

# Inspection of safeguarding and looked after children services

Derby

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**Inspection dates:** 9 – 20 May 2011

**Reporting inspector:** Pauline Turner HMI

**Age group:** All

**Published:** 27 June 2011

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# Contents

<b>About this inspection</b>	<b>2</b>
<b>The inspection judgements and what they mean</b>	<b>2</b>
<b>Service information</b>	<b>3</b>
<b>Safeguarding services</b>	<b>5</b>
Overall effectiveness	5
Capacity for improvement	6
<b>Safeguarding outcomes for children and young people</b>	<b>9</b>
Children and young people are safe and feel safe	9
Quality of provision	10
The contribution of health agencies to keeping children and young people safe	12
Ambition and prioritisation	14
Leadership and management	14
Performance management and quality assurance	17
Partnership working	18
<b>Services for looked after children</b>	<b>19</b>
Overall effectiveness	19
Capacity for improvement	20
<b>How good are outcomes for looked after children and care leavers?</b>	<b>22</b>
Being healthy	22
Staying safe	23
Enjoying and achieving	24
Making a positive contribution, including user engagement	26
Economic well-being	27
Quality of provision	29
Ambition and prioritisation	30
Leadership and management	31
Performance management and quality assurance	33
<b>Record of main findings</b>	<b>35</b>

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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.
2. The evidence evaluated by inspectors included:
  - discussions with children and young people receiving services, front line managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
  - 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 reviews undertaken by Ofsted in accordance *with 'Working Together To Safeguard Children', 2010*
  - a review of 46 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
  - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in November 2010
  - interviews and focus groups with front line professionals, managers and senior staff from NHS Derby City, Derbyshire Healthcare Foundation NHS Trust and Royal Derby Hospitals Foundation NHS Trust.

## The inspection judgements and what they mean

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

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements

Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

## Service information

4. Derby has 53,094 children and young people under the age of 19 years. This is 22% of the total population in the city. Children and young people from minority ethnic groups account for 32.4% of the school population, compared with 23.4% in the country as a whole. The two largest of these are from Pakistani (10.4%) and Indian (5.0%) heritage with an increasing number in the white other category which is an indication of migration from new accession states. There is also a distinct Roma population. The proportion of pupils with English as an additional language is 19% with Urdu and Punjabi the most recorded commonly spoken community languages, after English.
5. Derby has 100 local authority maintained schools comprising eight nurseries, 73 primary phase schools, 11 secondary schools, six special and two short stay pupil referral units (PRUs). Many of the secondary schools have specialist status, for example in performing arts or language. Derby has three academies, two of which achieved this status during 2010-11. Early years service provision is delivered predominantly through the private, voluntary and independent sector in 402 settings.
6. Derby Children's Trust was set up in 2007 and has recently been reconfigured as the Children's Partnership Board. The Board includes representatives of the third sector Children and Young People's Network and NHS Derby City. Other members include representatives of Derbyshire Constabulary, Probation, JobCentre Plus, Derby Hospitals NHS Foundation Trust and local schools and colleges and the university. The Derby Safeguarding Children Board (DCSB) brings together the main organisations working with children, young people and families in the area that provide safeguarding services and has been independently chaired since February 2011.
7. Social care services for children have 189 foster carers, six children's homes and a mix of independent sector providers. There is a city-wide integrated disabled children's service. Since April 2011, community-based children's services are provided by one first contact team, three duty and assessment teams, 10 children and family teams (social care) and nine multi-agency teams providing early intervention and prevention services. These teams are supported by city wide services for youth offenders, adoption and fostering, looked after children and young people leaving care. There is an emergency out of hours service providing cover for Derby city. Currently other family support services are delivered through 18 children's centres and extended services in schools. Some services are

provided or coordinated through children's services such as youth services, teenage pregnancy and Connexions.

8. At the time of the inspection there were 469 children and young people looked after by Derby City Council comprising 109 children under the age of five, 317 children of school age (5–16), 43 post-16 young people and a total of 121 care leavers. Derby uses a virtual school approach in its support of the learning of looked after children and young people. There were 308 children and young people who were supported through the use of a child protection plan.
  
9. Commissioning and planning of child health and young persons' services and primary care are undertaken by NHS Derby City and universal services such as health visiting, school nursing, and paediatric therapies are delivered primarily by Derbyshire Healthcare Foundation NHS Trust. Universal health safeguarding services are hosted by Derbyshire Healthcare Foundation NHS Trust. The acute hospital providing accident and emergency services for children and young people is Royal Derby Hospitals Foundation NHS Trust. Maternity and newborn services and community maternal health are provided by Royal Derby Hospitals Foundation NHS Trust. Child and adolescent mental health services (CAMHS) are provided by Derbyshire Healthcare Foundation NHS Trust. There is no Tier 4 provision within Derby. Access to beds is generally commissioned from Nottingham Healthcare NHS Trust but when not available a national search is undertaken. Derbyshire Healthcare Foundation NHS Trust delivers statutory health requirements for looked after children and young people.

## Safeguarding services

### Overall effectiveness

### Grade 3 (Adequate)

10. The overall effectiveness of safeguarding services is adequate.
11. The local authority and partners have clear ambition and appropriate priorities that are reflected in both the Children and Young People's Plan (CYPP) and the DSCB business plan. Changes in strategic leadership across all partner agencies mean that there has been some delay in progressing all aspects of the plans. However there has been clear focus on, and evidence of improvement as a result of, previous inspections and serious case review findings. Partnership working at all levels is good overall, although DSCB has not been fully effective in carrying out its full range of duties. There is adequate political support in appropriately prioritising the safeguarding needs of children but leadership, scrutiny and challenge remain underdeveloped.
12. Children and young people at immediate risk from significant harm are identified and responded to in a timely way to ensure they are protected and partner agencies collaborate well to safeguard children and young people. Statutory requirements are being met, managers have a record of achieving some improvements in service provision and no services are deteriorating. Assessment quality is adequate overall with evidence of continued improvement. While children and young people are being seen by social workers, the quality of work undertaken with them and their families is too variable. Management oversight of child protection visits and core groups to ensure they are always occurring within the required timescales is insufficient. Children in need are increasingly identified at an earlier stage through Vulnerable Children Meetings and effective planning and monitoring through the use of the common assessment framework (CAF) or Children in Need meetings. However, not all partner agencies have clear understanding of thresholds for access to social care services or are fully engaged in Vulnerable Children Meetings.
13. Senior managers in children's services have a good understanding of weaknesses and resource deficits with appropriate action taken in response to the most acute. Robust and realistic financial and resource plans are in place. Staffing resources have been increased in response to identified need with evidence of effective social worker recruitment and retention and high levels of commitment from the workforce. However, the electronic recording system does not support workers effectively in carrying out their duties. While staff receive regular supervision and case direction from managers and are provided with opportunities to attend an adequate range of training, opportunities for reflection and staff development remain limited and the impact of training on practice is yet to be fully determined.

14. Performance against key performance indicators is adequate or good in most areas. Quality assurance and performance management processes are generally adequate with some strengths but there are also some significant gaps. For example learning from complaints does not inform service improvement and audit arrangements are underdeveloped and not used consistently to test the quality of work. The views of users inform some service reviews but user engagement and consultation is not sufficiently well developed within child protection services.

## **Capacity for improvement**

## **Grade 3 (Adequate)**

15. The capacity for improvement is adequate.
16. The local authority and partners have clear ambition and appropriate priorities that are reflected in the CYPP and the DSCB business plan. However progress in fulfilling these has been adversely affected by changes in senior management including four different Directors of Children's Services since April 2010, three of whom also chaired the DSCB until the recent appointment of an independent chair. A new permanent Director of Children's Services is due to take up post in June 2011.
17. In response to findings from inspections and serious case reviews the local authority has made measurable improvement. There is good evidence that plans have been implemented by senior managers across a range of agencies and as a result there is improved service delivery and outcomes for some vulnerable children and young people. While there are detailed plans for the development of a more integrated approach to providing early intervention services these are still at an initial stage of implementation. Work in a pilot area is showing early evidence that this approach is enabling the local authority and partners to respond in new ways to current and future challenges. The focus on early intervention with the good support of partner agencies through Vulnerable Children's Meetings and multi-agency teams is assisting the early identification of and provision of services to vulnerable or potentially vulnerable children and young people within the community.
18. Workforce planning is effective and there is clear political support and investment in ensuring there is service capacity to meet identified needs. There is also good support for the reconfiguration of services with a key focus on early intervention and prevention. However, service delivery is not yet fully underpinned by coherent quality assurance systems which provide regular challenge and scrutiny or routine feedback from service users. It is not clear how outcomes are being specifically improved for the full range of minority ethnic children and families.

## Areas for improvement

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

### Immediately:

- Develop and implement audit systems to systematically monitor the frequency and quality of child protection visits by social workers and the effectiveness of child protection core group meetings in progressing child protection plans. Auditing must ensure that full attention is given to assessing how well needs arising from a child's ethnicity and culture are being addressed.
- Ensure that all children and young people who go missing from their own home have access to a return interview by a suitably designated and trained person.

### Within three months:

- Ensure that all child protection plans include defined outcomes and the roles and levels of support to be provided by relevant professionals and agencies.
- Develop processes to collate information derived from quality audits of safeguarding practice for regular evaluation by senior managers, DSCB and elected members.
- Ensure that all vulnerable children have timely access to appropriate school places.
- Improve the consistency and comprehensiveness of the recording of the casework of the local authority designated officer (LADO) and ensure regular liaison between the LADO and the complaints service.
- Audit children's cases where there is involvement of adult mental health services to ensure effective engagement and partnership working with plans in place to safeguard children.
- Strengthen systems for Criminal Records Bureau (CRB) checks and reviews to ensure greater operational consistency and inclusion of all elected members who have contact with children.
- Ensure the development of local CAMHS Tier 4 beds for Derby City children and young people assessed as being in need of this service and ensure that such services are provided in an equitable and timely manner.

**Within six months:**

- Strengthen the arrangements for user engagement in child protection processes to ensure their views and experiences are sought in order to inform service delivery and development.
- In collaboration with corporate services ensure the electronic recording system is fit for purpose in supporting quality practice, enabling management oversight and collating data for audit purposes.
- Ensure that all partners are aware of their reporting responsibilities in regard to privately fostered children and young people.

# Safeguarding outcomes for children and young people

## Children and young people are safe and feel safe

### Grade 3 (Adequate)

20. The effectiveness of services to ensure that children and young people are safe and feel safe is adequate.
21. The child protection needs of children and young people are identified and responded to promptly although the quality of support they receive is often variable. Good partnership approaches are established to help safeguard some vulnerable groups of children and young people such as those at risk of sexual exploitation. However, due to the high number identified, there are some delays in the allocation of support to young people at risk of sexual exploitation. Reporting of private fostering cases is low and this aspect remains underdeveloped. Good information sharing across agencies regarding vulnerable children is promoting some effective safeguarding especially in responding to cases of domestic violence.
22. Appropriate local authority designated officer (LADO) arrangements are in place with evidence of clear action to effectively safeguard children. However, the recording of activity is not comprehensive, particularly where a decision has been made not to proceed with a strategy meeting. Linkages between the LADO and complaints officer are not in place. While complaints are responded to adequately there is limited evidence of systematic learning from complaint outcomes in developing individual plans or services.
23. Safeguarding provision has been judged to be adequate or better in service settings and other institutional inspections. Although there is good support available to schools to promote positive behaviour and there has been a recent reduction in the number of young people being referred to the Behaviour Support Panel, too many young people are excluded from school resulting in a high number of young people being placed at the secondary PRU. The provision in the PRU is good and alternative curriculum packages are designed to keep vulnerable young people engaged with learning and positive activities. However, not all young people are provided with education and learning packages to the full entitlement of 25 hours a week. A shortage of school places means that some children, including vulnerable children and young people, do not have a school place and are waiting too long for this to be achieved.
24. Good support in the form of guidance and practical activities underpin cross city strategies and arrangements to tackle bullying at school and in the community. Children and young people spoken to by inspectors are confident that adults will address any concerns they might have. Local

arrangements for recording and analysing incidents of bullying reflect the good reduction in the percentage of racist incidents being reported. However, almost a quarter of schools failed to complete a return making it impossible for the council to accurately measure the trends in bullying and racist incidents.

25. Statutory minimum requirements for safe recruitment practices are established. Corporate human resources provide support for administrative processes ensuring all relevant checks are completed and for those recruited since January 2010 there is a clear audit trail. However, the council also identified that there is no centrally held CRB check record for around 450 employees. Remedial action taken by the interim Director of Children's Services during the inspection was able to establish that all relevant staff did have a CRB check. There is no clear record that demonstrates that all elected members that have contact with children have a CRB check undertaken.

### **Quality of provision**

### **Grade 3 (Adequate)**

26. The quality of provision which includes service responsiveness, the quality of assessments and direct work with children and families, and case planning, reviews and recording is adequate.
27. Contacts and referrals are generally responded to in a timely and appropriate manner with appropriate risk assessment and prioritisation of referrals. Where there are immediate child protection concerns these are identified and responded to promptly. Cases are allocated to qualified workers. From a low base the timeliness of initial assessments has also significantly improved with local data showing latest performance at 63% although this remains below statistical neighbours and the national average. There are still some delays in completing and signing off initial assessments.
28. Although the CAF has been used for a number of years it is only in the last year that effective approaches to monitoring and evaluating the quality of CAFs have been introduced. While thresholds are not yet consistently understood or accepted across all partners the weekly Vulnerable Children Meetings consider thresholds for CAF work and provide an effective and timely multi-agency mechanism for local professionals and agencies to collaborate to identify the appropriate level of services to meet identified needs. Training and support from recently appointed CAF advisers are leading to improved working practices across the partnership. Overall quality is improving and there are some good examples of detailed CAFs leading to effective multi-agency support within the local communities. However, there continues to be variability in the quality of completed CAFs, including weaknesses in identifying a child's racial, cultural and religious needs. Additionally, there are some current examples where referrers are seeking social care support and being directed to undertake a

CAF. While this use of the CAF to support referrals is improving the quality of information available to inform decision making it is also leading to unnecessary delays in decision making in some instances. The use of the CAF as a referral tool is in some cases blurring its primary function to coordinate multi-agency early intervention.

29. Good multi-agency work and support for children affected by domestic violence are being hampered by a lack of access to treatment programmes for perpetrators. There is good awareness and communication between agencies responding to children and young people who go missing but arrangements for return interviews with a suitably designated person are not in place for children and young people who go missing from their own home.
30. Careline provides a satisfactory out of hours emergency service for children and young people at risk with good communication and relationships with daytime services and partner agencies. Where resources allow, Careline undertakes out of hours monitoring visits or calls to cases of particular concern. Although this is a helpful service the commonly used description of these visits as 'safe and well' checks remains open to misinterpretation. The use of this term provides false optimism.
31. The quality of assessment is variable. Although a few assessments are good most were only adequate. In the main, assessments gather partner and historic information and record that children and young people are being seen. The information and analysis provided are generally sufficient to identify and make decisions about needs and risk but the analysis is not routinely or sufficiently well developed to fully inform plans. Assessments often only describe a child's or young person's ethnicity or culture and rarely analyse this information to gain a fuller understanding of particular needs. There are some examples of good direct work with children and most workers demonstrate a commitment to the value of this work. However, the demands of high caseloads, compounded by time consuming recording processes, are significantly limiting the capacity of social workers to undertake sustained direct work. In a number of cases seen frequent changes in social worker had further impaired the ability to form a constructive relationship with a family. Work with families with child protection plans is mostly constructed as a list of requirements for parents to meet and for social workers to monitor compliance. There is less evidence of direct work being planned and undertaken to assist parents in achieving sustained change.
32. The electronic case recording system fails to support workers and managers in carrying out their duties effectively. It does not provide a coherent and comprehensive picture of service involvement and decisions made. In a number of cases seen by inspectors key information such as core group minutes had not been inputted onto the system. Careline activity is recorded on a word template which is faxed to daytime services

but these records are not always scanned on to the electronic file. The recording of child protection visits generally indicates when children have been seen but does not always clearly evidence the purpose of and outcomes from the visit.

33. Child protection plans are of variable quality with not all sufficiently outcome focused. In most cases they failed to sufficiently define the social work task beyond coordination and monitoring compliance. This has been recognised by the head of service and action initiated to improve plans. Child protection cases are reviewed regularly with good attendance by partner agencies and effective chairing. There are relatively few repeat child protection plans or plans which extend beyond two years. While there is generally good multi-agency engagement in core groups in a number of cases seen it was difficult to find evidence of core groups meeting regularly and driving achievement of the goals of the child protection plan.
34. Some good examples were seen of children in need plans with strong multi-agency participation, good parental engagement, clear objectives and regular reviews.

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

35. The contribution of health agencies to keeping children and young people safe is adequate.
36. All health organisations have robust safeguarding governance structures, with both designated and named safeguarding professionals reporting to executive safeguarding leads. Safeguarding policies and procedures are in place. There is adequate engagement and attendance at the DSCB by relevant health professionals and good engagement with the Child Death Overview Panel. General practitioners are becoming increasingly involved with safeguarding children processes including attendance at case conferences. However, within general practice there are no formal practice based audits, although there is an increased focus on safeguarding and 'think family' approaches resulting in an increase in the recognition and referral of children and young people potentially at risk. Adult mental health services do not yet fully demonstrate a 'think family' approach and their engagement and joint working in safeguarding is limited.
37. There is a good level of supervision for the named and designated health professionals and good access to safeguarding supervision, with effective peer, cross regional networks and individual supervision for all staff. Staff feel well supported and there is ongoing monitoring of the effectiveness of supervision across agencies.
38. There is effective communication about all attendees between Royal Derby Hospitals NHS Foundation Trust children accident and emergency

services (A&E) and community and primary care services. The A&E has a comprehensive alert system that flags the child's notes including if they are known to social care. Health visitors, school nurses and general practitioners confirm they receive notifications about unscheduled hospital care and, if required, will follow these up ensuring the young person is safe.

39. In response to changing cultures within Derby city, a range of assertive outreach projects have been developed and are beginning to have a positive impact with increasing use and engagement with services from the local communities. Health visitors, school nurses and midwives are receiving training to understand and appreciate the different cultural expectations from health services. There is some effective use of open mornings within children's centres and general practitioner (GP) surgeries with dedicated clinics. Interpretation services are present at these clinics which are improving assessment and access to treatments. There is a dedicated midwife for Roma families and effective access to interpretation services for families from European communities.
40. As a result of training there has been an increase in appropriate referrals and in the use of CAF. Safeguarding training compliance is variable across health professionals and there is a lack of robust, consistent evaluation of the impact of training across all organisations. Vacancy rates remain a challenge within the health visitor service. Results of the recent skill mix review and service redesign are yet to have an impact in improving service delivery. The time capacity for the named safeguarding health professionals within Royal Derby Hospitals NHS Foundation Trust remains a challenge.
41. Since the introduction of the new appointment system in the CAMHS and as a result of a serious case review there are now quicker referral and review processes. However, partner agencies are still reporting difficulties and delays in access. There is not yet a clear and common understanding across the partnership of what CAMHS is currently delivering or an effective mechanism for satisfactorily resolving differences about access to services. However, services for disabled children with complex behaviour work more effectively within a partnership framework. There are no Tier 4 CAMHS beds in Derby city or Derbyshire, which results in some access delays for young people. In some instances the young person has been placed some distance away from their homes which inhibits family contact and effective liaison with local services.
42. There is a good range of accessible and well used sexual health and contraception clinics and drop in services across the city. Targeted work has led to an increased and sustained engagement with sexual health services, and improved the take up of contraception. While the teenage conception rate target has not been realised, there has been a reduction of 19% compared to 13% nationally. Teenage conception and pregnancy

rates remain high. There is no robust monitoring of concealed or second pregnancies.

43. Children and young people who may have been subjected to a sexual assault receive adequate support. The sexual assault referral centre is based within Derbyshire County. Medical staff within children's A&E are trained to support and undertake some of the assessments following a sexual assault depending on whether a prosecution is pending.

## **Ambition and prioritisation**

## **Grade 3 (Adequate)**

44. Ambition and prioritisation are adequate.
45. The CYPP and the DSCB business plan provide clear vision for the prioritisation of safeguarding children with a key focus on embedding early intervention through integrated services and multi-agency teams. Priorities are shared and owned by most managers, staff and partners, although plans do not always clearly take account of diversity issues. The recent reconfiguration of the Children's Trust to the Children's Partnership Board means that reporting structures are not yet fully embedded.
46. Strategic leadership of children's social care and DSCB has been adversely affected by significant change of personnel at chief officer level. Key strategic priorities have been actively pursued, however there remain issues about the quality assurance of services delivered. A clear action plan was put in place after unannounced inspections of contact, referral and assessment services in January and November 2010. Progress against the action plan has been driven and monitored by senior managers and as a result safeguarding outcomes targeted by the action plan are improving. However, the action plan focuses mainly on contact and referral services and the same pace of service improvement is not yet realised in respect of other local services.
47. There is a clear political commitment to ensuring that front line services are maintained with recent support given to the plan to increase social work capacity within reception and locality teams. The lead member has engaged directly with young people through the Voices in Action group on wider safeguarding issues. However, the wider elected member group, including those who have a role on the scrutiny commission, have limited training on safeguarding and their role and responsibilities. As a result elected members provide insufficient scrutiny and challenge to the quality of services.

## **Leadership and management**

## **Grade 3 (Adequate)**

48. The leadership and management of safeguarding services across the partnership, including workforce development and use of resources, is adequate. The local authority has experienced considerable challenges in ensuring it has sufficient social worker capacity. This has been recognised

and progress has been made to reduce vacancy levels and increase capacity with significant additional investment in new posts. Caseloads have reduced in the contact and reception service but remain high in the locality teams due to an increasing number of child protection plans and looked after children and young people. Robust and creative plans are in place to address these challenges through further workforce and service development.

49. A good range of training opportunities are available for staff with some evidence of impact, for example in raised awareness of the impact of domestic violence and child sexual exploitation. DSCB has developed more robust plans to evaluate the impact of training. While social workers value the training opportunities provided for them most do not have an up to date development plan and so there is no systematic approach to analysing and addressing individual workers' development needs. Newly qualified social workers report a range of good quality support, structured training and caseload protection in their first post-qualifying year. The authority has a good and creative plan to promote the development and effectiveness of its first line managers.
50. Management support and staff commitment has ensured that morale within social work teams is good and most workers seen demonstrated a strong commitment to and enthusiasm for working for Derby. However there are no formal processes such as staff surveys to monitor and analyse staff well being. While the ethnicity of the local authority's children's workforce is monitored, little evidence was available of how this information is used to promote equality outcomes.
51. Parental attendance at child protection conferences is satisfactory but reports from all agencies are often shared with them too late or sometimes not at all. This is compounded for parents who require reports to be translated. Parental views are usually clearly represented at conferences but those parents seen did not feel their views were always listened to or respected. In casework files there was only limited evidence of work to constructively support and engage parents to achieve the necessary change in their families. Parents presented a consistently very positive view of the support they received from family support workers. Their views of social work support were more mixed with some feeling workers should have done more to engage with them.
52. Processes to capture user views and experiences, either from children or parents, or of the use of this to inform child protection service development, are inadequate. There are more examples of children's views influencing wider safeguarding services, for example in work to combat bullying. Case files and workers seen showed a clear and consistent understanding of the importance of reflecting and understanding a child's perspective. However, the achievement of this in

practice is variable in terms of both what is reflected in assessments and children's participation in the child protection process.

53. The complaints service is not often used by children or families and the reasons for this have not been analysed. While individual complaints are dealt with adequately they are not providing sufficient evidence about user experiences of services to inform service development. A children and young people's participation group, Voices in Action, is pro-active in identifying issues of concern to young people and has been involved in the development of the anti-bullying, sexual health and gang culture strategies.
54. Senior managers in children's services have a sound understanding of weaknesses and resource deficits with action taken in response to the most acute. Children's social care managers use a workload management tool which assists in identifying service pressures and moving resources in response to these. A range of services are jointly commissioned by Health and Children's Services. A joint commissioning framework is in place and work is underway to complete and implement a joint commissioning strategy for early intervention. While there are detailed plans for the development of a more integrated approach to providing early intervention services, these are at the initial stage of implementation. At present there is a range of approaches which can cause duplication and confusion among some workers within the partnership.
55. Some service specifications for commissioned services include detailed attention to equality factors. Current commissioned services have been reviewed against agreed priorities and new services are being developed in line with those priorities, including plans for additional early intervention services such as family group conferencing and a multi-systemic therapy team.
56. Most staff groups across the partnership have a good and appropriate understanding of the key lessons emerging from recent serious case reviews. The implementation of the resulting action plans has been monitored by the DSCB with some evidence of impact on practice and service delivery. A number of examples have been seen of good information sharing processes which promote effective and efficient joint working for example domestic violence triage and work with missing children.
57. The electronic case recording system fails to support workers and managers in carrying out their duties effectively. This is despite substantial staff training and development work to try and improve the effectiveness of the system. As a result, despite workers spending large amounts of time recording, the quality of electronic case records is poor.

## Performance management and quality assurance

### Grade 3 (Adequate)

58. Performance management and quality assurance arrangements are adequate.
59. Management information currently available is being used effectively to drive improvement. Performance against key performance indicators is satisfactory or good in most areas. The management information collected and reported on is focused on national performance indicators. This has meant there are some key gaps in the information collected and reported to senior managers, for example the regularity of core groups and child protection visits. There is good use of management information to monitor engagement for a range of multi-agency activity including Multi-Agency Risk Assessment Conferences (MARAC) and Multi-Agency Public Protection Arrangements (MAPPA) processes. Management information has also been used to direct and monitor improvements in multi-agency responses to domestic violence through the development of an effective triage approach.
60. The DSCB has provided inconsistent performance management and quality assurance drive across all agencies. The 2010/11 annual report provided some good analysis of impact upon practice of work undertaken in regard to three recent serious case reviews, however other elements of the report were limited to the presentation of data without any analysis. The arrangements to audit the effectiveness of safeguarding and child protection services across partner agencies have not been reported to the board. Information is not routinely collected or analysed regarding the effectiveness of safeguarding services in meeting needs relating to ethnicity.
61. While child protection managers quality assure individual casework through the child protection conference process they do not have the capacity to case audit or provide a regular overview of service quality. Some themed case auditing activity by senior managers has taken place, however this is of variable quality and audit information is not collated or used systematically to monitor and improve service quality. The authority does have a plan in place to introduce a more robust and comprehensive audit process but this is yet to be implemented.
62. Most social workers receive regular supervision and there is good and consistent evidence of management oversight and direction of casework. The quality of reflection and challenge provided is less consistent and the recording seen in some supervision files was minimalistic.

**Partnership working****Grade 3 (Adequate)**

63. Partnership working is adequate.
64. The DSCB has effectively overseen the completion of three recent serious case reviews and two management reviews and is effectively monitoring the delivery of the subsequent action plans. There is a good level of partner engagement with the work of the DSCB and there are good examples of strong joint working to improve service delivery in response to learning arising from serious case reviews. However, the demands of this work and the lack of a consistent and independent chair have limited the Board's ability to provide effective leadership and challenge across all agencies. This is reflected in its failure to use multi-agency auditing consistently or effectively and robustly carry out its full range of functions. There is evidence of a recent step change in the robustness and focus of DSCB with strong leadership from the new independent chair and a well focused business plan. However it is too early to assess the impact of this change on performance and outcomes.
65. Partnership engagement in child protection processes is generally good. While there are agreed and appropriate thresholds for access to services for children in need and children at risk of harm and evidence of some good progress in this area through attendance and work of Vulnerable Children Meetings, thresholds are not yet fully understood or embedded across all partners. Information sharing across partners is good and supported by effective MARAC, MAPPA and missing children meetings. Services for disabled children are delivered through a well established integrated model with a strong safeguarding ethos.
66. Male and female victims of domestic violence can access a range of support through the Family Justice Centre which provides a good foundation for integrated working with vulnerable parents and their children although the potential is not yet fully realised or evidenced in outcomes.

## Services for looked after children

### Overall effectiveness

### Grade 3 (Adequate)

67. The overall effectiveness of services for looked after children, young people and care leavers is adequate.
68. In a context of considerable structural changes, including the lack of a consistent Director for Children's Services and significant resource pressures, the local authority and its partners have succeeded in maintaining consistent services for looked after children, young people and care leavers. Decisions to place children in care are made appropriately and there are sound arrangements in place to identify placements to meet children's assessed needs. All professionals have worked hard to ensure that children and young people receive the stability and support they need. While there is good evidence that social workers and key workers are building positive relationships with children, young people and care leavers, the recording of this work is inconsistent and not always up to date. Good multi-agency partnerships are driving improvements, and where performance is good, that is being sustained. However, there is no corporate parenting board and elected members do not provide rigorous challenge or effectively champion outcomes for looked after children and young people.
69. Overall outcomes are adequate. Outcomes for staying safe and economic well being are good. Outcomes for health, education and positive contribution are adequate. The majority of looked after children have timely initial health assessments and the quality of health plans is improving although they do not yet include information gathered from strength and difficulties questionnaires. Care leavers do not receive a copy of their medical history. Good commissioning arrangements are in place. However some placement difficulties remain for a small number of vulnerable and challenging young people for whom stability is poor. The standard of educational achievement for looked after children is improving and high numbers of care leavers are engaged in education, employment or training. While there is a well established children in care council who report that their views are listened to and acted upon, the majority of children and young people do not have opportunities to share their views on service development and improvement.
70. Areas for development are identified and appropriate plans are in place to improve services and outcomes, however not all these have been fully implemented or been evaluated for impact. There is insufficient analysis of outcomes and access to services for looked after children and young people from minority groups. Quality assurance is not sufficiently robust and analysis of the quality of services is weak.

## Capacity for improvement

## Grade 3 (Adequate)

71. The capacity of the council and its partners to improve services for looked after children, young people and care leavers is adequate.
72. Senior managers and key partners have worked well together to drive improvements and there are good outcomes in two areas. However outcomes in three areas are adequate and while aspects are improving, not all not show consistent improvement. Multi-agency partnership working at senior managerial and operational levels is well established and good commissioning arrangements are in place for looked after children. However, looked after children and young people do not have a high profile within the CYPP and there is a lack of a clearly articulated vision and ambition. Elected members do not provide robust challenge or champion effectively the needs of looked after children and young people and do not engage with the children in care council.
73. Quality assurance is underdeveloped and as a result available information is not sufficiently analysed to inform service improvement or to ensure that the needs of all looked after children and young people are met. There are plans to increase the number of social workers and independent reviewing officers. However balancing financial resources with ensuring that the needs of individual children are consistently met remains a challenge.

## Areas for improvement

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

### Immediately:

- Ensure that all statutory visits to looked after children and young people are recorded and carried out within expected timescales.
- Ensure that ethnicity and culture are fully taken account of in assessments and in direct work with children.
- Ensure that all foster carers receive appropriate health care information when children are newly placed in their care.

### Within three months:

- Ensure robust and systematic auditing of the quality of practice and support to looked after children and young people, taking explicit account of the impact of ethnicity and culture, and that key issues arising from these are analysed and reported to senior managers and elected members.

- Establish a corporate parenting board and ensure that elected members have training on their corporate parenting responsibilities.
- Improve participation of all looked after children and young people in service planning.
- Ensure the independence of reviewing officers is in line with statutory regulations and guidance.
- NHS Derby City and Derby City Council must ensure that all care leavers, irrespective of when they leave care, are given a copy of their health history to ensure that they are able to make fully informed health life choices.

**Within six months:**

- Monitor access to services and outcomes for children and young people from minority groups.
- Improve the number of looked after children and young people in schools in their local communities and ensure that the need for children to have stability of education placements is given sufficient consideration when children and young people change placements.
- Develop a coherent strategy to ensure that looked after young people are placed appropriately without the need to utilise bed and breakfast accommodation.
- Ensure that social work capacity is improved to enable all looked after children to have a named qualified social worker.

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

### Being healthy

### Grade 3 (Adequate)

75. Health outcomes for children and young people are adequate.
76. The percentage of looked after children and young people who have had their annual health assessments is 75% and dental checks is 67%. This is below similar areas and the national average. The percentage whose immunisations are up to date is better at 82%. All initial health assessments are completed by a medical practitioner. The consistency and quality of health action plans and reviews is variable and steps have been taken to improve this. School nurses and health visitors have received training and are now completing these instead of GPs which is leading to a recent improvement in their consistency and quality. Changes in the circumstances of looked after children and young people are notified promptly to the Looked After Children's Health team enabling effective tracking and monitoring to ensure that health needs are met. However, it is recognised that the overall quality of data regarding the health of looked after children and young people is not good and a system is being developed to address this. School nurses ensure that looked after children receive health promotion services as part of the universal provision in schools along with all other children.
77. Health reviews for all children and young people with complex health needs and for those who live in the local children's homes are completed by the dedicated looked after children nurses, with a 96% compliance rate. This enables sexual health and personal relationship education to be undertaken for children and young people who often are not in mainstream education, and also provides support for the staff in children's homes to deal with these issues. Contraceptive services are also provided within the children's homes. This service is highly valued by the young people but there has been no formal evaluation of its effectiveness. Strength and difficulties questionnaires are completed by children's social care but these are not being shared with health staff and are not used as part of health reviews. A form has been developed to support the exchange of health information between foster carers when children move placements. However, this is not being consistently used and as a result some carers do not have a complete picture of the health care needs of all newly placed children. For looked after children and young people placed out of area, and for those from other authorities placed within Derby, there is good communication and review. Risk assessments are good and ensure that the most appropriate person undertakes the health review.
78. Looked after children and young people have access to appropriate support for their emotional and mental health needs including a

dedicated CAMHS worker. The post holder arranges a 'team around the child' professionals meeting to discuss a referral or case, ensuring that appropriate treatment action plans are agreed. The primary care mental health workers work with the children's homes providing good levels of support to staff and are able to effectively fast track cases to CAMHS. These approaches are effective in supporting the emotional health and well being of looked after children and young people as well as in supporting their carers. There is a flexible upper age range for treatment provision for young people with mental health difficulties which is enabling better individual tailored transition planning and joint working with adult mental health services.

79. Care leavers are well supported to access universal health services. Care leavers confirm that they are registered with general practitioner services and dentists and know where they can contact the looked after health team. However, care leavers, irrespective of when they leave care, are not routinely given a copy of their health history.

### **Staying safe**

### **Grade 2 (Good)**

80. Safeguarding arrangements for looked after children and young people are good.
81. The very large majority of looked after children and young people responding to the Care4Me survey felt they were living in the right place and that the care they were getting was very good. The majority felt very safe and most felt at least fairly safe. Most felt they got good advice from adults on keeping themselves safe and had someone to tell if they were being harmed. Most children and young people see their social worker regularly and were happy and settled in their placements. However, a small number felt they do not see their social workers frequently enough. Some young people in residential care placements reported they were not happy in their placements. Unaccompanied asylum seeking young people feel very well supported and have appropriate access to care and leaving care services.
82. Most children live in good stable foster placements and all children and young people are placed in residential or fostering provision judged to be adequate or better. Inspection of the fostering service in January 2008 and the adoption service in December 2009 judged services as good. Stability of placements is good and care plans are progressed well. The percentage of children leaving care through adoption is good and better than similar areas. Children and young people who need to become looked after are identified appropriately. Decisions to consider and initiate care proceedings are generally appropriate although in a few cases involving neglect care proceedings could have been considered at an earlier stage. This issue has been identified by the council and a more robust approach is in place to avoid future delay. Retention of foster carers is good. Most

foster carers are experienced and feel well supported and have access to respite care. The Looked After Children Health team contribute to and provide training for foster carers which has helped maintain placement stability. Good foster carer support is provided by CAMHS workers and the clinical psychology service, including one to one support tailored to their individual needs. Some foster carers benefit from informal support groups but this is not universally in place.

83. The profile of foster carers does not fully reflect the profile of looked after children and young people. Foster carers are committed to providing sensitive and appropriate care but not all feel they receive sufficient information prior to children and young people being placed, to support them in planning and understanding how to best meet individual needs. The quality of information to inform commissioning of placements has improved through the involvement in the regional commissioning framework. However current capacity is not ensuring a comprehensive overview and monitoring of external placements. A new placement officer post has been developed to address this which was being recruited to at the time of the inspection.
84. The needs of young people at risk of becoming homeless are appropriately assessed and responded to with good multi-agency working. Decisions are made to accommodate homeless young people where appropriate, although this does not always result in them being placed in accommodation which appropriately meets their needs. A small number of challenging and vulnerable looked after young people are not living in stable or appropriate accommodation. Their placement stability is poor and some have stayed in bed and breakfast accommodation when no other placements are available. These young people are well supported by their social workers and key workers but plans are not effective in addressing their needs. The number of young people in bed and breakfast accommodation is monitored but there is no coherent plan in place to tackle this issue.

### **Enjoying and achieving**

### **Grade 3 (Adequate)**

85. The impact of services on enabling looked after children and young people to enjoy and achieve is adequate.
86. The very large majority (93%) of looked after children responding to the Care4Me survey are at school or college and think their education is at least good with 65% stating it is very good. The majority state that they are getting all the help they need at school.
87. Standards are rising in Key Stage 2 and more looked after children achieve the nationally expected level at age 11 than children in care nationally. Local data illustrates that almost all children make the expected progress in English and mathematics as they move through primary school. Achievement at Key Stage 4 is improving but continues to be low with the

proportion of 16 year olds achieving five A\*–C below similar areas and national figures. This is explained in part by the high proportion in the 2010 cohort with assessed special educational needs. Case files illustrate that children's academic progress is assessed and monitored well by schools and the local authority. Individual packages of support including learning mentors, one to one tuition and the National Letterbox Club are used well to raise standards and address specific areas of under achievement. The council's high aspirations for young people are reflected in attendance targets and although more looked after children and young people attend school regularly than statistical neighbours improving attendance continues to be a concern for the local authority. Attendance of those in foster care placements is better than for young people in children's homes. Good arrangements have been introduced to monitor and improve current arrangements to ensure young people go to school with support from key workers.

88. Recent improvements are seen in the proportion of young people with a personal education plan which now is 92.9%. However the quality of those seen by inspectors was variable and it is not clear that children and young people are aware of their short term learning targets or what they have to do to achieve them. The personal education plan forms are not differentiated to reflect the age of the child as a motivation to contribute their views. There is insufficient commitment to ensuring stability of school placements for looked after children and young people. Changes to placements often result in looked after children and young people having to move school; 47% of looked after children and young people responding to the Care4Me survey said they had to change schools because they moved to a new placement.
89. Although reported exclusion rates are very low, a high proportion of looked after children and young people are placed at the PRU or in alternative placement arrangements. Both the primary and secondary PRUs offer good provision and looked after children and young people make good progress. However, this model does not promote inclusive practice or ensure young people are in a position to contribute to their local community. Some local mainstream schools are not making appropriate provision to meet the wider needs of these young people leading to too many children placed long term in alternative provision.
90. While the progress of the education of individual children is tracked appropriately, there is insufficient evaluation and analysis of the impact of out of area provision on overall educational achievement and outcomes for children and young people placed out of county.
91. Looked after children and young people have access to a good range of leisure activities and are offered choices that meet their interests and needs. Positive activities are designed for those at risk of offending behaviour such as the Enthusiasm Youth Club. Inclusive leisure activities

are promoted with reduced rate passes provided to foster carers to take all the family to Derby recreational facilities. Some children benefit from free theatre or football match tickets donated by local businesses.

### **Making a positive contribution, including user engagement** **Grade 3 (Adequate)**

92. Opportunities for looked after children and young people to make a positive contribution are adequate.
93. A well established children in care council provides a good vehicle for the views and opinions of young people to be heard. Young people identify their top 10 issues. Professionals proactively engage in addressing these issues and the children in care council regularly reviews progress. Young people on the council feel listened to and think they have been able to make a difference to some of the things that concerned them. While these meetings provide good arrangements for some young people to engage in decision making and service development not all young people are equally involved. A regular newsletter reporting the outcomes of the children in care council meetings is sent out to all looked after children and young people. However, not all looked after children and young people are aware of or understand local arrangements to involve them in decision making or service development. The majority of looked after children and young people responding to the Care4Me survey either did not know about opportunities to give their views or did not think they could use these opportunities to get their views across. Systematic evaluation of services by looked after children and young people is not firmly embedded.
94. Elected members do not meet sufficiently regularly with the children in care council and have not engaged with looked after children and young people to develop a Pledge.
95. The participation of children and young people in their reviews of arrangements is good. Increasing numbers are involved either through a written submission or attending the review, rising from 86.8% in 2009/10 to 92.7% in 2010/11.
96. Almost all looked after children and young people are aware of how to make a complaint but not many indicate they had ever done this as any concerns are dealt with by their foster carer or social worker. A few said they have no confidence that anything will happen as a result of complaining. Reporting on their experience of the care system, care leavers advise that they are clear about processes for making complaints but their experience of children's home managers, social workers and independent reviewing officers was that their concerns were not always taken seriously. A clear and comprehensive report on complaints is completed annually and appropriately highlights service and practice issues. Although it includes actions taken to address identified issues it

does not sufficiently analyse the reasons why the number of children and young people complaining remains comparatively low.

97. Looked after children have access to independent visitors and this service is well used. An independent advocacy service is in place and offers children and young people good support to ensure their views are heard. Advocates visit children and young people in children's homes regularly. Information about the service is widely circulated. The use of advocacy has increased but is low. The reasons for this have not been analysed. The majority of looked after children and young people who responded to the Care4Me survey did not know what an advocate was.
98. There is effective early intervention to reduce and divert looked after young people from offending. Well coordinated multi-agency involvement between children's residential services, youth offending services, the police and youth services ensures that young people at risk of offending are identified and positive actions are taken to divert them. As a result the numbers of looked after children and young people who offend is low and below similar areas. A good multi-agency protocol has been developed and is being effectively implemented to avoid young people in residential care becoming involved with the criminal justice system due to challenging behaviours.

### **Economic well-being**

### **Grade 2 (Good)**

99. The impact of services in enabling looked after children and care leavers to achieve economic well being is good.
100. Care leavers spoken to reflect high levels of satisfaction with the support they receive in finding good quality accommodation and support for education and training. Well managed arrangements support smooth transition from 17+ with the care leaving service for 18+ providing extended supported into adulthood. All 17 year olds are allocated a personal assistant and receive good additional support from them as appropriate to their needs. Most looked after young people responding to the Care4Me survey thought they were getting the help they needed to get ready to leave care. There has been sustained good performance in the proportion of care leavers in education, employment and training over time and performance remains better than that in similar areas. Partners are actively seeking to extend the range of appropriate college based courses and business partnerships to ensure employability and access to educational opportunities.
101. All care leavers receive financial support to access further and higher education and currently eight young people attend university courses. Good tracking of progress highlights where young people are not achieving as well as predicted and a range of support strategies is provided.

102. The majority of care leavers have appropriate pathway plans which clearly identify the young person's wishes and illustrate the expectation that they will take responsibility for their own lives and develop independent living skills. Most are up to date and reviewed regularly although there is inconsistency of consideration being given to gender, sexual orientation or religion in plans. Pathway plans in a range of appropriate formats are developed with children and young people and reflect their views well. However, the contribution of other agencies and professionals is not always made clear in the plans. CAMHS staff are not regularly invited to care leaver pathway planning meetings despite still being actively involved with treatment, and consequently not all information is available for decision making and transition planning. Young people confirm pathway plans are useful and are reviewed regularly and they are happy with the content. Care leavers report very high levels of satisfaction with transition and pathway planning.
103. Care leavers who are parents are well supported by the family nurse partnership and a good package of multi-agency support. Arrangements to support unaccompanied asylum seekers are highly appreciated by the young people, who access good support to develop competent language skills to access academic and skill based training. Transition planning for those with severe learning difficulties is good. A well established transition planning process works effectively to ensure good multi-professional involvement to identify and support young people with severe learning difficulties who meet the eligibility criteria for transfer to adult learning disability services.
104. Effective, high quality and on-going support from personal assistants is enabling care leavers with high aspirations to access further and higher education courses. An appropriate range of vocational options is available although not all young people reported positive experiences with their choice of course, feeling that Connexions advisors had a quota of courses to fill rather than supporting young people in a course they wanted. Connexions advisors confirm that vocational choices are sometimes limited.
105. There are good arrangements to support young people into independent living, offering a positive choice of homes. Derby Homes, Kids 2 Adults, English church homes and the YMCA offer a range of independent and supported accommodation reflecting the assessed needs of the young person. Young people report they are accommodated in good quality housing, with appropriate support to establish independent living. However recent local data illustrates a small decline in the percentage of care leavers with access to suitable accommodation.

**Quality of provision****Grade 3 (Adequate)**

106. The quality of provision overall in services for looked after children and young people is adequate.
107. A wide range of services is available to identify and respond to children and young people on the edge of care. There is good multi-agency involvement through both statutory and voluntary agencies in ensuring appropriate packages of support for vulnerable families. The number of looked after children and young people is comparatively high and increasing. Parents feel that had they received support at an earlier stage this would have helped to prevent their child or young person becoming looked after. Their experience of the quality of support they received was variable and dependent on the individual social worker. Decisions to place children in care are generally made appropriately and there are sound arrangements in place to identify placements to meet the assessed needs of most children and young people. Thresholds for children becoming looked after are explicit and applied appropriately. Timescales for care proceedings are well monitored and in most cases they are timely.
108. The quality of assessments and direct work with children and families is adequate. In many cases there is good evidence of social workers and key workers building positive relationships with children and young people, including some young people with very challenging behaviour. Most children and young people have regular visits in their placements and they are seen alone. Visits are generally well recorded and show a strong focus on the child's well being, development and progress. Good account is taken of children's views. This is reflected in the findings from the Care4Me survey where the large majority of looked after children and young people responding felt their social worker helped them with their problems, saw them regularly and usually saw them alone. This was also confirmed by children and young people spoken to by inspectors. However, case files do not demonstrate that statutory visits are consistently undertaken within expected timescales, and in some cases records show long gaps in children being visited in their placements. Records are not always up to date and do not always reflect all the work that is being undertaken.
109. The quality of assessments is variable and they are not always up to date. Children's ethnicity and culture is consistently identified in case records but evidence of analysis of the impact of this is limited in informing assessments and work with the children. All looked after children and young people have an allocated worker but a significant number of these cases are allocated to unqualified staff, including some young people who are identified as very vulnerable and not in settled placements. There are plans to improve social work capacity to enable all looked after children with permanency plans to be allocated to qualified social workers.

110. The quality of case planning and reviews is good. Children looked after have up to date detailed and appropriate care plans based on their assessed needs. The large majority of looked after children and young people responding to the Care4Me survey report that they know what was in their care plan and most felt it was being followed. Most looked after children and young people responding to the Care4Me survey report that they see their reviewing officer regularly and feel that reviews are managed appropriately. However, the majority of children and young people are not sure how to get in touch with their reviewing officer.
111. Permanency planning for children and young people looked after is good. Most children live in stable long term placements and adoption plans are progressed within agreed timescales. The very large majority of reviews are held within expected timescales. Independent reviewing officers chair review meetings effectively. Decisions at reviews are clear and focus on improving outcomes. Independent review chairs are clear about their extended responsibilities and provide robust challenge to ensure agreed actions are undertaken. In most cases children's plans are progressed appropriately to identify permanent placements. However there are delays in achieving this at times due to insufficient resources to meet a child's placement needs or lack of agreement of funding to secure or maintain an external placement. This is appropriately challenged by independent reviewing officers when decisions are judged by them not to be in the child's interests. In these cases decisions made by the placement panel are reviewed.
112. Young people's views are consistently included in reviews though they do not always attend. Most feel their reviews work well and take notice of their wishes and feelings. Most children indicate that if they do not want to attend their review they fill in a form to give their views. Younger children who attend their reviews like the way the reviewing officers talks to them. Multi-agency involvement in reviews is generally good. Almost all parents are invited to and attend their children's reviews and are able to state their views.
113. The use of special guardianship orders to enable looked after children and young people to leave the care system while remaining with their long term carers or with extended family or friends is increasing. Support is offered to special guardians but take up of this is limited.

## **Ambition and prioritisation**

## **Grade 3 (Adequate)**

114. Ambition and prioritisation of services for looked after children, young people and care leavers are adequate.
115. Priorities for improving services and support for looked after children and young people are identified in the commissioning plan for children in care. This is based on a comprehensive needs assessment and analysis developed in consultation with looked after children and young people and

staff. Appropriate action plans have been developed and good progress is being made in implementing these. However, in the CYPP there is limited attention to specific priorities for looked after children and young people.

116. The looked after service and leaving care team benefit from a stable and experienced management group who have brought continuity and consistency to the service at a time of considerable change. This has helped to maintain the quality of services, and most staying safe outcomes for looked after children and young people demonstrate sustained improvement.
117. The lack of consistent leadership at Director level has had a negative impact on the range and pace of improvement and in the development of the looked after children services. Corporate parenting is inadequate. A corporate parenting board is not established. As a result there is no forum for elected members and key officers across the council and partners to overview and drive the strategic development of services for looked after children. Elected members do not meet regularly with the children in care council and have not engaged with looked after children and young people to develop a Pledge. The Overview and Scrutiny Commission has examined a number of areas regarding looked after children but training for elected members on their corporate parenting responsibilities is not effective and as a result they are unable to bring rigorous challenge or effectively champion the needs of looked after children and young people.

## **Leadership and management**

## **Grade 3 (Adequate)**

118. Leadership and management of services for looked after children, young people and care leavers are adequate.
119. Work force development is adequate. Staff have good access to training and value the opportunities provided for continual professional development. Staff are well briefed on key issues affecting looked after children and young people, including learning from serious case reviews. Social work capacity is stretched and some case loads are comparatively high which impacts on staff capacity to progress all aspects of care planning in a timely way. A very significant number of looked after children and young people are allocated to unqualified staff which is unsatisfactory. Plans are in place to improve social work capacity to enable all looked after children and young people who are unable to return to their families to be allocated to qualified social workers. Information on the breakdown of the workforce by ethnicity and gender is collated and there are examples of this being used to inform planning but this is not consistent throughout all services. Independent reviewing officers have high caseloads which are above recommended levels in statutory regulations and guidance. This is recognised and plans are being developed to increase the capacity of the independent reviewing officer team.

120. Partnership working to meet the needs of looked after children, young people and care leavers is adequate. Multi-agency partnership working at senior managerial and operational levels is well established and is demonstrating some improved outcomes for looked after children and young people for example the good work in reducing the numbers of looked after young people involved in offending.
121. The children in care council provides valuable feedback on looked after services and staff engage well with the council and take appropriate action to respond to issues raised by the children and young people themselves. However, there is no process in place to gather the views of all looked after children and young people. Parents and carers are not routinely provided with opportunities to comment on their individual experiences or to contribute to the development of services for looked after children and young people.
122. Commissioning for services for looked after children is well developed. A good range of services for looked after children and young people is jointly commissioned. The commissioning plan for placements for children in care is clear, comprehensive and analytical. However the plan does not explicitly consider placement needs for children and young people from minority ethnic backgrounds. A range of services are in place to support children and young people at risk of becoming looked after. Nevertheless the number of looked after children remains comparatively high and has risen. In response to this additional services are being commissioned such as family group conferences and a multi-systematic therapeutic team as part of the early intervention strategy. Recent new commissioning arrangements for external foster and residential placements through the regional provider framework have improved the quality of information about external providers to inform placements decisions and have driven down the cost of independent fostering placements.
123. Information on the ethnicity of looked after children is collected but is not consistently used to inform service developments. Take up of services for example, advocacy services is not always analysed by ethnicity or gender. As a result it is not known if all children have equal access. The profile of foster carers does not reflect that of the looked after children and young people population. Plans are in place to recruit additional foster carers with a focus on the recruitment of carers to match the profile of looked after children and young people.
124. A well established looked after children strategic group involving professionals from key partner agencies who deliver services to looked after children and young people, reviews progress, appropriately identifies areas for development and is proactive in developing plans to address these. Senior managers have improved the scrutiny of services to ensure that they are delivering value for money and meeting agreed objectives for children and young people. This is leading to a more robust system for

agreeing plans to accommodate children and young people and agreeing funding for external placements. There is good understanding of the profile of looked after 17 year olds and this is being used to inform, shape and develop the service for young people leaving care. Plans are being developed to increase the volume of high support semi-independent provision to enable young people to leave care at 17. There is insufficient analysis of the impact of this on young people and no consultation with them about it. However, the local authority has provided reassurance that young people will only leave care at 17 years old if this is in line with their assessed needs. The electronic recording system does not support work effectively and leads to delays and additional pressures on staff.

## **Performance management and quality assurance**

### **Grade 3 (Adequate)**

125. Performance management and quality assurance are adequate.
126. Performance against key performance indicators and local indicators is clearly set out and there is some good analysis of the underlying reasons for under performance. Performance against key national indicators is generally good. It is monitored and reported on appropriately with some areas of significant improvement for example improved timeliness of placing children for adoption.
127. The use of management information to drive improvement is inconsistent. It is used effectively in some areas, for example in the education of looked after children, however there is insufficient information gathered regarding the quality and timeliness of service delivery. The annual report by the independent reviewing officer service does not provide a summary and analysis of the quality of practice with children looked after. There is insufficient information on take up of services, support and outcomes for looked after children and young people from minority groups. This makes it impossible to analyse comparative outcomes for these children.
128. Quality assurance is underdeveloped. Systematic case file auditing of looked after children files is not established and a culture of auditing is not embedded. Some audits of individual case files have been completed and the findings have been reported back to social workers and managers. However, these findings are not routinely collated to identify and analyse key themes and issues to identify areas for improvement. This is recognised and a new audit framework has very recently been developed. It is too early to assess the impact of this.
129. Managers, including senior managers, in the children in care and leaving care teams are very accessible, visible and approachable; staff value their support and commitment and their knowledge of cases. Staff are hard working and very committed to achieving the best for the children they work with. Overall the quality of supervision is adequate. Staff are

supervised regularly in children in care teams. Personal development plans are completed and identify training needs appropriately. However, the management oversight of children and young people looked after cases is variable; some cases are not discussed sufficiently frequently in formal supervision to ensure that actions from reviews are followed through in a timely way.

130. As a result of recent changes to structure, the independent reviewing officers are no longer line managed outside the operational management structure. This arrangement has the potential to compromise their independence and does not meet statutory guidance. Matrix management arrangements have been introduced to support their independence. It is too early to assess the impact of this.

## Record of main findings:

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