

Inspection of safeguarding and looked after children services

Dorset

Inspection dates: 12 - 23 September 2011

Reporting inspector Lynne Staines HMI

Age group: All

Published: 28 October 2011

© Crown copyright 2011

Website: www.ofsted.gov.uk

This document may be reproduced in whole or in part for non-commercial purposes, provided that the information quoted is reproduced without adaptation and the source and date of publication are stated.

Further copies of this report are obtainable from the local authority or at www.ofsted.gov.uk

Contents

About this inspection	2
The inspection judgements and what they mean	2
Service information	3
Safeguarding services	5
Overall effectiveness	5
Capacity for improvement	6
Safeguarding outcomes for children and young people	9
Children and young people are safe and feel safe	9
Quality of provision	11
The contribution of health agencies to keeping children and young people safe	11
Ambition and prioritisation	18
Leadership and management	19
Performance management and quality assurance	19
Partnership working	24
Services for looked after children	25
Overall effectiveness	25
Capacity for improvement	26
How good are outcomes for looked after children and care leavers?	28
Being healthy	28
Staying safe	30
Enjoying and achieving	32
Making a positive contribution, including user engagement	34
Economic well-being	36
Quality of provision	37
Ambition and prioritisation	39
Leadership and management	39
Performance management and quality assurance	41
Record of main findings	42

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 children in care and care leavers. The inspection team consisted of five of Her Majesty's Inspectors (HMI), one Additional 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 104 children and young people receiving services and 58 parents and carers, front line managers, senior officers including the Director for Children's Services and the Chair of the Local Safeguarding Children Board, elected members, Dorset Police, District/Borough Council officers and a range of community representatives
 - the analysis and evaluation of reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
 - a review of 43 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 April 2011
 - information arising from interviews and focus groups with front line professionals, managers and senior staff from Dorset HealthCare NHS University Foundation Trust, NHS Dorset and NHS Dorset general and dental practitioners.

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. The county of Dorset is situated in the south west of England, comprising Dorset County Council and six district and borough councils. Dorset as a whole ranks amongst the least deprived areas of England, but this masks significant pockets of deprivation. The total population in Dorset is estimated to be 404,000 and rising, mostly due to inward migration. Of this population the number of children and young people aged 0-19 is 89,400 (22.2%) which is less than the national average of 23.8%. Dorset's birth rate is significantly lower than the national average and has fallen steadily over the last 15 years. However there are recent signs that this trend is reversing in some areas of the county. The proportion of children and young people in Dorset who are entitled to free school meals, at 9.8% is significantly below the national average of 16.5%. Within the context of delivery of children's services it is of relevance to note that the proportion of people of retirement age in Dorset at 29.5%, is significantly higher than England and Wales averages of 19.5%.
5. Children and young people from minority ethnic groups account for 7.3% of pupils in primary schools and 6.6% of pupils in secondary schools which is significantly below the national average of 24.5% and 20.6% respectively. Children and young people from Gypsy, Roma and Traveller heritage make up the largest group with an increase of children and young people from Eastern European countries. In 2011 the percentage of pupils who speak English as an additional language is 1.9%. There are 66 languages spoken in Dorset schools which include Polish, Bengali, Chinese and Tagalog (Filipino).
6. Children and Young People's Partnership arrangements were set up in 2005-06 with the Dorset Children's Trust established in 2009. Despite the removal of statutory requirements, the Dorset Children's Trust Board remain committed to continuing the arrangements for collaborative working and the preparation and publication of a Children and Young People's Plan (CYPP). The Children's Trust has recently restructured itself to become a smaller executive partnership board focusing strongly on commissioning. Its membership is made up of key partner agencies from statutory, community and voluntary organisations. The Local Safeguarding Children Board has an independent chair and brings together representatives from all the main organisations working with children, young people, families and carers in Dorset. District councils and the

voluntary and community sector are well represented with the Children's Trust and the Dorset Safeguarding Children Board (DSCB). They work closely with the council and partners in service provision such as family support services, advocacy and independent visitors for looked after children.

7. Within Dorset, primary care services to children, young people and their families and carers living in the community are commissioned by NHS Dorset as part of a cluster arrangement with NHS Bournemouth and Poole which, from April 2011, operates across Bournemouth, Poole and Dorset. Acute hospital services are provided at Dorset County Hospital by Dorset County Hospital NHS Foundation Trust and Poole Hospital NHS Foundation Trust. Services provided by Poole Hospital NHS Foundation Trust were not scrutinised as part of this inspection. Specialist Child and Adolescent Mental Health Services and services for children who are learning disabled are provided by Dorset HealthCare NHS University Foundation Trust. Health visiting, school nursing services and eight countywide minor injuries units are provided by Dorset Community Health Services and are currently hosted by Dorset HealthCare NHS University Foundation Trust.
8. At the time of the inspection there were 294 children and young people looked after by Dorset County Council comprising; 62 children under the age of five, 202 children of school age (5-16) and 30 aged 17 years. The council and its partners currently support 148 care leavers. Dorset uses a virtual school approach in its support of children in care to raise standards of individual achievement and attainment, celebrate their successes and increase the overall rates of progress made by looked after children.
9. Social care services for children have 211 foster carer households, including 50 families that provide short breaks for children who are disabled. Dorset County Council directly provides children's residential care through three residential children's homes, with a fourth small unit available for emergencies or 'time out' programmes, and commissions additional placements from the independent sector.
10. There are 327 Dorset children subject to a child protection plan and an additional 19 children living in the county where Dorset is not the lead authority. Community based social care services to children and young people are provided by 13 social work teams, one fostering team, a 16+ Children in Care/Leaving Care team, a specialist prevention team and an adoption and permanence team. Out of hours services are provided by a county-wide team, managed by the Borough of Poole. It covers both adult's and children's social care services. Other specialist and social work posts and services are located in established multi-disciplinary and integrated teams, such as the Youth Offending Team and child and adolescent mental health services (CAMHS). Additional preventative

services are delivered by 23 children's centres and a wide range of early intervention services.

11. In order to reflect the council's own terminology looked after children are described as children in care in this report.

Safeguarding services

Overall effectiveness

Grade 2 (good)

12. The overall effectiveness of safeguarding services is good. Statutory requirements in relation to safeguarding are met. The council and its partners are able to demonstrate improvements in service provision through the good use of inspection findings, audits, outcomes from complaints and learning from serious case reviews. The Children's Trust, the Dorset Safeguarding Children's Board (DSCB) and senior managers provide strong leadership that secures and delivers a range of sustained improvements to services. Examples include the work in schools on the UNICEF Rights Respecting agenda and the introduction of the children's services' restructuring, which aims to deliver comprehensive, locality-based early intervention and prevention services. Although the restructuring is not yet complete, this development illustrates the commitment to using resources most effectively and is enabling early responses to be made to families in crisis. At the time of the inspection over 500 children and young people with specialist needs, and at some level of risk, were receiving specialist prevention and support services to help them continue to live safely within their families and community. Good cross-party political commitment and support for the prioritisation of safeguarding services offers some stability to medium and longer term service planning. Risks, including those posed by budget reductions, are taken into account and well managed and supported, both corporately and across the partnership.
13. With the exception of low capacity within the health visiting service, staffing resources within children's social care and health are sufficient to deliver the priorities identified in the CYPP. The recruitment and retention of social care staff is good and consequently there is very little reliance on agency staff. Safe recruitment practices are established across the partnership and meet at least minimum standards. Although the role of the local authority designated officer (LADO) is sufficiently well known across all agencies, including those in the voluntary and community sector, it is significantly under used. Where it is used, actions taken are appropriate.
14. Performance management systems are used effectively both corporately and strategically to drive service improvement. The Children's Trust planning and performance group monitors performance across the partnership and takes appropriate action where performance falls below

that of expected targets and plans. There are clear systems in place to account for implementation of action plans. Performance management is improving and consistent ways of collecting data across Dorset are being developed, for example a new consistent and systematic approach to evaluation has been put in place to measure the impact of all parenting programmes. Although good quality assurance processes are in place they are not always used effectively at an operational level to improve practice. For example, within children's social care, outcomes from action plans relating to audits or performance are not systematically or consistently drawn together and evaluated to provide an holistic overview of service improvements.

15. While appropriate reports and assessments are provided for case conferences, often they are not shared with the parents in a timely manner. Case recording does not consistently identify clearly whether a child protection visit is announced or unannounced or whether the child or young person has been seen alone. Child protection plans do not consistently translate desired outcomes into robust action plans with clearly identified tasks and timescales for completion. As a result of this inspection the council has already commenced remedial action to address these issues.
16. The views of children and young people contribute significantly to planning and service development. The Dorset Youth Council Enables and the Young Inspectors' group have been very effective in influencing service planning and making a difference. A very active Dorset Parent Carer council has been very successful in helping change and develop service provision for children and young people who have learning difficulties and/or who are disabled. There are many examples of where they have made a difference. They consider the group and those they represent to have a real, rather than tokenistic, role in service planning.

Capacity for improvement

Grade 2 (good)

17. The capacity for improvement is good. Political and managerial ambition and prioritisation across the partnership are outstanding and provide a clear direction of travel. There is a strongly evidenced commitment from all partners to ensure that the well-being and safety of children and young people are central to service planning and delivery. Leadership is robust with the high visibility of the Director of Children's Services and senior managers welcomed by staff and children and young people, who feel listened to and involved in improving services. Learning from external inspections and internal performance management activities is well-evidenced and leads to consistent service improvement. Services for children and young people who have learning difficulties and those who are disabled are outstanding having shown consistent improvement over time. The implementation of a robust integrated workforce strategy is

demonstrating its effectiveness through the 'grow your own' approach that is recognised nationally as an exemplar of good practice.

18. There is a good range of effective preventative and early intervention services to respond to families in need and those in crises. Early intervention provision and partnership work are effective and are resulting in positive outcomes for many children, with good early identification of their needs for safeguarding and protection. However, while partner agencies meet statutory requirements for delivering safeguarding services, some aspects of safeguarding practice between the Police, children's social care and health partners require review to ensure any potential safeguarding risks are eliminated. For example, resolution as to what constitutes a strategy discussion and the timeliness and sharing of information relating to incidents of domestic violence. The wide range of good quality services provided by the voluntary and community sector further enhances capacity.

Areas for improvement

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

Immediately:

- Dorset County Council to ensure that all records of visits to children and young people subject to child protection plans make clear whether the visits are announced or unannounced, and whether the child or young person is seen alone
- Dorset County Council to ensure that parents and carers receive reports in a timely manner before child protection conferences and to ensure that child protection plans and contracts of expectations clearly define what actions are to be taken, by who and when by so that progress at subsequent reviews can be measured.

Within three months:

- Dorset County Council to ensure that outcomes from action plans relating to audits or performance are systematically and consistently drawn together and evaluated to provide an overview of service improvements
- the DSCB to ensure that partner agencies fully understand and implement their responsibilities in informing the local authority designated officer (LADO) of relevant allegations regarding adults working with children

- Dorset County Council to improve the consistency of the recording of management oversight of cases to ensure that required actions are specified and measurable
- Dorset Police and Dorset County Council to review and resolve what constitutes a strategy discussion in situations other than a section 47 enquiry
- Dorset Police, Dorset County Council and NHS Dorset to review procedures and timeliness for the sharing of notifications relating to incidents of domestic violence
- NHS Dorset and Dorset Healthcare NHS University Foundation Trust to ensure effective data collection and performance management of health safeguarding referrals
- Dorset Healthcare NHS University Foundation Trust to ensure plans for health visiting services are aligned to deliver national targets to ensure sufficient service capacity.

Within six months:

- Dorset County Council to put in place a single, corporate and comprehensive database to record safeguarding checks undertaken on all staff that work with, or are in close contact with, children
- Dorset County Council, NHS Dorset, and NHS providers of accident, emergency and urgent care services to ensure a rigorous system is in place that safely stores and provides up to date information regarding children and young people with a child protection plan and allows for secure and timely transfer of information between health providers.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (good)

20. The effectiveness of services in taking reasonable steps to ensure that children and young people are safe and feel safe is good. The importance of safeguarding children and young people is demonstrated well at both strategic and operational levels across the partnership. A very strong safeguarding, child-centred focus underpins all service planning and service delivery. To help support parents a specific information booklet 'Risky Business' has been developed linked to an associated website and provides warning signs and links between bullying, truancy, substance misuse and self-harm and identifying sources of support. The booklet is well publicised and available through a wide range of settings.
21. Ofsted inspections of schools, residential settings and colleges in the local authority show arrangements for keeping children and young people safe are mostly judged as good or outstanding. In 2009-10 Ofsted inspections showed 62% schools to be good and 38% of schools to be outstanding when judged in relation to 'the extent to which pupils feel safe' – the highest nationally. This reflects the very effective contribution that schools in Dorset make to safeguarding children and young people.
22. Case files reviewed by inspectors, and discussions with children, young people, their parents and carers, confirmed that in almost all cases the quality of service provision is good. In the majority of cases appropriate decisions and actions were taken by suitably qualified and experienced social workers in a timely manner, to safeguard children and young people. There were no cases seen by inspectors where children and young people were judged to be unsafe.
23. Children and young people who met with inspectors described Dorset as being a 'very safe place to live'. They also said that they feel safe in school and when using public transport. A majority of children in care who responded to the pre-inspection survey and those who met with inspectors confirmed that they know who to talk to should they need help or advice on staying safe. The work undertaken in schools and other settings by the Rights Respecting team has been very effective in reducing bullying, including cyber-bullying, anti-social behaviour and in promoting a better understanding and respect between children and young people from differing backgrounds. Inspectors who met with children in schools

and those who attended the Dorset Youth Council Enables group were privileged to observe some young people strongly demonstrating these qualities within their respective settings.

24. Robust arrangements are in place countywide to track children and young people missing from home, school or care. Good interagency information sharing and the monitoring of the 'safe and well' checks carried out in person by the Police and the return interviews carried out by children's services and/or partners (other than the Police) ensure early identification of any potential safeguarding issues such as child exploitation. The return interview explores the reason the child left their home, what risks they were exposed to whilst missing, and what can be done to support the child or young person to reduce the risk of future missing episodes.
25. The management of allegations against people who work with children is adequate and improving. Although robust procedures and processes are in place and interviews indicate the role of the LADO is understood, there have been no referrals from borough/district councils or the Police, and a limited number from health. The DSCB is exploring this issue further to ensure procedures are being correctly followed within all agencies. Where referrals have been made they have been responded to appropriately and in a timely manner. The council accepts that continual awareness raising and monitoring of all agencies is a necessary factor in ensuring robust safeguarding practices are followed.
26. Complaints regarding children's social care services are handled effectively with clearly defined links to associated whistleblowing and disciplinary processes. Most complaints are investigated and completed within statutory timescales. Learning from complaints is used both with an individual worker to review performance and learning, and analysed for use more widely across the organisation. Although numbers of complaints made by children and young people themselves are low, arrangements are in place for those who wish to make a complaint to be supported by an independent advocate. Without denying service users the right to use the statutory complaints process, emphasis is placed on the speedy resolution of concerns and issues that children and young people may have. This model of working is reported by professionals to be effective and more satisfying for the children and young people concerned.
27. Policies and procedures are compliant and safer recruitment guidance meets minimum requirements. Staff files randomly selected for inspection confirmed that the required safeguarding checks are carried out to ensure that staff who work with children and young people are appropriately vetted. However the information is not held centrally in one place, it is held between managers and the human resources section, and a clear audit trail is not immediately available. This shortfall poses a potential risk to the council. This has been accepted by the council and action is being taken to review and make changes to the system.

28. Robust systems are in place to consider any concerns raised as part of criminal record bureau (CRB) checks. Heads of Service in partnership with the senior manager within children's social care hold the ultimate responsibility to review and make decisions on cases where concerns are identified. CRB checks for social workers and education staff are repeated every three years. Contracting arrangements across the partnership which exist to safeguard children and young people are robust and well monitored. Prior to a child or young person being placed in an independent sector residential children's home, school or family placement, service providers must demonstrate that all appropriate vetting and safeguarding checks have been undertaken fully and outcomes known.

Quality of provision

Grade 2 (good)

29. The quality of provision, which includes service responsiveness and the quality of assessment and direct work with children and families, is good overall. In some instances the quality of provision is outstanding. The council and partners have a wide range of services in place to deliver support and safeguarding learning to families, ranging from early preventative services to interventions for those on the 'edge of care'. At the time of the inspection over 500 children and young people with specialist needs and at some level of risk were receiving specialist prevention and support services to help them remain living safely within their families and community. There is a strong focus on families that are isolated, and on vulnerable groups. The rural nature of the county makes it a challenge for the partnership to ensure that all children and families have ease of access to the full range of services. However some imaginative solutions have been adopted. For example, one cluster of six children's centres and outreach posts uses shared people carrier cars to enable families to reach services.
30. A range of services can all demonstrate a good level of effectiveness in enabling children and young people to play a significant part in improving their own safety. This includes a high level of engagement by schools in using a Team Around the Child approach, direct work to support young carers, work with children and families living in a military environment, Traveller families and youth intervention support projects. Other innovative schemes include the involvement of young people from a learning centre (pupil referral unit) in an archaeological dig and other vulnerable young people in an art project. The use of such projects to engage young people has been highly effective in significantly raising their levels of attainment and achievement. The projects have also provided an opportunity for adults to engage with the young people on personal safeguarding issues and provide them with information, support and guidance. The young people who met with inspectors reported very positively on their experiences of being involved in the projects.

31. Children's centres deliver courses and programmes locally and the outcomes are monitored closely to ensure their effectiveness in improving safeguarding. For example the 'Incredible Years' and 'Triple P' programmes are spoken about positively by parents and carers who met with inspectors, describing the help and support they received as invaluable. The common assessment framework (CAF) is undertaken effectively but its usage is variable across the county. The reorganisation of early intervention services on a locality basis, co-terminus with children's social care teams, is intended to further strengthen and expand the use of the CAF across the county through improved localised collaborative working. Where it is used, parents who met with inspectors reported that it had made a 'real difference to my life' and 'took a lot of pressure off me at a stressful time'. Parents felt actions were taken in a timely way, that they were fully engaged in the process, treated as equals and that there was very good input and support from other agencies. They did, however, report that there is not enough information about the CAF out in the community and that this could be improved upon.
32. Service responsiveness and direct work with children and young people who have learning difficulties and/or who are disabled is outstanding. The Aiming High grant has assisted positively in the development of a wide range of good quality safeguarding services for children with learning difficulties and those who are disabled. For example, the transformation of the short breaks service has increased capacity leading to an additional 25,000 hours of provision. A strong partnership that includes the full participation of an effective and integrated Dorset Parent Carer Council (DPCC) ensures services meet need appropriately. The newsletter and interactive website produced by Dorset County Council and the DPCC ensures good quality information on support and available services reaches parents and carers. Cases reviewed demonstrated good assessment, planning and joint working between children's social care and health. There is evidence that aligned budgets are having a positive impact on children's and families' lives. The number of direct payments has significantly increased enabling 150 families to exercise more choice and flexibility over the level and type of support they receive. The flexibility is welcomed by parents. Good, young person centred transition planning takes place at 14+ and is well regarded by parents and carers. In some cases, for young people with the most complex needs, involvement by adult services is not sufficiently timely which leads to delays in planning and decision making with regard to their transition to adulthood.
33. Thresholds for receiving a service from children's social care are well understood across the partnership and used appropriately. Children's social care services were restructured on 1 April 2011 and all referrals are directed towards the appropriate local social care fieldwork team. While recognising that the restructuring is not yet fully complete, agencies across Dorset report positively about service responsiveness improvements as a result of the change. Referrals to children's social care

are responded to in a timely manner and cases allocated promptly. However partner agencies report that referrals are not consistently acknowledged. At the time of the inspection there was no unallocated work. There is good access to interpreter and translation services where needed. Out of hours service provision is good. By arrangement the out of hours team has the capacity to undertake some pre-planned welfare check visits to ensure agreed safeguarding arrangements are being adhered to by parents or carers. Where necessary, additional out of hours support can be provided by community resource workers who can offer immediate intervention to a family or foster carer in crisis. There is a very low use of Police powers of protection. Those reviewed by inspectors showed that Police powers had been used appropriately to safeguard the children and young people subject to the order.

34. A small team of Conference and Review managers oversees the child protection conference and review service that is managed independently from the case holding social workers. There is good performance with regard to initial child protection conferences and reviews being undertaken within statutory timescales. Child protection conference chairs have a clear responsibility for challenging practice but there is variability in the quality of challenge. There is a clear escalation policy in place. In a few cases, issues of concern are escalated to the attention of a more senior manager for review and resolution. However such instances are addressed on an individual case-by-case basis and are not collated or recorded. Although it is reported that such cases are few in number, by not recording and collating them it is a missed opportunity to identify any trends or themes to use to improve future practice and case management.
35. Appropriate arrangements are in place for the management of formal child protection processes. Children and young people in need of protection are suitably prioritised and their immediate needs satisfactorily assessed by a qualified social worker. Within children's social care, procedures and practice are fully compliant with statutory guidance. However discussions between children's social care workers and the Police are not recorded in a consistent manner. The Police count every discussion between the two services as a strategy discussion whereas children's social care, in accordance with *'Working Together to Safeguard Children'* 2010, only count as a strategy discussion the discussions that take place with regard to a Section 47 child protection enquiry. This results in a discrepancy in the recorded volume of actual child protection work and a lack of clarity within the Police as to whether a case is being worked with children's social care as a child protection case or a child in need case.
36. The quality of case planning and reviews is adequate because it does not reflect fully the quality and impact of the direct work being undertaken with children, young people and their families. Although recording is up to date, the views and wishes of children and young people are not well evidenced in the case files reviewed. Most children and young people who

met inspectors were very positive about the services they receive and felt that their social workers and conference chairs take into account their wishes and feelings and incorporate them into their plans. Social workers interviewed were very knowledgeable about the children and young people they were working with and able to articulate in much more detail the outcomes that they are working towards. Similarly, most workers were able to articulate the equality and diversity needs of families they are working with, but again this was not well evidenced in the case records.

37. Although a high proportion of initial and core assessments are thorough and of good quality, subsequent action plans are not sufficiently specific or measurable. This makes it difficult for workers and managers to track progress or for parents and carers to be clear about what they have to do to effect change and successfully meet the desired outcomes of the plan. Case conference, core group and review minutes, although detailed, child-centred and mostly of good quality, lack a more robust approach to the identification of specific and measurable outcomes. While management oversight and decision making is well evidenced, in case directions the lack of a robust and consistent approach to explicitly identifying specific and measurable outcomes has not been appropriately identified as an area for development. Contingency planning is inconsistently evidenced in the cases reviewed but workers who were interviewed were clear about what action would need to be taken if the original plan breaks down. In a small number of cases, assessment, intervention and planning is too focused on supporting the adult rather than focusing on the experience of the child. This combination of factors has, on occasion, led to drift in planning and implementation.
38. Effective management oversight ensures that where Section 47 strategy discussions are undertaken they are held promptly with decisions and actions clearly evidenced and of good quality. All Section 47 enquiries seen by inspectors showed clear evidence of good practice through the plans that are in place to keep families safe until the initial child protection conference. There is effective monitoring of child protection investigations which ensures that children are seen as part of the investigation. The case files that were examined demonstrate a range of effective action taken by children's social care services with good input from schools and health officials to ensure children and young people are appropriately safeguarded. Police officers accompany social workers on initial visits when it is appropriate to do so. As a result of capacity issues within the Police, although a report is always provided, attendance at initial child protection conferences is inconsistent. Inspectors did not review any cases where this had proved to be detrimental to a child or young person's welfare. However non-attendance inhibits full information sharing and curtails the impact of effective joint working for vulnerable children. The Police are taking action to rectify this situation. A high proportion of parents are not receiving copies of reports in sufficient time before their meetings and this limits their ability to prepare and contribute.

39. Children subject to child protection plans are visited regularly and most are seen alone by social workers. However case records do not consistently record whether child protection visits to families are carried out announced or unannounced, or whether the child is seen alone. Immediate action was taken by the council to rectify this issue. In cases where a child or young person requires protection through a court order, planning is thorough with some good outcomes seen. There are some delays in court processes, which are beyond the influence of the council and result in plans for some children and young people not always being expedited in as timely way as possible. Legal services have raised this issue with the judiciary but improvement is limited.

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

40. The contribution of health agencies to keeping children and young people safe is good. There is evidence of strong partnership working at a strategic and operational level to deliver good quality safeguarding services. Health staff have easy access to, and a clear understanding of, safeguarding policies and thresholds and are making positive contributions to safeguarding children and young people. They are alert to the potential risk indicators they should look for in their routine contact with children and families using a range of checklists and registration forms to ensure that risks are identified and referrals to social care made promptly. These have been improved and expanded as a result of lessons learnt from national and local serious case reviews. If initial referrals are not accepted by children's social care the lead professionals are aware of how to escalate safeguarding concerns through the formal processes where they disagree with this decision.
41. The Pan Dorset safeguarding unit for health services has recently become established and early signs are that the structure and purpose of the unit is known by staff across health communities. Staff are aware of the roles of the head of unit and the designated nurse consultant and there are direct and effective links with primary care teams. The unit provides effective leadership and direction to the safeguarding named doctors and nurses teams and across health services. Participation by health staff in child protection conferences and core group meetings is undertaken routinely. Staff understand their roles and responsibilities in producing reports for conferences and are well supported by managers and lead professionals to produce good quality reports.
42. Within provider services the named doctors and community safeguarding support staff are accessible, provide training and give advice and guidance. Good quality safeguarding training at the appropriate level is accessible and updated regularly and good supervision arrangements operate across services, led by named doctors and community

safeguarding support staff. Community safeguarding support staff also support staff very effectively through child protection and CAF processes, improving staff experience and confidence. Staff report this level of support to be valuable. However no protocols are in place to ensure consistency of practice or effective monitoring. For example, there are some inconsistencies in how aware the community safeguarding support staff are of safeguarding referrals made from their specific service areas. In some service areas lead nurses are routinely sent copies of referrals while this is not the case in Dorset Community Health Services.

43. Staff within health communities are aware of the work and decisions of the DSCB, Child Death Overview Panel and lessons arising from serious case reviews. The regular synopses on lessons learnt from serious case reviews are particularly valued by staff across services including primary care. The synopses are concise, readable and all services can evidence how the lessons learned and identified in the synopses are informing their local practice.
44. Currently there are different electronic recording systems in place between the countywide minor injuries units (MIUs) and the Dorchester County Hospital (DCH). This presents ineffective information sharing in cases where there may be identified safeguarding concerns. For example if a child or young person presents at one or more of the MIUs and later presents at DCH (or vice versa) there is no way to identify this at the point of presentation and the issue could only be identified through a later GP notification. The MIUs locally developed Somerset and Dorset Information system (SADI) does not link to the NHS national system and this reduces the capacity to identify risks and vulnerabilities relating to visitors to the county. This is of significance in an area with a seasonal high tourist population. Local plans developed to resolve this issue were aligned to the national procurement strategy, the halting of this strategy has delayed progress locally. Regular meetings between MIU, accident and emergency (A&E) and community nurses established to promote cohesive working, effective communication and share good practice are in abeyance and this presents safeguarding risks relating to the sharing of information.
45. Good arrangements are in place to follow up appointments missed by children and young people. The revised and strengthened protocols ensure that community safeguarding support staff are alerted as well as the social care safeguarding team when a child or young person on a child protection plan, or a looked after child, misses a health appointment. Practitioners across services have a good awareness of this expectation. Community safeguarding support staff meet bi-monthly with the children's social care management group.
46. The Emotional Health and Wellbeing services provision is good and is appropriately focused on supporting a child or young person to remain in the community. Services have been redesigned to be accessible, provide

more community based services and offer more direct work with children and young people. A fast track referral system is now in place between social care children's teams and Emotional Health and Wellbeing services, resulting in an initial assessment and individualised interventions either from Emotional Health and Wellbeing services or a more appropriate partner agency. A new user friendly website '*where's my head at*' has recently been launched providing good quality, extensive advice and support for children, young people, their families and carers on a range of emotional well-being issues. It is good that young people have been effectively involved in its design which has helped the website to be more accessible and user friendly. Due to its recent launch it is too soon for impact to be demonstrated. Planning for transition into adult services is initiated at an early stage, is personalised, involves the young person and is working effectively.

47. The crisis and intensive home treatment team, early intervention for psychosis team and day services operate effectively to prevent in-patient admissions whenever possible. For the few young people who do require in-patient services, provision is being expanded across Dorset, Bournemouth and Poole from four to eight places. A new adolescent unit with high dependency facilities is due to open in March 2012. There has been good involvement of young people which has influenced the development of the unit. Where young people are admitted to in-patient facilities locally, or for high dependency, safety or other reasons are placed out of county, the local CAMHS continues to provide a high level of engagement. An example of this is the temporary deployment of staff to the placement to meet assessed need. When such placements are made there is close management oversight and the young person is returned to the home locality at the earliest and most appropriate time.
48. Good quality substance misuse services are placing an increased focus on prevention. They are also raising awareness about the risks of hidden harm to children and young people, where adults in the family are misusing drugs or alcohol. Referrals to services have significantly increased as a result of this work.
49. There is a good range of sexual health services and of support to teenage mothers in targeted areas of the county. Conception rates are reducing and are comparable to similar areas. Local data indicates that the numbers of 16-19 year old young women who are pregnant or young mothers has reduced from 288 in July 2010 to 224 in July 2011. Sexual health advice and guidance has contributed to significant reductions in teenage second pregnancies.
50. Effective arrangements are in place between midwifery services and children's social care to safeguard unborn children where risks are identified. Midwifery services are integrated across both community and hospital provision and are effective in facilitating continuity of care. There

is a good awareness of minority communities' different cultural needs and health staff work well with other services to ensure smooth transition into community support.

51. Arrangements for children and young people to receive a forensic examination following an allegation of sexual abuse are adequate. Currently there is no specifically designated sexual abuse referral centre (SARC) within Dorset meaning that currently any examination takes place within a hospital or Police setting. However there are plans to open a SARC to serve each of the three council areas in Bournemouth, Dorset and Poole in January 2012. These are expected to provide follow-up support. In the meantime robust partnership arrangements between the Police, forensic officers and paediatricians ensure there is always out of hours cover. All paediatricians carrying out examinations are appropriately trained.

Ambition and prioritisation

Grade 1 (outstanding)

52. Ambition and prioritisation are outstanding. There is a very clear understanding of the national context for the delivery of children's services and of the partnership's position within that context. The importance of safeguarding and protecting children and young people is recognised as being the highest priority at both strategic and operational levels across statutory, voluntary and community organisations in the county. To reflect the current political and economic climate and within the context of good universal services, the partnership has reduced its priorities for service provision to five key priorities; safeguarding, children in care and careleavers, prevention, participation and inclusion. These priorities are well known and understood by staff at all levels, who show a high level of commitment to delivering services through a child-centred approach. Through the partnership's joint learning from serious case reviews and multi-agency case reviews, improved safeguarding arrangements are clearly demonstrated. For example, there is a significant increase in the number and proportion of children under four years of age (44%) made subject of a child protection plan for neglect. A management review of the cases found thresholds to be appropriate and referrals directly attributable to an increased focus across the partnership on ensuring robust safeguarding practices are in place.
53. The Children's Trust is well established and provides robust and competent leadership for the partnership. Despite no longer being required to do so by central government, the partnership has demonstrated its commitment to continuing with the Children's Trust Board. To reflect the importance of the role it has redesigned itself into a smaller but effective commissioning board. It demonstrates a strong collective ambition and direction for delivering the priorities through locality working with children, young people and their families and is focused on delivering good outcomes for children and young people. This

is complemented by strong cross-party political support from elected members and the children's portfolio holder who is a very robust children's champion. During 2009-10 and 2010-11, in line with corporate priorities and to respond to the additional demands of increased child protection and child in need work, the council provided additional investment to fund 10 additional social work posts. This has been effective in meeting service demand and enabling timely and appropriate responses to safeguarding referrals. Equality impact assessments seen by inspectors identify the impact of individual services on different groups, including those who are hard to reach and vulnerable groups. For example, the prioritisation and support in service provision for children and young people who are disabled has significantly improved and can demonstrate some outstanding outcomes for the individuals concerned.

Leadership and management **Grade 1 (outstanding)**

54. Leadership and management of safeguarding services for children and young people are outstanding. There is excellent, highly competent and very determined leadership from the council corporately, the Children's Trust Board and the DSCB. The voluntary and community sectors are fully engaged in all aspects of key decision making and are fully represented on the Children's Trust and Safeguarding Boards. The DSCB fulfils its statutory duties appropriately and provides very strong leadership. The appointment of a committed and strong independent chair has been effective in providing challenge to partner agencies and in holding them to account for delivering the children's safeguarding agenda.
55. Staff across the partnership who met with inspectors, and more importantly children and young people, confirmed that senior managers and particularly the Director of Children's Services (DCS) are highly visible and approachable and that there is a culture of openness and staff engagement. They feel able to raise concerns about service delivery with managers at all levels and that their concerns are taken seriously and responded to. Children and young people met during the inspection really know their DCS as a person, as someone who is willing to listen and not patronise them and if something they want cannot be done they receive an explanation as to why.
56. To meet the challenge of delivering improved and responsive services leaders and managers have undertaken a thorough needs analysis and reorganised services to deliver the partnership's priorities in the most effective way through a workforce equipped for the task. For example, the work of the Children's Services Directorate to reconfigure early intervention services and locality based social care combined teams enables young people to remain in their communities supported where necessary by intensive or innovative packages of care. Key issues identified by external inspections are addressed well and ensure service improvement.

57. The integrated workforce strategy is good and operates effectively to meet developing need for shared professional training and development. The steering group is well supported by the council in expanding the Children's Workforce Development Council's framework and putting into practice a local plan for areas that can be developed further, link strongly to the partnership's priorities and respond to multi-agency challenges. For example, by meeting childminders' needs for accessible training at suitable times and by providing childcare to enable participants to attend. Agencies are committed to a 'grow your own' approach to providing and sustaining a skilled work force across children's services, reflecting the settled nature of the work force and the local high costs of living which may deter some professionally qualified people from moving into the area. This is very good practice and illustrates the partnership's strong commitment to staff.
58. Low vacancy levels and a stable workforce ensure there is sufficient capacity within children's social care to deliver good quality services. However there is insufficient capacity within the health visitor service in Dorset. Action has been taken to address capacity challenges through the development of a skill mix approach, by, for example, broadening the role of nursery nurses. This remains a risk until such time as capacity is increased, however inspectors did not see any evidence of children placed at risk. The number of full time equivalent health visitor posts available is increasing but recruitment is not currently on a trajectory to deliver the government target of 25 posts by 2015.
59. The partnership has made very good progress in developing the early years professionals' qualification, steadily increasing numbers from eight in 2008 to 70. Significant levels of support are provided to staff to complete health and social work training with encouragement through the workforce strategy to move across to skill based and professional areas as appropriate. Currently 14 staff are being supported to complete a social work degree course. Children and young people were involved in the selection process of suitable candidates. There has been a very good development of e-learning materials and this has enabled training to be more accessible to staff.
60. Staff report positively on their access to supervision and training which is linked to both mandatory core topics and an individual's own learning needs identified through manager supervision and an individual's annual performance review. Although supervision records evidence that regular supervision sessions take place for staff in children's social care, there was insufficient evidence in records of how supervision sessions are used to review and address a worker's continual professional development or provide practice challenge.
61. The voice and active participation of children and young people in service planning are outstanding. The support and opportunities they have to become engaged and speak out on a wide range of matters relevant to

them is making a positive difference. At the time of inspection a major issue for the Dorset Youth Council Enables was the availability and cost of public transport. Their campaign to raise awareness of local councillors and members of parliament has had some success nationally, resulting in reduced rates of travel for young people who are under 18 and in full-time education. Of particular note is the Young Inspectors' group, which is made up of children and young people from specifically targeted vulnerable groups. Some 47 young people have been recruited and trained. At the time of our inspection they had completed 25 inspections relating to library services, access and attitudes at sexual health clinics, leisure centres, information and guidance centres and local transport services. The young people concerned were proud of what they had achieved, evidenced how they had made a difference to service provision and described how they themselves had benefited from the activity in terms of their personal growth and confidence. In November a wide range of children and young people are to meet with the DSCB to participate in the DSCB planning day so that they can influence priorities and the DSCB's business plan. Positive action is taken to enable the participation of children and young people who are disabled to ensure their rights are respected, their views are heard and they have the same opportunities to influence practice.

62. The use of resources is good and effective. Financial benchmarking against other authorities by external auditors shows Dorset performs well. Although budgetary constraints remain the biggest challenge, the commitment of the council and partners to children's services has ensured minimal budget cuts to the service. The restructuring of the children's social care service has been designed for efficiencies and to ensure a more focused targeting of resources and services to appropriate groups. Although the positive effects of the restructuring are not yet fully realised initial feedback from partner agencies is providing confidence that the direction of travel is correct.
63. An effective joint commissioning framework is in place. Service specifications for commissioned services include detailed attention to issues relating to safeguarding and equality. Following a thorough joint service needs analysis and equality impact assessment, commissioned services have been reviewed in line with agreed priorities. Some services have been decommissioned, some maintained and other services are being developed and commissioned in line with the revised priorities. Children, young people, their families and carers are effectively engaged with commissioning in-service design and provision.

Performance management and quality assurance

Grade 2 (good)

64. Performance management and quality assurance arrangements are good. At a corporate and strategic level, performance management systems are

robust. The planning and performance sub-group of the Children's Trust Board undertakes a key role in closely monitoring performance against the partnership's priorities and national and local performance indicators. Where information leads to action planning there are clear systems in place to account for implementation and reporting back. A wide and comprehensive range of data is collected and put to good use to inform service planning and practice. This is exemplified by the development of the Portland Project where sexual health clinics, Bikeability, art & graffiti and cookery classes are being delivered at a local drop-in centre popular with young people. These activities have had not only directly attributable positive outcomes for individuals, but since these preventative services were introduced, anti-social behaviour in Portland has reduced by 14%. External evaluations and inspections have been used effectively to bring about improvements to safeguarding services and also used to inform the re-organisation of some services.

65. The DSCB has developed a safeguarding dataset which provides them with a 'picture' of safeguarding in Dorset. The dataset includes statistics for child protection processes, domestic violence, crime against, and perpetrated by, children, adults who pose a risk to children, accidental and non-accidental injuries and death, housing, not in education, employment and training and children out of school. The dataset has been effective in informing the DSCB in prioritising its work streams for safeguarding children in Dorset but the performance management framework has yet to be fully implemented. There is good challenge within the board to ensure an appropriate balance between the focus on child protection and wider safeguarding issues. The core business of the DSCB has not been made sufficiently explicit and the DSCB has not consistently ensured it has received sufficient information from all agencies to effectively monitor their safeguarding arrangements. However a Section 11 audit has just been completed and some good work undertaken through the annual review of some individual agencies' safeguarding arrangements. Multi-agency audits have been piloted and will now form part of a programmed performance activity. Some capacity issues have prevented the DSCB from systematically evaluating the impact on practice of the implementation of actions arising from serious case reviews. However the synopses from serious case reviews are widely distributed to staff across all agencies, including the voluntary and community sector, and have been hugely successful at raising awareness and changing practice.
66. At an operational level, case and themed audits and child performance data is monitored and reviewed regularly by the senior management team in consultation with teams. Where shortfalls in performance are identified, plans are implemented to address any performance issues. However implementation activity is not always rigorous and takes place at an individual team level, with outcomes reported back to service managers. The absence of an established and systematic approach to evaluating the

impact of action plans on changing practice results in the lack of a directorate wide overview of the success or otherwise of the activity.

Partnership working

Grade 2 (good)

67. Partnership working is good. Most partners, including the voluntary and community sector, work well together at all levels to promote and deliver effective safeguarding. There is appropriate representation on the Children's Trust Board and the DSCB. Currently, the DSCB does not have a representative from the military as a board member. Given the large number of children from military families living in Dorset this is an omission. At an operational level a wide range of partnerships exist across the county delivering well evidenced, good quality and effective intervention services that are keeping children and young people safe, reducing offending and promoting their health and emotional well-being. The partnership between schools and the Rights Respecting team has been very effective in reducing exclusions, anti-social behaviour and bullying.
68. Multi-agency action to reduce the impact of domestic violence is good and effective in keeping children safe. Core agencies are regular attendees at multi-agency risk assessment conferences (MARAC) and report information sharing in this area is good. The increase in numbers of referrals to MARAC has required the service to prioritise, which means, in practice only the cases with the highest risk proceed to conference. Engagement with adult services is beneficial and provides for a 'Think Family' approach. General practitioners (GPs) have a good awareness of MARAC, are undertaking training and are making referrals. There is good commitment to the continuation of the independent domestic violence advisor (IDVA) role with funding committed for a further two years. Children and young people who arrive at the local refuges are well supported by designated health visitors and local schools. However Police notifications following reported incidents of domestic abuse are not systematically risk assessed or filtered before being forwarded to children's social care. This places a significant burden on the social care locality duty systems to assess and process the notifications. Currently the Police do not routinely share notifications with health or forward the notifications to children's social care in a timely way. This practice presents risk as GPs or health visitors may be unaware that families on their caseloads may have safeguarding issues that they should be alerted to. Although this issue is receiving attention from children's social care services it has not been satisfactorily resolved.
69. The DSCB and Pan Dorset Child Death Overview Panel are effective in using findings from serious case reviews and reviews of deaths to influence policy and guidance. Dissemination of learning across the partnership from serious case reviews is outstanding. Staff at all levels in a wide range of agencies, including the voluntary and community sectors

talk positively about the readability of the synopses and are able to evidence how the lessons learned are informing their safeguarding practice.

Services for looked after children

Overall effectiveness

Grade 2 (good)

70. The overall effectiveness of services for looked after children, young people and care leavers is good. The Children's Trust and corporate parenting group provide robust leadership and have outstanding ambition for children in care which results in excellent prioritisation leading to continuous improvement. There is a clear shared vision across the partnership for children and young people in care. There is outstanding involvement of children and young people in influencing planning and service development. The Director of Children's Services' commitment to involving and meeting with children and young people in care and care leavers is outstanding. The Director of Children's Services offers excellent leadership for children in care and this, combined with the very strong commitment from elected members, ensures that children in care have a very high profile across the partnership. Statutory requirements are met by the council and its partners. The majority of outcomes for children and young people in care are good or better. The quality of assessments overall are good but do not always effectively inform planning and some plans are not sufficiently specific and measurable with clear outcomes. This lack of clarity leads to delay in clear decisions being made and implemented in a few cases.
71. The quality of direct work is good. A variety of services offer good quality direct work to children both on the edge of care and those who are looked after. This has successfully prevented a number of children entering the care system. Despite a recent rise, overall numbers remain significantly below those of similar councils. Social workers and other professionals know the children and young people well. The partnership recognises its key areas for development, such as increasing placement choice, improving performance management and ensuring greater consistency in reviews, recording and planning. The quality of work, which is often better than is demonstrated in case recording, leads to good outcomes achieved for children and young people in care.
72. Individual health outcomes for children and young people in care are generally good. However data relating to health outcomes are not systematically collated to identify any trends or themes or inform service planning. The quality of health advice and support to care leavers is variable and under developed. A public health programme specifically targeted at children and young people in care, including those who are pregnant or young parents, is not currently in place. Children and young people enjoy stable placements and permanency planning is significantly improving. Both short and long term placement stability is at least in line with similar councils. With the exception of a small number of teenage mothers, children and young people met during the inspection were very

positive about the quality of care and support they receive. Educational outcomes for children and young people in care are good, with high levels of support provided to help them achieve and attain their ambitions. However the information recorded by schools and early years providers about individual looked after children's educational progress is not systematically collated and analysed so that early action can be taken where progress is slower than anticipated. The emphasis upon and range of activities to enable children to develop other skills and interests and to enjoy leisure activities are outstanding. There is very good prevention of young people in care committing criminal offences. The engagement of young people in education, training or employment is good.

Capacity for improvement

Grade 2 (good)

73. Capacity to improve is good. Performance against indicators for children in care is at least in line with, and generally better than, statistical neighbours and the national average. The partnership can demonstrate continuous improvement in the majority of outcomes. Performance against the service's priorities is effectively monitored and ensures improved outcomes. There are robust commissioning arrangements in place. Children and young people are listened to very regularly and their views are used well to inform practice and service development. The shared vision and strong leadership across the partnership is effective in driving improvements. A good learning culture significantly adds to capacity. Dorset is continuously looking for ways to improve services to children and young people in care and effectively benchmarks its performance against other councils. Outcomes from external inspections are used well to improve practice. Services provided by, or commissioned from, the voluntary and community sectors provide further capacity.

Areas for improvement

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

Immediately:

- Dorset County Council to ensure that Independent Reviewing Officers effectively monitor practice to provide a consistent level of robust challenge to ensure safe and effective plans are in place for children in care and care leavers

Within three months:

- Dorset County Council to ensure that children's and young people's views are clearly evidenced in assessments and care plans and can demonstrate how they have effectively informed planning

- Dorset County council to ensure that all children and young people who are looked after and care leavers have comprehensive care plans or pathway plans that have clear objectives, measurable outcomes and are shared in a timely manner with key partner agencies
- Dorset Healthcare NHS University Foundation Trust to ensure delivery of a public health programme targeted at children in care and young people, including those who are pregnant or young parents
- Dorset County Council to systematically collate and analyse the information recorded by schools and early years providers on individual looked after children's educational progress so that early action is taken where progress is slower than anticipated.

Within six months:

- Dorset County Council to ensure that there are sufficient placements to meet the needs of children and young people who enter the care system
- NHS Dorset and Dorset Healthcare NHS University Foundation Trust to ensure that a comprehensive performance management framework is in place which effectively monitors and provides an overall picture of the health of children in care so that targeted service delivery can be improved.

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

Being healthy

Grade 3 (adequate)

75. Health outcomes for children in care and care leavers are adequate overall. Management arrangements for overseeing the health provision for children in care and care leavers have recently been separated from the safeguarding management arrangements and now fall within the Dorset HealthCare University Foundation Trust's Head of Children & Families responsibilities. This has strengthened the governance of the health provision for children in care and care leavers, resulting in clearer lines of accountability and a dedicated management focus, and a service improvement plan. However it is too soon for the impact of the new arrangements to be evidenced. Data on health outcomes for looked after children, young people and care leavers has not been collated or analysed, therefore there is no overarching profile of their health needs that can be used to inform service development and commissioning.
76. The recent colocation of the children in care specialist nurses with the 16+ team and the adoption and fostering service provides an opportunity for more cohesive working and sharing of information. Health and social care leads for children in care and care leavers meet regularly to discuss issues and to identify and address areas for improvement. Some training and support is provided to foster carers on specific health topics but not as part of a systematic training programme.
77. While there is evidence of some good health outcomes for individual looked after children, with improvements in immunisation provision, dental health and addressing obesity problems, there are no specific targeted sexual health or public health programmes delivered to children and young people in care, and health support to care leavers is under developed. Health passports and information packs are in the process of development but not yet available. Health support to care leavers is not systematically offered and the majority of care leavers leave the care system without a comprehensive summary of their health records. A Health Awareness Day in April 2011 was attended by a small number of looked after children. Topics covered included how exercise is fun, how our bodies work, barriers to good health, food awareness session, including a healthy lunch made by the children, internet safety and how to access health services. Children and young people in care who attended the event gave positive feedback on the range of topics covered and their usefulness.
78. The completion of initial health checks is undertaken by GPs with input from health visitors as required. Subsequent health checks are undertaken or coordinated by the children in care nurses or, if the child is under five,

by a Health Visitor. The assessments and reviews follow statutory guidance but are of variable quality. All but one seen by inspectors were judged to be adequate overall. Completed initial health assessments are not consistently returned to the children in care specialist nurses in a timely manner. This results in the children in care specialist nurses spending time chasing assessments up and, more importantly, if any specific follow up is required there is a risk of delay in obtaining appropriate health services for the child or young person. Although foster carers, children and young people themselves contribute to their health assessments and reviews, any plans arising out of the completed health assessments and reviews are not consistently shared with them or their GP. This has the potential to lead to delay in obtaining any required specialist follow up.

79. While growing attention is paid within schools and other professional fora to addressing e-safety with children and young people, this topic is not routinely addressed within the annual health reviews. The health plans of children and young people in care are predominantly task focused and expected health outcomes are not routinely identified. The use of strengths and difficulties questionnaires (SDQs) is inconsistent and these are not routinely used to track a looked after child or young person's development from year to year. Where they are used, the child or young person, where competent to do so, is not encouraged to complete their own SDQ or enabled to use them to reflect on their own personal growth and development. Most children in care who took part in a pre-inspection survey report that they have a healthy diet, undertake variable levels of exercise and have the opportunity to pursue hobbies and activities.
80. Young people who met with inspectors reported positively on the support they receive from the children in care nurses. The nurses are committed and work hard to ensure the health needs of children in care with whom they engage are identified and addressed at least adequately. For example, through their persistence they have had some success in engaging some individual young people who have previously been reluctant or have refused to engage with health services. Where children and young people in care are placed out of county, the looked after children's nurses liaise with health colleagues in the placement area to monitor and review arrangements to ensure the child or young person's health needs are identified appropriately and met in a timely manner. NHS Dorset will commission services privately if the looked after child or young person cannot be seen in Dorset or where a required service is not available locally.
81. School nurses work closely with the inclusion officer to ensure children in care can have prompt access to services for any health issues that arise between health reviews. School nurses give contraceptive advice and signpost to other sexual health services, emergency contraception and pregnancy testing. Although the number of teenage pregnancies in the

children in care population is very low, health support specifically targeted to this group is undeveloped. Support services for teenage mothers are available through generic programmes. However looked after teenage mothers and care leavers who met with inspectors said that they found these services to be unwelcoming and isolating. Only one young person reported a positive relationship with her health visitor.

82. Good and timely provision is in place for children and young people in care who need CAMHS. A fast track referral pathway is in place between children's social care teams and CAMHS. This means that a looked after child or young person receives an initial assessment and individualised plans, which may include input from specialist CAMHS clinicians as well as external support services, to address issues such as substance misuse. The service demonstrates good practice by monitoring on a daily basis the attendance of children in care, undertaking immediate follow up where a child or young person has missed an appointment. A new young people's specialist eating disorder service will receive direct referrals without the need for CAMHS intervention. If needed, this service is available for children in care and care leavers.

Staying safe

Grade 2 (good)

83. Safeguarding arrangements for children in care are good. Of the children in care who responded to the pre-inspection survey, 84% reported that they feel very safe or fairly safe and 81% said there was at least one person they could talk to if they felt unsafe. In total 91% found the advice they receive from adults about keeping safe was useful. The most recent Ofsted inspections of the council's children's homes judged them overall to be at least satisfactory and most good. None of the children's homes inspected had a less than satisfactory judgement for the staying safe component of the inspection and most were good. The most recent Ofsted inspections judged fostering and adoption services to be good when they were last inspected in 2008 and 2009 respectively.
84. Multi-agency arrangements to track down children and young people missing from care are effective in promoting their safety and welfare. 'Safe and well' checks carried out by the Police and return interviews carried out by children's social care explores the reason the child or young person went missing, what risks they were exposed to whilst missing, and what further support can be provided to reduce the risk of future episodes.
85. Commissioning arrangements are robust and ensure appropriate safeguarding arrangements are in place within commissioned services. Contract compliance and rigorous monitoring arrangements provide additional safeguards. No children in care or young people are placed in independent children's homes or in a family placement service judged to be inadequate by Ofsted. If such a situation arose, before a decision is

made about whether the placement should continue procedures require that a thorough risk assessment is undertaken and the child or young person's wishes and feelings are taken into account.

86. Permanency planning has significantly improved with a good increase in the use of care orders, residence orders and special guardianship orders to secure more timely decisions and prevent drift. Improvements in awareness of neglect and a stronger focus on effective permanency planning is leading to more children being identified where adoption is in their best interest and therefore the numbers of adoptions are predicted to significantly increase. Improving practice reflects a more robust approach to permanence as well as appropriate and timely implementation of the Public Law Outline. There is an increasing focus on the use of special guardianship orders to secure permanency for children, 23 have been undertaken over the last two years and there are currently 10 in progress. It is good practice that there is a support group has been set up specifically for carers who hold special guardianship orders which enable them to access good advice and support.
87. Short term placement stability over the past two years has been better than the national average. After a dip in performance, long term placement stability has improved and is now in line with the national average. The improvements in stability and permanency demonstrate the increasing effectiveness of resources to support children in their placements. Resources are available to ensure good and effective support packages can be put in place to support children in care and foster carers where the placement is at risk of breaking down. Carers access advice about how to manage challenging behaviour from a psychologist and additional support services are available through the Specialist Prevention Service. The virtual school plays a very effective role in supporting placement stability.
88. The quality of care that children and young people receive in their placements is good. Some 84% of children and young people who responded to the pre-inspection survey stated the care they received was at least good with 71% stating it was very good. Parents of children in care who met with inspectors confirm their children have received stable placements and consistently high quality care - "he gets far more opportunities and things to do than I could ever have given him". However insufficient numbers of foster carers means that placement choice is limited and restricts the ability of workers to ensure the right match in the right part of the county. Significant investment has been made in recruiting long term and short break carers for children who are disabled and in adapting their homes, which is increasing placement choice for children with complex needs. There is a targeted recruitment drive to further increase capacity in this area, however placement sufficiency remains a challenge for the county, as does recruiting carers to reflect the small but diverse minority needs of the population.

89. There are robust commissioning and monitoring arrangements for children in care placed in external placements. Safeguarding requirements are made explicit in contracts. There are various mechanisms for monitoring these placements including announced and unannounced visits to the provider. Young people are encouraged to stay in their placements after they reach the age of 18.

Enjoying and achieving

Grade 2 (good)

90. The impact of services in enabling children and young people in care to enjoy and achieve is good overall. The council works hard to minimise disruption to their education by ensuring that, wherever possible, they continue to attend the same school even when they move placements. This is supported by a substantial investment in transport costs. The quality of schools in Dorset and the neighbouring council areas is high, and this enables high quality placements in schools for all looked after children. The majority of looked after children, young people and care leavers who met with inspectors and who took part in the pre-inspection survey report favourable on their education and the help they are getting to succeed.
91. There is a five year trend in improvement of educational outcomes for children in care at Key Stage 4. Improvement in results for children in care at Key Stage 2 is also positive although there has been a deterioration in mathematics at this stage which reflects the pattern in mainstream for the whole school age population in the county.
92. The majority of children in care make the good progress that is expected of them to attain their predicted grades by the end of compulsory education. The virtual school uses Fisher Family Trust predictors to gain an overview. The progress of each individual child is closely monitored by their school or education provider. Schools monitor progress closely by keeping track of the levels and sub-levels of attainment reached. However the virtual school does not collate this information to gain an overview of individual rates of progress in order to effectively monitor and challenge for each individual child. Similarly, the virtual school does not collate Early Years Foundation Stage profile data for the rapidly expanding cohort of children in care in the Early Years Foundation Stage age range.
93. The proportion of children in care attaining well at Key Stage 2 is increasing at a faster rate than the national rate for children in care and the gap with all Dorset children at this age is closing. The improvement in English is strong, helped by interventions and programmes in school such as *Every child a reader/Every child a writer* and specific initiatives for children in care like *'Letterbox'*. Schools intervene with reading recovery and specialist teaching assistants throughout Key Stages 1 and 2. The proportion of children in care in Dorset attaining Level 4 or above in

English and mathematics remains higher than the proportion for all children in care in England.

94. The achievement of children in care by the end of compulsory school age is improving overall if their total points score attainment is taken into account. There has been a trend of increase in the proportion of young people gaining at least one GCSE and five GCSEs A*–G at a faster rate than for other children in care nationally. The increase in those gaining five A*–C GCSEs, and five including English and mathematics is too small a number to make comparisons. The proportion gaining five plus A*–C grades in 2010 was at a lower level than that found nationally for children in care– this is the last year for which there is a national comparison available. The Dorset outcomes for 2011 show five out of a predicted 11 gained five A*–C GCSEs. The majority met or exceeded their expected results for gaining at least five A*–Gs.
95. Effective monitoring of the quality of school placements and work with children in care in schools takes place for children educated in and out of the county. The virtual school has established effective partnerships through induction and training processes for schools. The role and identity of the virtual school is well understood in the county and in other authority areas where children are placed. Regular monitoring visits are carried out and requests for guidance responded to.
96. The virtual school gives detailed and knowledgeable support to social workers, foster carers and parents to enable each child to be placed in high quality provision. Decisions about which placements are the best possible are carefully made to ensure a good match to each child's needs. The virtual school works closely with school improvement and behaviour support to gather relevant information about the quality and strengths of prospective school placements in Dorset. Links with neighbouring councils are good and allow the virtual school to give detailed advice on school placements for those authorities as well as in county. The virtual school uses relevant checks with authorities further afield and information from published inspection reports on prospective placements out of county. In some cases exploratory visits are made before decisions about school placement are made.
97. All children in care have a single learning plan (SLP), formerly a personal educational plan, in place. Until 2010 too many plans were too basic and historically lacked SMART targets and success criteria. Although the quality of plans remains variable there is evidence of recent improvement and the majority are of good quality. The virtual school trains designated teachers for children in care in ways of drawing up the plans and monitoring their quality. The working arrangements have been strengthened in the last two years so that monitoring of 95% of plans takes place within six weeks of any placement in a school. Planning processes are overseen by the virtual school to ensure that they contain all the right elements to promote

looked after children's and young people's learning. Plans are reviewed frequently and monitored yearly to ensure effective improvement in their quality.

98. The overall impact of the virtual school and its partners in promoting the attendance of children in care through monitoring and the management of exclusions is good. The attendance of children in care at schools in and out of Dorset is satisfactory and has improved in a two-year period from a high rate of absence five years ago. Target setting is at an early stage of development but satisfactory. Dorset has recently set a 90% attendance rate for looked after children, with a 95% target for some, more settled, children but it is too soon for impact to be evidenced. Schools have systems for tracking absences from the first session of absence. However the virtual school does not collate absence data in real time from schools' 'first-day' calls.
99. The support to prevent children in care being excluded is outstanding. There are currently no Dorset children who are permanently excluded and a very small number of children in care who are subject to fixed-term exclusion. Partnerships with the learning centres are strong, effective and lead to prompt placement of children in care as their needs change. Children in care placed in the five Dorset learning centres (pupil referral units) attain more highly than other children who sit GCSEs in learning centres who are not looked after.
100. A range of activities has been developed to broaden looked after children's experiences and provide opportunities for enjoyment. Examples include the effective use of Aiming High grants to provide activities for children who have disabilities, for example, in summer holidays. These are reported by parents to have "been a godsend". The Max Card, developed by a care leaver, is issued to all children in care and care leavers in order to access free leisure facilities and is reported to be well used. The virtual school head is actively communicating with schools in the county who are involved in preparing for the Olympics coming to Dorset in 2012, with the intent of raising the profile of children in care and encouraging their participation in associated Olympic activities. Links are being developed with local groups, celebrities and businesses to offer children in care once in a lifetime opportunities to broaden their horizons and maximise their ambitions and aspirations.

Making a positive contribution, including user engagement

Grade 1 (outstanding)

101. Opportunities for children and young people in care to make a positive contribution are outstanding. Advocacy services are available through a voluntary organisation for who may need additional support to speak out. The independent visitor service has reached capacity and is to be reviewed as current demand has exceeded the contract for 12 matches.

Elected members are strongly committed to consulting with, and responding to, the views of children and young people in care. They meet with children and young people in care by undertaking monitoring visits of the council's children's homes, attending award ceremonies, membership of the Corporate Parenting Panel and visiting schools and youth facilities in their areas. Representatives from the Children in Care Council always attend the Corporate Parenting Panel where they take issues of importance, take part in the meeting and receive feedback. Examples of where they feel they have been listened to and what has made a difference to them include the establishment of the £20,000 per annum care leavers fund, an increase in the number of independent visitors, the introduction of the MAX leisure card and having a passport by the age of 16.

102. The Children in Care Council is an 'open' and active council. In the past 12 months it has attracted 91 children and young people in care who have taken part in various activities. Currently, members are involved in the redesign of review materials and the Pledge, having just participated in revising complaints literature. Children and young people in care are represented within the Young Inspectors' group, youth and school councils and in the selection of staff interviews at all levels. Some young people have been trained to deliver the Total Respect programme delivering powerful messages to elected members and partnership staff on the experiences of the care system. Action for Children, who provide these services, have prepared, and are just completing, their annual report for presentation at the Corporate Parenting Panel. The use of media and art has been effective in enabling children and young people in care to express their views on a range of issues and their work has been used in staff training events across the partnership.
103. The pre-inspection survey findings did not reflect the views of children and young people in care who met with inspectors. They expressed greater satisfaction regarding their experiences and the value that they attach to their individual reviews, than those who responded anonymously to the survey. Although most reviews are timely, not all children and young people participate, and none chair their own review. Independent reviewing officers have been invited to attend the Children in Care Council so that children and young people in care can share their experiences and contribute to the on-going development of the reviewing unit and staff practice.
104. The number of children and young people in care in Dorset aged 10-17 who receive final warnings, reprimands or convictions is very low. Local performance data shows that only eight young people were cautioned, reprimanded or convicted in the last year. Highly effective joint working by the Police, youth offending team and children's social care has ensured children and young people in care are not criminalised at an early age for minor offences. Restorative justice programmes 'Running Steps' and

'Positive Impressions' have all been effective in reducing offending behaviours.

Economic well-being

Grade 2 (good)

105. Outcomes for the economic well-being of children and young people in care are good. The partnership led by the Corporate Parenting Panel provides strong encouragement and support to looked after young people and care leavers to continue their education, find employment or aspire to higher education. Care leavers who met with inspectors spoke of consistently excellent support from social workers and education staff in helping them continue their education in well matched vocational courses, apprenticeships or further and higher education establishments. Dorset has 13 care leavers either attending university or with a confirmed place for entry in September 2011. This represents 11% of the care leaver cohort and is a significantly higher proportion than the national average of 5%. For other care leavers their engagement in education, training or employment (EET) is less positive with performance at 62.1% compared with the national average at 72.8%. The council acknowledges this as an area that needs improving and is providing support by removing practical barriers to EET by meeting fees where these are not funded, providing bus passes, travel warrants, IT equipment, materials and other equipment required to undertake training or employment.
106. Almost all care leavers over 16 years and three months have pathway plans that are routinely completed by the young person and their social worker. They report their views and aims are central to the action plans developed, linked to their aspirations and consistently promote educational achievement. However from those reviewed by inspectors, although the end goals are defined, the stepping stones to achieving them are not defined clearly. Where a young person's plans do not work out, contingency planning is weak and not clearly evidenced. Recent persistent staff shortages within the 16+ team has meant that not all looked after young people have had a completed plan by the time they were 16 years and three months. The team is now fully staffed and able to allocate all cases. Priority has been given to completing pathway plans for all eligible looked after young people.
107. Care leavers who met with inspectors described very good transition services from social care and ongoing support regarding health, education and leisure. They reported good access to a range of activities in the areas they live in. However because of the rurality of Dorset some care leavers have to travel some distance across the county in order to access specialist activities.
108. Due to insufficiency of affordable accommodation, housing of young people in Dorset is problematic. Despite acute housing shortages across the region the council has been able to maintain a good proportion of care

leavers in suitable accommodation through effective forward planning and on-going support. Data indicates that 98.6% of care leavers have access to suitable accommodation, better than the national average at 96.4%. Effective partnerships are in place between the county and district councils the issue of the central 'Staying Put' pilot ceased in March 2011 but the council has continued to support this model of good practice that enables care leavers to remain in their foster home until they are ready to move to supported lodgings or independence. Good quality supported lodgings are used to help some care leavers develop their skills to live in more independent settings. At the time of inspection only one care leaver was in bed and breakfast accommodation. This accommodation had been appropriately risk assessed and the wishes of the young person taken into account to ensure that the young person was safe.

Quality of provision

Grade 2 (good)

109. The quality of provision for children in care is good. The council has a good understanding and awareness of the needs of Dorset's children and young people in care with a clear focus on preventing children and young people from entering the care system. A good 'Children in Care and Care Leavers Placement Commissioning Plan' underpins service planning and delivery. Most of the parents who met with inspectors expressed satisfaction with the support they receive from social workers and more particularly with the service provided by support workers who assist them in practical tasks and 'understand what we need'.
110. A wide range of preventative and early intervention services is well developed to provide timely family and child-centred support to families in crisis. This includes Horizon Specialist Assessment and Intervention Service, the specialist prevention team, the family intervention project (FIP) and a wide range of voluntary and community projects. The Horizon Specialist and Intervention Service undertakes good assessments, family support and intervention for families. Parenting assessments demonstrate good and detailed observation and the analysis is at least adequate. The quality of direct work is good. The service is particularly good at engaging parents. All parents who had received the service given by Horizon stated that it has made a real difference to their lives. Parents state that Horizon 'is a really good service that is flexible' and that the service 'couldn't have done more' and they 'couldn't have asked for anything better'. There was evidence of good and timely work to enable children and young people to remain with or be rehabilitated to live with their families. Parents' report very positively of their experience of services provided through the FIP, commenting on what a positive difference the service has made to their lives. As part of the FIP team adult health workers are effectively involved in a 'think family' approach. The capacity of this service is being increased and the project can demonstrate good impacts and outcomes for children and their families.

111. Where public care is needed, risk is assessed and managed to ensure that all children and young people who need to be looked after are appropriately accommodated. The decision about whether a child should become accommodated by parental agreement is made by a service manager whose role it is to ensure all alternative safe options to care have been considered before the child or young person is accommodated. There has been a low use of Powers of Police Protection and Emergency Protection Orders indicating that safeguarding risks are appropriately risk assessed and actioned in a timely way. In the small number of cases where orders were used, this was appropriate to ensure a child or young person's immediate safety.
112. The quality of care planning, reviews and recording is variable but at least satisfactory overall. Recording of case notes is up to date and of good quality. Most case records show that regular supervision takes place in accordance with the council's supervision policy with case directions well evidenced. However, these were variable in quality and did not consistently have clear actions, timescales and outcomes for the worker to follow. The lack of clarity in planning can, on occasions, lead to drift in clear decisions being made and implemented. The timeliness of reviews is good and improved to 95% in 2010/2011. There is good tracking, through an Intensive Support Meeting and by a service manager, of children who experience placement moves or instability and there is emerging evidence that this has a positive impact on stability. Reviewing officers are experienced and knowledgeable. However there is significant variability in the quality of looked after children's reviews. The evidence and effectiveness of challenge is variable and there is not always evidence that key issues are effectively monitored. There is a clear escalation policy in place which is effectively used by reviewing officers. Social work visits to children and young people in care meet statutory visiting requirements in the majority of cases, however children and young people are not always seen alone where that is appropriate.
113. Children and young people in care who met with inspectors were very clear that they receive good support and good quality care from the carers and professionals they are involved with. They confirm that their social workers and reviewing officers take their views and wishes into account when plans are being made for them and that they are fully involved in appropriate decisions. While assessment and review records do provide a comprehensive understanding of the child's or young person's needs they do not always translate into robust plans that can be clearly reviewed and progress measured. This was not demonstrated consistently in case files or in documented care plans. However this is mitigated by social workers' knowledge of the children and young people they work with and their strong commitment to working towards good outcomes for them. Similarly, there was limited evidence seen in case files, but more in direct discussion during social worker interviews, of the work undertaken to meet the cultural and diverse needs of children and young people in care.

Ambition and prioritisation**Grade 1 (outstanding)**

114. Ambition and prioritisation of services for looked after children, young people and care leavers are outstanding. There is a strong determination across the council and partnership that children and young people in care should be well supported and encouraged to have high aspirations and achieve. Elected members, the Corporate Parenting Panel and the portfolio holder for children's services, champion the needs of children in care and young people. The adoption of UNICEF's Rights Respecting agenda ensures services are designed to be child focused with a high level of participation from children and young people. This principle is strongly evidenced in the way the Corporate Parenting Panel includes children and young people in care in all its meetings. The priorities for the looked after children, young people and care leavers service are based on a thorough needs analysis and clearly set out within the Children in Care and Care Leavers Placement Commissioning Plan 2011–2014. The gap analysis clearly identifies the shortfalls in service provision and helps define the priorities and action plan.
115. The impact of this prioritisation is leading to an improving service which is good with some outstanding features of good practice. The service has improved significantly since the Joint Area Review in December 2007 which assessed services for children in care as adequate. Being healthy is the only outcome which is judged as adequate, however there are clear plans in place to improve performance in this area. The outstanding participation of children and young people exemplifies the commitment of the partnership to children and young people who are looked after. The high aspirations the partnership and elected members have for children in care and careleavers is reflected in the very well attended celebration events.

Leadership and management**Grade 2 (good)**

116. Leadership and management are good. There is robust and competent leadership and management of services for looked after children, strongly supported by elected members. The Corporate Parenting Panel provides strong challenge and champions the needs of children in care and care leavers. Until recently the Panel has been single agency but has now been expanded to include health representation. The DCS is highly visible and very well known to staff and children and young people in care. One young person described the DCS 'as a real person not just a man in a grey suit, he really listens to what we have to say'. Both staff and young people describe a culture of openness and meaningful engagement.
117. A good and integrated workforce plan is effective across the partnership in developing and training a wide range of staff working with children. Overall there is sufficient capacity and a low vacancy rate within the children in care and care leavers' service to enable managers and staff to

meet the needs of the service and to deliver its core functions. Although vacancy levels within the looked after children's teams are low there has been a recent periods of persistent staff shortages in the 16+ team which is now satisfactorily resolved. A high level of staff retention means that there is an experienced workforce who know the children and young people well. Good attention is given to succession planning. Staff who met with inspectors commented positively on the service and on the support they receive from their managers both informally and through supervision. However supervision files randomly selected by inspectors were variable and did not reflect the reported good quality of practice discussions or identify areas for development. The training and development for foster carers has not been given a sufficiently high priority and only 25% of carers have completed a portfolio demonstrating they have met the standards produced by the Childrens Workforce Development Council. This is recognised by the council as an area for timely improvement. The council has ensured that social workers and their managers have good and timely access to legal advice. The legal team are effective in supporting social work practice, as well as delivering good quality guidance and training.

118. Partnership working to meet the needs of children and young people in care and care leavers is good and well established at both the strategic and operational level. Strategic planning through the work of the Children's Trust and the Corporate Parenting Panel is effective, child-centred and focused on keeping children and young people in care safe, enhancing their levels of educational achievement and attainment and on encouraging them to have high aspirations for themselves. At an operational level, a wide range of good quality preventative services work together well to meet the needs of, and deliver improved outcomes for, children in care and young people. There is a well established complaints and representations system in place with the availability of advocates to support children and young people in care as necessary. Most looked after children, young people or care leavers know how to access the complaints procedure but are less clear about how to contact an advocate should they wish to use one. A formal complaint system is in place that is compliant with statutory guidance for the investigation of complaints or allegations made against staff who work with children and young people. However without denying the child or young person their right to access the formal procedures, concerns are more often dealt with informally to enable the child or young person to have a speedy and more appropriate resolution to issues raised.
119. Commissioning arrangements, including joint commissioning for children in care and young people, are good and placements for Children and young people in care are commissioned on an individual basis. Two resource panels, the Family Resource Coordination Meeting (FRCM) and Intensive Support Meeting effectively coordinate single agency and multi-agency packages of support to children on the edge of care and to foster carers or

parents to maintain placement stability. The panels have a clear role for effectively ensuring that risk is appropriately managed and that safe alternatives to care have been fully explored. In making effective decisions the panel is required to consider the cost of placement, whether it offers value for money and, more importantly, whether it can deliver what the child or young person needs and provide stability. Although they cannot always be met, individual commissioning arrangements ensure the cultural and diverse needs of a looked after child or young person are fully considered. For example, the rurality of the county and where foster carers are situated may mean that children and young people cannot be provided with care within their home communities. There is a good focus on value for money, for example, through contracts with the voluntary and community sector, to provide advocacy or independent visitor services.

Performance management and quality assurance

Grade 3 (adequate)

120. Performance management and quality assurance arrangements are adequate overall. Performance management at the strategic level within the looked after children's service is good and performance information is used well to inform planning and service delivery. The Children's Trust and the corporate parenting group all receive and scrutinise management information on the service and hold officers to account. Where weaknesses are identified, appropriate action plans are put in place. The views of children and young people, and parents and carers are clearly taken into account in performance monitoring. However there are weaknesses in some areas of operational performance management. An effective performance management framework is not yet in place to effectively monitor the health of children in care. This means that there is not an overall picture of the health of children in care and care leavers that can be used to improve service delivery. The virtual school's performance monitoring is underdeveloped. For example, the virtual school does not effectively collate the information recorded by schools on individual looked after children's educational progress in order to gain an overview of rates of progress to monitor and challenge for each individual child. Independent Reviewing Officers do not systematically gather and analyse information so that key themes can be identified. There are robust commissioning arrangements in place and currently no child is in a placement that has been judged to be inadequate.

Record of main findings:

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