

Inspection of safeguarding and looked after children services

Oxfordshire

Inspection dates: 7 – 18 March 2011
Reporting inspector: Karen McKeown HMI

Age group: All
Published: 6 May 2011

© Crown copyright 2011

Website: www.ofsted.gov.uk

This document may be reproduced in whole or in part for non-commercial purposes, provided that the information quoted is reproduced without adaptation and the source and date of publication are stated.

Further copies of this report are obtainable from the local authority or at www.ofsted.gov.uk

Contents

About this inspection	2
The inspection judgements and what they mean	3
Service information	3
Safeguarding services	5
Overall effectiveness	5
Capacity for improvement	5
Safeguarding outcomes for children and young people	8
Children and young people are safe and feel safe	8
Quality of provision	9
The contribution of health agencies to keeping children and young people safe	12
Ambition and prioritisation	15
Leadership and management	16
Performance management and quality assurance	17
Partnership working	18
Services for looked after children	20
Overall effectiveness	20
Capacity for improvement	21
How good are outcomes for looked after children and care leavers?	23
Being healthy	23
Staying safe	24
Enjoying and achieving	26
Making a positive contribution, including user engagement	28
Economic well-being	29
Quality of provision	30
Ambition and prioritisation	33
Leadership and management	33
Performance management and quality assurance	35
Record of main findings	37

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 three of Her Majesty's Inspectors (HMI), a social care additional inspector and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with 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 (LSCB), elected members and a range of community representatives
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan (CYPP), performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with 'Working Together To Safeguard Children', 2010
 - a review of 76 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in November 2010
 - interviews and focus groups with front line professionals, managers and senior staff from Oxfordshire County Council, Community Health Oxfordshire NHS Trust, Oxford Radcliffe NHS Trust, Oxford Health NHS Foundation Trust and elected members from Oxfordshire County Council.

The inspection judgements and what they mean

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

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

Service information

4. Oxfordshire is a large rural county with over half the population living in settlements of fewer than 10,000 people. There are 156,700 children and young people under the age of 19 years, which constitutes about a quarter of the total population. People from Black and minority ethnic (BME) backgrounds make up 4.8% of the population with the highest proportion (13%) living in the city of Oxford. Sixteen point five per cent of the school population are from BME backgrounds and the proportion of pupils with English as an additional language is 8.6%. Although Oxfordshire is an affluent county and is ranked 137th nationally in the Index of Multiple Deprivation, there are pockets of high deprivation in Banbury and Oxford city. The proportion of children living in poverty is 11.7%, which is lower than the national figure.
5. Education in Oxfordshire is provided by 12 nursery schools, 232 primary schools and 31 secondary schools, 12 special schools and one hospital school. There are also three academies and one pupil referral unit. Post-16 education is provided by one sixth form college and two further education colleges. There are 249 children and young people who receive education at home through choice. There are 45 children's centres in the county with 32 located on schools sites.
6. The partnership arrangements of children's services in Oxfordshire are overseen by the Oxfordshire Children's and Young People's Trust board which was established in 2006. It has senior membership from Oxfordshire County Council, five district councils, Oxfordshire Primary Care Trust (PCT), Thames Valley Police, Job Centre Plus and Oxfordshire LSCB. This is supported in local areas through Area Trust Boards. The Oxfordshire LSCB is independently chaired and brings together all the main agencies working with children, young people and their families to provide safeguarding services.

7. Children's social care services are delivered from three centres – Abingdon in the south, Oxford in the central area and Banbury in the north. There are designated assessment and family support and looked after children's teams, an adoption team, a fostering team, a children with disabilities team, a county-wide care leavers' team and an independent team of child protection chairs and independent reviewing officers.
8. At the time of the inspection, there were 341 children who were subject to child protection plans. Of the 420 children that are looked after by the local authority, 240 are placed in foster placements provided by the local authority and 57 are placed with independent foster care agencies. There are two children's homes provided by the local authority and a further 40 children and young people are placed in residential placements that are commissioned externally.
9. Health services in Oxfordshire are commissioned by NHS Oxfordshire. Community Provider Services which include health visiting and school nursing are delivered by the provider arm of NHS Oxfordshire, Community Health Oxfordshire. The acute trust commissioned to provide services for children is the Oxford Radcliffe NHS Trust. Emergency care and children's services are provided at the John Radcliffe Hospital and the Horton Hospital. CAMHS and adult mental health services are commissioned from Oxford and Buckinghamshire NHS Trust, which from the 1st April 2011 will be known as Oxford Health NHS Foundation Trust.

Safeguarding services

Overall effectiveness

Grade 2 (good)

10. The overall effectiveness of services in Oxfordshire to safeguard children and young people is good. The council and its partners have a clear vision of services to children and young people which is articulated well through the CYPP. Strong cross-party political support for children's services and good multi-agency work through the Children's Trust and the Oxfordshire LSCB ensures effective delivery of high quality services. As a result, a comprehensive range of universal and targeted services are in place to support children and young people and their families. Scrutiny of performance and quality assurance is robust and used effectively at both strategic and operational level to drive improvements in services. Progress in key areas, including more timely assessments of the needs of children and young people have been sustained. However, too many children and young people are still subject to repeat child protection plans. The distribution of minutes and outline plans from child protection conferences are not sufficiently timely and some core group meetings are not convened within prescribed timescales. Staffing resources are sufficient to meet the demands for service, and a well-trained, stable and experienced workforce ensures that children, young people and their families receive a consistent service from those who work with them.
11. Partnership working in the majority of areas is effective. The voluntary and community sector plays an important role in offering services to meet local needs through children's centres and specific services, for example, Homestart services for vulnerable families. Resources are used well and systems for commissioning and monitoring services are robust. Good use is made of schemes that are national pilots to introduce new working practices and to develop them to meet the needs of the communities that they serve. The contribution of children and young people, parents and carers is highly effective with a wide range of panels, sounding boards and groups. This ensures that they are consulted on specific issues of interest to the council, and those that are identified by children and young people as important. Young people told inspectors that in their view, a number of aspects of service delivery have improved as a result.

Capacity for improvement

Grade 2 (good)

12. The capacity for improvement is good. The vision of the council and the strategic partnership to 'keep all children safe' has resulted in the development of a good range of services which ensure that children and young people and their families are offered services to match their level of need. Outcomes for children and young people are generally good and improving. Recommendations from inspections are used to promote improvement. All recommendations of the Joint Area Review in 2008

regarding safeguarding have been addressed. A recent inspection of the contact, referral and assessment services did not identify any areas for priority action, and the council has responded swiftly and effectively in addressing areas for development. Partnership working with most agencies is strong but there is a need to improve communication and joint working practices with adult mental health services. The council is aware of this and some recent initiatives have been implemented to address these concerns, for example through the development of a Think Family post in the Family Intervention Project. However, these are yet to show an impact. Current plans to change the structure for the delivery of some children's services, in the light of budgetary constraints, are based on a strong evidence base. A clear system has been developed to consult with staff and service users about these changes and the authority has a track record of using consultation effectively. Levels of front-line services are being retained to ensure that those most at risk receive a consistent service.

Areas for improvement

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

Immediately:

- Review the participation and attendance of adult services at child protection conferences to ensure that they actively contribute to the planning process where they are involved with the adults in the case.

Within three months:

- Ensure that all reports for child protection conferences are distributed in advance so all participants are able to read them prior to the meeting.
- Improve the quality of child protection plans to ensure that all the risk factors in the case are appropriately recorded with clear action and timescales for addressing them. Improve the timeliness of the distribution of these plans and child protection conference minutes to all participants.
- Improve the timeliness of the convening of core groups following initial case conferences to ensure that the child protection plan is properly implemented.
- Improve the attendance of key agencies at LSCB meetings so that they can contribute fully to ensuring that all child in Oxfordshire are safe.

- Ensure that all children who return home after being reported missing to the police are offered the chance to talk to someone independent about their experiences.
- Improve systems of recording to ensure that all relevant documentation is easily accessible.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (good)

14. The effectiveness of services to ensure that children and young people are safe and feel safe is good. Almost all children and young people who were seen as part of the inspection reported that they were safe and felt safe. They are actively involved in developing the child protection plans aimed at ensuring that they are safe. A very large majority of all types of inspected provision for children and young people in Oxfordshire are judged good at helping children and young people to stay safe. Recruitment processes are rigorous and compliant with statutory requirements and best practice models. Staff records are comprehensive and demonstrate a thoroughness of process in ensuring that all tasks are completed before appointments are made and the employee takes up the post. Good processes are in place to manage positive Criminal Record Bureau checks and disciplinary matters are followed through well and in a sensitive manner.
15. The identification and management of allegations against people who work with children is good. The role of the Local Authority Designated Officer (LADO) is well understood and two LADOs provide sufficient capacity to respond effectively. Allegations are reported from a wide range of agencies and where reporting appears low agencies have been appropriately challenged through the LSCB to ensure that their processes are sound. Allegations are largely managed within timescales and good support is provided to both alleged victims and perpetrators. Statistical information on the service is gathered and regularly reported to the LSCB through the Children's Trust. Plans are in place to include comparative information with similar councils in future reports.
16. Complaints about services are managed well. Information on how to complain is easily accessible through leaflets and the council's website. Most are satisfactorily resolved by team managers at the first stage of the complaints procedure. If resolution is not achieved at an early stage, further investigation is undertaken appropriately by external independent investigators. Complaints regarding child protection cases are appropriately reported to the LSCB and these have resulted in some changes in practice, for example, in improved inclusion of fathers in assessments. However, there is limited access to advocacy support to allow children and young people who are not looked after by the council to pursue complaints.
17. High priority is given to reducing the impact of bullying. Effective initiatives are embedded in schools to reduce and address bullying; for

example, police are actively involved in reducing incidents of bullying through Safer Schools partnerships. Restorative approaches to bullying are also being piloted as an alternative response. Children and young people contribute well to develop and deliver initiatives designed to prevent bullying. Results from children and young people who completed the TellUs survey, as part of this inspection, show that levels of bullying are in line with national figures and more children and young people feel that schools manage bullying effectively than in previous years.

18. The arrangements for children and young people missing from home, care and school are effective. A joint protocol between the council and the Police has recently been introduced and this offers clear procedures and appropriate strategic oversight through the LSCB. Information about incidents is shared promptly, and 'safe and well' checks are undertaken by the Police. However, although return interviews are undertaken with children and young people to establish why they went missing, not all children and young people are offered the opportunity to speak with an independent adult. This impacts on their ability to give a full account of their reasons for going missing. The safeguarding needs of children who are home educated by choice are reviewed annually for the LSCB. Annual visits are undertaken to ensure the quality of the education received and where deficits are found, these are appropriately addressed.

Quality of provision

Grade 2 (good)

19. The quality of provision is good. The outcome of the council's priority in 'Keeping all children safe' has resulted in a comprehensive range of tiered services to meet the differing needs of children, young people and their families. A well-established Family Information Service is easily accessible offering a wide range of information about both universal and targeted services. Advisers are well-trained and some have specific expertise, for example, in negotiating appropriate childcare, play and leisure facilities for children with disabilities.
20. The common assessment framework (CAF) and team around the child are used well across the county to identify and support children, young people and their families who have some additional needs. A comprehensive multi-agency training programme, which has trained more than 2000 professionals, has been implemented to ensure that CAF is used consistently. Most CAFs are generated from schools but the range of referring agencies is increasing, particularly from children's centres and midwives. Additionally, the age range of the children and young people being supported in this way has widened, for example, a new teenage pregnancy pathway has been introduced and all pregnant women under the age of 18 are now offered support through CAF and Team around the Child meetings. Team around the Child meetings are well-attended and result in effective multi-agency work to support families by a range of agencies including locality based Family and Children's Early Intervention

Teams, social workers, outreach workers in children's centres and home school link workers. The majority of CAFs are of a good quality and Team around the Child meetings are recorded well. The allocation of the lead professional role is based on the needs of the family and the role is undertaken well by a range of agencies. Good multi-agency working promotes the appropriate escalation and de-escalation of services according to need and risk. Well timed intervention has led to better attendance at school, a reduction in exclusions, increased self-esteem and greater confidence in parenting. Children and young people and parents seen by inspectors were positive about the impact of the intervention on themselves and their families. This included parents of children with special educational needs and disabilities.

21. Thresholds for referrals to children's social care services are agreed by the LSCB, are well embedded and understood by most agencies. A system to allow professionals to take advice from social workers on an informal basis is well used and appreciated by other agencies.
22. Referrals to children's social care services receive prompt attention. Decision-making by managers about the progress of cases is sound. All newly identified cases are swiftly allocated to appropriately qualified and experienced social workers. The timeliness of assessments has significantly improved over the past year which has led to the prompt identification of risk and need. The completion of initial assessments within prescribed timescales has risen from 57.9% in 2009–10 to 76.3% in 2010–11, and the timeliness of core assessments also improved from 65.9% in 2009–10 to 82.7% in 2010–11. The majority of assessments are based on appropriate information and take into account the specific needs of the children, young people and their families, who are well-engaged in the process.
23. Children and young people with more complex needs are supported well through the child in need processes. Social workers effectively coordinate the child in need plan and agencies work together well in both monitoring and supporting these plans. Appropriate processes are in place for escalating cases where there are child protection concerns.
24. Child protection services are properly targeted at those children and young people at most risk of harm. Investigations regarding those at risk of significant harm are timely and are supported by good partnership working with the police. Children and young people are seen promptly and risks and need are accurately identified.
25. Initial and review child protection conferences are timely and there is good attendance by most agencies. Independent child protection chairs offer effective challenges to plans. However, adult mental health and substance misuse services are not sufficiently engaged in offering information to conferences or attending when they are actively involved with the adults

in the case. This results in limited information in some cases about the level of risk posed to the children and young people. Reports by social workers to case conferences are variable with some showing clear analysis of the risks and protective factors in the case, while others are too descriptive. Although these reports are distributed in advance, reports from other agencies are not distributed prior to the case conference and, as a result, parents and carers are unable to consider the content, take legal advice or get the help of an advocate if necessary. Following the conference, decisions and recommendations are swiftly distributed to participants but, in some cases, the circulation of the outline plan and full minutes is too slow.

26. Child protection visits are mostly made in accordance with the child protection plan and are monitored by managers to ensure that risks are managed effectively and children and young people are seen. Children and young people are routinely seen alone and the recording of children and young people's wishes and feelings is good. Well focused packages of intervention are used effectively to support the success of child protection plans, and are delivered by a range of statutory and voluntary organisations. These include the Freedom programme run through children's centres for women who are victims of domestic abuse Homestart, and a recently commissioned service with Elmore Community Service. The latter offers specific support for young parents with complex mental health issues.
27. Agencies and parents and carers who attended core groups told inspectors that these groups were helpful in ensuring that all parties understood their distinct role in delivering the child protection plan and ensuring that children and young people were kept safe. However, in a small number of cases, core groups are not convened quickly enough after the case conference to develop and implement the child protection plan. Records of contacts with children and young people and their families are clear and written up in a timely manner in both child in need and child protection cases. Management oversight and decision making is clear and timely. However, the completion of other key documents is variable. Chronologies and genograms are not consistently in place or used to promote reflective practice. Core assessments are not always updated to reflect changes in the life of children and young people. Child protection plans are always in place. However, plans are not sufficiently clear about the outcomes expected from them or the timescales in which these should be achieved.
28. Limitations in the current recording system result in difficulties in reviewing key information. For example, risk is not clearly recorded in one easily accessible document, with a variety of templates addressing risk. New systems are planned but have yet to be rolled out across the service.
29. The out-of-hours social work service is responsive and good information sharing systems are in place with the daytime service. Appropriate support

for emergency child protection investigations is available through an 'on-call' Police officer from the child protection investigation unit.

30. Services to young carers are commissioned from three voluntary organisations which provides effective support and a good range of activities. Children and young people seen by inspectors highly valued this service and have good access to their project workers.

The contribution of health agencies to keeping children and young people safe **Grade 2 (good)**

31. The contribution of health agencies to keeping children and young people safe is good. The health community is well embedded in the strategic leadership of children's services through membership of the Children's Trust and LSCB. The health advisory group, with membership from the Oxfordshire PCT, Community Health Oxfordshire NHS Trust and Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust clearly provides an effective network of support and guidance for safeguarding children and young people. Clear links between the trust boards and the LSCB provide assurance regarding safeguarding from across the health services. Thresholds for referral into children's social care are generally well understood. Training on using the CAF has been undertaken and CAFs are appropriately completed. However, it is sometimes difficult for health staff to take on role of lead professional role because of their other commitments.
32. There is strong leadership and support provided by the designated and named professionals within the PCT and the provider trusts. All staff interviewed had attended safeguarding training and report good levels of support and regular supervision. Training data for all of the trusts demonstrates an overall high level of attendance at mandatory training and there are good systems in place to monitor attendance. At the Oxford Radcliffe NHS Trust, however, numbers of staff attending level one safeguarding training is too low. This is being addressed by the trust and as a result there has been year-on-year improvement in attendance and a stronger focus on achieving compliance.
33. Good partnership working exists between frontline health staff and children's services. An effective universal service model of multidisciplinary teams is in place, and these include health visitors and school nurses. Community midwives effectively support vulnerable pregnant women, and liaise well with the consultant obstetricians and public health midwives. Midwives based in children's centres offer weekly clinics and/or drop in services. Effective working relationships exist between hospital midwives and social workers in the hospital social work team at the John Radcliffe Hospital.

34. There is good engagement of general practitioners (GPs) with safeguarding, and a lead GP is now established in every practice. Seventy five per cent of lead GPs have received targeted training for this role with further dates planned to ensure that the remainder also receive the training. The LSCB reports that child protection referrals from GPs are of a high standard.
35. The teenage pregnancy strategy properly reflects the priorities within the CYPP and the Joint Area Needs Assessment. Sexual health provision is good, with targeted work in identified 'hot spot areas'. Young people are engaging well with the contraception and sexual health outreach service and an increasing number of referrals are made on a monthly basis. Clinics are accessible and emergency hormonal contraception is available from a large number of pharmacies. Safeguarding training is provided to pharmacists, who have appropriate guidelines to escalate any concerns. Sexual health and general health and well being advice are widely available, via websites dedicated to young people, and through texting. Schools and further education colleges are well engaged with sexual health services and effective engagement is reported in more deprived areas, along with increasing attendances by males. Good links exist between school nurses and schools. Nurses contribute to sex and relationship education, and young people's personal, social, health and citizenship education. As a result, there has been a steady decline in the rate of teenage conceptions for those aged under 18 years, with a 17.1% decrease from the 1998 baseline.
36. Maternity services have good systems in place to safeguard the unborn child. All pregnant women have a health and social care assessment undertaken at initial presentation, where the physical, social and safeguarding risks of the mother and the baby are assessed. Those patients who are identified as being at risk are targeted with appropriate care management and these cases are regularly audited. A CAF is considered for every pregnant teenager under 18 years old. The Family Nurse Partnership works well with all pregnant teenagers, providing early intervention within the children's centres, where a range of parenting courses and pre and post-birth supportive groups can be accessed.
37. Emergency care for children and young people is provided within a safe environment in a dedicated children's emergency unit at the John Radcliffe Hospital and there are plans to improve access by opening the unit 24 hours a day. A flagging system appropriately alerts staff to child protection issues on known cases. However, the names of children and young people subject to a child protection plans are only shared by the local authority on a monthly basis. Children and young people are treated by suitably trained staff. Registered sick children's nurses are employed within the children's emergency department or are assessed by experienced emergency nurse practitioners. Examinations of children or young people

who are suspected victims of sexual abuse are carried out by experienced community paediatricians.

38. A rapid response team for unexpected child deaths, which is located within the community children's nurse team, makes swift home visits to support siblings, parents and carers. Safeguarding concerns are quickly escalated. Outreach work is also undertaken within schools to provide support when a child or young person has died. Families are also appropriately signposted to voluntary organisations that provide support for bereaved siblings.
39. CAMHS provision is good. A jointly funded Primary Child and Adolescent Mental Health Service (PCAMHS) service covers the whole of Oxfordshire and is the single point of access for all referrals which can be made by GPs, primary care teams, voluntary sector organisations, education services, children's social care services and other health providers. PCAMHS workers also offer supervision, advice and support to primary health care workers to help them to work directly with children and young people. Once accepted by the PCAMH service, all children and young people are seen within four weeks. The referral criteria are well targeted and all referrals are assessed and signposted to other services if necessary. Specialist CAMHS services are provided by four multi-disciplinary, integrated community teams. The Assertive Outreach team provides a specialist crisis and home intervention service which targets children and young people from hard to reach groups. Children and young people requiring the most specialist support receive a comprehensive service. A dedicated in-patient provision is available within the county at the Highfield unit, although admissions are declining due to successful early intervention by PCAMHS and CAMHS. Community based specialist support is strong and includes the Family Assessment and Safeguarding Service which provides early intervention services to reduce the effect of child maltreatment and neglect. A service for children and young people who display sexually harmful behaviour has recently been commissioned which effectively provides a specialist service of assessment, intervention and support for children who are either the victims and/or perpetrators of sexually harmful behaviour. Referrals can also be made directly to specialist CAMHS services when sick children attend the hospital or their local GP surgery. One comprehensive assessment is undertaken, which ensures that children and young people have immediate access to the appropriate service.
40. The transition of young people into adult mental health services is managed well. Transition arrangements from CAMHS are begun before the young person reaches their eighteenth birthday, when it is evident that continued care and treatment will be required. Appropriate transition protocols are in place and have recently been reviewed. The CAMHS service can offer a flexible response by working with young people beyond

their eighteenth birthday for up to a further six months, to ensure continuity in completing a specific care package.

41. An integrated CAMHS for children and young people with learning difficulties and those with disabilities has been commissioned from the Ridgeway Partnership. This is a specialist NHS Trust providing services for people with learning difficulties and those with disabilities. The team works closely with children's social care services, education, the voluntary sector and in particular with the Community Health Oxfordshire NHS Trust which provides services such as the children's complex care team, speech and language therapy (SALT), community children's nurses, physiotherapy and occupational therapy. From April 2011 there will be an integrated children's disabilities team.
42. There is good access to a well established drug and alcohol misuse service for children and young people. It is jointly commissioned with the council and robustly monitored.
43. Clinical nurse specialists are employed to work within the eight special schools for children with disabilities. Multi-agency working between health and education services and the council is effective. A local children's hospice is commissioned for respite provision, along with voluntary sector respite resource centres for day time, evening, and overnight stays.
44. Effective speech and language therapy is provided to early years services, mainstream and special schools and to a hearing impairment team. Access to speech and language therapy services is usually provided within 18 weeks from referral but there are appropriate fast track arrangements for looked after children and for children and young people within the special schools. Speech and language therapy assistants effectively work within the early years' inclusion teams carrying out early interventions.
45. User engagement is good, with children and young people involved with developments within health services and peer mentorship programmes. For example, the 'one stop shop' was started at the Banbury walk-in centre as a result of feedback from children and young people

Ambition and prioritisation

Grade 2 (good)

46. Ambition and prioritisation are good. The council and its partners provide strong and effective leadership in safeguarding and promoting the welfare of children and young people. The well-established Children's Trust offers strong and effective strategic leadership to the partnership. Membership is properly constituted of senior managers from the council and key partners and of elected members. The voluntary and community sectors appropriately elect a representative organisation on a time-limited basis. Service users are well supported in order to be full members of the strategic board. Appropriate links are made with the LSCB through shared

membership and performance management arrangements, and there is a clear understanding of their respective roles and responsibilities.

47. The CYPP effectively reflects the needs and aspirations of the county and is based on robust evidence and consultation with service users. The implementation of the plan is monitored across the county through area trust boards that ensure that targets effectively address local need. The key priorities, which include 'keeping all children safe' act as keystones for the planning and commissioning of services; for example, the importance placed by the partnership on prevention and early intervention has resulted in the commissioning of family support services at a local level.
48. The Chief Executive and elected members have clearly recognised the importance of services to children and young people and this ensures that there are effective links within the corporate planning processes. The Director of Children's Services and lead member for children are seen by children and young people as being accessible and effective advocates for them within the council and wider partnership. The high priority placed by the council on providing high quality services to children and young people is demonstrated through the protection of front-line services, despite budgetary cuts elsewhere.

Leadership and management

Grade 2 (good)

49. Leadership and management are good. Effective systems are in place to ensure that children and young people are adequately protected and are kept safe. Multi-agency workforce planning processes are robust and result in a stable and experienced staff group. Comprehensive and accessible training ensures that staff have the right skills to undertake their role. A common induction programme enables all new staff to have a clear, shared understanding of the common values of services to children and young people in the county and a range of universal and targeted training is available. Lessons from serious case reviews are quickly disseminated through training and briefings and specialist training for social workers is developed from the results of file audits. The council recognises that it needs to develop its capacity by working more effectively with volunteers and plans are in place to develop this further.
50. Resources are managed effectively by a combination of robust financial challenge and effective information management. This ensures that services are commissioned to best meet the need identified. Joint commissioning arrangements with health partners are well established. These have resulted in some flexible provision for children and young people with specific needs. For example, high quality, short break provision for children and young people with disabilities has been commissioned through the voluntary sector using 'Aiming High' funding. The voluntary and community sector is well engaged in commissioning arrangements which they report to be transparent and supportive.

Monitoring is effectively undertaken by operational managers supported by specialist commissioning staff.

51. Staff feel well supported by their managers, describing them as accessible, supportive, knowledgeable and challenging. Supervision is regular and appraisals are in place for all staff, and compliance is monitored by senior managers. Newly qualified social workers are properly supported to undertake their roles through effective caseload allocation, training and mentoring. Although senior managers have made efforts to visit locality-based services and communicate changes planned in services, some staff feel that they are not sufficiently visible.
52. User engagement is highly effectively used to design and commission services. Extensive opportunities are available for all service users to become involved in consultations through 'sounding board' events like the Children and Young People Involvement Network, the youth parliament and Oxford Youth Enablers. Children and young people have also been involved in The Big Debate about changes to how services are delivered across Oxfordshire. Systems are in place to ensure that the children and young people involved in consultation represent a wide range of groups, including those with special educational needs and disabilities, young carers, looked after children and young people and those not currently in employment, education and training. The large majority of service users seen by inspectors expressed high levels of satisfaction with the services that they received.
53. Complaints are managed effectively. Systems are in place to ensure that service users know how to complain through leaflets, posters and the internet. Responses to complaints are timely and children and young people are routinely offered an advocate to support them. Restorative processes are effectively used to resolve most complaints at an early stage. However, it is not clear how the overall learning from complaints is disseminated and used to inform planning and service improvement.
54. The dissemination of the recommendations from serious case reviews is good. Recommendations are quickly incorporated into training and a suite of implementation plans are effectively monitored by the LSCB. Guidance has been produced to inform and improve practice in areas such as neglect and these are beginning to have an impact. However, there is less evidence of effective practice in other areas such as reducing self-harm.

Performance management and quality assurance

Grade 2 (good)

55. Performance management and quality assurance arrangements are good and, in most areas of children's services, performance is at least in line with similar areas. The merging of the performance boards of the Children's Trust and the LSCB to become a joint planning, performance

and quality assurance sub-group, has increased the focus on key performance targets areas and on avoiding duplication. Designated officers from the sub-group have responsibility for monitoring progress performance actions through a series of 'RAG' rated report cards. As a result, significant improvements have been made to some key targets, such as the timeliness of initial and core assessments. Where there are concerns about performance, issues are escalated to the relevant board for action.

56. Performance management is also well-embedded throughout the council and used effectively throughout children's services to ensure ongoing improvements in services. The reporting of high level targets is robust and links effectively with corporate performance through a system of dashboard recording and monitoring. There are also regular challenge meetings with senior officers and elected members. At an operational level, team managers regularly use performance data to manage the workflow of their teams.
57. The quality of operational work is regularly reviewed by managers as part of the supervision process. This is augmented by file audits which are routinely undertaken within children's social care and by the LSCB and also as part of thematic reviews. The quality assurance role of staff who chair child protection conferences is being developed and they have begun to undertake an audit of cases presented to conferences in order to improve the quality of work.
58. A comprehensive action plan, which resulted from the unannounced inspection of contact, referral and assessment services in November 2011, is monitored robustly. Good progress has been made in addressing all the areas for development outlined by the report.

Partnership working

Grade 2 (good)

59. Partnership working is good. Oxfordshire has maintained its long history of effective working between partners at both a strategic and operational level. This ensures that effective services continue to be delivered to children, young people and their families. The specific skills and expertise of the voluntary and community sectors are used well to offer locally-based services, through, for example, children's centres and specific projects like those that support young carers.
60. The performance of the LSCB is good and it meets all its statutory responsibilities. Significant improvements have been made to the functioning of the LSCB since the Joint Area Review in 2008. It is independently chaired by a highly effective and respected chair and it is an effective contributor to the CYPP. Representation on the LSCB meets the requirements of '*Working Together to Safeguard Children*', 2010. However attendance by some key members is poor and this does not allow them to contribute fully to the development of the LSCB. The

previously poor attendance and engagement of schools has been appropriately addressed through the formation of an education sub-group. Although this group has only been recently formed, initial indications show that this it is beginning to show an impact. Although the military communities based in Oxfordshire are not represented on the LSCB they make an effective contribution through their membership of the locality groups. The LSCB undertakes scrutiny and performance monitoring well through the receipt of a number of audit and performance reports, including the business and performance plans of agencies. The LSCB's scrutiny of issues, such as the length of time children are subject to plans, has resulted in improved performance. However, it has not considered sufficiently, the safeguarding needs of looked after children. The LSCB has undertaken some good work in relation to the findings of serious case reviews by developing a number of strategies and practice tools.

61. Effective partnership arrangements are in place to manage risks posed by individuals. Multi-agency public protection arrangements (MAPPA) are well established. Operational meetings are well attended by all agencies and provide an effective planning forum for both adults and children who pose a significant risk to the community. Similarly, multi-agency risk assessment conferences are well targeted and all key agencies attend regularly and deliver action plans in accordance with their commitments. However, the attendance by the council at the MAPPA strategic management board is not consistent and this reduces the opportunity to integrate the work of the board directly with the wider issues of safeguarding across the authority.
62. Good partnership work between voluntary and statutory partners offers a comprehensive response to domestic abuse and ensures that victims and their children are protected. Three hundred domestic abuse champions have been trained from 59 agencies, including schools, children's social care services and housing agencies. Champions act as domestic abuse lead officers in their agencies and offer specific advice to victims of abuse. Independent Domestic Violence Advisors are trained through a voluntary sector project to support victims, and programmes for victims and their children are run in children's centres to help them deal with their experiences. Early intervention by services, the effective use of domestic abuse courts and Police powers mean that more victims and their children are able to remain safely in their homes. However, for those victims and children who need further protection, access to refuges is limited.

Services for looked after children

Overall effectiveness

Grade 2 (good)

63. The overall effectiveness of services for looked after children is good. A focus on good strategic planning, improving outcomes and good quality placements results in improved life chances for looked after children and young people and care leavers. Excellent participation and inclusion of looked after children and young people and care leavers in service design and delivery ensures that services meet their specific needs. Priorities are correctly identified and measures are put in place to improve performance, including the need to improve educational outcomes, which are currently only adequate. Despite recent reductions in expenditure, front-line provision for looked after children and young people has been protected.
64. The multi-agency corporate parenting panel undertakes its role very effectively and members ensure the needs of this group of children and young people continue to have a high profile within corporate planning processes and the wider partnership. The robust use of research and evaluation to commission services, has resulted in a highly effective range of services. These are used well to support children and young people on the edge of care and to provide appropriate placement choices as they become looked after. Resources are managed well through good oversight of the planning and monitoring of services and rigorous financial management.
65. Most outcomes for looked after children and young people are good or better. Placement stability is improving and older care leavers are well supported to enable them to 'catch up' on their education and to live in good quality accommodation. However initiatives to improve long standing deficits in the GCSE performance of looked after children and young people have yet to show an impact.
66. Outcomes in regulated provision are mostly good. The inspection judgements of the fostering and adoption services are both good. The workforce is stable, enthusiastic and suitably trained and experienced. There is little use of agency staff and as a result there is a continuity of service to children and young people. Unaccompanied asylum-seeking children are supported well by specialist staff and by a specific programme to help them understand the new culture in which they are living.
67. The views of service users are integral to all planning and decision-making. The Children in Care Council makes a considerable contribution to ensuring that the needs of those looked after are well represented to decision-makers. The views of children and young people are used routinely to inform their assessments and plans. The vast majority of service users seen by inspectors appreciated the services that they received and felt that they have been of positive benefit to them.

Capacity for improvement

Grade 2 (good)

68. There is good capacity to improve. The council and its partners have a consistent track record of good improvements to services for both looked after children and young people and care leavers. Outcomes are good across most areas, particularly in ensuring that children and young people have stable and high quality placements and those children and young people, for whom adoption is the best outcome, are placed quickly with new families. However the rate of improvements in educational achievement for young people, especially in higher level GCSEs, is too slow.
69. The workforce is sufficiently skilled and experienced to effectively meet the demands of the service. Good training opportunities are in place to ensure that workers are sufficiently skilled to undertake their roles and succession planning is appropriately addressed, through development opportunities and targeted management training.
70. Well-established systems are in place to ensure that children and young people and parents and carers are routinely consulted about the design and delivery of services. These consultations offer effective challenge to officers and elected members.

Areas for improvement

71. In order to improve the quality of provision and services for safeguarding children and young people in Oxfordshire, the council and its partners should take the following action.

Immediately:

- Increase the pace of improvement in the educational attainment and attendance of looked after children and young people to ensure better achievement and outcomes to enhance their life chances.
- Ensure that the assessment of risk posed to or by the child or young person is clearly outlined in one specific document.

Within three months:

- Review the capacity of independent reviewing officers to ensure that they see all children and young people prior to planning and review meetings.
- Improve the quality of recording in care plans and assessments to ensure that the targets set for the child or young person are clear and progress is monitored.

- Improve access to independent visitor provision for children and young people who are placed outside Oxfordshire.
- Ensure that reports on complaints made by looked after children and care leavers are regularly reported to the corporate parenting panel and action resulting from these complaints is clearly recorded.
- Improve the quality of reporting on the needs of looked after children to the LSCB, ensuring that this specifically addresses their safeguarding needs.

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

Being healthy

Grade 2 (good)

72. Health outcomes for looked after children and young people are good. Almost all looked after children and young people receive a comprehensive annual health assessment from a specialist GP who is well linked to other specialist health staff. These include a clinical psychologist and a sexual health nurse who offer advice at weekly dedicated clinics for looked after children and young people. Review health assessments are appropriately undertaken by an identified lead professional and issues identified through these assessments are promptly followed up. The needs of unaccompanied asylum-seeking children are well met through the looked after clinic, and interpretation services are used when appropriate. Picture boards are frequently used during assessments when engagement is poor, and this ensures that children and young people's needs and views are better understood.
73. The quality of health care plans seen during the inspection is good. They are comprehensive and contain high quality action plans which incorporate a detailed record of referrals made which is systematically updated. However, timeliness of completion for health assessments has only recently been monitored and is variable; over the last six months, 75% were completed within 28 days, which is below that of similar areas and that found nationally.
74. All looked after children and young people are registered with a GP and a dentist. Completed rates of immunisations are high at 90%. Good service level agreements are in operation for those children and young people placed externally, and for those placed in Oxfordshire by other councils, to ensure that health assessments are completed.
75. A designated nurse and doctor are in post and the capacity and performance of the looked after children's team is well managed by the service manager, who provides regular supervision and support. The co-location of these specialist staff with the safeguarding and family nurse partnership teams enables more regular and consistent communication, and the opportunity to achieve more timely solutions and signposting to the appropriate service. The looked after children's health team also provides valued health promotion activities, including those for care leavers, which enables them to take a full personalised health care record with them when they leave care. Joint working with social workers and personal advisors is effective, such as through the mothers' group for care leavers. The family nurse partnership offers suitable support to pregnant looked after young people. The county-wide multi-disciplinary Attaining Therapeutic Attachments for Children service (ATTACH) provides good

therapeutic support for looked after children and young people and those placed for adoption and has been successful in avoiding the need for referral to specialist CAMHS provision.

76. Looked after children and young people have suitable access to CAMHS, including the outreach service, which provides effective intensive therapeutic support for looked after teenagers. A young person seen during the inspection was able to describe the positive difference this opportunity had provided to help them stabilise their life. Care pathways have been implemented which enable staff within children's residential care homes to more effectively respond to young people's behaviour. As a result incidents of self harm have reduced. Looked after children and young people also benefit from dedicated and readily available sexual health support. Numbers engaging with this provision are increasing.
77. Support, guidance and training is also provided to foster carers, including the provision of information and signposting via the foster carer's newsletter in relation to a range health and well being matters and services.
78. The large majority of children and young people responding to the survey completed for this inspection consider that they have a healthy diet and get enough exercise. Care leavers, including unaccompanied asylum-seeking children and young people, report that they have good access to the specialist nurse, and that healthcare is good, supportive and a key part of their pathway plan.

Staying safe

Grade 2 (good)

79. The arrangements for ensuring that looked after children and young people are safe are good. Almost all the looked after children and young people who were seen by inspectors and responded to the survey conducted for this inspection say they feel safe. Careful consideration is given to balancing the need for a safe placement while enabling children and young people to live as near as possible to their home and school. Action plans following serious care reviews relating to looked after children and young people have been suitably implemented, resulting in new service provision and the recently introduced complex cases panel.
80. Provision to ensure that all children and young people who need to be looked after is excellent. Robust gate-keeping through appropriate use of the public law outline, effective legal planning meetings and the placement duty service, supports firm decision-making. The placement duty service is a high quality resource that provides good challenge to requests for accommodation. It has successfully diverted almost a quarter of referrals for children and young people to be looked after and has significantly reduced the number of children who are placed as an emergency. Where placements do proceed the placement duty service

ensures that children and young people's needs are well understood and matched to available provision.

81. Services to safely divert children and young people from being looked after are outstanding. There is a wide range of resources dedicated to this priority which are well focused and effectively coordinated. The Family Group Conference project has successfully enabled 37 of 39 children and young people referred to the service to remain within their families. The family and placement support service provides a very good range of support, including at times of greatest stress, and has had a very good impact, enabling 144 of the 176 children and young people to safely remain at home. These services are complemented very well by health related provision such as the CAMHS family assessment service and outreach service. Good action has been taken to develop a community alternative to residential assessment for families, subject to court proceedings.
82. The impact of well directed placement support is reflected in good short and long term placement stability, which is in line with, or better than, that found nationally and improving further. A very good range of work is in place to support placements, including placements for those that are fragile. Examples are the specialist ATTACH team and the children in care education panel. Foster carers seen during the inspection speak very highly of the assistance they receive from experienced fostering social workers. As a consequence of all this support, there are few unplanned placement endings.
83. Committed and experienced carers provide good quality care for children, young people and care leavers. This is reflected in the outcomes achieved, and in the children and young people's positive view of the care they receive. Of the 43 children and young people responding to the survey completed for this inspection, 88% think they are living in the right place and 90% think the care they get is good or better. The ethnic, cultural and religious needs of children and young people are given suitable consideration in choosing placements; for example, a good proportion of unaccompanied asylum-seeking children are placed with carers of a similar ethnic background. Sensitive management enables children and young people to gain a greater understanding of their cultural and religious heritage. A good and increasing range of foster care options is available, including for the most challenging children and young people. A positive feature is that no foster carer currently exceeds the number of placements for which they are registered. The fostering and adoption services and one of the council's two children's residential care homes are judged good in the latest inspection reports. The other home is judged satisfactory and the issues identified are being appropriately tackled through a well-monitored action plan.

84. Multi-agency management and monitoring arrangements for those children placed externally are good. Strong partnership working between health and children's services ensures that funding is not a barrier to commissioning suitable placements. There are currently 23% of looked after children and young people in external placements. Following extensive work to increase the supply of local provision, numbers are reducing appropriately. Good efforts are made to find placements that meet needs well, and carefully focused attention is paid by the council to ensuring that quality of care is high and that all safeguarding arrangements are in place. All but two of the 98 children and young people currently in external placements are placed in provision that is judged as good or outstanding by Ofsted.
85. Effective action is taken to respond to looked after children and young people who go missing from care. The multi-agency missing children panel has a good overview of the issues and has appropriately reported concerns about children and young people missing from children's homes to the LSCB. Robust action has been taken to ensure that individual children and young people are safe and in appropriate placements. As a consequence, episodes of children going missing have been reduced for children and young people. However, not all children and young people are offered an independent interview if they do not wish to speak with their social worker on their return.
86. The numbers of looked after children and young people who commit offences are low. Suitable action is taken to tackle first time offences through the diversion service, which has enabled about 12 children and young people who are looked after to be diverted from entering the criminal justice system through tailored packages of support. Low numbers of children and young people who are looked after receive custodial sentences. There is evidence that creative ways of engaging children and young people's interests have had a very positive benefit and reduced serious offending.

Enjoying and achieving

Grade 3 (adequate)

87. The impact of services on enabling looked after children and young people to enjoy and achieve is adequate. Attainment improved at Key Stage 2 in 2010. In English, results are slightly better than those found nationally, but in mathematics they remain below the national average. At Key Stage 4, although there is a positive trend of improvement in the proportion of young people achieving five GCSEs, too few young people attain the higher grade GCSEs, including English and mathematics, which are needed to enhance their life chances. Performance in the higher grades of GCSE attainment is not as good as in 2009 and results are below those found nationally. Overall, improvements in attainment are being made but local targets for looked after children and young people are not yet met.

88. Staff within the virtual school demonstrate a good understanding of the profile of looked after children and young people, including those with special educational needs and disabilities, but greater challenge is now required to ensure that more children and young people make the expected progress. Systems have recently being implemented to improve the quality and comprehensiveness of the data available to the virtual school and staff are beginning to monitor children's progress more robustly, including those placed out of county, and this is driving improvement.
89. All looked after children and young people have a personal education plan in place. The timeliness of these plans is improving and the latest validated data show that 84% were completed within required timescales. Local data show further recent improvement. The quality of the plans is variable as some lack detail and short and long term educational targets to improve achievement. However, quality assurance by the virtual school is leading to improvement.
90. The work of learning mentors is valued by schools and a good range of tailored support, including individual tuition is available; for example, for those in their GCSE year who are experiencing problems with schooling. This has had a positive impact on results for those young people. A high priority is given to ensuring stability of educational provision and to ensuring that provision is appropriate for those with complex needs. Meadowbrook College provides good quality provision for those returning to Oxfordshire from specialist placements outside of the county. A new protocol agreed in 2010 with all partners has been implemented to ensure the prompt admission of newly arrived, unaccompanied asylum-seeking children and young people, and school places are now found within nine days, which is a significant improvement in previous performance. The induction and orientation of unaccompanied asylum-seeking children and young people has been agreed by all schools and best practice in one school is being shared. A learning mentor is placed in the school with the highest proportion of unaccompanied asylum-seeking children and young people to ensure that they receive the most appropriate support.
91. Despite improvement in 2010, the number of children and young people are missing a large proportion of schooling and absence rates for looked after children and young people remains above the national average. The virtual school is taking action to improve attendance, focusing on schools with the highest levels of absence, but it is too soon to see the impact of this. In-year fair access panels for schools have created a shared ethos in quickly finding safe and suitable educational provision for vulnerable children and young people, including those who are looked after, thereby avoiding recourse to permanent exclusion. As a result, there have been no permanent exclusions of looked after children and young people in the last year. There is also a three year trend of improvement in the number of fixed term exclusions for those children and young people on a full care

order but the number of fixed term exclusions of other looked after children and young people has increased.

92. Children and young people have a wide range of opportunities to engage in activities within their own communities, and many of them do so. Large numbers of looked after children and young people participate in activities specifically designed to improve self-esteem and enhance placement stability. Creative group art projects such as film making, theatre and graffiti painting engage children and young people and promote social skills. Individual interests and talents are also encouraged and funding is available to support activities such as bush craft and gym membership.

Making a positive contribution, including user engagement **Grade 1 (outstanding)**

93. Children and young people who are looked after have outstanding opportunities to make a positive contribution. The council has a strong track record of engaging looked after children, young people and care leavers, including those in external placements, in a very wide range of consultation and participation. This includes both targeted and universal activities. Looked after children and young people receive excellent support to develop effective communication skills, confidence, and to speak out on issues that matter to them. These have contributed well to improving outcomes. A mobile consultation pod enables children and young people, including those with disabilities, to share their views comfortably and securely. There is a clear focus on engaging a broad range of views of looked after children and young people additional to those who are members of the children in care council. Examples include young people's involvement in the redesign of the website for children and young people in Oxfordshire, and the 'take over' day event with Oxfordshire Fire and Rescue Service. Looked after children and young people and care leavers were a key part of the innovative BIG Debate held in October 2011, which was held to inform forthcoming decisions about financial priorities.
94. The vast majority of looked after children, young people and care leavers seen during the inspection, report that their needs are effectively met and that they receive good levels of support. One care leaver described the support received as 'brilliant'. The large majority of looked after children and young people who completed the survey undertaken for this inspection said that they are able to get their views across to the council and that their opinions had made a difference to their care.
95. The well established Children in Care Council works extremely effectively. It comprises an impressive group of children and young people who are respectful of each other, engaged, well organised and resourceful. They are determined to make improvements that will benefit all looked after children and young people and agree that if they come across a barrier to

them achieving their goals – ‘we’ll find a way to go through it’. The Children in Care Council has set clear priorities to hold their corporate parents to account and is well integrated with the corporate parenting panel, the governing body of the virtual school and the children’s trust board. Effective partnership working between young people and their corporate parents is reflected in a formal pledge to looked after children and young people about the services that they can expect from the council. This has directly improved outcomes such as an increased range of housing options and the development of responsive health promotion for care leavers. Members of the Children in Care council effectively promote their activities and increase membership through a range of activities including the development of a peer mentoring scheme. Some members of the Children in Care Council have had the opportunity to increase their understanding of the world of work through experience in the Participation and Play department of the council. The Children in Care Council is successfully linked into activities such as the recruitment of foster carers, the interviewing of staff and the commissioning of provision for looked after children and young people.

96. A well-established programme is in place to help unaccompanied asylum-seeking children and young people understand the new culture within which they live, is delivered by foster carers and housing providers. It effectively supports the integration and it is appreciated by them to help them ‘understand the rules’.

Economic well-being

Grade 2 (good)

97. The educational attainment, of children and young people is low but nonetheless the impact of services to support and improve the economic well-being of looked after children, young people and care leavers is good because of considerable efforts made by the care leaving service to engage young people in planning for independence and to develop successful adult lives. As a result 95% of those care leavers aged 19 are in regular and appropriate contact with the service. Pathway planning, including the assessment of risk is generally good and young person centred. The vast majority of young people have up-to-date pathway plans. A suitable range of agencies are well engaged in meeting the varied needs of young people. Care leavers are routinely involved in detailed reviews of their progress and receive a copy of their plan. However the quality of recording does not reflect the quality of practice and the recording of risks and risk management is often fragmented. Positive planning at transition enables care leavers, including those with disabilities, to remain in foster care until they finish their formal education. Care leavers seen during the inspection are positive about the support they receive from all agencies. Very sensitive and nurturing multi-agency group work with young mothers has resulted in increased confidence and understanding of parenting and is highly valued by those young mothers seen during the inspection.

98. Care leavers are successfully encouraged to access a wide range of good quality provision and they receive positive support to resume learning and 'catch up' with their peers. For example, nine out of a group of 33 young people who did not achieve well at school at age 16 achieved Level 2 or higher qualifications by the age of 19 in 2011. Many of these young people progress to higher education. Currently 12% of care leavers, including some young parents and those who arrived unaccompanied into this country, are at university and this is projected to rise to 17% by September 2011.
99. Care leavers are offered financial and other incentives and encouragement to participate in a good range of work experience and volunteering opportunities. In their role as corporate parents, the council appropriately prioritises care leavers for their employability programme which offers work based opportunities and apprenticeships. Currently nine young people are benefiting from this route to possible permanent employment.
100. The very large majority of care leavers are placed in suitable accommodation. A recent commissioning process, involving young people, has improved the range and quality of provision and includes appropriate accommodation for those with the highest needs. Work with district councils has been effective in ensuring priority access to individual tenancies. Most care leavers seen during the inspection feel that they are living in accommodation that meets their needs well. It is recognised by the council that a small number of young people who become looked after due to becoming homeless are placed in bed and breakfast accommodation because of a lack of suitable alternatives. This is carefully monitored through five multi-agency accommodation panels. A recently developed protocol designed to improve risk assessment of young people placed in temporary accommodation has been put in place to improve information-sharing and safeguarding of this vulnerable group.
101. In 2010 the very large majority of care leavers were in employment, education or training, which is an improvement from the previous year. This is well above national average and reflects good performance in the current economic climate. This achievement has been marked by the council receiving the 'From Care 2 Work Quality Mark' from the National Care Advisory Service which recognises commitment and good practice by employers in all sectors to care leavers. The Raise service provides good support for young people post-16 in transition to further education, employment and training and aspirations for these young people post-16 are high. There are designated teachers for care leavers in the two largest local colleges to ensure that they receive the support that they need.

Quality of provision

Grade 2 (good)

102. The quality of provision for looked after children and young people is good. In those cases reviewed during the inspection, the overwhelming

majority of children and young people were appropriately placed. Many experience stable and sustained relationships with consistent social workers and personal advisors providing an effective responsive to their needs. Children and young people, and their parents and carers, report that their needs are appropriately understood in the context of their culture, religion and identity. The review of cases undertaken for the inspection supports that this is the case. Positive efforts are made to enable children and young people to keep in touch with their parents. The impact of contact arrangements on very young children is well understood and action is taken to ensure that these appropriately support their early development.

103. The needs of looked after children and young people are generally well assessed. Particularly good attention is paid to ensuring that only those who need to be looked after enter care. Statutory visits are regularly undertaken and recorded and children and young people are routinely seen alone. Care planning is good overall. Appropriate attention is paid in practice to clearly identify and put in place plans to minimise risk. Examples were seen during the inspection of very good work to ensure that children and young people who presented considerable challenges remained in stable placements that matched their needs well. Action to place children and young people in permanent placements within or outside their wider family is effective and timely. The quality of applications to the court are good, with examples seen of detailed and convincing work. Effective care planning has resulted in increased numbers of children and young people being subject to special guardianship. The vast majority of permanency plans are prepared at an early stage and progress towards achieving these is regularly tracked.
104. Local agencies are actively involved in care planning and information sharing is effective. A new system for inviting agencies to reviews is resulting in improved attendance. The role of the educational psychologist who acts as a champion for looked after children and young people has had a beneficial impact on the quality of care planning for children and young people. Specialist educational staff and designated teachers have a good level of engagement of education staff in care planning. Health staff are also appropriately engaged.
105. Reviews of care plans are now very timely. They are effectively chaired by experienced independent reviewing officers. There is a strong commitment to involve children and young people in their reviews, and most of those who are able to attend benefit from speaking with their independent reviewing officer before the review. However, a lack of independent reviewing officer capacity means that such a conversation is not possible for those who do not attend. Appropriate arrangements are in place for children and young people with disabilities to communicate their views in the most suitable way. A good proportion of older young people take a lead role, with support, in chairing their review. The independent

reviewing officer service is aware that more could be done to extend the available methods to maximise children and young people's participation in reviews. Parents of looked after children and young people seen during the inspection have been involved well in the reviews of their children and young people's care but the council is undertaking further work to ensure that this is more consistent.

106. The quality of recording is adequate overall. Most recording is up-to-date and statutory visits and other contacts with children and young people and agencies are appropriately recorded. Records show that children and young people are regularly seen alone. Although some care plans and core assessments contain a good analysis of needs and risks and are regularly updated, others lack detail and core assessments are not routinely updated. Not all case records contain an up-to-date chronology or genogram. Although risks are suitably assessed and managed, recording is not effective as it is contained within different sections of the electronic case record. Reports from social workers and other agencies are not always available to parents and looked after children and young people before reviews and this does not support their full participation. Statutory reviews are adequately recorded by independent reviewing officers. The council is aware that there are some delays in the distribution of records of these meetings and actions are in place to tackle this. Effective internal audits by the council have shown some deficits in the the quality of care planning and reports to planning meetings. Training has begun to address this but this has yet to shown an impact in practice.
107. The independent reviewing officer service is suitably independent and demonstrates an appropriate level of challenge. The need to formalise the challenge processes is recognised and a protocol is being developed to address this. The service is appropriately prepared to assume its new responsibilities but the council acknowledges it is a priority to ensure sufficient capacity to comprehensively fulfil these increased responsibilities.
108. Care planning for unaccompanied asylum-seeking children and young people is good. Placements are appropriately culturally sensitive with dedicated independent reviewing officer support and well-trained specialist senior practitioners who act as effective advocates. A sound approach to dual planning takes suitable account of the possibility that young people will not obtain leave to remain.
109. The advocacy and independent visiting services meet statutory requirements and all children and young people, including those placed externally, are informed of their rights to have an advocate to support them and to access, where relevant, an independent visitor. Access to independent visitors is good for those who are placed locally but there is currently no facility to offer the service to those placed externally.

Ambition and prioritisation

Grade 2 (good)

110. Ambition and prioritisation for looked after children and young people is good. Aspirations for children, young people and care leavers are high. The local authority and its partners have good knowledge of strengths and areas for development and key priorities and related targets follow well from this and are appropriately incorporated into the CYPP. There is a clear recognition of the need to increase the pace of improvement in educational outcomes. The council's aspirations are recognised by the children in care council who have a very positive view of the way in which corporate parenting mechanisms are responding to their priorities.
111. The well-trained multi-agency corporate parenting panel has a good understanding of its key priorities. It enjoys good cross-party support from a group of committed elected members who are very ambitious for all looked after children and young people and there are good links with the corporate planning processes within the council. The research-based corporate parenting strategy is regularly reviewed by the panel. It incorporates well the views of looked after children and young people and there is sound evidence that the range of provision, such as the range of housing support and availability of apprenticeships with the council, has improved as a result of the panel's timely commitment of resources to resolve issues. The panel is effectively linked with other partnerships and council activity.

Leadership and management

Grade 2 (good)

112. The leadership and management of services for looked after children and young people are good. The profile of looked after children and care leavers is very well understood. The placement sufficiency strategy robustly analyses the pressures operating on the service. It incorporates a good range of strategies to address these pressures, including the need to avoid children and young people becoming looked after, and to tackle the impact of the council's policy to ensure that care leavers remain in stable placements beyond the age of 18. It has been recognised that the reliance on external placements is high and good action has been taken to increase the supply of local placements. In 2010/11 local foster care placements had increased by 14.6% over the previous year. This is due to a strengthening of recruitment processes, focused recruitment activity and a safe increase in the capacity of registered carers. The drive to recruit carers, especially those from minority ethnic communities is continuing to ensure that children and young people have access to carers who best meet their cultural and religious needs. Sub-regional joint commissioning, led by the council has resulted in an increase of seven residential places for children and young people with complex behavioural and emotional needs. Good action has been taken to reduce numbers placed externally; the number of external foster placements has been reduced by 20% and those in residential care by 10% between 2008–09 and 2010–11.

However, the council is not complacent and recognises that more needs to be done to reduce reliance on out of area placements. The use of special guardianship is increasing well.

113. The looked after service benefits from good and child-centred strategic management. Specialist staff working with looked after children and young people, are well managed by experienced and competent managers. Although caseloads in some teams are high, work is thoughtfully allocated and transfer processes are effective with clear planning in the case of delays. The independent reviewing officer service is well managed and led.
114. Workforce planning is good. All looked after children and young people are allocated to a suitably qualified and experienced social worker. The workforce development strategy ensures that all those who work with looked after children and young people have sufficient skills to undertake the task effectively. There are sufficient numbers of qualified and experienced staff working with looked after children and young people within social care. Vacancy rates are very low and the use of agency staff is negligible. Staff and carers benefit from a wide range of training opportunities and activity has been appropriately directed towards preparing for the implementation of new care planning regulations.
115. Multi-agency commissioning is effective. Priorities are well understood and agreed. Agencies work well together to jointly commission a range of good quality external placements. Resources have been successfully used to replace residential family centre assessments with a community alternative. Oxfordshire County Council had led the development of sub-regional commissioning of resources for the most challenging young people which should provide an additional seven places and substantial savings on the costs of placements. Commissioning and tendering processes, including for external placements are well structured and outcome focused. Monitoring is effective.
116. Robust use is made of both performance and other data together with the findings of national research to tailor services to meet the needs of looked after children and young people and provide good value for money. As a result, unit costs for looked after children provision are lower than similar areas. External grants have been well used to develop specialist clearly evaluated projects. Savings made in one part of the service have been suitably reinvested elsewhere, for example to ensure the continuation of the successfully evaluated multi-treatment foster care programme. Resource deficits and costs of services are well understood and the council is able to demonstrate both improved outcomes for children and young people and cost savings through projects such as family group conferencing. This is estimated by the council to have produced savings of around £1million through avoiding the need for some children and young people to enter care and in enabling others to return home.

117. All children and young people seen during the inspection understand how to make a complaint. However, levels of awareness are lower among those responding to the survey conducted before this inspection. Appropriate attention is given to ensuring that children and young people, particularly those placed externally are aware of their rights. Statutory guidelines in managing complaints are appropriately and consistently followed. Informal resolution at an early stage has been successful and has included the use of restorative approaches to increase understanding between complainants and council services. Learning from complaints is sound and has had some tangible benefit in improving aspects of care planning. However, outcomes of complaints are not reported to the corporate parenting panel. Allegations against staff and foster carers are managed well within agreed timescales by the LADO. Good support is provided to those making and subject to allegations.

Performance management and quality assurance

Grade 2 (good)

118. The quality of performance management, management oversight and quality assurance is good. Overall, performance against national indicators is in line with or exceeds that of similar councils or that found nationally. In particular placement stability is improving well. The timeliness of adoption is above that of similar areas. Good recent action to tackle weaker areas such as timeliness of looked after children and young people's reviews has had a positive impact. There is very good strategic understanding of distinctive needs, within the overall group of looked after children and young people, such as those of unaccompanied asylum seeking children and young people. Systematic and robust processes are in place with partner agencies to monitor performance which includes some local target setting, trend data and benchmarking against other councils.
119. The corporate parenting panel is effectively linked to the children's trust board including through shared membership. The panel receives a suitable range of information about service performance and achievement against national indicators. However, it does not currently consider the outcomes of complaints made by looked after children and care leavers. Progress is reported to elected members through regular briefings by the lead member, and the scrutiny panel, cabinet and full council receive regular reports about the provision of services for looked after children and young people.
120. The quality of work with looked after children, young people and care leavers is regularly and comprehensively audited. Findings are understood and regularly considered by senior managers in the council. Thematic audits have led to service improvement. For example, the audit of children and young people placed with family and friends resulted in specific training, and improved assessment processes and a revised policy.

However, although the LSCB does receive some regular information about looked after children, this does not systematically cover all the needs of looked after children and young people. Independent reviewing officers undertake regular monitoring of care planning but this is not yet routine and is identified by the council as an area for development.

121. Visits to local children's residential care homes by independent managers and elected members are regular, appropriately recorded and reported to senior managers and the corporate parenting panel.
122. Supervision and support of front line social workers is good overall. Staff are regularly supervised, decisions reached in supervision are suitably transferred to case files. Staff seen during the inspection report that supervision is challenging and supportive of their professional development. However, supervision records do not consistently reflect the broader discussions that have taken place.

Record of main findings

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