

# Inspection of safeguarding and looked after children services

Nottinghamshire County Council

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**Reporting inspector:** Gary Lamb HMI

**Age group:** All

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## About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and two inspectors from the Care Quality Commission (CQC). The inspection was carried out under the Children Act 2004.

2. The evidence evaluated by inspectors included:

- discussions with 94 children and young people and five parents/carers receiving services, front line managers and staff including social workers and healthcare practitioners, senior officers including the Director of Children's Services, Primary Care Trust (PCT) Chief Executives, the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives.
- analysing and evaluating reports 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, data from CQC's assessment activity and submitted by the PCT in advance, and the evaluations of a serious case review undertaken by Ofsted in accordance with 'Working Together To Safeguard Children', 2006.
- a review of 63 case files for children and young people with a range of need. This provided a view of services 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, assessment and referral centres undertaken in October 2009.

## 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. Nottinghamshire has around 179,600 children and young people under the age of 19 years. This is 23% of the total population in the county. The proportion entitled to free school meals is below the national average. Children and young people from minority ethnic groups account for 5.4% of the total population. In January 2010, the proportion of pupils in Nottinghamshire with English as an additional language was 3.9% (primary) and 3.8% (secondary).

5. The Nottinghamshire Children and Young People's Partnership was formally set up in 2007 and was re-constituted as the Nottinghamshire Children's Trust in 2009. The Trust includes Nottinghamshire County Council, Nottinghamshire's seven district councils, two PCTs, Nottinghamshire Police, Nottinghamshire Fire and Rescue Authority, schools, FE colleges, Jobcentre Plus, voluntary and community sector and representation from children and young people. Nottinghamshire Safeguarding Children Board (NSCB) brings together the main organisations that work with children and families, including the County Council, the PCTs and Nottinghamshire Police, and has direct representation on the Children's Trust Board.

6. Social care services for children manage 320 foster carer households, three children's homes, three children's homes for disabled children and a regional Secure Accommodation Unit. There are 31 children's social care teams located across the county, which include specialist teams for fostering, adoption and children with disabilities. There is also a dedicated children's home care service.

7. At the time of inspection there were 578 looked after children and 627 children subject to a protection plan. Nottinghamshire has a virtual headteacher and a range of other specialist services for children in local authority care and care leavers.

8. Nottinghamshire has two nursery schools, 285 primary, 46 secondary and 11 special schools, providing places to over 114,000 school aged children and young people. The Nottinghamshire Learning Centre is an integrated network of four pupil referral units located in different parts of the county. It provides for students at risk or who have been permanently excluded, looked after children without a school place, young people who are home educated and who have severe and complex behavioural, emotional and social needs. There are two hospital teaching units and 58 operational children's centres. A total of 43 families of schools offer extended services for families across the county providing partnership based support for families.

9. Nottinghamshire is served by two PCTs: NHS Bassetlaw, which covers the Bassetlaw District of Nottinghamshire, and NHS Nottinghamshire County, which covers the rest of the county. The PCTs are the lead commissioners for health services, including community, acute and specialised services. The PCTs commission community services from Nottinghamshire Community Health and Bassetlaw Community Health. Acute services are provided by Sherwood Forest NHS Foundation Trust which includes Kings Mill and Newark Hospitals. Nottinghamshire children are also seen by University Hospital Nottingham and Bassetlaw Hospital but apart from Accident and Emergency (A&E) services and the maternity service these were not included in this inspection. Child and Adolescent Mental Health Services (CAMHS) and specialised mental health care are provided by Nottinghamshire Community Health.

## The inspection outcomes: Safeguarding services

### Overall effectiveness

### Grade 4 (inadequate)

10. The overall effectiveness of services in Nottinghamshire to ensure that children and young people are safe is inadequate. The council does not meet all its statutory responsibilities, as set out in national guidance for its core business of child protection relating to contact, referral and assessment arrangements. In June 2009, council leaders and senior managers recognised that front line child protection services were not ensuring that all children and young people are effectively safeguarded. They were quick to respond, identified additional financial resources, and set out a plan for service improvements. In October 2009, the Ofsted unannounced inspection of the contact, referral and assessment arrangements found significant weaknesses in the provision of safeguarding services. These weaknesses included two areas for priority action relating to child protection procedures not being followed and areas for development regarding the quality and timeliness of assessments. Cases had not been allocated to social workers, and there were delays in children receiving the service they need. Although the council has responded swiftly to these issues, their actions have had little or no impact as yet and in one locality office, the situation has not sufficiently improved with more unallocated cases not being assessed and children not receiving the service they need.

11. The findings of this inspection confirm that serious weaknesses identified at the unannounced inspection remain. Workforce planning has not been effective. There is a significant shortage of front line social work staff and the demand for service, particularly referrals and re-referrals, has increased by 43% resulting in children not being effectively safeguarded. The level of skill, knowledge and experience of social work staff is significantly impairing the quality of service provided and in some offices there are too many newly qualified staff carrying heavy caseloads. The threshold for access to children's social care is not always consistently understood or applied by all agencies. As a result some children are not receiving the services they need. The number of children who are subject of a child protection plan has increased over the last year from 430 to approximately 600 at the time of the inspection, with an increasing number of children subject of a child protection plan for over two years. Initial and core assessments are not always completed within timescales with some examples where there are significant delays. The quality of assessments analysed by inspectors was, in most cases, poor. Although there are examples of some effective interventions by social work staff which ensure some children are safeguarded, overall there are too many referrals relating to child protection concerns which are not effectively prioritised and actioned, leaving some children at risk or having their needs unmet. Arrangements for individual case auditing, quality assurance and performance management have only recently been addressed and have yet to have a positive impact.

12. Multi-agency Joint Area Teams (JATs) provide early intervention and preventative services which are increasingly effective in supporting children to avoid family breakdown. Although the implementation of the common assessment framework (CAF) has been slow to develop, the programme has been rolled out across the county and is becoming increasingly effective. Current data show increased use of CAF, particularly by health professionals which is leading to improved outcomes for families. However, the electronic sharing of information between health and children's social care does not support effective communication.

13. The work of the NSCB is led by an appropriate independent chairperson. Joint working between the NSCB and the Children's Trust has effectively produced a shared vision and agreed priorities for improvement across the broad safeguarding agenda. The Children and Young People's Plan clearly sets out the area's priorities, based on a needs assessment which users have helped to shape. The work of the NSCB is supported well through a good range of sub-groups, which include representation from local health providers. The lessons learned from two serious case reviews are understood across agencies. Joint policies and procedures for the protection of children are comprehensive and up to date but these are not embedded in front line practice. Although the NSCB is moving forward on a range of key areas of work, the Children's Trust and the NSCB do not provide sufficient challenge across the sector to ensure that services for the most vulnerable children in need and those in need of protection are delivered effectively by partners.

14. The contribution made by schools to the broad safeguarding agenda is good and representation from schools on the NCSB is improving. The issues raised by children in schools, such as bullying, have been tackled and although inspectors spoke with a small number of children who said that they do not feel safe in their communities, the latest local survey completed by a large number of local children demonstrates that this is an improving area of performance. The impact of work by the Road Safety Partnership is good with a reducing number of children involved in road traffic accidents. The use of 'Billy Bollards' (concrete children figures) outside schools is highly effective and serves to raise drivers' awareness of risk to children. There are good arrangements for multi-agency coordination of the management of high risk offenders to protect children and families.

## **Capacity for improvement**

## **Grade 4 (inadequate)**

15. The capacity for improvement is inadequate. The good level of performance for staying safe reported at the joint area review conducted in the summer of 2008 has not been sustained. The unannounced inspection of contact, referral and assessment arrangements, conducted by Ofsted in October 2009, found two areas for priority action. The council's self-assessment of its poor performance on the delivery of child protection services is accurate and consistent with the findings of this inspection. At the time of this inspection, work undertaken by the local authority had not sufficiently

addressed these concerns. The capacity to improve has focused on medium and long term objectives, but short term plans to meet the immediate needs of the service have not been effective and the council has failed to ensure all children are protected. The service does not meet statutory requirements in significant areas such as responding to child concerns in a timely manner, allocation of all cases to a social worker and follow-up work to ensure children continue to be safeguarded. In one office, there were 140 children awaiting an assessment of their needs; these cases had not been risk assessed and this is inadequate provision. There are significant gaps in the capacity and skills within the workforce including children's social care and health. In some parts of the county, health agencies report challenges in recruiting appropriately qualified and experienced front line operational staff. Some social workers are carrying very high caseloads and they are unable to undertake their role effectively and within national guidance and timescales.

16. There are significant weaknesses in the reception and assessment services in some areas of the county and delays across the county in the Children's Services Teams allocating cases to a social worker, when children have been identified as at risk of significant harm. The quality of reception and assessment services offered in one locality office has insufficiently improved since the unannounced inspection and a significant number of cases remain unallocated, have not been risk assessed, and as a result children are not sufficiently protected. Scrutiny of work undertaken on 63 cases was examined by inspectors and in 22 cases the quality of response provided and lack of clarity on whether children were safe were of concern. As a result, the local authority re-opened a number of these cases and identified further work to be completed. Children are not always seen or seen alone when child protection visits are made to families. Multi-agency professional meetings do not always occur on time or have sufficient inter-agency representation. At the time of the inspection Nottinghamshire Constabulary had insufficient resources to ensure that all child protection cases are investigated immediately and although these cases were the subject of a risk assessment there is a backlog of 15 to 20 cases that have not been investigated. The NSCB has undertaken three serious case reviews and although there are some individual examples of early impact many of the lessons learned from these have not yet led to service improvement.

17. There are some areas where the capacity to improve is good. The contribution made by the voluntary and community sector supports improved outcomes for children including with regard to bullying, road safety and domestic violence. Although some newly qualified social workers are carrying complex and high caseloads there are good professional support arrangements for some trainee and newly qualified social workers. Social workers who were interviewed by inspectors report good access to high quality training that meets their development needs. The engagement of health partners is good with senior representation from both PCTs and good attendance on the NSCB and its subgroups. Improving health outcomes for children and young people is reflected in the commissioning strategies of the two PCTs and the service providers have identified children's safeguarding as a priority. All NHS boards

have a safeguarding lead and the PCTs monitor provider performance through contract and review meetings. There have been difficulties in recruiting to the designated doctor roles and the PCTs have made this a priority with the work of this role covered by experienced paediatricians in the meanwhile. Both PCTs have designated nurses and named doctors and nurses.

18. The council and its partners have made safeguarding children their highest priority and commitment to the safeguarding agenda appears to be strong across the political parties, corporate services, senior managers and partner agencies. The political and managerial leadership across the local area partnership provides good impetus for change but this has not yet had an impact on front line child protection services. Managers have a good track record of achieving improvement over time on some of the wider safeguarding agenda such as anti-bullying, road safety and service user engagement. The Disabled Children's Service has been reviewed to make further improvements. It is recognised that there is no published strategy for the Disabled Children Service and the service is being remodelled.

## Areas for improvement

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

### Immediately:

- Revise the existing child protection, safeguarding and looked after service improvement plan to take account of the priorities for action set out in this report.
- Ensure all children and young people are effectively safeguarded and are not left at risk of significant harm with priority given to tackling the backlog of cases.
- Review and streamline the arrangements for making contacts and referrals to children's social care.
- Undertake a full evaluation of the allocation of children's services resources to ensure that the capacity of the workforce is sufficient to meet the demand for service while applying the published thresholds for access to service.
- Tackle the unacceptably high social work caseloads and insufficient team manager capacity, and ensure newly qualified social workers are protected from carrying high and complex caseloads.

- Improve the quality and timeliness of initial and core assessments.
- Ensure the local partnership provides effective challenge to drive the improvement agenda.
- Ensure all partner agencies are adequately resourced to meet the needs of the most vulnerable children and young people who require safeguarding and are at risk of harm.

#### **Within three months:**

- Develop an integrated strategy and joint commissioning framework for disabled children which is agreed with the Children's Trust partners so the service offer is clear and resourced effectively.
- Develop robust systems for the management and tracking of missing children.
- Implement a county wide multi-agency quality audit system to ensure that case work and recording, management oversight and decision making are robust and rigorous.

## **Outcomes for children and young people**

### **The effectiveness of services in taking reasonable steps to ensure that children and young people are safe. Grade 4 (inadequate)**

20. The effectiveness of services to ensure that children and young people are safe is inadequate. The threshold for access to services for children and young people is not embedded or understood across agencies. Although this leads to disagreements about which cases need to be dealt with and children are not receiving the services they require, the council has introduced an escalation process which now provides speedy resolutions to these disagreements. There are significant delays in responding to referrals, including child protection concerns. In one office, there were 140 children awaiting an assessment of their needs and this is inadequate. At the time of the inspection, the police report they are working to reduce a backlog of between 15 to 20 cases of child protection referrals they have not been able to action. Strategy discussions or assessments do not take place in all relevant circumstances or are subject to delays resulting in a lack of multi-agency decision making.

21. An internal audit commissioned by the NSCB, in response to Lord Laming's recommendations, of referrals from Nottinghamshire Community Health in 2009 showed that 50% of referrers in a defined period were not satisfied with the response to referrals by social care. Health visitors interviewed stated that responses were often delayed and, in some cases, disproportionate to the risks identified. Health workers did not receive notification of acceptance of referrals,

although this has improved over the last few months. Health providers reported that where there were concerns about social care response, the escalation process was used, and in these cases health and social care were able to work well together to agree a way forward. CAFs are not being used by health providers for referrals to children's social care and the PCTs have acknowledged that this is an area they are working to improve.

22. Multi-agency core groups are not always held within timescales or with appropriate representation. A number of children have been re-referred into the child protection service before concerns are assessed. Some children who are subject of a child protection plan are experiencing significant delays before they are allocated a social worker to progress their child protection plan. The quality of assessments is often poor. They do not give due consideration to the previous involvement with the family, including interventions by other agencies, and these findings are consistent with the lessons to be learnt from serious case reviews. Social workers do not always meet the required timescales for visiting children and young people and they are not always seen or seen alone. As a result, some of the most vulnerable children and young people do not receive services in a timely manner and they are not safeguarded effectively.

23. Good progress is being made across the broad safeguarding agenda such as a reduction of children killed or seriously injured in road traffic accidents. The NSCB's arrangements for disseminating learning and research from serious case reviews, include holding multi-agency training events which are well attended across the partnership. There have been good promotional events in local shopping centres to raise awareness on subjects such as the dangers associated with co-sleeping to prevent deaths to babies while their parents sleep. Children are more confident in reporting incidents of bullying in schools and this has led to a reduction in the incidence of bullying. All schools adopt safe practices which have a positive impact on the safety of children. There are clear processes in place for the management of children who are missing from school but the council's self assessment shows areas for development regarding the multi-agency response to missing children. The provision of child protection training in schools is increasing and is seen by schools as being good. Most regulated provision, including private fostering, is judged good or better in staying safe arrangements. Staff recruitment and vetting processes across all partner agencies comply with current guidance and regulation and arrangements are robust.

24. Designated health professionals offer a good level of advice and support to front line health staff to enable them to undertake their safeguarding duties. There is a good awareness of safeguarding issues across health professionals; this was particularly evident in the area of domestic abuse where all health practitioners have been made aware of the need to raise concerns about children and adults. Some good examples of early intervention and preventative work with children and families are improving outcomes, through the JATs and in the increased use of the CAF. The small number of parents interviewed by inspectors reported their satisfaction with these services.









































