

Inspection of safeguarding and looked after children services

Darlington

Inspection dates: 14 – 25 November 2011

Reporting inspector: Robert Hackeson HMI

Age group: All

Published: 4 January 2012

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - information gathered through discussions with children and young people receiving services, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board (LSCB), elected members 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 evaluation of a serious case review undertaken by Ofsted in accordance with *'Working Together to Safeguard Children'*, 2010
 - a review of over 50 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 September 2010
 - interviews and focus groups with front line professionals, managers and senior staff from County Durham and Darlington Primary Care Trust, County Durham and Darlington Foundation Trust, and Tees, Esk and Wear Valley Foundation Trust.

The inspection judgements and what they mean

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

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

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

Service information

4. Darlington is situated in the North East of England and forms part of the Tees Valley sub-region, which comprises five unitary authorities and has a population of around 664,300 people. Darlington became a unitary authority in 1997. The borough is a compact area of some 76 square miles, comprising the town of Darlington and a number of surrounding villages. The borough has a population of 100,800 people living in 48,500 households. Approximately 2.1% of the population come from minority ethnic backgrounds. Almost 90% of the population live in the urban area.
5. The borough retains its market town character and functions as a sub-regional centre for employment, shopping and culture. The town has a wide catchment area, with over one million people living within 20 miles of the town centre, attracting people from neighbouring North Yorkshire, South Durham and Teesdale.
6. About three quarters of the working population of the borough have jobs based in Darlington. Employment has shown an overall decrease in recent years. Almost 45,000 work in the borough in over 2,800 businesses. There has also been a significant change in the structure of the Darlington economy. Employment in manufacturing has declined dramatically but, in contrast, the service sector has grown strongly and now accounts for over 80% of jobs in Darlington.
7. The Children's Trust has representation from all key statutory agencies and the voluntary and community sector. The Local Safeguarding Children Board (LSCB) has an independent chair and brings together the main organisations working with children, young people and families in the borough.
8. Currently the borough has 287 childcare providers registered with Ofsted including 21 day nurseries and six children's centres. There are 40 schools in Darlington: two nursery schools, two infant schools, 25 primary schools, two junior schools, seven secondary schools, one special school and one Pupil Referral Unit. One secondary school is an original sponsored academy. Four primary and four secondary schools converted to academy status during 2011. Post-16 provision is made through one outstanding school sixth form, two outstanding colleges: Darlington College and the Queen Elizabeth Sixth Form College, and the new Teesside University Darlington Campus, which opened in 2011.

9. Standards in education attainment have been consistently improving, with a 10.8% increase in the number of pupils achieving five or more A*–C grade GCSEs between 2010 and 2011. This has led to Darlington being ranked as the best performing and the most improved council nationally in both five GCSEs at A*–C and five GCSEs at A*–C (including English and mathematics). Improvements have continued in the percentage of pupils achieving a Level 2 qualification by the age of 19 (from 75.4% in 2008 to 78.7% in 2010) and pupils achieving a Level 3 qualification by the age of 19 (increasing from 47.2% in 2008 to 49.1% in 2010).
10. Overall, Darlington has a highly qualified working age population, with 31% of residents who are aged between 16 and 64 holding an NVO Level 4 or above, compared with 26% of the North East workforce and 31% of the English workforce. In Darlington 12% of the working age population have no recognised qualifications, compared to 13% in the North East and 11% in England.
11. At the time of the inspection 87 children were subject to a child protection plan and 186 children were looked after. Social care services to children and young people are provided by the Children, Families and Learning team. This includes the duty team, specialist assessment and intervention, and Children in our Care service. Jointly provided with adult social care is a Life Stages Disability team. Out of hours services are provided by an emergency duty team (EDT) serving the Tees Valley authorities, covering both adults' and children's social care services.
12. The Police service is provided by Durham Police Authority. Services to children and young people who are at risk of offending or who have offended are provided by the council's multi-agency Youth Offending Service.
13. The voluntary and community sector is well represented within the Children's Trust and the LSCB and works closely with the council and partners in strategic developments, prioritising and delivering services including advocacy and support to families.
14. The planning and commissioning of health services is undertaken by the County Durham and Darlington Primary Care Trust (PCT) working closely with the council, and a shadow Clinical Commissioning Group. The County Durham and Darlington Foundation Trust delivers a range of community and hospital based services. Community services include health visiting, midwifery and school nursing. The hospital services are based at Darlington Memorial Hospital. Tees, Esk and Wear Valley NHS Trust provides the specialist mental health services for children and adolescents in Darlington, with a clinical base at the Darlington Memorial Hospital.

Safeguarding services

Overall effectiveness

Grade 3 (Adequate)

15. The overall effectiveness of safeguarding services is adequate. The Children's Trust partnership has made early intervention and prevention a priority in the Children and Young People's Plan (CYPP) and there are some very good individual examples of early intervention services working together to support families. However the use of the common assessment framework (CAF) is underdeveloped and the threshold for access to children's social care services is not widely understood or accepted by partner agencies. The high number of referrals, which includes inappropriate referrals, contributes to pressure on the duty team where caseloads remain high. While those referrals that lead to an assessment are dealt with promptly, others treated as contact enquiries have not been managed in a timely way.
16. The quality of provision is adequate. In the children's social care service case recording and reports are too variable and some core groups are not routinely held within the required timescale. Arrangements to support young people after they attend accident and emergency services following substance misuse are unclear.
17. Governance arrangements for safeguarding children are weak within the County Durham and Darlington NHS Foundation Trust. The trust does not accurately measure compliance with safeguarding children training or the take-up of supervision for those staff with children's safeguarding responsibilities.
18. Staffing resources in the children's social care service are sufficient and the recent drive to recruit and retain suitable, well trained staff has been successful. Safeguarding performance indicators have improved and most are above the national average. Good training is provided to meet identified areas for improvement but audit activity is not routinely completed by managers.
19. Outcomes for children and young people are good. Young people generally feel safe in Darlington and know where to get help if needed. Safeguarding outcomes in services and settings inspected by Ofsted are good, and good education provision promotes the attainment and well being of pupils from vulnerable groups.
20. Local priorities are defined in the CYPP which is based on a comprehensive needs assessment and wide consultation with children and young people. Safeguarding children and young people is a high priority in Darlington and there is strong corporate support across the Children's Trust. During a period of financial constraint and significant reductions in budgets,

services to the most vulnerable children, young people and families have been protected.

Capacity for improvement

Grade 3 (Adequate)

21. Capacity for improvement is adequate. The council and partners have made improvements within the last 18 months. Partnership working is generally good and there is a clear strategic vision based on local priorities. Workforce planning has become more effective with improved staff retention in the children's social care service. School attendance by pupils from vulnerable groups is improving and exclusions have reduced. However the full implementation of the CAF is not embedded and requires substantial partnership effort to consolidate recent improvements. Similarly there are some important weaknesses in health provision which undermine improvement, such as the shortfall in capacity of named professionals for safeguarding children and young people and some significant areas for improvement in safeguarding within the midwifery services.
22. The council is building on existing and successful joint arrangements with neighbouring councils to achieve more economies of scale, and along with other partner agencies, has reorganised structures and services to further develop capacity. The co-location of staff from partner agencies is leading to improvements in efficiency, such as more coordinated service delivery.
23. During the past year the council has commissioned external consultants to review specific areas of work which has led to improvements. The council uses learning from complaints well to improve services. However, the number of complaints received from children and young people is low. Some services routinely collect feedback to evaluate their effectiveness, but this practice is not widespread. The lack of evaluative information inhibits the Children's Trust's ability to understand fully its strengths and weaknesses.
24. There has been delay in tackling some of the areas for development from the last unannounced inspection of contact referral and assessment services, such as the screening of domestic abuse referrals from the Police and the duplication of paper and electronic records. Action plans following the serious case review completed in September 2010 are not yet fully implemented and some actions have been delayed.

Areas for improvement

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

Immediately:

- the council should ensure that core group meetings are consistently held within the minimum frequency in the policy. The council should ensure that minutes of meetings are sent to all core group members, whether or not they attended
- the County Durham and Darlington NHS Foundation Trust should ensure arrangements are in place to monitor and quality assure safeguarding children practice within its organisation
- Darlington Memorial Hospital accident and emergency services (A&E) and Switch, the drug and alcohol team, should improve liaison arrangements in order to increase the number of young people referred to Switch following emergency treatment for drug and alcohol misuse.

Within three months:

- the council should improve the range and quality of service evaluation to examine the effectiveness and impact on outcomes of all services for children and families
- the council should include the audit of supervision records in its file audit framework and consider extending the range of staff who carry out case file audits to include front line practitioners and senior officers
- the council should review business processes in the duty team in order to improve efficiency and ensure that all contacts received by the team result in a prompt and clear outcome
- the County Durham and Darlington NHS Foundation Trust should ensure that health visitors, school nurses and midwives receive one to one safeguarding supervision on a regular basis
- the County Durham and Darlington NHS Foundation Trust should ensure arrangements for the line management and resourcing of named professionals for safeguarding children comply with the Intercollegiate Guidance *'Safeguarding Children and Young people: roles and competences for health care staff'* (2010)
- the County Durham and Darlington NHS Foundation Trust should compile a recovery plan to ensure that all staff employed by the trust access appropriate training as identified in the Intercollegiate Guidance
- midwifery services should monitor compliance with the National Institute for Health and Clinical Excellence (NICE) guidance on providing midwifery care to vulnerable groups of women.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (Good)

26. Safeguarding outcomes for children and young people are good. Young people told inspectors that they know where to access help if they need it and that schools and services such as the youth and health services work well to keep them informed and safe. Young people from the Young Leaders at Darlington Association on Disability said they feel safe and receive clear advice about safety. Some young people who had benefited from early intervention services and support programmes such as the teenage parents' groups described positive outcomes. Responses to the Tellus survey indicate that the proportion of pupils who feel safe in and around the borough and in schools is broadly in line with the national average.
27. Inspection outcomes from services and settings are generally good. Staying safe judgements for the fostering and adoption services, all the council's children's homes and the two children's centres inspected to date are good. In recent inspections the vast majority of schools have been judged good or better for the effectiveness of safeguarding arrangements. Good educational provision for vulnerable children and young people across the borough effectively promotes their well-being, reduces disaffection and contributes strongly to pupils' development and academic achievement. The most vulnerable pupils have made the biggest educational gains recently. Over the past five years attendance has risen and exclusions have reduced. Pupils in minority ethnic groups generally achieve in line with all pupils and above similar groups nationally. Exclusion of pupils in minority ethnic groups is reducing and is below that of all pupils, although attendance remains a challenge, particularly in the travelling community.
28. The private fostering inspection in 2008 found arrangements to be inadequate. The council produced a satisfactory action plan in response to the recommendations and all actions have been implemented. The LSCB works well to raise public awareness of private fostering and has issued a safeguarding handbook to all school children which includes information on this issue. Good progress has been made to improve safeguarding arrangements in the Pupil Referral Unit since it became subject to special measures following the inspection in January 2010.
29. The LSCB partnership has a strong focus on promoting e-safety. Relevant guidance initiated by the Children and Young People Scrutiny Committee and produced by Darlington College in conjunction with the LSCB has been distributed widely. An excellent DVD featuring young people in an

entertaining dramatic scenario delivers a powerful message about the potential risks of social networking. Good partnership work led by the LSCB promotes anti-bullying strategies and includes the 'Safe Place to Be' initiative.

30. Safeguarding and child protection concerns referred to the children's social care service are responded to in a timely manner. In the case files randomly sampled during the inspection no children or young people were found to be unsafe, and in most cases effective and coordinated work was undertaken to ensure the safety and well being of children and young people. However, children and young people's views, wishes and feelings were not always evidenced in assessments. Good arrangements are in place to identify and monitor children and young people missing from home, care and education. All reports of children and young people who go missing are scrutinised by the Police, and young people who may be vulnerable to sexual exploitation are referred to the Barnardo's project for support.
31. Robust systems are in place to ensure safe recruitment. Allegations against people who work with children are managed well and lead to improved levels of safety. Suitable training is provided to partner agencies on the role of the Local Authority Designated Officer and procedures. The council is aware that the number of complaints received from children and young people is low and appropriate efforts are being made to raise awareness of the complaints and representations procedure. Complaints are monitored for diversity and learning from complaints is used well to improve services.

Quality of provision

Grade 3 (Adequate)

32. The quality of provision is adequate. While effective educational provision is generating good outcomes the impact of early intervention for vulnerable children and young people is less evident. In the children's social care service the quality of work is variable and has not received robust quality assurance.
33. Early intervention services offer a wide range of support to families and services are organised efficiently to meet the different local cultural needs in the borough arising from different languages and cultures. For example, a specialist health visitor with expert knowledge supports the Travelling community. Practitioners report that the co-location of staff has contributed to improved coordination of services. There are good individual cases where strong collaborative working by partner agencies using the 'team around the child' or 'team around the school' methods is leading to good outcomes for the families involved, and some parents who spoke to inspectors were very positive about the help they receive. However the CAF is not embedded and is not yet used effectively by all services. As a result not all families receive well coordinated early

intervention and some are referred to children's social care unnecessarily when their needs could best be met through CAF arrangements. There is a lack of clarity among some partner agencies about the threshold for access to children's social care services. Although a threshold document has recently been reissued by the Children's Trust, some staff from partner agencies were not aware it. Actions are in place to improve the take up of the CAF and the numbers completed have increased in recent months.

34. The duty team is fully staffed with a good balance of newly qualified and experienced social workers. While caseloads have reduced since the last unannounced inspection in 2010 they remain high and social workers do not have sufficient time to record their work and close cases promptly. The council has recently taken steps to strengthen the management of the team with a new senior practitioner post. The high volume of domestic abuse referrals is contributing to the heavy workload of the duty team. Arrangements have recently been made for a social worker to review all such referrals jointly with the Police on a daily basis, but it is too early to determine the impact.
35. All contacts received by children's social care services are screened by the duty team manager and those treated as referrals are dealt with in a timely manner. However some contacts that do not progress to referral are not dealt with promptly or not closed promptly and there has been insufficient management oversight of this practice. On the day of the inspectors' visit to the duty team over 100 contacts had not been closed on the computer system and some were over six months old. The council has taken appropriate immediate action to close these cases on the computer system, and has revised the procedure to improve management oversight.
36. Referrals that lead to assessments are allocated promptly and at the time of the inspection there were no unallocated cases. Child protection referrals from partner agencies are of good quality and thresholds in relation to child protection are widely understood. There are good arrangements with the Police to undertake child protection enquiries. Strategy meetings are timely, well attended by partners and clearly recorded. All child protection enquiries and initial and core assessments are undertaken by suitably qualified and experienced social workers. Child protection enquiries sampled during the inspection were completed promptly and risks were thoroughly explored.
37. Previously poor performance in assessment timescales has recently been addressed and has improved in the current year. There has been a significant improvement in the timeliness of initial child protection conferences. The quality of initial assessments seen during the inspection was generally good. The quality of core assessments seen was variable but adequate overall. Parents' views were well represented and the

diverse needs of children and young people were appropriately considered and addressed. There is good access to interpreters for children and families who do not speak English. Some core assessments seen failed to take appropriate account of the family history and it was not always recorded whether children and young people had been seen alone.

38. Child protection conferences are well chaired by IROs who provide appropriate challenge. Almost all parents and carers participate in child protection conferences, and feedback about their experience through a questionnaire is leading to further improvements, such as the introduction of a session to help prepare parents for the conference. Some parents have made a DVD that is used to assist other participants. The number of children and young people attending conferences is increasing, and a children's pack designed to help them understand the purpose of conferences and child protection plans has resulted in better representation of their views at these meetings.
39. Recording is variable both in quality and in timeliness. In a number of cases sampled by inspectors there were considerable gaps in recording, and chronologies were not up to date. The computer system does not support effective practice or management oversight of cases. The council is working to overcome these deficiencies and has introduced improved templates for recording core assessments which do support effective practice and provide printed documents that are suitable to share with families.
40. The recording of management oversight of cases is variable. In some cases seen the rationale for management decisions was unclear and in others management decisions were not recorded. Management oversight is more evident in recent casework. The recording of supervision is variable with some good examples that include detailed discussion, analysis and clear actions. Other supervision records are very brief with little evidence of reflective practice.
41. Reports prepared by social workers for case conferences are not always completed on time. This is now being closely monitored by managers in order to improve practice. The quality of child protection plans is variable. Some seen by inspectors were good; others were not sufficiently specific about timescales and outcomes and did not demonstrate full recognition of the child or young person's individual needs.
42. Not all core group meetings are held at the required frequency. Partner agencies report that core group meetings are frequently cancelled and rearranged and that, if they are unable to attend, they are not routinely informed of subsequent meetings. Agencies reported that they do not always receive minutes of core group meetings. In some of the case files sampled there were significant gaps in the recording of core group meetings.

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

43. The contribution of health agencies to safeguarding children is adequate. The PCT has effective arrangements for monitoring provider trust compliance with safeguarding children legislation. Commissioning takes careful account of the strategic needs analysis and the priorities of the Children's Trust.
44. Governance arrangements within provider organisations are variable. The County Durham and Darlington NHS Foundation Trust does not accurately measure compliance with safeguarding children training or uptake of supervision for child safeguarding. Its children's safeguarding group does not have representative membership from across the trust. No annual report for 2010/2011 on safeguarding children was available at the time of the inspection. This means that the trust does not have sufficient board assurance on safeguarding children practice within its organisation.
45. The arrangements for the designated and named professionals for the PCT and Tees, Esk and Wear Valley Trust are appropriate. However, the arrangements for the line management and resourcing of named professionals for safeguarding children and young people within County Durham and Darlington NHS Foundation Trust are not compliant with Intercollegiate Guidance. The responsibilities of the named midwife are not explicit within the Head of Midwifery Services job description.
46. Training and supervision for safeguarding children is variable across health providers. The number of staff receiving safeguarding children training in County Durham and Darlington NHS Foundation Trust at Levels 2 and 3 is inadequate. Key staff interviewed during the inspection were unclear about which members of staff should complete Level 3 safeguarding children training. Health visitors, school nurses and midwives are not receiving one to one supervision on a regular basis. Tees, Esk & Wear Valley NHS Trust now monitors training through the risk register and the position has improved since the trust was previously inspected as part of a separate safeguarding and looked after children inspection.
47. Children, young people and families have good access to emotional health and well-being services. Clear protocols facilitate referrals to the most appropriate service. Core CAMHS operate a choice based appointment system and there are no children or young people waiting to access assessment and treatment. CAMHS offer good support to the local A&E service during normal working hours and there are appropriate on call arrangements outside of these times. Effective arrangements enable young people to transfer into adult services if they require ongoing care and support. The Tees, Esk and Wear Valleys NHS Trust has a policy not to admit anyone under 18 into an adult bed.

48. Health support for children with complex care needs and disability is adequate. The assessment and diagnosis panel for autistic spectrum disorder is compliant with NICE guidance. Special schools in Darlington are well supported by occupational therapy, physiotherapy and speech and language therapy services and multi-disciplinary meetings regularly take place to ensure a coordinated approach to a child or young person's care.
49. Switch provides good advice and support to young people who misuse substances and alcohol with good outreach into secondary schools and colleges. There is good liaison with the Barnardo's worker for sexual exploitation and with the Youth Offending Team to help safeguard vulnerable young people. However, arrangements to identify, support and refer young people who attend A&E at Darlington Memorial Hospital following substance misuse, including alcohol, are unclear. The proportion referred to Switch from A&E is low and opportunities for young people to benefit from this specialist service are being missed. Effective paediatric liaison at Darlington Memorial Hospital A&E department and the walk-in centre provide secure support for the safeguarding of children and young people.
50. Sex and relationships education is variable. Services at the drop in clinics run by the school nurses vary between schools; at the request of schools, including faith schools. Young people have access to a range of contraceptive advice and sexual health services in a good variety of locations. The outreach nurse works effectively to engage those young people who require one to one support. Emergency contraception is widely available across the borough and there is a good uptake of long-acting reversible contraceptives. Teenage conception rates remain higher than national rates; however the year on year fall is more rapid and sustained than nationally.
51. Good progress is being made in primary care to safeguard children and young people. Most general practitioners (GPs) have attended safeguarding children training and all GPs' practices have an identified safeguarding lead. Work is ongoing to improve the number of reports submitted to child protection conferences from a low base and an increasing number of GPs are now attending child protection meetings.
52. There are adequate procedures in place for the midwifery services to identify vulnerabilities in early pregnancy. However, the current process of arranging appointments for the later months in a woman's pregnancy is not monitored and midwives do not know if this has resulted in missed appointments or missed opportunities for newly emerging concerns to be identified. There are no systems in place to monitor compliance with the NICE guidance on providing midwifery care to vulnerable groups of women, though there is good access to a peri-natal mental health pathway and advice is available from the adult substance misuse services

to support midwives and pregnant women who misuse substances or alcohol.

53. Arrangements to support teenagers who are pregnant are good for those that are referred to the Family Nurse Partnership or the council's teenage pregnancy parental worker. There are no special ante-natal clinics for young people and pregnant teenagers are cared for as part of the midwives' generic case loads.
54. Following concerns raised about the low levels of involvement of community midwives in child protection conferences and the quality of referrals made to the council's children and families services, responsibility for coordinating attendance at child protection meetings has now been devolved from the head of midwifery (the named midwife) to a team leader. This has, however, still to be formalised in her job description. A training programme for midwives on writing appropriate referrals and reports for child protection conferences has resulted in some improvement. Arrangements for the protection of unborn children are good. Health practitioners hold copies of child protection plans for unborn babies which help to safeguard the newborn child and offer a coordinated approach to supporting the new family.
55. The Healthy Child Programme is delivered effectively through integrated teams and there are good arrangements in place to support targeted intervention through CAF and child protection plans. Partnership working between health practitioners and the council's children and family services is effective. There are clear escalation policies across the partnership to resolve professional disagreement on the outcome of a referral. Attendance at child protection conferences, core groups and CAF meetings is prioritised by public health nurses.
56. The impact of domestic violence on children and young people is well understood by health practitioners. Health services are represented at the local multi-agency risk assessment conferences (MARAC) and in multi-agency public protection arrangements (MAPPA). Public health nurses and general practitioners are notified of any domestic violence incident where the Police have attended and there are children in the family. This information sharing information helps to safeguard children in families where domestic violence is prevalent.
57. There are still instances of delays in information sharing between adult mental health services and the council's children's social care service despite the existence of information sharing protocols. Good arrangements are in place to support and safeguard children and young people who visit parents on adult in patient wards.
58. Child protection medicals and examinations following alleged sexual abuse are carried out by suitably trained staff in an appropriate environment. Darlington and Durham councils share an effective and appropriately

constituted Child Death Overview Panel (CDOP). Findings from CDOP have contributed to service improvements.

Ambition and prioritisation

Grade 2 (Good)

59. Ambition and prioritisation are good. The Children's Trust provides strong multi-agency leadership. The lead member for children's services is a determined advocate for children and young people and, as chair of the Children's Trust, has worked well to develop good working relationships between partners at the strategic level. The partnership shares a clear vision that Darlington's children and young people are the future for the borough and the CYPP expresses the ambition to help them to achieve their own potential and to enjoy life as active participating citizens.
60. The draft CYPP 2011-14 demonstrates the ambition of the Trust to meet the challenges of the economic climate and transform services for children, young people and families thereby meeting their needs more fully. During a period of financial constraint when the council is cutting services, elected members have made children's services a high priority and services to the most vulnerable have been protected.
61. The children and young people's scrutiny committee has recently adopted a more focused approach and consequently their work programme is now closely aligned to priorities in the strategic plan. While elected members demonstrate commitment to improvement it is acknowledged that the impact of the new approach on outcomes for children and young people will take time to be realised.
62. The council is outward looking and learns from best practice elsewhere. Engagement in the Local Government Group children's services safeguarding peer challenge during 2011 illustrates this approach.

Leadership and management

Grade 3 (Adequate)

63. Leadership and management are adequate. Effective workforce planning has resulted in improved stability and better staff retention within children's social care services. Additional funding introduced during 2009–10 has been used creatively to increase the number of social work staff and provide stronger management support to this group. Staff in children's social care services are well supported by their managers and morale is high. Good training, including multi-agency safeguarding training, is available. Training for staff about making provision for the cultural needs and achievement of vulnerable young people from minority ethnic groups has contributed well to improving outcomes for this group. Extra support is provided to newly qualified social workers (NOSW) through the NOSW programme. Training and supervision for safeguarding children and young people is variable across health providers.

64. Action plans following the serious case review (SCR) completed in September 2010 are not yet fully implemented and there has been delay in some actions. Progress of individual action plans is closely monitored by the LSCB. The board has arranged briefing sessions during the year to share lessons from the SCR and over 400 staff from a wide range of agencies have attended. A follow-up survey indicates that staff who attended have incorporated the lessons shared into their practice. Operation Balham involving the Police and the council has resulted in constructive recommendations on how agencies should work together to engage with 'hard to reach' families. The findings have been shared with partner agencies across the region and have resulted in improved multi-agency practice.
65. Children and young people are routinely consulted about the quality of the youth activities they receive at the point of delivery. They are able to contribute to service planning through youth groups, such as school councils, Young Inspectors and Young Leaders. Young people's engagement is important for Darlington; T3 is one forum for groups to work together and share ideas, although formal links between groups through T3 are not always fully utilised. The participation of Darlington's children and young people in Local Democracy week recorded the highest and second highest rate of involvement in the United Kingdom in 2010 and 2011, and the elections for the Member of the Youth Parliament have the highest percentage turnout in the country. The views of parents and carers who attend child protection conferences have informed improvements in service delivery and some parents have contributed to training for professionals. Service users' views about the work of the duty team or the specialist assessment and intervention teams are not currently collated, although the council has drawn up plans for this.
66. The council operates 'zero based' financial planning, and funds interventions that demonstrably improve outcomes of high priority in the community strategy. Less effective services are decommissioned. The joint early intervention and prevention strategy sets out the partnership's commissioning plans in this area and these involve a wide range of services working collaboratively towards agreed objectives. Good joint commissioning with health partners includes the effective CAMHS service. Some programmes, such as 'incredible years' and 'mellow parents' routinely collect evidence that demonstrates impact. However routine evaluation is not well established throughout all services.

Performance management and quality assurance

Grade 3 (Adequate)

67. Performance management and quality assurance across children's safeguarding services are adequate. Reports to elected members now focus on the strategic priorities. Performance management has contributed to improvements in timescales for assessments and initial child

protection conferences and recent performance is better than the national average on these measures. However, management information has not been used effectively to track the progress of contacts in the duty team.

68. Commissioned audits such as the audit of core assessments in December 2010 have provided valuable lessons which have been acted upon, but routine case file auditing is not yet in place in children's social care services. This is planned to start shortly although the proposed framework does not involve senior managers or front line staff as auditors. Some auditing of supervision files is carried out by senior managers but any findings or improvements are not evaluated within an audit framework. The quality of supervision is variable in both children's social care services and health provider agencies. While the LSCB has undertaken audit activity, it is yet to establish systematic multi-agency auditing. The LSCB has planned a programme of audit activity using a newly developed multi-agency audit tool. The LSCB does not routinely seek the views of children and young people.

Partnership working

Grade 2 (Good)

69. Partnership working is good. The LSCB meets its statutory responsibilities and provides effective community and professional leadership in relation to universal, targeted and specialist safeguarding services. The experienced independent chair offers effective challenge and direction to the board. There is good representation by senior staff from partner agencies including the voluntary sector and adult services, and from two active lay members. The Children's Trust also comprises appropriate senior staff from a wide range of partner agencies including the voluntary sector. The decision to retain the Darlington Children's Trust Board even though this is no longer a statutory responsibility demonstrates the commitment of all agencies to partnership working. The LSCB and the Children's Trust work effectively together and there is good understanding of each others areas of responsibility. Joint appointments by the council and PCT to some key senior posts have contributed to strong partnership working.
70. Good inter-agency cooperation underpins child protection work. MAPPA and MARAC are well established with good representation at meetings by senior officers. Effective multi-agency work is undertaken to identify and support young people at risk of sexual exploitation. The council works effectively with the Police and other agencies to implement the 'Prevent' agenda, raising awareness about extremism. Partnership working between schools is a key strength and a major factor in raising achievement and reducing the incidence of exclusion.
71. While there is broad agreement to CAF by partners at the strategic level, more work needs to be done with front line practitioners to embed the use of the CAF in practice.

Services for looked after children

Overall effectiveness

Grade 3 (Adequate)

72. The overall effectiveness of services for looked after children, young people and care leavers is adequate. The CYPP is based on a comprehensive needs assessment and wide consultation with children and young people and is regularly reviewed and updated. However, while it contains some appropriate priorities for looked after children and young people within the Every Child Matters outcomes framework, it does not provide detailed plans for this group.
73. The council has a satisfactory understanding of its key strengths and weaknesses and this is reflected in the placement sufficiency strategy and through commissioning intentions. Performance management is adequate. Performance indicators for looked after children and young people are generally in line with or above average for similar areas and nationally. However, systematic file auditing is not yet in place. The quality of social work, care planning and recording is inconsistent but adequate overall.
74. Action to improve the health and education of looked after children, young people and care leavers has been effective and outcomes are positive. A high proportion of looked after children and young people receive annual health assessments, few commit offences, and their educational attainment at all levels is above national averages. In addition, all care leavers are in suitable accommodation. Short term placement stability and the timeliness of reviews have recently improved. However, long term placement stability has deteriorated and is worse than in comparable areas.
75. Outcomes from the inspection of regulated provision are good and have shown a recent track record of improvement in respect of the adoption service and the council's four children's homes. The fostering service was judged as good in 2008. Statutory requirements are met, although some assessments of relatives as carers have not been completed in line with timescales in the Care Planning Regulations.
76. Staffing resources are sufficient to deliver priorities. Good work to improve retention of staff means that the service is now fully staffed with minimal use of temporary workers. Learning and development opportunities are highly regarded and the relatively high numbers of NQSWs receive good additional support.

Capacity for improvement

Grade 3 (Adequate)

77. The capacity for improvement is adequate. The council has achieved improved outcomes for children and most performance indicators are in line with, or better than, similar councils. However, performance on long term placement stability is poor and has deteriorated over the past 18 months.
78. There is a clear track record of improvement in relation to achieving better value for independent fostering agency placements and in responding to looked after children and young people's views through the Children in Care Council, the Darlo Care Crew. The recent restructuring of the Children in our Care business unit forms the basis for further multi-agency integrated practice and management. The council has made improvements to the adoption service and its four children's homes. The adoption service was judged good by Ofsted in June 2011 and all children's homes were judged good or better in their most recent inspection during 2011. However coordinated action to tackle the rising numbers of children and young people becoming looked after has been slow to develop.
79. There is no single strategic plan for looked after children but through the placement sufficiency strategy and commissioning intentions the council has a satisfactory understanding of its strengths and weaknesses, and the pressures resulting from the significant rise in the numbers of looked after children and young people. It has set in place actions to target more precisely early intervention activity for children and young people on the edge of care, increase the supply of local carers, reduce unplanned placement moves and further develop joint placement commissioning in collaboration with other councils. These actions are at an early stage and their impact has not yet been evidenced.

Areas for improvement

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

Immediately:

- the council should ensure statutory visits to looked after children and young people are clearly recorded in case records and are formally reported to reviews

Within three months:

- the council should consider the development of an overarching plan for looked after children which defines all the priorities and desired outcomes
- the council and its partners should work together to ensure that the initial health reviews for children and young people are carried out within statutory timescales when they enter care
- the PCT should improve the quality of health review assessments and health plans to include details of discussion about sexual health, emotional health and well-being, and substance misuse
- the PCT should nominate a designated doctor for looked after children and young people
- the council should review access for foster carers to support, advice and assistance in the evenings and at weekends
- the council should ensure that children and young people consistently receive a copy of their care plan and that their parents receive a copy
- the council should review the current arrangements for looked after children's reviews to ensure that professionals can contribute in a way that best meets the needs of the children and young people involved
- the council should consider the capacity for independent reviewing officers (IROs) to meet all the requirements of the Care Planning, Placement and Care Review (England) Regulations 2010 and take appropriate action.

Within six months:

- the council should ensure the quality of care plans and social workers' reports for reviews is consistent and of a high standard.

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

Being healthy

Grade 2 (Good)

81. Health outcomes for looked after children and young people are good. The health coordinator for looked after children and young people provides stability and leadership in promoting their health. However, the lack of a designated doctor for looked after children and young people limits the strategic oversight of this vulnerable group and their needs have not been identified within the strategic needs analysis.
82. The proportion of looked after children and young people who have received their health review, registered with a dentist and are up to date with their immunisations is either comparable with or above the national average on these indicators. However, the proportion of initial health assessments carried out within 20 working days remains very low. Action is being taken to improve timeliness, and this includes arrangements for the health coordinator to attend the placement panel. Communication between the coordinator for looked after children and the Children in our Care service is good and is facilitated by the coordinator having access to the council's data base.
83. Arrangements for health review assessments and health plans are satisfactory, but the quality of assessments and plans is variable. The health coordinator for looked after children audits these documents and uses supervision to feed back her findings to practitioners. Adequate arrangements are in place to maintain the health needs of looked after children and young people placed out of the area.
84. CAMHS provides good support to those looked after children and young people with emotional health needs through the CAMHS looked after system project (CLASP). The CLASP offers a well regarded consultation service to foster carers, teachers, residential home staff and social workers. Children and young people's health needs are promoted well in the council's children's homes. Residential staff work well with the health coordinator, Switch, and the outreach contraception and sexual health (CASH) nurse. The health coordinator regularly audits the health files of children and young people who live in residential care.
85. The arrangements to support young people with their health needs upon leaving care are adequate. The health coordinator produces a summary letter of each young person's health care history which is given to young people when they reach 16. Discussions are taking place with the Darlo Care Crew about the production of a health passport for young people leaving care.

86. Young people are routinely asked where they would like to attend their annual health review. The health coordinator has carried out a user satisfaction survey with young people, foster carers, and residential home staff. Although the response rate was low, the feedback indicated a high level of satisfaction with the support provided.

Staying safe

Grade 3 (Adequate)

87. The arrangements for ensuring that looked after children and young people are safe are adequate. All children and young people who were seen by inspectors and almost all those who responded to the survey conducted for this inspection say they feel safe. All looked after children and young people are allocated to qualified social workers. However, a proportion of those more recently looked after have experienced frequent changes of social worker which in some instances has led to delays in care planning or in implementing plans. Children in permanent placements and care leavers experience fewer changes of social worker. Social workers visit children regularly and see them alone. However, recordings of these visits are not easily identifiable in children and young people's records and visits made are not systematically reported to reviews of care plans.
88. Arrangements to prevent children and young people becoming looked after are adequate. A high proportion of those who enter care do so following a crisis and the council recognises that further work needs to be done to ensure that edge of care services are fully coordinated, are precisely targeted on risks and needs, and are available to support families during evenings and weekends.
89. Systematic gate keeping by the multi-agency resources panel ensures that children's needs are carefully considered at the point of entering care and that safe alternatives are explored. The council regularly monitors the progress of individual children in their placements. If problems are beginning to emerge, a suitable range of services such as CAMHS, Switch, and targeted educational support are available to provide support. However, a significant proportion of longer-term placements end prematurely when children's needs can no longer be met by their current carers. Between 2009/10 and 2010/11 the proportion of children in placement for longer than two years reduced from 68.4% to 56.9% compared to the national average of 68.6% and local data indicate that placement stability continues at the 2010/11 level. The council has accelerated action to improve the local supply of carers through an increase in payments and more recently targeted recruitment, but this is at an early stage and has not yet resulted in fewer unplanned placement moves.
90. Approximately one third of looked after children and young people are placed outside of the council's own provision through commissioned placements. Monitoring arrangements for this group are appropriate and

take account of safeguarding arrangements. Commissioned placements meet individual needs and all those placed externally live in provision that is judged to be good or better by regulatory inspection.

91. Very few looked after children and young people, including those placed externally, go missing from care. The LSCB's multi-agency missing children group has a clear overview of the issues including the possible links with sexual exploitation. Assessments appropriately include a focus on identifying possible risks associated with this. When children and young people are missing, an effective multi-agency response ensures that action is taken to try to prevent further episodes.
92. Low numbers of looked after children and young people offend due to intensive and well-tailored multi-agency responses, including the use of restorative justice approaches. Young people who have offended have been helped to reduce the level and severity of their offending and to engage in meaningful alternatives. Young people at risk of offending have access to a wide range of multi-agency support through the locality based targeted youth support panels.
93. Children placed in Darlington by other councils receive an effective response contributing to their safety. They are safely returned when they go missing and are suitably supported to reduce their offending, access local schools and in having their health needs assessed.
94. Committed carers provide good quality care for looked after children, young people and care leavers. All children's homes are currently judged as good or better by Ofsted. Those children and young people seen during the inspection and responding to the survey think that they receive good quality care from carers who are determined to make a positive difference in their lives.
95. Suitable consideration is given to children's ethnic, religious and cultural needs at the point of placement. There are very few local carers from minority ethnic communities. However, in the cases reviewed during the inspection, good consideration was given to ensuring that carers are assisted to understand the particular identities of those in their care and young people were enabled to practice their religion and follow expected cultural practices. There is good access to interpreters.

Enjoying and achieving

Grade 2 (Good)

96. Educational outcomes for looked after children, young people and care leavers are good. There is a clear focus on improving educational outcomes for looked after children and young people in schools. This is supported by good partnership working between schools through the One Darlington partnership, the looked after children education coordinator and the two virtual headteachers. The looked after children education coordinator knows each child well and carefully tracks and monitors their

progress. Headteachers and designated teachers have effective oversight of the needs and progress of looked after children and young people within their schools and take effective action to support any who are not making expected progress. Good individual tuition helps children and young people to catch up where they have gaps in their knowledge and skills. Where appropriate, adaptations are made to the curriculum to keep children and young people motivated and engaged in education. As a result, looked after children and young people in Darlington's schools make good progress and attain above average levels compared to looked after children and young people nationally.

97. Attainment at Key Stage 2 has been consistently above average for the last three years. The percentage attaining five or more GCSEs at grade C and above is improving and at 43%, was well above average for looked after children in 2011. The proportion attaining good English and mathematics GCSEs was similarly above the England average for this group. Children and young people placed in Darlington's schools from other local councils also make good progress. There are relatively few looked after children and young people from minority ethnic groups and they make as good progress as their peers. Good relationships between the education coordinator and colleagues in other North East councils help to ensure that Darlington's looked after children and young people placed out of the area go to good schools although there are no formal protocols to support this practice.
98. A key contributory factor to looked after children and young people's above average attainment is the care taken to enrol them in good schools that best meet their needs. The council also strives to maintain their attendance at the same schools even if they move placements. Designated staff in schools receive effective support from the education coordinator and virtual headteachers, which helps them to discharge their roles and responsibilities. Effective teaching and pastoral support helps looked after children and young people to achieve as well as their peers. Consequently, the gap between looked after children and young people and all pupils in Darlington is closing.
99. The majority of looked after children and young people have an up to date Personal Education Plan (PEP). However, PEPs are of variable quality and some lack clear and measurable targets. Improvements are being implemented, driven by the virtual school headteachers. Training is underway for social workers and designated teachers, following a revision of PEP procedures and recording.
100. Exclusions of looked after children and young people have historically been higher than average, reflecting higher than average levels for all pupils in Darlington. This trend has been halted with effective partnership working between schools and an increased focus on preventative measures. There have been no permanent exclusions of looked after

children and young people in the last two years and fixed term exclusions have reduced and are in line with the national average. Attendance improved in 2009 and 2010 and was above average but dipped in 2011 when more children and young people in Year 11 became looked after.

101. A wide range of activities is provided to enable looked after children and young people to engage in leisure activities and enhance their educational achievement and personal development. These include sports events, outdoor pursuits, art and cultural activities as well as specific courses to promote health and safety. Younger looked after children are supported by older children and young people to participate in constructive activities. Trips to places such as the Outer Hebrides are popular and help to develop leadership qualities and build self-esteem. Support is also given to carers to enable them to engage in family based activities.

Making a positive contribution, including user engagement

Grade 2 (Good)

102. Outcomes for looked after children and young people in making a positive contribution are good. The well established Children in Care Council, called the Darlo Care Crew (DCC) has achieved a number of successes and is well connected with the corporate parenting panel. Access to social workers has improved as a result of this work. The DCC meets regularly to review progress in implementing the Pledge and has recently identified ten requests for service improvements, which the corporate parenting panel and senior managers have suitably addressed. The DCC makes a good contribution to training for NQSWs and has been involved in appointments of social workers, IROs and virtual headteachers. Members of the DCC speak at 'Celebrating Success' and 'What's On' events. They have attended regional and national meetings and have used the experience of other children in care councils to strengthen their local work.
103. Looked after children, young people and care leavers are effectively supported to develop effective communication skills through a range of activities that build self esteem and enable them to have their voice heard. Darlington has a well established partnership with Investors in Children, a national organisation that works to enhance the participation of looked after children and young people. A positive impact of this work is the development of the Children in Care Council and the use of agenda days. All looked after children and young people are invited to discuss issues which affect them and they agree actions for the DCC to take forward on their behalf. For example, they have recently met with the virtual headteachers to discuss educational support, and they have reviewed the progress the council has made against the Pledge.
104. Reaching the entire group of looked after children and young people remains a challenge for the DCC. Some of the care leavers and looked

after children and young people spoken to during the inspection were not aware of the work of the DCC or of how they could become involved.

105. Looked after children and young people are appropriately linked to the Darlington-wide young inspectors and young leaders projects. However, direct links with some of the key decision makers such as the Director of Children's Services have been limited of late. The council is aware that more could be done to engage looked after children and young people in policy development and strategic decision making and is addressing this.
106. Looked after children and young people's views are used well to make improvements to reviews of their care. For example, following a questionnaire responded to by 117 looked after children and young people in January 2011, action was taken to ensure that they are asked about what they want to discuss in their reviews and that they understand the decisions reached. Looked after children and care leavers seen during the inspection were very positive about the level of their involvement in reviews and the support they receive to attend. There is a well established complaints procedure and almost all looked after children and young people are aware of how to complain.

Economic well-being

Grade 2 (Good)

107. Outcomes for looked after children and young people to achieve economic well-being are good. Care leavers, including those with disabilities, receive good support from committed social workers and personal assistants who know the young people well and have regular contact with them. One care leaver told inspectors 'they couldn't have helped me any more'. Individual visits are supplemented by a range of innovative and challenging group work activities.
108. All care leavers known to the leaving care team have a pathway plan which is regularly reviewed. Their views are suitably incorporated in most plans. Where young people choose not to engage with reviews of their plans, actions are nevertheless identified for the agencies involved. All care leavers seen during the inspection were aware of the content of their plan and were in agreement with it. The majority of plans seen during the inspection were suitably detailed and incorporated young people's views and their needs arising from culture, religion and disability. Specific and measurable targets and actions along with contingency plans were clearly identified.
109. The proportion of care leavers who are engaged in employment, education or training is above the national average and care leavers receive effective support to access outstanding post-16 provision. The majority of school leavers go to high quality further education provision relevant to their interests and abilities. Older care leavers are encouraged and supported to go on to university. Educational support commences early though the Year 9 and 10 groups that assist young people to make

appropriate choices regarding GCSE and vocational options based on their aspirations.

110. All care leavers are in suitable accommodation and this has been the case for the last three years. Young people seen during the inspection were very happy with their current living arrangements and the level of support they received. Where possible young people in stable foster placements are encouraged to remain after they cease to be looked after at the age of 18 and are continuing with their education. Three 'taster' flats are provided in partnership with a housing association to enable young people to try out living independently where they are offered high levels of support to establish themselves successfully. Future requirements are reviewed to ensure that housing options continue to meet an anticipated rise in the number of care leavers.
111. Care leavers with disabilities are offered good multi-agency support, including specialist health and adult services, to ensure a smooth transition to adulthood. A job coach helps care leavers to develop employment-related skills.

Quality of provision

Grade 3 (Adequate)

112. The quality of provision is adequate. The quality of assessments and risk assessments for children and young people on the edge of care and those recently looked after is variable. Some good use is made of specialist assessments of parenting capacity and children and young people's behavioural and emotional needs. Children's homes complete detailed risk assessments which are reviewed regularly and provide helpful information about young people. However, in other instances reassessment is limited when outcomes for individual children and young people are known to be deteriorating and risks increasing. The use of the assessment and action record is very variable and a significant proportion of looked after children and young people do not have an up to date assessment.
113. The Gateway Panel provides good quality advice to social workers about pre-court work and this improves decision making in the context of the public law outline. Decisive action agreed at the Gateway Panel contributes to reducing delays in care proceedings and enables plans for permanent placements to progress in a timely way.
114. In cases sampled during the inspection recent examples were found of looked after children and young people living with relatives where, although basic checks had been made, full viability assessments had not been undertaken. Some assessments were of poor quality. The council had previously recognised that this was an issue and senior managers had changed this practice, introduced a new policy, offered appropriate training and instructed that assessments were to be undertaken retrospectively. However, at the time of the inspection three placements had not been reassessed, although children and young people were

receiving regular visits from social workers and were making progress. The council acted immediately to ensure that the appropriate assessments were completed and approved by a senior manager.

115. The quality of care plans is variable. Inspectors found delays in completing or updating plans for many children and young people and some plans that lacked important details such as the reasons for care, children's placement history and expected individual outcomes. The care plan and pathway plan pro forma are recognised as needing significant revision and the council is working to improve them. Although children and young people are aware of their plan, they, and their parents, do not consistently receive a copy.
116. The timeliness of reviews has recently improved and in 2011 almost all have been held within timescales. A high proportion of children and young people attend their reviews and engage well as a result of effective work between the DCC and the IROs which has been nationally recognised through the Investors in Children award. Children and young people are able to meet their IRO before reviews. Most parents also attend reviews and planning meetings. Children and young people's views are used appropriately to make improvements to their care.
117. Partner agencies are engaged in care planning, but are not generally invited to children and young people's reviews. Their views are sought through well attended multi-agency planning meetings which take place separately to the review. Meetings are held regularly for children and young people in longer term placements but less systematically for children and young people more recently looked after. However, the outcomes of planning meetings are not routinely incorporated into social workers' reports for children's review meetings. This means there is not a fully transparent means of sharing information and IROs are less able to exercise effective oversight and challenge in relation to aspects of multi-agency working.
118. Children's needs arising from racial, cultural, religious and linguistic identity receive good attention in care planning. Child-focused reviews are chaired well by IROs who exercise this aspect of their statutory duties effectively. They also offer suitable challenge at reviews in respect of recommendations that have been not acted upon. However, the capacity of the service is stretched and as a result IROs are not usually able to meet individually with children and young people apart from at their reviews, and ongoing monitoring of care plans and actions that are outstanding from previous reviews is very limited. There are delays in distributing the full record of reviews.
119. Long-term placement stability has deteriorated in the last 18 months and is below that found in similar areas and nationally. Numbers looked after, including a high proportion of teenagers, have risen sharply in the last two

years and this has placed significant pressure on the availability of already limited placement choice. Consequently, children's needs cannot always be matched to carers' skills at the point of becoming looked after and, as a high proportion are placed in an emergency, children often have to move relatively quickly. There is a shortage of local carers who are experienced in working with teenagers entering care or who are skilled in working with very young children. This has led to a significant increase in the use of independent foster care placements in the locality. A positive feature is that, despite a pressure on placements, there are very few foster carers who currently exceed the number of placements for which they are registered and then only to meet the needs of sibling groups.

120. Partner agencies, including CAMHS, provide a good range of support to fragile placements for looked after children, young people and carers. Training for residential staff and foster carers in understanding attachment and managing behaviour has been strengthened. Nevertheless, a significant proportion of those placements that do cease do so in an unplanned way which leads to further instability for children.
121. Planning for permanent placements is satisfactory and individual care plans are regularly monitored by managers who take appropriate action to ensure that placements proceed in a timely way. Most permanent placements are achieved in a timely way and a high proportion of children progress to adoption or special guardianship.
122. Foster carers report they receive regular, good quality support and supervision from supervising social workers. They can access specialist help regarding emotional health and well-being in order to respond better to children's behaviour. However, they report that the quality of communication with children's social workers is variable and that access to support and assistance in the evenings and at weekends is very limited.
123. Children and young people are effectively assisted to keep in regular contact with their birth families, and clear plans are generally in place to ensure that this is safely managed and supervised. Children, young people and parents seen during the inspection appreciated the attention paid to ensuring that contact is regular and meaningful. Contact arrangements are discussed fully at reviews and levels of supervision are adjusted in line with assessed risks. However, not all changes in arrangements are communicated to foster carers in a timely way.
124. The quality of recording and report writing is highly variable across all teams working with looked after children. Most day to day recordings are up to date, but not all children's records contain a recently completed chronology. Social workers' reports for reviews seen during the inspection lack significant detail about the multi-agency work taking place, the nature of contacts between social workers and children, and the outcomes being achieved. Although the quality of social workers' permanency reports has

improved, some still do not contain enough information about the children and their needs.

Ambition and prioritisation

Grade 3 (Adequate)

125. Ambition and prioritisation are adequate. The council and its partners are committed to improving outcomes for looked after children and young people. Funding has been appropriately provided for externally commissioned placements. However, concerted and coordinated action to tackle the rising numbers of children and young people becoming looked after has been slow to develop. To date the LSCB has not considered the specific needs of looked after children and young people.
126. The needs of looked after children and young people are considered well by the corporate parenting group which is chaired by the chief executive and includes dedicated elected members, a foster carer, a residential worker and social care staff. The group enjoys good cross-party support. All elected members have received training and this has led to a better understanding of local needs, for example some elected members make regular visits to children's homes. Communication between elected members and officers is effective and the Darlo Care Crew has clearly influenced the group's thinking. However, although there is a good focus on receiving information about the quality of services and priorities are understood, there is no Annual Corporate Parenting Plan within which desired outcomes and priorities are defined, and the impact of actions on outcomes is not formally reviewed and measured.

Leadership and management

Grade 3 (Adequate)

127. Leadership and management are adequate. Senior managers are highly visible and have a good knowledge of individual looked after children and young people. The council has an understanding of the composition of the looked after population and the reasons for the recent significant increase in looked after children, which is due in part to better multi-agency identification of the needs of younger children and teenagers for protection. The council has provided additional resources to meet increased placement costs. However, preventative work is not sufficiently developed and the need to strengthen edge of care services is recognised. There are too few local carers able to take children and young people across the age range, and although more focused attention is being given to extending methods of recruiting carers these are at an early stage and have not as yet demonstrated impact.
128. The council has a suitable grasp of its key strengths and weaknesses expressed through the placement sufficiency strategy and commissioning intentions. However, desired outcomes and strategic plans are not collated and defined in one overarching looked after children strategy which makes

the monitoring and measurement of progress and improvement more challenging.

129. Multi-agency commissioning is embedded and has produced some benefits. A significant proportion of children and young people are placed externally and these high cost placements are a substantial drain on the council's resources. Commissioning and tendering processes are effective, for example achieving value for money in individual long term placements in children's homes. The quality of provision is carefully considered and monitored; commissioners pay suitable attention to safeguarding. The council works collaboratively with other Tees Valley councils to develop the commissioning of independent foster care placements, which has reduced weekly placement costs. Current and future needs are well defined and independent fostering agencies are working closely with councils to meet changing needs. Work is also in progress to identify possibilities for shared services and collaborative commissioning in relation to residential provision. Options have been developed to make savings through economies of scale and to streamline placement negotiations.
130. Effective workforce planning has resulted in improved stability and better staff retention in the specialist assessment and planning teams so that changes of social worker are now reducing. Children and young people in permanent placement and care leavers have benefited from continuity of social workers.
131. Learning and development activities are good. Staff report that they have benefited from a range of required training and have access to post qualifying awards. Some tailored programmes, such as life story work, are also provided and staff can describe how their learning has enabled them to help children and young people to share their wishes and feelings. Training for foster carers has also been strengthened. Several have obtained NVQ 3 and training is now provided to support carers in relation to children and young people whose behaviour is challenging. Specific training is provided to enable staff to respond to children and young people's cultural and religious needs.
132. All looked after children and young people are provided with information when they enter care about how they can make a complaint, and regular visits are made to residential homes and foster carers' meetings to raise awareness. Complaints are well managed and investigated in a timely way. Learning arising from complaints is appropriately disseminated.
133. Looked after children and young people have suitable access to independent advocates provided in partnership with six other councils through the National Youth Advocacy Service. They make good use of this service, particularly in relation to contact with their families. However not all looked after young people seen during the inspection knew that they could access an independent advocate. Independent visitors have been

engaged well, for example to offer contact with an adult from a similar cultural and religious background. However, not all young people who have made requests to be linked with an independent visitor can be matched as there is a shortage of such volunteers. The council has recognised this and is taking appropriate action.

Performance management and quality assurance

Grade 3 (Adequate)

134. Performance management is adequate. Performance against national indicators for looked after children and young people is systematically tracked. Appropriate action is taken to improve performance. For example, the timeliness of looked after children and young people's reviews has improved. Performance is reported to elected members through the Corporate Parenting Group which provides a satisfactory level of challenge. The IRO service produces detailed and helpful monitoring information about the quality of social work practice with looked after children and young people and the deficits identified are tackled through improvement plans.
135. The children's scrutiny function arrangements have recently been revised and strengthened and the current work programme includes scrutiny of corporate parenting arrangements. Audit of children's social care practice and records is underdeveloped. The LSCB has conducted periodic case file audits, but these have not yet included looked after children. A small number of thematic audits, for example in relation to the quality of pathway plans, have been undertaken by IROs and this is about to be extended. However, regular and systematic auditing by managers at all levels is not yet consistently actioned and this means that the understanding of the quality and consistency of practice is not sufficiently robust. Inspectors found that the audits of children's cases undertaken in preparation for this inspection were not fully accurate in all cases. A new case file audit framework is due to be introduced.
136. Managers generally exercise appropriate oversight of looked after children and young people's cases through the quality assurance of reports and case files. Staff report that managers at all levels are available and accessible. Examples were seen during the inspection of managers acting decisively to improve practice. However, decisions reached in supervision are not routinely transferred to case files across all social work teams. Staff receive regular supervision from committed managers. Cases are regularly discussed but the quality of recording of supervision is variable. Some records reflect the attention paid to improving performance; other records do not indicate that individual performance, workload or training are discussed. Supervision files are not subject to regular audit. NQSWs are supported well in the early stages of their career. They receive very frequent supervision, additional mentoring and broad based training in

relation to core aspects of their work. External monitoring of children's homes is satisfactory.

Record of main findings:

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