

Joint area review

Derbyshire Children's Services Authority Area

Review of services for children and young people

Audit Commission
Healthcare Commission
HM Crown Prosecution Service Inspectorate
HM Inspectorate of Constabulary
HM Inspectorate of Prisons
HM Inspectorate of Probation
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Introduction

1. The most recent Annual Performance Assessment (APA) for Derbyshire judged the council's children's services as good and its capacity to improve as excellent.
2. This report assesses the contribution of local services in ensuring that children and young people:
 - at risk or requiring safeguarding are effectively cared for
 - who are looked after achieve the best possible outcomes
 - with learning difficulties and/or disabilities achieve the best possible outcomes.
3. The following investigation was also carried out:
 - the contribution of local services to reducing health inequalities

Context

4. Derbyshire is a large, mainly rural county of moors, hills, small villages and busy towns. Levels of affluence and deprivation vary across the county from thriving tourist centres in areas of outstanding natural beauty to areas of decline such as those still suffering from the demise of the coal industry. Employment rates are in line with the national average. However, average earnings are below the national average and unemployment is high in some areas, especially in the north-east of the county.
5. The overall population grew by 5% between 1991 and 2005. It is now around 750,000, of whom 22% are aged between 0–19 years. It is projected to increase by a further 3% by 2010, although the number of 0–19 year olds is decreasing. The minority ethnic population is very small at 2.8%, of which the largest single group, 0.37%, is of Indian heritage. More recently, small but growing numbers of people from Eastern Europe have begun to settle in the north-east of the county.
6. There are 20 children's centres and a further 22 being developed, 127 day nurseries, 169 pre-schools, 130 out-of-school clubs, 37 crèches, 35 holiday schemes and 768 childminders.
7. The county council maintains eight nursery schools, 69 infant schools, 55 junior schools, 234 primary schools, 47 secondary schools, 10 special schools and eight support centres (pupil referral units). Enhanced resource facilities for pupils with complex special educational needs are located at 17 schools.

8. The county is served by three further education (FE) colleges and by Derby University which also offers FE provision. Post-16 provision is offered by 26 secondary schools and five special schools. Entry to Employment (E2E) provision is offered by a range of providers, including the county council's adult community education service.

9. Adult and community learning are delivered through the county council's adult community education service. It also provides a wide range of family learning opportunities, in partnership with *Read On, Write Away!* a literacy-based partnership project.

10. Primary care for the majority of the county is provided by Derbyshire County Primary Care Trust (PCT). Primary care for the Melbourne area of South Derbyshire is provided by Derby City PCT while primary healthcare services to the town of Glossop and the surrounding area in the north of the county come from the Tameside and Glossop Health Authority.

11. Acute hospital services are largely provided at Chesterfield Royal Hospital and Derby City Hospital. However, around 30% of Derbyshire County PCT's population receives district general hospital services outside Derbyshire. Some acute hospital services for residents in the north of the county are located at Stepping Hill Hospital, Stockport and at Tameside General Hospital, Ashton-under-Lyne. Derbyshire's geography also means that acute services for other small parts of the population and for children with highly complex needs are delivered in or from hospitals outside the county.

12. Child and Adolescent Mental Health Services (CAMHS) are covered by the Royal Hospital for the north of the county and the Derbyshire Mental Health Trust for the south, with the Glossop area being covered by Pennine Care NHS Trust. General Mental health Services are provided for the county PCT area by Derbyshire Mental Health Trust.

13. Social care services for children have 375 foster carers, nine children's homes, seven family support centres, one residential respite care home and seven district-based locality teams.

14. There are no secure units or young offender institutions in the county.

Main findings

15. The main findings of this joint area review are as follows:

- safeguarding of children and young people is good and is well supported by strong partnership working and a good range of preventative services. The quality of assessments is good and child protection planning is effective. However, safe recruitment procedures are not always followed rigorously and the youth offending service does not consistently refer safeguarding concerns appropriately

- services and most outcomes for looked after children and young people and those leaving care are good. Most children live in stable family placements. Their health needs are well met, their participation in reviews is excellent and educational achievement is improving. However, rates of offending are high
- services and support for children and young people with learning difficulties and/or disabilities are adequate, with some good features. Educational provision has improved and those with complex needs benefit from a good range of services; however, access to specialist, outreach and support services is variable. Service development is not informed by a comprehensive audit of needs and there is no strategic approach to participation
- the impact of local services on improving health inequalities is adequate. Resources are well targeted to tackle health inequalities, although this has not yet led to consistently improved outcomes. Many initiatives to address health inequalities rely on short-term funding and are not always sustained
- service management is good. The Children and Young People's Plan (CYPP) is ambitious, priorities are clear and appropriate, capacity is good and managers have a strong grasp of their services. However, there are weaknesses in supervision and training in the youth offending service. Performance management and financial management are sound. The strategic overview of equalities and diversity is not sufficiently strong to ensure that work on this is consistent and coordinated
- capacity to improve is outstanding. Very effective and visible political and managerial leadership with a pragmatic 'can do' approach results in clear vision, direction and decision making. Partnership working with districts, health services and voluntary agencies is very strong. Outcomes are good and capacity has been further increased in order to deliver its priorities.

Grades

4: outstanding; 3: good; 2: adequate; 1: inadequate

	Local services overall
Safeguarding	3
Looked after children	3
Learning difficulties and/or disabilities	2
Service management	3
Capacity to improve	4

Recommendations

For immediate action

The local partnership should:

- ensure that an appropriate way is found to successfully disseminate the findings of this report to children and young people in the area.

Derbyshire Safeguarding Children Board should:

- ensure that safe recruitment procedures are followed rigorously.

For action over the next six months

The youth offending service should:

- ensure staff are appropriately trained and supervised and that referrals are made where appropriate to children's social care services.

The Children and Younger Adults Department, with the youth offending service and the police, should:

- reduce the number of looked after young people involved in offending behaviour.

The Children's Trust Board and the PCT should:

- ensure there are clear plans for sustaining initiatives to reduce health inequalities dependent on short-term funding.

The Children's Trust Board should:

- develop a clear strategic approach to equalities and diversity to ensure that work in this area is consistent and coordinated and emerging issues identified and tackled in a planned way.

For action in the longer term

The Children's Trust Board should:

- improve equity of access to specialist services and support/outreach services for children and young people with learning disabilities and/or difficulties
- develop systematic and routine arrangements for consultation with and involvement of children and young people with learning difficulties and/or disabilities to support their contribution to strategic decision making.

Equality and diversity

16. The council and its partners support a range of good projects and initiatives promoting equalities and diversity. However, there is no strategic approach to ensure that work is consistent and coordinated and that emerging issues are identified and tackled in a planned way. Progress on completing impact assessments of the effect of policies on race equality is at an early stage. The educational achievement of black and minority ethnic children is well monitored and is mostly in line with the achievement of all children. Levels of employment, education and training for young people from black and minority ethnic backgrounds are above the average for white young people in the area. Good joint working in early years provision, family learning opportunities, and advice and support to traveller families has improved attendance at school for children from travelling families. However, overall their achievement remains below all other children in the area. Good work is done in schools and by other agencies to promote children and young people's understanding of racism and homophobia. Workforce action plans have led to a good and improved proportion of women managers, although women are under-represented at senior management level. The overall number of staff from black and minority ethnic backgrounds has also increased from 1.11% to 3.21%, above the number of the local black and minority ethnic population of 2.8% and is well represented at senior management level.

Safeguarding

Inadequate



Adequate



Good



Outstanding



17. The contribution of local services to improving outcomes for children and young people at risk or requiring safeguarding is good.

Major strengths	Important weaknesses
<p>Good inter-agency partnership working.</p> <p>A good range of effective preventative services.</p> <p>Good quality managers at all levels in social care services.</p> <p>Children at risk of immediate harm are identified and responded to appropriately.</p> <p>High-quality accessible training.</p> <p>A stable workforce with good morale.</p>	<p>Lack of consistency by the youth offending service in referring safeguarding concerns to children's social care services.</p> <p>Safe recruitment procedures not followed rigorously.</p>

18. A range of agencies, including the police and fire service, promote safety well with young people and their carers. The number of children and young people killed or seriously injured in road accidents reduced by 40% between the 1994–98 baseline and 2005.

19. Innovative support programmes help to prevent substance misuse. Young people surveyed show improved understanding of the impact of drug use following access to these programmes. Access to assessment and treatment for substance misuse is good overall. The youth service has effective mobile outreach facilities to promote healthy lifestyles to children and young people, especially those living in socially deprived areas.

20. There is a good anti-bullying strategy in place and most young people responding to the Tellus survey reported that their schools dealt effectively with bullying. The number of children and young people who reported having experienced being bullied is lower than the national average. Positive steps have been taken to raise awareness of equalities and diversity issues, including homophobia and Islamophobia, through delivery of a specific programme, the Opening Hearts project, in primary schools, supported by specially commissioned material. School staff have been trained to record and report racist incidents and the number of incidents has reduced.

21. The area has a good range of preventative services and has further increased its capacity by commissioning additional services from the voluntary sector. This complements the good support to parents provided by children's centres, family support centres and by family resource workers in schools. Good signposting services are in place and evaluation shows families are positive about their responsiveness and the support provided. Successful parenting

groups are run on a regular basis and are well regarded by parents. However, as services such as the development of children's centres are at this stage appropriately targeted at more deprived areas, access to services varies across districts. Plans are well developed to identify and address gaps through improved coordination of service planning at district level.

22. Strong, well-regarded projects and services support families suffering from domestic violence. Delays in the referral of domestic violence cases involving children to social care services by the police have been significantly reduced by strengthening the administration of this service and the location of a safeguarding children's manager in the police central referral unit.

23. A good strategy for Child and Adolescent Mental Health Services (CAMHS) is in place. Access to these services for 16–17 year olds has improved and they are now accessible 24-hours a day. The service is prioritising resources on the more complex cases, which has resulted in less complex cases facing a longer wait for services.

24. There is good support for families that choose to educate their children at home and for those who for medical reasons are out of school. Education support to the traveller community is also good. There is effective alternative provision for pupils permanently excluded through the pupil support centres. However, there are insufficient work-based learning and further education placements for young people supported by the youth offending service, and too many of these young people do not access 25 hours of education a week. There is insufficient emergency accommodation for vulnerable young people aged 16–18 and no overarching strategy to deal with this.

25. Partnership working is good and is underpinned by a long-standing protocol. There is an effective cross-council approach to tackling anti-social behaviour. The youth service's mobile outreach facilities target identified 'hot spots' of anti-social behaviour and have led to an improvement in community safety in targeted areas. Police sporting initiatives provide good opportunities alongside the youth offending service in targeting those at risk of involvement in crime. Sport 2000, in partnership with the Derbyshire Sports Forum, developed community sport action groups across Derbyshire that targeted young people at risk of offending. The fire service has also run successful projects to help prevent fire crime. However, there is not sufficient joint working between anti-social behaviour officers and the youth offending service leading to improved outcomes'.

26. Inter-agency work has led to a reduction in crime levels. In the quarter from April to June 2007, there was an 11.7% reduction of first-time entrants to the criminal justice system. However, the youth offending service inspection identifies concerns about the quality of work with some young offenders. In some cases, safeguarding concerns had not been referred to children's social care services. Young people involved in offending are able to obtain good access to CAMHS, and youth offending service case files demonstrate good

liaison between its staff and parents and carers in the management of their children.

27. Social care's referral and assessment service has high morale, good supervision and respected, supportive front line managers. Case files examined showed effective case work practice. The quality of assessments was good, with strong inter-agency working and robust implementation of child protection plans. However, chronologies are not routinely available on case files to inform decision making. The electronic filing system is being amended to allow chronologies to be more easily produced. All child protection cases are allocated and all reviews held on time. The number of children with child protection plans is rising but remains below that of similar authorities and the national average. Re-registration numbers are below the similar authorities and national average indicating that the implementation of child protection plans is effective. The development of a rapid response team has significantly strengthened the safeguarding service available out of office hours. Children at risk of immediate harm are identified and responded to appropriately. However, the response to lower risk cases is not consistent across teams. The rate of repeat referrals is higher than in similar authorities. This is due in part to incorrect recording. However, in some cases referrals in need of further assessment, including from the youth offending service, are not properly identified and are closed too early. The number of initial assessments remains below that of similar authorities. Targeted action has led to an increase in the percentage of referrals leading to initial assessments, from 24.2% in 2005/06 to 45.7% in 2006/07. The large majority of initial assessments are completed within expected timescales, in line with similar authorities. The number of core assessments has increased from 30 to 40.8 in the same period but remains well below that of similar authorities. Timescales for completing core assessments are very good.

28. Derbyshire's Safeguarding Children Board is well established and provides an effective lead on safeguarding issues. District safeguarding children management teams provide local inter-agency forums for the promotion of safeguarding practice. District councils now have children's champions at elected member and management level and are fully signed up to the safeguarding agenda. Serious case reviews are undertaken appropriately but are of variable quality. Recommendations and key messages have been implemented by all partner agencies. Staff across agencies have appropriate pre-recruitment staff checks. However, in four out of ten personnel files audited, staff had taken up post prior to their Criminal Record Bureau checks being received. Voluntary agencies can easily access advice and training on safe recruitment.

29. The Common Assessment Framework is being implemented, supported by excellent training. Overall, the quality and availability of training for safeguarding is good. However, the take up of training is not consistently monitored. There is good evidence that agencies work effectively together in Derbyshire to improve safeguarding. Examples include the co-location of staff such as named nurses for safeguarding in social work offices and a

safeguarding manager in the police central referral unit. However, there are some concerns that the centralisation of the police child protection services has made the exchange of 'soft' information more difficult. Multi-Agency Public Protection Arrangements (MAPPA) are well established. All the partner agencies are fully committed to MAPPA and it is well funded.

30. The police, education and social care services each have missing children databases and work is underway to pull these and their associated protocols together into a single integrated system. There are sound procedures in place linking health and education information systems to ensure that the whereabouts of all children are known. A good multi-agency strategy and action plan promotes awareness of private fostering well.

Looked after children and young people



31. **The contribution of local services to improving outcomes for looked after children and young people is good.**

Major strengths	Important weaknesses
<p>A strong preventative strategy that contributes well to the continued reduction in the number of children becoming looked after.</p> <p>A well-developed culture of listening and responding to the individual and collective views of children and young people, with good evidence of impact.</p> <p>The high proportion of care leavers who are in education, employment or training at age 19.</p> <p>100% allocation of qualified social workers.</p> <p>Effective support for the physical and emotional health of young people who are looked after.</p>	<p>The high and rising number of young people looked after for at least 12 months who receive final warnings and convictions.</p> <p>The insufficient range of accommodation for young people leaving care.</p> <p>Not all residential staff have received training in appropriate restraint.</p>

32. The council is working actively with partners to support children and young people safely in the community and prevent, wherever possible, the need for them to enter or remain in care. Good inter-agency assessments, flexible support packages with very good input from family support centres, and

promotion of alternatives to foster or residential care are contributing to a year-on-year fall in numbers against the national trend. The proportion of Derbyshire children being looked after is well below that of similar authorities.

33. Services for most children and young people who become looked after are good. They receive good support from qualified social workers who are well trained and supported to understand and meet their needs. Strong commitment to planning and inclusive practice has resulted in 98% of care plans being reviewed on time, and 92% of children and young people contribute to their meetings. Increased investment in recruitment of foster carers is beginning to improve placement choice and has increased the number of carers with additional skills. Most live in family placements and placement stability is very good. Levels of long-term placement stability show steady improvement over the past three years and are now better than the national average. The percentage of children with three or more placements in a year is low and has also reduced steadily year on year. New entrants to care are more likely to be placed near home than those in other authorities. The quality of care in residential children's homes is compromised by some staff not being trained in appropriate restraint techniques. In one home, concerns have been identified regarding children being inappropriately restrained. Staff across all homes are now in the process of being trained in appropriate restraint techniques. Overall, the number of residential workers with an appropriate qualification is below that of similar authorities. The number of looked after children adopted as a percentage of all children looked after has dropped from 6.9% to 5.5%, below the average for similar authorities (9.2%) and England (8.3%). Capacity in the adoption service has been increased through the injection of additional resources to improve recruitment of adopters, but this has not yet increased the number of children being adopted.

34. Excellent attention is paid to the health needs of looked after children and young people. Designated nurses and paediatricians have developed flexible ways of engaging with children and young people, and 89% receive an annual health assessment, well above the percentage in similar authorities. Health care plans are of a high standard and move with the child to inform the care planning process. Good initiatives to promote healthy lifestyles have been developed with involvement from children and young people. Specialist social workers facilitate fast tracking to additional CAMHS where needed, with positive outcomes for the children and young people concerned. Looked after children and young people benefit from a wide range of initiatives which promote their self-esteem, raise aspirations and build resilience. They are well supported to become involved in sports and leisure, and plans are being developed to provide them with concessionary passes to local leisure centres.

35. Looked after children have good support to attend and enjoy school. However, the proportion of looked after children who have more than 25 days absence in a year (15%) continues to be above the national average (13.3%) for this group. Improved arrangements for monitoring and supporting attendance are having an impact in reducing this. A specialist education welfare

officer is responsive to concerns identified by schools, and the Assistant Director monitors attendance weekly. Timely interventions, such as a key worker collecting children from home and taking them to school, are having an impact. Residential children's homes have taken positive action to improve attendance, with half of the homes achieving over 80% attendance; however, this is still very low. The Behaviour Support Team and schools' family resource workers address educational-related concerns effectively to resolve issues; however, the number of permanent exclusions rose from three in 2005/06 to nine during 2006/07. Appropriate full-time provision is provided for excluded pupils at support centres.

36. Improvements to provision, especially the way schools and local agencies work together to promote educational achievement and celebrate success, are having a demonstrable impact on outcomes. Good use of personal education plans is helping to drive individual achievement. The percentage of young people leaving care aged 16 or over with at least one GCSE at grade A* to G or equivalent in 2006 is in line with the national achievement of looked after young people. In 2007 this percentage increased to 78%. Increasing the focus on individual progress at Key Stage 4 by the Looked After Children Education Service (LACES) is having a positive impact on examination results. The proportion at Key Stage 4 achieving five GCSE A* to C grades increased from 10% in 2006 to 17% in 2007. Fluctuations occur due to the higher than average number of children with statements of special educational need (35% compared to 27.7% nationally). The attainment of looked after children continues to be well below that achieved by all pupils but the gap is closing. 2007 test and examination results illustrate improved performance across the age range and in almost all subjects. At Key Stage 2, 43% of 11 year olds achieved the expected Level 4 in both English and mathematics, an improvement of 8% and 4% respectively from 2006, compared with a national rate of improvement of 1%.

37. A high and rising number of looked after young people receive final warnings and convictions. Strategies to tackle the issues include a 'team around the unit' approach involving the police and the youth offending service in residential care homes to promote a problem-solving approach for children and young people at risk of offending, but this has not yet made an impact on outcomes. Links with the youth offending service have not been sufficiently strong to address this issue.

38. Young people leaving care receive good practical and emotional support to help them live independently. All have personal advisers and most have pathway plans. The care leavers' employment project provides very good support for young people in or leaving care. The rates of 19 year olds in education, employment or training are equal to other young people in the area and well above national and comparator rates. Those who progress to higher education receive very good financial support. The number of care leavers living in suitable accommodation is good and in line with similar authorities. However,

the range of accommodation is not sufficient to meet individual need across the area.

39. Derbyshire listens and responds to children and young people who are looked after and there is a strong track record of improvements to service delivery as a result of their input. Young people contribute to recruitment and training, which is well received. A strong children's rights and advocacy service, which includes a staff member who is a care leaver, is highly regarded by young people and those who work with them. Elected members and senior officers take corporate parenting seriously. They are well informed about looked after children and there is robust scrutiny of issues affecting such children. They visit children's residential homes and meet with looked after children at celebration events. However, they do not meet formally with a representative group of looked after children and young people.

Children and young people with learning difficulties and/or disabilities



40. **The contribution of local services to improving outcomes for children and young people with learning difficulties and/or disabilities is adequate, with some good features.**

Major strengths	Important weaknesses
<p>Good educational provision and progress for many children and young people with special educational needs.</p> <p>The high quality and impact of individual multi-agency projects and initiatives.</p> <p>Effective support by the children with disabilities teams.</p>	<p>Inequity of access to specialist services and support/outreach services across the county.</p> <p>Lack of systematic and routine consultation with and involvement of children and young people with learning difficulties and/or disabilities and their parents to support their contribution to strategic decision making.</p> <p>Insufficient access to work-based learning for young people with moderate learning difficulties post-16 and for those with physical disabilities.</p>

41. There are strong aspirations for and commitment to improving outcomes for children and young people with learning difficulties and/or disabilities. Individual initiatives, projects and programmes are often of a very high quality and are making a real difference to children's development, through planned multi-agency working. The strategic review of special educational needs (SEN) has led to improved and better matched educational provision. However, work to develop an integrated and sustainable strategy for children with disabilities is still at an early stage of development. A comprehensive audit of need is not yet complete and children do not always receive equal access to services, especially to health services.

42. At birth the needs of those children with complex health problems are usually identified well. However, when the child is born outside Derbyshire some parents report that communication between the hospital and local community support services is inadequate. Currently, some children with additional needs are identified too late to benefit from early intervention services. Children's centres, of which 20 are now open, are developing their role in reaching out to the community as the local hub for the early intervention.

43. Children with the most complex needs are supported well. Procedures and protocols across agencies work well, including effective assessment, planning and review procedures. Resource panels are used effectively to examine alternative provision and to monitor the quality of placements. Palliative care services are good. However, timely access to other services, such as occupational therapy, physiotherapy and sensory impairment therapy, is variable depending on where children live. Provision for children who do not meet the thresholds for these services varies across the county.

44. Early intervention services are becoming more effective as a result of improved multi-agency front line working, including with the voluntary sector. This is leading to increased understanding and communication between agencies. For example, the 'Team around the Child' approach, piloted for a small number of children with the most complex needs in the High Peak district, has resulted in a more coherent service for children and their families supported by the role of the lead professional. The resource implications for the lead professional role and the protocols for joint working in the 'Team around the Child' approach have not yet been agreed. There are many examples of good, and some outstanding individual programmes, including the Mobility Opportunities in Education (MOVE) programme, a very successful and flexible activity-based movement programme. However, plans to roll out these successful initiatives across the county have not yet been finalised.

45. Families of children with the highest levels of need are generally well supported through the family support service, and the voluntary organisations Fairplay and Umbrella. Children are well supported by the specialist children's disabilities teams, which also ensure good child protection and safeguarding arrangements. However, some parents feel that access to children's social care services is difficult and only available for those with complex needs. Good

residential short break accommodation and respite services provide much needed support for many parents, though those of children with moderate levels of need report that outreach and respite care for children and families is variable across the county. The training and induction for staff on safeguarding is good. The needs of looked after children with learning difficulties and/or disabilities are well met through the comprehensive monitoring of care packages.

46. The progress made by children and young people with special educational needs up to the age of 16 is good overall. They make good progress between the ages of 7 and 11 and increasing numbers achieve at least one GCSE or its equivalent at age 16. This compares well to national figures and those in similar local authorities. Children's progress in schools is tracked well, supported by detailed performance data, including for those who do not work at National Curriculum levels. Schools and settings are given strong challenge and support through the school improvement service. The recent review of special educational needs has ensured that the educational provision for children and young people is inclusive and matched to need, with improved and more flexible links between special schools, mainstream schools and enhanced resource centres. The proportion of children educated in special schools is below that in similar authorities. The number of statements of special educational need has reduced and is now in line with that in similar authorities, and action has been taken to ensure completion within timescales. The quality and match of special needs provision to children's needs is monitored appropriately by the district inclusion teams. However, some parents are concerned that the needs of their child are not being adequately met in mainstream schools.

47. Children are well supported by learning mentors and family resource workers in making the most of school. Children and young people with learning difficulties and/or disabilities benefit from good, dedicated, multi-professional CAMHS, which include targeted support from home intervention workers for those with complex needs in a range of accessible care settings. The Derbyshire Better Behaviour Programme has had some success in improving attendance and reducing exclusions in targeted schools, but the level of exclusions remains disproportionately high. The multi-agency strategy to tackle this issue has begun to make some impact, with no re-exclusions at the date of inspection following targeted additional support.

48. The vast majority (90%) of young people have transition plans to support their move to adult services. This is well above the similar authorities (70%) and national (63%) averages. Plans are underpinned by good multi-agency involvement, led by Connexions. The number of young people engaged in education, employment or training at age 16 has increased and is now in line with the national picture, but the number continuing beyond age 17 is much smaller. The local authority is taking the lead in developing vocational and skills training for pupils for whom conventional examination courses are not suitable, for example through the Alfreton Vocational Academy, and the Entry to

Employment programme, although access to comparable provision varies across the county. Young people who proceed to a college course achieve above the national average for this group and the few who go into work-based learning achieve success rates that are well above the national average. However, young people with moderate learning disabilities and/or physical disabilities have limited access to work-based learning at 16. Those who choose to go to college or continue in full-time education have low chances of moving into supported employment. There is a limited range of options post-19 for young people with complex needs. The local authority is not taking a lead in offering work placements to vulnerable young people.

49. Children and young people have access to a number of specialist recreation and leisure facilities, including those provided by the youth service, such as the Hear and Now group, and by the voluntary organisations Fairplay and Umbrella. However, access to mainstream recreation and leisure facilities in the community is underdeveloped.

50. Individual children and young people are generally well involved by schools, early years settings and services in making choices and participating in decisions that affect them. Advocacy support is in development. There are some examples of opportunities for children and young people to contribute to wider consultation, for example to the CYPP, the design of a local swimming pool or their new school. All pupils in special schools were consulted as part of the SEN review. However, procedures within the county to consult and ensure the participation of and feedback to children and young people with learning difficulties and/or disabilities about wider and strategic issues are not yet systematic or routine.

51. While parents and carers of very young children receive information on services through the Children's Information Service (CIS), parents of older children report that access to information is not always well signposted. The Parent Partnership provides good advice, support and training, primarily on education issues, though not all parents and families are sufficiently aware of the service. Parents are consulted about services through questionnaires, though feedback is not systematic. There is no central forum to seek parents' views.

Other issues identified for further investigation

Health inequalities

52. **The contribution of local services to reducing health inequalities is adequate.**

Major strengths	Important weaknesses
<p>Young people have good access to sexual health information and contraception.</p> <p>Innovative and effective multi-agency working to reduce the number of young people smoking.</p>	<p>In some areas, the rate of teenage conception remains high and shows an underlying increasing trend.</p> <p>The numbers of mothers sustaining breastfeeding is low.</p> <p>Lack of clear plans to sustain initiatives to address health inequalities dependent on short-term funding.</p>

53. Public health data are well used to identify health inequalities and focus resources to reduce these, especially in deprived areas, although this has not yet led to consistently improved outcomes. Many initiatives to address health inequalities rely on short-term funding and are not always sustained. This undermines progress. Key priorities, including addressing identified health inequalities, have been agreed with partner agencies and are reflected in planning documents. Overall, healthcare performance indicators are in line with statistical neighbours and/or national figures. However, this masks significant variation between areas.

54. Joint commissioning of services is tackling the historical differences in service provision between the north and the south of the county. Child health is well monitored and is significantly better than the England average. Immunisations are just above the England average

55. There is a range of good sexual health services for young people. These are in accessible venues and are used well. The under-16 year olds rate of chlamydia is slightly above national trends at 80.7 per 100,000. The youth service has effective mobile community outreach facilities to promote healthy lifestyles to children and young people, especially those living in socially deprived areas. The Big Blue Bus (mobile outreach facility) provides information in a 'One Stop Shop' for young people. This provision is equipping young people with good skills to adopt healthier lifestyles, including improving their understanding of sexual health issues and the dangers of smoking and drug use. The bus is accessible to those young people with learning difficulties and to wheelchair users. A kitchen on the bus is used to promote healthy eating and teaches children and young people how to cook cheap and nutritious meals. Instruction on hygiene and home safety is woven into this learning. Good use of theatre in schools promotes better understanding of the dangers of drug misuse. Children's centres give parents, carers and their children good levels of support to maintain healthy lifestyles. Parents welcome the children centres' multi-agency approach.

56. The county is in line with national trends in teenage pregnancy rates; however, in Chesterfield, Bolsover and Shirebrook there is an underlying increasing rate above national trends. The teenage pregnancy strategy has been reviewed and refocused on these areas, with increased resources and targeted projects delivered by effective inter-agency working. The accountability structure for the strategy at all levels and within partner agencies has been strengthened, with clear accountability to the Children's Trust Board. Young people's views on how to address teenage pregnancies have been sought. This has led to a better recognition of the links between alcohol misuse and accidental pregnancy and the development of the alcohol reduction strategy. It is too early for this to have had an impact.

57. There are innovative approaches in place to reduce the number of young people smoking, with good joint working between health and education. The overall percentage of mothers smoking during pregnancy is reducing and is now in line with the national average of 17%.

58. Almost all schools participate in the Healthy Schools programme. However, the number of schools achieving the Healthy School status award remains below the 50% target at 35%. There is excellent participation across all schools in the height and weight measurement programme, contributing to the obesity strategy. The public health lead professional for obesity ensures that care pathways for those young people with an underweight or overweight problem are identified. However, the links between these programmes and reporting and monitoring of progress are not clear.

59. The current rate of infant mortality is very low. A child death review group has been established by Derbyshire Safeguarding Children Board. It has done good work in identifying the key factors affecting infant mortality, including issues of low birth weight, to ensure a holistic approach is taken to future reviews.

60. The proportion of mothers initiating breastfeeding is higher than the England average in almost all areas of the county. However, evidence from Sure Start programmes shows that the number of mothers sustaining breastfeeding is low. Appropriate steps are in place to address this but have yet to have an impact.

61. CAMHS for young people are improving, with good partnership working and a clear strategic direction, but there is little reference to health inequalities and minority groups' needs in the strategy. There is a prompt 24-hour crisis referral service. Baseline assessments are in place, with early outcome data, but no health impact measures. The transition age into adult mental health services varies between services in the county. This results in some young people with complex behavioural needs being transferred into the adult services too early for their needs. In some instances there are no comparable adult services, leaving the young adult without appropriate support. There are no

dedicated health staff in the youth offending service to meet the physical health needs of young people involved with offending.

Service management



Capacity to improve



62. The management of services for children and young people is good. Capacity to improve further is outstanding.

Major strengths	Important weaknesses
<p>Challenging and realistic ambitions based on good consultation.</p> <p>Very effective political and managerial leadership.</p> <p>Good recruitment and retention, with very good training and development opportunities for staff.</p> <p>Very good partnership working, with effective use of the voluntary sector to enhance capacity.</p> <p>Strong financial capacity, with good budgetary management and effective strategies to secure value for money.</p>	<p>The lack of a strong strategic overview to ensure actions taken to tackle equalities and diversity issues are consistent and coordinated.</p> <p>The use of targets and linking of reviews of individual performance to priorities is not sufficiently explicit.</p> <p>The quality of supervision and level of training in the youth offending service.</p>

63. The ambitions established by the council and its partners for children and young people in Derbyshire are good. Children and young people are a key priority for the Derbyshire Partnership Forum and this is underpinned by a strong focus on improving outcomes for children in the sustainable communities strategy, for example engaging young people in positive activities. The comprehensive Children and Young People's Plan (CYPP) links clearly to the Every Child Matters outcomes and is ambitious and challenging. Partnership working is very good and major stakeholders, including the voluntary sector, are actively involved in developing and meeting the children's services agenda.

64. The CYPP is based on a good and wide range of needs analysis. The recent evaluation and refresh of the CYPP resulted in appropriate identification of gaps in provision and actions to address these, for example improving the attainment of traveller children. However, a comprehensive audit of the needs of children and young people with learning difficulties and/or disabilities to inform equitable service provision has not been undertaken. Widespread consultation, including with children and young people, informed the objectives and targets in the CYPP. Stakeholders, including staff, have a strong understanding of the partnership's ambitions for children and young people in Derbyshire and a clear commitment and enthusiasm to achieve them.

65. Prioritisation to improve outcomes for children and young people is good. Clear and robust priorities are clearly set out in the CYPP, with a range of linked outcomes. These take account of most groups, but whilst good actions are taken in many instances to address diversity and human rights issues, the strategic overview is not sufficiently strong to ensure these are consistent and coordinated. Service plans explicitly link to ambitions and priorities, have clearly defined actions, and demonstrate the contribution of most partners.

66. Prioritisation of resources is good. A sound overarching medium-term business plan for children and younger adults' services is in place to deliver the CYPP. Resources have also been shifted and targeted to support priorities such as the preventative strategy. Difficult decisions are taken by councillors and officers where necessary and focus is sustained, for example on the closure of schools due to falling rolls and increased charging for school meals.

67. The overall capacity of the council and its partners to deliver priorities is good. The Director of Children's and Younger Adults' Services and the senior management team of both the council and its health partners provide strong and very effective leadership. There are many examples of good management at all management levels. Managers within the Children and Younger Adults Department have a strong grasp of their service areas and a sharp focus on improving outcomes for children and young people. The lead councillor for children and young people discharges her responsibilities very effectively, working with a small team of senior councillors; this serves to increase the capacity of political leadership.

68. Capacity is enhanced through very good partnership working. The area has adopted a measured approach to developing Children's Trust arrangements. The well-established Children's Trust Board is responsible for strategic planning and commissioning of services across the area. There is a wide and appropriate membership, a clear supporting framework and a strong commitment to partnership working from all partners. This is being further strengthened at district level, with the appointment of additional district managers to lead and coordinate implementation of the preventative strategy through district children's partnership groups. Nevertheless, the clarity in recording key decisions in minutes to enable scrutiny and challenge by key

stakeholders is insufficient. This has been recognised by the partnership and plans are in place to address this.

69. The Children's Trust Board has significantly increased capacity in order to deliver its priorities through, for example, the joint appointment of a Director of Health Improvement with the health service and the joint appointment with Connexions of the Deputy Chief Executive to lead the development of the youth support service. Good inter-agency processes, such as the information sharing protocol and Common Assessment Framework to share information and jointly plan services, are in place to ensure that the needs of children are identified and met. The area has an inclusive approach to involving children and parents in most service provision, for example; young people are members of the Children's Trust Board, the Youth Forum decided on the allocation of the Youth Opportunities Fund and presented their recommendation to Cabinet and there is very good involvement of looked after children in their reviews.

70. The area makes good use of the voluntary sector to increase capacity, with a significant amount of children's provision, such as preventative work, commissioned from voluntary organisations. The voluntary sector is well engaged in strategic planning and is represented on the Children's Trust Board and partnership groups. This capacity is being further strengthened through the establishment of four posts located in the voluntary sector and funded by the council to stimulate development and involvement of the sector. In addition, robust commissioning arrangements have recently been developed to ensure equity of provision and that these resources target priorities. This is based on a comprehensive review of provision and consultation with a significant number of voluntary organisations.

71. The council and the partnership have the people and skills they need to support the delivery of priorities. Recruitment and retention is good. Sickness absence shows steady year-on-year reduction and is below comparators, indicating robust and effective sickness absence processes. Internal training and inter-agency professional development opportunities are very good and easily accessible to the voluntary sector. However, attendance is not consistently monitored, resulting in the council and its partners being unable to provide assurance that all relevant staff complete mandatory training. While there is a comprehensive joint workforce strategy in place, it is too early in its implementation to assess impact. The reconfiguration of PCTs in the area has slowed the speed of development of joint commissioning. This is at an early stage of development, but the council has costed jointly commissioned initiatives.

72. Both the council and the PCT have good financial capacity to deliver priorities. Children's and younger adults' services show good financial management capacity with good value for money. Budget monitoring is robust and there is a clear and sustained focus on value for money, with a specific value for money strategy for children's services in place. Partners have a good understanding of areas of high and low cost, and action is taken where

appropriate to address these and to achieve better outcomes for children. For example, actions taken to reduce the overspend in the out-of-county placement budget, including invest to save schemes, has reduced the number of children placed outside the county. Appropriate action is taken to manage school surpluses and deficits and there is good use of benchmarking.

73. Performance management across children's services is good. Councillors and officers show a clear commitment to and focus on improving performance. Children's and younger adults' services use the council's corporate performance management framework well. This enables managers to regularly track progress and identify areas of underperformance. It is also being used effectively by partners who are able to access and input information. However, the use of targets and linking of reviews of individual performance to priorities is not sufficiently explicit. Councillors and senior officers receive effective monthly summaries of headline performance. The scrutiny function provides an effective challenge on performance.

74. Knowledge about performance is utilised well to drive service improvement, for example the review of special educational needs provision and the restructuring of fostering and adoption services. Timely action is taken when areas of weakness are identified in most instances. However, in the Youth Offending Team concerns regarding the quality of supervision and some staff undertaking work for which they were not qualified or trained had not been identified. The area has a clear commitment to involving children and young people in decisions that affect them, resulting in, for example, better provision in children's homes. However, there are no routine mechanisms to let children and young people know how their views have made a difference to service planning and delivery.

75. Capacity to improve further is outstanding. Derbyshire has a very good track record of delivering solutions to remedy weaknesses, which has resulted in sustained improvement in outcomes for children and young people. Examples include: a fall in the number of children who are looked after year on year, against the national trend and to well below comparator levels; the reducing number of children placed in independent and out-of-county placements; the innovative children's services structure that provides for young adults to the age of 25. There is very effective and visible political and managerial leadership, with a pragmatic 'can do' approach that results in clear vision, direction and decision making. Financial management is a strength, with a strong focus on value for money. Partnership working is very effective and is being further strengthened at district level, building on the council's recognised strength in partnership working with district councils. Recruitment and retention is very good, meaning that the area has the people and skills in place to deliver its priorities. The APA rates the council's performance on improving educational enjoyment and achievement as very effective.

Annex A

MOST RECENTLY PUBLISHED ANNUAL PERFORMANCE ASSESSMENT OF SERVICES FOR CHILDREN AND YOUNG PEOPLE IN DERBYSHIRE

The overall effectiveness of the council remains good. This is the case for all areas of the council's work. In some areas, for example the council's work on improving children's educational enjoyment and achievement, the council is very effective. Where services remain good overall but require further improvement the council has plans, some recent, that identify what is to be done.

The full annual performance assessment can be found at:

http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=269904&providerCategoryID=0&fileName=\\APA\\apa_2007_830.pdf

Annex B

CORPORATE ASSESSMENT ACHIEVEMENT – CHILDREN AND YOUNG PEOPLE

1. Outcomes for children and young people in Derbyshire are good. Healthy lifestyles are well promoted. Safeguarding of children and young people is good. Children and young people achieve well. Consultation with children and young people is good for most children. They are well supported to achieve good economic well-being.
2. Service management is good. Ambitions are challenging and realistic, based on good consultation. The comprehensive Children and Young People's Plan (CYPP) is based on a good and wide range of needs analysis.
3. Prioritisation is good. Clear and robust priorities are set out in the CYPP. These take account of most groups, but the strategic approach to diversity and human rights is not sufficiently strong to ensure actions are consistent and coordinated. Prioritisation of resources is good.
4. The overall capacity of the council and its partners is good. Political and managerial leadership is very effective. Recruitment and retention is good. Training and development opportunities for staff are very good but attendance is not consistently monitored. Partnership working is very good. Joint commissioning and joint workforce planning are at an early stage of development. There is good financial capacity to deliver priorities.
5. Performance management across children's services is good. The good corporate performance management framework enables managers and partner agencies to regularly track progress and identify areas of underperformance. However, the use of targets and linking of reviews of individual performance to priorities is not sufficiently explicit. Councillors and senior officers receive effective monthly summaries of headline performance. Scrutiny is effective.
6. The combined work of all local services in securing the health of children and young people is good. Good multi-agency action plans promote healthy lifestyles well. However, the underlying trend in teenage pregnancies has continued to rise in some areas. There is very good participation by schools in the obesity strategy and Healthy Schools programme. Some good initiatives to reduce health inequalities are not sustained due to short-term funding. The health needs of looked after children and young people are very well met. Access to some health services for children with learning difficulties and/or disabilities is variable.
7. Children and young people appear safe and arrangements to ensure this are good. The Derbyshire Safeguarding Children Board has wide representation and a well-developed business plan. A good range of preventative services includes targeted support for families where there is domestic violence. Children

at risk of immediate harm are identified and responded to appropriately. However, the response to lower risk referrals is inconsistent. Child protection planning and practice is good. Safe recruitment procedures are not followed rigorously. Children and young people who are looked after are well supported and most live in stable family placements. Services and support for children and young people with learning disabilities and/or disabilities are adequate, with some good features.

8. The impact of all local services in helping children and young people to enjoy their education and to achieve well is good. Outcomes at the end of Foundation stage and at Key Stage 2 in mathematics and science are well above the national average. Standards at the end of Key Stage 4 have improved. However, in 2006 the proportion of pupils attaining five or more GCSEs at grades A*–C was lower than the statistical and national comparators. The achievement for looked after pupils is well below that of all other pupils, but that achievement gap is beginning to close. Inspection found that in most schools achievement for pupils with learning difficulties and/or disabilities was good. Schools causing concern are effectively challenged. Most pupils enjoy school.

9. The impact of all local services in helping children and young people to contribute to society is good. A good range of programmes supports the emotional and social development of children and young people well. There is a good range of programmes in place for reducing anti-social behaviour and preventing substance misuse. The number of looked after children and young people participating in their reviews is excellent. The proportion of looked after young people involved in offending is high. Individual children with learning difficulties and/or disabilities are consulted with well but there is no strategic approach to participation.

10. The impact of all local services in helping children and young people to achieve economic well-being is good. A much more strategic overview of 14–19 provision is being developed and has created nine learning communities to address local needs. The overall percentage of young people not in education, employment and training has fallen; however, there remains significant variation across the area. The number of apprenticeships has increased and the provision for vocational courses is improving. The vast majority of young people with learning difficulties and/or disabilities have transition plans. Care leavers are well supported and very high numbers are in education, employment and training.

11. The capacity of council services to improve is outstanding. The area has a very good track record of resolving intractable problems and sustaining improvement. The number of looked after children has reduced steadily due in part to increased investment in preventative support services. The annual performance assessment rates the council as very effective in improving educational achievement and enjoyment.

Annex C

SUMMARY OF JOINT AREA REVIEW AND ANNUAL PERFORMANCE ASSESSMENT ARRANGEMENTS

1. This joint area review was conducted using the arrangements required under Section 20 of the Children Act 2004. It was carried out by a multi-disciplinary team of inspectors from Ofsted, the Healthcare Commission and the Audit Commission. The review was undertaken according to the requirements of the *Framework for the Inspection of Children's Services*.

2. The review was linked to the contemporaneous corporate assessment of the local council by the Audit Commission and these findings, plus aspects of the most recent Annual Performance Assessment (APA), are represented in the relevant part of the corporate assessment report.

3. This review describes the outcomes achieved by children and young people growing up in Derbyshire and evaluates the way local services, taken together, contribute to their well-being. Together with the APA of children's services, joint area reviews focus on the extent to which children and young people are healthy, safe, enjoy and achieve, make a positive contribution, and are well prepared to secure economic well-being. This review explores these issues by focusing on children with learning difficulties and/or disabilities, children who are looked after, children at risk or requiring safeguarding and a few additional investigations. It evaluates the collective contribution made by all relevant children's services to outcomes for these children and young people.

4. The review took place in two stages consisting of an analysis stage (where recorded evidence was scrutinised) and a two-week fieldwork stage (where inspectors met children and young people and those who deliver services for them).