

Inspection of safeguarding and looked after children services

Doncaster

Inspection dates: 21 March-1 April 2011

Reporting inspector: Stephen Hart

Age group: All

Published: 12 May 2011

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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), one additional social care inspector and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with children and young people receiving services, front line managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
 - a review of 47 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 January 2010
 - interviews and focus groups with front line professionals, managers and senior staff from Doncaster NHS Primary Care Trust (PCT), Doncaster and Bassetlaw Hospitals NHS Foundation Trust and Rotherham, Doncaster and South Humber Health Trust (RDaSH).

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. Doncaster has a resident population of approximately 72,000 children and young people aged 0 to 18, representing 24.7% of the total population of the area. In 2010, 10.7% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall and 0.75% of pupils are of Gypsy, Roma or Traveller background. Some 6.3% of pupils speak English as an additional language. Polish and Urdu are the most recorded commonly spoken community languages in the area.
5. Doncaster has 130 schools comprising 103 primary schools, 17 secondary schools, 10 special and short stay schools. Early years service provision is delivered through the private and voluntary sector in over 63 settings and 71 local authority maintained nurseries.
6. The Doncaster Children's Trust was set up in January 2010. The Trust includes representatives from the Doncaster Youth Council, NHS Doncaster, South Yorkshire Police, South Yorkshire Fire & Rescue, Chamber of Commerce, Voluntary & Community Sector, Jobcentre Plus and representatives of the Council, local schools and colleges. The Doncaster Safeguarding Children Board (LSCB) became independently chaired in 2009, bringing together the main organisations working with children, young people and families in the area that provide safeguarding services.
7. Social care services for children have 164 foster carers, eight children's homes and 102 externally commissioned foster carers and 40 residential placements. Community-based children's services are provided by four teams in the Children's Assessment Service, three teams in Targeted Family Support and four teams in the Children and Young People in Care Service. They are supported by teams for children with a disability, youth offending, adoption and fostering. There is an emergency out of

hours service providing cover for the borough. Other family support services are delivered through 21 children's centres and extended services in schools. Some services are provided or coordinated through children and young people's services such as youth services, the teenage pregnancy service and Connexions.

8. At the time of the inspection there were 460 looked after children. They comprise 120 children less than five years of age, 293 children of school age (5–16) and 47 post-16 young people. A further 186 young people aged 18 to 25 years are currently supported by the 16 plus service.
9. At the time of the inspection there were 400 children who were the subject of a child protection plan. This is an increase over the previous two years. The categories of abuse leading to child protection plans are; neglect at 46% (185); emotional abuse at 29% (116); sexual abuse at 14% (57) and physical abuse at 11% (42).
10. Commissioning and planning of national health services and primary care are carried out by Doncaster NHS Primary Care Trust (PCT). The main provider of acute hospital services are Doncaster and Bassetlaw Hospitals NHS Foundation Trust. Community-based Child and Adolescent Mental Health Services (CAMHS) are provided by RDaSH. In-patient CAMHS is provided via block purchase regional arrangements provided by Sheffield Children's Hospital with additional spot purchases by specialist providers. The Community Provider Unit Doncaster NHS PCT provides community health services, which on 1 April 2011 transferred to RDaSH.

Safeguarding services

Overall effectiveness

Grade 3 (adequate)

11. The overall effectiveness of safeguarding in Doncaster is adequate. The council meets its statutory requirements for the management of safeguarding services. This reflects significant progress over the last year after a considerable period of poor performance and inadequate management which led to Government intervention in 2009. The progress coincides with the appointment of the current senior leadership team and strengthened partnerships. Steady improvements have been made in the recognition and management of child protection concerns, and safeguarding outcomes for children and young people have been improved. No services are deteriorating though some are at an early stage of improvement and some are underdeveloped. Health partners have developed services from a low base and services overall have improved and are now adequate. However, access to consultants for children with learning difficulties and those that are disabled, sensitive examination services for victims of child sexual abuse and the sex and relationship education programme are all deficient.
12. A range of effective plans are in place to secure better outcomes for children by the council and its partners and these are based on a full understanding of the needs of children and young people. The Children's Trust is at an early stage of development but the LSCB has established a secure basis for coordinating and monitoring the contribution of all partner agencies to safeguarding and protecting children. However, its membership does not include lay members or representatives from minority ethnic communities. It also does not yet receive an annual report detailing complaints about child protection and safeguarding services to inform policy and practice development.
13. A range of quality assurance mechanisms and monitoring arrangements ensure that the council and its partners have an adequate oversight and understanding of safeguarding performance across the partnership. However, this work is not helped by the deficiencies of the computer based record system. The use of performance management information in front-line services is satisfactory overall and has led to improved practice, for example, in reducing the numbers of children subject to child protection plans of two years or more. However, in other areas it is not yet impacting in the same way, for example, upon the completion rates of common assessments, in securing improved timeliness in the sharing of child protection conference reports, or in examining the causes of children having second or subsequent plans.
14. In the past year staff recruitment, retention and training have been robustly and successfully addressed in children's social care. This has resulted in increased management stability and a fully qualified

workforce of social workers. It has also led to significant increases in the numbers who are permanent, low vacancy rates and much lower reliance on agency staff. Partnership working at strategic and operational levels has improved and joint plans and initiatives are in place to continue the recently secured improvements, including action to secure more consistent police and health attendance at child protection conferences. Opportunities to strengthen collaborative working arrangements and co-location are being taken but despite good work in some key areas, such as early years provision, the full potential of the voluntary sector to contribute to the improved service is not being realised.

Capacity for improvement

Grade 3 (adequate)

15. The capacity of the council and its partners to improve is adequate. From a very low performance base in 2009 and considerable organisational instability the council has undertaken a comprehensive review of safeguarding. Plans and priorities for service improvement have been set, some of which required immediate action to deal with the legacies of poor practice and management. Structures and systems have been put in place and these are securing improved safeguarding outcomes. In addition, successful staff recruitment has ended over-reliance upon agency staff. Stronger and more effective management and supervision has resulted in improved casework which ensures that children's plans are now implemented in timely ways, with children always being seen promptly.
16. A more coherent and professionally sound organisational structure is now in place within three divisions: the child assessment service, targeted family support and the children and young people in care service. The interface between these divisions still needs to be streamlined but this is being actively monitored and adjusted. Phases of development are managed in an integrated and orderly way, for example, having secured an effective duty and assessment service, plans to improve early intervention and long term support are about to be implemented. Organisational and staff development are well supported by a comprehensive and multi agency workforce strategy.
17. The views of children and young people are making a valuable contribution to service evaluation and improvement. The youth council is actively consulted by the council, for example in relation to the effectiveness of the current programme of sex and relationship education. Young people carried out an influential peer inspection of sexual health services and have also been involved in the recruitment of senior officers.

Areas for improvement

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

Immediately:

- improve attendance by the Police and health professionals at child protection conferences
- ensure that all child protection case conference reports are shared with families in a timely way
- reduce the number of children and young people with second and subsequent child protection plans.

Within three months:

- improve the quality of sex and relationship education for all children and young people
- develop effective care pathways for children with Attention Deficit Hyperactivity Disorder (ADHD) to ensure coordinated and timely assessment, diagnosis and treatment
- provide sensitive clinical services and good follow up care for children alleged to have been victims of child sexual abuse
- improve completion rate of Common Assessment Frameworks (CAFs).

Within six months:

- continue to strengthen the Children's Trust to enable it to fulfil its function of holding the Doncaster Safeguarding Children Board to account
- ensure that the newly commissioned electronic case record can store all relevant documents on the child's file
- ensure that complaints about child protection and safeguarding services are reported to the Doncaster Safeguarding Children Board on an annual basis
- The Doncaster Safeguarding Children Board should consider appointing lay members and representatives from minority ethnic communities.

- develop the role of the voluntary sector to enable organisations within it to play a fuller part in the delivery of the safeguarding plan.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (adequate)

19. The effectiveness of services in ensuring that children and young people are safe and feel safe is adequate. The independent survey commissioned by Ofsted, which was undertaken before the inspection, indicated that the majority of young people feel very safe and most said they could identify more than one person they would tell if they were being harmed. These findings were endorsed by those children and young people who inspectors met and talked to during the course of the inspection.
20. The children whose case files were selected for detailed examination as part of this inspection, are all currently adequately protected although in some cases significant work is still required to rectify historical poor practice and weak or absent management oversight. Safeguarding provision in services and settings inspected by Ofsted has been judged satisfactory or better, with the exception of the inspection of private fostering in 2008, which was judged inadequate in protecting children from harm and neglect and helping them to stay safe. However significant work has significantly improved the quality of this service. The local authority fostering service was last inspected in 2010 and judged satisfactory by Ofsted, with regard to protecting children from harm or neglect and helping them stay safe. Most primary schools, all special schools and all pupil referral units have been judged good or better for keeping children safe along with all children's centres inspected. A large majority of secondary schools were judged good or better.
21. Arrangements for managing allegations against people who work with children are good. The local authority has effective and widely understood policies and procedures. Allegations are received by the Local Authority Designated Officer (LADO) from a wide range of agencies, including the voluntary sector, and are managed within timescales. Effective arrangements ensure that when allegations are substantiated, appropriate action is taken and the relevant professional bodies and employers are informed. The LADO attends the regional network group where good practice is shared to support improvements and compare statistics. Information about allegations has been analysed and is used to inform safeguarding practice. A report to the LSCB is presented, as required, and forms part of the suite of quality assurance reports used by the board to oversee and evaluate practice.

22. Although individual schools have policies and procedures for reducing and addressing bullying, the authority does not maintain a central record of reported incidents. The LSCB has recognised the need for these data and a more coherent approach to addressing bullying in schools and settings and is drafting a new anti-bullying policy to replace previous guidance and ensure appropriate records are maintained. A range of guidance relating to the safe use of the internet is available for children parents and carers. School governors have been trained and resources are provided to help schools adopt best practice. The local authority ensures computers in schools and settings such as foster homes and children's homes are fitted with filters to prevent children accessing inappropriate materials. Good pastoral support in schools is provided through learning mentors and school counsellors and this ensures that children and young people have access to a number of trusted adults to support them.
23. Children who are electively home educated are identified by the local authority. The borough has relatively high numbers of children and young people who are taught at home, almost half of whom are from the gypsy and traveller community. A protocol is being developed with health to cross reference the list of known children with births in the area and identify those children who are due to start school, so that gaps can be followed up. All homes are visited annually to evaluate the quality of education being provided and a new policy has been drafted, defining minimum expected standards and clarifying safeguarding requirements. Staff who visit children have been trained in safeguarding procedures and the use of the CAF but are respectful of the parent's right to educate their children at home.

Quality of provision

Grade 3 (adequate)

24. The quality of provision of safeguarding services for children and young people, including service responsiveness, assessment, case planning, reviews and recording is adequate overall. Significant work was prioritised early in the improvement phase to affect a major improvement in the quality of service provided by the social care duty teams known as the children's assessment service (CAS). All new cases are now promptly allocated to qualified social workers for assessment. However too many are still being referred for social work intervention reflecting an underuse of the CAF and a continuing lack of confidence in its value. Despite some targeted training and improved understanding of thresholds for service, there remains a reluctance to fully embrace the concept of a CAF. The CAS teams have not been sufficiently rigorous in returning some referrals to partner agencies that are better placed to work with the children and families concerned.
25. Children in need and those for whom there are child protection concerns are seen quickly and risk is identified and addressed through strategy

discussions and in consultation with partner agencies. Overall the quality of decision making in CAS is good but the four stage process of managing incoming work is inefficient with avoidable duplication although there was no evidence of unnecessary delay in transferring contacts or referrals.

26. The quality of assessments has improved and is now adequate. There are examples of good quality practice in front line child protection services. This includes comprehensive and timely initial and core assessments, good identification of risk and appropriate interventions that match children's needs and ensure their safety. Children's diverse needs are identified and the inspectors saw examples of arrangements which ensure that children's cultural needs are identified and built in to assessments and case planning processes. Recent initiatives to improve the use of case histories, identified by audits, are beginning to have a positive impact but remain an area for improvement. Overall, partners engage well in assessments, making an effective contribution to the evaluation of risk and understanding of need. However some, including services for children with learning difficulties and/or disabilities, have insufficient capacity to respond promptly to requests for parenting capacity assessments.
27. The engagement of children and young people in the safeguarding and child protection process has improved and is now adequate. Children are routinely seen, and seen alone during child protection enquiries, investigations and statutory visits. Their wishes and feelings are recorded and the improved direct work with children has led to better outcomes. The attendance of children and young people at child protection conferences is still too low and initiatives to boost attendance are underway, such as, for example, the revision of information leaflets to make them more child-friendly.
28. Allocated child protection work is managed well. Child protection visits are required to be undertaken fortnightly and performance against this standard has improved. Out of hours support is provided by two social workers on rota who cover adult, mental health and children's services. They are insufficiently resourced to undertake initial assessments or unannounced welfare visits. They have access to the electronic record system and there is good communication with day staff in cases which are predicted to arise out of hours. Senior social care managers are also available for consultation by telephone in complex cases or where decisions need to be made about admissions to the care system.
29. The numbers of children in need are higher than the statistical neighbour average. Although recent inter-agency training has been targeted at improving the use of the CAF to meet their needs, no discernable rise is evident in the number of completed CAFs and almost half are out of time. However, there has been a substantial rise in the

use of teams around the child, reflecting an increased awareness of the improvement plan's intention to ensure that more children are helped by professionals in their communities without referral for social care services.

30. The quality of case recording is variable and although some case records are detailed others contain insufficient information. This situation is not helped by the inefficiencies of the electronic case record system which does not support the business of the organisation. The existing templates for reporting do not support clear and cogent recording and some cannot be entered onto the electronic record and need to be stored manually or on alternative computer 'drives'. However, the requirement to improve the recording of chronologies is beginning to have an impact. Some case files, particularly those which are more recent, contained up to date chronologies and of these a proportion seen were of very good quality and included historical information.
31. Case planning is adequate. The template for the social work report to the initial child protection conference leads to duplication of content and it is not user friendly for families. However, the quality of the content is improving and is now adequate overall with improved analysis of risk. The timeliness of social work reports and those from other agencies is not always in accordance with timescales or shared with families sufficiently early enough, thereby disadvantaging them from considering the content and appointing an advocate or solicitor. Outline child protection plans produced at the child protection conference are very detailed in order to support effective planning but do not have a sufficient focus on measurable outcomes. This makes rigorous monitoring more difficult.
32. All child protection conferences are chaired by qualified and experienced staff and the quality of conferences has improved since conference chairs were given strengthened quality assurance roles. However, on occasions, the Police and health agencies do not attend child protection conferences and this detracts from the ability of attendees to form a full understanding of the case. The percentage of conferences held within timescales has improved to 89%, and a recent increase to eight child protection chairpersons is ensuring that further progress is being made towards the 100% target. Conference chairs actively monitor performance in relation to conferences, core groups and practice and also address concerns with team managers. This has led to improvements in practice, for example, the reduction to 8.9% in the number of children subject to plans of two years or more. Although this figure remains significantly higher than the national average (5.3%), progress is in line with the rate of decline necessary for the council to achieve its improvement plan target.

33. Arrangements to identify and support women and children affected by domestic abuse are good. Notifications are promptly made to CAS but too many fail to meet the threshold for intervention by a social worker. Current and very new arrangements which have led to the co-location of police and social workers are aimed at better identification and response to children at risk. Those who fail to meet the threshold for intervention should then be more effectively signposted to other services. There is good access to refuge accommodation and subsequently to 'move on' housing. Effective outreach and Sanctuary schemes, which are services provided by a voluntary agency to support abused women, protect them in their own homes. However there is insufficient support to children affected by domestic abuse and limited access to treatment programmes for perpetrators, although more is planned. The Multi-Agency Risk Assessment Conference (MARAC) works well with good attendance by all agencies and effective delivery of action plans. A specialist court deals with offenders and protects women quickly. The local authority and its partners have delivered several awareness raising campaigns which have resulted in a significant (25%) increase in referrals to Women's Aid. There is good political support to domestic abuse prevention and the 2011-12 Domestic Abuse Strategy will focus on early intervention and prevention, the previous three year strategy having focused on high risk offenders.
34. Information sharing protocols have been agreed and established across the partnership and most agencies share information appropriately. The Multi-Agency Public Protection Arrangements (MAPPA) work well with good attendance by all partners. Shared information contributes to good risk assessments and action plans are delivered by all agencies.
35. The arrangements for identifying and finding children missing from home, care and school are adequate. An overarching strategy that covers missing children is being produced as part of the revised child protection procedures and policies. The LSCB sub-group responsible for missing children is also being reviewed to assure its capacity. The Police and Safe@Last, an independent voluntary organisation, robustly monitor the young people who go missing most frequently. They also provide a designated helpline and refuge for children and young people to try to reduce both the incidents and the associated risks. However, strategy meetings have not been regularly held for children who are high risk, and professionals rely instead on existing good communication between residential care staff, foster carers, the police and social care staff. The Police undertake checks when children are found, to ensure that they are safe and well. Return interviews for those missing from care are undertaken by social workers. Young people are also offered the opportunity to speak independently to workers from Safe@Last.
36. Support for young carers is good, the service is contracted externally and supports approximately 70 young carers. Individual support is

provided and contact is made with schools if the demands faced by young carers are affecting their education. A range of activities is provided during school holidays for young carers and their families and support groups provide specific help to address issues such as anger management. Staff assist young carers to access other resources when that is necessary.

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

37. The contribution of health agencies to keeping children and young people safe is adequate. Health partners have benefited from stronger relationships with the stable and permanent senior management team. Health partners are committed to the recent changes to the Children's Trust and the LSCB.
38. Health partners have established effective governance structures that provide the Trust Boards with assurance about the arrangements to safeguard children within their organisations. There is good use of key performance indicators to influence and monitor safeguarding practice, including a requirement for provider organisations to increase the number of staff who receive supervision in safeguarding children practice. However supervision overall remains variable. There is good supervision in the Doncaster Community Health Services, with all relevant staff receiving a minimum of quarterly sessions by qualified staff. The Doncaster and Bassetlaw Hospitals NHS Foundation Trust and the RDaSH are in the final stages of revising their safeguarding children supervision training policies to reconcile practice with the overarching safeguarding children supervision policy for all Doncaster health providers.
39. There are adequate arrangements in place for the designated nurse and interim designated doctor as the PCT moves into the Bassetlaw and South Yorkshire cluster as part of national reorganization. The named safeguarding children professionals for Doncaster & Bassetlaw Hospitals NHS Foundation Trust and RDaSH are appropriately line managed and well supported with good and effective access to the trust executive board's lead for safeguarding children.
40. Progress in ensuring all health staff receive appropriate safeguarding children training is adequate, with good take up reported by Doncaster Community Health Services. Doncaster and Bassetlaw Hospitals NHS Foundation Trust. RDaSH have carried out detailed training needs analyses and are preparing their training plans for 2011/12. There is good progress being made to deliver training for general practitioners in safeguarding children.

41. The PCT offers good support to primary care, including the development of a local enhanced service to improve communications between General Practitioners (GPs) and health visitors. GP practices that are part of the local enhanced service now meet regularly with their named health visitor to discuss families where there are safeguarding concerns and plan how these may be best addressed.
42. The arrangements in place to safeguard children and young people who attend accident and emergency (A&E) at Doncaster Royal Infirmary are inadequate. The initial assessment and triage processes in which injuries are assessed for any child protection concerns are not well documented although suitable action is planned by the Doncaster & Bassetlaw Hospitals NHS Foundation Trust. There is no systematic way of identifying if there is any social work involvement with a family, however following recent action to provide full access to appropriate records, A&E staff are now able to check if a child is the subject of a child protection plan. A&E staff refer safeguarding concerns to the social care children assessment team and the named nurse receives copies of all referrals for audit.
43. There is good paediatric liaison through the Paediatric Liaison Health Visitor (PLHV). The PLHV reviews all attendances at A&E by a child or young person. As part of the review, she will consider the appropriateness of any safeguarding action taken and where necessary follow this up with A&E staff and the health visitor or school nurse.
44. There are adequate care pathways in place to support young people who attend A&E who require CAMHS following an incident of self harm or who are in mental health crises. Any young person under 16 who has attended the unit through self harm is automatically admitted to the paediatric assessment unit for assessment by the CAMHS duty team or the crisis resolution team out of hours. However, there is no Consultant Child Psychiatrist rota to provide advice and support to A&E or the adult crises resolution team in the out of hours periods.
45. There is good partnership working to ensure that where possible families are protected from domestic violence. Health partners are well represented on the local MARAC. There is an effective multi-agency forum (the 'Blue Group') which assesses the Police notifications of domestic violence incidents where children are involved, to determine whether any agency intervention is required. Staff in the Doncaster Royal Infirmary A&E demonstrate good awareness of the impact of domestic violence on children and there is a clear referral process to the social care children assessment team.
46. The provision of sex and relationship education provision has been evaluated as inadequate by young people in Doncaster following a survey carried out by young people on behalf of the PCT. Current provision is mainly through schools and take up is variable. However,

the contraceptive and sexual health (CASH) services are good, with high numbers of young women taking up the offer of long acting reversible contraceptives. There is an effective Prevention of Second Pregnancy Programme to help young people avoid unwanted pregnancies. There has been some recent success in reducing the incidence of teenage pregnancy with rates of 51.9 per 1000 aged 15–17 in 2009. This is a significant decrease from the 2008 figure of 68.6 per 1000. There is a 30% decrease in the incidence of teenage pregnancy since 2008.

47. There is good support offered to pregnant teenagers, through the work of the teenage pregnancy midwife and the family nurse partnership. The midwife holds a small number of complex cases and supports community midwives. The specialist midwife runs a dedicated ante-natal clinic, with consultant obstetrician input, for pregnant teenagers. The clinic is well attended. The family nurse partnership is able to demonstrate good outcomes for the families that engaged with the project, including changes in smoking behaviours, improved engagement with fathers and improved weight of babies.
48. The midwifery service, which includes a midwife who specialises in working with people with substance misuse problems, has good arrangements in place to identify vulnerabilities in pregnancy. They carry out comprehensive risk assessments of domestic violence and emotional health and wellbeing. The substance misuse midwife works closely with the adult substance misuse service, either as the pregnant woman's key worker or as part of a shared care agreement. There is good support available to women who are pregnant and have a drug or alcohol problem. Actions between health and social care professionals have been agreed recently to ensure that formal and routine conferences are held monthly to ensure the creation of timely and multi disciplinary discharge plans and the need for any formal intervention to protect the unborn baby although it is too early to determine impact.
49. The health visiting and school nursing services provided by Doncaster Community Health Services are good. The healthy child programme is delivered through integrated teams and there are good arrangements in place to transfer children from the health visiting service to the school nursing service. There is evidence of skill mix being used effectively to support families as part of child protection plans, CAF and team around the child arrangements.
50. The CAMHS is an improving and now adequate service that has undergone significant transformation including a change in provider. Waiting times to access core CAMHS are currently between 8 and 10 weeks and continue to decrease. There is a duty CAMHS team that operates during normal working hours, will carry out emergency assessments, and offer support to paediatric wards. CAMHS support for children and young people with learning difficulties and those that are

disabled is inadequate. Waiting times to access the consultant are approximately two years. This wait is unacceptable as it means that some of the most vulnerable families are unable to receive the specialist consultant input into their care.

51. The care pathway for young people diagnosed with ADHD is inadequate, the service is fragmented and there are long waiting times for treatment following initial assessment and diagnosis. Parents expressed concern that one of the two prescribing paediatricians is leaving the service and the impact that this will have on the care of their children.
52. There is good support offered to families and carers of children and young people with complex health needs. As well as the universal therapy services, the PCT commissioned the Doncaster & Bassetlaw Hospitals NHS Foundation Trust to provide a therapeutic service to children and young people who had long term, complex health needs who were accessing education.
53. Young people have good access to drug and alcohol services. The Better Deal team offer specialist treatment for young people who misuse drugs and alcohol. It provides advice and training to universal services as well as offering support to parents and carers. Approximately 90% of young people complete their treatment plan.
54. There are improved, adequate processes in place in both adult mental health services and adult substance misuse services to identify where service users have children or have significant child caring responsibilities. Staff receive training and regular briefings on risk assessing the impact of the service user's mental health on the safety of the children. They escalate their concerns when necessary. The impact of the training and revised processes has not yet been audited.
55. The current pathways for the referral of children who have suffered suspected sexual abuse are inadequate and do not meet the needs of children. The arrangement for follow up care of those children who are initially examined out of the area and require follow up from the local paediatric service is fragmented. Children aged 13 and over follow the adult pathway and are examined by the forensic police surgeon without paediatric support. The problems associated with this service are known to PCT commissioners who are working with the specialist clinical network to collaboratively commission a new care pathway.

Ambition and prioritisation

Grade 3 (adequate)

56. The ambition and priorities of the council are adequate overall. The council and its partners have developed a wide range of well articulated strategic priorities to safeguard children and young people in line with their ambition to create a service that is safe and professionally strong in every aspect. Priorities address the long standing and grave

inadequacies in council governance and service quality that led to government intervention in December 2008. The Improvement Plan and the Children and Young People's Plan are both ambitious, based upon assessed needs of children and young people and are targeted at the range of serious deficits that were immediately apparent to senior managers. They are progressing largely in line with the agreed timescales and outcomes are increasingly evident, although recent in most cases. There is increased confidence in the direction of the change programme and partner organisations are largely engaged. Staff morale is much improved, accompanied by a growing acceptance of their accountability and responsibilities for performance. Although there is still a very large agenda over a protracted timescale, optimism is much in evidence.

57. The council, the lead member and the overview and scrutiny members have been very engaged with and supportive of the actions that have been taken to make major improvements to the children and young people's service. They understand and accept that the scope to increase the pace of change is limited if the longer term success of the improvements are not to be compromised; a considered view in marked contrast to the period before Government intervention when member leadership and support was insufficiently evident in a poorly performing service. Significant strides have been made in re-establishing governance through, for example, the Children's Trust which is developing well and becoming increasingly effective in engaging children and young people in the development of its work.

Leadership and management

Grade 3 (adequate)

58. Leadership and management of safeguarding services are adequate. Strong senior management leadership and the demands of the revised organisational structure for social care services have required redefined management responsibility and strengthened accountability. There is clear evidence that the service is now well resourced, better managed and delivering an improved and safe service demonstrated by improvements in the timeliness of responses to referrals, children being seen promptly, better communication between agencies and assessments being completed on time. At the same time staff morale is improving and service user and professional confidence is increasing.
59. Workforce development has been an integral element in ensuring that the safeguarding service is fit for purpose in delivering its responsibilities set out in the Improvement and Children and Young People's plans. A comprehensive programme of core training and development opportunities is set out for social care services and their partners. Progress has been made in recruitment where permanent, qualified staff are now in post, thereby significantly increasing the stability of the workforce. However in other parts of the service, development initiatives

have been recently introduced for example management development training and it is too early to identify evidence of sustainable outcomes.

60. The management of complaints about safeguarding and child protection services is good. Better information, including leaflets designed with children and young people, and clear advice given to parents, carers and children by social workers and child protection conference chairs is having a positive impact on knowledge about, and confidence in, the system. The outcomes of complaints investigations are closely monitored and discussed regularly with senior managers to establish an understanding of their impact on policy and practice, for example to the public law outline process. In addition, an annual report on complaints is produced and presented to the council although not to the LSCB.
61. The findings of the eight serious case reviews evaluated since 2008 have been disseminated widely and are informing management and practice across the partnership. The recommendations have been themed and included in the Safeguarding Action Plan and rigorous monitoring of the implementation of the recommendations has been undertaken by the LSCB. There is clear evidence of how this is impacting upon practice, for example the extensively revised and improved contact and referral process and improved supervision practice.
62. The use of resources is adequate. Detailed work has enabled the children's services to fully understand its financial and resource pressures and to put in place plans to address the issues that have arisen. A range of actions to improve the use of resources and to achieve greater value for money have been planned and thoughtfully prioritised, for example, considerable work to effectively remodel some parts of the fragmented safeguarding service to create a locality based preventative service is producing efficiency savings. Successful recruitment has resulted in considerable savings on the staffing budget and has demonstrably led to better quality and planned work. Considerable progress in improving the commissioning arrangements for services is also leading to cost benefits. Clearer specification of the level and quality of service that is required followed by more rigorous quality assurance are enabling children's needs to be better met. However intelligent and reliable systems to help plan key spending decisions are not yet in place.
63. The engagement of service users commenting on and contributing to service improvement is adequate and strengthening. Young people have been involved in staff recruitment, including the appointment of senior managers, and were fully consulted on the Children and Young People's Plan. They are regularly engaged in formal discussion with councillors and officers both about their experience of services and proposed service developments and are increasingly used to produce information in user friendly language.

Performance management and quality assurance

Grade 3 (adequate)

64. Performance management and quality assurance arrangements are adequate. The LSCB has an annual plan and a clear business plan to drive improvements. It has an adequate overview of performance and a core data set but does not yet have a comprehensive performance management framework. The performance management framework used by the council has been developed as a critical tool to set minimum performance standards and to ensure that managers are fully aware of their accountabilities and responsibilities for service improvement. However, some inexperienced managers new to their posts are not yet fully confident in its application and additional training and support are being provided.
65. Consistent and sustainable improvements in practice have resulted from thorough and professionally challenging case file audits. These have been carried out separately by the LSCB and children and young people's services. Timeliness of intervention, increased frequency of supervision and evidence of case plans being implemented are all positive audit outcomes. However, the audits also highlighted some shortcomings such as the need to pay greater attention to ensuring key documents are on file and case records are up to date. The LSCB's quality audit programme is well established and as part of its work in the current year is repeating the multi-agency safeguarding audit (the 'Section 11' audit). The case file audits undertaken as part of this inspection were of a very good standard and gave clear judgements on process and the quality of practice. Immediate actions were taken to address areas of concern and these were rigorously monitored by the responsible team manager and the head of service.
66. Weekly performance information is provided to senior and front-line operational managers and there is evidence that this material is used constructively to monitor trends in data and assess impact upon the ability of the service to continue to deliver quality services. For example, recent recognition of workload pressures in the Targeted Family Support Teams led to an urgent review and appropriate action. Overall performance has improved, despite the significant increase in the number of referrals and initial assessments but some key challenges remain. This improvement reflects well on the impact of organisational changes, improved management and much strengthened monitoring and evaluation arrangements. The council's target for completion of initial assessments within seven working days has been exceeded and 100% compliance with statutory timescales has been achieved over the most recent two months. The proportion of core assessments completed within 35 working days has risen steadily and local data shows that current performance is 79.1%, a figure well on course to achieve the end of year target of 80%.

Partnership working

Grade 3 (adequate)

67. Partnership working is adequate and rapidly improving. A history of weak relationships, particularly with the Police and health, marked by a mutual lack of trust has been addressed by the openness and honesty of senior managers in children and young people's services and partners. Significant work to modernise and refocus strategic partnerships, so that they are well placed to tackle emerging demands and opportunities, has been successful. The Children's Trust is still at an early stage of development and governance arrangements between the Trust and the LSCB are developing satisfactorily. Although the LSCB is in a position to scrutinise and challenge agencies represented on the Trust, the Trust is not yet in a position to hold the LSCB to account in the same way.
68. The work of the LSCB is adequate. Effectively led by an independent chair, it has established a board that is properly constituted and from a very low base has quickly become a body that is able to demonstrate its professional and community leadership roles. It uses appropriate intelligence obtained from a range of reports which are routinely commissioned and submitted covering areas such as missing children, private fostering, MAPPAs and allegations against people who work with children. Agencies are represented on the LSCB by managers of sufficient seniority and the board is no longer dominated by council representatives. Young people contribute well to the work of the LSCB through their 'Danger Free Zone' subgroup, but the LSCB has not appointed lay members or a representative of faith or minority ethnic communities.
69. LSCB members are clear about their roles and on joining the board all new members receive a pack of membership information and attendance is monitored. Good work in relation to the findings of serious case reviews have led to recommendations being grouped thematically and an action plan which has been rigorously monitored to evaluate the impact of its implementation. The board provides good multi-agency training that is valued by professionals and the voluntary sector for its quality. The CDOP is well established and effectively chaired although there has been a delay in the completion of the 2009/10 annual report. There is an improved rapid response team although it does not currently operate in the out of hours periods.
70. The role of voluntary organisations is underdeveloped. Although some organisations play significant parts in the children's service and make valuable contributions to safeguarding, for example, through targeted work in children's centres and the children's support work in the women's refuge, their capacity to play a greater role in the implementation of the children and young people's plan has not been properly evaluated. Arrangements to improve engagement with the voluntary sector are embryonic and not well understood by those

involved which is a risk to their continued existence in the current constrained economic climate.

Services for Looked after children

Overall effectiveness

Grade 3 (adequate)

71. The overall effectiveness of services for looked after children is adequate. The council and its partners have clear and articulated plans to fundamentally improve and remodel looked after children services. Significant progress has been made from a very low base and although much remains to be done the overall effectiveness of the service is now adequate. Government intervention in this historically poorly performing council area has been the catalyst for change and the appointment of the current senior management group has provided increased stability after several years of debilitating turbulence. Together with partner agencies, the council has engendered a relentless pursuit of improved standards through leadership and management and increasingly effective performance management and quality assurance arrangements. However not all partner agencies or operational social care managers are yet fully confident in using them. Senior managers are fully aware of what needs to be done and understand that the grave legacy of recent history means that solid foundations need to be the basis for improvement. Consequently they have translated their good understanding of the current state of the children and young people's service into a comprehensive improvement plan approved by Government which is intended to support a root and branch transformation.
72. Statutory requirements are now met and improved outcomes have been evidenced in a range of requirements such as the timeliness and effectiveness of statutory reviews and all looked after children are now allocated to a qualified social worker as a result of successful recruitment. Better outcomes have been achieved in education also where the progress of looked after children is now in line with comparators. Children and young people, including those from minority and vulnerable groups, have been involved well in service development and evaluation and there is evidence of their increased influence and impact. However fostered children do not have the required safe care plans and not all electronic case files contain full records of key decisions and actions due to the difficulties with the current electronic system. Although placement stability for looked after children has improved in the first year, achievement of longer term stability is not yet apparent although clear plans are being implemented to address the long term and entrenched difficulties. Health care provision for looked after children is inadequate overall and the absence of a framework for the health and wellbeing of looked after children and a designated doctor has impeded strategic development such as secure processes for health care planning. However, good CAMHS provision for children in residential care and good drug and alcohol services are impacting well with good completion rates and outcomes from treatment. Operational

challenges also remain and the arrangements for ensuring that all looked after young people have an initial health assessment on entering care and take with them a record of the healthcare they have received are not secure.

73. Recruitment processes are safe and staffing numbers are good in both social care services and in health visiting and school nursing. Staff deployment to target key areas is soundly based and is continuing as the service progresses and opportunities for greater integration emerge. This is supported by good multi-agency workforce development which is addressing training and development needs of the remodelled services.
74. Financial plans are in place to secure better value for money from the children and young people in care service. Some good progress is apparent with good outcomes being achieved in the remodelled residential care service, much improved commissioning and the creation of fully staffed and qualified child in care teams. Progress is being made in implementing plans to lower the numbers of children in care, reduce significantly the dependence on out of borough placements and to remodel the fostering service in line with the intention and timescale set out in the improvement plan.

Capacity for improvement

Grade 3 (adequate)

75. The capacity to improve looked after children's services is adequate. The energetic, skilled leadership of senior managers and partners has demonstrably improved the quality of services through good planning, although it is too early for the full effects to be translated to outcomes for children and young people. Improvement planning processes are comprehensive, related to established need, managed well and implementation is rigorous, thorough and detailed. There are good signs of early progress. Examples are the improved and adequate assessment, planning and direct work that was evident in most cases scrutinised as part of this inspection, and the targeted mental health service provided by CAMHS for children and young people in residential care. This is effective and achieving good outcomes. Partners are fully engaged and increasing opportunities are sought to work collaboratively and, where possible and professionally sensible, services are being co-located.
76. Staff morale and the competence of front line staff and managers is improving and clarity of expectation and training and development opportunities are continuing to produce further improvement. Service users, including those from minority and vulnerable groups are more confident in the quality of services and those charged with their delivery. Service users are also central to activity to inform service development. They are involved directly in planning forums and increasingly in review of services. Children in care contribute through their statutory reviews and young peoples' voices, increasingly represented through the children

in care and youth councils, are proving to be influential with councillors and managers across the partnership.

Areas for improvement

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

Immediately:

- ensure that all looked after young people have a 'safe in care' plan
- continue to recruit and formally train foster carers
- take urgent steps to appoint a designated doctor
- ensure all children and young people have an initial health assessment on entering the care system
- ensure that the framework for the health and wellbeing of looked after children is implemented without delay
- ensure all looked after children and young people have a written record of the healthcare they have received at the point of discharge from care.

Within three months:

- take action to identify children and young people who could be discharged from care, rescinding orders where necessary
- ensure that all key decisions and actions are recorded on the child's electronic case record
- implement management development opportunities for inexperienced operational managers
- the LAC health nurses must provide young people leaving care with a comprehensive summary of their healthcare.

Within six months:

- take action to improve the stability and sustainability of long term placements for looked after children
- continue to improve performance management arrangements across the partnership

- improve computer based systems to enable full understanding of cost and usage data.

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

Being healthy

Grade 4 (inadequate)

78. The arrangements to ensure that good health outcomes are achieved for children and young people in care are inadequate overall. Eighty one percent of looked after children and young people are up to date with their immunisation and vaccination programme which is line with national performance for 2009, but only 65.7% have received a dental check within the previous year compared to 86% nationally for 2009 and only 44.4% received their initial health assessment within 28 days of coming into care.
79. Initial health assessments are carried out by GPs and further assessments are carried out by health visitors or school nurses. There are no arrangements to combine the two assessments to inform a personal health plan. Some files inspected did not contain a copy of the initial health assessment by the GP. Currently, there is no standard approach across GPs about recording the status of looked after children on their primary health record. Only 68% of looked after children have a personal health plan. A new pathway has been developed to address these concerns and is due to be implemented from April 2011.
80. The process for initiating health reviews is adequate. The health visitors prepare the personal health plans and carry out all health reviews for looked after children under five years of age and the school nurses for those over five years. Looked after children health nurses carry out health reviews for those children and young people who are not in education or where there are special circumstances. Young people are contacted in advance of their annual health review to ask where they would like to be seen. Adequate arrangements are in place to ensure that looked after children and young people who are placed out of area receive their review health assessments.
81. There are no assurance mechanisms to monitor the quality of initial health assessments, health reviews and personal health plans for looked after children. In addition, there are no arrangements in place to monitor the implementation of actions arising from personal health plans for children. The personal health plans inspected were of variable quality with some plans incomplete.
82. There is good involvement of the clinical nurse in producing comprehensive health needs assessments for pathway plans for young people, although young people leaving care are not provided with a comprehensive summary of their health record.

83. Young people who are looked after can access good local provision for support around drug or alcohol misuse. However, the school nurses do not routinely use the drug and alcohol misuse screening tool with age appropriate young people to check if there is a need to refer. Looked after young people who require contraception and sexual health advice are well supported through universal contraception and sexual health (CASH) services and the CASH outreach worker. Looked after teenagers and care leavers who become pregnant are supported by the teenage pregnancy midwife. There is no health strategy in place for looked after young people to underpin the work of services with regards to substance misuse, sexual health or teenage pregnancy.
84. Looked after children and young people have satisfactory access to CAMHS. The looked after children and young people who need mental health services are referred to the CAMHS central point of access where the referral is then responded to by one of the senior specialist looked after children mental health practitioners. Until recently, the specialist mental health practitioners have been able to meet the demand for their service, however, with the recent change in upper age limit of 16 to 19 they are now at capacity and new referrals will be placed on a waiting list. The CAMHS mental health workers also provide a drop-in service for advice and support to residential staff in the children's homes and this was described as valuable by workers, however foster carers are unable to access support and advice from this service.
85. Staffing within the health care team for looked after children is inadequate. There has been no designated doctor for looked after children for approximately two years which has prevented the strategic development of health services for this group. There is a newly appointed clinical nurse specialist for looked after children but it is too early to see the impact on outcomes. There is a half time post of specialist nurse advisor though her primary role is to work with care leavers and young people in residential children's homes.
86. There is health representation on the multi agency resource panel that meets to discuss funding and allocation of placements for looked after children and young people. However the opportunity for health practitioners to influence the quality and appropriateness of a placement is variable. This had been an issue in the placement of some children in therapeutic environments where the CAMHS specialist nurses for looked after children had not been given the opportunity to comment on the suitability of the provision.
87. The specialist looked after children nurse has been involved in training of foster carers. There has been a focus on health promotion and the importance of the health reviews and there has been good involvement of the clinical nurse with the local children's homes to promote healthy eating and other health promotion messages.

Staying safe**Grade 3 (adequate)**

88. The arrangements for ensuring that looked after children and young people are safe are adequate. The council is committed to only placing children and young people in establishments where practice standards are at least satisfactory. Therefore children and young people are only placed in provision which is judged by Ofsted to be adequate or better. Adequate progress has been made to improve the quality of residential provision overall and to ensure that its purpose and function is aligned to the requirements for residential provision set out in the Children and Young People in Care Strategy. This remodelling work is not yet complete although all eight have secured better judgements in their most recent Ofsted inspections. One was 'outstanding' overall, four were 'good' and three were 'satisfactory'. Two of the homes, including the outstanding home, had outstanding judgements for staying safe, five were judged good and the eighth home was judged to be satisfactory. None were inadequate. All homes are using the Ofsted inspection outstanding outcome criteria as the benchmark for the quality of their service provision demonstrating that the commitment to continual service improvement is well established. Statutory visits by independent managers are undertaken regularly and the resultant reports are used to drive up standards.
89. Strong arrangements are in place for assuring safe care placements for all looked after children and young people and include those placed out of borough. The looked after children interviewed and surveyed during this inspection were very positive about their sense of safety and personal well-being. Of the 16 young people leaving care who responded to the survey 14 said they feel very safe or fairly safe and 13 said there is more than one person they could tell if they were being harmed. This represents good progress that has been achieved rapidly from the previous position that existed in 2009–10 when children's services had very limited information about placement quality or whereabouts.
90. Children's needs are identified and actively matched to the most suitable placement and the contracts and commissioning service has developed increasingly robust arrangements to ensure that placement quality is kept under review. Systems are in place to gather feedback from the children, social workers, independent visitors and children's rights officers to inform the commissioning and contracting processes. For example, some of the children and young people placed more than 20 miles from home have influenced significantly the decision to create a flexible range of suitable placements nearer to their homes to reduce the need for out of borough placements. Strengthened regional commissioning arrangements of which Doncaster is part, share intelligence and concerns about placement quality and as a result at least two placement providers have been decommissioned.

91. All looked after children have a named qualified social worker from a specialist child in care team, and a named independent reviewing officer which have enabled them to develop greater confidence in the security and safety of the 'in care' provision. This improved position has contributed to the improved stability of placements in the first year after placement although the durability of longer term placements of two years or more remains poor at 59.5% compared to 68% in England. There is a legacy of the poor care standards in the recent past which was typified by poor placement commissioning and care planning, frequent changes of social worker and poor visiting frequencies. In contrast social workers in the current teams have manageable caseloads, regular formal supervision and easy access to informal advice and case discussions with senior practitioners and team managers. This has led to some examples of high quality work with looked after children in key areas such as placement move preparation and addressing historical trauma, although overall the quality is still variable.
92. The adoption service was judged to be satisfactory overall in its last inspection in May 2008 although it achieved a good rating in relation to its work in protecting children from harm and neglect and in helping them to stay safe. The fostering service, judged adequate in its last inspection in May 2010, has made improvements to safeguarding arrangements and is now fully compliant with the safe recruitment policy. The revised fostering referral form now requires specific information to ensure that placements are made only after full consideration of the child's, prospective carers' and other resident children's safety. Despite progress in this key area, the service has yet to ensure that all fostered children and young people have an individual safe care plan in accordance with national minimum standards that takes into account their specific needs. However foster carers now have safe caring arrangements included in their foster carer agreement which is reviewed on an annual basis.

Enjoying and achieving

Grade 3 (adequate)

93. The impact of services to help children and young people to enjoy and achieve is adequate. The head of the virtual school is committed to raising attainment and is clear about what needs to be done. Key developments over the last year have laid the foundations for driving up standards of attainment and removing barriers to learning. Much work has been done recently to improve the timely completion and quality of personal education plans. Plans focus appropriately on attainment and set targets for pupils to progress their learning and address behaviour and other factors which constitute a barrier to learning.
94. There is now a much clearer focus on improving educational outcomes across institutions and settings. All schools have designated teachers responsible for supporting looked after children; their role is clear as is

that of governors who now review the outcomes of looked after children annually. Care settings have plans in place to help children with their learning. Data is being used more effectively for tracking individuals, ensuring appropriate interventions and for providing a coherent overview of outcomes across the authority and a data base has been created to improve the efficiency and value of this work.

95. Overall, attainment for looked after children is lower than that seen nationally. There has however been improvement in some areas such as in the foundation stage and in mathematics at Key Stage 1, where looked after children in Doncaster do better than similar children nationally and attainment in English and mathematics has improved recently at Key Stage 2. The local authority has been successful in improving numbers of children and young people who sit tests and examinations and the proportion who achieve 5A*–G GCSE grades at age 16 is similar to that seen nationally. However, the proportion of looked after children who achieve 5A*–C GCSE grades has declined over the past three years and the proportion who achieve 5 A*–C GCSE grades including English and mathematics is low. Despite attainment being lower than average, the overall progress looked after children make in Doncaster between Key Stage 1 and 2, and 2 and 4 is similar to looked after children elsewhere. They do not however make sufficient progress in English and mathematics by age 16. The authority is targeting additional support to help children in these subjects. Attainment for Doncaster looked after children at age 16 who are placed out of the area is much lower than for those located within, although only 20% of those placed out of the area are in mainstream schools.
96. The local authority has been successful over the last two years in ensuring that no looked after children have been excluded permanently from schools and in managing moves between schools. Rates of fixed term exclusions are similar to those seen nationally and reducing them further is a priority for the service as a key element of the council's inclusion commitment. Schools are now clear about the council's commitment to minimising exclusions. The local authority is reviewing its provision in pupil referral units to ensure that it is appropriately configured to support behaviour improvement across schools. Although a specific education welfare officer works with looked after children's teachers to improve attendance rates, attendance continues to be lower than the national average for similar children and young people.
97. Looked after children and young people are provided with laptops where they do not have access to computers. Schools, social workers and carers encourage looked after children to participate in after school activities including sports, arts based activities and youth clubs, although passes to leisure facilities have been discontinued. Activities which help promote literacy, numeracy and information technology skills are provided during school holiday periods.

Making a positive contribution, including user engagement

Grade 3 (adequate)

98. The impact of services to help looked after children make a positive contribution is adequate. Progress in the development of the children in care council is increasingly influencing service developments. Children and young people are actively involved in developing the Children's Trust; they have participated in a recent review of looked after children services and in the appointment of key staff having been trained to do so. Some looked after children have been involved in training foster carers and in preparing a DVD and information packs for those coming into care. Residential meetings in children's homes provide children and young people with valuable opportunities to contribute to the running of their homes.
99. Looked after children have good access to advocacy support and the independent visiting service. Visitors are suitably vetted, trained and provided with ongoing support. With their assistance young people, for example, organise a monthly youth club for those in care. Co-location of services means that when independent reviewing officers identify a need for an independent visitor to be appointed, they can quickly make referral. While these services are available to children and young people placed out of the area, take up of this service is too low. Children and young people are increasingly encouraged to participate in their reviews and contribute to the development of their personal education plans (PEPs), reviews and pathway plans. Participation in reviews is supported by independent reviewing officers and participation is further encouraged through the use of consultation forms. The independent review and children's rights services are looking to create alternative approaches to enabling children to participate and contribute.
100. Numbers of looked after children who offend are higher than seen nationally and have not reduced over the last three years. Improved joint working between children's services and the youth offending service means that staff work more closely and provide more coherent support to young people who offend or who are at risk of offending. The authority is working with partners to minimise instances where young people are prosecuted by foster carers or residential units as a result of causing damage.

Economic well-being

Grade 3 (adequate)

101. The impact of services to support and improve the economic well-being of care leavers and looked after young people is adequate. The authority identified significant weaknesses in the leaving care services provided under contract by an external provider and took over responsibility for the services in April 2010.

102. In 2010 the proportion of looked after children continuing in employment, education or training was significantly lower than seen nationally and services had a poor record of maintaining contact with older care leavers. Over the last 12 months much has been done to remedy this weakness and good progress has been achieved. Those with whom contact had been lost have been traced, half are now engaging with services and personal advisers proactively contact the remainder of young people every three months with offers of help and support.
103. Pathway plans are much improved, are now good and set clear courses for young people to follow. More emphasis is now placed on developing an early dialogue with 15-year old young people in care about the choices open to them and better use is made of the wide ranging provision available across schools and colleges. For example, a transitions programme has been successful in engaging a high proportion of those young people identified as most likely to be unemployed and keeping them in learning. Residential opportunities are now provided for care leavers with whom the council had lost contact to build their confidence and encourage their return to learning. However, plans for providing work experience for looked after children and specific apprenticeships with the council and other employers are at an early stage of development, but are proceeding in accordance with the requirements of Doncaster's approved improvement plan.
104. The accommodation for the leaving care service is not fit for purpose but they are scheduled to move to premises which will better facilitate multi agency working and enable young people to have regular contact with personal advisors and to access services such as guidance and sexual health advice quickly when required.
105. Historically, too few care leavers have been placed in suitable accommodation. The authority has however taken appropriate action working jointly with housing services to commission additional accommodation for care leavers. Closer working with the council's housing department is enabling better matching of accommodation to need. Currently, 90% of care leavers are in suitable accommodation.

Quality of provision

Grade 3 (adequate)

106. The quality of provision for children and young people is adequate. The children in care strategy produced as an integral and major part of the improvement plan sets out clear requirements for improvements to the service. A significant reduction in the numbers of children in care, remodelled provision, reduced time periods spent in the care system and a commitment to permanent family placements for those who cannot return to parents and carers illustrate the far reaching and fundamental changes that are worked upon. While progress is evident in most key

areas in accordance with the requirements of the plan, not all can demonstrate sustainable outcomes, as it is too early in the process. For example, although the overall care population has fallen only marginally to 460 by 9 March 2011, a figure significantly above the national and statistical neighbour rates, much work is taking place to ensure that only children who need to be looked after are in care. All placement applications are now scrutinised by a multi-agency resource panel which considers alternatives to care as well as in care packages. Decisions regarding placements require authorisation by a senior manager before proceeding. Where children are considered to be potentially in need of legal proceedings for their protection, thresholds for legal orders are considered at legal planning meetings and advice is provided to children's services. Where necessary, children have 'twin track' plans and this contributes to reducing delay in achieving permanent placements with foster carers or adoptive parents.

107. The quality of assessments continues to improve. This is having a demonstrable positive impact, for example, on the overall quality of care planning and by reducing delay in care proceedings by ensuring that sufficiently detailed information is more frequently available at appropriate stages. The lack of trust in social workers cited by many looked after young people in a recent consultation exercise, is being tackled effectively. In the recent past, children and young people experienced frequent changes of social workers. This resulted in poor visiting frequencies and case planning which meant that children were often fundamentally let down by those individuals and organisations charged with responsibility for their care. Recent successful recruitment of qualified social workers, improved staff retention rates and structural re-organisation into dedicated child in care teams has resulted in manageable caseloads for social workers. Good professional guidance and support to social workers now enables more time to be spent directly working with children to ensure that their plans are built on a detailed and shared knowledge of their needs, wishes and feelings. Examples of good use of the 'Strengths and Difficulties Questionnaire' to enable a good understanding of the child's emotional health and well-being were seen on some cases during this inspection, although the independent reviewing service report rarely seeing these at statutory reviews. Case and service planning also takes account of the particular needs of children, for example, cultural and religious needs are recognised and the use of interpreters is used where necessary. Young people seen as part of this inspection, including those of dual heritage and with learning difficulties and/or disabilities, reported positively on how their individual health, leisure and other needs were now actively promoted within children's services. This has contributed to improvements in children and young people's confidence and self-esteem.

108. Statutory visits are generally timely, although there is some delay in decisions and actions being recorded in the child's electronic case record. Significant challenges exist in creating a single complete case record of the child because of the significant limitations of the current electronic client record, although plans are in place to provide a replacement electronic recording system. Consequently the current capability to create full and detailed chronologies is compromised although case auditing has identified that they are more frequently included on files and are more frequently up to date than previously.
109. Improvement in the overall quality of service has been supported by increasingly robust oversight by the Independent Reviewing Officers (IROs) at statutory reviews. This has contributed significantly to curtailing drift and delay in creating and implementing care plans. For example the child's current legal status is now considered at each statutory review in order to ensure that sometimes long standing review recommendations for discharge of the order are taken forward in more timely ways than has been the case in the past. The IRO's summary reports produced as an integral part of each review provide evidence of children's progress and the appropriateness of their plans. Where avoidable slippage in the care planning processes is identified and remedial action is not evidenced, the local dispute resolution process, a mechanism to ensure that a manager reviews the case and determines whether further action is required, is initiated. Each dispute is recorded and the data is periodically aggregated to identify key trends which are then acted upon. Attendance of key staff is monitored and action is taken when improvement is necessary.
110. Improved quality assurance arrangements led by the safeguarding and standards unit are helping to improve recording and case planning and successive audits show increasingly good performance. These findings were replicated by the audit of selected cases undertaken as a part of this inspection. This exercise showed that cases are now benefiting from clear plans with focused timescales and are subject to ongoing scrutiny and monitoring by senior managers in children's services and the IROs. However, in some cases improvement was too recent to show sustained evidence of impact upon outcomes for children.
111. The adoption service promotes practice which encourages early and appropriate planning for permanent placements for children well. In September 2010 the service had 21 children placed with adopters, a figure that is projected to mean that its full year target will be achieved and England averages exceeded. Post adoption support services are provided and the adoption service has a dedicated improvement action plan as part of its contribution to the children and young people in care strategy.

112. Children are able to access a range of foster care placements and the fostering service has a challenging target to increase the number of carers as part of its contribution to the strategic intention of remodelling the 'in care' service. So far progress towards this target has been slow but the pace of recruitment is to quicken as the associated strategy is implemented. More effective matching of prospective placements with children is being achieved by using the new referral system and as a result of discussion between the child's social worker and the fostering service. Foster carers have good access to a wide range of training but the current uptake of training has been recognised as too low and improvement targets for the service and carers have been set. Carers are now clear about the expectation that they will access at least the minimum amount of training each year and this will be scrutinised at their annual reviews. The service intends to link training to individual performance improvement plans and ultimately to foster care registration. As part of this process the current training programme is being modernised and access is to be tailored to ensure that it enables foster carers to attend.

Ambition and prioritisation

Grade 3 (adequate)

113. Ambition and prioritisation of looked after children are adequate. The local authority has clear and appropriate strategic priorities for looked after children and young people which have been developed after a thorough review of needs and active consideration of what resources are needed to meet them. The strategy is an integral part of the improvement plan developed in response to Government intervention in 2009. Key elements of the children and young people in care strategy have been implemented to improve social work practice and that of partner agencies. The reconfiguration of children and young people in care services into four specialist teams with good management arrangements has led to improved and adequate assessment, planning and direct work in most cases that were scrutinised as part of this inspection. Although the quality of overall health provision for looked after children is inadequate and currently subject to improvement plans, the targeted mental health service provided by CAMHS for children and young people in residential care is effective and achieving good outcomes, for example in enabling challenging young people and their workers to develop skills to manage their behaviour more successfully.

114. There is a strong commitment by the lead member and officers to corporate parenting and there is now a child in care council which is demonstrating impact, becoming involved in the recruitment process of key staff, in the Children's Trust and the development, monitoring and evaluation of the implementation of the looked after children Pledge. Children and young people have also been involved in the implementation of a corporate parenting board which is due to meet in April 2011 and six times a year thereafter with young people and carers

forming 50% of its membership. The associated draft 2011 Corporate Parenting Strategy has been informed by the views of looked after children.

Leadership and management

Grade 3 (adequate)

115. Leadership and management of services for looked after children are adequate. Since the current departmental senior leadership team has been in place there has been, with partners, a determined and relentless focus upon improvement, leading to the development of the multi faceted plan and, subsequently, to its implementation. This has resulted in significant and timely improved outcomes for looked after children and young people and safer services overall. However, much remains to be done to achieve consistent and sustained good outcomes. Increased staffing levels and better management has resulted in improved morale of social workers although levels of inexperience among front line social workers and their line managers impacts upon their ability to achieve consistency and quality of services. Equally, the level of engagement and understanding of local councillors of their corporate responsibilities for looked after children has shown significant and rapid improvement from the previously poor position. This has been led effectively by the Lead Member for children's services and the Director of Children and Young People Services. Evidence of improved commitment includes the revised induction programme for all new councillors which sets out their corporate responsibilities for looked after children, an awareness-raising event for corporate parenting held in October 2010 which attracted over 30 councillors out of a possible total of 64, and the creation of an accommodation group linked to the council's housing strategy which has increased the range and suitability of housing options for care leavers. Councillors are now also appropriately represented on fostering and adoption panels.
116. The council's overview and scrutiny committee is also more effective since its chair decided to take direct evidence from children, young people and carers as a means of scrutinising the performance of services to supplement and challenge the data provided by officers. It has developed a constructive critical friend role with the council cabinet member and has the authority to adopt a free ranging role over the entire children's agenda but currently is containing its brief to scrutinise key themes of the improvement plan.
117. A range of corporate and service boards oversee the effectiveness of council and children and young people's services and ensures that accountability for improvement is established and that the pace of change is maintained as required by Government intervention. Requirements for regular reporting are agreed and dovetailed to ensure that duplicated reporting and scrutiny is minimised. The boards provide consistent support and challenge to the council and specifically to

children and young people services. For example the revised priorities for 2011/12 resulted from detailed discussion with the Children Board which was keen to ensure a manageable agenda which could build upon the solid foundations that have been laid and directly impact upon outcomes.

118. There is evidence of increasingly robust performance management arrangements. These have been developed to ensure good understanding of the quality and impact of new services as well as driving improved understanding among managers of their responsibilities and accountabilities and the service standards required. Some significant performance improvements have resulted in supervision frequency and in compliance with statutory visiting timescales. However, partner agencies are at different stages of maturity in reaching sufficiently good standards of practice and not all are yet able or sufficiently confident to challenge others.
119. There is a well established complaints and representations process and statutory guidelines in relation to complaints made against staff working with children are now consistently followed.
120. Workforce development has been an integral and adequate element of ensuring that the child in care service is fit for purpose in delivering its responsibilities set out in the improvement and children and young people's plans. Organisational restructuring, recruitment and a comprehensive offer of core training and development opportunities are set out for social care services and their partners. Each addresses an identified weakness in service or an area where service development or reconfiguration is required. Some progress has been made for example in recruitment where permanent, qualified staff have been appointed, thereby significantly reducing vacancy levels. In addition, training is being targeted to key areas for improvement such as those in operational and performance management.
121. Detailed work has been undertaken to inform the improvement plan and has enabled children's services to fully understand its financial and resource challenges and to put in place plans to achieve a budget saving of 21% over the next three years. A range of actions to improve the use of resources and to achieve greater value for money have been planned and prioritised. For example considerable work to effectively remodel in house residential provision has led to good outcomes for children and significantly improved Ofsted inspection judgements. Similar work is now underway in the council's fostering service. In addition successful recruitment has resulted in considerable savings on the staffing budget. Arrangements to manage better the entry of children to the care system by multi-agency panels are in place and are to be extended by the introduction of other measures to provide better and more targeted services to children on the cusp of care. Progress in developing a

commissioning function is driving cost benefits and improving the quality of care through more focused service specification and quality assurance mechanisms. However intelligent and reliable systems to further understand service costs and usage, and to assure the quality of management data upon which key spending decisions are made are not yet in place

Performance management and quality assurance

Grade 3 (adequate)

122. Performance management and quality assurance arrangement for services to looked after children is adequate overall. Oversight of the implementation of the Improvement Plan and the Children and Young People's Plan is robust and regular reporting to the appropriate management board is mandatory resulting in thorough scrutiny, challenge and where necessary requirements for action. There is clear evidence that they are used extensively to inform and improve outcomes, for example the work to identify young people vulnerable to becoming long term unemployed, who one year after identification are, with one exception, still engaged in education, employment and training. However there is wide-spread frustration with the unreliability of the current computer system which regularly fails, or is unable to upload information accurately. This results in extensive and time consuming remedial action, for example in the fostering service where key data to enable tracking of placement matching and the training of foster carers cannot be reconciled.
123. The work to create a performance management culture throughout children's services is progressing well, although not yet fully understood by all, especially those in some parts of frontline services in health and social care. However training and development opportunities are available and those who have been able to use them are deploying their new skills with their teams. For example, staff involved in the virtual school have now developed sound means to understand attainment and progress, and the data is being used to inform practice and service improvement. The role of IROs has been strengthened and there is good evidence of their impact in improving timeliness and planning for children and young people which in turn have resulted in better outcomes.

Record of main findings:

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