

Inspection of safeguarding and looked after children services

Torbay

Inspection dates 13-24 September
Reporting inspector Pat O'Brien HMI

Age group: All

Published: 22 October 2010

© Crown copyright 2010

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	2
Service information	3
The inspection outcomes: Safeguarding services	5
Overall effectiveness	5
Capacity for improvement	5
Areas for improvement	6
Outcomes for children and young people	8
The effectiveness of services in taking reasonable steps to ensure that children and young people are safe	8
The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe	9
The quality of provision	10
Leadership and management	15
The inspection outcomes: services for looked after children	24
Overall effectiveness	24
Capacity for improvement	24
Areas for improvement	25
Outcomes for children and young people	26
The quality of provision	32
Leadership and management	34
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), one 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, the Chief Executive of Torbay Care Trust, the Chief Executive of Devon Partnership Trust, the Associate Director of Nursing and Midwifery (South Devon Healthcare NHS Foundation Trust) and the Chair of the Local Safeguarding Children Board, elected members, and a range of community representatives;
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings such as schools, Torbay Hospital, local health care services and day care provision, and the evaluations of a serious case review undertaken by Ofsted in accordance with 'Working Together To Safeguard Children', 2006;
 - a review of 50 case files for children and young people with a range of needs. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken;
 - the outcomes of the most recent annual unannounced inspection of local authority contact, assessment and referral centres undertaken in May 2010.

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. Torbay lies on the south coast of Devon and contains the towns of Torquay, Paignton and Brixham. It has 27,342 children and young people under the age of 19 years. This is 20.4% of the total population in the area. The proportion entitled to free school meals is 15.7%. Almost all of the population is White British with only 1.2% of the population from minority ethnic groups. The proportion of pupils with English as an additional language is well below national figures. The largest minority ethnic group is Polish, with a long established community in South Devon.
5. The Torbay Children's Trust has been established since 2005. Its structure was reviewed after the current Director of Children's Services (DCS) took up post in January 2009. New arrangements were put in place consisting of a Children's Trust Delivery Board, with a very wide membership drawn from the key statutory agencies including Torbay children's services, Torbay Care Trust, the police, schools, probation and representatives from the voluntary sector. The Delivery Board reports to the Children's Trust Commissioning Board comprising a small group of the key statutory resource holders. Torbay Safeguarding Children Board (TSCB) is chaired by an independent chair and brings together the main organisations working with children, young people and families in Torbay to deliver safeguarding services.
6. Commissioning and planning of health services are carried out by Torbay Care Trust NHS (TCT), which is the local Primary Care Trust. The main provider of acute hospital services is South Devon Healthcare NHS Foundation Trust (SDHFT). Learning disability and Child and Adolescent Mental Health Services (CAMHS) are provided by Torbay Care Trust NHS in conjunction with Torbay Borough Council children's services. In-patient CAMHS is provided by both NHS Plymouth and NHS Somerset. Adult mental health services are provided by Devon Partnership Trust.
7. Children's social care services have 59 fostering households and no local authority children's residential care homes. Residential services and additional foster placements are commissioned from registered and approved independent providers. Community-based social care services are provided by one intake team, one family intervention team, one permanency planning team, one care to community team supporting care leavers and an accommodation service covering fostering, adoption

and private fostering. Other family support services are delivered through seven children's centres, one family centre, a number of targeted multi-agency projects and a range of specialist projects delivered through the voluntary sector.

8. At the time of the inspection there were 185 looked after children. They comprise 40 under five years of age, 133 children and young people of school age (5-16) and 12 looked after young people between ages 17 to 18. The council and its partners support 144 care leavers

The inspection outcomes: Safeguarding services

Overall effectiveness

Grade 4 (inadequate)

9. The overall effectiveness of the council and its partners in safeguarding and promoting the welfare of children and young people in Torbay is inadequate. There is no track record of achieving continuous improvement in service provision and outcomes. Serious deficiencies in the quality of social work practice were identified by external consultants commissioned by the council over 14 months ago and it was concluded that the arrangements for protecting children at risk of harm were not consistently safe. This was reported to the Children's Trust Boards, the TSCB and elected members. Actions were taken to resolve the difficulties based on a detailed improvement plan. Nevertheless the unannounced inspection of contact, referral and assessment arrangements undertaken by Ofsted in May 2010 also identified serious concerns regarding the quality of practice which left children and young people at risk. While further improvements have been made to some key processes and systems since May 2010, this has not yet led to improved outcomes for children and young people.
10. Overall, progress in achieving improvements is too slow and some children and young people are still being left at risk of significant harm. In some cases examined by inspectors, immediate risks of harm to children and young people had not been identified; in others where risks of harm had been identified there were long delays in completing section 47 child protection investigations. As a result, appropriate steps had not been taken to safeguard the children leaving them at risk. In some cases the well-being and safety of children and young people already subject to a child protection plan were not monitored effectively as there were long gaps in social work visits. The strategic boards responsible for driving forward and delivering children's services have not embedded a culture of performance management across the partnership. Quality assurance systems are not sufficiently developed at either strategic or operational levels to ensure consistent performance monitoring of service delivery and outcomes for children and young people.

Capacity for improvement

Grade 4 (inadequate)

11. Capacity for improvement is inadequate. The council and its partners have clear and appropriate plans to improve the quality of safeguarding, but the evidence of impact is limited. Despite some improvements to processes and systems, performance in key areas of safeguarding has deteriorated. Action has been taken to improve capacity and capability

but there is a heavy reliance on temporary staff both in key senior management positions and in operational posts. This does not provide the stability needed to ensure improved performance. Caseloads for some social workers are too high and affect the quality of safeguarding and child protection work. The training needs across all staff working with children and families are not sufficiently identified to inform training plans and training take up is not robustly monitored. A systematic analysis of staffing capacity within the children's social care service has not been completed. Within the health community, analysis of staffing capacity has been undertaken in both community provider services and in the acute trust. This has resulted in clear action plans, for example the Torbay Hospital accident and emergency department has plans to provide more trained children's staff. Health visiting capacity is being increased through the support of a staff nurse and nursery nurses, four of whom are undertaking their health visitor training. However it is too early to measure the impact on the lives and service provision for children and young people.

Areas for improvement

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

Immediately

- Ensure that all referrals are responded to appropriately, that risks to children and young people are consistently identified, and that section 47 child protection investigations are undertaken promptly and thoroughly and lead to immediate steps to ensure children and young people are safeguarded where necessary.
- Review the reasons for the significant deterioration in the timeliness of initial child protection conferences and take appropriate action to improve this performance.
- Ensure that assessments are completed within expected timescales, that all assessments are informed by historical information including previous involvement with other local authorities, and that conclusions and recommendations regarding future action are based on a clear, critical, considered and well balanced analysis of the identified risks and needs.

- Continue to improve the quality of management oversight and ensure that the quality of management decision making is based on evidence, focused on outcomes and recorded clearly on case files.
- Ensure that supervision is used effectively to make certain that staff are held accountable for their work and appropriately supported and challenged.
- Ensure that children and young people are always seen within the agreed timescales, that their views are sought and clearly recorded and if they are not seen alone, that the reasons for this are made clear.
- Improve the tracking system for monitoring allegations against carers and staff working with children and young people and ensure it is effectively implemented.
- Introduce children in need plans and ensure they are focused on outcomes and regularly reviewed by managers.
- Ensure full engagement in Multi-Agency Public Protection Arrangements by children's social care.

Within three months

- Complete a robust analysis of social work capacity within the intake and family intervention teams to ascertain the number of social worker posts needed to enable cases to be effectively progressed and ensure that plans and activity for the recruitment and retention of social workers are further developed and adapted to deliver additional capacity if needed.
- Ensure that the Torbay Safeguarding Children Board develops and implements a work plan and introduces a multi-agency quality assurance framework to improve its focus on outcomes.
- Ensure that the findings from case file audits across agencies are regularly collated and are included in performance management reports to senior managers within the council, elected members and the Torbay Safeguarding Children Board and that immediate action is taken to resolve any identified practice issues and/or the underlying reasons for these.
- Ensure all child protection plans are clearly focused on outcomes.
- Implement quality assurance of assessments completed under the common assessment framework, and ensure outcomes are evaluated

collated and reported to senior managers in the council and in partner agencies.

- Ensure representation from health and education in the Missing Children's Forum and establish clear links, accountability and reporting mechanisms to senior managers and boards.
- Ensure that the take up of safeguarding training across all agencies is carefully monitored and reported on, that gaps are identified and addressed, and that training needs analyses are completed to inform training plans.
- Ensure that actions arising from serious case reviews are all implemented within the identified timescales.

Within six months

- The Torbay Safeguarding Children Board to raise its profile across agencies and the public in Torbay, to ensure its role in holding agencies to account and driving improvement in safeguarding is understood.
- The voluntary sector to implement an effective communication strategy to ensure that all voluntary agencies are made aware of the work of the Torbay Safeguarding Children Board and know how to communicate with it.

Outcomes for children and young people

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

13. Children's services and their partners are failing to ensure that children and young people at risk of significant harm are safe. Serious weaknesses within child protection systems have been known for over 14 months, but until very recently there has been a lack of pace in effecting improvement. The TSCB has strengthened its accountability arrangements but its profile is still too low across the partnership and it is insufficiently focused on driving improvement in safeguarding outcomes for children and young people.

14. The accident and emergency (A&E) department of the hospital in Torbay provided by the SDHFT has a good system in place for identifying any child or young person attending for whom there are safeguarding concerns. This system operates across all sites in the locality where emergency or urgent care can be received in the area to enable staff to identify and safeguard children and young people. The waiting area in A&E, however, has no specific or protected area for children; although there is a marked out play area, there remains a risk to their safety, especially when the area is at its busiest. Currently, there is limited and inadequate provision for the examination of children and young people who may have been victims of sexual assault. The health partnership has plans to resolve this aiming to provide a full and sustainable service by March 2011.
15. A number of successful council wide and multi-agency initiatives have been set up to promote the safety of young people, such as the youth homelessness panel and Operation Staysafe, which works to identify and provide early intervention to vulnerable young people who are out on the streets unsupervised late at night. The recent development of the sexual health service is helping to educate and protect young people from risky and inappropriate behaviours. However, it is too soon to see its impact on the teenage pregnancy and termination rates. The development of the council's targeted mental health service in schools is also working to improve the mental and emotional well-being of young people; again, it is too early to see the impact of this service
16. Schools inspected by Ofsted in 2009/10 were all found to be at least satisfactory for safeguarding, and one was outstanding. Children's services commissioners of placements for looked after children make use of Ofsted inspection reports and carry out additional checks to ensure that placements are of good quality.

The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe

Grade 3 (adequate)

17. The effectiveness of services to ensure that children and young people feel safe is adequate. The views of children and young people have been sought on a wide range of issues by the council and its partners, and there is good evidence of impact. For example, the development of the Children and Young People's Plan was based on widespread consultation through school surveys and meetings and a specific consultation event, 'Our Bay Our Say'. There is evidence of the outcomes from this consultation influencing the identified priorities. Young people have also influenced the design of youth facilities and the location of access points

for services. Young people had good input into the design and presentation of the Healthwise shops in the bay, which provide universal and targeted health promotion and advice to children and young people to enable them to be aware of, and how to manage, the risks

18. Most children and young people responding to surveys and spoken to by inspectors said they felt very or quite safe in school and in the area where they live. Young people are generally happy living in Torbay, have good friends and someone to talk to when worried. Young carers are well supported through a service commissioned from a voluntary sector agency and gain confidence from the service that they receive.
19. Young people, led by members of the Youth Parliament, have been very effective in securing low cost bus travel for 16-19 year olds in the evenings and they are passionate about their work to improve awareness among all young people of sexual health and of what to do if they are being bullied.
20. Case files and assessment and planning documents do not demonstrate that children and young people's views are consistently obtained and taken into account. It is not always possible to tell if social workers have seen young people alone where appropriate to do so. As a result, it is not possible to determine if these children and young people feel safe.

The quality of provision

Grade 4 (inadequate)

21. Overall the quality of provision in safeguarding services is inadequate. At the instigation of the DCS an independent review of safeguarding practice within children's social care services in Torbay was undertaken and presented to the TSCB, the Children's Trust Commissioning Board, the Children's Trust Delivery Board, the Commissioning Officers Group, Overview and Scrutiny Committee and Cabinet in June 2009. It concluded that the arrangements for protecting children at risk of harm in Torbay could not be judged consistently safe for all children. This remains the case. Children and young people at risk of significant harm are not being effectively safeguarded. A number of cases examined by inspectors raised concerns about the progress of child protection section 47 investigations and about the quality of assessments and management oversight. Inspectors found cases where children and young people had been left at risk of harm for some considerable time. Recent improvements to processes and systems have been implemented; management oversight is beginning to improve, cases are transferred appropriately between teams and the backlog of unallocated cases from earlier in the year has been allocated to social workers. Thus far, the full extent of the concerns within these recently allocated cases is not yet known by the council.

22. The quality of service responsiveness, including complaints, is adequate. Clear and appropriate guidance criteria on thresholds for access to children's social care services are in place and agreed with partners. Professionals have been trained in understanding and applying thresholds in line with the guidance and have ready access to advice from children's social care services and from common assessment framework (CAF) mentors when they are unsure if thresholds are met in individual cases. The co-location of the named nurse for the Torbay Care Trust within children's social care services also facilitates this discussion. In a small number of cases, when agreement has not been reached and concerns remain, named professionals in health and other agencies have made use of the escalation procedure to resolve issues; however this has not worked successfully in every case. The planned introduction of the multi-agency safeguarding hub involving children's social care services, health and the police is intended to further facilitate and promote a timely and comprehensive multi-agency response to referrals.
23. Although the children's services electronic recording system has been installed at A&E at SDHFT, lines of communication between A&E services at SDHFT and children and young people's services do not always work well to enable full sharing of information where there are possible concerns about a child's safety.
24. Professionals, including midwives, health visitors, school nurses and teachers, are very positive about the use of the CAF. Staff across all agencies have been trained in using the framework and 130 staff have been trained as lead professionals. Health practitioners say they would benefit from more training. The temporary appointment in 2008 of four CAF mentors who will finish in 2011 has helped to develop confidence in the use of the CAF. However attempts to introduce the eCAF system were unsuccessful in 2009, hampering service development. There is no process in place to audit the quality of CAFs and no systematic approach to evaluating outcomes and improving practice.
25. Communication between partner agencies at strategic and front line levels is well established. There is a strong multi-agency commitment to tackling domestic violence and effective partnership work to support multi-agency risk assessment conferences (MARAC). Within health there has been the development of specialist midwife and health visitor posts to work with families affected by domestic abuse and they attend MARAC meetings regularly. The impact of these posts is yet to be formally evaluated. Police report that there have been no homicides linked to domestic abuse in the last three years. The level of repeat MARACs is low. Despite this, the support of social care services to multi-agency public protection arrangements (MAPPA) is insufficiently robust. Twenty per cent of MAPPA meetings did not have representation from children's social care services which had an impact on information sharing and follow up actions.

26. The outcomes of complaints regarding children's social care services are analysed to identify learning points for individuals and for the service. Themes and issues arising from complaints are reported to the senior management team and these are used to focus on improving key areas of service delivery such as case management. The overall number of complaints received is relatively small; nevertheless, some have been subject to a delay in response. The council is aware that it needs to ensure that service users have accessible information on how to make a complaint and work has already been carried out to raise awareness among front line managers of their responsibilities in handling complaints.
27. The local authority designated officer is effective in ensuring that agencies are aware of their statutory responsibilities and the training provided is highly valued. Timeliness in the completion of the process of allegations management is relatively slow and the tracking system for monitoring allegation-handling is insufficiently robust. As a result, it is not always clear if all the appropriate and identified actions have been completed to ensure children and young people's safety.
28. The quality of assessment and direct work with children and families is inadequate. The response to referrals is not timely although there has been some very recent improvement. The council is aware that referrers are not routinely informed of the outcome of the referral, and plans are in place to address this. Strategy discussions are not consistently timely and minutes of discussions are not always added promptly to files, which delays completion of subsequent documents. Health professionals report they are not routinely included in relevant strategy discussions. As a result, opportunities are missed for them to be involved in discussing health concerns and the potential need for child protection medical examinations which may identify further injuries and protect children and young people from further harm.
29. In some cases examined by inspectors, risks to children and young people had not been appropriately identified leaving them at risk of significant harm. In other cases examined, section 47 child protection investigations had been instigated but not been completed or progressed effectively; this means that the risks to these children and young people were not thoroughly assessed. There are very long delays in undertaking and completing assessments. At the time of the inspection, 142 initial assessments and 255 core assessments had not been completed within expected timescales. Performance on both indicators is deteriorating, and most notably in the timing of core assessments. Local data indicate that 67% of initial assessments are being completed within 10 working days and only 28% of core assessments are being completed within 35 working days. Arrangements for transferring cases of children with child protection plans from other areas to the children's social care service are

not sufficiently robust and some cases have been subject to considerable delay leading to further risk of harm for children.

30. The quality of assessments is too variable. Too many assessments are insufficiently thorough and include very limited analysis of the findings. Files examined by inspectors indicated that historical concerns are not always considered as part of the analysis of the case. Schools and health professionals, including school nursing and health visiting services and the newly implemented family health partnership, are usually involved in assessments and multi-agency core groups with individual children.
31. A small sample of some recently closed cases showed that two cases had been closed despite a poor quality initial assessment. All cases are being allocated to qualified workers, although some agency staff are being allocated child protection cases without sufficient training and some cases have been allocated to a number of different social workers over a short period of time. This has led to some young people and their families losing confidence in the service and choosing not to engage with social workers. Some caseloads within the intake and family intervention teams are still too high and this is affecting the quality and timeliness of casework.
32. Effective multi- agency working is ensuring that young people at risk of homelessness are assessed promptly. They receive good support and are accommodated if appropriate.
33. Arrangements to identify and trace missing children are adequate. There is good multi-agency working through the missing children's forum between police, housing and Checkpoint, a voluntary agency working with vulnerable young people and children's social care services to identify and follow up children and young people who go missing. There are however no health or education representatives. Separate arrangements are in place to identify and follow up children missing from education. While these arrangements are adequate, they are not linked to the wider work on missing children. Similarly, health services have good access to national tracking data to track missing pregnant women to safeguard the unborn child, but this information is not shared with the missing children forum. This limits the breadth of work and its effectiveness in identifying and linking risks. The forum makes good use of statistical analysis and seeks user feedback which is then used effectively for service development, such as work to prevent sexual exploitation and promote a greater understanding of risk in the locality. There are, however, no clear mechanisms for reporting its work to the wider partnership. The process of return interviews by Checkpoint has been modified in response to feedback from young people.
34. Health partners have recently re-designed targeted services, for example sexual health and drug and alcohol services, to enable increased

accessibility and service responsiveness to meet the needs of young people. While they have not been formally evaluated, there are examples where they have made a difference in the lives of individual children to assist them to make and maintain healthy lifestyles. CAMHS have been redesigned and report no waiting list for access to the service; the experience of other professionals indicates however that this is not the case. The service has yet to be audited and data analysed to demonstrate that it is providing a timely service that is meeting the needs of children and young people. Services for children and young people with a disability are provided through a multi-agency team which works well together to provide support and education to carers and to enable young people to have a voice. There are short or no waiting lists for specialist therapeutic support and equipment is provided within reasonable time frames.

35. Case planning, review and recording within the children in need service are inadequate. The timeliness of initial child protection conferences had previously been in line with similar authorities. However, at the end of August 2010, only 18% of initial child protection conferences were taking place within 15 working days of the decision to instigate a section 47 investigation. Health professionals prioritise attendance at case conferences with either the particular case practitioner or the named nurse/midwife attending. General practitioners (GPs) do not fully engage with this process although they supply brief reports when given sufficient notice.
36. Reports for child protection conferences by social workers and partner agencies are not routinely shared with families until the day of the meeting, which means that children and families are not fully prepared for the conference. There are no current children in need plans on files, making it difficult to ensure that children in need work is appropriately focused on outcomes, properly progressed and well managed.
37. Most child protection plans are adequate and clearly describe the actions to be taken and by whom. Outline plans are produced at the initial conference and are completed at the first core group, chaired by a service manager. Not all plans, however, are sufficiently outcome-focused and some plans show evidence of drift. Almost all child protection review conferences are held on time. Core groups take place more regularly, although there are considerable delays in sending out minutes. Visits by social workers are not always carried out to the frequency agreed in the child protection plan and some case notes do not reflect whether visits were announced or unannounced or whether the child was seen alone where appropriate.
38. Although the frequency of supervision has improved and many files do have evidence of recent case discussion, this has not yet led to improved outcomes for children and young people. Actions arising from case

supervision do not consistently include timescales and accountabilities, and some decisions are not progressed in a timely way. In too many cases, record keeping is incomplete or of poor quality, so it is not clear what action has been taken to safeguard children. Chronologies are not being consistently maintained on all cases. Following a recent serious case review, supervision within the healthcare community has been increased; more child protection supervisors are in place and regular and planned supervision has been implemented as well as ensuring access to ad hoc advice to support staff taking appropriate actions to safeguard children and young people.

39. The council has only recently taken robust action to improve child protection processes and systems. Action planning has been in place since June 2010 to follow up any concerns identified by child protection co-ordinators about individual cases brought to child protection conferences and this is starting to hold managers to account. Records are also being maintained of when conference reports are shared with families and of how young people's views were sought. However, until August 2010 records were not systematically kept of whether the child's view was sought or whether the child was seen alone. Cases where child protection plans have lasted for more than two years are also now being scrutinised, as are repeat plans. This examination has shown that there is a need for clearer, measurable objectives in plans. The impact on outcomes of this increased attention to child protection activity cannot yet be judged.

Leadership and management Grade 4 (inadequate)

40. The leadership and management of services to safeguard children and young people are inadequate. Ambition and prioritisation are inadequate. While the Children's Trust arrangements provide an adequate framework for the council and key partners to work together to safeguard and promote the welfare of children and young people, the impact of the Trust is poor and not all children and young people are consistently safeguarded. The importance of safeguarding children and young people is recognised at both strategic and operational levels across all agencies and partnership working at the Children's Trust Commissioning Board is well established. A wide range of partners are involved in the Children's Trust Delivery Board, but maintaining consistency of representatives remains a challenge. The work of the Trust is well communicated to all staff working with children and families through consultation and partnership events and a monthly newsletter. The profile of safeguarding children and young people has been raised across health and social care in the last year through learning from serious case reviews. This included children services providing six best practice seminars for 86 members of staff. Nevertheless, not all professionals within the health community understand the role of the Children's Trust. While the Children's Trust

Boards, TSCB and elected members recognise the serious deficiencies and challenges, they are not successfully driving the pace of change needed.

41. One of the seven key priorities identified in the Children and Young People's Plan 2010-13 is to ensure that all children and young people are protected from abuse and neglect and feel safe and supported in their families and communities. The plan is based on very wide consultation with children, young people, the public, professionals, statutory and voluntary agencies across Torbay, and a comprehensive needs analysis using local and national data across outcomes and across agencies. Priorities are clearly set out with key actions and timescales showing what needs to be done to achieve them and appropriate targets against which to measure progress.
42. Following a recommendation from the DCS the council commissioned an external review of children's social care between March and April 2009 which reported in June 2009. The review identified serious deficiencies in the overall quality of social work services to safeguard and promote the welfare of children and young people, concluding that the arrangements for protecting children at risk of harm in Torbay could not be judged consistently safe. An improvement plan was developed to tackle these issues. Led by the DCS a range of actions was taken to tackle the difficulties including changes to key personnel, improvements in staffing capacity, continuing professional development, policies and procedures, case recording and partnership governance arrangements. However, despite these efforts progress has been too slow. Many of the issues identified by external consultants in their report in June 2009 were still concerns at the time of the unannounced inspection of contact, referral and assessment arrangements in May 2010. Similar concerns are also identified in the findings from recently completed serious case reviews, which relate to practice in 2006. Case files examined by inspectors in this inspection have also found serious practice failings in some cases, leaving some children and young people at risk.
43. The council recognises that changes are needed to improve the quality and impact of children's services. A major transformation programme designed to improve the delivery of services to children, young people and their families has been developed and a new structure for the delivery of front line services is being introduced. The DCS is also the People Commissioner for the council and as such has responsibility for community safety, communities, and for the commissioning of adult social care services in Torbay. Following the unannounced inspection of contact, referral and assessment arrangements in May 2010 it was decided that as a temporary measure, the DCS should focus solely on children's services to drive the improvement needed. The senior management team has been temporarily strengthened through the appointment in April 2010 of two headteachers, both from schools

judged outstanding by Ofsted, as Heads of School Leadership. This is resulting in improved engagement by schools in working with vulnerable children.

44. The DCS has demonstrated very strong commitment and resolution to drive improvement and transform children's services to ensure the consistent provision of quality services for children, young people and their families. This drive is also now apparent across the senior management team and managers and staff at all levels. A comprehensive safeguarding improvement plan has been developed and difficult decisions have been made to tackle identified issues of capacity and capability. Significant changes within the senior management team within children's services, including the appointment in May 2010 of an interim Executive Head for Children's Specialist Services, have led to recent improved progress. The pace of change has now gained considerable momentum and there is recent evidence of improved and tightened systems and processes. The impact of these changes, however, is not yet embedded and areas of significant weaknesses in social work practice are still evident, leaving some children and young people at risk of harm.
45. The Mayor and elected members show genuine concern for the welfare of children and young people in Torbay and demonstrate strong commitment to, and support for, children's services. The lead member for children and young people and the children's champion for safeguarding are well informed by the DCS about the ongoing concerns regarding the quality of practice which is affecting outcomes for some children and young people. The Mayor and elected members have contact with children and young people through visits to schools, youth groups and consultation meetings and understand the issues that are important to them. The Mayor and elected members ensure that the impact of council-wide budget reductions and constraints are minimised as far as possible and have allocated additional resources to children's services to promote improvement. Health partners are equally committed to safeguarding priorities and have ensured budgets have been protected for service provision and savings made in other areas of the health economy.
46. The overview scrutiny committee takes an active interest in the performance of services for children, young people and their families. It receives regular performance information and reports from the DCS on the progress being made to tackle the identified issues of underperformance and poor practice. It has scrutinised a range of services and the impact of those services on children and young people, for example young people and alcohol misuse. Health partners do not consistently engage effectively with the scrutiny process.

47. Information is generally shared appropriately across the partnership and is underpinned by information sharing protocols. A joint commissioning strategy has not been developed and joint commissioning arrangements are not in place. There are however, examples of services across the broad safeguarding agenda, such as the family intervention project, the sexual health team and CAMHS, being jointly planned and funded.
48. A culture of performance management and evaluation is not well established across the partnership, including health partners, but is developing. A Children's Trust scorecard has been drawn up from the performance measures detailed in the activity plans for each of the priorities of the Children and Young People's Plan 2010-13 which facilitates the monitoring of progress for the boards. The Children's Trust Commissioning Board has a strong focus on monitoring progress against priority areas.
49. A wide range of detailed performance management information is collected and reported to senior managers in children's social care services and the boards, but until recently insufficient use was made of this information to secure improvement. Very regular performance overview reports provide up to date, detailed and clear information on key performance indicators against the agreed targets. Managers in children's social care receive daily activity reports to support them in managing their services, providing them with up to date information on performance in some areas against expected practice. Good use has been made of external consultants to appraise the quality of services and identify shortfalls and challenges. Appropriate action plans are in place to address the identified issues, but the implementation of actions has been too slow.
50. The practice of case file audit has not been established within children's social care services. There is no programme of themed audits and no systematic case file audit programme in place. This is a very significant gap in the performance management system and leaves senior managers, elected members and partners without an assessment of the quality of case work practice and its impact on improving outcomes for children and young people. This gap is recognised and the development and implementation of a comprehensive audit programme is well advanced. Performance management across all Health Trusts is limited and information collected is not used to measure service performance and impact and outcomes for young people in order to identify areas for improvement.
51. The findings from case file audits undertaken in partner agencies are not routinely reported to boards. Audits undertaken of the pre-selected cases examined by inspectors were accurate, thorough and identified appropriate action required in some cases to keep children and young people safe.

52. Despite these recent measures to improve outcomes for children, performance across a number of safeguarding performance indicators has deteriorated. There are very long delays in completing core assessments and the timeliness of initial child protection conferences has fallen significantly, reflecting the pressure of the increased child protection activity in Torbay.
53. Multi-agency workforce development is at a very early stage. A children's workforce development board involving children's services, health, police and the voluntary sector has very recently been established to develop a strategy and plan. The effectiveness of workforce planning and development across agencies is variable. Some agencies have identified capacity issues and have taken appropriate steps to resolve these. For example, the police have recently increased the number of dedicated officers in the child abuse investigation unit working in the Torbay area and Torbay Care Trust has taken action to improve capacity of health visitors. The school nursing service has a small vacancy rate and provides a good service. The voluntary sector consortium is in the process of mapping the very wide range of voluntary agencies and beginning to identify resource deficits.
54. Despite additional social worker, manager, family support and administrative posts being created in 2009 and 2010, children's services have experienced pressure on social work capacity over the past year due to a combination of increased demand for services, a significant increase in child protection work, and recent difficulties in recruiting. The lack of performance management and robust and effective management oversight have contributed to this. An analysis of the current needs of the service is at an early stage. Appropriate steps are taken to support the recruitment and retention of social workers, for example four unqualified staff members within children's social care services are sponsored each year to undertake social work training. A market supplement is being paid to social workers to ensure their salaries are competitive and an advanced social worker grade has been introduced to recognise the skills and experience of social workers and help to retain them in practice. In the interim, the number of social workers and team managers has been increased through the appointment of temporary agency staff and additional administrative staff, and community care workers have been put in place to support social workers. This is appreciated by staff and is beginning to support them in progressing and recording their work. However, despite the added capacity, caseloads for many social workers remain too high, affecting the quality and timeliness of intervention and support to children and young people.
55. Training across services for staff working with children and families is not well co-ordinated and monitored. Agencies gather information on training activity but not all agencies or the TSCB monitor the take up and cannot report if staff have received the appropriate level of training. Not

all agencies have returned fully completed training needs analysis to inform the TSCB multi-agency training plan. Some professionals in the health community report difficulties in accessing level three multi-agency safeguarding training. Children's services have recently commissioned training to meet the need to improve the quality of assessments by front line practitioners and their managers and to ensure it is more outcome-focused and evidence-based. Training across health trusts has been a high priority in the last year, and while numbers trained across the trusts have improved, there are still some significant gaps. Reports highlight the need for protected training time and improved recording of training to ensure staff have the appropriate knowledge and skills to protect children and young people.

56. Managerial oversight in children's social care services is not sufficiently robust. The frequency of supervision is being monitored and has very recently improved; however, social workers have not been consistently receiving supervision. The variable quality of supervision is recognised by the council and all managers have received supervision training. It is too early to establish the impact of this on casework practice. Not all staff have received an annual performance review.
57. Safe recruitment processes are well embedded across agencies and are implemented appropriately. Voluntary agencies, health care staff and schools are well trained and supported in meeting recruitment requirements.
58. The quality of user engagement is adequate. Children and young people and their parents and carers have a wide range of opportunities to participate in planning for universal services, and for some targeted services. The priorities identified in the Children and Young People's Plan 2010-2013 were developed following widespread consultation with children and young people and parents and there is clear evidence of children and young people's views influencing the priorities identified. Children and young people produced a version of the plan to make it accessible for their peers. There are many examples of children and young people being involved in the planning and the delivery of services. Three thousand young people were consulted about the MyPLACE project and a group of young people are involved in the development of this project. Young people manage the Youth Opportunity and Youth Capital Funds and show a good understanding of the needs of vulnerable children and young people in allocating funds.
59. Young people elected to represent Torbay in the United Kingdom Youth Parliament hold annual events with young people and elected members to enable an exchange of views and identify issues of concern for young people. They have planned and executed a successful campaign to reduce bus fares for young people to support them in accessing leisure activities in the evenings. Plans are well advanced to bring together

representatives from the wide range of youth groups to form a Youth Forum to support wider consultation, participation and influence. Looked after children and young people are involved in interviewing staff in children's social care services. Across the health partners, there is evidence that the views of the children and young people have had some influence in service provision but all trusts acknowledge this is work in progress.

60. Parents completing the Triple P Parenting Programme have provided valuable feedback on the programme. Some have been involved in consultation on priorities and others have been involved in planning and delivering training for managers. A parents' forum for parents of children with disabilities is well established and parents are involved in planning services. Parent Advisory Boards are in place in all children's centres and their views have led to changes in service delivery. Parents were involved in a pilot evaluation of some children's services through a mystery shopper scheme and there are plans to roll this out.
61. There is limited information on the participation of children and young people in their child protection conferences. Some individual young people are supported to share their views at their conferences. However, there is no systematic process in place to enable children and young people to influence safeguarding and child protection planning processes.
62. TSCB meetings take place regularly with improved attendance by senior managers from health and other key agencies. Members are clear about their responsibilities and the independent chair holds them firmly to account for their attendance, contribution to meetings and the actions of their individual agencies. Progress has been made in improving the Board's structure and processes following a review by external consultants, although not all the identified improvements have been achieved. The Board has not developed a work plan for the current year and its capacity to operate effectively is adversely affected by the lack of a business manager and insufficient administrative support. A business manager has very recently been appointed.
63. The ability of the Board to establish how effectively children and young people are safeguarded is hampered by the limited performance data made available by partners. The Board receives regular performance reports against key performance indicators from children's services but not from other agencies including health. A multi-agency performance framework is being developed. None of the partners report to the Board on the findings of case file audits within their agencies, which means that opportunities are lost to find out about the quality of front line practice across agencies.

64. The profile of the TSCB among voluntary sector agencies and across some health services is too low. Not all agencies understand the Board's role and although the voluntary sector is represented on the Board, there is no established communication strategy in place to ensure that the wide range of agencies are kept informed of its work.
65. The implementation and progress of actions arising from serious case reviews are reported by agencies and monitored by the TSCB. However, there have been delays in completing all the identified actions within the agreed timescales. Members have had to account for these delays to the Board. Two serious case reviews have been completed and a third is being undertaken. One serious case review has been evaluated by Ofsted and was judged as adequate; the second is currently being evaluated. Information from the findings of serious case reviews has been widely disseminated to staff across all agencies.
66. The effectiveness of services in considering the impact of, and promoting, equality and diversity is adequate. There are significant pockets of deprivation in Torbay and the negative impact of living in poverty on the outcomes for children and young people is well recognised. Tackling poverty is one of the seven priorities in the Children and Young People's Plan and there is strong commitment to achieving this ambition. The relevant diversity and equality strategy, policy and procedures are implemented effectively. A range of equality impact assessments have been produced.
67. The council and Health care partners are committed to developing greater understanding of equality and diversity issues in a changing demographic make up. Data on the ethnicity and religion of children and young people are collected and analysed and the diversity of its residents is celebrated. Consideration of equality and diversity is not sufficiently evident in all case files and in assessments. This has been recognised by senior managers within children's social care and training is underway to improve understanding of these issues. Health care professionals also recognise the need for more training to embed good practice in this area. Interpreters are available by telephone and good use is made of this facility but the use of personal interpreters is variable. While there is satisfactory use of interpreters to facilitate meetings, they are not always available for follow up visits with young people or in health settings. There is also limited availability of this service provision in the emergency department of the acute trust and in the minor injury units, where young people and their families access emergency or urgent care.
68. Language schools provide an important input to the local economy and the Youth Service has developed a programme to enable local young people and young visitors from Europe to enjoy leisure pursuits together. This has improved mutual understanding and helped to reduce tensions. There are some good examples of effective work focused on children's

centres using Estart data for members from travellers' groups, Turkish and Kurdish parents and members of the Chinese community. Feedback from groups has led to changes in provision to reflect working patterns. Young people who are lesbian, gay and bisexual are supported well through the KUSHBAI group and a male sexual health worker. Within the community health provision there is an identified health visitor who focuses on the needs of travelling families and evidence of good work was seen in improving health outcomes for specific children in this group. Effective work is undertaken to encourage children and young people with learning difficulties and disabilities to enjoy leisure facilities with able bodied children. The 'Buddy Days' have been effective with three undertaken during.

69. Value for money is adequate overall. The Audit Commission judged the council as adequate in all of the areas covered by its assessment in December 2009. A wide range of early intervention and support services is commissioned by the council. There is evidence to demonstrate the positive impact these projects have on the lives of individual children, young people and their families. There is also some evidence of the longer term savings these projects will bring. For example the Family intervention Project (FIP) set up in October 2008 has worked with 36 families and 125 children in order to reduce anti-social behaviour, youth crime and homelessness. An independent evaluation of seven families working with FIP has shown that the project has averted estimated costs of over £450k based on the historical cost across all services of previous intervention with these families.
70. The use of budgets within children's services is well scrutinised by elected members, with good consideration of the impact that investment is having on improved outcomes and good attention paid to the impact of resource constraints on safeguarding. Commissioned services are reviewed to ensure they provide value for money and that they are delivering services in line with priorities. Budgets are regularly reviewed and money is appropriately targeted at emerging priorities, for example funding was agreed and secured to increase the social work establishment in December 2009 and further additional capacity is currently being funded. Nevertheless, some children and young people are not effectively safeguarded and are at risk of significant harm.

The inspection outcomes: services for looked after children

Overall effectiveness

Grade 3 (adequate)

71. The overall effectiveness of the looked after children service is adequate. The council and partners meet their statutory requirements for looked after children and young people and can demonstrate improvements in some outcomes for looked after children, for example improved long term placement stability, reductions in exclusions and outstanding outcomes for care leavers. Outcomes in fostering services are judged good and outcomes in adoption services are judged satisfactory by Ofsted. Performance indicators are used effectively to identify areas for improvement, but social work practice is not yet quality assured through audit though this is planned. Overall there are sufficient staffing resources across agencies to deliver services for looked after children and young people. All are allocated to qualified social workers, but not all vacancies are filled and there is a heavy reliance on temporary staff leading to some children and young people having a number of changes of social worker. A systematic analysis of staffing needs has not been completed. The overall timeliness of health assessments is adequate but there are delays for children under five years old and the quality of health plans is variable. The capacity within health to meet the needs of looked after children and young people is inadequate and is under review. The knowledge, learning, skills and understanding of staff and carers are generally good and commitment to improving outcomes is strong. Changes in council commissioning practices have improved the quality and choice of independent placements. The supply of in-house foster placements is insufficient to meet individual needs.

Capacity for improvement

Grade 3 (adequate)

72. The capacity to improve looked after children's services is adequate. Statutory requirements are met. Corporate parenting is established but under developed. There are, however, examples of effective multi-agency planning which are contributing well to improving outcomes. The council has a track record of improved outcomes for looked after children and young people and examples of services being developed or reshaped to improve provision. The views of looked after children and care leavers contribute to evaluating the effectiveness of some provision and inform service improvements but there is no systematic approach to ensuring that the views of all looked after children and young people are captured to inform and influence service provision. The development of leadership

roles within the virtual school provides a good foundation for improvement in educational achievement for looked after children and young people. Funds are allocated to activities most likely to be effective and regional commissioning ensures value for money. Financial planning ensures sufficient capacity to deliver priorities.

Areas for improvement

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

Immediately

- Improve the quality of health assessments and ensure they are undertaken in a timely way for all looked after children and young people.

Within three months

- Implement effective transition arrangements to adult health services for young people with long term physical conditions moving towards adulthood.
- Complete a robust analysis of social work capacity within the permanency planning team to ascertain the number of social worker posts needed to ensure that work with looked after children continues to be effectively progressed and changes of social worker are minimised as far as possible, and ensure that plans and activity for the recruitment and retention of social workers are further developed and adapted to appoint to vacancies and deliver additional capacity where needed.
- Complete an analysis of the reasons for the comparatively high numbers of looked after children and young people and take action to tackle any identified issues.
- Develop and strengthen the Corporate Parenting Board to make it an effective multi-agency partnership driving the corporate parenting agenda.
- Review the reasons for the underperformance in short term placement stability and the difficulties in recruiting local foster carers and implement a plan to address this.

- Implement an independent visitors' scheme and ensure children and young people who might benefit from this are appropriately identified and referred.
- Strengthen the membership and the impact of the Children in Care council and establish systematic opportunities for all looked after children and young people and care leavers to give their views and influence service provision.
- Develop further restorative justice measures to ensure that looked after young people do not develop a criminal record as a result of their behaviour in their placements.

Within six months

- Improve the capacity of the designated doctor and nurse roles to enable them to fully meet the health needs of looked after children and young people and ensure they report regularly on progress and outcomes.

Outcomes for children and young people

74. Health outcomes for looked after children and young people are adequate. Performance against national indicators shows that the timeliness of health assessments is in line with the national average. However not all health assessments are completed in a timely manner, particularly for children under five years old, and the quality of assessments is variable. There is insufficient recording of follow up on health needs from previous assessments and records do not identify actions being taken to meet the identified health needs. Torbay Care Trust has taken immediate action to review the assessments of children under five and supplied assurance that the health needs of a specific case examined by inspectors are being appropriately addressed. The limited capacity of the designated doctor and nurse to meet the demands is recognised. Review health assessments are more timely for children and young people aged five and over through the school nursing service. Immunisation rates and dental checks are better than the national average.
75. Innovative, accessible and targeted multi-agency services have been implemented in the last year to meet the health needs of young people in relation to their mental health and well-being, sexual health and risky behaviours, midwifery and teenage pregnancy, including intensive support for adolescent parents and for those young people who misuse substances. These services have the capacity to meet the needs of all

young people including those who are looked after and care leavers but it is too early to measure their impact. The effectiveness of intervention and support to meet the health needs of care leavers is variable. Senior managers are aware of this and are currently reviewing service provision and training needs.

76. Arrangements for the smooth transfer to adult health services of young people who have long term physical conditions are limited, with few joint appointments or introductions to adult physicians at the local hospital (SDHFT), and no preparation for the young people. Transition for young people with mental health problems is well managed by a transition worker post employed by the Torbay Care Trust. This role includes the delivery of three planned sessions working with the Devon Partnership. There has been no annual report on the health of looked after children and young people from the designated health professionals since April 2009. The last report identified the need to improve the timeliness and quality of assessments; action taken by the designated professionals has not resulted in service improvements.
77. For young people placed out of Torbay there are clear systems in place to ensure their health needs are met. However, it is not clear if these systems are followed to ensure that all young people are receiving an appropriate service.
78. Staying safe outcomes for looked after children and young people are adequate. There is a range of services to prevent family breakdown and to support children to remain at home where it is in their best interests. The recently established multi-agency diversion from care panel checks that all appropriate preventive measures have been taken before agreeing to a child becoming looked after, but it is too early to measure its effectiveness.
79. Children and young people benefit from effective multi-agency working in the development and implementation of their care plans. This is particularly strong in respect of the care to community service for care leavers. Professionals across all agencies understand their responsibilities towards looked after children, young people and care leavers, and are actively engaged in a variety of panels such as the multi-agency resource panel which allocates funding to meet individual needs. Statutory reviews of care plans are held in a timely manner, however social workers do not always complete reports prior to the review so they cannot be shared with children and family members in advance. The permanency planning team has introduced core group working to ensure plans are effectively progressed.
80. Arrangements for monitoring care placements are good, including those outside the local area. Children services commissioning officers make use of Ofsted inspection reports and pay unannounced visits to all

commissioned and in-house placements, speaking to the young person thus helping to ensure their safety and well being.

81. There are insufficient foster placements to meet local need. As a result, through the use of formal exemptions the number of children in some foster homes sometimes exceeds their agreed number of placements. This places additional pressure of all members of the household. Extra support is put in and there is no evidence of increased breakdown of these placements. Only three exemptions were in place at time of the inspection, all of which were short term. Published data as at March 2009 show that 19% of looked after children and young people are living more than 20 miles away from Torbay. However local data for 2009/2010 show that only 10.7% of newly looked after children were placed more than 20 miles away. Young people moving to independence are encouraged and successfully supported to remain in their foster placements. Some foster placements are converted to supported lodgings to maintain stability for the young people. A successful 'contract' carer scheme is in place for adolescents with challenging behaviour and complex needs. Efforts have been made to increase kinship care, but with limited success to date.
82. At the end of 2009, short term stability of placements was worse than the national average and recent local data indicate a slight deterioration. The long term stability of placements has improved over the past three years as a result of targeted action and recent local data show that it is currently above the national average for 2009. A good range of measures is provided to support placement stability. Specific support is provided to assist foster carers and children and young people during periods of transition between schools as it was recognised that this can be a time of stress on placements. This service is available to all looked after children and young people, regardless of length of being looked after and following a successful pilot, mainstream funding was identified to support it. Other measures designed to support stability include a supported workbook programme for the young person and carer, therapeutic groups for separated siblings, as well as practical and direct support for carers and birth children.
83. Joint working between children's social care, the police and voluntary agencies effectively support children missing from care. However, this group does not have representatives from health and education, thereby missing opportunities to share information and further improve effectiveness. Health partners are aware of their lack of engagement in this area and are looking at ways to ensure they identify the professionals most appropriate to make a meaningful contribution.
84. Enjoying and achieving outcomes for looked after children and young people are adequate. Looked after children and young people receive appropriate support in order to enjoy and achieve. Overall however,

attainment is below that of looked after children and young people in similar areas and nationally. All schools have designated teachers and understand their responsibilities. Partnership working between schools, the Heads of School Leadership, the virtual headteacher and the looked after children advisory teacher is well embedded. Designated teachers in schools for looked after children spoke positively about the improved support provided to them. Specific support is made available to foster carers and children and young people during periods of transition between schools as it was recognised that this can be a time of stress on placements. Children and young people educated outside of Torbay are monitored appropriately.

85. Young people in Key Stage 4, including those who are looked after, have access to a wide-ranging universal curriculum which meets their needs and interests. Imaginative provision is available involving vocational courses at a special school, outdoor education placements, South Devon College and independent providers. Vulnerable young people including those who are looked after are well supported in their emotional and social development through the Thrive programme and younger children through the Pegasus Centre. The recent implementation of the targeted mental health service provides specialist and focussed work in schools to individuals through primary mental health workers and educational psychologists.
86. The trend in attainment of looked after children at Key Stage 2 shows steady improvement in English with the results in 2009 above those of similar areas and national figures for looked after children and young people. Results for mathematics are less positive, with the trend below statistical comparators and the national average for looked after children. In 2009, 80% of Year 6 looked after pupils made the expected progress, given their starting points. The achievement of Year 11 looked after students is below that of looked after students in similar councils and nationally although the cohort size is small. In 2009, 56% of looked after young people achieved at least 1 GCSE grade A*-G or equivalent compared with 65.6% for all looked after children in England and the latest data from the council show a similar result for this year. No looked after students gained five or more 5 GCSEs at grades A*-C including English and mathematics in 2008 and 2009. However, latest figures from the council show a modest improvement to 6.3% this year better than the national average for looked after children and young people for 2009 of 4.8%.
87. The headteacher of the virtual school makes good use of data to measure attainment of pupils and is developing this to track individual progress. Designated teachers monitor the progress made by looked after children and young people closely and provide intervention strategies when underachievement is detected. Students have personal education plans which are regularly reviewed. A sample was recently

reviewed by the Head of Secondary School Leadership and appropriate plans are being developed to improve their quality.

88. Attendance rates for looked after children are broadly in line with those of similar authorities following an impressive improvement in 2009, although the numbers of children involved are small. Exclusion rates have fallen significantly over time. No looked after child has been permanently excluded since 2005/06. Fixed term exclusions rates for looked after children and young people have been falling and now stand just above the figure for all children in Torbay and are impressively in line with all children nationally.
89. Looked after children and young people have satisfactory opportunities to develop their interests and skills outside of school. Children and young people are given high priority for places on play schemes, including specific facilities for those with learning difficulties and/or disabilities. Personal education allowances are used effectively to develop looked after children's skills, interests and abilities across a range of sporting, cultural and recreation activities. There are no additional concessions for looked after children in corporate leisure provision.
90. Opportunities for looked after children and young people to make a positive contribution are adequate. A Children in Care council is well established and has a small, committed core group membership of looked after children and young people. This is well linked to other user groups for young people. They have held events to gain the views of the wider looked after population but there is no process in place to ensure these views are obtained in a systematic way. Some services are being changed as a result of children's views. For example, in response to feedback from children and young people a dedicated mobile number is available to contact the permanency planning duty service. Elected members have developed a Pledge setting out their commitment to looked after children. The Children in Care council was not involved in this development, but they have produced a young people's version.
91. A small number of looked after young people have been trained to take part in interviews for staff and have undertaken this role with great maturity. There is now a commitment to incorporate this in more recruitment processes. Young people have delivered 'total respect' training to a number of staff and elected members, but planned delivery to include foster carers is currently on hold as the young people do not have the time to undertake more training at present. The high quality magazine 'Out of the Blue' is produced by a small group of young people and mailed to looked after children and young people over 10 years old and a wide range of professionals. Children and young people are well supported to enable them to be involved fully in all aspects of production of the magazine. This gives them an important opportunity to develop confidence and skills.

92. Statutory reviews are held on time with generally good participation from other agencies. Participation by young people at their reviews is monitored and is good; over 94% of children and young people participated in their reviews over the past two years. Children and young people who have recently become looked after are contacted by the advocacy service to inform them of the service and assist them in enabling their views to be heard at reviews if required. A number of age appropriate tools are used which capture well the views of younger children who are unable to speak for themselves in their review.
93. There is effective partnership working to prevent youth offending among the looked after young people. Very low numbers of looked after young people become involved in offending and this is well below the national average. Most of the young people who have acquired a criminal record have done so as a result of being prosecuted for criminal damage or assault occurring in their placements and this has been appropriately identified as an issue for resolution. In one case, a restorative justice approach has been successfully adopted which prevented a young person placed in foster care outside Torbay being detained in custody.
94. Outcomes for care leavers in achieving economic well-being are outstanding. Very high numbers of care leavers are engaged in employment, education and training. Since 2006 this has shown substantial improvement and in 2009 was 93%, well above the comparative figure for care leavers in similar councils and nationally and is in line with the national figure for all young people at age 19. The Torbay Universal Curriculum involving schools and independent providers ensures a wide range of vocational opportunities is available to meet needs and interests. There are very high aspirations for care leavers, who are very successfully encouraged and well supported to progress to higher and further education. Currently ten looked after young people are undertaking university courses.
95. Care leavers are very well supported. Comprehensive pathway plans are in place and are well adapted to meet individual need. Care leavers with complex needs are well supported, including those living both within and outside the authority, and those in acute care and living in community living situations. There is evidence of well planned multi-agency transition arrangements to adult social care services for young people with severe learning difficulties and/or disabilities. The number of care leavers living in appropriate accommodation is very high at 93.3% and better than the national average of 83%.

The quality of provision

Grade 3 (adequate)

96. The quality of provision is adequate.
97. Service responsiveness is adequate. Services are developed in a timely way to adapt and meet the changing needs of the looked after children population. For example, contract fostering is being extended for the 10-12 year age group and, in response to feedback from children and young people, respite for contract carers is now provided at their home so that children and young people do not have to move when carers are away.
98. The council has worked hard to ensure that workforce issues, including the difficulties it faces in the recruitment of qualified social workers and the increasing size of caseloads, have not adversely affected the quality of outcomes for looked after children and young people and have provided additional support from unqualified and administrative staff. The negative impact on health service provision for looked after children of the limited capacity and lack of backfill/cover for the designated doctor and nurse for looked after children roles has been recognised and is under review.
99. The number of complaints relating to looked after children and young people is low and just over half of the looked after children and young people surveyed said they did not know how to make a complaint. Training has been provided to social work staff to improve awareness of the complaints process, but its impact is not yet evident. Issues identified in complaints are identified and reported on and measures are put in place to improve practice. Work has been carried out with foster carers to raise their awareness of the system for referring and managing allegations against carers. The advocacy service is well regarded and readily available on request. However, during the inspection it was not clear that all young people are aware of this service. There is no independent visitors' service for children and young people who do not have any contact with their birth family. This is a significant gap which the council recognises and work is beginning to address this.
100. Comparative data are not available to assess the timeliness of children placed for adoption as the number of children adopted from Torbay is very small. Local data however, show good performance in the proportion of looked after children and young people adopted with year on year increases over the last three years. The work of the council's adoption agency was inspected in November 2009 by Ofsted and was judged to be satisfactory. Adoption plans for individual children are tracked and effective action has been taken to speed up adoption placement processes. The council's fostering service was inspected by Ofsted in November 2007 and was judged to be good. Foster carers are committed and feel well supported to provide good quality care. Foster carers report that, while allowances are received in a timely manner,

there are long delays in receiving payment for additional expenses. This issue remains unresolved. The mandatory training programme is reported to be of high quality and there is ready access to specialist training to meet need. A rolling programme about attachment theory and application in practice is delivered by Children's Services to foster carers, adoptive parents and staff to enable them to better understand and meet the needs of children and young people.

101. Close working between various managers allows for creative responses to meet children's needs, for example in promoting sibling contact. Effective arrangements are in place to commission good quality placements that are carefully monitored and engagement in regional commissioning has improved both quality and choice.
102. The quality of direct work and assessments with looked after children and young people overall is adequate. It is well embedded in the work of the permanency planning service with longer term looked after children and young people. However, when children and young people first become looked after, the quality and timeliness of assessments are too variable. The numbers of looked after children and young people are comparatively high and processes for ensuring that children and young people only remain looked after as long as necessary are not sufficiently robust. In one case examined by inspectors, there has been unnecessary delay in revoking the care order for a child who has been safely placed at home for over eight years. In another case there has been a delay in carrying out planned life story work with a young person and gaps in social work visits. Some children and young people have had a number of different social workers though others have clearly benefited from a sustained relationship with their social worker. The quality of direct work with care leavers is particularly impressive. The views of children and young people are routinely sought and inform their assessments and planning. In one case examined by inspectors, good observations of a pre-verbal child were used to inform the assessment.
103. The quality of case planning, reviews and recording is adequate. Independent reviewing officers demonstrate good skills and professional knowledge, and are confident in challenging weak practice. They are focussed well on improving outcomes. The quality of plans for looked after children are generally adequate. They are informed by updated assessments, and appropriate actions are identified and implemented to progress them. Plans are regularly reviewed in accordance with regulations
104. Most looked after children benefit from timely and appropriate care planning. However, in some cases examined by inspectors, parallel planning is insufficiently developed to ensure permanency is achieved within a timescale appropriate to the age and needs of the child. Records

are generally up to date in the permanency planning service and the leaving care service.

105. The quality of supervision and management oversight is adequate. The frequency of supervision has improved and the case files of looked after children and young people show evidence of management oversight. The quality of the recording of supervision is, however, variable and the rationale for decision making is not always explained clearly. There is no clear system of supervision for designated health professionals.
106. All children are allocated a suitably qualified worker and visits are mostly undertaken at least in compliance with statutory requirements. However, children are not always seen alone.

Leadership and management Grade 3 (adequate)

107. Leadership and management are adequate. Ambition and prioritisation are adequate. Targets for improving outcomes for looked after children are included in local area agreement targets and in the Children and Young People's Plan. Elected members are committed to improving outcomes. The Scrutiny committee has examined the stability of placements and the numbers of looked after children and young people. Understanding of corporate parenting responsibilities is not well embedded in the authority. Steps are being taken to improve this and all elected members have now received training in corporate parenting. The Corporate Parenting Board has been established for some time, but it has a low profile and is not providing strong leadership. Membership of the Board is not sufficiently wide ranging and does not include other council departments and health. The Corporate Parenting Strategic Plan is in the early stages of development.
108. The annual report for the Care to Community Service for care leavers demonstrates achievements, good needs analysis, understanding of current challenges and risks, clear priorities and planning for the future. The ambition for and priority afforded to care leavers to determine and reach their goals by the service is outstanding and leads to outcomes that narrow the gap between young people who are looked after and other young people.
109. The appointment of two Heads of School Leadership has encouraged a sharper focus on meeting the needs of looked after children and young people. Ambitious targets are set for looked after children through the school improvement partners, and progress of young people is monitored within schools. At the operational level, staff across all sectors

understand their responsibilities to looked after children and there is good multi-disciplinary planning and working for individual children.

110. Evaluation, including performance management, quality assurance and workforce development, is adequate. There is tight financial management and careful monitoring of external placement, ensuring effective use of resources. The number of looked after children and young people has remained fairly stable since 2006. The ratio of looked after children and young people to the number of children in the local population at 70 per 10,000 is consistently higher than the national average of 55 per 10,000. There is no up to date robust analysis of the underlying reasons for this. A wide range of performance data is available and there are examples of data being used to target areas of underperformance. However, this is not always used as effectively as it could be. There are no systematic quality assurance and auditing procedures in place, but a framework has been developed and auditing has recently commenced. Processes to ensure safe recruitment exceed statutory minimum requirements.
111. Morale in the permanency and care leaving teams is good and staff have confidence in managers. All looked after children and young people are allocated to a qualified social worker. Some looked after children and young people benefit from having the same social worker for a number of years. However, staff turnover and use of temporary staff have led to some children experiencing a number of changes. This is mitigated by the continuity and consistency provided by the independent reviewing officers and by placement stability for those in long term placements. Vacant posts have resulted in increased caseloads in the looked after children's service, but additional support services have been provided to reduce pressure, for example community care workers undertake some direct work with young people. A systematic analysis of the social work capacity required to provide an effective service has not been undertaken.
112. The quality of engagement with looked after children and young people is adequate. They had good opportunities to contribute to the development of the Children and Young People's Plan and influenced the priorities identified. Consultation and involvement of children and young people in their individual care planning are good and can be seen in decisions about their care through reviews and planning. Young people's wishes are documented and acted upon, and help inform their future planning. Health assessments and reviews examined by inspectors appropriately record the views and involvement of children and young people. There is clear evidence of the involvement of young people in preparation of the children's version of the Pledge, and some examples of services being changed in response to the views of children and young people. However, regular and systematic opportunities for looked after children to be involved in strategic processes have not yet been

developed. Consultation with foster carers is well established and has helped to shape provision and support for them and the children and young people for whom they care.

113. Partnership working for looked after children and care leavers is adequate. Professionals at all levels across agencies understand their responsibilities to looked after children, young people and care leavers. There are many examples of effective multi-agency groups leading to improved outcomes for looked after children, young people and care leavers. Regional joint commissioning of placements has improved choice and quality of care. Partnership working to provide a universal curriculum has been effective in meeting the needs and interests of potentially disaffected young people. The Corporate Parenting Board is not well developed and some multi-agency planning groups struggle to engage all partners. Health services acknowledge their lack of engagement in both the Missing Children's Forum and the Corporate Parenting Board and are working to identify appropriate roles for this engagement.
114. The promotion of equality and diversity for looked after children and young people is adequate overall. Evidence shows that in most individual cases of looked after children, young people and care leavers, the ethnicity, cultural and religious background of the child or young person is taken into account and influences the assessment and case planning. There is generally satisfactory use of interpreters to facilitate placement and review meetings, but this facility is not available for all home visits. Young people seeking asylum are appropriately identified and supported.
115. Value for money for looked after children and young people is adequate. Effective work has been undertaken to ensure that the costs of foster care are known and monitored closely. This information is scrutinised by senior managers and elected members as part of the monitoring process. However, there are insufficient local foster placements to meet the need resulting in increased use of more expensive external placements. The closure of the council's only children's home has led to effective redistribution of resources. Torbay is part of a regional commissioning consortium and the economies of scale of this arrangement mean that the local authority has a wide range of providers who have been quality assured across the consortium. Processes for commissioning placements with independent providers have a clear focus on individual children's needs and expected outcomes from the placement. Regional commissioning arrangements have resulted in more young people with challenging or complex needs having suitable foster placements, thus reducing the number of children in more costly residential care. Looked after children's educational outcomes are generally below that found for similar children nationally. The proportion of care leavers in education, employment or training is well above national figures and this represents very good outcomes in response to the managed investment in targeted services.

Record of main findings: Torbay

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

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