



Inspection of safeguarding and looked after children services

Dudley

Inspection dates: 28 November 2011 to 09 December 2011

Reporting inspector Martin Ayres 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 three of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with 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, elected members and a range of community representatives
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with '*Working Together To Safeguard Children*', 2010
 - a review of over 60 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 March 2011
 - interviews and focus groups with front line professionals, managers and senior staff from Black Country Partnership Foundation Trust and Dudley and Walsall Mental Health 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. Dudley is a large metropolitan urban borough comprising of five distinct townships on the southwest edge of the West Midlands and forms the western part of the Black Country industrial region. The south and west fringes of the borough are relatively affluent but a number of wards close to Dudley town centre are among the most deprived nationally and are identified in Dudley's anti-poverty strategy. Children and young people constitute 24.5% of the total population with 74,830 children and young people aged 0-19. The birth rate has been falling and the number of children of school age has declined but there is now some growth in primary education. The proportion of children and young people from minority ethnic groups is rising and now represent almost 17% of the school population. More than 52 nationalities are represented in schools in the borough and 10.5% of children and young people do not have English as their first language. The proportion of children and young people entitled to free school meals is 18%.
5. A Director of Children's Services was first appointed in July 2005 and the Directorate of Children's Services came into being in autumn 2005. The Children and Young People's Partnership (CYPP) was established in November 2004 and converted into a Children's Trust in 2009 which was operational until 2011. This has now evolved into the Children and Young People's Partnership. A number of current services are jointly commissioned, including a pooled budget for children with disabilities. The Partnership includes representatives from the Directorates within the borough council, Probation Service, Public Health, NHS Dudley, the Dudley Group Foundation Trust, Dudley and Walsall Mental Health Partnership NHS Trust, Black Country Partnership NHS Foundation Trust, Dudley Clinical Commissioning Group, local schools, colleges, West Midlands Police Force, West Midlands Fire Service, a range of voluntary and community bodies, Dudley Council for Voluntary Services, Action for Children, Barnardo's, Dudley Community Partnership and the Chair of the Local Safeguarding Children Board. A clinical commissioning group is established in Dudley alongside a shadow health and well-being board with representation from children's services.
6. The Dudley Safeguarding Children Board (DSCB) was established in April 2005 and is currently chaired by the Chief Executive of the borough council and brings together key professionals and agencies in the area. The borough has a corporate parenting board to promote the interest of children and young people who are being looked after or have left care. Dudley has its own Youth Council which meets monthly and is managed

by a management committee of young people. Dudley's Children in Care Council and Youth Council provide opportunities for children and young people to contribute to planning and local decision making. A group of young people with learning difficulties (Me2) supports access initiatives across the borough.

7. The planning and delivery of health services to children and their families in Dudley is rapidly changing in response to the national requirements of health provision. Children's Community Health Services are commissioned from the Black Country Partnership Foundation Trust. Mental Health Services, including child and adolescent mental health services (CAMHS), are commissioned from the Dudley and Walsall Mental Health Partnership NHS Trust. Specialist CAMHS services are delivered locally and have a multi-agency co-located service which includes social workers and clinical professionals. Children's services also commission specialist psychology and psychotherapy services from the Dudley and Walsall Mental Health Trust, to provide a dedicated service to looked after children. Primary Care Services focusing on mental health in schools and Children's Centres are commissioned by the Directorate of Children's Services from the Black Country Partnership Foundation Trust. In addition to ward based clinical services this Trust provides outpatient clinics, accident and emergency and a children's assessment unit. Children and families access primary care services through local GP Practices which are being configured around township clusters. A regional ambulance trust provides emergency ambulance services to the Dudley population.
8. Referrals to children's social care services are received through three access points across the borough and are responded to by four dedicated assessment teams who undertake initial assessments including responding to child protection enquires. The borough also has four care management teams dealing with longer term work and court applications. There is a single borough-wide disabilities team which is a jointly established with health partners. The 16+ Team provides a service to older looked after children and care leavers. Out of hours services for children and adults are provided by the council. Early intervention support to children and families are delivered through 20 children's centres located across the borough and through a range of programmes. These include the use of the common assessment framework (CAF) since 2009, parenting support workers, family group conferencing service, targeted family support service and a residential family assessment unit.
9. Dudley provides 78 maintained primary schools, seven maintained special schools, four pupil referral units and one nursery school. There are two secondary academies, 18 maintained secondary schools, including one Roman Catholic secondary school and one state boarding school, which also admits day pupils. Ten youth centres and a play centre complex are located within the borough. There are 1,738 children with a statement of special educational need. Post-16 education and training mostly takes

place in three tertiary colleges and one 6th Form college. Only four secondary schools have sixth forms. Work-based learning is the responsibility of the three tertiary colleges, a large number of local Dudley training providers and eight national providers. Adult and community learning, including family learning, is facilitated by the local authority adult and community team and takes place in the tertiary colleges, local community venues and schools. The borough has developed a charitable trust to attract funding to support looked after Children called Creating Chances. The Trust provides funding to support additional and complementary teaching and skills training for children in care in order to support better long term life prospects.

10. Policing in the Borough is delivered through the command structure of the West Midlands Police Force.

Safeguarding services

Overall effectiveness

Grade 3 (adequate)

11. The overall effectiveness of the council and its partners in safeguarding and promoting the welfare of children and young people is adequate. Children and young people who may be at risk of harm are identified and awareness across the partnership in respect of safeguarding is good. Although there are examples of good assessment and recording practice in children's social care, this is not yet fully consistent and some delays in the completion of tasks are noted. Health provision has also been affected by the degree of change within health services leading to some inconsistencies in practice. These are now being actively addressed. A range of effective services are provided by the partnership to help children and young people feel and keep safe with appropriate joint action to respond to identified concerns and needs. Partnership working is good at a strategic level with effective and long-standing partnership arrangements in place, including the partnership board, DSCB and local planning groups. Services are being provided within local communities in the borough and are becoming increasingly responsive to local needs. There is a shared vision and commitment to effective safeguarding and this is given high priority across the partnership. Schools are playing a significant role in monitoring the welfare of children and young people, in supporting inclusion and raising safeguarding awareness. Voluntary and community organisations are also very active in key aspects of service development and delivery. Safeguarding policies and plans are in place which also reflects the awareness of the partnership in respect of emerging issues. These include domestic abuse, sexual exploitation and children who go missing. Policies and procedures are regularly reviewed and updated and are frequently tested and informed by user views on the services they receive. Mechanisms are in place to seek the views of children and young people through shadow board approaches.

12. Clear performance targets are set for safeguarding which are closely monitored and are being achieved. Performance overall is improving and most indicators are now in line or exceeding those of similar areas despite increases in service demand. A framework for performance management is established which includes auditing and themed evaluations on a single and multi-agency basis but this is not yet embedded at a team level or in day to day practice to assure service quality. Thresholds for service access have recently been updated and are clearly defined but the quality of referrals remains too variable. Joint services are responsive to the diverse needs of the population with good examples of targeted and specialist provision to promote inclusion. At operational level there is evidence of some good direct work with children, young people and families although this is affected at times by capacity pressures and is not consistently evident across the partnership as a whole. Frameworks are in place to monitor performance against national and local indicators including timeliness. A wide range of good services is available to support children, young people and families in need including a network of 20 children's centres across the borough supporting some 500 individual children. The contribution of the voluntary sector is good. Barnardo's 'My Time - My Space' is an excellent example. Child protection case conference chairs provide challenge on individual cases. However their quality assurance role is not yet fully established due to increasing service demands, despite capacity having been increased.
13. The unannounced inspection of contact, referral and assessment arrangements in March 2011 identified strengths in the organisation and management of the front line services. Areas for development have substantially been addressed. Arrangements for contact and referral, including children with disabilities, are explicit and understood across the partnership. Child protection cases are allocated promptly to suitably qualified and experienced social workers and are overseen by managers, although the timeliness of assessments and quality of recording is variable in some cases, particularly those that do not meet the social care threshold for child protection. Children and young people are seen as part of investigations and assessments but the recording of their views is variable and it is not always possible to see how these views are taken forward in planning. The quality of recording and assessments is adequate but not yet fully consistent. Assessments undertaken within the contact teams are at least adequate, some are good and the trend in quality is an improving one. The electronic recording system is in a state of transition and until this is completed presents difficulties to staff in its day to day use and collation of good quality data. Suitable attention is being given to the specific needs of children and young people from minority ethnic groups or with additional needs. The children with disabilities team is a good model of integrated working and is well managed. Assessments of need are being undertaken and timeliness has improved. However, assessments do not routinely reflect the level of risk in cases or how

professionals will monitor outcomes against agreed objectives and contingencies.

14. The level of Police notifications for domestic abuse is high but are being processed well by social care and the Domestic Abuse Referral Team (DART). Domestic abuse work is good overall but the Multi-Agency Risk Assessment Conference (MARAC) arrangements are not currently operating effectively following gaps in chairing arrangements. Multi-Agency Public Protection Arrangements (MAPPA) is working well with the full, informed engagement of all partners. Accident and emergency (A&E) health services are effective in identifying risks to children and reporting cases of concern to children's social care.
15. There is strong political leadership and a commitment to safeguarding which is ensuring high prioritisation within the council. Additional financial resources have been committed in order to strengthen aspects of services, to increase capacity and to sustain improvement. There is a strong ethos of partnership working evidenced through the robust operation of the partnership board, DSCB and local strategic groups. Workforce planning and development are good, with robust recruitment and retention processes firmly embedded. The investment in staff training and personal development is very good and staff morale and commitment are good. There has been a reduction in the use of agency staff and cases are allocated in a timely manner and subject to prioritisation by managers. Supervision is regular and regarded as supportive by staff. There is some evidence that users of services are contributing to planning but this is not yet fully consistent. Services are appropriately sensitive to the needs of children and families from different cultures. There are good examples of effective joint work with children and young people with disabilities in the context of safeguarding and promotion of their general welfare. The CYPP drives the work on promoting equality and on meeting diverse needs. The council has an equality and diversity policy which is reflected in the priorities and aims of various plans. Narrowing the gap between key groups and others in the borough is a key and joint priority.

Capacity for improvement

Grade 2 (good)

16. Capacity for improvement in safeguarding is good. Ambition for effective safeguarding is clearly demonstrated through strategic plans and through internal and joint processes to evaluate the effectiveness of local services. The operation of an effective partnership board, local children's partnerships and DSCB is facilitating clear prioritisation and identification of areas for further improvement. Although the health economy has recently undergone significant change and Police capacity has been stretched across the whole West Midlands Force area there is a strong drive to step up the pace of improvement in the context of shifting the balance of services towards early intervention and prevention. Leadership

within children's services is effective and ensuring a systematic approach to service development without compromising on the protection of vulnerable children and young people. The commitment to increase the pace of change through the wider partnership and tri-partite work between children's services, Police and health agencies is manifest. This ambition is leading to improved outcomes as measured against national indicators. Prompt and decisive action is taken in respect of issues raised through inspections, internal self assessment, and audits and the partnership has very good awareness of local population needs and pressures.

17. The partnership provides stable and effective leadership and has secured many service improvements, including in some of the most intractable and difficult service areas. The workforce is well trained and supported by a good workforce development strategy which in turn is responsive to changing demands and reflective of local demography. Staffing capacity has been increased in key areas to improve the quality of assessments and political support has been unwavering in protecting children's services, despite wider economic pressures. The partnership is active in learning from serious case reviews, research and national developments to strengthen safeguarding activity.
18. There is a good track record of improvement. Regulated services are all rated at least good for safeguarding with some examples of very good performance. Outcomes for children and young people are increasingly being linked to service improvement. Foundations for safeguarding are in place, including contact referral and assessment processes and thresholds. Schools are playing an increasingly effective role in safeguarding children, with good evidence of the impact of inclusion strategies in improving school attendance, and ensuring children and young people are appropriately safeguarded. The local authority and its partners have a clear sense of vision, ambition and prioritisation and articulate appropriate priorities that will deliver and sustain improvement. The partnership has an accurate understanding of their key strengths and areas for further improvement. The acting Director of Children's Services is providing good leadership and impetus to continuous improvement and has established clear lines of communication with key partners to deliver on agreed actions.

Areas for improvement

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

Within three months:

- ensure the draft health action plan is agreed and fully supports improvements in health provision, including case recording, health

contribution to holistic assessments of need and risk, case planning and measurement of health outcomes and impact

- NHS Dudley and NHS providers ensure timely access to emotional and mental health services for women who require additional support prior to and following the birth of their children
- develop explicit joint protocols between children's services, health and adult social care to ensure that older young people and those at points of transition receive appropriate, timely and continuous services to meet their assessed needs
- establish joint and agreed quality standards for safeguarding practice across the partnership and implement a joint quality assurance and performance framework underpinned by efficient information systems
- extend audit processes to routinely monitor the consistency and quality of practice
- ensure MARAC is fully operational and effective leadership is in place in order to meet the level of demand for such arrangements.

Within six months:

- ensure the electronic recording system in children's social care is fully operational and embedded to support effective case recording, captures the views of service users and collate data and information in a way that is immediately useful to front line and senior managers
- develop explicit arrangements for the use of the CAF within strategies for early intervention and family support to ensure that all agencies are assuming responsibility for being lead professionals in suitable cases.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (adequate)

20. Safeguarding outcomes for children and young people are adequate. Safeguarding procedures established across the partnership are comprehensive and regularly updated. These are effectively underpinned by good quality staff training in a wide range of safeguarding matters and through processes to raise awareness in the borough of potential risks to vulnerable children and young people. Surveys conducted internally by the council and in preparation for this inspection indicate that children and young people generally feel safe in the borough and know how to seek support if required. Schools play an active role in safeguarding promotion and keeping children and young people safe with good attention to bullying and promoting resilience. Fixed term exclusions for all children and young people in Dudley have declined steadily over the last three years. An anti-bullying strategy is in place with good support mechanisms including peer support and access to services, CAF where additional help is needed.
21. Data on the incidence of bullying are appropriately collated and reported to relevant boards. The healthy schools programme and initiatives to reduce sexual exploitation contribute well to keeping children and young people safe. Head teachers who met inspectors demonstrated a strong commitment to keeping children and young people safe and this is reflected in the views of children and young people who feel safe at school and understand that schools can help them if they have difficulties. Training on e-safety and social networking has been provided extensively across the borough with separate training made available to parents and teachers. All staff in leisure and sporting facilities are trained in safeguarding and the council is active in preparing for the forthcoming Olympics as host to some visitors from overseas and alert to any potential safeguarding risks. Additionally, safeguarding work has been undertaken with local hoteliers in order to minimise a known and potential risk to young people relating to sexual exploitation. The very large majority of institutions and regulated settings have been judged by Ofsted as good or better at keeping children and young people safe.
22. Arrangements for the management of allegations against people who work with children is good. The role of the local authority designated officer (LADO) role is well understood. Referrals are received from a wide range of agencies, including the voluntary sector and the rate is stable and in line with similar areas. There are strong links to the Police and children's social care services with good attendance at allegation meetings. Cross-border arrangements are managed well and supported though joint West

Midlands guidance. Allegations are handled in a timely way with an improving trend in performance. The outcomes of allegations are appropriately reported to registered bodies and restricted lists to ensure people who may be a risk to children and young people are prevented from working in this field. Complaints regarding children's social care services are handled effectively and most are resolved in a timely way at a local level. Few complaints proceed to the more formal stages and no findings of maladministration have been made by the Ombudsman in the past year. There is good evidence that the outcomes of complaints have been used to improve services and practice. Specific arrangements are in place to ensure that complaints about the application of child protection processes and decisions are handled by DSCB and the safeguarding team. Although a very clear resume of these has been included in a DSCB newsletter and the annual report on complaints is presented to the council's children's services scrutiny committee it is not routinely presented to the board on a good practice basis. The council has a wide range of information to parents, carers and children including how to gain access to case records. However the files seen by inspectors do not always demonstrate that social workers and others are ensuring this information is consistently provided to families in the course of their work.

23. The council has good and safe recruitment procedures in place, although telephone follow up discussions with referees are not always recorded in a way to demonstrate the level of activity. All new posts are evaluated in respect of safeguarding risks and the introduction of a new database is designed to enable recruitment information to be collated by managers for oversight purposes. In this connection, senior managers risk assess any concerns raised as part of Criminal Records Bureau (CRB) checks. CRB checks for social workers and education staff are appropriately repeated every three years and monitoring of professional registration with the General Social Care Council is also rigorous.
24. In the cases seen by inspectors and where there are clear child protection concerns, plans have been appropriately developed and implemented to safeguard children and young people. No cases selected at random by inspectors indicated that children and young people were at immediate risk of significant harm although in a few cases seen there had been historical drift and delay in aspects of intervention resulting in children and young people having experienced poor parenting experiences. Where safeguarding concerns about a child are identified, effective and coordinated work is undertaken by the council and its partners to protect them. In a few cases the identification of aspects of potential risk was insufficiently clear in case recording and this reduced the effectiveness of some plans in determining the outcomes to be achieved through interventions and any contingencies in the event that agreed plans are disrupted. The DART provides a well coordinated response to domestic abuse notifications from the Police. A multi-agency panel meets several times a week to consider referrals and the panel's decision making is

soundly based on the available evidence. However, the quality of the information provided by the Police is too variable and in some cases lacked a clear focus on all children within households. Although this service uses the CAF to make referrals for further work this is not routinely leading to concerted action and too few CAFs from this source get fully completed in a timely manner. The council's own evaluation of DART has identified this issue and joint action with the Police and health agencies is being taken to strengthen functioning and to include an education representative and increased focus on cases of young people between 16 and 18 years engaged in domestic violence incidents.

25. Designated safeguarding leads across the partnership are clear about their respective roles in safeguarding and there is good evidence that they are supporting colleagues in responding to vulnerable children and young people. Schools are confident that contact and referral services take appropriate action where the safety of children and young people is a concern and they are informed of the action to be taken. Opportunities to discuss concerns prior to referral and to gain advice are now available to referring agencies. They have stated that they find this of great assistance as there had been some past concerns that in many cases no further action was taken and referrers were not always advised of this decision. There are good examples of safeguarding initiatives implemented by the Youth Offending Service (YOS). Street-based work is effective in identifying young people at risk and work through the A&E unit is also ensuring that young people who may be at risk through the influence of alcohol, drugs or sexual exploitation, are appropriately identified and assisted.
26. The council operates six children's homes and five of these are currently judged as good or outstanding in respect of safeguarding, with one being satisfactory. Of the six non-council operated children's homes in the area only one is judged as good or outstanding. Four are satisfactory and one is inadequate although it is noted that this is now improving. The fostering service was last inspected in March 2009 and was judged as satisfactory overall including staying safe. The adoption service was last inspected in November 2010 and staying safe was judged as good. All the recommendations arising from this range of inspections have been fully addressed. The inspection of private fostering arrangements in 2008 was judged to be inadequate and the recommendations are now addressed following the appointment of a specialist social worker. As a result there is much improved awareness of private fostering in the borough, all assessments have been completed within timescale and actions are reported to DSCB.
27. Children and young people are seen during assessments and subsequent work but their views are not always recorded in written assessments in a way that demonstrates these are taken into full consideration. Some assessments include assumptions made by social workers and based on

what all children of the same age would need. While this provides a useful context it does not sufficiently reflect actual wishes and feelings and how these are being weighted. The council recognises that this is an area for further development alongside strengthening arrangements for the participation of children and young people in child protection conferences. The safeguarding needs of children with disabilities are identified and appropriate action is taken to protect them through coordinated work with the Police and other partners. Honour based violence and the safeguarding needs of children and young people at risk of sexual exploitation are well understood, recognised and being appropriately and effectively addressed by the Police and wider partnership.

Quality of provision

Grade 3 (adequate)

28. The quality of provision, which includes service responsiveness and the quality of assessment and direct work with children and families, is adequate. The council provides 20 children's centres located across the borough, five of which are commissioned through voluntary organisations. These offer a wide range of early intervention and support services to children, parents and carers. The co-location of some children's centres with schools and staff from different agencies and some with the YOS has improved communication and the early identification of families with difficulties. The family support team (FAST) also offers a flexible service for families with greater levels of need but access to this is occasionally reduced as the service only accepts referrals for part of the day. The small Family Group Conference service is well targeted on identified behaviours.
29. The support provided to children and young people at Hillcrest School and Community College is an outstanding example of a school identifying significant levels of need within the community. As a result, the school funded and negotiated the placement of a dedicated social worker within the school who is supervised and professionally supported through children's services. A considerable number of children, young people and their families, whose needs are below children's services thresholds, now receive good quality and coordinated support. There are good examples of use of the CAF, 'team around the child' and 'team around the school' approaches with examples of effective partnership working, including CAMHS. Processes for referral to social care on cases that meet the threshold are also clear. The model that has been developed at Hillcrest is one that is now being considered for roll out across the borough as a whole.
30. Good work is being undertaken within local communities across the borough to identify children and young people in need but this is having an inevitable impact on capacity in some aspects of service provision. Whilst the quality of many preventative and support services is good, staff report that a number of services have been lost in the context of financial

pressures and increasing demand. These include Homestart Coordinators, benefit advisors and parenting support advisors in schools. Some family support workers have also been relocated from children's centres to assessment teams and posts have been lost in the process. Access to mental health services for children and young people, excluding looked after children who benefit from accelerated access, is also adversely affected at times due to increasing levels of identified need and capacity pressures. A similar picture exists in respect of therapeutic services, such as for children and young people who have experienced domestic violence. These services are highly valued by users and staff but capacity is currently insufficient to meet demand. The council and partners are developing strategies to increase capacity within early intervention and preventative services in order to build on good models of integration and localisation. Services to support young people between the ages of 16 and 18 years in a number of aspects, including the provision of suitable accommodation and their mental health needs, are under developed and responsibilities between children's and adult services at points of transition, including planning for their further education, are not consistently defined.

31. The use of the CAF to support children and families at an early stage of their difficulties is inconsistent. While there are examples of good impact for individual children and families, there is reluctance within some agencies to assume the role of lead professional. There was a significant increase in the number of CAFs between 2008 and 2010 but the rate has reduced during the first six months of 2011. This trend has been recognised with a constructive report to DSCB in July 2011 identifying the actions needed to increase the use of CAF across the whole partnership and to extend lead professional responsibilities across the whole partnership. Feedback from parents and children where CAFs have been completed indicates that they felt their situations had significantly improved by the CAF process.
32. Children's services received a high number of referrals during 2009/10 at a rate almost double that of similar areas. This declined rapidly during 2010/11 and is now in line with similar areas. The pattern has continued to stabilise at a satisfactory rate of 415 referrals per 10,000 child population. The proportion of referrals leading to an initial assessment has increased from 32% in 2009/10 to 58% in 2010/2011 indicating that more referrals are now being made appropriately. The quality of referrals to children's social care from other agencies is variable with some clearly stating the reasons for concern but others providing only minimal information to help inform the council's decisions about whether the referral should lead to an assessment. In these cases appropriate steps are taken by social care staff to gather more information but this has placed an additional burden on this service and in some instances has led to delays in commencing assessments. Referrers have reported that feedback on actions taken as the result of referrals has improved but this

is not yet fully consistent across all the contact, referral and assessment teams.

33. Most referrals to children's social care services are responded to promptly and work is prioritised appropriately. Child protection investigations and enquiries are planned by qualified social workers in conjunction with the Police and partner agencies. However many strategy discussions are by telephone mainly due to Police capacity constraints to attend all face to face meetings and this reduces the opportunity to engage in joint discussions with key partners. The quality of the minutes of strategy meetings is variable and some delays are reported in distributing minutes of meetings. The number of repeat referrals peaked in 2010/11 but is now in line with similar areas, based on the first two quarters of 2011/12. Legal support to children's services, paediatricians and the Police is good. Legal advisers are available to offer advice and guidance on thresholds for proceedings, including out of hours, and draft all the statements for courts. They also attend 50% - 60% conferences and will always be available when specific requests are made. Courts have confirmed that no applications for proceedings have been rejected in the past year which indicates that the right thresholds are being applied and that the quality of applications is consistently high. The local judge has commended social workers on their statements.
34. Child protection cases are promptly allocated to suitably qualified and experienced social workers. Newly qualified social workers are not allocated child protection cases until they have sufficient confidence and experience. Staff development in this respect is managed well by the council. At the time of the inspection there was no unallocated work and work is being transferred promptly from the referral and assessment teams to the relevant longer term teams. Out of hours arrangements to provide emergency duty cover are robust and there is effective communication between the teams that cover office hours and those that cover out of hours. The emergency duty service has full access to all electronic case records held by the department which ensures they have the most recent information available when undertaking their work. They also have access to legal advice to support appropriate measures to safeguard children. The use of Police Powers of Protection is initiated appropriately. MAPPA are well embedded but MARAC are not being held on a regular basis and have experienced a hiatus in leadership. This is being addressed through new Police leadership arrangements.
35. The quality of assessments is adequate overall. Although there are some very good examples of assessments which identify needs and risks, some do not provide sufficient analysis of the factors relating to increasing or decreasing risk. Some overdue initial and core assessments were noted within the electronic recording system and in several teams. These were substantially linked to time constraints on workers to fully record the actions they had already taken to assess cases and problems with the

speed of the electronic recording system. Managers were able to provide necessary assurances that cases of children and young people at risk had been identified. The number of initial assessments completed in time has improved from 56% in 2009/2010 to 61% in 2010/2011 and is now in line with statistical neighbours and just below the England average.

Performance on core assessments completed within timescale in 2010/11 is 79% which is better than similar areas (77%) and the England average (75%). Most assessments demonstrate appropriate levels of engagement by partner agencies but the actual quality of respective contributions is variable. For example, reports provided to child protection conferences by health professionals are too often focused on issues such as immunisation but lack health evaluations of parenting capacity and potential. An information sharing protocol is in place but this is not applied across all services, including adult care, making transfer arrangements unclear in some instances. Information sharing arrangements between the Police and children's social care have been addressed with the development of joint guidance on the information that can be appropriately sought and shared. Visits made as part of child protection plans consistently monitor whether children and young people are safe and well although they could be more focused on actual outcomes and ongoing and known risk factors.

36. Child protection plans are adequate overall with some good examples of clear analysis of risk. However in some cases analyses are formulated in too general terms and do not sufficiently concentrate on aspects of risk and how these will be reduced through concerted action within defined time limits and delegations. The language in plans is sometimes too elaborate making them less accessible to service users to enable them to fully understand what is required of them and, if necessary, to challenge. The number of children who are subject to protection plans is in line with similar areas and performance for convening initial child protection conferences within 15 days from the child protection enquiry is now satisfactory. The number of child protection plans that had been reviewed on time is being maintained at a satisfactory rate with locally reported performance currently indicating that performance is at 89.7% despite an increase in the number of plans under review. Case records are currently held in different places in the system making it difficult for staff to readily demonstrate the child's whole story. Team managers are making appropriate decisions on cases, maintaining appropriate oversight and recording actions. Chronologies are generally up to date in the assessment teams but are not routinely being updated by care management teams.
37. Arrangements for the medical examinations of children who may have been subject to sexual abuse are sufficiently child focused, all children and young people are seen within a reasonable distance of their home and are by specialist paediatricians. From the cases seen it is evident that parents and carers are included in assessments and these are shared with them before child protection conferences although copies are not routinely provided. Inspectors saw some examples of good child protection minutes

that had comprehensively included the views of the parents at each stage of the discussion. Child protection investigations and referrals to the FAST service show a representation of the minority ethnic community which correlates well with the ethnicity of the population in the borough. Children who go missing from home, care and school are appropriately being identified. A plan is being implemented to bring relevant services together within a new joint safeguarding unit. Information on children and young people who go missing most frequently is interrogated by the Police to identify the most vulnerable and those who may be drawn into sexual exploitation. A new post to focus on this safeguarding issue has been agreed to be based within the Police Protection unit. Notifications of missing children are reported and monitored and the Police undertake safe and well checks when children are found. Return interviews for those missing from care are undertaken by social workers and children and young people are also offered the opportunity to speak to independent and trained workers from the Children's Society.

The contribution of health agencies to keeping children and young people safe

Grade 3 (adequate)

38. The contribution of local health agencies to keeping children and young people safe is adequate. Trust Boards and senior managers have a clear focus on the quality and safety of services procured and delivered and frontline health staff are aware of what to do if they have safeguarding concerns. Safeguarding children and young people is embedded in local governance arrangements and progress in delivering improvement plans is appropriately monitored. Recent audits have identified some areas of under-performance in meeting all the requirements of national guidance and inter-collegiate professional competencies. Additional safeguarding staff have now been appointed to strengthen standards of practice. Safeguarding policies and procedures in health are being reviewed and updated to reflect recent reorganisations and structural changes. Work is in progress to strengthen links between children and adult safeguarding arrangements and to promote a shared approach across the wider Black Country area.
39. In most cases, appropriate checks are being made in respect of the vulnerability of children and young people presenting at the A&E department at Russell's Hall Hospital. Community health and social care staff are informed about hospital attendances and risks to the health and safety of children in a timely manner. There is appropriate scrutiny of the needs of children and young people who have attended on previous occasions. The walk in clinic has adequate arrangements for safeguarding children and young people and where there are concerns about well-being or safety, additional checks are made. Plans to develop a regional sexual assault referral centre to address identified gaps in current facilities are well advanced. There is a robust joint agency response to investigating

child deaths with access to paediatricians and relevant nursing staff on a 24 hour basis.

40. Inspectors found that joint working with regard to health issues including, record keeping and quality assurance of safeguarding work do not consistently meet the required operational standards. In some cases the wishes, feelings and experience of children and young people are insufficiently recognised and the quality of reports and management oversight of practice are too variable. There are some lapses in information sharing, planning and coordination of activity with partner agencies. Records for some children and young people in need and some with child protection plans do not fully evidence the contribution of health staff in managing risk and delivering improved outcomes. NHS Dudley has effectively coordinated the development of a draft shared action plan that builds on work recently implemented in areas such as supervision, the development of a new child health record and the involvement of health staff in CAF arrangements. The designated nurse has been pivotal in supporting local health providers to be rigorous in undertaking a structured approach to the delivery of safeguarding supervision and the identification of staff training and development needs. There are some gaps in the coverage of mandatory training and there is work in progress to improve levels of compliance and enhance access. Some GPs hold regular meetings to review the care of children and young people who are on child protection plans but this is not embedded in all localities. Local health organisations report to DSCB on their arrangements for the delivery of training, including evaluations of training undertaken. This provides additional assurance of the quality of training across the wider partnership.
41. Consent is generally well managed and front line staff carefully consider young peoples' age and competency when assessing risks to their health or personal safety. The CAMHS effectively involves young people and their carers in identifying and planning the support they need. There have been some positive outcomes from work with minority ethnic communities including greater awareness and take up of health checks and immunisations. There is comprehensive screening of the health needs of younger children and children and young people with disabilities. The health management plans in schools provide good information about children's care needs and risks to their well-being. However, the health care plans of some older children do not consistently identify their diverse needs or have clear actions to address assessed areas of concern. There are identified service gaps and delays in addressing the emotional and mental health needs of young people between the ages of 16 and 18 years who do not meet the criteria for access to CAMHS services.
42. The council and its partners have a clear shared approach to supporting teenagers who are pregnant and involve fathers in work to strengthen parenting capacity. The teenage conception rate in Dudley is reducing

from a rate that was higher than the England average. However the levels of vulnerable young women becoming pregnant, including some who have become looked after, remains an issue of significant concern in the area. The sexual health team has strong partnerships with a range of local services supporting young people, and there is early intervention and effective promotion of contraception advice and screening for sexually transmitted diseases. Specialist midwives for vulnerable women provide good support and monitoring of the well-being of mothers and of risks to their babies. However, their capacity is being stretched given increasing levels of identified need. There is effective information sharing and joint working between midwives, health visitors, and children's social care staff in safeguarding unborn and new born babies. However, there are some difficulties in accessing timely and local support for mothers with mental health needs resulting in gaps in fully implementing 'Think Family' approaches. Support for parents with learning difficulties is identified as an area for further service development. The health visitor workforce has been reviewed and there are clear plans to expand provision and to enhance partnership working, including targeted work with families who are in need of additional support. There are appropriate handover arrangements from health visitors to school health advisers to enable monitoring of the health and welfare of young people where there are ongoing concerns. The Healthy Child Programme and work to reduce health inequalities is well developed. The capacity of school health advisers to deliver targeted support to children on child protection plans and children in need, including children with disabilities, is being stretched in light of better identification of need.

Ambition and prioritisation

Grade 2 (good)

43. Ambition and prioritisation are good. Safeguarding is given the highest priority within individual agencies and across the partnership as a whole. Although there has been some turbulence in the health and Police systems following service restructuring all agencies have kept a close eye on keeping children and young people safe and ensuring children and young people in need of protection are suitably identified. There is good and widespread understanding of the national context for the delivery of children's services and use of learning from national case reviews. The partnership is setting increasingly ambitious targets in respect of safeguarding and these are being supported by new resources, although the financial context is currently a difficult one. Some new financial resources have been provided by the council to enable the development of early intervention and preventative services based on the existing network of children's centres and other provision. These developments are inclusive of the voluntary sector, which provides a good range of services across the borough, and other commissioned services. Staff development in all matters of safeguarding is given high priority across the partnership

- which is reinforced through effective training opportunities. Individual and corporate expectations and accountabilities in safeguarding are clear.
44. Elected members demonstrate a good commitment to children's services and ensuring safeguarding is seen as a corporate responsibility across the council as a whole. The 'think family' approach is a key driver to continuous improvement with good evidence of impact in the establishment of services to identify local needs. There is a very good understanding of local demography and identification of specific types of community need. The partnership has been quick to respond to issues of community safety including the protection of young people from binge drinking and the threat of racial tension following short-lived action in the borough by a public protest group. There are some outstanding examples of projects to support children and young people in their communities and through these greater levels of untapped need have been identified. Although this has placed additional pressures in terms of capacity the partnership has been responsive in developing and adapting plans and in securing resources in a very difficult climate. Where possible, the partnership has worked collaboratively with neighbouring councils and agencies to maximise the use of scarce resources.
45. Operational staff across the partnership demonstrate clear commitment to their work and meeting the needs of the children and families they serve. Safeguarding outcomes are mainly in line with similar areas and the trend is an improving one. This is ensuring that children are being kept safe across the range of settings and that the majority of children and young people in the borough feel safe. The partnership undertakes self-assessments of service provision and has good awareness of areas of strength and areas for further improvement and development. In this connection, this inspection has validated much that was already known within the area. There are some good examples of users contributing to plans through shadow board arrangements in order to test new strategies and policies including information sharing and children missing from home. The council and partners have been decisive and proactive in addressing community safety and cohesion issues

Leadership and management

Grade 2 (good)

46. Leadership and management of safeguarding are good. The acting DCS and senior management team provide stability to the service at a time of increasing demand. There is a systematic approach to service development which is enabling the partnership to shape and adapt services over time in order to meet new challenges while ensuring service stability and continuity. For example, plans are being formulated to extend early intervention and family support provision and to increase the level of integration within local communities across the borough. This is being achieved through the careful re-alignment of resources. Some very good

projects are already in place and delivering good outcomes for children, young people and their families. These demonstrate effective partnership working and user engagement. Contact, referral and assessment pathways and thresholds are defined and overseen by competent and committed managers. Escalation processes are in place and used appropriately to raise professional concerns about individual cases.

47. Leaders across the partnership have maintained their focus on safeguarding throughout a period of substantial change, particularly within the health economy and West Midlands Police force. Senior and operational managers across the partnership provide good leadership in safeguarding and ensure that service priorities are explicit and understood across the whole workforce. There is a strong sense of safeguarding being everyone's business, including amongst political leaders. This is routinely reinforced through good quality training, consultation events and general awareness-raising through information and DSCB website. Leaders have responded appropriately to increased demands through the provision of additional staffing resources in key areas but also set clear targets and expectations for corporate performance. There are good examples of joint working at strategic and individual case levels and effective use of 'team around the child' approaches in schools, children's centres and the family intervention service.
48. Financial control, budget setting and monitoring processes are tightly managed and robust. Finance managers and staff have good awareness of children's services and the particular issues associated with safeguarding. Joint workforce planning and development are good. Action taken in the last few years to increase staffing capacity and to recruit and retain good quality staff has led to a stable workforce and reduction in the use of temporary agency staff and managers. The workforce plan for the council fully reflects the diversity of the population within the borough. Safe recruitment processes are suitably robust. Work is allocated according to need and the qualification and experience of staff involved. Staff in children's services receive regular supervision which is recorded. Staff supervision within health is being enhanced through the provision of a robust action plan to focus more on agreed standards of performance. Newly qualified social workers have protected workloads in terms of their caseload numbers and complexity, are well supported by their managers and have access to good quality training. Social worker caseloads are on average between 20-25 children and staff report being close to full capacity and in some instances feeling over-stretched. This is reflected by staff in the borough who have reported they sometimes have insufficient time to undertake direct work with children and young people.
49. Staff across the partnership as a whole consistently report being well supported by their managers and being part of a developing service which is under pressure but has a good sense of strategic direction. Professional development opportunities are very good and based on continuous

improvement and learning. Staff have a good awareness of national safeguarding guidance, issues emerging from leading national cases and from serious case reviews undertaken by DSCB. A comprehensive range of safeguarding training is provided within agencies and by DSCB. This includes training on new models of assessment and ways of working with children. Safeguarding training in sport and leisure organisations is a particular strength and the requirement for all childminders to have attended child protection training as part of the pre-registration is outstanding as it is above what is required by national registration requirements.

50. Service commissioning is good with examples of pooled budgets and integrated services. All commissioned services place high priority on safeguarding children and young people. The voluntary sector is making a significant contribution to the range of provision across the borough with good examples of innovative practice. Voluntary sector agencies feel they have an equal place within the various boards and their voice is heard in respect of need identification. It is reported that the arrangements for funding voluntary agencies and groups can be too short term due to national budgetary changes and that key voluntary organisations would benefit from longer-term contracts in order to promote security of service provision alongside statutory partners. Voluntary sector awareness of safeguarding is good with equal access to development opportunities and information.

Performance management and quality assurance

Grade 3 (adequate)

51. Performance management and quality assurance are adequate. Plans are based on comprehensive analysis of need and the views of service users. Priorities are clearly stated, including safeguarding, and are underpinned by explicit targets which are closely monitored. The Partnership board, DSCB and local partnerships have access to a performance management framework for safeguarding which is identifying progress against key national and locally derived targets. Targets set for safeguarding are realistic and appropriately being set on an increasingly stretching basis. The trend in performance has been an improving one and most targets in children's social care are now at least comparable with similar areas with some exceeding that level of performance. Health services are setting service standards against which health performance are monitored.
52. Local managers are aware of expectations in respect of key targets and routinely report on achievements, performance challenges and any capacity issues. Performance management and quality assurance processes are having impact on improving outcomes for vulnerable children and young people although the systems in place at team level are less effective and hindered to some degree by the current electronic

recording system which is in a state of transition. Managers make considerable effort to compensate but this is a relatively slow process and does not enable them to readily evaluate the actual quality of work against agreed standards. Some management information regarding performance on assessment timeliness is not yet fully robust and managers acknowledged a number of incorrect data entries linked to dates when work commenced on cases. Health and social care data are not always compatible which impedes the scope for collaborative analysis. A tri-partite approach is now established between children's social care, health and the Police to set performance and quality standards and this arrangement will be underpinned by the use of reliable performance and quality data.

53. Council committees, relevant boards and local partnerships routinely receive performance and quality assurance reports. This ensures that political leaders and managers have up to date information on performance trends. Internal scrutiny of performance is good overall with evidence of managers being held to account for service quality and performance and the actions to be taken in order to meet specific targets. The performance of regulated services in respect of safeguarding is at least good with some examples of very good practice. The thrust of management action is towards achieving good outcomes across the board, with good evidence of organisational learning. Services are responsive to the needs of minority groups, based on good intelligence, service targeting and an effective use of resources. Case audits and thematic audit systems have been established to enable local managers to monitor performance but to date these have been more focused on processes as opposed to service quality and outcomes.

Partnership working

Grade 2 (good)

54. Partnership working is good. Despite reorganisation in health services and reductions in West Midlands Police capacity, safeguarding children has remained the priority. The DSCB, the Children's Partnership and local partnerships are all firmly established and able to demonstrate achievement in driving forward work in safeguarding and being responsive to specific and emerging issues. Communication and information sharing across the partnership and between strategic groups are good and a variety of methods are used to ensure staff across the partnership are kept informed of developments. There are good examples of very effective partnership working at case level and engagement in meeting assessed need. The role played by schools is particularly noteworthy and having a positive impact on promoting inclusion.
55. There is a wide range of integrated service provision to support vulnerable children, young people and their families with good use of 'team around the child' approaches. The extensive network of children's centres and other support services is enabling more children and families to receive

help at earlier stages. Joint working with health colleagues is mostly adequate with some good examples of effective collaboration. Joint working has led to improvements in services to deal with domestic abuse, alcohol and substance misuse, and tackling high teenage conception rates. Joint services to respond to the mental health and emotional needs of children and young people are less well developed. Police and the children's social care service have a number of protocols and agreements in place in respect of children and young people who go missing and in relation to risk assessment. The engagement of Police in face to face strategy meetings, attendance at conferences and MARAC are affected by Police capacity issues across the West Midlands Force. Partnership working with voluntary sector organisations is firmly embedded and there are some good examples of collaboration to improve the lives of vulnerable children and young people.

56. DSCB is well led and meeting statutory requirements. An adequate business plan is in place and the fundamental elements of a sound structure are secured with the engagement of most members. The board is clear about achievements and challenges and has oversight of safeguarding performance. A comprehensive quality assurance monitoring framework is not yet fully embedded. DSCB has, until recently, been poorly resourced with low contributions by partners but this has recently improved. The interim chair of the board is the Chief Executive of the council and this is enabling the board to take the necessary steps to set joint priorities and actions. Consideration is being given to the appointment of an independent chair and discussions about such a role are active. DSCB has appropriate senior manager representation including the chair of the Child Death Overview Panel and attendance is monitored and reported annually. Young people are appropriately included in the board. The board has members of faith and minority groups which reflect aspects of the demography of the borough. The quality of training provided by DSCB is reported as being good but attendance at the multi-agency training has fallen by 9% in the last year. Nevertheless, the number of staff trained within their own agencies has risen significantly.

Services for looked after children

Overall effectiveness

Grade 2 (good)

57. The overall effectiveness of services for looked after children is good. An active and knowledgeable Corporate Parenting Board effectively champions the interest of looked after children and care leavers. Careful attention is paid to safeguarding the welfare of looked after children and young people including the use of statutory visiting, meetings with service users and the development of opportunities for user representation and involvement. The partnership demonstrates ambition for looked after children and young people and outcomes are mainly good with outstanding outcomes for education and attainment on a comparative basis. Health outcomes have been less good and further areas for development and improvement remain. Nevertheless, there are some examples of effective and individualised health services for looked after children and young people including accelerated access to CAMHS, good integration of services to meet the needs of children with disabilities and examples of targeted community support. Joint services identify the diverse needs of the population leading to targeted and specialist provision to promote inclusion and to ensure the needs of looked after children and young people from minority groups are being met.
58. The partnership places emphasis on understanding the population it serves and ensuring the right services are located to meet varying levels of demand. There is a good understanding of the looked after population within the borough and the changing profile is regularly scrutinised. There is now a more robust focus on permanency planning for children and young people with increasing attention on services to support vulnerable children and families to reduce the need for local authority care. Good progress is also being made to secure alternative family provision where children cannot safely return to live with their own families. Ambition and prioritisation for looked after children and care leavers are good across the partnership, including the voluntary sector. Elected members also champion the needs of looked after children and young people and have supported some imaginative initiatives such as an award winning video produced by a looked after children's group within the borough (known as 'Chatback') and the promotion produced by the borough's looked after children group and the promotion of healthy leisure activities for children in care, their carers and carer's children.

Capacity for improvement

Grade 2 (good)

59. Capacity for improvement is good. The partnership is demonstrating its commitment to continuously improving services for looked after children and care leavers leading to good outcomes. There are good examples of services having impact on improving outcomes and an improving trend in

performance in most outcome areas. Leadership within children's social care is effective and provides the necessary stability for incremental and systematic development. The trend in service improvement is good with examples where performance has improved in recent years to be in line with or above similar areas and national averages. The borough is participating in a pilot scheme for looked after children in residential care and working with the National Implementation Team and Department for Education to implement a training programme for staff in its residential units to further improve outcomes from an already good basis. The partnership has been active in identifying levels of unmet need within local communities through some very imaginative projects and network of children's centres, schools and other family support services. Although this has placed an inevitable and additional pressure on some elements of services the council and partners have been responsive and deployed additional resources to increase capacity. The partnership is also active in considering how current services can be adapted and developed to shift the balance of provision more towards prevention, while simultaneously ensuring children and young people are kept safe and their welfare actively promoted. A good workforce development strategy is in place and staff experience, skill and stability is good. Staff across the partnership report they enjoy working in the borough and demonstrate commitment to the values of the partnership and sense of direction.

60. The council's commissioning strategy for looked after children and young people clearly identifies the challenges in providing sufficiency of placement options within the context of a rising looked after population. There is good analysis of the contributing factors enabling the borough to implement a number of strategies to maintain the range and quality of its own service provision. The strategy to reduce the looked after population includes increased use of Special Guardianship Orders (SGO) and securing and supporting placements with families and friends. Health services have identified several areas for further development and are committed to tightening those aspects of services where inconsistencies have been identified. Performance management systems are in place including the use of case and themed audits. Quality assurance frameworks are less well established but this is fully recognised and being incorporated into new systems and strategies as they are formulated.

Areas for improvement

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

Within three months:

- ensure the draft health action plan is implemented and fully supports improvements in health provision for looked after children and young

people including case recording, health contributions to holistic assessments of need and risk, case planning and measurement of the impact of health services in improving outcomes

- NHS Dudley to review the capacity of the specialist health services to looked after children and young people to ensure health support, including dental health care and annual health assessments, is accessible, timely and user-friendly
- NHS Dudley and partners to review the additional supports needed for teenage and looked after parents, including those who have experienced loss and establish relevant joint services to support their identified therapeutic needs
- ensure there is sufficient IRO capacity to enable the team to fully implement their quality assurance responsibilities including data collation on quality and performance and reporting to relevant boards and committees.

Within six months:

- strengthen quality assurance and auditing systems across the partnership to ensure there is in-built and robust challenge to practice against jointly agreed service and quality standards.

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

Being healthy

Grade 3 (adequate)

62. The health and well-being of children who are looked after are adequate. The focus on promoting targeted health care and support is clearly identified with evidence of positive outcomes for young people who access specialist support. However, arrangements for comprehensively assessing individual needs and coordinating support across a diverse range of local teams and providers are not yet sufficiently well developed.
63. The quality of initial and review health assessments is adequate overall. The designated doctor has been allocated additional capacity to ensure timely initial health assessments. However inspectors found that assessments of risk and individual health support plans did not consistently evidence the full range of children's and young people's needs. The focus on outcomes is not sufficiently robust in some cases. Strengths and Difficulties questionnaires are implemented, but are not being effectively used to track the well-being of young people. Health review arrangements are not yet sufficiently well aligned to statutory review arrangements.
64. Access to CAMHS for children and young people who are looked after is good. There are no waiting lists and access, when needed, is accelerated. This has resulted in positive outcomes including placement stability and increased confidence and self-esteem. The consultation work provided to foster carers and social workers enables better understanding of the needs and behaviours of children, and is effective in tailoring support to address areas of risk. The work undertaken by 'The Zone' with young people who misuse drugs and alcohol is good. Few young people who are looked after have problems with substance misuse. There is an adequate level of health care support for children and young people with disabilities who are looked after, including appropriate support from a range of therapists and specialist nurses. There is also very good integration of health workers within the children with disabilities team. Positive work is being undertaken with children and young people placed out of area to ensure their carers, including school staff, are responsive to their individual health needs. However, the health needs of children placed at home with their families are not being consistently monitored.
65. The number of children and young people with up to date health assessments has been below that of similar areas. This is being addressed through action plans and performance is now improving. There is also an improving picture in respect of the number of children being immunised and school nursing staff have been effective in extending coverage. The rate of dental checks for looked after children and young people has been

inconsistent and developments in this area have been comparatively slow. This is now being addressed and the rate is gradually improving. The location of the specialist nurse in the Sixteen Plus team enables targeted support and provides better scrutiny of the health care needs of care leavers. However, work is required to ensure all care leavers benefit from this approach and all young people have a comprehensive health history when they leave care.

66. Good attention is given by health care staff to track children and young people who are placed out of area and to ensure their moves to new placements are promptly identified. Although out of area placements are decreasing in number the management and oversight of the health care needs of children and young people placed out of area is sometimes stretched which reduces the effectiveness of health support for this group. The management information system does not readily support the retrieval and reporting of performance data, leading to some difficulties in identifying trends and outcomes. No surveys have yet been undertaken of young peoples' views and experience of looked after children health care arrangements and services and the 'You're Welcome' initiatives are not being fully utilised to increase inclusion.
67. The rate of teenage conceptions of young people who are looked after, although reducing, remains comparatively high. Good joint assessments of need and risk have been undertaken leading to well constructed plans and actions. However, some young people and care leavers would also benefit from additional support in addressing the impact for them of termination of their pregnancy or having their baby removed as the result of child protection concerns. Steps are in place to involve boys and young men in sexual health and awareness raising activity.

Staying safe

Grade 2 (good)

68. Staying safe outcomes for looked after children and care leavers are good. Management oversight ensures that only those children and young people who need to be looked after are suitably identified and provided with the care they need in their best interests. The placement team is effective and efficient in identifying the availability and suitability of placements in the council's own residential or fostering resources and this is overseen by managers. Where children with complex needs require more specialist residential provision or a foster placement is required in the independent sector the team offers a choice of placements to social workers and their managers. External placement decisions are firstly considered by the multi-agency Placement Provision Group (PPG) at operational manager level and subject to further scrutiny at senior management level involving partners from health and education at the Independent Provision Authorisation Group (IPAG). The proportion of looked after children and young people with three or more placements is in line with similar areas.

For those looked after continuously for more than two years performance has improved and is now better than similar areas and the national average. This reflects the local commitment to prioritising placement stability as a means to promoting welfare and keeping children and young people safe. When children and young people become looked after there is rigorous oversight of their cases. The multi-agency PPG scrutinises on a regular basis all children placed on external provision. The group also considers requests for placements where a child's needs cannot be met within internal provision. Potential placements are identified by the placements team utilising the West Midlands placement database of approved providers. Endorsed requests are then subject to further scrutiny by an executive group of senior managers with the Directorate that makes the final decision as to the appropriateness of placement requests. Through these arrangements there is close scrutiny of placement options within the borough to reduce the use of out of area placements and to promote local contacts. The council provides a good range of residential and fostering services which extends placement choice.

69. Robust arrangements are in place to monitor all care placements. When permanent placements are made through independent agencies, social workers are usually accompanied by a member of the home finding team to assess if the proposed carers can meet the assessed needs of children and young people. Although a significant proportion of placements are made 'out of area' these are mainly within reasonable proximity of the borough which has reduced disruption of education and contact arrangements. The council only commissions services from the independent sector where services are judged by Ofsted to be at least satisfactory. In practice the majority of commissioned placements are judged to be good or better. The council is an active member of the West Midlands Children's Commissioning Partnership which also quality assures standards and provision.
70. Children and young people with more complex needs are placed in specialist residential provision which can be some distance from the borough. In these cases independent social workers are employed to undertake additional visits alongside the statutory social worker visiting and review of arrangements. The council has a clear focus on delivering quality services which safeguard looked after children and care leavers. There are effective and established commissioning arrangements which are jointly reviewed by health, housing and education partners. The quality of the majority of the council's six children's homes is judged to be good or outstanding and the staying safe judgement is similarly reflected. The adoption service was judged to be good overall and good for staying safe following its Ofsted inspection of 2010. The fostering service was found to be satisfactory following inspection in 2009 with staying safe also judged as satisfactory. Since this inspection the fostering service has addressed all recommendations through a rigorous action plan. The number of exemptions for foster carers to look after more than three

children has been reduced through improved matching of needs to the foster carer's skill and experience. Training opportunities for carers have also been extended with good impact including a rolling programme through 'keeping foster parents trained and supported' which is contributing well to improving placement stability. This is highly valued course and is available to both foster carers and family and friends/carers.

71. The Children in Care Council is established and has evolved from the 'Just Say It' group. This enables children and young people who are looked after to have a voice about the services they receive and to contribute to shaping policies such as pocket money allowance and internet safety. A Pledge has also recently been formulated through good user and staff engagement and sets key areas and priorities for services to looked after children and young people in the borough. Looked after children and young people have good access to representation and complaints processes and the Care4me survey indicates that most are aware of the processes for representations highlighted through reviews and other mechanisms.

Enjoying and achieving

Grade 1 (outstanding)

72. Outcomes for enjoying and achieving are outstanding. The council and its partners have demonstrated significant commitment to raising standards and to minimising disruption to children and young people's education when they are placed or moved. The approach adopted by the council is that of placing children and young people in the school which best meets individual needs and, if necessary, the council directs schools to accept. Looked after children, young people and care leavers met by inspectors, or who responded to a survey conducted prior to the inspection, express the view that they are being helped well to achieve and that they receive the help they need. Projects visited during the inspection demonstrate this outstanding commitment to the education of looked after children and young people. A holistic approach is taken to enable groups of staff to fully understand the histories and backgrounds of the children and young people and the impact of parts of their lives and experiences on their education, attainment and attendance. At Hillcrest School and Community College, for example, each looked after child and young person is provided with tailored assistance and support to enable them to attend school and to benefit from educational and recreational services. Outcomes for these children and young people are being substantially improved and the commitment of staff from all agencies and professions is highly impressive.
73. The virtual school is well established, ably led and is very effective in driving up standards. It provides social workers with good advice and support to ensure children and young people have appropriate school placements along with the support they need to succeed. All schools are committed to raising standards and recognise their responsibilities and

accountabilities in ensuring each child and young person achieves their full potential. The virtual school works well with other schools, both within and outside the borough as well as with specialist providers and support services. An established system to monitor school placements systematically to ensure placement arrangements secure good or better schools for looked after children and young people is not fully embedded. This is recognised and steps are being taken to establish an effective data system. The education psychology service provides targeted help to looked after children and young people placed outside the borough when they transfer between schools. Work on improving resilience has been on going for the past five years and is well focused on the individual needs of looked after children and young people in the borough.

74. Central to the virtual school's approach to driving up standards is the use of well established Personal Education Plans (PEPs). These are prepared each term thus ensuring that children and young people's progress, as well as the impact of agreed actions to bring about improvement, is kept under constant review by all concerned. Schools make good use of the information and data available to them to predict attainment grades and monitor progress. All plans are reviewed by the virtual school and, where concerns are identified about the progress of individual pupils, virtual school staff attend PEP meetings. This is the case for children and young people placed both within and outside the borough which is good. Schools and the council recognise that better use could be made of electronic communication for preparing and implementing PEPs thus ensuring information pertinent to formulating plans is shared before meetings and agreed actions implemented promptly. The progress of looked after children is monitored by school governors each term and is also reviewed during the annual conversations between school improvement partners and individual schools. The education and attainment of looked after children and young people is afforded high priority by elected members.
75. Attainment for looked after children has substantially improved over the last three years. Educational outcomes for looked after children and young people exceed both national and similar authorities at Key Stages 1 and 2. At both Key Stages 2 and 4 results in the borough have improved very well over the last two years. At Key Stage 2 looked after children do better than the same children elsewhere in both English and mathematics and the gap between looked after children and others in the borough is narrowing. In 2010 at Key Stage 4, 31% gained five GCSEs including English and mathematics. The proportion was 25% in 2011 with a similar proportion predicted to do so in 2012. At this age, however, the gap between looked after young people and others is not narrowing as fast, as attainment levels across the wider children's population in the borough are also rising. This demonstrates the major commitment to education for all children and young people in the borough which is also having marked impact on looked after children and young people. Those placed in schools external to the borough are not yet achieving at the same rate although

the gap is narrowing. Considerable effort is made to ensure the right services are available to support educational achievement when external placements are made. Mentoring and one to one support is used well to help children and young people achieve and have been particularly effective in mathematics at Key Stage 2. Targeted support is continuing through carefully targeted use of pupil premium funding.

76. Schools monitor attendance levels for looked after children carefully and the virtual schools receive regular reports for pupils placed in schools external to the authority. Authorised and unauthorised absence levels are reducing and are lower than seen nationally or in similar areas. The focus on school attendance is outstanding and ensuring children and young people are not only kept safe but also benefitting from good quality education. The virtual school is in the process of finalising agreements with schools which will enable it, as corporate parent, to routinely access attendance data on line.
77. A good range of enjoyment activities are provided for children and young people which also motivate and broaden their experiences. Very good opportunities for play and enjoyment are provided weekly for looked after children and those with disabilities at the Sycamore Green adventure centre. Youth clubs provide a wide range of activities. Looked after children and young people have subsidised access to leisure centres and are encouraged to participate in sport. Music, dance and drama lessons are provided for those who express an interest. Through the 'Creating Chances Trust' and Stourbridge Rugby Club, young people looked after by the council have opportunities to play rugby, learn self control and team work and are provided with good role models. The inspirational media production company established by two foster carers offers outstanding opportunities for young people in care to broaden their horizons and express their views. This work has had secured national recognition.

Making a positive contribution, including user engagement

Grade 2 (good)

78. Making a positive contribution is good. Joint working between the YOS, Police and social care is effective. The numbers of looked after children and young people who offend are reducing steadily and are lower than seen nationally and in similar areas. The Circles initiative which worked with foster carers had a good impact in embedding a restorative justice approach within the service and this, together with other restorative justice approaches, are now effective in reducing the numbers of young people being criminalised at a young age whilst having appropriate regard for the nature of crimes and their impact on victims. The YOS works well with social care services to engage young people who run away from home to prevent problems escalating. Similarly, the service works well with vulnerable young people who are at risk of committing crime as well

- as young women at risk of sexual exploitation. Street based work and visits to A&E units help identify and engage young people at risk. Good use is made of diversionary activities such as fishing trips and other outdoor activities. The 'Path 4 Everyone' initiative is helping involve and retain young offenders in education and training. Three looked after young people are on remand or in detention. They are visited regularly by YOS staff and their social workers. Their PEPs are maintained and the YOS work with the Youth Offending Institutions and Connexions to ensure they continue with their education and training on release.
79. 'Chatback', a film production company established by two foster carers, provides excellent opportunities for looked after children and young people to express their views and share experiences through their productions. The quality of their work has been recognised through the prestigious national awards they have won, and the films they have produced are not only influencing services locally but showing potential to have significant impact nationally. Over 30 looked after children and young people are involved in 'Chatback' at any one time and over 100 have contributed in total. Looked after children and young people contribute to the development and management of the youth service and help organise trips and activities and produce a newsletter. Involvement in activities of this nature is having a significant impact on the confidence and self esteem of young people.
80. Looked after children and young people have indicated through Care4me and local surveys, they know how to make representations or complaints and are given good help and support to do so. Advocates, independent visitors and interpreters are made available to facilitate engagement. The council and partners take complaints seriously and work hard to resolve any difficulties at an early stage. The views of looked after children and young people are being used constructively to help shape services and elected members have opened communication channels to hear their views directly. For young people aged 13 years and over eight youth service sessions are available for those with special needs and a specialist Duke of Edinburgh group for those with disabilities. Four sensory rooms are also provided within youth centres. The youth service commissions a club for young Asian women and a worker from the children with disability team works with Muslim women to ensure they are enabled to access services. A designated worker from health works with children's centres to help identify specific health and inclusion issues with families from minority ethnic groups.

Economic well-being**Grade 2 (good)**

81. Economic well-being outcomes are good. The council and its partners are committed to improving outcomes for young people and care leavers and a sub-group of the council's corporate parenting group is focused specifically on improving economic well-being. Historically, the proportion

of care leavers in education training or employment at the age of 19 has been consistently lower than that seen nationally or in similar areas. Success in improving attainment at age 16 and with younger children has not yet impacted fully on outcomes at age 19. The council has, however, been particularly successful in recent years in supporting young people to progress to higher education. Nine young people are currently at university and 13 are predicted to be so in 2012. This is much higher than seen elsewhere and 'aim higher' initiatives have been used well in raising the aspiration of young people.

82. In addition to the wide range of opportunities provided by local colleges, initiatives run by the youth service and other providers, including foundation learning opportunities, are effective in motivating young people and in building self esteem. The Prince's Trust is used well to develop confidence and self esteem as are mentoring programmes provided by the Phase Trust. Council apprenticeships are now first offered to the virtual school and pre-apprenticeship programmes have been developed. Specific opportunities are provided for teenage mothers by Beacon Training and National Association for the Care and Resettlement of Offenders (NACRO). A job club provides young people and care leavers with information about opportunities.
83. Effective partnership working between the post-16 leaving care team, the Connexions service, colleges and other post-16 providers aimed at strengthening transition arrangements at the end of compulsory education are having an impact and last year almost all 16 year-olds progressed to some form of education or training. Connexions personal advisers support young people well and now start working with looked after young people in Year 9, ensuring post-16 options can be explored fully and the support required for progression to college or other training opportunities put in place early. College staff report that the information they now receive about the specific needs of looked after young people is much improved and the drop out rates from courses reduced significantly last year. Continuing the use of PEPs post-16 is effective in ensuring continuity of support following transition.
84. Pathway planning is initiated by the post-16 team at age 16 and plans draw together the actions required to implement education, training, care and accommodation needs. Young people contribute well to the development of their pathway plans and comment on their relevance and their effectiveness. Plans are reviewed annually and more frequently where needs arise as the circumstances of young people change.
85. The range and quality of accommodation for young people is good. Partnership arrangement with housing providers ensure an appropriate range of housing options and support services are available for young people, care leavers and young people who offend. Bed and breakfast is rarely used and only where young people refuse the accommodation and

support offered by the council. Under these circumstances care leavers are monitored carefully and the offer of help and support continues. The council recognises that more facilities for semi-independent living, including supported lodgings, are needed for care leavers who are not ready to live independently. Young people are assessed carefully before they are allocated accommodation for living independently and are provided with advice on managing their finances, preparing food and caring for themselves. A training flat gives young people the opportunity to find out if they are ready for the transition to independent living. In partnership with Heantun Housing and Dudley Metropolitan Borough Council Housing the YOS provides a range of accommodation and dedicated support services for young offenders including a crash pad facility for those at risk of homelessness.

Quality of provision

Grade 3 (adequate)

86. The quality of provision is adequate overall. A range of support services are available to children, young people and their families on the edge of care and the criteria for intervention are clear and defined in threshold guidance. Support services include Youth Service Outreach Workers, FAST, Family Intervention Project and use of Family Group Conferences. Senior managers maintain good oversight of all children and young people on the edge of the care system. Programmes that are in place have been successful in either supporting or returning young people to their families. From the 31 young people referred to programmes for support over the last 18 months only seven became or remained looked after. The quality of assessment and direct work with children is at least adequate and in some instances good. Case files of looked after children and young people seen by inspectors and also audited by council staff identified some common issues and themes relating to the variable quality of case recording and an element of drift in closing assessments through recording, although assessment work had actually been fully completed.
87. Good examples of direct work with children and young people are recorded and social workers demonstrate detailed understanding of the needs of the children and young people with whom they are working. For example, high quality and sensitive and persistent joint work undertaken by a social worker and young person's advisor to support and reassure a young person at a time of personal crisis. This resulted in the resolution of problems and increased trust. Case recording overall is of variable quality and not aided by the current electronic recording system which is undergoing development. Although work is being undertaken in cases this is not always recorded in a timely manner. Similarly, managers are overseeing cases but in some instances case direction is not clearly evident within records. Case plans are adequate with some good examples. Some plans lack precision in setting clear objectives, intermediate outcomes and contingencies against which progress can be measured. Notwithstanding this point, social workers and managers are

knowledgeable about the children and young people with whom they are working and outcomes for children and young people in care in the borough are mainly good.

88. Permanency planning for children is given appropriate priority and this is having an impact in promoting timely decision making. There is an increasing use of SGOs which are well considered in each individual case. In 2010/11 five SGOs were made and the council is projecting a total of 22 SGOs will be made by March 2012, seven of which will be for family and friends and eight for foster carer conversions. Legal support to carers wishing to pursue SGOs is very good and includes the payment of legal costs to issue notice of proceedings. In 2010/11 66% of adoptions took place within 12 months of the best interest decision being made, which represents better performance than similar areas. During this year 23 children have been placed for adoption which exceeds previous annual performance for the past three years. The service is projected to place 28 children by the end of the year with 47 children accepted for adoption. Performance on the timeliness of reviews for looked after children and young people has been stubbornly below 80% which is lower than similar areas. The council identified the need to strengthen review processes and allocated additional resources to employ two additional reviewing officers. Since these appointments were made timeliness of reviews has improved. For the last quarter this year the rate is 94.9% which is in line with similar areas. Independent visitors are commissioned through a regional contract which is delivered by an organisation called SOVA (supporting others through voluntary action) and young people in care have formed good and sustained relationships with their independent visitors. Although recent care planning guidance has widened the criteria for the allocation of independent visitors there is still sufficient capacity to provide these in the borough and currently there is no waiting list and additional visitors can be obtained as needed.
89. Looked after children and young people who were surveyed for this inspection overwhelmingly reported that the quality of care they had experienced was either good or very good. The majority thought they were in the right placement and felt safe. The vast majority had a social worker or case worker and just over half reported they found it easy to get in touch with them. However half reported they had not heard of the Children in Care Council, or its equivalent and many were unclear who their independent reviewing officer (IRO) was and how to make contact with them. The majority of young people spoken to confirmed that they enjoyed positive relationships with their carers, social workers or Young Persons Advisors (YPAs) although several also highlighted concerns about changes of their social workers and having to re-tell their stories.

Ambition and prioritisation**Grade 2 (good)**

90. Ambition and prioritisation are good. The council and partners show good shared ambition for looked after children and care leavers in the borough. Elected members are ensuring that services to looked after children and care leavers have high priority across all council departments. Senior managers across the partnership have established a culture of service improvement underpinned by clear priorities set by the partnership board. Targets for services and quality are increasingly ambitious and in most areas are in line or above similar areas. These are being closely monitored and scrutinised through joint planning boards and corporate parenting arrangements. Resources are being provided to develop appropriate services and as gaps in provision are identified. The engagement of voluntary sector organisations in the delivery of services across the range of outcome areas is good and these add to the range of provision available to children and young people. There is very good joint understanding of the needs of looked after children and young people and the impact of joint services on specific cohorts. Health services have been affected by the degree of change they have experienced in the last year or so but now demonstrate clear ambition to sustain improvement and to strengthen aspects of services including annual health assessments. All education provision for looked after children and young people is highly rated and is firmly linked to promoting inclusion, leading to an improving trend in school attendance, attainment and achievement.
91. The council demonstrates a good understanding of the contributing factors that have led to an increase in the looked after children population and has managed the demands on its services well, with an increased use of the independent sector where appropriate. Good work is being undertaken to identify children and young people who may be in need across the borough and care is being used within a continuum of provision to meet assessed needs. This has identified the correlation between the increase in areas of multiple deprivation and children and young people being subject to allegations of neglect and abuse as a factor leading to longer periods in public care. Ambition shown across the partnership is reflected in mainly good outcomes despite the number of looked after children and young people remaining comparatively high.

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

92. Leadership and management of joint services for looked after children and care leavers are good. The Children's Partnership provides clear leadership on services for looked after children and young people and utilise national indicators to monitor the targets and priorities set out in strategic plans. Political leaders are committed to raising levels of aspiration and have acted to ensure all council departments fully exercise their corporate responsibilities. Corporate parenting training is provided for elected members to enable them to fulfil their responsibilities well. Good gate-

keeping systems are in place to ensure the appropriate use of care for vulnerable children and young people. A range of local services are in place, or being developed, to provide support to families at risk of breakdown and to return children and young people home quickly and safely once they have become looked after. Trends in the use of adoption and special guardianship are improving. Cases are suitably allocated to trained staff. Children and young people, through the Care4me survey, have reported good overall satisfaction with their placements and the support they receive. Systems are in place to enable looked after children and young people to comment on services and this is increasingly informing service developments with some good examples where the user voice has contributed well to strategic planning. Looked after children and young people have contributed well to the development of services through a wide range of approaches. These include the use of consultation events, highly imaginative film work and DVD production and open engagement of elected members through corporate parenting processes. This is now demonstrated through improving outcomes for looked after children and young people across most outcome areas and the mainly good inspection grades achieved within regulated services.

93. Good workforce development arrangements are in place across the partnership leading to a well trained and supported workforce. Cases are suitably allocated to experienced and qualified staff. In some instances, Young People's Advisers are used to supplement work through co-working with qualified social workers and under close management supervision. Workforce stability is good with effective systems to recruit and retain staff. Staff across the partnership and in voluntary sector organisations express their commitment to the priorities set by strategic planning groups. School leadership is very effective and is contributing well to local approaches to support children and families and inclusion. Focused attention is given by all agencies to safeguarding looked after children and young people in all settings with improving performance in respect of fostering and adoption services. Services to children with disabilities, including the provision of short breaks, are good.
94. Commissioning arrangements for placements are robust and ensure children and young people are only placed in suitable and safe environments. Borough placement and procurement managers are active across the Black Country in developing cost effective and good quality placements to meet the diverse needs of children and young people who become looked after. Financial management is robust with a clear focus on value for money. Additional resources have been secured for children's services and have been protected despite the fact the council has had to make difficult budget decisions. There are good examples of effective practice in safe recruitment, service commissioning, safeguarding in schools and joint working to reduce the impact of poverty. Outcomes for looked after children and young people, including those from minority

ethnic groups, are good overall and there is a trend of continuous improvement.

Performance management and quality assurance

Grade 3 (adequate)

95. Performance management and quality assurance are adequate. Performance management is given a high priority across the partnership but current arrangements do not provide sufficient information on service quality, impact and outcomes, including intermediate outcomes. Performance management systems have been established within children's social care but this is not yet fully reflected across the whole partnership or supported by data systems which can provide a real picture of current performance. The development of the electronic recording system has been slow and this has been an issue raised by staff. Plans are in place to accelerate this development and to ensure that performance information, including quality, is routinely provided. Despite the technical issues there is effective scrutiny of services both managerially and politically which is leading to a sharper focus on services for looked after children and care leavers. Case and themed auditing arrangements are being used to monitor cases and aspects of partnership working. Targets for services are stated within plans and are being increasingly stretched in the context of continuous improvement. Performance in respect of regulated provision is judged to be good overall.
96. Social workers and other key staff are provided with good quality training and development opportunities, are well supported and receive regular supervision. Management oversight and support on complex cases is consistently adequate with some good examples. Financial controls are rigorous including the use and costs of out of area placements. There is a robust approach to gate-keeping and building capacity within the borough to enable as many looked after children and young people as possible to remain close to their families and their local communities. Performance of individual projects in monitoring the welfare of looked after children and young people is good with some very good examples of personalised care where staff have gone the extra mile to provide help and support.

Record of main findings:

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

