

Inspection of safeguarding and looked after children services

Stoke on Trent

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Age group: All

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Contents

About this inspection	2
The inspection judgements and what they mean	2
Service information	3
Safeguarding services	6
Overall effectiveness	6
Capacity for improvement	7
Safeguarding outcomes for children and young people	9
Children and young people are safe and feel safe	9
Quality of provision	11
The contribution of health agencies to keeping children and young people safe	12
Ambition and prioritisation	14
Leadership and management	15
Performance management and quality assurance	16
Partnership working	17
Services for looked after children	18
Overall effectiveness	18
Capacity for improvement	18
How good are outcomes for looked after children and care leavers?	21
Being healthy	21
Staying safe	22
Enjoying and achieving	23
Making a positive contribution, including user engagement	24
Economic well-being	24
Quality of provision	26
Ambition and prioritisation	27
Leadership and management	27
Performance management and quality assurance	28
Record of main findings	30

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 34 children and young people receiving services, 11 parents 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
 - 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 89 case files for children and young people with a range of need. This provided a view of services over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in March 2011
 - interviews and focus groups with front line professionals, managers and senior staff from NHS Stoke on Trent and provider organisations: University Hospital of North Staffordshire NHS Trust, North Staffordshire Combined Healthcare NHS Trust, North Staffordshire Community Healthcare NHS Trust and Stoke on Trent Community Health Services.

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
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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. Stoke on Trent has a resident population of approximately 54,920 children and young people aged 0 to 18, representing 23% of the total population of the area. In January 2011, 20.4% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall. English is spoken as an additional language by 14.6% of pupils. Urdu and Panjabi are the most recorded commonly spoken community languages in the area, with increasing cohorts of Polish and Arabic speakers also in evidence. Pupils of Pakistani background are 9.1% of the schools population. The ethnic make-up of the city has become increasingly diverse and dynamic over the last 10 years with successive waves of migrants from European Accession nations (Poland and Slovakia between 2005–09) complimenting those from areas of international conflict (Iraq, Afghanistan and Sub-Saharan Africa). The city continues to attract significant migration from the Indian sub-continent, with migrants from India now outnumbering those from Pakistan, as well as continued migration from the Philippines and China.
5. Stoke on Trent has a population of 240,100 and is ranked 22nd most deprived out 354 English districts. Bentilee and Townsend, Burslem South, and Hanley West and Shelton are the three most deprived wards in the city. Bentilee and Townsend ward has the highest proportion of its population living in areas classified in the 20% most deprived in England (77.1%) followed by the Fenton ward with 76.1% and Burslem South with 74.8%. The six towns run in a rough line from north to south, Tunstall, Burslem, Hanley, Stoke, Fenton and Longton. Although the city is named after the original town of Stoke, and the City Council offices are located there, the city centre is usually regarded as being in Hanley, which is the major commercial centre.
6. The Stoke on Trent Children and Young People's Strategic Partnership was set up in 2011 as a successor to the Children and Young People's Trust. The partnership includes representatives of Stoke on Trent Council and NHS Stoke on Trent/GP Commissioning Consortium. Other representatives include Staffordshire Police, Staffordshire and West Midlands Probation, JobCentre Plus, North Staffordshire Combined Healthcare Trust and representatives of local schools and colleges. The Stoke on Trent Local Safeguarding Children Board (LSCB) became independently chaired in

2006, bringing together the main organisations working with children, young people and families in the area that provide safeguarding services.

7. At the time of the inspection there were 432 looked after children. They comprise 113 children less than five years of age, 239 children of school age (5–16), 80 post-16 young people and a total of 144 with care leaver status. Stoke on Trent uses a virtual school approach in its support of the learning of looked after children. At the time of the inspection there were 150 children who were the subject of a child protection plan. This is a decrease over the previous two years. These comprise 58 females and 88 males (four were unborn children). Some 50% of these children are aged under five, 37% are 5–11 and 13% are 12 years or older. The highest categories of registration were neglect at 47%, emotional abuse at 45%, physical abuse at 6% and sexual abuse at 2%.
8. Social care services for children have 130 foster carer households, nine small group homes and a respite unit for children with disabilities, and 133 externally commissioned places. These are commissioned through 17 fostering agencies, 17 residential agencies and five residential schools.
9. Since 1 August 2008, community-based children's services have been provided by one duty and assessment team, three vulnerable children's teams, one young people's team, two children in care teams supported by a placement support team, one children with disabilities team supported by one outreach team, youth offending, adoption and fostering teams for looked after children and young people leaving care. There is an emergency out of hours service providing cover for Stoke on Trent. Other family support services are delivered through three integrated locality teams and extended services in schools. Some services are provided or coordinated through children's services such as youth, teenage pregnancy, education welfare, flexible learning, Young people's Drug Project and Connexions.
10. Stoke on Trent has 93 schools comprising 71 primary schools, 16 secondary schools, four special schools and two pupil referral units. Early years service provision is delivered predominantly through the private and voluntary sector in over 249 settings (56 day nurseries, 160 childminders, 15 pre-school playgroups and 18 crèches); there are six local authority maintained nurseries.
11. Children and young people's primary health care services are delivered by NHS Stoke on Trent. Stoke on Trent Community Health Services (and its proposed successor organisation, Staffordshire and Stoke on Trent Partnership NHS Trust) provide universal services such as health visiting, school nursing, sexual health, Young Parents Support, Family Nurse Partnership and children in care nurses. NHS Stoke on Trent commissions the Family Nurse Partnership (FNP) programme, a Young Parents Support Service and jointly commissions the Teenage Pregnancy Team North

Staffordshire Community Health Services (and its proposed successor organisation, Staffordshire and Stoke on Trent Partnership NHS Trust) provide therapy services such as occupational therapy, speech and language, dietetics and physiotherapy. University Hospital of North Staffordshire (UHNS) provides the majority of local acute and urgent care services including accident and emergency and assessment services, in addition to Level 3 neonatal care, community maternity, primary care urgent care centre, and paediatrics. UHNS is commissioned (under a community contract) to provide initial health assessments for looked after children. A dedicated mental health service for looked after children is jointly commissioned from North Staffordshire Combined Healthcare NHS Trust.

12. Partnership agreements (Section 256) to jointly commission child and adolescent mental health services (CAMHS) from a range of providers are in place. The majority of CAMHS are commissioned from North Staffordshire Combined Healthcare NHS Trust (NSCH). In order to improve choice for looked after children and all children and young people in Stoke on Trent, two voluntary sector organisations, Changes Young People and North Staffordshire Younger Mind, work flexibly with young people in the community. NHS Stoke on Trent is a contributing partner in the joint commissioning of children and young people's drug and alcohol services with the council's Safer City Partnership. Specialist acute CAMHS are commissioned by West Midlands Specialist Commissioners on behalf of NHS Stoke on Trent. For those children and young people with complex needs, including learning difficulties and/or mental illness services are commissioned on a case by case basis in line with individual needs. Budgets are aligned to commission services for disabled children and young people, for example short breaks, (voluntary sector services such as Home Start, Brighter Futures), Young Women and Young Men's Projects to contribute to the prevention of sexual exploitation, and advocacy services. A Section 75 agreement is in place to provide equipment to children and specialist equipment needs are met through acute and community commissioning contracts.

Safeguarding services

Overall effectiveness

Grade 3 (adequate)

13. The overall effectiveness of the council and its partners is adequate. Senior managers across the partnership have set ambitious, realistic targets and priorities for developing and improving services. The council has undertaken a challenging, positive and improving journey since coming out of intervention in July 2010. Strong leadership has ensured that, despite cuts to their resources which were underpinned by a robust assessment of risk, senior officers and elected members have successfully protected and developed the core services for safeguarding and protecting children and young people. The local authority and its partners are meeting their statutory responsibilities, although accident and emergency care settings and the walk-in centre are unable to consistently identify children and young people who are looked after or subject to child protection plans. The council takes prompt action to safeguard children and young people in need of protection and children in need cases tracked during the inspection showed that children had been effectively safeguarded. However, the consistency of Police attendance at strategy meetings has only very recently improved. Overall, the quality of provision is adequate although there are delays in responding to some referrals and the commencement of assessments. Assessments are variable in their quality, depth and attention to issues of ethnicity and culture.
14. The common assessment framework (CAF) is increasingly effective in identifying concerns at an early stage and the action needed to address them. Families are fully engaged in the process and are very satisfied with the help and support they receive. The responsiveness of the service has improved as a result of a greater number of professionals being trained to lead CAF processes, following a successful training and mentoring scheme. However there is a lack of monitoring and analysis of the ethnicity of service users. The council and health partners align their budgets to commission services effectively for children and young people. These include short breaks for disabled children and early intervention programmes from the voluntary sector services, such as Home Start.
15. The council and its partners have established a good culture of performance management and quality assurance. Emerging trends arising from performance reports are used well by elected members and managers. For example, staffing levels were increased within the duty team when referral rates were found to be rising. The workforce planning and development framework is strong and a successful recruitment and retention strategy has improved the ability to provide a consistent social worker for children and young people. A good range of training is focused well on extending staff skills and understanding in order to develop their knowledge and practice. This training is commissioned for staff at all levels

and has led to improvements in the quality and timeliness of assessment completion. The Step Up programme is building social worker assistants' aspirations and the MA programme has successfully recruited 25 candidates at Keele. The workforce is not diverse and not representative of the local community. Work to improve recruitment from males and minority ethnic groups within the local population is at an early stage.

Capacity for improvement

Grade 2 (good)

16. The local authority, health agencies and their partners have a good capacity to improve. They clearly articulate their ambitions and vision through priority setting and commissioning and this is underpinned by robust management of resources, and understood at all levels of the service. Safeguarding services are subject to good and established audit and evaluation from the LSCB. The commitment to achieving ambitious levels of improvement is demonstrated by the agreement of the LSCB, council and partners to undertake an annual case review using the rigorous Social Care Institute for Excellence methodology. Learning from a recent serious case review has been used to underpin and inform improvements to services across the partnership for children and young people.
17. The council has a recent but impressive track record of improving services. This has led to improved outcomes for children and young people. For example, the rates of children subject to a child protection plan for more than two years has been steadily decreasing and cases inspected demonstrate good quality, outcome focused, measurable plans which are being taken forward tenaciously by committed groups of professional staff. The annual rating of children's services in 2010 judged performance to be adequate and the 2011 inspection of contact, referral and assessment arrangements showed that there were no areas for priority action and that the areas for development have been addressed. The local authority knows itself well and this is demonstrated in its comprehensive self-evaluation and assessment of need. Officers have taken steps to address weaknesses. For example, recent but robust improvements have been made to the quality of Local Authority Designated Officer (LADO) processes, ensuring that children and young people are effectively safeguarded.
18. Service user engagement is good and well established and provides one indicator of the council's capacity to improve. For example, the Voices of Experience group of adults and young people affected by domestic violence has influenced service developments, and Health partners are using tracker technology in a range of locations to secure first hand patient experiences of services.

Areas for improvement

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

Immediately:

- ensure there is sufficient staffing capacity to enable all referrals to be responded to promptly within expected timescales at all times
- ensure that the Police are consistently involved in strategy meetings
- ensure that homeless young people have access to appropriate emergency accommodation and are not placed in bed and breakfast accommodation.

Within three months:

- improve the quality of the presentation and content of historical information about referrals of domestic abuse from the Police and ensure relevant information is shared in a timely way with all agencies including health
- ensure that the impact of ethnicity and culture are explicitly taken into account in assessments of need or risk
- implement a system within CAF processes to enable better monitoring and analysis of the ethnicity of service users
- the NHS Stoke on Trent must ensure the implementation of a robust monitoring and evaluation of the impact on practice of safeguarding training
- NHS Stoke on Trent must ensure that all systems within accident and emergency care settings and the walk in centre which identify children and young people who are looked after or subject to a child protection plan are up to date and effective
- the NHS stoke on Trent must ensure, when children and young people are treated, that there is access to registered children's nurses within the adult accident and emergency care and walk in centres overnight when the paediatric A&E department is closed.

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. The awareness of safeguarding is good across partner agencies and concerns are appropriately referred to children's specialist services from a wide range of professionals. Referrals are prioritised consistently promptly and, ensure that immediate safeguarding concerns are quickly identified and generally responded to immediately. However, the system for alerting staff to children who are looked after or subject to child protection plans within the accident and emergency department and the walk in centre is not robust so potential risks to these children may not be identified promptly enough.
21. During Section 47 child protection enquiries children's views are taken into account and imaginative work has ensured the views of children with disabilities are captured. The joint investigations carried out between the Police and children's specialist services are thorough and there are very recent improvements in the consistency of Police attendance at strategy meetings. Greater awareness by Police officers about the impact of domestic violence on children and young people has led to officers making an increased number of referrals to children's social care. However, at times the Police do not complete referrals of sufficiently good quality or share historical information as promptly as they should. Steps have been taken to improve this. Families affected by domestic abuse have access to a good range of services and support, and, in addition children and young people are offered a specific service from ARCH, a community based organisation, which they value. The emergency duty team and the Police work effectively together to ensure that safeguarding concerns arising out of day time hours are responded to appropriately.
22. Arrangements for children who go missing are good and have been established through a joint protocol with Police. This protocol sets out clear procedures, including reviews, cross-border and out of hours requirements. A commissioned advocacy service, which children and young people value, offers return interviews to young people who are looked after or subject to a child protection plan.
23. Until recently the investigations into allegations against adults working with children and young people were not thorough enough. Stronger procedures and quality assurance arrangements are now in place and joint working with the Police has recently improved, with the result that children are now appropriately safeguarded. The complaints system is well-established and complaints are responded to in a timely way. Themes

arising from complaints by children, young people, parents and carers are identified, effectively analysed and improvements made to services as a result.

24. Systems for the safe recruitment of staff are robust and exceed statutory minimum requirements. Recruitment processes are rigorous and all relevant staff across health organisations and children's social care services have Criminal Record Bureau checks. These are renewed every three years.
25. Looked after children are in safe placements. Safeguarding has been judged good in local authority children's homes, fostering, adoption and private fostering services. Where looked after children have been placed in external provision, the quality of that provision is at least adequate. If concerns regarding the safety of placements are identified, appropriate measures are taken to ensure children are safeguarded and moved, if that is necessary.
26. Children and young people subject to child protection and children in need plans spoken to by inspectors generally felt safe and said they could talk to staff about worries and problems. Some children and young people had experienced bullying and said that the general response by schools to bullying was satisfactory but that to the response to cyber bullying was more variable. Children and young people have a good awareness of e-safety and said that they had on many occasions seen informative films and heard presentations on the topic at schools and in groups they attended. Young carers spoken to by inspectors feel safe and very well supported through the young carers project and also by school staff. The number of children and young people from minority backgrounds receiving support from the young carers' project is low. Young people on the edge of care or in challenging family circumstances involved with the placement support team told inspectors they are very well supported and working with the team had helped them to remain with their families.
27. The views of children and young people are generally sought and inform assessments and plans sufficiently well. Children and young people subject to child protection and children in need plans are visited regularly and seen alone where appropriate. Recent steps have been taken to improve the participation of children and young people in child protection conferences and associated processes and an independent advocacy service has been commissioned to support them. The needs of young people at risk of homelessness are assessed and accommodated appropriately. However, there is no direct access to emergency accommodation for young people and this results in a small number being placed in bed and breakfast accommodation for short periods.
28. Targeted work with minority and vulnerable groups of children and young people has been largely successful, and has resulted for example, in the

regular attendance at school of Traveller children. The LSCB has engaged successfully with Imams and elders at local Mosques and Madressahs and as a result, a good practice guide on safeguarding children has been developed. Plans to deliver a tailored training programme are in place. Work with unaccompanied asylum seeking young people is good and there are easily accessible interpreter services to support assessment and support work delivered by a dedicated staff group.

Quality of provision

Grade 3 (adequate)

29. The quality of assessment and direct work with children, young people and families is adequate. Generally, assessments are completed in a timely manner although there was a short term dip in the timeliness of initial assessments earlier this year. In response, managers enhanced staffing capacity within the duty team and timeliness has now improved. Partner agencies routinely contribute to assessments which are at least of adequate quality and many are good. These take account of family history and make appropriate recommendations for services to meet children's needs. However, information from the Police is not always included in assessments to inform Child Protection Conferences. Children and young people are routinely made part of the assessment process and at times very good work gains and represents their views adding to the overall quality of the assessment. Fathers and male partners are not always fully engaged in assessment processes and specific training is being delivered to staff to address this issue. In some cases, unqualified staff are responsible for undertaking initial assessments and this is not in line with statutory guidance. However, there are plans to address this in the new configuration of children's specialist services. Assessments do not always take sufficient account of the impact of ethnicity and culture when individuals' needs and associated risks are considered.
30. There is a good range of early intervention services across the city. Recent budget constraints have resulted in a reduction in, or reconfiguration of, some of these services, such as the number of children's centre staff and the redeployment of staff from the successful and valued family intervention project, but it is too early to assess the impact of this. The use of the CAF is well established, generally effective and high numbers of staff across partner agencies including health and the Police have been trained to take the lead professional role in the process. A mentoring scheme is in place and has further increased the numbers of those trained to take on the lead professional role. This has increased the service's ability to be responsive to need. Increasing numbers of families are well supported through CAF and parents and young people spoken to were very positive about the impact this had on their lives. They feel their views are well represented most of the time. Assessments are thorough with clear, appropriate action plans which are driven forward by professionals and families. There is no data available which analyses the involvement in CAF by families from minority groups so it is not possible to determine

access or to evaluate the effectiveness of this support to families from across the whole community.

31. Thresholds for children's social care specialist services are well understood by partner agencies and referrals are appropriate. Management oversight and decision making in the duty service is good and there is prompt action in dealing with cases where children and young people may be at risk of immediate harm. However, the volume of referrals to the duty service has been rising following a pattern of falling numbers and recently there has been delay in progressing some referrals. Consequently there can be delays in the assessment of the needs of some children. Managers have responded quickly to the situation by increasing staffing capacity with the aim of ensuring all referrals are responded to within timescales.
32. The quality of case planning, reviews and recording is good. Child protection planning is timely and thresholds for children and young people becoming subject to a child protection plan are appropriately and consistently applied. There is good multi-agency involvement in child protection conferences and reviews include health staff, school staff, voluntary agencies and adult services where appropriate. Attendance by parents at conferences is good. Parents spoken to felt they were well supported by conference chairs and that they were able to give their views. Young people are supported to attend by independent advocates. However, attendance by the Police at initial child protection case conferences is inconsistent and attendance by general practitioners (GPs) is rare though both agencies provide information to inform conference decisions. Child protection plans are clear, detailed and action plans are outcome focused. Progress on actions is well monitored through regular, well attended core group meetings and the quality of written meeting records is usually good. There is good use of written agreements with parents. Where plans are not progressing there is thorough and timely discussion with legal advisers and strategic managers through case directions meetings. This helps to ensure appropriate consideration is given to initiating care proceedings. Case records are generally up to date. Children in need plans are of very good quality. They are detailed with clear outcome focused and measurable action plans, which are driven forward by regular multi-agency reviews. This helps to ensure adequate or better outcomes for children and young people.

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

33. The contribution of health agencies to keeping children and young people safe is good. Health services engage well with the LSCB and there is appropriate representation by managers, including the designated health staff that attend board meetings regularly. Managers are actively involved in sub groups. The LSCB provides strong and appropriate challenge to health services, effectively holding them to account. For example, the

LSCB ensures that actions from serious case reviews are appropriately taken forward and that safeguarding audits are completed satisfactorily. The independent LSCB chair visits health providers on a regular basis to scrutinise services and raise awareness of safeguarding issues.

34. Health partners ensure service users views are sought and taken into account by the use of 'You're Welcome' quality standards and by the use of 'patient experiences trackers' throughout CAMHS, sexual health and community health services. Service users' views have had an impact on the development and delivery of services and have led to improved access pathways to assessments for young people with emotional and mental health difficulties. Children and young people with disabilities are supported well and there is evidence of good, improved levels of consultation with parents and carers which have led to positive outcomes like more 'short breaks' provision. Parents spoken to were positive about the range of support available for themselves and their children. A transition forum meets regularly to identify and make timely plans for young people with serious and complex disabilities coming up to transfer to adult services.
35. Partnership arrangements for safeguarding children have been strengthened by the dissemination of learning from serious case reviews and serious untoward incidents training. This has led to an improvement in the quality of reports for, and attendance by, health partners at child protection case conferences. Health staff have good access to safeguarding training and health trusts monitor attendance at mandatory safeguarding training.
36. Thresholds for referral to children's specialist social care are well understood and where issues do arise, there are effective escalation mechanisms to support early resolution. All referrals from health services are scrutinised by designated and named nurses to ensure they are of good enough quality and meet thresholds' criteria. Feedback from children's specialist services about actions taken for referrals is not always timely. School nurses are effective lead professionals in CAF processes and these contribute to strong multi-agency working in support of children, young people and their families. Parents spoken to by inspectors are very positive about the helpful support provided by the family nurse partnership. There is good work to engage fathers and male partners and 70% of those worked with have undertaken the parenting skills programme. Health visiting capacity is good and the workforce is almost at full strength with very low turnover rates. Children and families are well supported by health visitors and there is good involvement by health visitors with children in need and those subject to child protection plans.
37. Children and young people with emotional and/or mental health difficulties have good access to assessments by CAMHS. Both email and telephone consultations are provided within 48 hours and in most cases treatment

programmes are put in place in a timely manner. Younger Mind provides effective support and counselling for 7–18 year olds, accessed through self-referrals and referrals from parents and carers. There has been inappropriate provision for 'a place of safety' for children and young people as defined by the Mental Health Act, (Section 136). As a result there have been occasions when young people have been held in Police custody suites and in adult in-patient wards, although in the last year no young people were held in police custody suites. This gap in provision has been recognised and very recent arrangements have been put in place to resolve this problem. There are appropriate facilities and equipment in place for medical examinations of children and young people who have suffered sexual assault and a new dedicated facility is currently being built.

38. Young people who become pregnant and teenage parents are well supported by the Young Parent Support Service team, which is part of Stoke Community Health Services. Access to the service is by self-referral; this open access has improved the take up of the service. There are robust and risk based decision making processes to support young women in making decisions about their pregnancy, good ongoing support, and contraceptive advice where a pregnancy is terminated.
39. All designated and named health staff have, or are undertaking, post graduate qualifications, are highly visible and hold valued roles within health provider services. They have good communication with children's specialist services. They provide effective, credible advice and guidance to front line staff. Safe recruitment of staff is good and Section 11 safeguarding audits and reports to Health Trust Boards confirm appropriate procedures are in place.
40. The child death overview panel is effective and ensures a timely response and review of all incidences of a child death. Evaluations of the work of the panel show that good support is offered to families and the 'care of the next infant' scheme is well embedded. There is no robust out of hours children emergency medicine cover by qualified children's nurses and no dedicated children resuscitation area. This does not meet government standards and plans are in place to move to a new building which will be appropriately equipped and staffed.

Ambition and prioritisation

Grade 2 (good)

41. Ambition and prioritisation are good. Ambitions and priorities are based on a strong comprehensive assessment of need undertaken in 2010. The local authority and partners demonstrate a high level of commitment to safeguarding, made explicit at all levels of planning from the corporate level through to the multi-agency Children and Young People's Plan (CYPP), and in turn to individual service plans. Safeguarding services are subject to regular audit, challenge and evaluation by the LSCB.

42. The Children and Young People's Strategic Partnership provides strong and visible leadership in respect of ambitions and priorities for children. Governance is good and working arrangements with the lead member, LSCB and wider council are clear. There is a good understanding of the national context for the delivery of children's services and the partnership has demonstrated this through its support for integrated locality working, which is one of its three priorities. Good progress is also reported by health partners in improving the language development of pre school children, in services accessed through children's centres.
43. Elected members are good at championing the needs of children and young people and respond well to their views. The corporate parenting panel has a good breadth of influence and offers regular challenge to the senior officers in the children and young people's directorate. The panel chair also chairs the Children and Young People's Overview and Scrutiny Committee. The corporate parenting panel have succeeded in influencing service developments and improving outcomes for young people by taking their wishes into account. For instance young people say they feel safer and more secure now they are living in small two bedded residential homes rather than in the previous larger group homes.

Leadership and management

Grade 2 (good)

44. Leadership and management are good. The Children and Young People's Directorate's senior management team provides strong, knowledgeable and determined leadership with drive and commitment to further improve services. Senior managers have clear plans in place to achieve this. Significant progress has been made in improving the quality of safeguarding services from a low base, such as the good and improved use of written agreements with parents. Areas of under performance are effectively identified, followed by robust and systematic action to resolve issues, a good example being the improved performance in numbers and quality of core assessments completed. Good progress has been made in addressing the areas for development arising from the unannounced inspection of contact, referral and assessment arrangements. For example, audits of case files show significant improvement in taking previous history into account and this is now done routinely.
45. Workforce development is good and has been successful in improving retention and recruitment of staff. Social work vacancies are few, but despite this social work capacity is stretched in some areas, reflecting high numbers of children subject to children in need plans and recent rises in referral rates. This has resulted in high caseloads for some social workers. Staff are hard working, very committed to the young people and children of the city and morale is good. Commitment to maintaining robust front line social work services is strong and senior managers have a good understanding of where difficulties are emerging and taking prompt action to support teams under particular pressure, for example, by increasing

capacity in the duty team. Staff feel well supported by managers at all levels, are satisfied with the quality of supervision they receive and have good access to a wide range of training. Training and development opportunities are good and based on needs analysis, and staff are enthusiastic about the opportunities and support available for their training needs. A training pathway for managers has recently been put in place. The local authority has recognised that its workforce does not reflect the community it serves and the development and implementation of projects to encourage men and those from minority ethnic groups to aspire to higher levels in social work are having some impact. A quarter of the people recruited last year were male and/or from minority ethnic groups.

46. Access to some services by children and families from minority groups is not well monitored and there is insufficient information and analysis to be clear whether the needs of the whole community are being addressed in service planning.
47. A comprehensive needs analysis has been completed and this underpins service planning and development. The further development of joint commissioning is one of the principles of the strategic partnership but it is still not embedded as an overarching approach but where it occurs it is effective and well managed. Good examples of jointly commissioned projects are Homestart and CAMHS where contract monitoring is regular and robust and evaluation and reviews are outcome focused. Financial resources are used effectively and this is demonstrated on a strategic level by the re-configuration of family support and early intervention services to ensure services remain in place for those families in highest need. In addition operational budget management is good with monthly financial reporting and oversight. There has been good progress in implementing actions arising from the serious case review with good evidence of improved practice, for example in ensuring that history is taken into consideration in assessments and in the increasingly good use of written agreements with parents.

Performance management and quality assurance

Grade 2 (good)

48. Performance management and quality assurance systems are good and well established at strategic and operational levels. Performance is carefully and regularly monitored against both national and local indicators with good analysis of trends and underlying issues. At a strategic level the LSCB robustly audits and monitors compliance across the partnership against serious case review action plans. Detailed performance and management information at team level is used well to drive performance by practice and principal managers. A culture of regular and rigorous case file audit is well embedded and audits are used effectively, in addition to

sampling exercises, to examine specific areas of performance. Themes and issues are clearly identified and analysed and reported on to senior managers and the LSCB. The LSCB has effective multi-agency systems and processes to manage and challenge safeguarding performance across agencies. Robust action plans have been developed to address areas for improvement and made good progress. This has led to improved practice in some areas, for example the improved use of working agreements with parents.

49. Managers are very accessible and provide good direction and clear guidance to social workers and support staff. The quality of supervision of files is good and all files examined by inspectors had up to date supervision agreements in place. Records of supervision were thorough, covering training, caseload and welfare issues, and demonstrate regular, good quality support and oversight by team managers. Staff have up-to-date performance development reviews which are comprehensive and include clear, appropriate action plans.

Partnership working

Grade 2 (good)

50. Partnership working is good and is well established at both strategic and operational levels. The Domestic Abuse Partnership (DAP) has very good representation from all the key statutory and voluntary agencies. Good work has been done to raise awareness of domestic abuse among the community and professionals. Thresholds for children's social care specialist services are clear and appropriate and well understood across agencies. Joint working with individual children, young people and families is effective across most agencies.
51. Multi-Agency Risk Assessment Conferences (MARAC) are held regularly with generally good attendance and information sharing on high risk cases to ensure that appropriate action plans are developed and agreed to meet the needs of children, young people and adults affected by domestic violence. There have been difficulties in achieving consistent representation from children's services but action has been taken to resolve this.
52. Information sharing protocols are appropriately established across the partnership, for example in respect of missing children. Strong partnership working has led to the well publicised and valued Artemis e-based learning initiative in relation to raising awareness of and improving information sharing practice.
53. The LSCB is well established. It has an independent chair that provides effective and committed leadership. The Board has a clear and appropriate business plan which is progressing well. It maintains a good overview of child protection activity and the wider safeguarding agenda. Members are held to account appropriately for their safeguarding responsibilities.

Services for looked after children

Overall effectiveness

Grade 3 (adequate)

54. The overall effectiveness of services for looked after children is adequate. Statutory requirements are met by the local authority and partners and there is a record of improvement. For example, good performance is evident in improvements to educational achievement, following the appointment of an inspirational head of the virtual school. The majority of outcomes for looked after children are good and demonstrate ongoing improvement, such as the high rates of children receiving comprehensive health assessments and dental care and the support they receive from an effective and dedicated health team. Partnership working is of good quality and is well established, and this has led to a reduction in looked after children's offending rates and good support for young people who are pregnant or mothers. The fostering service has been judged as outstanding and small group children's homes are judged to be at least good. Looked after children feel safe in their placements and their needs are promoted well by their carers and by dedicated looked after children teams who work in effective partnership with other key agencies. However, there is poor and inadequate performance in relation to care leavers who are not in education, employment or training (NEET). For example agencies are insufficiently proactive in ensuring that those young people who drop out of education have access to suitable advice, guidance or support with searching for work. Although a strategy group is now in place to rectify this it is too early to evidence any impact. The overall quality of provision for children and young people looked after is adequate. Assessment and care planning for looked after children is not consistently robust and issues relating to ethnicity and culture are not always taken account of in casework. However, the leadership and management of services for looked after children are generally effective, and have resulted in an increased range of placements to meet a wide variety of needs. Resources have been used effectively in the commissioning of a valued advocacy service and this contributes to improved outcomes for looked after children and young people.

Capacity for improvement

Grade 2 (good)

55. The capacity for improvement is good. The partnership has high and well defined ambitions for looked after children and articulates its priorities well through all levels of planning. The council, health services and partners demonstrate good understanding of the needs of looked after children and have resources in place to address them although, in common with national trend, there have been unanticipated increases in the numbers of looked after children. Analyses of why children have become looked after, alongside robust legal case direction, have determined that all children looked after have needs that are best met by being in public care. The

track record of improving outcomes for children and young people is, in most areas, good and improving. Care and other legal proceedings are generally completed in a timely way avoiding delay and uncertainty for children and young people in planning for permanence. There is good and improving performance in long term placement stability and the timeliness of adoptions is very good and demonstrates the council's ability to deliver against its own priority to 'provide a family to be part of forever'. The council and its partners understand their strengths and weaknesses and are taking appropriate action to address them. There are systems and resources in place to deal with the poor outcomes in economic well-being for some young people but it is too early to evidence their impact.

56. Workforce planning is good and increased levels of social worker recruitment and retention have ensured that looked after children and young people have a consistent social worker. Service user engagement is good and the children in care council (CiCC) is listened to by members and officers and contributes to driving change. There is good and increased use of advocacy and mentoring during transition planning, both in education and moving on to adult services. Advocacy is also used effectively in key meetings to support children and young people's views be taken account of.

Areas for improvement

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

Within three months:

- improve the planning, coordination, and monitoring of young people leaving care so that all receive the support they need to ensure that they stay in education and training, or access suitable employment
- ensure that the strengths and difficulties questionnaires are used to inform CAMHS and contribute to annual health assessments and reviews
- ensure that young people leaving care are fully supported so that their health needs are met and that those leaving care receive copies of their health histories
- ensure that when children and young people become looked after core assessments are updated so that there is an easily accessible analysis of current and future needs
- ensure that care plans consistently include focused, measurable objectives and are reviewed and updated regularly

- ensure that foster carers are consistently involved in care planning for the looked after children and young people they care for
- ensure that issues of equality and diversity are consistently addressed and taken into account in casework.

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

Being healthy

Grade 2 (good)

58. Health outcomes for looked after children and young people are good. Information sharing across agencies is effective and health partners receive timely notification from social care about children becoming looked after. When children and young people move to new placements health staff receive information promptly and this contributes to consistency of care. Looked after children and care leavers, including those placed out of area, have good access to comprehensive health assessments, and 84.6% of looked after children receive a timely initial health assessment. This is an improvement in performance and in line with national averages. The rates for dental assessments at 84% and immunisations at 88% are also good and improving, with rates being in line with statistical neighbours. A revised database for monitoring and review of looked after children health outcome data has resulted in improved targeted interventions to address declining performance. However, the strengths and difficulties questionnaires used to assess emotional well-being, which are completed by children's social care, are not routinely shared and used to inform health assessments. An effective interpretation service supports the looked after children health team in undertaking full health assessments and ensuring that the cultural and faith needs of children from minority ethnic groups, as well as unaccompanied asylum seekers, are fully assessed and have their needs met.
59. There are good arrangements in place for looked after children to access specialist services in a timely way, such as CAMHS 'Yellowhouse' and Young Mind a service commissioned from the voluntary sector. The latter provides effective support and counselling for 7–18 year olds which can be accessed through a range of referral routes.
60. Health files for looked after children are of good quality and those for children with disabilities show evidence of good multi-agency work. Care leavers are registered with GPs and dentists but children and young people leaving care do not receive a copy of their health information.
61. There is no dedicated monitoring of teenage conception and pregnancy within the looked after population. However, there is good access and support through multi-agency pregnancy pathway arrangements. Named nurses for looked after children provide good and individually tailored training for foster and residential carers on personal health and sexual education. This is in line with the school curriculum. Sexual health services are delivered flexibly at locations to suit a young person's needs.

Staying safe

Grade 2 (good)

62. Staying safe outcomes for looked after children are good. Timely decision making ensures that children and young people become looked after appropriately. Regular, good quality case directions' meetings, which include legal staff and managers, are used effectively to scrutinise cases and make decisions about accommodation and care. The rehabilitation of children in care back to their families is thoroughly risk-assessed using comprehensive parenting assessments. These demonstrate good quality analysis. The council takes effective action to support these situations by the use of placement with parent regulations and supervision orders. Viability assessments of potential relatives or friends as carers are rigorous and enable well informed decisions to be made that ensure children's safety and stability. The council performs well in using this type of placement with 13.6% of looked after children placed in this category. This is higher than statistical neighbours and shows performance is on an upward trend.
63. Looked after children seen by inspectors say they feel safe in their placements and have trusted people to turn to. Long term placement stability is good and has improved from 66.2% in May 2010 to 73.5% in May 2011. Children are only placed in independent, out of authority placements that, at the time of placement, are judged at least adequate and most are judged good or better. Only one child is in a placement that was judged inadequate after he was placed and the local authority has taken robust action with the provider to ensure the child's safety while seeking an alternative placement.
64. Arrangements for supervising contact between looked after children and their parents or family members are well organised and safe. Contact takes place in locations appropriate to a child's needs. Children seen by inspectors have been spoken to by their social workers and understand why their contact is supervised. Contact records are comprehensive and provide a clear picture of parents' engagement with their children. This informs assessment and planning.
65. The complaints system is well established, responsive and uses analysis of emerging themes effectively to learn lessons and improve practice. A good quality established advocacy service has been commissioned which offers support to all young people who need or wish to access the service, including those placed out of county, unaccompanied asylum seeking children and those with mental health needs. Young people confirm that they have been supported by advocates to promote their views. Children and young people confirm they are aware of how to complain and are confident that they will be supported to do so and, since the advocacy service has been in place more young people have raised complaints. All looked after children who go missing are offered a return interview that is conducted by an independent person under the terms of the advocacy

contract. Looked after children have a good awareness of the potential risks of social networking websites and their access to the internet is restricted in line with e-safety policies.

Enjoying and achieving

Grade 2 (good)

66. Outcomes for enjoying and achieving are good. Looked after children are well supported to access a good quality of education. Their needs are analysed rigorously, monitored regularly, and the local authority allocates a good level of resources to ensure that they have the best chance to benefit from available opportunities. Since 2009 when the head of the virtual school was appointed, effective targeted action has steadily improved attendance to 93.4%, although this performance remains just below statistical neighbours. There are successful, individually tailored programmes aimed at keeping persistent absentees in education, and their performance has improved sharply over the year. No looked after child has been permanently excluded since 2009 and over the same period fixed term exclusions have fallen to 1.3% from the national average of 12%. The positive impact of this improved performance is very evident in improvements to attainment, especially for older children. Where looked after children are educated in other local authorities, monitoring arrangements are robust and well coordinated. The head of the virtual school has very good links with the respective authorities and has taken effective action to deal with difficulties affecting children educated outside the city.
67. Although the performance gap in attainment between looked after children and others is still wide, it has narrowed significantly in the past two years, especially at Key Stage 4. There has been notable success at Key Stage 2 in maths and at Key Stage 3 in English, maths and science. Data for 2010 at Key Stage 1 appears poor but is skewed by a relatively large percentage (40%) of children with statements of educational need. Newly published local data for 2011 shows significant further improvement in both English and maths at Key Stage 2.
68. Training for social workers, carers and other participants in educational planning has been effective in improving the quality and completeness of personal education plans, particularly in empowering children, young people and their carers to take ownership of their own development.
69. Looked after children have very good access to leisure activities and many participate in a wide range of provision, such as sports, youth clubs and music lessons, supported by personal educational allowances allocated through the Schools Forum. However, while children with disabilities are encouraged to participate in mainstream activities, the authority recognises that there is not enough choice of activities specifically designed for them.

Making a positive contribution, including user engagement

Grade 2 (good)

70. Outcomes for making a positive contribution are good. In 2010 the council committed to a pledge for children in care in conjunction with children and young people which commit the council to respect young people's views, support them in education and make the most of their talents. The children in care council is well established and members are routinely consulted on, participate in and influence practice across a range of council activities such as developing criteria contributing to the screening of prospective foster carers members and having a key role in interviewing prospective children's services employees. One member has led a debate in the House of Commons for the UK Youth Parliament. The children in care council are well supported by an enthusiastic engagement officer.
71. Looked after children and care leavers are well supported to develop effective communication skills through targeted work in and out of school. Stoke Speaks Out, a multi-agency project addressing underlying language development deficits in the city, has helped children and young people to develop the confidence to air their views. Looked after children of ethnic minority heritage have been well supported in small group homes to develop a better understanding of the culture they come from.
72. Training for social workers and other key professionals has been modified to take good account of the opinions of looked after children, leading to more productive involvement of looked after children in their personal education planning, reviews and pathway plans. Most children and young people interviewed are very satisfied with their care. The authority responded creatively to opinions expressed about transition arrangements in a survey of children with disabilities, setting up a website to help them and their carers to access information.
73. Partnership working to prevent offending and reoffending is effective. The rates of looked after children offending are below that of statistical neighbours. Community resolution and positive intervention has been increasingly successful in preventing young people from entering the criminal justice system. The effect of budget cuts on key youth work projects has been minimised through exchanging fixed buildings for more flexible mobile provision to engage young people fruitfully.

Economic well-being

Grade 4 (inadequate)

74. The economic well-being outcomes for looked after children are inadequate. Care leavers, especially those over 17, do not engage sufficiently in education and training. Nearly half of care leavers aged between 17 and 19 years are NEET. While Stoke has a high rate of universal youth unemployment, this represents a significant gap in

provision. Too many care leavers drop out of further education early without success. Local colleges have designated tutors and are working towards the Buttle Trust quality mark. However, arrangements to coordinate support to care leavers at college are insufficiently systematic. Agencies are insufficiently proactive in ensuring that those who drop out have access to suitable advice, guidance or support with searching for work.

75. A few care leavers are achieving well. Local universities have good mentoring schemes to develop aspiration for vulnerable groups and fund 52-week accommodation for students leaving care. Take-up of this is variable. Last year no care leaver progressed to Higher Education, but five of the 43 care leavers who are 18 this year have applied for bursaries and are awaiting their A-Level results. The local authority recognises that participation post-16 is poor and has set up a multi-agency Education Employment and Training Pathway Group in May 2011 to address this issue although it is too early to demonstrate impact. However, it has secured good resources to support young people to stay in education through a successful Youth in Focus bid. Early indications suggest that current 16-year-olds have better prospects. Well focused work to re-engage particularly challenging pupils has been effective. All but 11% are in education, employment or training. Applications for vocational courses, including the council's own much improved apprenticeships, have risen following successful intervention to provide better guidance in supporting young people to choose vocational options for foster carers and residential staff.
76. The quality and completeness of pathway plans has improved and all care leavers have a plan to which they contribute. Starting this process a year earlier means that children receive better and more timely advice to choose the right GCSE options to meet their career ambitions. At the same time extending the age range of young people who have Personal Education Plans has improved consistency of approach and the involvement of Connexions advisors in meetings.
77. The local authority recognises arrangements to support looked after children with disabilities involve too many transfers between teams, which is unsettling for some and complicates transition planning. It has plans in place to restructure the service for children with disabilities. Care leavers with disabilities make good use of personal budgets and can choose from a good range of appropriate local specialist providers. Mainstream further education providers have also improved their recognition and ability to support disabilities.
78. Most care leavers have access to a satisfactory range of accommodation that meets their needs. Incentives to support foster children to stay on in placements beyond 18 are improving stability and enabling more looked after children to finish their education. However there is no suitable

emergency accommodation for homeless young people, and they are sometimes accommodated in bed and breakfast accommodation for short periods.

Quality of provision

Grade 3 (adequate)

79. The quality of provision is adequate. Decisive and timely action is taken to protect children and multi-agency care planning meetings are beginning to show improved clarity in processes for deciding whether children need to remain looked after. There is a strong drive for permanence and the use of twin-track planning is routine. The local authority has good performance in achieving adoption and special guardianship, which secures permanent placements for children. However, there was some delay in two cases examined by inspectors and the local authority's pre inspection audit had identified this as an issue. Core assessments are not routinely completed and updated for children who become looked after and this can lead to a comprehensive and up to date understanding of their needs not being in place. Services for children on the edge of care are effectively integrated through the use of the thresholds framework, common assessment processes and team around the family interventions, and there is evidence of positive impact.
80. Looked after children reviews are timely and hold social workers and others to account. While, in many care plans and actions arising from reviews there is a lack of focused, measurable objectives, there is evidence of recent improvement. Statutory visits are completed within timescales, but in most cases seen visits remain at the statutory minimum.
81. In some cases, issues of equality and diversity are very well understood and strongly influence casework but this is not sufficiently consistent. In one case, very good quality work and a comprehensive understanding of a particular culture led to a successful placement of a child with a relative who has obtained a Special Guardianship Order.
82. Looked after children and their parents seen by inspectors have a high regard for social workers in children in care teams and believe that their views are listened to and taken into account in assessment and planning. However, foster carers views are not always fully considered in assessment and planning. The Young People's team provides consistent support for older looked after children and care leavers but support to care leavers in further education is not fully coordinated and this contributes to poor educational, training and employment outcomes.
83. While records are up to date, the use of multiple files and formats means that key information is not always readily retrievable. However there are plans in place to address this. The views of children, parents and carers are clearly recorded in files. In some cases seen, the views of non-verbal children are obtained from careful observation and analysis and this informs planning.

Ambition and prioritisation

Grade 2 (good)

84. Ambition and prioritisation is good. Managers and staff at all levels articulate a clear ambition for achieving good performance against their priorities. The looked after children development plan is comprehensive and the placement sufficiency strategy contains achievable and measurable objectives and a clear framework for future development that is consistent with the overall ambition to secure permanence. Action and resources support this ambition and the council's success in achieving good adoption and special guardianship rates is evidence of the ambition being translated into practice.
85. There is a whole council commitment to improving the lives of looked after children, with councillors from a range of portfolios acting as champions for them and prioritisation by housing, adult social care and other services. There is strong multi-agency collaboration at all levels which ensure joined up services and positive outcomes can be seen in the reduced and low numbers of looked after young people who are involved in offending behaviour. Joint commissioning is effective particularly in the provision of dedicated health services for looked after children and it is a strategic plan to further develop this approach.

Leadership and management

Grade 2 (good)

86. Leadership and management are good. All looked after children are allocated to a qualified social worker and their caseloads are manageable, and planned to reflect complexity, experience and individual development needs. Staff have good access to training that is consistent with the council's change agenda and its approach to planning for looked after children. Social workers are supported in their work by social work assistants who have a key role in supervising contact between children and their parents or family members. The local authority has recognised that its workforce does not reflect the community it serves and the development and implementation of projects to encourage men and people from ethnic minorities to aspire to higher levels in social work are having some impact. A quarter of the people recruited last year were male and/or from minority ethnic groups.
87. The local authority has recently recruited additional foster carers and most children are placed within 20 miles of home. Foster carers feel well supported by their supervising social workers, with significant improvements in supervision and training in the last year enabling them to provide good and improving quality of care to children. Placement choice is influenced by assessment of the child's needs despite the constrained financial environment and there is sharp focus brought to the effective use of resources and quality of provision. There are good examples of flexibility in identifying atypical but safe options for some children. The council has opted to provide the majority of foster placements in-house

and it has recently contracted with five independent agencies to augment its own provision.

88. Partnerships with health, education and other agencies such as accommodation providers are strong, with a collective commitment to prioritise looked after children. This contributes to good and improving health and educational outcomes for most looked after children. However this is not the case with young people who are NEET, where recent plans for improving outcomes have not yet demonstrated a positive impact. Managers across services meet regularly to develop and shape good practice. The lead member, elected members and scrutiny panel chair all demonstrate commitment to championing the needs of looked after children.
89. A collaborative approach between partners to securing good quality resources to meet the needs of looked after children ensures that the early stage of integrated commissioning does not result in lack of services or poor outcomes. Commissioning intentions are contained within the draft sufficiency strategy but do not include demand or cost projections. This limits its reliability as a planning tool. The move from large residential to small group homes is an example of responsive decommissioning and re-commissioning of internal services.

Performance management and quality assurance

Grade 2 (good)

90. Performance management and quality assurance are good. Systems are well established and performance is routinely monitored against both national and local indicators with good analysis of trends and underlying issues. At practice and principal manager levels, management information is used well to improve performance. A culture of case file audit is well established and audits are used to examine specific areas of performance. Themes and issues are clearly identified and analysed and reported on to senior managers and the corporate parenting panel. The looked after children action plan includes robust case level monitoring by senior managers which minimises drift in progressing permanency planning and directing action to be taken when necessary. This supports high performance in areas like adoption and special guardianship.
91. Management oversight and decision-making are routinely demonstrated in files. Managers are accessible, provide good direction and clear guidance to staff. Cases are discussed regularly in supervision and the recording of this is generally clear and detailed. The overall quality of supervision files is adequate and all inspected had supervision agreements in place. Records of supervision are thorough, detailed and provide evidence of regular, good support and oversight by team managers. Casework pressures and their impact are appropriately discussed.

92. All looked after children have an allocated Independent Reviewing Officer (IRO). The IRO handbook is fully implemented and there is good access to independent legal advice. IRO workloads include foster carer reviews, and in consequence caseloads are high at 90. The full impact of the recent changes to the IROs' role in relation to being a consistent figure in children's lives has yet to be fully demonstrated. Performance in timeliness and the participation of children and young people of statutory reviews is good.
93. Complaints and compliments are analysed effectively, with themes and issues identified and reported on. There is evidence of complaints influencing practice such as amendments to training relating to Care First the electronic case record system, following a rise in the number of complaints about breach of confidentiality that arose from a failure by some staff to understand how addresses are updated.

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