

# Inspection of safeguarding and looked after children services Nottingham City

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**Reporting inspector:** Martin Ayres HMI

**Age group:** All

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## About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.

The evidence evaluated by inspectors included:

- discussions with children and young people receiving services, front line managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives;
- analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with 'Working Together To Safeguard Children', 2006;
- interviews and focus groups of front line health professionals, managers and senior staff from NHS Nottingham City, CitiHealth Nottingham, Nottingham Community Health and Nottingham University Hospital NHS Trust;
- a review of 28 social care and health records 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 December 2009.

## The inspection judgements and what they mean

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

2. Nottingham City has nearly 60,000 children and young people under the age of 19 years. This is 21% of the total population of the city. The proportion entitled to free school meals is 29.0%. The pupil population is increasingly diverse. Children and young people from minority ethnic groups account for 40.7% of the total population, compared with 24% in the city as a whole. The proportion of pupils with English as an additional language is 20%. Both the minority ethnic and the English additional language groups are growing in proportion. Nottingham City is the thirteenth most deprived local authority area as assessed by the index of multiple deprivation, with 64% of children classified as living in poverty. The city also has high levels of health inequality including smoking, obesity, cardio-vascular disease and mental ill-health. The city has a compact boundary within the wider Nottingham conurbation, resulting in uniform but high levels of demand for services across all areas of the city.
3. The Nottingham City Children's Trust arrangements are delivered through a Children's Partnership Board and an Executive Group known as the Senior Officers Group. A wide range of agencies are involved, including Nottingham City Children and Families Service, the Primary Care Trust, the Strategic Health Authority, Nottingham City Safeguarding Children Board (NCSCB), the police, five schools' representatives, Nottingham Governors Association, the probation service, job centre plus and representatives from the voluntary sector. The Nottingham City Youth Council also has three representatives who attend the Board. The NCSCB is independently chaired and brings together the main organisations working with children, young people and families to deliver safeguarding functions.
4. Planning and commissioning of universal and specialist child health services and primary care is undertaken by NHS Nottingham City. Universal services including health visiting, school nursing, community midwifery and the specialist safeguarding team are provided by CitiHealth Nottingham. Paediatric therapy services, special school nursing and the children in care nurse-led service are provided by Nottinghamshire Community Health. Hospital services including accident and emergency services for children and acute maternity services are provided by Nottingham University Hospitals NHS Trust. Children and families access primary care through one of 62 GP Practices, the Nottingham Walk in Centre and Nottingham Emergency Medical Services (NEMs).

5. A number of organisations work in partnership to provide child and adolescent mental health services (CAMHS). Children in Care CAMHS are jointly provided by Nottingham City Council and the Nottinghamshire Healthcare NHS Trust
  - Tier 2 targeted community CAMHS services are provided by the Multi-Agency Liaison Teams (MALTs) based in Nottingham City Council premises.
  - Tier 3 specialist and tier 4 highly specialist services are provided by Nottinghamshire Healthcare NHS Trust.
  - Specialist Tier 3 CAMHS learning disability services are provided by Nottinghamshire Community Health.
  - Specialist counselling services for children who have been sexually abused are provided by Action for Children and the Sexual Assault Referral Centre.
6. Jointly commissioned services by health agencies and the local authority include aspects of looked after children provision, supporting children and young people with complex health needs, services for disabled children and young people, including health in schools and short breaks, focused work on reducing high levels of teenage conceptions and support in children centres.
7. Children's social care services support 178 fostering households, three general children's residential homes, three small group homes and two specialist homes supporting transition into independence. Residential services and additional foster placements are commissioned from registered and approved independent providers. There is a city wide screening and duty service, with 12 community-based social care teams supported by dedicated family support resources for children in need, and an out of hours social work team providing both adult and children's services. There are dedicated teams for children in care aged 15 years plus, young people leaving care and disabled children. Wider family support services are delivered through integrated Family Community Teams (FCTs) which include 18 children's centres spread out over the 20 wards, giving complete coverage of the city. FCTs also incorporate youth offending, education welfare and the CAMHS and education psychology services. Additionally, they provide youth and play services. The family intervention project falls within the specialist services directorate.
8. There are 79 primary schools, 10 secondary, four academies, five special schools, seven schools and academy sixth forms in addition to three Further Education Colleges and one sixth form college. At the time of the inspection there were 511 looked after children and young people. 26% are under five years of age, 51% are under 15 years of age and 23% are 16-17 years of age. The council and its partners support 104 care leavers.

## Safeguarding services

### Overall effectiveness

**Grade 2 (good)**

9. The overall effectiveness of the council and its partners in safeguarding and promoting the welfare of children in Nottingham is good. Statutory requirements in respect of safeguarding are met and the partnership is able to demonstrate continuous improvement in service provision as the result of audits, inspections and user feedback. Quality assurance processes are effective and being used systematically to strengthen joint services. Leadership across the partnership to safeguard children and young people is good. Strategic plans are in place which explicitly highlight safeguarding as a top priority, suitably underpinned by joint resources. The training delivered through the NCSCB is extensive and ensures staff in the partnership are well informed on all safeguarding matters. There is active and extensive involvement of the voluntary sector in the provision of services and in facilitating effective user involvement and feedback. Political leadership is good and this in conjunction with effective managerial leadership ensures safeguarding is suitably prioritised as everyone's business. Accountability lines between NCSCB and the partnership board are clear and the chair of NCSCB ensures agencies meet their respective statutory responsibilities and achieve compliance with national safeguarding guidance.
10. Workforce planning across the partnership is good and safe recruitment arrangements are suitably robust. Good attention is given to the recruitment and retention of social workers, health visitors and police officers. The commissioning arrangements for services include clear specifications and standards in respect of safeguarding which are closely monitored. Outstanding developments in respect of early intervention projects, family support and children's centres are having a marked impact on shifting the balance of services towards early identification and intervention with vulnerable children and families. Schools are playing a significant role within the partnership in supporting vulnerable children and young people and contributing to assessments of need and risk. The common assessment framework (CAF) is being used increasingly to provide support to families in their communities with good examples of its use by health, education and voluntary sector partners.
11. Thresholds for service access are clearly defined and the NCSCB conducts regular audits to monitor their effectiveness. As early intervention approaches and the use of the CAF become more embedded the threshold for access to children's social care is being appropriately raised. This process is sensitively managed and escalation processes are in place to resolve disputes over the appropriateness or quality of referrals. The quality of individual assessments ranges from adequate to good. The organisation of screening and duty arrangements in children's social care has been strengthened since the unannounced inspection of contact,

referral and assessment arrangements in December 2009. There are good examples of professionals increasingly co-working on cases, and plans are in place to bring about further service integration. The electronic recording system in use in children's social care is reported to be cumbersome and does not readily allow access to historical information to establish effective chronologies.

12. There are effective arrangements in place to monitor national and local performance indicators, including those for public health such as emotional and physical well-being. Good attention is given by the partnership to children and young people from minority ethnic groups and their families.

## Capacity for improvement

## Grade 2 (good)

13. Capacity for improvement is good. The partnership is able to demonstrate a good understanding of the needs of its population and specifically those children who are deemed to be vulnerable. Through the various boards and partnership arrangements, clear protocols and processes are established which ensure appropriate and timely action is taken to safeguard children and young people at risk of harm. Where gaps in services have been identified, or where work loads and pressures have become evident, the partnership has taken decisive action, including the deployment of additional resources. Strategic planning through the various boards is decisive and forward-looking with good use of performance information to monitor agreed plans. Priorities have been honed to include all aspects of safeguarding and workforce planning, and commissioning arrangements are extensive and well focused. Service user engagement at a strategic level is good with positive examples of involvement. This is less well defined at an individual case level in demonstrating how user views have influenced plans, although user contact and involvement is at least adequate. Partnership working is good with some outstanding examples of joint service developments with health, the police and voluntary sector which are demonstrating high impact in a challenging and demanding environment.

## Areas for improvement

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

### Within three months:

- Ensure that hospital emergency department staff have timely and accurate access to the list of children and young people with child protection plans in order to determine their status and home addresses and have clear procedures for helping young people who do not meet the criteria for CAMHS.



- Monitor the planned revision to and consistent application of thresholds for access to the screening and social care duty system and use of escalation processes across the partnership.

**Within six months:**

- Ensure that general practitioners are regularly updated on referral processes to children's social care, the availability of early intervention services including CAF and have defined routes for advice on all safeguarding matters.
- Review the electronic recording system in children's social care to ensure it facilitates the use of historical information to develop comprehensive chronologies to underpin assessments and plans.
- Ensure the views of children and young people are recorded in a way that provides assurance that they have been heard and their wishes and feelings are being taken appropriately into account in planning.

# Safeguarding outcomes for children and young people

## Children and young people are safe and feel safe

**Grade 2 (good)**

15. The effectiveness of services in taking reasonable steps to ensure children and young people are safe and feel safe is good. In the Care4Me survey conducted for this inspection over 88% of children who responded said they feel safe or very safe in their communities. Children met as part of this inspection reported they feel safe in school, know how to report concerns and who they would ask for help. Surveys conducted by the partnership report similar findings. A small number of children and young people state they feel less safe in the city particularly when alone. Children and young are aware the police have acted to cut crime levels across the city by 50% and considerable work has been undertaken across the partnership to reflect a better image of Nottingham as a safe place to live and grow up. The inspections of regulated services judge safeguarding provision to be adequate or better in 99% of primary schools, 90% of local authority maintained secondary schools and 100% of academies. Safeguarding is judged as good or better in inspections of the local authority adoption and fostering services, the local authority children's homes and in early years and day care settings as well as in a significant majority of private and voluntary sector children's homes. Safeguarding is seen as a priority for voluntary sector organisations and for all commissioned services.
16. Complaints procedures are easily accessible, well advertised and follow statutory guidance. Services are responsive to complaints with clear lines of accountability, monitoring and evaluation. Complaints staff across the partnership provide confident and clear information on complaints processes and facilitate user feedback. This is used to help inform training and to improve services. Two members of council staff fulfil the local authority designated officer role (LADO) and provide speedy and appropriate responses to allegations with specific actions taken including effective multi-agency involvement.
17. Safe recruitment arrangements are robust across the partnership and action has been taken at relevant stages to ensure compliance with statutory requirements in respect of the employment of people working directly with children and young people. Human resource records seen as part of this inspection contain the appropriate documents, including identity and criminal record checks, references and details of management oversight.

## Quality of provision

## Grade 3 (adequate)

18. Quality of provision is adequate. Since the unannounced inspection in December 2009 the screening and duty system in children's social care has been re-structured. Screening is staffed by family support workers with effective management oversight and supported by co-working arrangements with police officers and named nurses for child protection. Further work is planned to increase co-working and the integration of police and health professionals to extend screening opportunities and use of the CAF. The evidence from analysis of case records held on the electronic recording system and from the self-audits of selected cases by the local authority is that appropriate action is being taken to safeguard children and young people from risk of harm, or when initial assessments identify chronic situations or risk of emotional abuse. Religion, ethnic origin, cultural needs and disability of service users are documented and appropriately taken into account in initial and core assessments. The quality of information about incidents of domestic abuse referred by partner agencies has substantially improved facilitating better evaluation of risk to children and young people.
19. Some variation exists in the actual quality of initial assessments, although an adequate standard is being maintained overall with some assessments being good. Risk and protective factors are generally well analysed but do not consistently include a detailed evaluation. The use of chronologies and family histories to set current incidents and concerns in context is variable. Staff report that this is not aided by the electronic recording system which requires continual cross-referencing across two databases. Managerial decisions and the reasons for a course of action are consistently documented although the electronic system does not readily allow printing of the actions for audit purposes. Service user feedback, although routinely sought, is not always documented in a way that readily facilitates the inclusion of their views in individual planning.
20. Contact and referral decisions are taken promptly with appropriate attention to gaining relevant information across agencies at the point of referral. The recording of contacts, actions taken and decisions made is adequate. The screening staff are knowledgeable, appropriately skilled in working with referrers at points of crisis, and are well focused on the needs of individual children and young people at potential risk. Liaison arrangements with other agencies, notably the police and health are effective and strengthening as co-location and service integration are extended. The transfer of work to social workers for initial assessments works well with good management oversight at this transfer point and no significant delays. Suitable mechanisms are in place to quickly resolve any problems associated with transfer of work. The assessments seen in the course of this inspection deal appropriately with immediate and presenting problems and are undertaken efficiently. Work is promptly allocated to

suitably qualified and experienced staff and managers take into account the level of worker skill and experience.

21. Performance assessed against national safeguarding indicators is comparatively good and is closely monitored by performance managers. Staff working in safeguarding, including those from health, report they are well supported by their managers and have access to good quality training. They acknowledge that work loads are effectively monitored but at times of peak activity the pressures can be significant. Senior managers and elected members have been responsive to work pressures and have appropriately deployed more resources to meet increased service demands. Current workloads are manageable, morale is very good and workers indicate they enjoy the professional challenge of their role. Several members of staff are working within the screening and duty service as they believe that this gives them a good development opportunity to experience a wider range of work.
22. The NCSCB has been actively monitoring the application of service thresholds as the CAF and other early intervention approaches become more embedded. However, some groups of professionals, including medical staff, report that they are sometimes inappropriately questioned by screening and duty staff about some referrals and whether these could have been handled through lower level services such as the CAF. This has led to some frustration although appropriate escalation processes are in place and have been utilised to resolve specific issues. Health staff are aware of thresholds for referrals and are actively involved in discussions about raising thresholds for social care referrals in light of positive joint initiatives to extend early intervention provision.
23. Accident and Emergency (A&E) staff at Queen Medical Centre, Nottingham University Hospitals Trust appropriately check children and young people who are admitted for any safeguarding concerns, but do not have immediate access to the list of children subject to protection plans. Accurate information can be obtained from the duty system and out of hours service but some delays of over an hour have been reported because of referral and work pressures. The accident and emergency information system has the ability to 'flag' children and young people who are frequent attendees, are known to have a child protection plan or where there has been known domestic violence within the home. However, the system does not record if the young person is a carer. Unborn baby and the high risk pregnancy information alerts are also recorded on the A&E system to ensure that maternity services are appropriately alerted. There is effective partnership working between A&E, minor injuries, walk-in service and the out-of-hours general practitioner services to inform primary care and community staff of any safeguarding matters. The sexual assault and referral centre (SARC) provides a good service for young people aged over 13 years while those children aged under 13 years are seen at a dedicated facility in the Nottingham

University Hospitals NHS Trust. Following a visit by the National Support Team in January 2010, services are being reviewed through the 'core funders groups' to make it more comprehensive. Medical staff within the looked after children team and consultant paediatricians provide on-call support to the sexual assault services and undertake examinations on any child or young person who may have been a victim of sexual assault. This is providing effective and age-appropriate emotional support.

24. A self-audit of selected child protection cases was carried out prior to fieldwork. This was an extensive and thorough process which identified that children and young people are safe but some issues of process were inconsistent including the quality of some parenting assessments, links with the adult care team, and plans not having clear outcome targets and measures. The findings substantially accord with those of inspectors and the area has already formulated a robust action plan to address these aspects of process. There has been good joint work to reduce the number of children and young people who are subjects of child protection plans and to review those who are subject to a plan and have moved into the looked after children system. More robust processes to review children who have been the subject of a protection plan for more than two years or more are now in place and this has led to improved performance. The timeliness of assessments is good and cases are being suitably reviewed. A combination of effort has resulted in a reduction in the number of children and young people subject to a plan from 466 to 426 in the last six months. This is good work and is starting to reflect growing confidence in CAF and other processes to support children and families in need.
25. Independent reviewing officers report there have been improvements made to the systems for child protection cases with more continuity of care and better planning. Parents are appreciative of this approach and feel assessments and plans are now more accurate. Good administrative systems have been introduced to ensure reviews are appropriately booked and social workers reminded of timescales for report production prior to review meetings. Other agencies, including schools and health services, make appropriate contributions. Although assessments are timely and made available in advance of reviews, reviewing officers identify the need for greater analysis by social workers in complex cases and clearer definition of actions to achieve long term outcomes.
26. There is effective use of the CAF across the partnership which is used successfully to instigate a 'team around the child' approach. This approach is being successfully used with children who have learning disabilities, physical disabilities or both to effectively identify and reduce their vulnerabilities. Locality-based services are good, including an extensive and very comprehensive network of children's centres. This facilitates the effective co-location of health and social care staff and enables the appropriate escalation and de-escalation of services according to presenting needs and risks. The CAF has been successfully introduced and

there have been over 1,000 cases in the last two and a half years. Each month 45 new cases are being handled using the CAF which represents a good level of activity.

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

27. The contribution of health agencies to keeping children and young people safe is good. Designated health professionals are members of NCSCB and act as advisors to the board. They provide annual safeguarding reports and are actively involved in providing multi-agency training and mandatory supervision to support the effective dissemination of actions and learning from serious case reviews. All health staff who attend the board or sub-groups report there to be effective challenge and members are appropriately held to account on safeguarding matters on behalf of their respective agencies. Primary care practitioners who attend both NCSCB and Nottingham County Safeguarding Children Board report that opportunities for sharing of learning from serious case reviews are good within the city but opportunities for the wider sharing across both boards is not always fully explored. General practitioners report variable access to formal safeguarding training in the last eighteen months or so and would like to have smaller regular theme-based safeguarding updates in order to increase their knowledge. Some practices use this approach with their named and designated staff leading sessions with good attendance enabling reviews of local practice and use of joint procedures. General practitioners interviewed participate fully in child protection conferences and reviews. Because of the inevitable short notice for such meetings a new report template has been implemented which is helping to standardise the provision of full primary care health information.
28. There is an effective round-the-clock on call safeguarding service, which ensures that health staff are able to speak to a health professional for advice and support or if they need to escalate a safeguarding referral with social care staff. The only domestic violence specialist nurse provides a highly valued service but is often stretched. Community based staff who co-located with other agencies and those based and working in children centres have reported improved communication and information sharing and enhanced working with colleagues in all agencies leading to improved identification of vulnerable families and children. There has been good joint safeguarding referral training with children centre and family nurse partnership staff which is enhancing the mutual understanding of roles and responsibilities. The referral form is now electronic which has helped to improve service access.
29. All staff working in the out-of-hours doctor services are trained in safeguarding to the appropriate level, with 605 specifically trained in domestic safeguarding training. Within Nottingham University Hospitals NHS Trust's children emergency department service all staff are fully up to

date with domestic violence training and 80% of all staff, including reception and emergency department assistants, are trained to level three in safeguarding. Clinical staff are trained in appropriate paediatric resuscitation and child-pain identification. There are effective 'red card' safeguarding meetings within general practices which review information sent from a range of care settings leading to relevant action with named professionals. This information is stored within the practice information system with a flagging system to identify high risk families, children in need or children and young people with existing protection plans. Health staff working as part of teams in children centres indicate that through more effective joint working the rate of 'do not attend' cases has significantly fallen. Dedicated clinics are held for mothers from minority communities including Polish and Kurdish groups, with targeted help to improve communication. This has enhanced the engagement of mothers from minority groups with the statutory services and reduced their social isolation. A more recent development has been the attendance of fathers at clinic sessions as they have also seen the benefits of such groups. The family nurse partnership is providing intensive support for young women from the point of conception until their children are two years old. This support has resulted in reduced isolation and in the number of teenagers who have second conceptions. There is effective joint working between social care staff and other agencies, such as health and housing, in this priority area leading to a reduction in vulnerabilities for young women and their children.

30. Information on missing children, unborn baby alerts and high-risk families are routinely sent to the range of care settings and are followed up by good joint planning to ensure that young people and families are kept safe. Front-line staff report good engagement in effective integrated working with both Multi-Agency Public Protection Arrangements (MAPPA) and Multi-Agency Risk Assessment Conferences (MARAC) meetings. There are good links with the local branch of the Royal Society for Prevention to Cruelty to Animals resulting in a number of safeguarding referrals being made following allegations of animal abuse. This is well informed by research linking such abuse with potential child abuse. Emergency care services at Nottingham University Hospital NHS Trust have identified that there is a potential gap in provision for young people who present with disturbed behaviour and do not meet CAMHS criteria, or where parents are unwilling to take them back home.
31. Children with disabilities are a priority area within the children and young peoples plan. Through the joint strategic needs assessment the effective mapping of local needs has been completed and used to commission services. There is a good range of information for parents of children with disabilities although the use of this has not yet been fully evaluated particularly in respect of service accessibility for new parents moving into the area. Parents of children with disabilities identified a shortage of occupational therapy and speech and language therapy in secondary

schools, but value the consistent and approachable paediatric medical teams where the same doctor provides good continuity of care until children reach 18 years of age. Parents report varying quality of respite provision with some consistent respite placements contributing well to making children feel safe when away from home and giving parents a sense of security. The short break provision has been reviewed by the local parent partnership and there is now a greater range of flexible short break provision for both disabled children and those with life limiting and complex needs. There has been an increase in the take up of short breaks, with 712 children receiving a service and 458 having access to a specialist service through the disabled children team.

32. Social care and health provision for children with disabilities is integrated well and joint commissioners are responsive to identified need. Through good communication health, children centre and social care professionals have introduced CAF as a better assessment tool for the children and young people and their families. Community paediatricians and health staff are ensuring the early identification and diagnosis of disabilities and any life-limiting conditions. This is facilitating timely and appropriate interventions, treatments and support with onward referral to appropriate agencies as required. Nottingham University Hospitals NHS Trust is a regional centre for cleft lip and palate, as well as being a national centre for Tourette's syndrome. Staff, therefore, often support families from outside the immediate area and ensure that appropriate referrals are made to where they reside. Following the 'DrugAware Project' and staff training the Ngage assessment toolkit has been developed which is linked to the use of CAF. This has led to a significant increase in the number of referrals and more young people being seen jointly with dedicated substance misuse workers. There are good links with the maternity services and adult services to reduce the vulnerabilities of unborn babies, children and young people, where adults are substance misusers. The dedicated service, for young people aged 5–19 years, provides good support and has a pilot project with Relate offering relationship and family counselling to families although the full impact of this service is yet to be fully evaluated.

### **Ambition and prioritisation**

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

33. Ambition and prioritisation across the partnership are good. The Children and Young People's Plan (C&YPP) has been honed following extensive consultation with all stakeholders and service users and includes safeguarding as the partnership's top priority. The C&YPP is comprehensive and produced following systematic needs analyses. Extensive and ongoing work has been undertaken to ensure safeguarding is seen as everyone's business and this message is constantly reinforced through training, good quality public information and the local media.



34. Partnership working is well embedded and based on a history of effective joint collaboration on a wide range of projects. Representation from all sectors and professional groups is good, including on the NCSCB and sub-groups, the Nottingham Children's Partnership Board (NCPB) which acts as the Children's Trust, and other local strategic partnerships. Strategic and business plans are of a good standard and demonstrate effective forward planning and resource utilisation. Strategic plans are well monitored and include clear performance targets based on national and locally derived indicators. There are clear communication lines between NCPB and NCSCB and accountabilities are explicit.
35. A good strategic framework for joint service commissioning, de-commissioning and re-commissioning is established and has been developed in partnership with stakeholders and service users. Joint leadership within commissioning is good and clearly linked to the priorities set within the C&YPP and based on joint strategic needs analysis. Health commissioners contribute effectively providing challenge on the implementation of action plans arising from the child death overview panel, serious case reviews and individual cases where needed. However several performance dashboards are used to monitor performance which do readily facilitate cross-referencing on related performance actions.
36. The quality of user engagement is adequate overall. Although there is good commitment to service user engagement and involvement at a strategic level it is not consistently evident in children's plans. Children and young people have been actively consulted on the range of strategic plans and many services have been directly shaped through effective consultation and participation. The targeted intervention project is an outstanding example of effective user involvement and there are several examples of involving children and young people in service design.

## **Leadership and management**

## **Grade 2 (good)**

37. Leadership and management of services to safeguard children and young people are good. The Corporate Director for Children and Families and senior management team provide strong and effective leadership and are establishing a management culture based on aspiration and achievement for children and young people in the city. This is reinforced by strong health and police leadership and effective political leadership which are responsive to service demands and pressures and active in promoting the priorities set within the C&YPP. The lead member for children and families is a knowledgeable advocate and ensures the profile of children's services is maintained at a high level within the council and wider partnership. Strong and determined leadership is driving structural change to achieve a more effective and consistent service across the city as evidenced by the extensive and outstanding range of early intervention and prevention services. Many of these services are in the process of being fully embedded and initial evaluation is showing their positive impact and

giving children and families more options. NCPB and NCSCB are maintaining a clear focus on the key priorities to ensure services to the most vulnerable groups are maintained while joint work is undertaken to extend the range of universal service provision. Resources are mobilised to meet fluctuating service demands and to respond to specific pressures. Health partners and designated health professionals are active members of NCSCB in the context of the overall governance of safeguarding and in the delivery of multi-agency training.

38. Joint workforce development across children and young people's services, health services and the police is good. Decisive joint action was taken in June 2010 to identify and respond to the increased referral rates and staffing pressures in all the key agencies which lead to the allocation of additional resources to meet demands. Political support for the provision of additional resources was timely and effective. There are a wide range of imaginative initiatives to recruit and retain staff with reducing reliance on agency staff, although there have been benefits in bringing experienced agency staff into children's social care services to build capacity and learning. A comprehensive support and training scheme is in place to provide additional support to newly qualified social workers. Birmingham University is actively involved in management development programme.
39. All staff in contact with children and young people have been subject to criminal records bureau clearance (CRB) and no new staff take up post until they are appropriately cleared. Inspections of regulated settings confirm that attention to safe staff recruitment is good. Communication between the police and children's social care on safe recruitment and any emerging employment issues is effective. Recent recruitment has addressed a shortfall in health visitors and supported by the health boards and NSCB and new recruits are currently coming into post. There has been a skill-mix review and cross training between school nurses and health visitors. Gaps in staff recruitment across the partnership, which have now been addressed, have caused some delays in some aspects of service redesign and integration but positive action is taken to facilitate continuity of health care pending permanent appointments. Succession planning for designated and named roles is at an early stage of development.
40. The chair of NCSCB provides effective leadership and ensures that all agencies represented are fully engaged in the maintenance of effective safeguarding provision and processes. The voluntary sector has good representation on relevant boards, which is enabling good communication between a wide range of local projects and groups on safeguarding matters. Management reports on private fostering and allegations against staff and carers are appropriately discussed at the NCSCB. The Board promotes safeguarding well, raising awareness through leaflets and

seminars on a wide range of safeguarding issues, including e safety, working with sexually active young people and trafficked children.

## **Performance management and quality assurance**

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

41. Evaluation, including performance management, quality assurance and workforce development is good. The quality of case file self-audits undertaken for this inspection provided an accurate and transparent evaluation of practice and outcomes which was substantially consistent with the inspection evaluations. Audit processes are in place and are being developed to involve senior managers and incorporate multi-agency and thematic audits. Findings lead to well constructed action plans which are then monitored for impact with reports to the relevant Boards. The findings of audits and performance monitoring are used to strengthen services. Good quality management information is routinely collated to monitor performance, staffing pressures, caseloads and the timeliness of assessments.
42. Scrutiny arrangements in Nottingham are good. The Young Nottingham Select Committee focuses on key issues affecting the quality and efficiency of services, including safeguarding, and ensures concerns are appropriately raised and monitored. The committee comprises councillors and external representatives, parents and school governors and is supported in its task by officers who provide performance data and action plans arising from specific issues. There is close examination of performance in children's social care, staffing pressures and progress in implementing actions arising from serious case reviews including those for health providers. NCSCB has instigated serious case reviews and conducted other internal reviews following local incidents affecting children and young people. While, reporting arrangements have not been consistently applied the actual learning from serious case reviews is disseminated well within the City.

## **Partnership working**

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

43. Partnership working is good. NCSCB fulfils its statutory duties and provides effective community and professional leadership in relation to universal, targeted and specialist safeguarding services. A good range of NCSCB sub-groups focus on delivering the inter-agency work programme. These include sub groups on dispute resolution, serious case reviews quality assurance and risk management, child death overview panel (CDOP), public information and communications, cross-authority working and workforce management and development. These are supported by twelve 'task and finish groups', children's partnership working and emotional abuse and hidden harm. Issues of equality and diversity are managed effectively through all the NCSCB groups. There is also a strategic board and a NCSCB steering group.

44. The NCSCB Annual Report 2009/10 is outstanding, clearly documenting the issues and actions taken to safeguard children and families in the city. There is a good presentation of multi-agency work using researched evidence to support relevant and key initiatives. There is a good and critical analysis of joint work, including the communications and participation strategy, as the basis for developing guidance on specific areas of work and in strengthening arrangements to monitor the overall impact and effectiveness of services linked to the appointment of a new performance manager. Examples are new information leaflets, safeguarding-related seminars and draft revisions of procedures where there are, drug abusing parents and domestic violence. There has been a timely review of thresholds for service access across the partnership and identification of tasks to enhance current guidance relating to child sexual exploitation, e-safety and the protection of children and young people from abroad.
45. Good practice is identified in the level of safeguarding training provided across agencies with a key focus on early intervention and prevention through the use of the Common Assessment Framework and other early intervention approaches. Robust MAPPA and MARAC are in place with good attendance by participating agencies. There are good levels of partner engagement strategically and in frontline services with good examples of embedded joint practice across agencies through the use of the "Guide for Professionals on Accessing Children's Social Care" and a system of multi-agency meetings, forums and consultations. Primary care practitioners whose roles who attend both the Nottingham city and county Safeguarding Children Boards report there is scope to share learning from serious case reviews within the geographically area as a whole.
46. There is an effective child death rapid response service with coverage seven days a week, 7am to 7pm, with an on-call service out of hours. Good inter-agency working with the police is in place when there has been a sudden infant death, with community paediatricians and the police routinely attending the home together, taking joint statements and cooperating with the provision of support for both families and staff. The dedicated rapid response team ensures that strategy meetings are held within 24 hours of a death being reported. The quarterly and annual CDOP reports are effectively scrutinised by the primary care trust, NCSCB and the Partnership Board. Through the action-log database, plans are monitored and any slippage actively pursued. Policies and processes for expected and unexpected child deaths are well embedded, and subject to regular review. CDOP meetings are well attended and there are a number of regular observers to panel meetings, although currently there is no lay representation. The CDOP chair, also the designated doctor for safeguarding and who sits on the serious case review panel, initiates regular training events. General practitioner attendance at these events has been limited. The findings from child death reviews have resulted in

the development of information on the availability of support through parent bereavement groups and local bereavement support organisations.

47. Partnership work involving the police is good. The police actively tackle a wide range of issues including rape investigations, domestic and emotional violence, use of the internet by adults in order to groom vulnerable children and young people and human trafficking and forced prostitution. The police have been proactive in profiling serious youth violence, drug and alcohol misuse based on a good analysis of offending across the city. There has been effective and coordinated work to tackle gun and knife crime. A key part of this focus is on early intervention and work with partner agencies including housing and the youth service. The police are also undertaking work on honour-based violence including forced marriage, concealed pregnancy and female genital mutilation with the good involvement of dedicated health staff. MAPPA and MARAC processes are well established and work effectively. There is a joint domestic violence strategy with daily meetings between police and children's social care to screen cases and agree the most appropriate actions. The Police report robust activity in respect of almost 1,000 domestic violence reports each month, 640 of result in direct action. High risks cases are automatically referred to children's social care for risk assessment. The police also work with local schools and speak to pupils on a range of safeguarding matters.
48. Community based staff are co-located with other agencies and those based and working out of children centres report a noticeable improvement in communication and enhanced working with other agencies and early identification of vulnerable families. There has also been joint safeguarding referral training with children centre staff and family nurse partnership staff which is enhancing mutual understanding roles. Good work is being undertaken in schools to reduce bullying. An appropriate range of positive activities including anti-bullying weeks, peer mediation approaches and trained learning mentors and counselling are available. Special schools have good arrangements for promoting awareness of bullying. Examples of arrangements between schools and community police officers to address any incident of bullying illustrate a shared responsibility and effective joint agency working. Appropriate expectations and procedures are in place to report racist and homophobic incidents.
49. There is good multi-agency working to track missing children and young people supported by strategies, procedures and protocols. Statutory guidance is clearly understood and fully implemented. There are clear and agreed information sharing protocols which ensure automated recording of reports of missing children. Information on missing children and young people is well analysed to establish trends, hotspots and risks.

50. Teenage pregnancy rates remain above the England averages; however the rates are reducing and are currently the lowest since the 1998 baseline. The Teenage Pregnancy Partnership strategy has refocused activity to continue to reduce the number of teenage conceptions. Work streams following a locally-commissioned research project now include young men and young fathers. There also has been joint safeguarding referral training with children centre staff and family nurse partnership staff, which is enhancing the mutual understanding of roles. As the result there has been an increase in the number of young men joining the c-card scheme and dedicated fora have been developed, which they are now attending. A sexual health outreach worker has been employed to work with the Asian community to promote a culturally sensitive service with good access to contraception and sexual health services.
51. There is effective and close working between CAMHS and the community paediatrician teams for those diagnosed with a learning or physical disability including the increasing number of children and young people with autistic spectrum conditions. The team providing the targeted mental health provision in schools (TAMHS) are engaged with 27 schools and the training is currently underway with evaluation scheduled for completion in February 2011.
52. CAMHS have involved both parents and young people in leaflet design which has resulted in the promotion of the services available to young people in a non-stigmatised manner.

## Services for looked after children

### Overall effectiveness

**Grade 2 (good)**

53. The overall effectiveness of services for looked after children and young people is good. Improvements to provision across services in recent years are making a significant difference to the quality of provision and outcomes for young people. Placement stability, health and arrangements to keep looked after children and young people safe are good. Educational outcomes are improving through well targeted support in schools and are now similar to that of looked after children living in comparator areas. Good arrangements support young people to make a positive contribution to the services provided for them. Increasingly there are good opportunities for them to contribute to the development of local services. The impact of services to help young people leave care are improving with better access to a range of good quality accommodation and education, employment or training. Some imaginative services for young people aged 15 plus have only recently been developed and in the process of being embedded.
54. The corporate parenting strategy reflects the partnership's commitment to improving outcomes for looked after children. It is being implemented effectively with commitment from elected members, partnership staff and representatives. Community and voluntary groups are positively engaged in supporting families in order to help keep children within their families as well as in enhancing service provision and outcomes for those children and young people who become looked after. Good action is being taken to secure and extend the range of placement options with an appropriate balance of foster care, residential provision and external placements. Careful consideration is given to the safeguarding and diverse needs of young people when placements are commissioned. Joint working across council services, health, and voluntary and community groups are making services more responsive and efficient. This is having a positive impact on the quality of assessments, access to high quality health care, stable educational provision, promoting improved attendance and attainment and a good reduction in convictions of looked after children. The deployment of a dedicated police officer for looked after children is an outstanding example of effective support and has been of considerable interest to other police forces.
55. All partners contribute well to ensure the good outcomes for children who are looked after. Elected members take a very active interest in the progress and achievements for looked after children through sitting on the Corporate Parenting Board. The Board is well constituted with members and officers in a position to make strategic as well as operational decisions in relation to children in care. Their focus on outcomes has driven improvement, for example their monitoring of the completion of personal

education plans (PEP)s within timescales has improved performance dramatically from 27% to 100%.

56. Compliance with statutory requirements is adequate. Although cases are suitably allocated recent staff pressures have reduced the number of visits and reviews completed within statutory timescales. Local audits of case files identified inconsistency in the quality of assessments and regularity of social work visits. Senior managers, aware of these pressures have taken appropriate action to increase the number of qualified social workers and more recently performance in this area has improved. Action has been taken to address and monitor this through performance management arrangements. There are good CAMHS, which are accessible to children and young people on the cusp of care as well as looked after children and young people, including those with learning difficulties and or disabilities. Improvements are being made to the inconsistent health arrangements for care leavers.

## Capacity for improvement

## Grade 2 (good)

57. Capacity for improvement is good. The council and its partners share a clear vision for looked after children and care leaver's services based on good awareness of the needs of this population and specific demands and pressures. Fostering and adoption services and other regulated provision have all been judged as good by inspectors and new developments, including supported accommodation for young people and small children's homes, are regarded as outstanding. The record for improving services and sustaining improvement is therefore good and underpinned by effective leadership across the partnership. The partnership board and corporate parenting board have ensured services to looked after children and care leavers are given a high priority and awareness of this is shared across schools, health services and providers of commissioned services. Workforce planning has been sensitive to the changing needs of the looked after children population and is suitably trained and skilled in meeting assessed needs. Cases are allocated appropriately and assessment and planning systems are generally good. Performance against key national indicators, including placement stability, educational attainment and reducing offending, is comparatively good. Looked after children and young people are effectively safeguarded and this aspect has been a consistently good and sustained. There are examples of outstanding practice across the city including the role of the police in working with looked after children and young people in children's homes to de-criminalise activity and respond promptly to any children or young people who go missing from care. Health partners are providing a wide range of universal and targeted services to looked after children and young people and developing imaginative ways to provide services in non stigmatising ways. Outcomes for looked after children and young people are mainly good.



## Areas for improvement

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

### **Within three months:**

- Ensure that the Strength and Difficulties Questionnaires are fully embedded into the annual health assessment process.
- Ensure that health action plans for looked after children are regularly updated to facilitate accurate monitoring of physical and emotional health.
- Establish a clear strategy to further embed the 15+ service and monitor the formally audit the impact of services in improving economic wellbeing outcomes.

### **Within six months:**

- Ensure the permanency policy clearly states the intent of the partnership to provide children below 10 years of age with permanent homes within a tight timescale and that the joint components of services are suitably integrated within this policy.
- Ensure that the views of looked after children and young people are recorded in ways that provide them with the confidence they have been heard and their views are being actively taken forward in planning and reviews.
- Evaluate the effectiveness of the current arrangements for the independent review of cases to ascertain whether quality control processes are robust.

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

### Being healthy

Grade 2 (good)

59. The health of looked after children is good. There is a highly valued dedicated looked after children and adoption health team, with effective partnership working and information sharing, This is providing good comprehensive support to looked after children and young people in an individualised way including responding effectively to different cultural and religious needs. The team undertakes monthly benchmarking audits of practice and cases which are mapped against current national statutory guidance and six-monthly quality audits of case notes with improving results. Case audits now also include national indicators and other locally identified indicators related to physical and emotional health. Health and social care commissioners recognise the need to extend the range of support services for care leavers and improve the health component of pathway plans. Progress is being made to strengthen plans but not all services are yet fully embedded. New adoptive parents receive copies of immunisation and vaccine data and other health information to ensure that there is a birth history and health history when children move from being looked after into permanent placements.
60. There is a dedicated CAMHS for looked after children including children and young people with learning difficulties and disabilities. This is jointly provided by Local Authority and Nottinghamshire Healthcare NHS Trust. The tier 2 CAMHS service is delivered through Multi-Agency Locality Teams (MALT) and provides effective consultation to professionals at tier1. Services are provided to young people up to the age of 18 years and care leavers to the age of 21 years. There is also a dedicated care leavers CAMHS worker who provides good levels of support for young people in their transition to life. Referrals to CAMHS are mainly through social care teams although health staff can refer directly for consultation. Comprehensive CAMHS are provided at all of the four tiers through locality working and specialist teams, which are meeting the current identified needs of the local population. In the main there is good and timely access to tier4 beds ensuring that there are minimal delays and treatment regimes are continuous. The twelve beds at tier4 are shared with the neighbouring county which at times reduces capacity. The standard of the health assessments are generally good. However, health action plan timeframes are not always written with measurable dates. Use of Strengths and Difficulties questionnaires is yet to be fully embedded in emotional well-being and annual health assessments.
61. Health staff report that the foster carers provide useful reports to health review meetings and case-based staff discussions are held on a one-to-one and group basis to review interventions and agree further assessments and treatments. This ensures timely and appropriate interventions for children and young people while simultaneously

supporting their carers. However, feedback from social care services following referral requests is sometimes inconsistent which has already been identified by the partnership as an area for improvement. Annual health assessment processes, including gaining of parental consent, are well embedded including those for children and young people who are placed out of the area. The current full year data show good attainment levels for health assessments at 83.6% (March 2010), with immunisation rates at 87.9% and dental 83.9% all above England averages. Good tracking and monitoring systems are in place ensuring that health assessments are completed on time for all looked after children and young people irrespective of where they are placed including out of area. Health appointments that are not kept are routinely monitored and tracked. A flexible approach is taken when selecting venues for health assessments, including the use of joint appointments such as for CAMHS. This is leading to improved attendance rates. Health action plan monitoring is undertaken by social care staff and the dedicated health staff that closely monitor the impact of health plans at review meetings for all looked after children and young people whether living in the city or out of area. Looked after children specialist nurses now attend review meetings with social care colleagues, which is helping to ensure that health action plans are fully considered and implemented. Foster carers and residential homes have only recently started to receive copies of the health action plan.

62. The looked after children health staff provide a good range of well accessed training for other professionals, foster carers and new adoptive parents and are active members of the fostering parent approval panels. They also contribute to foster carer selection and training processes which is ensuring that carers are fully aware of health issues facing looked after children and young people. Training is also provided on a one-to-one basis, and includes issues of sexuality and living with same sex parents, substance misuse and foetal alcohol distress syndrome. These approaches are helping to ensure longer term placement stability. Following the 'DrugAware Project' and staff training the Ngage assessment toolkit has been developed and is linked to the use of the CAF. As the result there has been a significant increase in the number of referrals and more young people are being seen. There are good links with the maternity services and adult services to reduce the vulnerability of unborn babies, children and young people, where adults are substance mis-users. The dedicated drug and alcohol services for young people aged 5–19 years, provides good support and has a pilot project with Relate offering relationship and family counselling. The impact of this service is yet to be fully evaluated. The information management system in Nottingham University Hospitals NHS Trust Emergency Department information system does not ensure that the addresses of children's homes are recorded thereby enabling staff to identify a child is looked after and the need to ascertain who holds responsibility for consent to medical treatment.

**Staying safe****Grade 2 (good)**

63. Arrangements for safeguarding children in care and care leavers are good. Most children and young people who are looked after responding to the Care4me survey state they feel very safe or safe. The highest priority is placed on identifying and meeting the needs of children and young people on the cusp of care and promoting safeguarding within the looked after population. The Corporate Parenting Board monitors and reviews safeguarding provision effectively and local services collaborate well to protect children at risk of harm with particular strengths in the arrangements for children and young people with physical disabilities and comprehensive, targeted intervention approaches. Risk is managed appropriately to keep children at home with appropriate support. Common assessment approaches are being used effectively and midwives are undertaking pre-birth assessments to identify additional support for new mothers where there are potential concerns for well-being. Preventative and early intervention services, including the targeted intervention service and family intervention project, have a high profile and there is wide understanding of the range of provision within local communities to support families. Joint work with children and families on the cusp of care is targeted well and is highly effective in ensuring the care system is appropriately accessible to those children and young people who cannot safely live at home. Early intervention approaches are supported well through effective inter-agency communication.
64. Partnership working to safeguard looked after children and young people is effective and agencies are actively engaged in improving the quality and efficiency of looked after children provision. Young people have also been involved in revising the contract specification for advocacy services. When it is decided that children will be better safeguarded in the care of the local authority careful consideration is given to the most appropriate placement. Stability of placements is good and in turn this is supporting good stability of school placement. Although social workers and the placement panel give careful consideration to placement stability some young people have experienced some changes of social worker particularly when there was a peak in referral rates and social care capacity was adversely affected. The council is alert to these trends and has a good record of acting decisively to resolve such issues. The move to small group homes is providing high quality accommodation and plans are well developed to increase the number of small group homes and return those young people placed outside the city. Inspections of the foster care, adoption services and care homes have consistently found safeguarding to be good.
65. Clear and well publicised advocacy and complaints arrangements provide a clear route for children and young people to express their concerns. Young people access an appropriate range of information, support and guidance. Comprehensive advocacy arrangements are in place to enable

children and young people to have any support in dealing with any concerns they might have, including safeguarding. In most cases this is highly effective and analysis of themes emerging from their concerns have been used to inform service improvements such as the development of a 15+ team to improve transition arrangements for those leaving care. Those who responded to the aftercare survey were positive on all aspects including feeling safe.

66. A high priority is placed on safeguarding and improving outcomes for children missing from home and care. A highly effective multi-agency group involving local authority, police and the voluntary sector have developed good arrangements for sharing information and improving communication across agencies to identify those most at risk of going missing. These arrangements have improved responsiveness ensuring any safeguarding issues that have caused the child to run away are identified. Nottinghamshire police are actively engaged in promoting safeguarding for looked after children and young people and make an outstanding contribution, as part of multi-agency work, to respond to presenting needs. This work covers children and young people who go missing from care, responding to specific behaviours in foster and residential care settings, reducing criminal activity and promoting restorative justice.
67. Monitoring and evaluation of data informs challenge and commissioning, decommissioning and re-commissioning of private providers. Effective procedures underpin commissioning arrangement including monitoring safeguarding provision across the range of providers. Independent reviewing officers fulfil their statutory duties in respect of looked after children and young people and maintain a close eye on all aspects of safeguarding. Where risks are identified contracts are withdrawn or regulatory inspection requested. Agencies actively report private providers that cause them concern to regulators in order to appropriately bring about improvements. Shortfalls in meeting statutory requirements for supervision and reviews of plans have been addressed with the appointment of new staff and improved supervision arrangements. Recent recruitment to address the shortfall in health visitors and new recruits has had a good impact and staff are now taking up post. Staff in all settings working with looked after children and young people are appropriately monitored through safe recruitment processes.

### **Enjoying and achieving**

**Grade 2 (good)**

68. Local arrangements to promote enjoyment and achievement are good. Almost all children responding to the Care4me survey feel they have good or very good education and get positive help and support. Ensuring appropriate, local and stable educational provision is given a high priority by the partnership board and through effective corporate parenting arrangements. Enjoying and achieving is seen as an integral factor in decision-making processes when placement options are being considered.

Schools report good support from local services in extending their provision for looked after children and school networks are giving looked after children and young people a high priority in respect of individual ambition.

69. Case files illustrate generally good practice and stability of school placements, but social worker capacity at times of significant pressure has had a impact on the timeliness of some plans. Additional staffing resources have been deployed to ensure that agreed timescales are routinely met. School representatives meeting with inspectors describe good arrangements for early intervention through the extensive network of children's centres and city-wide commitment to identify the best placements for looked after children and young people. When placement changes are unavoidable considerable effort is made to maintain current schooling arrangements and continuity of education. There are more placement changes and moves of schooling for those children and young people placed outside the city.
70. Agreed protocols and good working relationships between local schools and head teachers are having a positive impact on high attendance rates and low levels of permanent exclusions. Good, flexible interventions limit the need for permanent exclusions and low-level exclusions. In primary schools there are no permanent exclusions and there has been a marked reduction in other types of exclusions. In secondary schools the rate of exclusion is comparatively low and, where this has been necessary, alternative provision is provided including the use of learning centres.
71. The attainment of looked after children and young people is at least comparable to similar areas and improving. Good local analysis illustrates that almost all make the expected progress as they move through primary school. Those assessed with special educational needs make good progress from their starting points. The establishment of a virtual school is proving highly effective in supporting vulnerable groups and monitoring achievement and attainment. Improved arrangements for monitoring and evaluating educational outcomes are informing targeted support to schools and individual children and young people. The headteacher of the virtual school is driving improvements with good progress in the quality and number of personal education plans completed. Additional support to schools to access additional resources such as personal educational allowances is extending the range of personalised educational provision. There is appropriate range of one-to-one tuition, access to learning mentors and use of personal education allowances to promote learning and access to a range of additional activities. Family support workers are used to provide additional help and support as required.
72. Local education improvement partnerships collaborate to provide safe play approaches. A wide range of universal, targeted and specialist services to provide good range of leisure, recreational and cultural support to children

and young people who are looked after. The 'IRISE' project recently introduced to raise aspirations and self esteem of 8–13 year olds has 42 children in care involved with a target of 65. Disability support officers are available to support those with a disability to access leisure and recreational activities. The partnership is active in developing ways to enable looked after children and young people to fully participate in the wide range of recreational and leisure opportunities available in the city.

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

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

73. Arrangements to ensure children are able to make a positive contribution are good. Established and improving arrangements encourage looked after children and young people to contribute to discussions about the decisions being made about their care and well-being. Their views are increasingly being used to inform the development of local services. The Children in Care Council (CIC) has been running for a year. Good support has been offered to develop the necessary skills and confidence of the group to represent looked after children and young people on the various boards and planning groups. The council has been very successful in increasing the profile of the views of children and young people within the Corporate Parenting Board, through political processes and management. They have made a valuable contribution to the development of questionnaire design and content and been involved in developing the specification for advocacy. Looked after children and young people have good opportunities to express their views and opinions about their individual plans and service provision. Almost all looked after children and young people responding in the Care4Me survey said they are in regular contact and know how to make contact with their social worker. However some stated they could not always see how their views were being taken forward and did not know how to make contact with their reviewing officer. Most felt their reviews were managed in a constructive way. Advocacy and complaints procedures are well publicised. Social workers plan their visits to talk to children and young people on their own who report they find their social worker to be helpful. However, some young people raised issues in respect of the of expectation they had about their social workers and what they could and could not provide in practical terms for them. This is pertinent in the context of the changing role of social workers and the fact that a much wider range of professionals are now engaged in working with young people.
74. Interpreters are provided to support the reviews for those with limited English skills and special schools provide appropriate support to ensure those with complex needs can express their views. Independent reviewing officers and local advocacy services provided by the National Youth Advisory Service (NYAS), Barnardos and NSPCC contribute well to plans and provide time and opportunity to support young people's views being heard. Any concerns raised by young people as part of the review process

are analysed by NYAS and common issues are used by the partnership to inform service improvements. For example the development of the 15+ team was informed by issues raised by care leavers on the process of leaving care. The good communication between the police and local services is promoting effective support for those on the edge of offending and young offenders. There has been a very good reduction in the number of looked after children and young people receiving a criminal conviction. The dedicated police officer within the service is having a considerable impact on reducing the numbers of criminal proceedings and use of custody. Local data are used well to target any hot spots and to deploy appropriate support services.

75. Care leavers report very good support and communication from the youth offending service and with help to move from care into semi-independent or independent provision. They are supported well to develop budgeting and independent living skill. Those who met with inspectors and had left care prior to the establishment of the 15+ team were less positive reporting feeling lonely or facing financial challenges. The voluntary sector is also actively engaged in the delivery of services to promote positive contribution and to give children and young people who are looked after a voice. A good example is the work with young carers in ensuring that schools are sufficiently adaptable to the daily demands placed on this group by care responsibilities at home. The adult offending team, based within the family intervention project, is working holistically and intensively with adult offenders and their families to break the cycle of inter-generational offending. Currently 24 families are engaged and there has been an 88% reduction in social care interventions involving young people in this cohort as well as improved school attendance.

### **Economic well-being**

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

76. The impact of services to improve economic well being of care leavers is adequate. Almost all care young people have an up to date pathway plan which is reviewed regularly. Older care leavers, who met with inspectors seen during the inspection, had some criticisms of the responsiveness of services and the level of support available to be successful in the transition to independent living. However, those soon to be old enough to leave care or who have recently become care leavers report good support, especially where they have had access to semi-independent living as part of the pathway to independence. Care leavers receive good health support with appropriate signposting to relevant health services. Not all care leavers have received copies of their health histories on leaving care. Good consideration is given to safeguarding young people when accommodation and vocational choices are being considered.
77. Young people report they receive good support, advice and guidance from Connexions personal advisers and members of the 15+ team. The introduction of the 15+ team, combining leaving care team and transition



teams is providing co-ordinated support and long term planning to improve outcomes for care leavers. Good multi-agency working is extending the range of learning options and choice of appropriate accommodation. Almost all care leavers have a pathway plan. Most responding to the Care4Me survey believe they are getting enough support to prepare for leaving care including cooking, coping with problems or preparing for employment or university. Most young people are found education, employment or training places when they leave school, but several young people found it hard to sustain placements. They receive good advice on how to manage their finances although some gave examples where limited funds reduced their ability to attend college courses regularly. The number of young people leaving care who are in full time education, employment or training fluctuates, but the most recently published data show a slight improvement and in line with similar areas. Some with aspirations for university have struggled to complete courses due to distance from college or being unable to cope with the demands of A-level study. However, currently 17 care leavers are being supported successfully in university places. Care leavers felt there should be more opportunities for dedicated apprenticeships to provide them with experience they could use when applying for jobs.

78. Almost all care leavers are found appropriate accommodation and good relationships with local housing associations are extending the range of options available. There are planned stages on the way to independent living for those that need it and most feel they receive enough support to sustain their independence. Young people placed in the semi-independent unit value highly the practical and emotional support they receive from staff. The recent acquisition of homes in the community is providing high quality provision for those able to live independently. An appropriate range of housing options are available with good plans in place to improve the commissioning of more supported lodging.
79. The partnership demonstrates strong commitment to acting as a good corporate parent to care leavers with positive impact on improving outcomes and there are good planned actions to extend further the range of opportunities. Planned developments with local the local business community are designed to extend the range of apprenticeships and vocational opportunities for care leavers. Effective transitions of young people with learning difficulties and disabilities aged fourteen years and over are a priority in the C&YPP. This has led to targeted work to improve the transition of disabled young people to adult life. Parents interviewed report that this is already having an impact and transitions are improving.

## Quality of provision

## Grade 2 (good)

80. The quality of provision is good. Ongoing improvements are being achieved by effective multi-agency and cross-service developments. Currently there is some inconsistency of practice in social care records not

aided by the format and slow speed of the electronic recording system. The Local Council Family Support strategy is designed to promote prevention and early intervention. Ambitious targets have been set to reduce the number of children coming into care (by 30%) through family support Interventions. The Family Intervention Team and Targeted Intervention Team provide outstanding support for those on the cusp of care. A good range of preventative approaches and effective multi-agency collaboration are effectively supporting children to remain in their family home and provide the support to enable children to return home. Local services are underpinned by effective joint working where there is clear understanding of respective roles.

81. Use of the CAF is leading to improved identification of need and delivery of joint services to enable children and young people to remain or return to their families quickly. Assessment are being initiated by colleagues from across the partnership, for example midwives are undertaking pre-birth assessments and alerting wider services to potential need, and patch-workers for local accommodation are initiating assessments where there have been concerns about the quality of housing. Assessments seen on the electronic system are adequate in dealing with immediate and presenting problems but do not easily facilitate an holistic or historical view of individual cases. Most plans for looked after children are detailed, informed by good assessments and analyses and are usually on time. However in the last year a small percentage of reviews have been slightly out of time because of staffing pressures. Additional resources have now been provided to ensure greater consistency in the timeliness of reviews. Good and appropriate consideration is given to the ethnicity, religious and cultural needs of individual children, young people and their families. A Black foster carer support group offers good opportunities to develop a specific awareness of specific cultural needs.
82. An adequate permanency policy provides appropriate guidance to staff to secure stable and loving family support. Planning for placement stability and performance in ensuring stability is good. Inspections of the fostering and adoption services have been graded as good and consistent progress is being made in extending the range of placement options, including kinship care, special guardianship and supported accommodation for care leavers. Two of the three children's homes currently in operation are rated as good and one as outstanding. All placement types demonstrate increased capacity to meet the needs of disabled children and young people and those from minority ethnic groups. The recruitment of foster carers to meet these additional needs has been a focus of joint work across the partnership leading to increased capacity to meet needs within the city. The targeted support team is responsive to situations where placements may be coming under pressure in order to support carers and to reduce the risk of placement disruption.

83. The placement panel operates well to ensure that placement plans are in place for all looked after children and young people. Local meetings have been held between independent reviewing officers, legal officers from the council and Court advisers to examine any delays in court processes with the aim of completing cases within 40 weeks. There are local concerns regarding the use of independent assessors and experts by courts which is contributing to delays in the completion of some cases. It is also reported that in some instances pressure has been exerted on existing foster carers to adopt children in their care, although placements were initially agreed on a short-term fostering basis only. This problem is being actively pursued with court officials in order to reduce the potential for delay in placement decisions, particularly for very young children who enter the care system. The partnership is aware that there is scope to increase the use of family group conferences to facilitate placements within extended families and appropriate action is being taken.
84. Most children accommodated in the city live in good quality, stable and settled placements which meet their needs. All are allocated a qualified social worker. On going work is improving the quality and consistency of social work contact, including an increase in the number of available social workers. Almost all children and young people responding to a survey said they felt they were living in the right placement for them and their care is good or very good and their views and wishes are usually taken into consideration. Further good development is reflected in the strategy to move to small group homes and reduce the use of larger residential units. Good decisions are taken to promote the safeguarding of looked after children and young people. Placements options are of good quality, although there is not always enough to provide wide choice of placement. The move towards small group homes, refurbished to a high quality, is providing positive home environments for young people. Older young people have access to supported accommodation or independent living with the community. Careful consideration is given to the appropriate placement and effective support is offered to develop independence and self help skills.
85. Complaints procedures are well publicised and accessible. The views of young people are sought with good arrangements to gain the views of those with English as a second language or with communication difficulties. The local authority and partners meet the required standards for the care of looked after children and young people. Recent data shows that more looked after children reviews are happening in a timely manner and most review reports demonstrate that the needs of looked after children, young people and care leavers are effectively monitored. Multi-agency assessments result in a comprehensive understanding of the needs of looked after children and young people.
86. The involvement of the police in local multi-agency arrangements to reduce convictions amongst children in care has been very effective. This

is in part due to better training and awareness of the needs of looked after children and how better to address offending behaviour without recourse to criminalisation through the courts. The introduction of the 15+ team is increasing the effectiveness of the provision and planning for those leaving care. Well established pathways are supporting transition for care leavers. Innovative solutions are being considered to ensure appropriate, supported accommodation on leaving care and providing support until 21 years where necessary. Those with complex needs are well supported by established transition services.

## **Ambition and prioritisation**

**Grade 2 (good)**

87. Ambition and prioritisation are good. The council and its partners demonstrate good ambition for looked after children and young people. The C&YPP is explicit in respect of these services being of high priority and there are good examples of effective joint working across the partnership to improve outcomes. The partnership board, corporate parenting board and other planning systems pay close attention to outcomes for looked after children and young people and as necessary have deployed additional joint resources to fill any identified gaps in service provision. The partnership has recently launched its pledge to all children and young people in the city to actively promote their welfare and to meet the needs of vulnerable groups, including looked after children and young people. The vision for services is widely shared and championed across the partnership with good examples of innovative practice in health, education and the voluntary sector to ensure services are sufficiently flexible to respond to changing needs and demographic change. There are good examples of service responsiveness to asylum-seeking children and families, children and young people from different minority ethnic groups or with disabilities and children and young people who are on the cusp of care or in need of targeted family support.

## **Leadership and management**

**Grade 2 (good)**

88. Leadership and management of services to promote the welfare of looked after children and young people and care leavers are good. Leaders across the partnership, including elected members and managers demonstrate personal and corporate commitment to looked after children and young people exhibited through effective service provision, resource allocation and service prioritisation. The looked after children and young people population is carefully monitored and any shifts in overall levels of need are responded to quickly. There are good examples of effective practice in social care, health services and education to ensure looked after children and young people and care leavers receive good quality help and support. Partnership working is well embedded and based on a history of trust and cooperation.

89. Workforce planning across the partnership is robust and aimed at ensuring there is a good mix of skill and experience across all services to meet a wide range of need. Staff training is good and imaginative arrangements are in place to recruit and retain staff to ensure continuity of care for looked after children and young people. The effectiveness of services in considering the impact of, and promoting, equality and diversity is good. Clear and effective action is taken to address inequality in the city and there are dedicated staff in all agencies to ensure specific cultural and religious needs are identified and met. Financial management is good and scrutiny and other systems are in place to promote service efficiency. Children's services are given a high priority including appropriate protection to ensure quality is maintained in accordance with the priorities set out in the C&CPP. Political support for the provision of additional resources is timely and effective. Service commissioning for looked after children services is good. It is focused well on achieving good outcomes and ensuring that providers meet agreed standards and specifications. The partnership maintains a robust approach to service review, based on impact and outcomes, and demonstrates commitment to best value through monitoring contract compliance.
90. A wide range of opportunities exist for looked after children and young people to participate in planning and to help develop services. There are good examples where this has led to changes in service delivery, new strategies and approaches. There are a wide range of imaginative initiatives to recruit and retain staff with reducing reliance on agency staff. A comprehensive support and training scheme is in place to provide additional support to newly qualified social workers. Birmingham University is actively involved in a management development programme. All staff in contact with looked after children and young people have been subject to CRB and no new staff take up post until they are appropriately cleared. Inspections of regulated settings confirm that attention to safe staff recruitment is good.

## **Performance management and quality assurance**

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

91. Performance management and quality assurance are good. Robust systems are in place to monitor performance against national indicators and locally derived measures. Performance information is routinely provided to the various boards and relevant committees to ensure that corporate responsibilities to looked after children and young people are being met and C&YPP objectives achieved. Action is taken promptly where targets are not being met or where there are concerns about the impact of services on improving outcomes. Audit processes are in place and being used to measure the quality of work and to drive improvements. The audit conducted for this inspection was robust and identified good practice as well as areas for further development. Audit tools are being further refined and will include thematic reviews and impact assessments. Good quality

management information is routinely collated in order to monitor work and staffing pressures, case allocation and assessment and review timeliness and social worker visiting frequency. Independent reviewing officers are performing their role adequately although there is some variation in the robustness of their quality control responsibilities.

92. Scrutiny arrangements are good. The Young Nottingham Select Committee focuses well on services to looked after children and young people and closely examines performance and services quality through a rigorous process of evidence gathering. There is scope to extend scrutiny in respect of selected subjects to include looked after children and young people in some or all of the process.

## Record of main findings: Nottingham

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