the county. A strong emphasis is placed on restorative justice approaches to help children and young people take responsibility for their actions, and to prevent their behaviour becoming criminalised. For example in local residential children's homes, staff work closely with young people to find solutions to conflicts and problems 'in house' wherever possible. Homes have nevertheless forged good links with local community police officers and active steps are taken to build relationships of trust between young people and the police service.

**Economic well-being****Grade 2 (good)**

103. The contribution of local services to supporting looked after children and young people in achieving economic well being and in preparation for adulthood is good. The move earlier this year of the care leavers' service into the integrated service for looked after children has brought the required focus, direction and momentum to this work. The needs of young people leaving care are clearly at the heart of the work undertaken by the service's personal advisors, in partnership with the extensive range of other professionals who work together to support care leavers. A number of new strategies, policies and procedures have been put in place, but it is too early to judge their overall impact on improving outcomes for care leavers. For example, the virtual school is leading the development of the post-16 personal educational plan to bring greater coherence in planning for young people's education pre and post-16. The plan is currently being piloted with a number young people in local further education colleges, and early feedback is positive.
104. Data on progress to, and retention in, post-16 education and training are used systematically to track care leavers and to pick up early any risk of disengagement. The virtual school, the Connexions service and the care leaver service meet monthly to discuss individual young people about whom there may be a concern. This is enabling young people who drop out, or who are in danger of disengagement, to be picked up very quickly by the relevant support services. The appointment of an education and training coordinator for the virtual school is a positive development, building capacity in this key area of work. Partners agree there is more to do to track the progress and achievements of looked after young people aged 16 and over wherever they choose to study, including those who move out of the area.

105. Concerted action is being taken to reduce the number of care leavers who drop out of education or training or fail to find work when they leave school. Local data show the numbers not in education, training or employment have fallen by about a third from 2008 to 2010 from 19% to 13%. The proportion is still above that for all young people aged 16–18 in East Sussex but the rate is falling faster than in the general population. Less positively, however, the numbers of care leavers whose education and training circumstances were unknown, although small, rose last year. More than half of the group out of education, training or work have a learning difficult and or disability. Partners are refocusing their efforts to better support care leavers with behaviour and/or learning difficulties who remain one of the groups most at risk of poor outcomes in adulthood.
106. Good work is done to raise the aspiration of care leavers and to provide good impartial information, advice and guidance. All care leavers have a named Connexions personal advisor as well as access to general careers education and advice. Good support is given to those who go on to higher education. The Aim Higher programme and work with local universities has had a positive impact over a number of years in encouraging care leavers to apply for university places. At the time of the inspection, twelve care leavers were successfully pursuing degree courses with financial and other support from the local authority during term time and in the holidays.
107. Care leavers with complex needs such as substance misuse or mental health issues are well served by the strong link between the care leavers service and specialist and community based mental health services. Referrals can be made directly and assessments are undertaken promptly to ensure the right kind of support can be put in place at an early stage. Clear protocols are in place to support care leavers moving from children's to adult mental health services.
108. The care leavers who met with inspectors were very satisfied with the support they received. They value having a personal advisor they trust and know well and appreciate the help and advice available, for example to help them find a place to live or apply for a course to study. Almost all said they were optimistic about the future and had clear plans they were pursuing, for example gaining a qualification and/or work experience. They were regularly involved in reviewing their pathway plans and knew where to go to get advice about matters such as sexual health and benefits. The things they felt could be improved included having a social worker to talk to at the weekends, having more activities to do as a group and having more opportunity to learn life skills such as cooking and managing money.
109. The local authority has worked effectively with partners to extend the range and number of housing options for care leavers. In 2010, over 90% of care leavers had a suitable place to live which met their needs. This



was an improvement on the previous year's figure of 85%. The proportion has fluctuated around this level for some years. A youth housing and homeless strategy is in place and all key partners, including the five district councils, are working to this. The number and range of housing options for young people has increased over recent years but the choice for those with the most complex needs remains limited. These young people are the most likely to end up being placed in bed and breakfast accommodation if alternative arrangements break down. At the time of the inspection, five care leavers were in bed and breakfast accommodation. The local authority recognises that this is an unsatisfactory response to their needs, but an agreed date by which this practice will cease has not yet been set and this is a significant gap in current planning.

110. Partnership work to support care leavers with learning difficulties and/or disabilities is well conceived, strong and effective. Good support is provided through the transition to adult services. Plans are well underway to establish a fully integrated transition service which will bring together child and adult services in a comprehensive new structure to support young people with disabilities, including those looked after, from the age of 16 in April 2011 with plans agreed to lower the age threshold to 14 after two years. These plans build securely on existing good practice within and across the different agencies involved, and reflect the shared ambition to continue to improve outcomes for this group. Children, young people and their parents and carers have been consulted at every stage of the developments to date.

## Quality of provision

## Grade 2 (good)

111. The quality of provision for looked after children is good. The local authority has a clear and detailed understanding of the profile of looked after children and care leavers and services are good and highly responsive to need. The looked after population remained fairly stable between 2004/5 to 2008/9 but saw a marked increase in 2009/10 when it reached the highest point in its history at over 500. This increase reflects the national trend. Despite the increased demand, the service has maintained timely decision making and action planning which ensures that the needs of looked after children are met. Performance in completing looked after children reviews on time, has remained consistently higher than the national average for England at 90%, until last year, 2009/10, when it dipped down to the average.
112. The quality of assessment and direct work with children and families is good. The cases files of looked after children that were seen by inspectors included some that were audited by the local authority. They showed good evidence of timely and appropriate assessments both at the initial and core assessment stages. Most of the assessments were of a good standard incorporating good analysis and clear action planning.

113. Processes for assessing risk and decision making about whether a child should be adopted or remain in care are well embedded. There is good adherence to statutory timescales for reviewing care plans. Thresholds for children coming into care are well understood and consistently applied. A care planning forum oversees all cases of planned entry into care and reviews promptly any cases where emergency placements have been made. The assessments seen by inspectors demonstrated that the needs of looked after children had been analysed in a way which enables appropriate good care and permanency planning to be undertaken. There is good recording of the views of children, parents and carers.
114. Assessments seen by inspectors demonstrated that the particular needs of children with learning difficulties and/or disabilities have been taken into account very well. However, the quality of assessment seen was less consistent in respect of cultural and ethnic factors.
115. Plans for looked after children seen by inspectors are comprehensive. There is a clear ethos and understanding of permanency as a concept and overriding aim of the looked after children's service. Plans are underpinned by thorough needs analysis and show clear and robust decision making in terms of care planning and the reasons for changes in place when this happens. They are also effective in addressing permanency whether that be through rehabilitation, placement with extended family, long term fostering, adoption or other long term arrangements. Plans are reviewed in a timely way with a good focus on outcomes overall.
116. There is good evidence that for a number of children, stable placements have been achieved shortly after their admission to care and that this has contributed significantly to positive outcomes for these children. Unplanned changes to placement are rare.
117. Overall records seen are up to date and demonstrate well the core elements of effective practice. Staff are clear about expectations in relation to the timeliness of record keeping.
118. Financial resources are used effectively to secure good outcomes for children. For example, the service for children with disabilities is appropriately resourced and effectively organised and managed to provide a clear focus on safeguarding as well as support for those children with learning difficulties and/or disabilities who are looked after. There are clear roles and responsibilities between the two long-term teams and the specialist duty and assessment team, which means that the needs of children and families are identified and responded to quickly. Support is provided for families who wish to secure personalised packages of care through the use of direct payments.

**Ambition and prioritisation****Grade 1 (outstanding)**

119. Ambition and prioritisation are outstanding. The local authority and its partners are highly ambitious for children and young people who are looked after and have a relentless focus on improving their services so they have even greater impact. This collective drive for improvement puts children and young people's safeguarding and well-being securely at the heart of planning, development and decision making at both strategic and operational levels. The children's trust is well established with good representation and active engagement from all key partners including district councils, the voluntary sector and, importantly, members of the youth parliament. The shared priorities for looked after children and young people are set out clearly in partnership plans as well as individual service plans. This clarity of purpose underpins the way services are developed to meet priorities and, where necessary, are redesigned when improvements are needed. The recent realignment of the service for care leavers to within the integrated looked after children's service is a good example of this.
120. Political and managerial leadership for looked after children's services provide a strong and unified voice and set a clear vision for partners and staff. Elected members are well informed have a good grasp of the issues and challenges faced by services in this area and a keen willingness to be appropriately involved. Corporate parenting is strong and effective with a central focus on safeguarding looked after children and care leavers. The corporate parenting panel champions the needs and interest of looked after children and young people with whom they have regular and direct contact. There is an over-arching commitment to improving educational outcomes for all looked after children and care leavers as a catalyst for improving their overall life chances and opportunities.

**Leadership and management****Grade 2 (good)**

121. The leadership and management of services for looked after children are good. The drive for high quality services permeates management practice and the culture and ethos of children's services. Managers focus on securing high quality provision and continuous improvement in practice through clear and detailed service plans which link coherently to the council's over-arching plans for all children and young people. Roles and responsibilities are clearly assigned within the management team for looked after children's services, with clear lines of accountability and communication.
122. Front line staff value the highly visible and 'hands on' style of leadership from strategic and operational managers as well as the strong and effective team work approach. Staff morale is high despite significant pressures on some parts of the service, and on-going uncertainties about impact of future budget cuts.

123. Commissioning arrangements for services for looked after children, including joint commissioning, are becoming increasingly established and are monitored to ensure provision meets need. Standards and expectations about the services to be provided are high and clearly articulated by managers at all levels. Staff and providers of commissioned services have a good understanding of service standards and the overarching aim to secure permanence for children and young people.
124. The commissioning strategy is based on a strong mixed economy of provision including in-house services alongside those purchased externally. Tendering processes are in place for preferred providers. Performance is closely monitored using qualitative and quantitative measures and the quality of provision judged in terms of improving outcomes for children and a consistent focus on safeguarding. The local authority only uses independent providers which are judged to be good or better by Ofsted. Where existing providers no longer meet the standards required, the local authority has terminated contracts and sought alternatives elsewhere, for example in relation to improving the range and number of supported lodgings for care leavers. Where performance on agreed key performance measures show slippage, remedial action is put in place quickly and progress reviewed regularly.
125. Workforce planning and development are good. The children's workforce reflects the diversity of the local population well. The looked after children's service workforce is experienced and stable and this affords children and young people the opportunity to build sustained and trusting relationships with their social worker in many instances. The workforce is further enhanced by very good performance in the recruitment and retention of high quality foster parents and the option for young people to stay with them after the age of 19, where this meets their needs.
126. Managers and staff throughout looked after children's services are well qualified and highly experienced. Front line staff have good opportunities for learning and development and career progression. The local authority has a good track record in 'growing its own' social care staff. Expectations about mandatory training, for example in equality and diversity and the common assessment framework are clear. There is also good encouragement for training to support initial and higher level professional qualifications. Opportunities to train alongside professionals from other services and across the Children Trust partnership is particularly valued by front line workers in developing trust and close working relationships across agency boundaries. There are good arrangements for the induction of new social care staff whose caseloads are also risk assessed and managed accordingly while they become established and confident in new their roles.

## Performance management and quality assurance

### Grade 2 (good)

127. Performance management and quality assurance are good. Targets for looked after children's services are set, monitored and reviewed within a clear performance management framework. Operational line management including supervision is also good. Line managers provide regular formal supervision every two to four weeks in line with the policy in children's services, but an 'open door' policy is the norm in many teams and offices where social workers are well supported in their day-to-day work with children and families. However the extent to which managerial supervision is accurately and well recorded on the Care First system is variable. In the best examples seen, managers keep concise notes of key decisions, the underpinning rationale for them and the action needed to implement them. In some records examined by inspectors, supervision notes did not provide a clear audit trail of management decision making and did not always do justice to the good supervision that social workers said they had received on the case.
128. Good arrangements are in place for ensuring the quality of provision including care placements in and outside of the county. These include formal commissioning arrangements with independent providers and decisions made in the light of inspection outcomes. A relentless and robust focus is placed on safeguarding. The local market of providers is actively managed by the management team through individual monitoring meetings with all providers.

## Record of main findings: East Sussex

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

## Appendix B – Comparative judgements for Announced Inspections of Safeguarding and Looked After Children Services

Safeguarding and LAC inspections		Safeguarding Services		Services for Looked After Children	
		overall effectiveness	capacity to improve	overall effectiveness	capacity to improve
East Sussex	Dec-10	Good	Good	Good	Outstanding
<b>Statistical Neighbours inspected to date:</b>					
West Sussex	Dec-10	Inadequate	Inadequate	Adequate	Adequate
Kent	Dec-10	Inadequate	Inadequate	Inadequate	Adequate
Suffolk	Dec-10	Adequate	Good	Adequate	Adequate
Worcestershire	Nov-10	Inadequate	Adequate	Adequate	Adequate
Essex	Jul-10	Inadequate	Adequate	Adequate	Good
Devon	Aug-09	Adequate	Adequate	Good	Good
<b>Other authorities inspected to date:</b>					
Manchester	Dec-10	Adequate	Good	Adequate	Good
Cheshire West and Chester	Dec-10	Inadequate	Inadequate	Adequate	Adequate
Hertfordshire	Nov-10	Adequate	Adequate	Adequate	Adequate
Herefordshire	Sep-10	Adequate	Adequate	Good	Good
Isle of Wight	Sep-10	Adequate	Adequate	Adequate	Adequate
Surrey	Sep-10	Adequate	Adequate	Adequate	Adequate
Stockton-On-Tees	Sep-10	Adequate	Adequate	Good	Good
Torbay	Sep-10	Inadequate	Inadequate	Adequate	Adequate
Rochdale	Aug-10	Adequate	Adequate	Adequate	Adequate
Rotherham	Aug-10	Adequate	Adequate	Adequate	Adequate
Wokingham	Aug-10	Adequate	Adequate	Adequate	Adequate
Greenwich	Jul-10	Adequate	Adequate	Adequate	Good
Birmingham	Jun-10	Inadequate	Inadequate	Adequate	Adequate
Enfield	Jun-10	Good	Good	Good	Good
Hartlepool	Jun-10	Good	Good	Good	Good
Bristol	May-10	Good	Good	Good	Good

## Appendix B – Comparative judgements for Announced Inspections of Safeguarding and Looked After Children Services

Safeguarding and LAC inspections		Safeguarding Services		Services for Looked After Children	
		overall effectiveness	capacity to improve	overall effectiveness	capacity to improve
Lincolnshire	May-10	Outstanding	Outstanding	Good	Outstanding
Salford	May-10	Inadequate	Inadequate	Adequate	Adequate
Bromley	Apr-10	Adequate	Adequate	Adequate	Adequate
Trafford	Apr-10	Good	Good	Good	Good
Knowsley	Mar-10	Good	Outstanding	Good	Outstanding
Nottinghamshire	Mar-10	Inadequate	Inadequate	Adequate	Good
Peterborough	Mar-10	Inadequate	Adequate	Good	Good
Plymouth	Mar-10	Good	Good	Good	Good
Redbridge	Mar-10	Adequate	Adequate	Adequate	Adequate
Calderdale	Feb-10	Inadequate	Adequate	Adequate	Adequate
Leeds	Jan-10	Inadequate	Adequate	Adequate	Adequate
Sandwell	Jan-10	Inadequate	Inadequate	Adequate	Adequate
Swindon	Jan-10	Good	Outstanding	Good	Good
Blackpool	Dec-09	Adequate	Adequate	Good	Good
Hillingdon	Dec-09	Good	Good	Good	Good
Hounslow	Nov-09	Good	Good	Good	Good
Warrington	Nov-09	Inadequate	Inadequate	Adequate	Adequate
Cambridgeshire	Oct-09	Adequate	Adequate	Adequate	Good
Cornwall	Oct-09	Inadequate	Inadequate	Inadequate	Inadequate
North Yorkshire	Oct-09	Adequate	Adequate	Good	Good
Staffordshire	Aug-09	Adequate	Good	Adequate	Adequate



Actions arising from the inspection that are purely health related are being co-ordinated by the PCT, will form part of the CQC Action Plan, be cross referenced with this plan and monitored via the LSCB.

Area for improvement	Timescale	Lead Officer	Actions	How and when will success be measured?
<b>Safeguarding</b>				
Ensure that all child protection processes proceed in a timely way with the full participation of partner agencies.	Immediately	DI Mike Ashcroft Diane Williamson	Discussions already underway between CSD and Police Case studies shared Joint meetings between DAT PMs/CPT staff by March 31 <sup>st</sup> .	Senior managers meeting again to review progress in March  File audit of Sec 47 investigations by LSCB QA subgroup in Feb 2011 reporting back to LSCB Steering Group in May 2011. Regular quarterly random case file audits by QA subgroup LSCB  Report to LSCB Dec 2011
Ensure that children and young people allocated to practice managers receive services in accordance with the recommendations of their case plans.	Within three months	Diane Williamson	OM review of unallocated case tracking process More robust tracking in place by March 31 <sup>st</sup> .	File audit by managers  Report to Children's Social Care Management Team (CSCMT) and SMT Dec 2011
Ensure that management oversight of decision making and action planning is clearly recorded on individual children's case files and on the supervision records of social workers.	Within three months	Diane Williamson/Sally Carnie/Teresa Lavelle Hill/Alison Borland	Meeting with OMs/PMs on 20 <sup>th</sup> January to generate possible options Supervision workshop with PMs in April Further discussion with Ofsted to locate other LAs who have better systems in place.	To be determined once options considered and system agreed  Report to CSCMT and SMT Dec 2011
Review & improve participation of children's services in the county wide Multi Agency Public Protection Arrangement (MAPPA)	Within six months	Diane Williamson/DI Jeff Lister/Douglas Sinclair	Discussion already taken place with Police. Commitment restated and attendance monitored by HoS and at MAPPA Strategic Management Board.	More consistent attendance based on attendance information reported to MAPPA SMB in Dec 2011

<b>LAC</b>				
Review communication and resourcing arrangements to enable initial health assessments and plans to be completed effectively and on time.	Within three months	Sally Carnie/Teresa Lavelle Hill/Alison Smith	Information sharing process clarified within rewritten Operational Instructions for CSD and communicated to all SW teams when OICS are re-launched in March. Capacity issues to be resolved by Health Commissioners.	Process reviewed with LAC nurses by 15 <sup>th</sup> March.  Report to CSCMT and SMT
Ensure that management oversight of decision making and action planning is clearly recorded on individual children's case files and on the supervision records of social workers.	Within three months	Diane Williamson/Sally Carnie/Teresa Lavelle Hill/Alison Borland	See above	File audit by managers  Report to CSCMT and SMT Dec 2011
Ensure that the equality and diversity needs of children, young people and families are routinely taken into account when their needs are assessed and their care package is planned.	Within three months	Atiya Gourlay/Diane Williamson	Information Officers to generate monthly exception report on diversity information for children Equality Officer to visit management teams to discuss issues and solutions in March. Templates to be reviewed to include and strengthen prompts on diversity IROs to monitor and QA processes and feed back to CSCMT in quarterly performance reports	Regular file audits to include a focus on diversity issues  Report to CSCMT and SMT Dec 2011
Improve the range of supported accommodation available for care leavers so that none are placed in bed and breakfast accommodation.	Within six months	Supporting People team D&B reps Teresa Lavelle Hill	Protocol with Supporting People and 5 districts and boroughs to be agreed so that all careleavers can access a range of accommodation options Develop the market in discussion with	CSCMT to review progress in three months, six months and one year and escalate to SMT and COMT as appropriate

			voluntary sector partners to ensure an adequate supply of emergency accommodation as an alternative to B&B provision.	
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