

Inspection of safeguarding and looked after children services

Derbyshire

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Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four 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 32 children and young people receiving services, 38 parents or carers, front line managers, senior officers including the Director of Children's Services, Chief Executive NHS Derbyshire County, the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
 - analysis and evaluation of 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
 - the review of 44 case files for children and young people with a range of need. This produced a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - consideration of 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 Derbyshire County, Chesterfield Royal Hospital NHS Foundation Trust, Derbyshire Community Health Services, and Derbyshire Healthcare NHS Foundation 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. 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 economic decline such as those still overcoming the demise of the coal industry. Employment rates are in line with the national average although average earnings are lower and unemployment is higher than the national average in some areas such as the north east of the county. The overall population grew by 6.6% between 1991 and 2008. It is now around 764,000 of whom 175,400, (23.2%) are aged between 0–19 years. The population is projected to increase by a further 2.9% by 2012 but with a decreasing number of 0–19 year-olds. The minority ethnic population is small at 2.98%, however children and young people from minority ethnic groups account for 4.7% of pupils in primary schools and 3.8% of pupils in secondary schools. This is below the national averages of 25.7% for primary schools and 22% for secondary schools. More recently people from Eastern Europe have begun to settle in the north east of the county.
5. The Derbyshire Children and Young People's Local Strategic Partnership was set up in 2002 and the Children's Trust established in 2006. The Trust includes representatives of NHS Derbyshire County, NHS Tameside and Glossop, Derbyshire Police Authority, Derbyshire Fire and Rescue Service, Connexions, community and voluntary organisations, schools and the further education sector.
6. Social care services for children have 422 foster carer households supported by seven fostering teams. Derbyshire County Council directly provides children's residential care through 11 residential units and commissioned placements from the independent sector. Community based services are provided by 29 social work teams, 16 supporting families

teams, two specialist safeguarding children's teams, a specialist rapid response team and an adoption service. Specialist services for children with disabilities are provided by four teams and two paediatric social care occupational therapy teams. Private fostering services are provided by individual districts. Additional preventative services are delivered by 54 designated children's centres situated across Derbyshire.

7. At the time of the inspection there were 632 children and young people looked after by Derbyshire County Council comprised of 163 children under the age of five, 408 children of school age (5–16) and 61 young people aged 17. Derbyshire is developing a virtual school approach in its support of looked after children to raise standards of individual achievement and attainment, celebrate their successes and increase the overall rates of progress made by looked after children.
8. Commissioning and planning of health services for children are carried out by NHS Derbyshire County. There is a joint commissioning appointment between the Primary Care Trust (PCT) and local authority of the Deputy Director of Public Health to develop consistency of children's services across health and social care agencies. Acute hospital services are provided by Chesterfield Royal Hospital NHS Foundation Trust and Derby Hospitals NHS Foundation Trust. Occupational therapy and speech and language services are provided by NHS Derby City, Chesterfield Royal Hospital NHS Foundation Trust and Derbyshire Community Health Services. NHS Tameside and Glossop are responsible for the planning and commissioning of children's services in Glossop. Community based services are provided primarily by Derbyshire Community Health Services and Chesterfield Royal Hospital NHS Foundation Trust.
9. Universal, targeted and specialist Child and Adolescent Mental Health Services (CAMHS) are jointly commissioned by NHS Derbyshire County and the local authority. Specialist CAMHS are provided by Chesterfield Royal NHS Foundation Trust and Derbyshire Healthcare NHS Foundation Trust with some targeted emotional well-being provision for looked after children provided by the local authority. There is no age-appropriate mental health in-patient accommodation for children or young people who require specialist care. In the very few instances where this occurs provision is commissioned from healthcare providers outside the county.

Safeguarding services

Overall effectiveness

Grade 2 (good)

10. The overall effectiveness of safeguarding services is good. Statutory requirements in relation to safeguarding are met. The council and its partners are able to demonstrate improvements in service provision through good use of inspection findings, audits, outcomes from complaints and learning from serious case reviews. Although good quality assurance processes are in place they are not always used effectively to improve practice. For example, managers within districts have not consistently ensured outcomes from independent case file audits are translated into practice within their areas. The Children's Trust and the Derbyshire Safeguarding Children Board (DSCB) provide effective and active leadership at all levels across the partnership. Senior managers are highly visible and effective in improving services, based on a strong commitment to safeguard the most vulnerable children and young people in Derbyshire. The willingness of the Derbyshire Police Authority in committing resources to the preventative agenda is a particularly positive feature. Good cross-party political commitment and support for the prioritisation of safeguarding services offers stability to medium and longer term service planning. Risks, including those posed by budget reductions, are taken into account and well managed both corporately and across the partnership.
11. After a successful multi-agency team pilot, preventative services are currently being reshaped and expanded to improve the effectiveness of early intervention. A further 32 multi-agency teams countywide have been established to become operational on 1 April 2011. Evaluation of the pilot demonstrated positive outcomes for families who, for example, benefited from more intensive support at an earlier stage. Joint and single agency safeguarding training, including for the voluntary and community sector, is highly effective in ensuring those who work with children and young people have a good awareness of safeguarding issues. Partnerships with stakeholders, community groups and commissioned services are well established. Staffing resources within children's social care are sufficient to deliver the priorities but within health, capacity issues and lack of service provision impedes effective delivery of services such as CAMHS and some preventative work. The lack of compatible electronic recording systems across accident and emergency units and minor injury units (MIU) impedes those establishments effectively sharing information about safeguarding concerns in a timely manner. Processes for the recruitment and retention of social care staff are very good and consequently there is very little reliance on agency staff. Safe recruitment practices are well established across the partnership and the role of the Local Authority Designated Officer (LADO) is used appropriately.

Capacity for improvement

Grade 2 (good)

12. The capacity for improvement is good. Political and managerial leadership across the partnership is good and provides a clear direction of travel. There is high visibility of senior managers, welcomed by staff who feel listened to and involved in improving services. Partner agencies meet statutory requirements for services at least adequately with some good aspects such as the range of preventative services. Most services, particularly those for children with learning difficulties and/or disabilities, show clear improvement since the joint area review in 2007. There is a strongly evidenced commitment from all partners to ensure that the well-being and safety of children and young people are central to service planning and delivery. Early intervention provision and partnership work are effective and are resulting in positive outcomes for many children, with good early identification of their needs for safeguarding and protection. The wide range of good quality services provided by the voluntary and community sector, particular in respect of domestic abuse further enhances capacity.
13. Overall, there are good systems in place across the partnership to monitor and evaluate performance and to make continuous improvements to services. Outcomes from inspections are used to inform and develop service planning and delivery. Ofsted's unannounced inspection of contact referral and assessment arrangements in October 2010 did not identify any areas for priority action. Timely and appropriate action has been taken to respond to identified areas for development. However although an action plan has been drawn up, at the time of this inspection it was too soon for its impact to be demonstrated fully. The establishment of the multi-agency teams and co-location of child protection managers within the Public Protection Units are effective in enhancing capacity and improving the timeliness of service responsiveness and interventions.

Areas for improvement

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

Immediately:

- Derbyshire County Council to improve and sustain improvements to the quality of social work assessments and planning and to ensure effective managerial oversight and decision-making is reflected fully in the files.
- Derbyshire County Council to ensure that child protection assessments going to an initial child protection conference have a core assessment completed.

Within three months:

- Derbyshire County Council to improve and sustain the quality of analysis and recording of initial and core assessments to include chronologies, risk and contingency factors.
- Derbyshire County Council to ensure outcomes from case file audits are implemented in a timely manner and that managers across the county are rigorous in ensuring compliance.
- NHS Derbyshire County, health partners and the wider partnership to agree to commission a significantly improved CAMHS service that delivers stronger equity of service specification, access, pathways and arrangements and is accessible to all children and young people irrespective of where they live in the county. To review the lack of suitable child or young person age appropriate in-patient provision (Tier 4) which currently results in a young person in crisis being admitted to an adult ward or subject to a placement in another authority.

Within six months:

- Derbyshire County Council, NHS Derbyshire County, Chesterfield Royal Hospital NHS Foundation Trust and NHS providers of accident, emergency and urgent care services to ensure a rigorous system is in place that safely stores and provides up to date information regarding children and young people with a child protection plan and allows for secure and timely transfer of information between health providers.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (good)

15. The effectiveness of services in taking reasonable steps to ensure that children and young people are safe and feel safe is good. The importance of safeguarding children and young people is recognised at both strategic and operational levels across all statutory, community and voluntary organisations. A strong safeguarding, child-centred focus underpins all service planning and service delivery. A range of initiatives are in place across the partnership to engage and raise the awareness of children, young people and families from minority communities in safeguarding matters. For example equalities' champions have been working directly with the Pakistani community and with Roma families newly arrived from Eastern Europe, to improve access to, and take up of, local services. These interventions have proved successful in identifying barriers to accessibility and these are now being addressed.
16. The scrutiny of children's social care files which were randomly selected for this inspection and the previous unannounced inspection provides evidence that, in most cases, appropriate action is taken to safeguard children and young people by suitably qualified and experienced social workers. In the majority of cases reviewed by inspectors, children and young people had been appropriately safeguarded through timely and effective interventions. There were no cases where children or young people were judged to be unsafe. Managerial oversight of these cases is evidenced but not always consistently recorded in a structured way. Ofsted inspections of schools, residential settings and colleges in the local authority show that arrangements for keeping children and young people safe are mostly judged as good.
17. The management of allegations against people who work with children is good. Processes are supported by robust procedures. The role of the LADO is well understood across the partnership and is used appropriately. Referrals are appropriate and come from a wide range of agencies including the voluntary sector. Clear arrangements are in place for contacting the LADO, for holding formally minuted strategy meetings and for reviewing plans. Allegations are managed appropriately, leading to improved levels of safety for children and young people.
18. Complaints regarding children's social care services are handled effectively and most are resolved at a local level. Quality Assurance Managers provide regular complaints data to district managers to improve practice. A strong focus on the timeliness of completion of responses to complaints has yielded significant improvement. Learning from the outcomes of

complaints helps to improve service delivery and practice by influencing the Children and Young Adults (CAYA) training programme. It has also resulted in the development of a new complaints handling course for managers. While children, young people and their families are given information about complaints, few complaints are brought by children or young people themselves. In 2009–10 only 6% (12 cases) were received directly from a child or young person. In most instances, issues related to their relationships with their social workers or insufficient contact with their families. In such cases managers usually meet with the child or young person to ensure they feel listened to and so that they are able to achieve a speedier resolution through mediation. For example, on occasion a child's social worker may be changed to give the child a fresh start, but only if it is judged to be in the child's best interests.

19. Policies and procedures ensure full compliance with safer recruitment guidance. Although there is no centralised system in place, the inspection of randomly selected personnel records confirmed that appropriate safeguarding checks are carried out to ensure that staff who work with children and young people are appropriately vetted. Staff files are satisfactory overall although information is not always easily accessible in a single place to provide a clear audit trail. The shortfalls have been recognised and an electronic system is being introduced. A robust system is in place to consider any concerns raised as part of Criminal Records Bureau (CRB) checks. All applications are risk-assessed and forwarded to a senior manager where any concerns are identified. CRB checks for social workers and education staff are repeated every three years. However, not all schools have followed good practice and carried out retrospective CRB checks on staff and volunteers. Contracting arrangements across the partnership to safeguard children and young people are robust and include a requirement for all vetting checks to be undertaken by the service provider.

Quality of provision

Grade 2 (good)

20. The quality of provision, which includes service responsiveness and the quality of assessment and direct work with children and families, is good overall. However the quality of case planning, reviews and recording is only adequate and does not reflect fully the quality and impact of the direct work undertaken with children, young people and their families. The electronic records' system has not been effective in assisting social workers to maintain their records in accordance with statutory guidance with the result that alternative practices have developed. Within the records there is clear evidence of a child centred approach and of the children and young people's views and wishes influencing outcomes. However, although the work is being done, it is not consistently recorded appropriately or in sufficient detail in any one place to provide good quality assessments or plans. Practice has developed where current work is kept up to date in case records and other documentation. Chronologies

are not routinely prepared unless a case enters court processes, making it difficult for case histories to influence current practice. Informal discussions with managers to ascertain case directions are not routinely recorded. While a majority of cases demonstrated appropriate outcomes were being worked towards or achieved, the lack of consistent completion of structured assessment and planning tools leads to weaknesses in proactively identifying risks or contingency plans.

21. Children subject to child protection plans are visited in accordance with statutory requirements and most are seen alone by social workers. The role of the independent reviewing officers and child protection chairs includes a quality assurance aspect for the review of conference and meeting reports. However, not all parents and carers have sight of the report prior to the actual conference therefore do not have sufficient time to consider the content and prepare their responses. In cases where a child or young person requires protection through a court order, planning is thorough with some good outcomes seen. There are some delays in court processes, which results in plans for children and young people not always being expedited in as timely a way as possible. Senior managers and legal services have raised this issue with the judiciary.
22. Service responsiveness is good. Responsiveness to referrals generated through domestic abuse situations is good. A child protection manager is co-located within the police Public Protection Unit to jointly review all referrals, to assess risk and to make appropriate recommendations for action. This joint work has had a very positive impact by ensuring a more timely response from children's social care to families requiring assessment. To further improve service responsiveness and consistency, from 1 April 2011 it is intended that this model of working will be expanded to three other Public Protection Units across the county. Clear and agreed thresholds for access to safeguarding services are widely understood across the partnership. Referrals in case records viewed by inspectors demonstrated that thresholds are applied appropriately.
23. Where a child or young person is referred to the children's social care assessment service most referrals are responded to in a timely manner and most cases are allocated promptly. Suitable arrangements are in place for the management of formal child protection processes and these processes are in line with statutory guidance. A team of designated child protection managers oversees the service and is managed independently from the case holding social workers. Children and young people in need of protection are suitably prioritised and their immediate needs are satisfactorily assessed through the duty system. The participation of children and parents in case conferences is good. Due to an increase in child protection and court work, some capacity issues within the assessment teams have led to some children with lower level needs being unallocated for a short period of time. When this happens, the team manager maintains oversight of the case until allocation. Assessments

seen by inspectors were allocated to qualified social workers, of a satisfactory quality and mostly carried out within timescales. To ensure children, young people and families are fully involved in safeguarding processes effective arrangements are in place to provide translation and interpretation services to them when their first language is not English. However, although social workers were able to articulate the equality and diversity needs of families they were working with, in most of the cases seen by inspectors, this was not well evidenced in the case records.

24. Good arrangements are in place for the safeguarding of children and young people outside regular office hours and at weekends. A designated team of social workers provide an out of hours service and this is augmented by two family resource workers who can offer immediate intervention to families in crisis. Some parents who met with inspectors reported very positively on the help and support provided by the family resource workers and felt they could not have survived their particular crisis without them. By arrangement, the out of hours team has the capacity to undertake pre-planned welfare checks for some children subject to a protection plan, to ensure agreed safeguarding arrangements are being adhered to by parents or carers.
25. Service responsiveness and direct work with children and young people with learning difficulties or disabilities is good overall and has shown significant improvement since the joint area review in 2007. The Aiming High grant assisted positively in helping the partnership develop a wide range of good quality safeguarding services for children with disabilities. Cases reviewed demonstrated robust assessment, planning and good multi-agency partnership working to meet need. Joint commissioning arrangements meet the needs of children or young people with complex needs. The co-location of a range of professionals within the teams for children with disabilities helps to ensure needs can be responded to in a more holistic way. However there is still inequality of access to a disabled facilities grant, access to which is dependent on which district council area the child or young person lives. This results in some families having to wait considerably longer than others before they can obtain the property alterations needed. Parents reported variable experiences of service provision, dependent upon their individual experience but overall feel that 'things are improving'.
26. The council and partners have a wide range of services in place to deliver support to families, ranging from early preventative services to interventions for those on the 'edge of care'. The establishment of a multi-agency team has proved so successful in delivering early intervention services that a further 32 multi-agency teams are becoming operational countywide on 1 April 2011. The localised nature of the multi-agency team, based around school clusters is facilitating much earlier forms of intervention and intensive support is offered before families reach crisis levels. Service provision follows a Common Assessment Framework (CAF)

and 'team around the child' approach. The expansion in service is planned to improve equality of access and have a greater impact on improving outcomes for children and young people through more timely service provision, increased use of the CAF countywide and by more agencies undertaking the role of lead professional. The multi-agency teams have clear referral pathways in place for children, young people and families who, where appropriate, need to be referred to children's social care. Children's centres and resource centres are used well to supervise contact and deliver preventative services and assessments to inform child protection and care proceedings.

27. There is a very strong focus across the partnership on reducing incidents of domestic abuse. The voluntary and community sector has a strong involvement in delivering work in this area, for example through their work within schools or in the refuges. The Police make a significant and active contribution through the attachment of a Police Community Support officer to each primary school which ensures the confidential sharing of information about domestic abuse situations where there are child protection concerns. The contribution of multi-agency risk assessment conference and Multi-Agency Public Protection Arrangements (MAPPA) to keeping children safe is good. Regular attendance from a range of agencies evidences good partnership working. The focus is on early identification of offenders who present a potential threat to children and families and multi-agency safeguarding actions agreed to reduce risk and promote a child or young person's welfare.
28. The arrangements for identifying and finding children missing from home, care and school are effective. The Police and other agencies, including schools, have a good understanding of the needs of children who go missing and take appropriate action in instances where there may be child protection issues, for example they support young people who are missing and at risk of sexual exploitation. Return interviews are offered to give a child or young person the opportunity to seek further advice and support to prevent the running away behaviour escalating. There are good processes for identifying children and young people in receipt of elective home education. A strong safeguarding focus in schools is placed on safety issues relating to the internet, mobile phone and social networking usage and this heightens children and young people's awareness of cyber bullying. Anti-bullying strategies are in place in a majority of schools. Known incidents are recorded and monitored with information shared with the DSCB and community safety partnership to inform service developments. The anti-bullying strategy has been more widely promoted to include children's homes and youth groups in order to promote a countywide culture of anti-bullying. A revised and updated strategy is being relaunched in March 2011.
29. The Police, in association with 100 statutory, voluntary and community agencies, have engaged in a variety of activities aimed at reducing anti-

social behaviour and challenging young people's high risk self harming behaviours. Examples of this are the Be Safe and street pastor schemes that take place on a Friday and Saturday night to help young people address potential risks that might occur through alcohol fuelled anti-social behaviour. Interventions have shown a marked impact with reductions in youth offending and anti-social behaviour and more positive intergenerational understanding. Sustainability of some of the projects remains a challenge to the partnership, given the current economic climate and potential reductions to budgets which fund some of the preventative activities.

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

30. The contribution of health agencies to keeping children and young people safe is adequate. Health partners demonstrate a clear strategic and operational commitment to ensuring that the safeguarding needs of children and young people are met. However across the county there is inequality of service provision and of access to it. Where co-location of staff is in place this contributes well to multi-agency understanding and to early intervention arrangements. The children's disability service is well resourced and through pooled budget arrangements with the council, resources are maximised to provide services for children and young people with complex health needs. The Child Death Overview Panel has been very effective in using analysis and partnership work with the DSCB to develop and launch its Safe Sleeping programme. Since its launch in June 2010 there have been no sudden infant deaths as a result of unsafe sleeping practices.
31. Partnership working with the council is effective in improving parental emotional well-being and parenting skills through the delivery of a range of parenting courses. These have been well attended and focus on all age groups, for example: Living with Babies, Living with Children, Living with Teenagers and Incredible Years courses. All health visitor teams have been trained to deliver the Health Exercise Nutrition for the Really Young (HENRY) programme to all families irrespective of need before a child is six months old. However, capacity issues within the health visiting and school nursing service results in some preventative work not being delivered when the services are under greatest pressure.
32. There is evidence of effective interagency working to reduce teenage pregnancies, with Derbyshire having an overall reduction in numbers. Latest data indicates that the number of 15–17 year olds becoming pregnant during 2009 was 477, a 1.6% reduction on the previous year when there were 485 pregnancies in the age group. This compares favourably to pregnancy rates both regionally and nationally and in Derbyshire conception rates are at their lowest level for seven years. However, within the county, some specific areas remain high and

interventions have been less effective in these areas. Agencies work together to provide a wide range of contraceptive and sexual health care services through a variety of venues across the county. Most schools welcome health professionals training and guidance in sex and relationship education. Health visitors are engaged with children's centres in delivering parenting and healthy lifestyles programmes. Midwives are working effectively to identify and safeguard vulnerable young women and their babies.

33. Performance monitoring by health partners of safeguarding arrangements is variable, with different systems in place in the north and south of the county, and not all providers have electronic recording systems. For example accident and emergency departments, community hospitals and MIU across the county have their own alert systems in place to record previous visits and to track concerns but they are not compatible with those in other units. In the absence of a comprehensive electronic recording system it is not possible for one hospital or MIU to know, unless a parent tells staff, whether the child or young person has presented at a different hospital or MIU within a short period of time. Within individual hospitals or units tracking systems are more robust with a paediatric liaison manager and named nurse screening all attendances within the departments and MIUs and sharing the information with community staff. This includes repeat attendees and those who do not attend follow up children's outpatients' clinics. However the lack of compatible electronic systems means there is often a delay in notifications reaching partner agencies.
34. Provider trusts have processes in place to ensure that safeguarding policies and procedures are up to date and easily available for all members of staff. There is strongly improved access and attendance at safeguarding training but no systems yet in place to monitor its implementation in practice. Progress has been made in all provider trusts to ensure appropriate supervision arrangements are in place for staff involved in safeguarding and child protection issues. Health partners have shown strong commitment to developing the children's workforce. However insufficient focus is given to the skills mix required to meet the specialist needs of children accessing treatment in emergency treatment settings in Chesterfield Royal Hospital and Derbyshire Community Health Service Units.
35. CAMHS provision is inadequate. A full range of CAMHS services is not currently available within the county despite this being identified as a priority in 2009–10. Currently, children and young people experience significant inconsistencies in accessing the full range of CAMHS services, depending upon where they live in the county. The absence of a comprehensive Tier 4 service results in crisis care in adult wards or placement out of county at a time when a young person is at their most vulnerable. An information sharing protocol has been agreed across the

partnership but some clinicians are not fully accepting of, or acting in accordance with, the protocol. This failure to comply with the protocol impacts negatively on the effectiveness of risk assessment and planning. Senior managers within the PCT are aware of this issue and through its commissioning processes have recently taken action to strengthen expectations and commitment to child protection processes.

36. Where the designated and named lead professionals' roles are well established there is strong and effective leadership. Good progress has been achieved in the training of general practitioners in the south of the county, which is well supported by a committed and enthusiastic named GP. Most health professionals contribute well to child protection conferences and core group meetings either by attendance or by submitting reports. However, GP attendances at case conferences are infrequent. Work is currently being undertaken with them to improve the provision and quality of their reports.
37. Appropriate provision is available within Chesterfield Royal Hospital and Derby Royal Hospital for children and young people needing a medical examination following allegations of sexual abuse. In particular, a new well equipped sexual assault suite in Chesterfield Royal Hospital provides a dedicated service which is appropriately staffed and is accessible 24 hours a day.

Ambition and prioritisation

Grade 2 (good)

38. Ambition and prioritisation are good. There is a clear understanding of the national context for the delivery of children's services and of Derbyshire's position within that context. The importance of safeguarding children and young people is recognised at both strategic and operational levels across statutory, voluntary and community organisations. Operational staff demonstrate a very clear and robust child-centred commitment and approach to their work with children and young people.
39. The Children and Young People's Plan (CYPP) is based on a robust needs analysis and clearly articulates appropriate priorities that underpin multi-agency practice. The ambitions and priorities set out in the CYPP are implemented and monitored by the Children's Trust Board and the DSCB. There are strong links between the council's corporate plan and cross-directorate service plans. There is clear evidence that the partnership translates priorities into action through its investment, development and expansion of preventative services such as the multi-agency teams, in order to further improve outcomes for children and young people.
40. There is good cross-party political support from elected members for children's services with a clear political consensus that services for children and young people are a priority and must be appropriately resourced. The lead member for CAYA, supported by the portfolio holder for education, takes a strong and active interest in the performance of services for

children, young people and their families. The role of scrutiny is well understood and the committee is actively engaged in all aspects of children's services. Committee members receive regular reports on aspects of the service's provision, interview CAYA senior managers and commission specific work as appropriate.

Leadership and management

Grade 2 (good)

41. Leadership and management of children's services are good. The Director of Children's Services and senior managers know their services well. Strengths and weaknesses are well understood. There is evidence that the council has a good track record of responding to the findings from external inspections and this has resulted in the delivery of improvements to safeguarding services for children. This is exemplified by the significant progress made since 2007 in improving the quality of services for children with disabilities. Areas requiring improvement are known, the risk is assessed, and appropriate action is taken. However action plans do not always make clear who is responsible to take the planned action forward or by when. Despite strong leadership across the partnership it has not been successful in driving forward improvements to CAMHS services. Currently, recommissioning discussions are taking place.
42. The partnership's commitment to developing the children's workforce is good with training at all levels well supported. There is outstanding support for voluntary and community organisations through the free provision of safeguarding awareness and training. There is a good take up of child protection training. An innovative accreditation scheme for volunteers known as the 'Passport', includes safeguarding training provided by the DSCB. The DSCB insists that all staff working with children and young people, both in the statutory and community sectors, must update their child protection training every three years.
43. The investment in staff development and the very good access to a range of training opportunities for all workers is helping to develop a competent and stable workforce which is committed to improving outcomes for children and young people. Vacancy levels within children's social care are very low. At the time of the inspection there were only 3.6 vacancies within a workforce of 205 designated children's services staff. There is a very low level of reliance on agency staff and sickness levels are just below the national average. A recently advertised social work post attracted 67 applicants, many of whom are experienced workers. Reasons given by workers about the attraction of working for Derbyshire included good opportunities for continual professional development, good managerial support, manageable caseloads and the opportunities to work in very diverse areas of the county. Good support arrangements are in place for newly qualified social workers and confirmed by workers who met with inspectors. There is a satisfactory and appropriate focus on tackling staff whose performance falls below an acceptable standard.

44. Multi-agency workforce planning across the partnership as a whole has been less successful than workforce planning within single agencies. Part of the reason is the challenge facing all public sector organisations where significant service re-design is taking place, particularly within health communities. However, where a specific multi-agency project is identified there is a strong commitment and willingness to commit time and resources to the specific project. An example of this is the workforce planning intended to establish the multi-agency teams and establish joint induction and training programmes.
45. The quality of user engagement is adequate, with some good features. For example, the arts and media have been used creatively to gather views of children and young people and help them develop their own website. They use this to promote advice to other young people on safeguarding issues relevant to them. Voluntary and community organisations report a much stronger emphasis in contracts on obtaining user views. CAYA initiates a wide range of activities designed to ascertain the views of children, young people, their families or carers. They are routinely consulted about their wishes and views as part of individual service assessment and planning processes and this is reflected within case records. The Aiming High initiative for children with disabilities consistently engages children, young people and their families in participation and decision making about types of service provision and developments. Good work has been undertaken with children and young people with disabilities to empower them to take on a meaningful role in a specific tendering process. Reports from workers are very positive about the benefits experienced by the children and young people who took part. However, parents from all groups who met with inspectors had mixed views about how effective their involvement had been in bringing about changes to service planning or delivery. Some commented very positively while others were critical that they were not listened to and could only access a social service when they were in crisis. Child protection coordinators report that the 'Take Part' initiative has resulted in more children and young people attending their child protection conferences.
46. Financial resources are used effectively. The investment across the partnership in establishing the multi-agency teams is planned to be an 'invest to save' activity. The partnership understands that the establishment of such teams will not automatically reduce the need for statutory services but anticipates that good investment in preventative services, that are well delivered, should in the medium to longer term reduce the numbers of children and young people requiring public care. Good processes are in place for the commissioning of services. The overarching priorities stem from the CYPP and there are examples of pooled budgets being used to purchase services more efficiently, such as those for children and young people with complex needs. Formal contracting processes are in place, which enable the organisation to

determine the specific level of service required to meet the outcome needs of the child, young person or family.

Performance management and quality assurance

Grade 3 (adequate)

47. Performance management and evaluation arrangements are adequate overall with some good aspects. An excellent example is through the performance monitoring of the DSCB. It identified and wished to explore the increase in child protection plans and care proceedings, so commissioned an audit to identify the principal reasons for the increase. The audit identified neglect as the main issue and this has resulted in a much more robust focus on such cases. At a corporate and strategic level performance management systems are good. However, while the partnership collects a wide and very comprehensive range of data, it is not consistently used to best advantage. Focus has been directed towards improving national and local performance indicators with more attention given to collecting quantitative data and less to the analysis of quality. Where information leads to action planning it is not always clear where the accountability for implementation and progress rests, what the timescales are for completion or what the progress measures are. The council is aware of this issue and taking corrective action.
48. At an operational level within children's social care real time performance information is readily available to managers but inconsistently used to inform practice. Similarly, there are rigorous audit systems in place but although audits are carried out regularly they have not always had a positive impact on improving the quality of work of, for example, the quality of core assessments or child protection plans. Once an audit is completed it is the responsibility of the districts to implement the practice improvements, but where there is an absence of a clearly defined structure to hold managers to account, the usefulness of the process is weakened.
49. Within children's social care, staff receive regular supervision in accordance with council policy. Social workers report positively on its benefit but the quality of recording within files sampled did not evidence sufficiently well how workers are challenged to reflect on their practice or supported to improve their professional development. All staff have a personal development plan but those sampled are of a variable quality. A new system was introduced in February 2011 to address these issues but at the time of inspection it was too soon for improved practice to be seen. There is evidence of increasing management oversight on social care files and supervision files but in neither place is it yet sufficiently rigorous.

Partnership working

Grade 2 (good)

50. Partnership working is good. The DSCB has continued to develop with an independent chair, who is bringing effective challenge and direction to the board. The chair is also chair of the adult safeguarding board and while not minimising the focus on safeguarding children, this dual appointment is viewed as bringing more coherence to the whole of safeguarding through, for example, joint training and dissemination of learning from serious case reviews. There is good engagement on the board by partners, with representation from appropriate agencies, the district councils, schools and the voluntary and community sector. As yet there is no engagement by children or lay members. A high priority is given across the partnership to learning the lessons from serious case reviews and includes regular reporting from all agencies as to whether there are any issues arising or improvements to practice.
51. The Derbyshire Children's Trust and DSCB ensures through seven district partnership and safeguarding groups that all organisations working with children and young people understand their responsibilities and accountabilities to deliver good quality children's services. The commitment of all agencies is exemplified in the decision to retain the Derbyshire Children's Trust Board even though this is no longer a statutory requirement. District councils are engaged well in multi-agency partnership work and ensure that safeguarding receives a high priority within their services. Commitment from the Police have demonstrated an outstanding commitment to seconding managers to the multi-agency teams and to resourcing the preventative services. This high level of cooperation in delivering cross partnership working is bringing significant benefits in the work to keep children and young people safe.

Services for looked after children

Overall effectiveness

Grade 2 (good)

52. The overall effectiveness of services for looked after children, young people and care leavers is good. The Children's Trust and corporate parenting committee provide robust leadership and this results in a good shared vision and agreed priorities for improvement. Elected members on the corporate parenting committee demonstrate a strong commitment to corporate parenting and are champions for looked after children and young people. They offer appropriate scrutiny and challenge in respect of performance and meet with looked after children and young people. Since the joint area review in 2007 services for looked after children and young people with learning difficulties and/or disabilities have significantly improved. Statutory requirements are well met by the council and its partners and the majority of outcomes are good. The quality of care planning and of some assessments undertaken is inconsistent and does not reflect the quality of work undertaken directly with looked after children, young people and care leavers. The exceptions are the teams for children with disabilities where assessment and planning are good. The case files inspected were mostly at least of a satisfactory quality, with evidence of good direct work recorded in case records. In some case files inspected, the identity needs of children and young people were not well addressed or recorded and therefore did not sufficiently tell the child's or young person's own story.
53. Outcomes for looked after children, young people and care leavers are mostly good. A key area where strong focus has been directed is on trying to raise the educational attainment of looked after children and young people. Despite a wide range of inputs, improvements have only been marginal, and gaining marked or sustained improvement continues to be a significant challenge for the council and partners. There is evidence of a high level of commitment and aspiration from senior managers and front line staff in schools to continue to tackle this problem. There is good engagement of health agencies in promoting the general health and well being of looked after children and young people. However, CAMHS provision is inadequate. There is inconsistency between the north and south of the county in both accessibility to all levels of CAMHS provision and in the way services are delivered. Currently, care leavers are not given any of their health records when they leave care. Children and young people in out of county placements are well managed and monitored. The engagement of looked after children, young people and care leavers in education, employment or training is very good. This has shown significant impact in narrowing the gap between the attainment of looked after children and young people when they leave school at age 16 and on the progress they subsequently make through post-16 education, employment and training opportunities.

Capacity for improvement

Grade 2 (good)

54. The council and its partners have a good capacity to improve services for looked after children, young people and care leavers. They have a realistic and accurate awareness of their direction of travel, of the improvements made, and areas for development. There is good leadership at all levels with strongly shared ambition and effective prioritisation aimed at meeting the needs of Derbyshire's looked after children and care leaver population. Vision and priorities are clearly articulated and translated into a clear children in care strategy and practice. The council's performance against national indicators for the care of looked after children are generally in line or better than similar areas with improvements continuing to be made. Good performance systems are in place to identify early any emerging problems. The effectiveness of a wide range of programmes to prevent children and young people entering the care system, the quality of direct work with looked after children and young people, and ongoing work to minimise children and young people needing to remain in the care system, result in improved outcomes for children, young people and care leavers. Despite the challenge of cuts to public sector budgets, there is evidence of commitment across the partnership to ensuring services to children remain a high priority. Across the partnership workforce there is evidence of good practice and dedicated and committed practitioners working well to deliver good quality services for Derbyshire's looked after children, young people and care leavers.

Areas for improvement

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

Immediately:

- Derbyshire County Council to improve and sustain the quality of assessment, case planning and permanency planning through effective senior management performance monitoring and evaluation.
- Derbyshire County Council to ensure all care plans robustly and accurately identify and record risk and protective factors.

Within three months:

- Derbyshire County Council to improve the consistency of the quality of personal education plans for the youngest children in care and the pathway plans for care leavers.

- Derbyshire County Council to establish and maintain robust systems for tracking the educational progress of looked after children and young people from their start points.
- NHS Derbyshire County should ensure care leavers are provided with a full summary of their healthcare history in a format suitable to their needs.

Within six months:

- NHS Derbyshire and health partners to ensure looked after children, young people and care leavers have fast track access to a CAMHS that is able to be accessed equitably whether the child or young person lives in the north or the south of the county.
- NHS Derbyshire to develop a consistent countywide approach to the commissioning of initial and review health assessments for looked after children and young people, ensure that they are carried out by appropriately trained individuals and monitored to ensure consistent good quality of assessments countywide.

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

Being healthy

Grade 3 (adequate)

56. Health outcomes for looked after children and care leavers are adequate overall. Named nurses effectively coordinate health services and offer choices to meet children's and young people's preferences and needs. They offer targeted advice about keeping safe and courses which provide advice about the impact of motherhood through the 'Baby think Twice' programme. Teenage mothers who are also looked after young people are well supported. Training is provided to help foster carers promote the well-being of young people and help them access other service provision as appropriate. For example, there are dedicated workers to provide information, advice and guidance for looked after children and young people on issues such as substance misuse and sexual health. While access to general health services is good there is significant variability across the county for access to specialist health services. For example, there are no fast track arrangements in place for looked after children or young people to access CAMHS, although some do have access to dedicated CAMHS support for lower level services. However access to this level of provision is variable depending upon where a young person is living in the county. Robust arrangements are in place to track looked after children or young people who do not attend for health assessments and appointments.
57. The completion of annual health checks is good at 93%. This is a slight decrease on performance in 2008–09 but compares well with similar authorities. Access to dentistry and other general health services is very good, 98% of looked after children accessed annual dental checks, well above similar authorities. However, only 70% of looked after children and young people have received the recommended immunisations. This is a decline in performance from previous rates and is now below that of similar authorities. Satisfactory systems are in place to ensure looked after children and young people placed outside Derbyshire receive appropriate checks and reviews of their health needs. There is good communication from Derbyshire children's social care services to notify health professionals of any changes to a looked after child or young person's situation such as change of status or placement address.
58. The quality of health records inspected is variable. All records seen by inspectors contained health care plans but they were of variable quality. Most files inspected lacked a chronology of health events. Sharing of information across agencies is variable and further compounded by the differential service provision between the north and the south of the county. For example, there are significant differences in the way initial health assessments are carried out with GPs commissioned in the north

and paediatricians in the south. This leads to significant variability in the quality and detail of assessments and health plans. Consequently, monitoring arrangements are variable and there is no overview of the health of looked after children and young people or any method by which trends or themes can be readily identified. In turn this impinges on the partnerships ability to provide proactive rather than reactive services. Care leavers are not provided with any of their health history of their time in care or records other than their immunisation record when they leave care.

59. A high number of looked after children are placed by other councils in independent placements in Derbyshire. Individuals and services that support them are underpinned by the county's primary health practitioners. The impact of the high numbers of placements has significantly increased the workload of health professionals in the county.

Staying safe

Grade 2 (good)

60. Safeguarding arrangements for looked after children are good. Of the looked after children and young people who responded to the survey undertaken as part of the inspection, 96% reported that they feel very safe or fairly safe and 93% said that there was at least one person they could talk to if they felt unsafe. In total 78% found the advice that they received from adults about keeping safe was useful. The most recent Ofsted inspections of the council's children's homes judged them overall to be at least satisfactory and some good. None of the children's homes inspected had a less than satisfactory judgement for the staying safe component of the inspection. The most recent Ofsted inspections of the fostering and adoption services judged the fostering service to be good and the adoption service to be adequate. Since the adoption inspection took place in 2008 progress has been made to improve the service. For example, before the 2008 inspection there had been disruption to 10% of adoption placements, but focused interventions and better matching since then have resulted in no disruptions since mid 2009.
61. To improve placement stability, focused attention has been given to developing a Child in Care Placement Sufficiency Strategy 2010–2012. Within the strategy the recruitment of foster carers is accorded a high priority with a clear target to increase fostering households from 413 to 430 by the end of 2012. The latest data indicate the council has been successful in working towards the target with 49 approvals during 2010–11 against a loss of 37 carers. The latest data from the council also demonstrate that long-term stability has significantly improved. This has been achieved through a strong focus on carers providing good quality care and the provision of supportive resources such as 'theraplay'. Improvements to short term placement stability remain a challenge. Improvements made during 2009–10 were not sustained during 2010–11; due to an increase of children aged 0–5 and young people aged over 16

entering care. The investment in a specialist teenage fostering scheme is effective and enabling more placement choice within the council's own provision.

62. Multi-agency arrangements for children and young people missing from care are effective in promoting the safety of children and young people. Good care is taken when commissioning external placements, and no residential or foster care placements have been commissioned from independent agencies that have been judged to be less than satisfactory in recent Ofsted inspections. A high proportion of looked after children and young people are placed in foster care within the county. The safety of children in external placements is effectively monitored through robust contracting arrangements and statutory visits from the allocated social worker.

Enjoying and achieving

Grade 3 (adequate)

63. The impact of services on enabling children and young people in care to enjoy and achieve is adequate. The authority works hard to minimise disruption to their education by ensuring that, wherever possible, they continue to attend the same school even when they move placements. This is supported by a substantial investment in transport. However, care leavers reported that they have not always felt fully included in school life because teachers have had insufficient understanding of what 'being in care' has meant.
64. The attendance of primary aged looked after children has fluctuated over the last four years. In 2009–10, it was better than for the general primary population in the county. At secondary level, absence has reduced steadily over the last four years but remains much higher than for other children of that age. The authority recognises the need for improvement, particularly the attendance of young people living in children's homes. The number of looked after children or young people excluded from school for a fixed period of time has fallen considerably. No looked after child or young person has been permanently excluded over the last three years. This reflects the success of the excellent partnership between the council, schools and a wide range of services and agencies in providing systematic, timely and well-integrated support for those at risk of being excluded. The work of the behaviour support team has made an important contribution to these improvements, as has the close cooperation between schools in organising managed moves for pupils who need a new start.
65. The council has appropriate systems for challenging schools to improve the performance of looked after children and young people. These have been strengthened by the recent establishment of a central database of information on their attainment and progress. The training for designated teachers is rightly placing an increasing emphasis on monitoring the academic, as well as the social and emotional development, of looked

after children. Good use is being made of the Temporary Additional Support fund to provide individual tuition for looked after children and young people and to give them additional support at points of transition between carers or educational settings. Recent training for foster carers and care workers on raising boys' achievement has been well received and is to be repeated in the near future. However it is too early to assess its impact on children's overall performance.

66. The majority of looked after children and young people have a personal education plan. The plans seen are child friendly and are reviewed and updated regularly. However, as the council recognises, they vary in quality and do not always focus sufficiently on young people's academic performance. A revised and improved version of the personal education plan is currently being piloted with 20 pupils in Key Stage 4 but there has been limited discussion with schools over its production. There are good systems for monitoring the attendance, attainment and progress of children who have been placed in care outside the council area. Good support is provided for looked after children who have learning difficulties and those who have disabilities. Statements are based on a rigorous assessment of need and are reviewed and updated. There is a lack of clarity over the use of Personal Education Allowances for looked after children and young people. Appropriate additional support is provided through three funding streams which all carefully monitored. However the information has not been brought together to enable an analysis to be made of how the money is prioritised or to ensure all looked after children receive their entitlement.
67. The educational attainment of children in care is low. At Key Stage 2, results in English and mathematics have fluctuated over the last five years. Despite slight improvements recently, they remain below the averages nationally and for similar authorities. Over the last three years, there has been a rise in the proportion of young people leaving care with at least one GCSE. However, since 2007–08, there has been a downward trend in the proportion gaining five A*–C GCSE passes, including English and mathematics. The most recent figures are below the averages for looked after children and young people in similar authorities and across the country. There are continuing and considerable gaps in performance between looked after children and young people and those of the same age living in Derbyshire. The council and its schools recognise the underperformance but there has not been sufficient analysis of the information. The recent establishment of a central database is designed to provide better information but this does not yet trace possible relationships, for example, between the length and type of care experienced by children or the quality of the schools they attend. These are factors which headteachers and other interviewees suggested might be relevant.

68. Looked after children and young people have access to a good range of leisure and recreational activities to enrich their experiences and provide enjoyment. These include a wide variety of sporting activities, residential experiences, Scouts, Cubs, Brownies, music and dance lessons, horse riding, trips abroad and free swimming sessions. Close work with partners has also resulted in a number of successful projects aimed at reducing anti-social and youth offending behaviours, such as Ozbox boxing and other activities organised by the Police.

Making a positive contribution, including user engagement

Grade 2 (good)

69. Opportunities for looked after children and young people to make a positive contribution are good. Elected members are strongly committed to listening to the views of children and young people. The combination of committed reviewing officers and a good and accessible advocacy service leads to the majority of children and young people being able to participate in their reviews. Of the looked after children and young people who responded to the survey undertaken as part of the inspection, 96% reported that they felt their reviews worked well or very well in making sure that they receive the care they need and 80% felt that their wishes were taken into account in the review process. Case files show that children are listened to by their social workers, but this is not always fully reflected in assessment and planning. The council has ensured there are ring fenced places on school councils, youth council and other young people's planning fora for looked after children and young people so they are well represented countywide.
70. There is a small but effective Children in Care Council which has processes in place to consult with and canvass views of other looked after children and young people, ensuring communication is a two way process and inclusive. The Children in Care Council has contributed to producing the 'second pledge' for looked after children in which clear priorities are identified. The pledge is reviewed annually and accompanied by council promises agreed with the young people at the beginning of the year. The council is held to account by the young people if the promises are not delivered. Young people feel that senior managers listen to them and gave examples of where their views had made a difference to services and provision in ways that mattered to them. Care leavers have been involved in tendering processes for the new after care service, in interviewing staff and in the future will be part of the evaluation and monitoring group. The use of film, poetry and music has been effective in enabling looked after children and young people to express their views on a range of issues and their work has also influenced training events. A particularly strong aspect of work in this area is the full participation of looked after children and young people with disabilities.

71. A well established complaints procedure is supported by good links with the advocacy service and children's rights officer, enabling young people to raise their concerns. For looked after children and young people living in residential children's homes the formal complaints process is supplemented by the home's internal complaints process and this aims to resolve matters speedily. During 2009–10, 47 complaints were resolved through the homes' processes. However, despite the involvement of independent reviewing officers, advocates and others, less than half of the young people surveyed as part of this inspection knew how to make a complaint to the council. Too few looked after children and young people have access to independent visitors. There is currently a significant waiting list. The council is taking action to address this issue and has recently succeeded in recruiting more volunteers.
72. Reducing offending by looked after children and young people is a priority for the council. Following a sustained downward trend, in recent months offending rates have started to increase. There is good support for looked after children and young people who offend to access a wide range of programmes designed to tackle key offending issues and help them develop crime free lives. There has been good engagement with children's residential homes to decriminalise some of the young people's behaviours. A clear protocol has been established to ensure Police involvement is appropriate. High priority has been given to developing restorative justice programmes within the council's own residential provision but there is more limited engagement with independent providers in the area.

Economic well-being

Grade 2 (good)

73. Despite the low educational attainment of young people at 16 the impact of services in enabling looked after young people and care leavers to achieve economic well-being post-16 is good. Consequently, the proportion of care leavers continuing with their education or taking up work is higher than the average for similar areas and across the country. This has been the case for four of the last five years and reflects the impact of a coherent strategy for 14 to 19 education that the council has developed in close collaboration with its partners. This strategy places a clear emphasis on the needs of potentially vulnerable young people. It links educational provision very closely to youth services and a range of positive activities successfully raise young people's aspirations and keep them engaged with society.
74. The Connexions service has made an important contribution to the positive impact of this work. Through the 'Working Neighbourhoods' initiative and the 'After Care' project, personal advisers have worked effectively with agencies such as the Youth Offending Team and had a measureable impact on increasing the number of care leavers progressing to further education or entering employment. The latest data for 2009–10 indicate 76% of Derbyshire's care leavers were in employment, education

or training compared to 62% nationally. The council's own data show that progress has continued to be made and by January 2011 there had been a further increase to 79.6%. The 'Wheels to Work' initiative, which provides motorcycles for young people, has helped increase the employment opportunities for young people, particularly in the more remote rural areas of the county. A major strength of provision is the Care Leavers' Employment team which has been very successful in arranging apprenticeships, many of which have led to permanent employment. Young people spoke eloquently about the tireless dedication, commitment and patience of this team in helping them develop the resilience, confidence and aspirations necessary to re-engage with education and gain employment.

75. The council and its partners have worked hard to reduce the number of care leavers with special educational needs who are not in education, employment and training. However, as in many parts of the country, the number in this situation increases at the age of 19. This is partly because of insufficient support to enable employers to make suitable provision for young people with learning difficulties and/or disabilities. Improving opportunities and accessibility continue to be priorities for the council and its partners.
76. More looked after young people and care leavers are now staying in their foster placement for longer reflecting Derbyshire's Corporate Parenting policy to 'care about, not just care for' looked after children and young people. Care leavers confirm they receive good support from the after care service and they have the opportunity to stay in foster homes beyond the age of 16. This has provided them with continuity and stability to help them succeed in further education and at work. The quality of support that young people receive at points of transition is better than the pathway plans would suggest. Not all plans are completed on time and many include insufficient detail of how identified objectives are to be achieved.
77. The number of care leavers entering higher education has increased over the last few years. Currently 17 of them are at university where they receive full financial support from the local authority. Through the Aim Higher programme, the authority has employed a part time teacher with a specific brief to promote care leavers' access to higher education.
78. Over the last four years the proportion of care leavers living in suitable accommodation has increased and currently stands at 99.5% which is above the averages nationally and for similar authorities. There are good partnership arrangements with district councils and a recently established Housing Protocol ensures that countywide there is consistency of response to accommodation issues.

Quality of provision

Grade 2 (good)

79. The quality of provision is good. The council has a good understanding and awareness of the needs of Derbyshire's looked after children and young people. A clear 'children in care' strategy and appropriate priorities for improving services for looked after children underpin service planning. There is a good focus on reducing agency and out of county placements. However, while the council has increased the number of children placed with Derbyshire's approved foster carers, there has also been an incremental growth in the number of children placed with independent fostering agencies. At the time of inspection the number of looked after children (632) had reduced from 664 in June 2010. Two main reasons account for the increase. An audit undertaken by the DSCB, led to an improved understanding and awareness of neglect by professionals and this resulted in an increase in children aged 0–5 entering the care system and more 16 and 17 year-olds entering the care system because of homelessness. The numbers of children placed at home with parents has declined significantly over the last five years reflecting changing court practices.
80. Risks are well managed and this helps to ensure that children and young people who need to be looked after are accommodated appropriately. There is a good range of early interventions available to support families, children and young people on the edge of care. An evaluation of the Family Intervention Project indicated that more intensive work with families at an early stage has been well received and has had a positive impact on improving families' lives. Parents reported to inspectors that the family resource support service provides excellent support in helping them keep their child at home. The decision about whether a child should become looked after by parental agreement, rests with the district managers whose role is to ensure all alternative safe options to care have been considered before a child or young person is accommodated. However a full evaluation about the consistency of decision making and how or why children enter the care system has yet to be undertaken. Social care staff have access to good quality legal advice to support the decision making process when court interventions are required. However, family group conferences are under used and not used at an early enough stage to prevent entry into the care system or to expedite reunification of children and young people to their families.
81. The council has been successful in increasing the number of internal fostering placements. This has been facilitated by recruiting more foster carers and through providing practical support such as larger vehicles or home extensions to enable families to become foster carers. A pilot to introduce a new way of working into a children's residential home has proved successful with clear indications that the quality of care young people receive has significantly improved, and is aiding placement stability. Plans are in place to extend the model to other children's homes

countywide. Of those young people who took part in the pre-inspection survey, 93% reported that they felt they were living in the right placement with 95% reporting that the care they received was good or very good.

82. There is an increased emphasis on permanency planning which is used effectively to promote timely and secure decisions. The heightened focus has produced positive results with an increase in special guardianship orders and in the numbers of children with a plan for adoption. However, by January 2011 the increase in numbers had resulted in only 62% of children being placed in an adoptive home within one year of the decision that they should be adopted, compared to 70% nationally. The council is aware of this issue and faces a significant challenge in recruiting a sufficient number of adoptive parents to meet demand.
83. Foster carers report positively about the training and support offered, some of which is described as excellent. Good examples include training about attachment and behaviour management, as well as a course which has led to carers spending an allocated daily amount of time reading with children. This has led to an improvement in the reading ages of younger children. Carers receive good support from the social workers in the fostering service but feel that their ongoing need for support when a long term placement ends is not always sufficiently well recognised.
84. The quality of case planning, reviews and recording is adequate. The electronic records system has not been effective in assisting social workers to maintain their records in accordance with statutory guidance so alternative practices have developed. For example assessments and care plans are not sufficiently specific or comprehensive, too variable in quality and core assessments are not always updated when a significant event occurs in a child or young person's life. Practice has developed where the assessment work is being undertaken but is kept in case records or other documents. Although outcomes for looked after children and young people are mostly good there is an over reliance on oral communication between social care staff and their managers or social workers and foster carers. For example, placement information is often communicated orally with insufficient detail written into the placement matching record. Overall, the quality of social work practice is of a better standard than that reflected by the recorded plans and assessments.
85. Files examined showed good consideration of the wishes and feelings of the child or young person but were more often reflected in case recording instead of the care plan. Social workers interviewed were knowledgeable about the children and young people and were clear about the outcomes that they were working towards. There is limited evidence in cases examined by inspectors but more in direct discussion during staff interviews of the work undertaken to meet the cultural and diverse needs of looked after children and young people. All looked after children are allocated to qualified social workers. Visits to them are carried out often in

excess of statutory requirements. However, only 47% of children and young people surveyed reported that their social worker saw them on their own and 35% reported 'sometimes'. Reviews are timely and there is good participation of children and young people in their reviews. In the inspection survey the majority of looked after children and young people reported their reviews worked well or very well for them.

Ambition and prioritisation

Grade 2 (good)

86. Ambition and prioritisation of services for looked after children, young people and care leavers are good. There is competent and determined corporate leadership from the council and the Children's Trust, complemented by cross-party political support from elected members. The lead member for children's services is relatively new to the role but is committed to familiarising himself with the range of services and challenging outcomes and practice. Elected members who undertake corporate parenting responsibilities champion the needs of looked after children, young people and care leavers. The Children in Care Strategy 2009–2011 and Children in Care Placement Sufficiency Strategy 2010–2012 are aligned to key priorities in the CYPP and drive service planning and delivery. A child-centred approach and the promotion of their safety and well-being are at the heart of the partnership's ambition and priorities for looked after children, young people and care leavers. A particular strength has been the partnership's work in improving outcomes for those leaving care. A clear vision and priority for developing new ways of working in children's homes and foster care is proving successful, leading to a more creative and child-centred approach in caring for looked after children and young people. An evaluation designed to assess the impact of this work is yet to be completed, but early evidence suggests this model is beginning to have a positive impact on placement stability.

Leadership and management

Grade 2 (good)

87. Leadership and management are good. Within children's social care workforce planning is good, with robust systems in place to recruit speedily to any vacancies. This means that posts do not remain unfilled for long. The investment in staff development and training for all workers is commented upon favourably by staff and ensures good retention rates, leading to a competent workforce which is committed to improving outcomes for young people. Currently, there is sufficient capacity and a low vacancy rate within the looked after children and care leavers' service enabling staff to meet the needs of the service, and to deliver its core functions. Staff who met with inspectors commented positively on the service and on the support they receive from their managers both informally and through supervision. However, supervision files randomly selected by inspectors did not reflect the reported good quality of practice discussions or identify areas for development. A good range of training is

provided to foster carers to meet the needs of looked after children and young people.

88. Partnership working to meet the needs of looked after children, young people and care leavers is good and well established at both the strategic and operational level. Strategic planning through the work of the Children's Trust is effective, child-centred and focused on keeping looked after children and young people safe, on trying to enhance their levels of educational achievement and attainment and in making in-roads into promoting and improving healthy lifestyles. However, the partnership has not been effective in ensuring consistency of access to all health provision for looked after children and young people, particularly in respect of CAMHS. A wide range of services work effectively together at an operational level, in order to support and improve outcomes for looked after children and young people. Commissioning arrangements, including joint commissioning for looked after children and young people, are still being developed. Where a child or young person has complex needs there are robust and effective commissioning panel systems in place. Currently, other placements for looked after children and young people are commissioned on an individual basis. There is a good focus on value for money, for example, in the establishment of the countywide multi-agency teams. These will focus on preventative services and work with children and young people on the edge of care, and in some instances will support those returning to their family.

Performance management and quality assurance

Grade 3 (adequate)

89. Performance management and quality assurance arrangements are adequate overall. Performance management at the strategic level within the looked after children's service is good. The Children's Trust and the corporate parenting committee all receive and scrutinise management information on the service and hold officers to account. There is a good auditing process in place but the outcomes from audits do not consistently lead to improvement. This was evidenced through the council's own audits of cases selected prior to inspection. Some identified a lack of quality of assessments and recording within the file which should have been addressed as a result of earlier audit findings. There is evidence of increasing management oversight on social care files, but this is not yet sufficiently rigorous. Areas for development or issues of compliance arising from inspections are followed up and corrective action taken. Performance targets are mostly met and achievement is at least in line with, or in some instances exceeds, that of similar councils. The council benchmarks itself against similar areas, and nationally, to help determine and understand its overall performance.
90. At an operational level real-time performance management information is available to managers. This provides an area or team overview of the

team's performance as well as that of an individual worker. Although reviewing officers are experienced, highly regarded and demonstrate good challenge in individual cases the service has not been effective in ensuring improvements overall to the quality of assessment and planning. While quality information from reviews is gathered it is not consistently or systematically analysed and therefore is not used effectively to inform practice, policy and service development. Supervision of staff within children's services is generally carried out in accordance with the council's policy. However, the quality of decision making is not consistently reflected in the records. A new supervision policy was launched in February 2011 to introduce more rigour into the process.

Record of main findings:

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