

Inspection of safeguarding and looked after children services

Rutland

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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 daycare provision and the evaluation of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
 - a review of 37 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 May 2011
 - interviews and focus groups with front line professionals, managers and senior staff from NHS Leicestershire County and Rutland (PCT), Leicester Partnership NHS Trust and University Hospitals of Leicester NHS 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. Rutland is a very small county and has a resident population of approximately 9500 children and young people aged 0 to 18, representing 24.5% of the total population of the area. In 2011, 4.7% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall; 1.4% of pupils speak English as an additional language.
5. Rutland has 21 schools comprising 17 primary schools, three secondary schools and one special school. Early years service provision is delivered predominantly through the private and voluntary sector in over 20 settings; there are two local authority maintained nurseries.
6. The Rutland Children's Trust was set up in 2006. The Trust includes representatives from Rutland County Council, Leicester, Leicestershire and Rutland Primary Care Trust Cluster, Leicestershire Police, Probation, Youth Offending Service, third sector organisations and local schools and colleges.
7. The Leicestershire and Rutland Local Safeguarding Children Board (LSCB) has an independent chair and brings together the main organisations working with children, young people and families in the area that provide safeguarding services.
8. At the time of the inspection there were 33 looked after children. They comprise seven children of less than five years of age, 23 children of school age (5–16), three post-16 young people and a total of 19 with care leaver status. Rutland uses a virtual school approach to support the learning of looked after children. At the time of the inspection there were 15 children who were the subject of a child protection plan. This is an increase over the previous two years.
9. Placements for looked after children comprise 22 in house foster carers and five externally commissioned services. Community-based children's services are provided by a duty and assessment team and a children and family team and this includes social work services to looked after children and care leavers. Their work is supported by specialist teams covering intensive family support, children with a disability and the fostering team. An emergency out of hours service is hosted by Leicester City and shared with Leicestershire and Rutland. Adoption and Youth Offending Services are also provided in partnership with Leicestershire County Council. Preventative family support services are delivered through four children's

centres, two of which are satellite centres. Some services are provided or coordinated through children's services such as integrated youth services, teenage health (including teenage pregnancy) and Connexions.

10. Commissioning and planning of health services and primary care are carried out by Leicester City, Leicestershire and Rutland Primary Care Trust cluster. The main provider of acute hospital services is University Hospitals of Leicester NHS Trust. Community-based Child and Adolescent Mental Health Services (CAMHS) are provided by Leicester Partnership NHS Trust. In-patient CAMHS are provided by Leicester Partnership NHS Trust, who also provide community health services.

Safeguarding services

Overall effectiveness

Grade 3 (Adequate)

11. The overall effectiveness of safeguarding services in Rutland is adequate. Statutory, minimum requirements in relation to safeguarding children are met. The council and its partners are able to demonstrate swift and effective improvement in response to the areas for development set by the unannounced inspection of contact, referral and assessment arrangements in May 2011. Responses to referrals are now timely, there is no unallocated work and there are improvements in the completion rates of assessments. Some key aspects of service delivery, such as the level of re-referrals, have yet to show sustained improvement and these have been accurately identified by the council's own auditing measures. Initial and core assessments are all of adequate quality and some are good, although the council's audit have identified they could be further improved by more effective information gathering and thorough analysis. Some core assessments are undertaken unnecessarily, delaying the delivery of services. Health partners are not always involved in assessment in a timely way. A satisfactory system of performance monitoring and quality assurance is in place, which has contributed positively to the recent service improvements, although more could be done to improve the qualitative information available by expanding the current audit format.
12. The LSCB is effective, and the interim independent chair is providing active leadership and challenge. The Board's effectiveness has a positive impact on partnership working, such as joint work to identify and address the risk of sexual exploitation for children who go missing. One particularly positive feature is the council's willingness to commit significant extra resources to the children's services budget, which has resulted in the recruitment of four additional front line posts and ensured that all cases are allocated to qualified social workers.
13. The council and its partners have retained the Children's Trust, which is currently being reconfigured as a sub-group of the shadow Health and Wellbeing Board, which Rutland is piloting prior to its formal introduction in 2013. However, the strategic drive and direction planned for some services is being delayed, while structural arrangements for the shadow Health and Wellbeing Board are finalised. The council and its partners have recognised the priority need to integrate resources for early intervention through the Families First initiative, which builds upon and extends existing preventative services and to which the Trust is providing effective governance. The Trust previously agreed an overarching commissioning strategy which has been used effectively in some specific instances, but there is no accompanying strategic plan in place and therefore no overall, formal evaluation of commissioning activity from which to develop services. The Trust also previously agreed a workforce

strategy and there is evidence of training activity appropriately taking place in line with this, but it has not yet developed into an effective workforce plan. Suitable arrangements are in place for workforce development within the council. Supervision files demonstrate that social workers have a satisfactory training profile although this is not always the focus of reflective supervision in order to embed the learning. Safe recruitment practice is in evidence across the partnership. The local authority designated officer (LADO) role is established and meeting statutory minimum requirements.

Capacity for improvement

Grade 3 (Adequate)

14. The capacity of safeguarding services to improve is adequate. Rutland's political structures and service configuration is all of less than a year's duration and it is clearly undergoing a time of substantial change. In a challenging economic environment the council has effectively prioritised the needs of children by first ring fencing, then increasing the children's services budget. This has resulted in additional front line social work posts that have been effective in reducing both backlogs of work and caseloads. The council are committed to improving the standards of case recording through further investment and are recommissioning the Integrated Children's System (ICS). Work is taking place to strengthen the care pathway to CAMHS and the new CAMHS commissioner has firm plans in place to increase the level of resource, strengthen early intervention and prevention, and reduce gaps in the availability of lower levels of support. Effective high level commissioning and workforce strategies have been firmly put in place by the Children's Trust, but neither of these is currently supported by an effective implementation plan to drive through requirements, although there are some specific examples in evidence of successful commissioning and workforce development.
15. Satisfactory systems are in place across the partnership to monitor performance with ambitious plans for further development, such as the LSCB's introduction of a 'balanced scorecard' approach. The action plan that was drawn up following the unannounced inspection of contact, referral and assessment arrangements has been successfully delivered following the allocation of additional resources. Existing, effective early intervention and prevention work is being further strengthened by investment in Families First, although the CAF remains underdeveloped and is being relaunched as part of this initiative. Service user involvement is also underdeveloped and although there is a clear strategic commitment to active involvement, and individual examples of effective engagement, there is no clear evidence of service users participating in partnership in the development of services according to a clear strategic plan.

Areas for improvement

16. In order to improve the quality of provision and services for safeguarding children and young people in Rutland, the county council should take the following action.

Immediately:

- ensure that partners, including health services are routinely engaged in, and contribute to, assessments of children and their families
- ensure that only those cases with the most significant identified need proceed to core assessment.

Within three months:

- together with Leicester Partnership NHS Trust, ensure that children and their families have easy access to, and benefit from, timely support from CAMHS
- ensure that all case recording is timely and improved to meet consistently high standards, so that it clearly identifies the nature and purpose of the work being undertaken and the achievement of outcomes
- improve the quality of assessments, so that information is gathered effectively and analysed thoroughly
- reduce the levels of re-referrals to the duty and assessment team by increasing and improving use of the CAF.

Within six months:

- ensure that its existing audit form is expanded to gather qualitative information
- together with its partners in the Children's Trust, ensure that action plans are developed to drive forward the implementation of the existing commissioning and workforce strategies
- together with its partners in the Children's Trust, ensure that a strategy and action plan is developed to define and deliver service user engagement and participation.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (Good)

17. The effectiveness of services to ensure that children and young people in Rutland are protected from harm and feel safe is good. All settings are judged by Ofsted to be good or outstanding, and clear processes are in place to review those arrangements should standards decline. Children and young people spoken to say that they felt safe and that they had adults in their lives that they could talk to if they had any concerns.
18. Health visitors and looked after children and school nurses are actively engaged in helping children to have a good start in life and to stay safe and healthy. Joint working relationships with children's centres, early years and school staff are good. Health staff are actively involved in child protection conferences and core group arrangements and they play a key role in monitoring risks and the implementation of protection plans. Health records demonstrate a clear focus on promoting good nutrition and ensuring developmental milestones are achieved. There is prompt referral to specialists and family support agencies for additional support. Some instances were found where the contribution of community health staff to assessments of children in need and those at risk of harm could be strengthened.
19. The emergency department at Leicester Infirmary has relevant procedures and systems in place to meet the needs of children who have been subjected to alleged sexual abuse or non-accidental injury. Examination and treatment facilities are good and care has been taken to consider the age and interests of children and young people and promote a welcoming and safe environment. The responsibilities of clinicians and joint working arrangements reflect safe working practices. The risk checklist and round the clock on call advice provided by the Trust's safeguarding team supports a robust approach to decision making. Front line teams are vigilant in identifying the needs of young people who self-harm and the hospital has strengthened its discharge arrangements to promote stronger multi-agency working and reduce the risk of recurrence.
20. Anti-bullying work delivered by the youth service within schools across the authority is effective. Children and young people report that they feel safe in their communities and were able to give positive examples of the high quality physical resources available from the youth service to promote this, such as the travelling bus and the 'Fun Pod.'
21. A random selection of children's social care files were reviewed by inspectors and, in most cases, since the unannounced inspection of

contact, referral and assessment arrangements, children's wishes and feelings have been taken into account in the statutory assessment process. Children and young people told inspectors that they know their social workers well and they enjoy good relationships, with frequent contact. Progress has also been made in ensuring that children and young people can participate in child protection conferences and core group planning meetings. However, when seeking to establish the views either of children, or their families, the common assessment framework (CAF) has not been effective. Internal case audits completed in October 2011 have found significant shortfalls when staff are recording service user involvement and, in a number of cases, the family consultation evaluation sheet which records the family circumstances before and after intervention, was blank. Plans are firmly in place to address this issue as an integral part of the Families First initiative.

22. Children and young people are appropriately safeguarded by formal child protection processes. Improved management oversight and good arrangements with the police ensure that where child protection strategy discussions are undertaken, they are held promptly and in most cases decisions and actions clearly recorded. All child protection enquiries seen by inspectors had plans in place to keep families safe until the initial child protection conference and the police were willing to undertake joint visits with social workers when necessary. This is good practice. Children are always seen as part of the investigation and most files demonstrated that children's views, wishes and feelings were established when it was possible to do so. Files showed good collaboration with schools and key health professionals and good levels of attendance at child protection conferences.
23. Statutory responsibilities in relation to complaints against persons with access to children are embedded in policies and practice and implemented adequately. The role of the LADO is understood and partner agencies are reminded regularly of their responsibilities. Investigations are appropriate and timely. Good information exchange and regular review enables the LADO to keep up to date with progress. Investigations are completed with a clear plan for future action and all cases are reviewed after completion, to establish any lessons that may be learnt.
24. Processes to ensure safe recruitment of staff meet statutory minimum requirements. Personnel files include a check list, which clearly demonstrates compliance. Criminal Records Bureau (CRB) checking is rigorous, and established practice ensures that decisions about employment, following any positive disclosure, are taken at the appropriate management level.

Quality of provision

Grade 3 (Adequate)

25. The quality of safeguarding provision is adequate. The council and its partners have a range of effective services in place to support children, young people and their families using the 'team around the family' approach. Examples of this include the work that is being undertaken on local army bases with Gambian families, parenting classes in children's centres and teenage sexual health support in youth facilities. Families First provides renewed strategic focus on ensuring a comprehensive early intervention and prevention service by incorporating these services into a single initiative. Significant development work is being undertaken to engage, or re-engage partners in key aspects of early intervention work, such as the use of the CAF, which, until recently had not been used effectively or consistently.
26. Service responsiveness and direct work with children and young people who have learning or other disabilities is adequate. Following consultation with service users and their families, the partnership is considering shifting the focus of short break provision from residential care to community based activities. Specialist family support is provided well by a voluntary agency, Menphys, and evaluation shows this to be valued by children, young people and families. Cases reviewed demonstrate good assessment, planning and joint working between children's social care and health. Young person centred transition planning is good and takes place at 14 years and above and is well regarded by parents and carers. Young people with the most complex needs are usually helped to achieve a smooth transfer to adult services at 18 years and above, with proper recognition of their needs taken forward into the 'adult plan'. Children and young people with a disability have access to alternative communication systems to enable them to make a full contribution during assessments.
27. The number of inappropriate referrals to children's social care has recently dropped following structural reorganisation and increased capacity in the new social care duty team, which has allowed some successful efforts to enable partners to become more conversant with threshold requirements and timescales. This work will continue as the CAF is re-launched across the area. There is early evidence that the co-location of the manager of the CAF service with the social care duty team is facilitating improved decision making about the type of response best suited to children's needs.
28. The unannounced Ofsted inspection of the contact, referral and assessment service in May 2011, identified five key areas for development about processes and practices in the authority's response to referrals, which collectively meant that some children were not being properly safeguarded or protected. The resultant action plan was a suitable response to these areas for development and has been implemented in full. Increased capacity has led to improvements, and responses to

referrals are now timely and determined work has resulted in the backlog of work being eradicated. At the time of this inspection, there was no unallocated work and all assessments were completed on time, with improvements in the completion rates of core assessments. However, too many core assessments are undertaken in situations where good quality initial assessments clearly identify the work that could be carried out, without the need for further assessment. Audits of cases conducted within the service since the Ofsted inspection confirm progress, but they have also highlighted some significant deficiencies affecting the quality of safeguarding services. These include the need for better information gathering, more accurate and timely recording, and more thorough analysis. Recently referred cases seen during the inspection have been allocated promptly and most have been accompanied by clear managerial direction about what is required during the assessment stages and this has led to improved practice. The duty team is aware of what needs to be done to address the issues identified by audit and improve the quality of the assessment process, and this work is progressing. Access to translation and interpretation services is established and used when required.

29. The out of hours service is effectively provided by a dedicated team which operates across Rutland and two neighbouring council areas. They have full access to the electronic recording system and can call upon advice and consultancy from senior social care managers at any time. Workload pressures in the team means that it is unable to undertake any planned welfare check visits to ensure that agreed safeguarding arrangements are being adhered to by parents or carers. They also have no access to additional resources, such as family support workers, who can offer immediate intervention to a family or foster carer in crisis. The out of hours team enjoy good collaborative relationships with the police and there is very low and appropriate use of Police Protection Orders. Positive relationships with daytime services ensure good exchange of key information and work carried out by the out of hours team is recorded and made available to the worker the next morning.
30. Two recently appointed independent child protection chairpersons have satisfactory oversight of the child protection conference and review service. They are managed by a head of service who is independent from the line management of the case holding social workers. They have an appropriate and clear agenda for change in order to improve the quality of conferences. Some early signs of impact can be identified, for example conclusions, recommendations and outline child protection plans are produced and delivered to core group members, parents and carers within 24 hours of the conference in all cases. However, it is too early to see sustained improvement in some key areas and child protection conference minutes are still taking too long to produce.

31. Appropriate arrangements are in place for the management of formal child protection processes. Children and young people in need of protection are suitably prioritised and their immediate needs satisfactorily assessed by a qualified social worker before handing over to a children and family team colleague who takes the work forward within the framework of the child protection plan. Within children's social care, procedures and practice are fully compliant with statutory guidance. Initial and core assessments are all of adequate quality and some are good, leading to focused understanding of what needs to be done. Recent improvements introduced by the independent conference chairpersons have led to more outcome focused outline child protection plans. However, delays in recording mean that some momentum is lost by members of core groups in converting outline plans to detailed child protection plans and excessive delays in producing core group minutes in some cases means that it is impossible to track progress. In some cases, this has led to drift in planning and implementation, a finding also identified in the council's own audits. Although managerial case directions are improving and in some cases are good, there is evidence of key concerns being overlooked or their significance not recognised in a small number of cases. In others, significant delays in implementing elements of plans detract from the overall effectiveness of the work being undertaken. In some, but not all cases, delays are caused by other agencies such as CAMHS not being able to offer services, although work is taking place to strengthen the care pathway to CAMHS.
32. Children subject to child protection plans are visited in accordance with statutory requirements and are seen alone by social workers. Low numbers of cases means good attention is paid to ensuring that visits are frequent and that parents understand the nature of the concerns and the requirements of the plan. There is evidence of innovative work in some cases, supported by committed and diligent social work practice to ensure that children are properly protected while risks are assessed. In cases where a child or young person requires protection through a court order, planning is thorough and some good outcomes are achieved. There are some delays in court processes, which are beyond the influence of the council and result in plans for some children and young people not being expedited in as timely way as possible.
33. Case recording is mostly up to date, but its quality does not fully reflect the nature of sometimes complex work being undertaken with children, young people and their families. Outcomes are not recorded sufficiently, although social workers were mostly able to articulate the detail of what is being done and what is being achieved. Reports for child protection conferences are improving but some show that risk factors are not properly identified. This issue had also been identified by child protection conference chairs in their audit reports. Although social workers were able to describe the equality and diversity needs of families they were working with, this was not well evidenced in some case records.

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

Grade 2 (Good)

34. The contribution of health agencies to keeping children and young people safe is good. Health staff are aware of and take seriously their responsibilities for keeping children and young people safe. A good range of managerial and clinical support is available to assist staff in building their knowledge, expertise and confidence in undertaking safeguarding work. Induction, training and supervision of staff are given a high priority. Gaps in safeguarding training have been identified and there has been a significant improvement in the take up of training by General Practitioners (GPs) and dentists. This is now being routinely monitored. The locality safeguarding meetings, facilitated by GPs, provide opportunities for information sharing, and support stronger joint working between individual workers and teams. Safeguarding supervision is well-embedded and all staff report easy access, and a helpful response, to their requests for advice and support.
35. Health staff have a clear understanding of their professional roles and accountabilities for keeping children safe. The standard of safeguarding practice is secured by regular audits, management oversight and reporting on the quality of practice. Individual case auditing is satisfactory and could be further strengthened by a tighter focus on analysis of the impact of safeguarding actions and the effectiveness of joint working arrangements in reducing risk. Satisfactory attention is paid to the safe recruitment of staff and to promoting their skills and competencies to meet the requirements of their professional bodies. The designated safeguarding health staff provide effective leadership and expertise in supporting the delivery of the local safeguarding agenda. They are actively involved and positively contribute to the work of the Child Death Overview Panel, Serious Case Reviews (SCRs) and significant incident learning processes (SILPs).
36. Clear and strong governance arrangements are in place, which provide regular feedback and assurance to senior managers, members of the Trust Boards, the LSCB and regulators that statutory requirements are met. Recent health reorganisations have been carefully planned to ensure continuity of working arrangements to safeguard children and adults whilst new structures are agreed and put into place. Action plans have addressed gaps in previous organisational performance and promote learning from SCR and external assessments of practice. There is good progress being made in developing the 'Think Family' approach with improved identification of risk and targeting of support to promote a stronger shared focus on safeguarding both children and adults, and on domestic violence issues.
37. Most health records demonstrate that front line staff are effectively involved in safeguarding activity and their role and contribution to keeping

children safe is clear. However, a few instances were identified where earlier involvement or stronger communication between partner agencies was required. This included ensuring prompt access to CAMHS. The system in place between health and social care partners for logging and following up such instances in Rutland denotes an open and positive approach to supporting organisational learning. Information sharing across teams and health organisations has significantly improved and an electronic database provides timely and easy retrieval of key information including safeguarding activity.

38. A clear focus on involving and strengthening relationships with children, young people and their parents or care givers is in evidence. Arrangements for seeking consent to care and treatment meet statutory and best practice requirements. This includes having sound systems in place for addressing mental capacity issues and supporting young people in expressing their wishes and feelings. The vulnerability of children and young people with disabilities and complex health needs is clearly identified. There are suitable arrangements in place for reviewing the use and impact of medication and for training family members and carers in specific nursing interventions. This has assisted children to continue their education and reduces the need for admission to hospital.
39. Strong and effective joint working arrangements are in place to support teenagers who are pregnant and to help them to build their parenting skills. The specialist midwives offer an extended outreach service including frequent and individually tailored appointments, choices of time and venue to maximise engagement. Failure to attend appointments is promptly followed up. Support is well coordinated between hospital and community based health and social care staff, and the young person's wishes and feelings are sensitively addressed. Risks are carefully monitored, ensuring that plans are in place before the baby is born, parenting skills are recorded, and multi-agency, safeguarding information sharing meetings routinely take place where there are concerns about babies and young children. Targeted work takes place with pregnant young women at risk of domestic violence, those who misuse drugs or alcohol and those who have learning disabilities or mental health problems. Although the work of the specialist midwives has not yet been formally evaluated, analysis of performance data demonstrates effective targeting and outcomes in this area.

Ambition and prioritisation

Grade 2 (Good)

40. The ambition for, and prioritisation of, safeguarding services to children and young people in Rutland are good. Joint arrangements with Leicestershire for the LSCB are robust. The Board's partnership with the Children's Trust, including the requirements for mutual challenge, are clearly set down in a written agreement that is being appropriately updated in the light of the Trust's reconfiguration. The formal relationship

between the interim Independent Chair of the Board and the Director of Children's Services (DCS), and the opportunity for challenge, is similarly clearly established.

41. The council and its partners have appropriately recognised what action is required to ensure continuous development of early intervention and preventative services. The Children's Trust is providing effective governance to the implementation of the Families First initiative in line with a clear strategy and plan which aims to build upon the existing, successful approach to working with children and families through multi-agency teams around the family. Individual outcomes for children and their families will be improved by avoiding duplication in services through integrated service delivery supported by the relaunched CAF. The Trust has a key role in ensuring that comprehensive commissioning arrangements are in place to support the initiative, and its effectiveness and impact are properly measured.
42. The council has effectively prioritised the needs of children by ring fencing the children's services budget as part of the move to an integrated People's Services directorate in April 2011. Funding was then further increased as a swift and effective response to the issues identified by Ofsted's unannounced inspection of contact, referral and assessment arrangements, and has resulted in additional front line social work posts that have been effective in reducing both backlogs of work and social work caseloads. The council has, through a process of internal audit, recognised deficiencies in the storage of information and is accordingly recommissioning its electronic recording system.
43. Satisfactory arrangements are in place for the overview of Rutland's safeguarding services by the portfolio holder through an established cycle of formal and informal meetings with senior managers. Revised arrangements for the scrutiny of children's services by elected members have recently been put in place and this has introduced the establishment of task and finish groups to focus on specified topics. Although none of the topics has yet concentrated on children's social care issues there is a commitment to doing so in next year's programme.

Leadership and management

Grade 3 (Adequate)

44. Leadership and management of safeguarding services to children are adequate. Satisfactory operational management of services ensures that risks to individual children are reviewed and this has recently been further improved by the appointment of independent child protection chairs. The council and its partners have developed a clear workforce strategy but this has yet to progress into demonstrable workforce planning. However, there are some examples of successful workforce development, such as satisfactory arrangements for the planning, delivery and evaluation of multi-agency induction training. These have been commissioned from a

voluntary organisation by the Children's Trust and allow newly recruited workers opportunities to make contacts and establish networks. As part of succession planning, some middle managers from the county have completed a management development programme which is offered on a regional basis.

45. The development needs of the council's children's social care workforce are satisfactorily identified through annual appraisal and built into a training needs analysis. This process also incorporates learning from SCRs and quality assurance activities, as well as national development initiatives. The course evaluation system demonstrates high levels of satisfaction with the programme. However, there is no current mechanism for ensuring that workshop attendance is the focus of reflective supervision or of capturing this information for future planning and commissioning activity. Social workers' supervision files demonstrate that course attendance is logged, but do not always record feedback and reflect upon the impact of the learning received.
46. The Children's Trust has agreed a commissioning strategy which sets an overarching framework for commissioning activity although it has not yet demonstrated a sustained track record of effectively commissioning local services for children, based on an analysis of need and according to a detailed plan. However, there are some examples of its effective use with the local voluntary and community sector. For example, the Independent Domestic Violence Advisor (IDVA) service and a service to homeless families have been commissioned from Women's Aid and the Citizen's Advice Bureau respectively.
47. The influence of service users on development, delivery and evaluation of safeguarding services is underdeveloped. Although there is a clear commitment by the council to the active involvement of service users, there is no overarching participation strategy in evidence. However, their views influenced the current Joint Strategic Needs Analysis and, indirectly, the recent initiative to launch the Families First initiative, and there are plans in place to build upon this and offer service users an active role in determining the shape of local services; for example, in the development of children's centres through membership of the advisory board. The Young Inspectors group that has been set up to help the council evaluate services has not yet been used in children's social care, although they have undertaken inspections of youth services to good effect. Plans are also in place to improve the contribution of children and young people, their parents and carers to child protection conferences but these are at an early stage. The recent feedback document developed by child protection chairs to obtain service users' views on the quality and effectiveness of the child protection conference has not shown any impact so far, although case file evidence clearly shows that service users' views are actively sought and extensively considered in the majority of cases.

Performance management and quality assurance

Grade 3 (Adequate)

48. Performance management and quality assurance arrangements for safeguarding children are adequate. Satisfactory arrangements for performance monitoring are in place with some examples seen of its effective use, but this has not yet fully developed into a performance management culture that supports sustained and consistent improvement.
49. Performance information is effectively collated into a monthly performance report and analysis based upon comparison with historical data is used to good effect. The size of the area means that it is more complicated to use data to benchmark against statistical neighbours and national averages, as cohort sizes are often statistically insignificant.
50. Performance reports, together with qualitative information such as audit outcomes and feedback from child protection conference chairs, are routinely presented at regular management meetings to enable performance to be monitored and scrutinised. Recent reports and presentations have shown that all initial child protection conferences and reviews are being undertaken within statutory timescales and a checklist from conferences has recently been introduced, which is envisaged will provide more qualitative information and support continuous performance improvement in this area, but this has yet to be demonstrated.
51. Recent audits have become more qualitative and have provided a clearer understanding of the causes of practice deficits, such as high rates of re-referrals. Action plans from these processes are effectively prioritised, with accountabilities and timescales defined. Progress, aided by effective performance monitoring, can be seen in some areas, such as the improvements in assessment timescales and the IDVA service being commissioned due to an identified increase in domestic violence referrals. However, senior managers interviewed accept that further work is required for performance management to become fully embedded in the management culture of the council's children's services.
52. Child protection conference chairs have a clear responsibility to challenge and audit practice but although some impact has been seen in individual cases, in others, key requirements are still not consistently achieved. For example, the responsibility to ensure that child protection conference reports are submitted three days before the conference and shared with parents is not achieved in most cases. Concerns about quality of practice and management are identified in audits and brought to the attention of practitioners and managers for resolution through a formal reporting process. The relatively low number of cases and staff numbers means that chairs are able to follow up these issues in conversation with social workers and managers between conferences and there is the facility to

escalate unresolved concerns to more senior manager for review and resolution.

53. Existing arrangements for monitoring performance by the LSCB have recently been further developed by the Independent Chair with the introduction of a 'balanced scorecard' approach to performance monitoring, which brings together all of the Board's key performance information and targets. An audit of compliance under Section 11 of the Children Act 2004 was completed and signed off by the council in early 2011, ensuring that their functions, and services provided on their behalf, are effectively discharged. This indicates at least adequate compliance with almost all requirements and appropriately notes areas where work is in progress to improve the quality of services.

Partnership working

Grade 2 (Good)

54. Partnership working arrangements are good. The LSCB is convened jointly with, and administered by, Leicestershire. The Board fulfils its statutory requirements well, with good multi-agency representation and there is a clear focus on the core business of safeguarding. The Board is currently aligning with the Adult Safeguarding Board and has advertised for a joint chair. The interim Independent Chair is providing effective professional leadership to the Board and has reprioritised its business plan to provide greater focus on a key set of objectives
55. A rigorous process is in place for determining the need for SCRs and SILPs. The Independent Chair ultimately makes the decision, based upon recommendations made by the Board's SCR sub-group, which meets monthly. No SCRs or SILPs have been carried out specifically on Rutland children. However, conclusions from both types of review in the full LSCB area are implemented where appropriate and their impact overseen by the Board's Safeguarding Effectiveness Group. Learning points from reviews are published in a quarterly bulletin on the Board's website and are incorporated into training seminars to improve safeguarding practice.
56. Leicestershire Police has a range of effective force led protection processes in place including Multi-Agency Public Protection Arrangements, Multi-Agency Risk Assessment Conferences, missing children and child abuse investigation. Rutland's involvement in these processes is limited, but suitably proportional to the size and deprivation levels of the county. The Police Child Abuse Investigation Unit (CAIU) operates an effective 'single point of contact' referral system that enables connections to be made between different types of police intelligence; for example, links between children's vulnerability and households in which concerns about adults have also come to police attention. An on call system safeguards children out of hours, with the duty CAIU sergeant ensuring that police responses remain consistent and compliant with procedures.

57. Effective front line, multi-agency partnership working to protect children was strongly in evidence during the inspection. For example, Rutland's social workers ensure that a clear, joint course of enquiry is agreed with police partners when accurately identifying and recording processes such as strategy discussions under child protection. The risks to vulnerable young people of sexual exploitation and prostitution (SEP) are also well understood and awareness levels are high. SEP is considered in each instance of a young person going missing, so that early and appropriate joint action can be taken.
58. Progressive improvement in the quality of domestic violence services has resulted from good multi-agency representation at the Strategic Domestic Violence Partnership. The revised assessment process introduced by the partnership has resulted in significantly improved risk identification and has enabled services to be provided that meet the particular needs of the victim and their family. The strength of the partnership and its success in raising awareness across the area has contributed to a recent drop in reported incidents. This progress has been supported by responsive specialist domestic violence courts which have built a significant knowledge base and expertise. They have been rigorous with perpetrators and sympathetic to victims, an approach that has contributed to a significant reduction in the numbers of legal proceedings that have been discontinued following victims withdrawing their evidence.

Services for looked after children

Overall effectiveness

Grade 2 (Good)

59. The overall effectiveness of the services to looked after children, young people and care leavers is good. Statutory requirements are met well, with strong plans in place to develop the service through the sufficiency strategy which is effectively underpinned by the looked after children and fostering strategies. The council's fostering services are very strong and were recently judged by Ofsted to be 'outstanding'. The quality of social work assessment and planning is generally good, although in some cases the evidence of multi-agency working is not clearly recorded. The high quality of direct work enhances children's understanding of their status and situation, contributes to placement stability and is a particular strength.
60. Elected members and senior managers of the council demonstrate a clear commitment to corporate parenting and recent training has reinforced their responsibilities in this area. The council has effectively prioritised children's services and the allocation of extra funding has resulted in the recruitment of four additional front line social workers. This extra resource is already demonstrating a positive impact on workloads and contributing to stability for looked after children. Case recording is mostly of a good standard, but it is not well supported by the electronic recording system which is to be recommissioned.
61. Outcomes for looked after children are good with some outstanding features. The work of the specialist leaving care social worker has added exceptional value to outcomes for care leavers, with a very high percentage in education, employment and training and all in suitable accommodation. Looked after children and young people are routinely involved in plans for their individual care, but their participation in service development remains underdeveloped, although a Children in Care Council has recently been formed. Effective services are in place to support placements, and disruption and breakdown is rare. Good arrangements are in place to support the educational achievement of young people through the virtual school and monitoring arrangements have recently been strengthened by the headteacher, although these are yet to demonstrate their full impact and personal education plans (PEPs) could be used more effectively to assist monitoring. Health partners are fully engaged in promoting the health of looked after children, young people and care leavers,

Capacity for improvement

Grade 2 (Good)

62. The capacity for services to looked after children, young people and care leavers is good. The relative size of the care population means it is problematic to make comparisons with statistical neighbours or national averages. However, analysis of data over time demonstrates that outcomes for Rutland's looked after population are continuously improving. The Independent Reviewing Officer (IRO) has a responsibility for quality assuring services to looked after children and has recently put in place improved arrangements for monitoring placement quality which are being reported alongside performance data to present a holistic picture of placement outcomes for children. Service users are effectively engaged and involved in their care plans on an individual basis. However, there is no strategy in place for them to aid service development as part of a detailed plan for service user participation. Services to looked after children remain a high priority within the council and have benefited from the allocation of additional investment to recruit extra social workers and stabilise the workforce. The intensive family support service provides effective intervention to children on the edge of care and this will be maintained following the service's integration into the Families First initiative.
63. Effective use of performance reporting has also enabled partners in the Children's Trust to maintain an awareness of looked after children's attainment, with plans in place for further improvement to performance reports. Arrangements for commissioning placements out of county are safe and effective. Senior managers act as part of regional purchasing consortia to drive down costs, maintain quality and improve placement choice. However, there is no system yet in place to evaluate placements and inform future purchasing decisions.

Areas for improvement

64. In order to improve the quality of provision and services for looked after children and young people in Rutland, the council should take the following action.

Within three months:

- together with its health partners, assess and report to the Children's Trust on the impact of health promotion activity in delivering improved outcomes for looked after children;
- embed the system for monitoring educational performance of looked after children;
- improve case recording so that there is clear evidence of multi-agency partnership working

Within six months:

- improve the consistency of PEPs;
- together with its partners in the Children's Trust, develop the role of the Children in Care Council as part of planned improvements in children's participation;
- ensure the formal evaluation of external care placements as part of improved commissioning arrangements.

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

Being healthy**Grade 1 (Outstanding)**

65. The health of looked after children is outstanding. Children and young people in Rutland benefit from having regular health checks, immunisations and support to maintain good health and a healthy lifestyle. The looked after children health service is well co-ordinated, and a strong network of community health staff receive effective leadership and mentoring support from the designated looked after children nurse and doctor, focused on the promotion of child centred practice. They routinely carry out audits of the quality of health care assessments to continuously raise standards and enhance recognition of their diverse needs. Work is taking place to strengthen the focus of GPs on the needs of looked after children and their carers.
66. The health workforce in Rutland is stable and there is strong ownership, and personal and professional accountabilities, focused on giving children who are looked after the best start in life. Health assessments and reviews are timely, comprehensive and systematically identify and track the health and wellbeing of children and young people. The quality of health care plans is good. Gaps, delays and unmet needs are clearly identified and followed up and outcomes are regularly reviewed. Health reviews and case records clearly demonstrate young peoples' views. Consent and confidentiality issues are well managed and information is appropriately shared with relevant others to address risks and promote effective joint working.
67. The looked after children health team has established strong and effective relationships with children, young people and their carers. Looked after children nurses make good use of motivational interviewing techniques to encourage and build the confidence and engagement of young people. This ensures young people's wishes and feelings are properly taken into account in shaping their individual health plans. The drop-in sessions facilitated by the school nurse provide positive ongoing monitoring of their wellbeing and early identification of any concerns. This service is valued

by young people and provides an important sounding board and source of advice and support. Work is taking place to strengthen scrutiny of the health needs of children placed out of county. Health support provided to adopters and children placed for adoption is good.

68. A recent inspection of the fostering service found that the promotion of children's health is outstanding and that service delivery is supported by well-established partnerships between health professionals, carers and the fostering service. The inspection found that health care services are accessible and that children and young people's needs were well met in Rutland.
69. Partnership working between the looked after team and specialist CAMHS, social workers, school nurses and therapy staff is effective and many positive examples were seen by inspectors. Looked after children nurses and CAMHS staff provide a range of training and consultation to foster carers and teachers to build their understanding of and involvement in the delivery of individualised support or treatment plans. This is an important component of the council's and health organisations' approach to preventing placement breakdown. Children and young people at risk of self-harming or who have experienced childhood trauma receive intensive, individually tailored support and the outcomes of this work are carefully monitored. Whilst it is recognised that there have been improvements in CAMHS waiting times, some health, social care and school staff continue to raise concerns about access. Referral pathways for children with emotional and behavioural needs are now being reviewed in recognition of the further work required to ensure timely and consistent access to early prevention and specialist support services.
70. A range of effective targeted health promotion work with children and looked after young people includes work to reduce smoking or alcohol use, promotion of good nutrition and addressing obesity, sexual health counselling and screening. Strong support is available to looked after young people who become pregnant. Care leavers are supported to equip themselves with the knowledge they require to help them identify and address their own health care needs in the future. Further work is required to assess and report on the impact of health promotion activity in delivering improved outcomes for looked after children.

Staying safe

Grade 1 (Outstanding)

71. Arrangements to safeguard looked after children and young people in care are outstanding. They are supported by extremely well matched placements, where risks are carefully assessed for each child. As a result, adoption and foster placement disruptions are rare. This is excellent and a particular strength of the council. The preparation and assessment of foster carers and adopters is very robust. Rigorous checks are carried out to ensure that only those suitable to work with children succeed in being

approved. Unannounced visits to foster carers are regularly carried out and this practice provides additional safeguards for children and young people. The council, through its commissioning arrangements, requires that independent providers undertake similar checks.

72. Inspections of the regulatory services used for children and young people, including externally commissioned children's homes and the in house adoption and fostering services, judge safeguarding to be at least good. Rigorous arrangements are in place to monitor the individual impact of external placements through the commissioning process. External providers reported that the council is robust in its response to safeguarding concerns, and highlighted the good support received from the out of hours service. Excellent support is offered to carers and placement providers to address and minimise risk, including assessment of whether the placement continues to meet the child's needs. Policies and procedures, including safe care policies, are checked as part of the commissioning process and a check is also made to ensure the rigorous vetting and recruitment of staff. Ofsted inspection reports of independent services are also used routinely to monitor the quality and standard of services.
73. The council and its partners have a strong commitment to safeguarding looked after children through effective partnership working, such as comprehensive protocols and high quality multi-agency arrangements to ensure the numbers of children and young people who go missing is low. Foster carers and providers interviewed were able to demonstrate their understanding of the increased vulnerability of looked after children and young people to the risk of sexual exploitation. Additional support to manage behaviour is available from CAMHS.
74. Allegations against foster carers are taken seriously. A robust multi-agency approach to investigation takes place and is well managed through the LADO process. Outcomes and recommendations following investigations are thorough and comprehensive, and include actions to be taken with timescales set for individual agencies to respond.

Enjoying and achieving

Grade 2 (Good)

75. The impact of services on enabling looked after children and young people to enjoy and achieve is good. The recently appointed headteacher of the virtual school and the social inclusion development officer (SIDO) work effectively together and in partnership with schools to provide personalised support for children and young people. This support is valued by designated teachers and enables the relatively small number of looked after children to achieve well overall and make good progress in their learning across all phases of education. For example, data over time shows that at the end of Key Stage 2, around three-quarters of looked after children achieve the expected level or better in English with the large

majority achieving this benchmark in mathematics. This profile of achievement is broadly the same at Key Stage 3, but more variable for the outcomes for Year 11 students at GCSE, particularly the measure for five good GCSEs including English and mathematics, reflecting the very small numbers in each cohort over recent years. Overall, outcomes demonstrate that the gap in achievement between looked after children in Rutland and all children locally is closing.

76. The headteacher of the virtual school keeps a comprehensive database which shows a wide range of information about each child or young person including, for example, specific learning needs, social care information and details of interests and how the personal education allowance is used. This database has recently been improved to develop a sharper focus on the attainment of children and young people at specific points throughout the school year. Their performance is matched against national expectations, and there is clear indication of those who are underachieving, so that intervention can be planned and implemented. However, this system is yet to show a consistent impact on improved achievement.
77. There is detailed information available on looked after children educated out of the county, with regular visits made to nearby local authorities to review educational progress or commissioned where children are placed some distance from Rutland.
78. All looked after children and young people have an up to date personal education plan. However, the quality of some plans is variable in terms of specific guidance and timeframes for improvement. The headteacher of the virtual school is aware of this and is taking appropriate action. The use of the personal education allowance provides children and young people with a good range of additional activities, tailored to meet their individual needs including one to one tuition. There is good access to leisure activities, and looked after children and young people are encouraged and supported to engage in a range of extra-curricular activities.
79. School attendance by looked after children and young people is good and monitored effectively. In the last five years no looked after children have missed 25 days, or more, of schooling for any reason, the national comparator for this measure. In the same period no child or young person has been permanently excluded and there have been no fixed term exclusions for the last three years. This reflects sustained work by the SIDO and schools to support attendance and develop personalised and creative solutions to ensure appropriate learning for looked after children and young people.

Making a positive contribution, including user engagement

Grade 3 (Adequate)

80. Opportunities for looked after children and care leavers to make a positive contribution are adequate. Children and young people's views are obtained through their individual reviews, with feedback provided by the IRO although there are fewer examples of service users being routinely engaged in the overall development of the service. The latest report from the Children's Rights service shows that looked after children and young people aged 8-16 and their carers have been consulted on the quality of service provided by the council. Children and young people reported positively on the service they receive, on the quality and timeliness of their reviews, and on contact with their social workers. All were happy with education arrangements. These views were reinforced by the looked after children who spoke to inspectors during the inspection. Examples of improvement in the quality of service offered to young people resulting from consultation include driving lessons and gym membership for care leavers and consultation about the format of the annual achievement event. Where children and young people are placed outside of the county they have access to an independent visitor and this service is linked sensitively to the needs of the individual child.
81. Senior staff acknowledged that some aspects of participation are at an early stage of implementation. However, work is underway to develop further appropriate mechanisms to ensure children and young people are able to contribute fully in order to influence service delivery and planning. The Children in Care Council has been formed with a small number of active members and plans are in place for a residential stay for looked after children to consider actions to encourage greater participation. Children and young people have participated in a consultation exercise to discuss what they want from the Pledge. A Young Inspector group, which started in April, has currently made some visits to inspect services' engagement with young people including Connexions. It is too early to see the impact of this work on the development of services, but the young people themselves say they are keen to feedback to the services they inspect.
82. Looked after children are aware of the procedures they can use to voice any concerns that they may have, but no complaints have been received from looked after children or care leavers for the past two years. Advocacy is managed from within the council's youth service and ten workers have recently been trained to support looked after children. Currently two looked after children have advocates. There is a dedicated mobile phone line available together with a website that children and young people can use if they need support.

83. Good systems are in place to prevent looked after children and young people offending and re-offending and currently there are no looked after young people involved with the Youth Offending Service.

Economic well-being

Grade 1 (Outstanding)

84. The impact of services to improve the economic wellbeing of care leavers is outstanding. Highly effective multi-agency work provides very strong services to care leavers including housing, education and training, health and social care. The proportion of looked after young people in education, employment and training is very high at around 90% reflecting the quality of relationships and consistency in the service offered. A significant number of care leavers are undertaking courses at higher education institutions and these young people receive effective support. All care leavers have an up to date pathway plan, and all are involved in its development and review. Cultural needs are addressed very well with examples seen of highly effective action taken to meet individual needs.
85. Care leavers are tracked and the service has a detailed knowledge of the whereabouts of the young people. All care leavers interviewed spoke very highly of the support available from the leaving care social worker. Care leavers also have access to the out of hours service if required.
86. Currently, all care leavers are in suitable accommodation. Council housing staff ensure that accommodation is suitable and follow up any concerns with the housing provider. Where accommodation cannot be provided through the commissioned housing provider, support is available to secure suitable accommodation through private tenancies.
87. Strong partnership with schools ensures that the 14-19 curriculum for care leavers offers a highly effective range of personalised learning opportunities including vocational options. All Year 10 students, including looked after children, who are identified as being at risk of not accessing employment, education or training are provided with specific support from a personal adviser and the impact of this can be seen in the very strong outcomes for this group.
88. Transition arrangements for looked after children with disabilities are very effective. Planning meets the needs of young people very well, reflecting detailed knowledge of individuals and a personalised approach to offering support.

Quality of provision

Grade 2 (Good)

89. The quality of provision for looked after children is good. Service responsiveness is good with established processes to determine whether a child should be looked after. Risk assessment is thorough when children and young people begin to be looked after and decision making is undertaken by a dedicated accommodation panel. Good intervention is

provided by the intensive family support team, which provides effective services and support to children and young people on the edge of care.

90. Case recording was up to date and at least adequate or better. However, records of case supervision are inconsistent. Whilst there is some evidence of detailed recording with clear analysis of impact and action required to support children and young people, in other cases the recording focuses mainly on describing the task being undertaken. Chronologies are also of variable quality, in some cases duplicating case notes rather than providing a record of significant events, and the impact of this is that key information is not always easy to retrieve
91. The council has a strong focus on placing children and young people in foster care and most looked after children and young people are in foster placements. The use of kinship care through Special Guardianship Orders is well understood and the council have good support services in place for special guardians. External placements are commissioned for those children and young people where the council's in house foster care service cannot meet their needs. Those placed outside the area continue to receive good support. Examples were seen of good packages of care, which includes support to unaccompanied asylum seeking children and young people. Culturally sensitive placements are also available for young people, with additional support to meet their religious and linguistic needs. Children with disabilities receive personalised and tailored services to meet their needs that result in good outcomes and most importantly, good placement stability with few avoidable placement disruptions. Placements at risk of breakdown are identified quickly through the weekly team manager's meeting and receive swift, timely and effective interventions.
92. Care leavers value the quality of support offered to them from the council and its partners, including the prompt response they receive from the leaving care worker and from the Connexion service. They have access to a good range of quality accommodation that effectively meets their needs. The strong partnership between the council and independent housing providers ensures the quality of service for care leavers is good.
93. Both the assessment of, and direct work with, looked after children and young people are good. All looked after children and young people have an allocated social worker. Children spoken to by inspectors said they were happy and had a good relationship with their social worker, who they can contact if and when the need arises. Assessments were timely, with acute analysis and risk identification. This informed good understanding of needs that took into account and balanced the child's wishes and contributed to good outcomes. However, in some cases the evidence of multi-agency working is not clearly recorded, with appropriate evidence that outcomes for children are based upon joint information sharing and integrated working. Care plans identify how needs are to be met and there is evidence in case files that plans are being successfully implemented,

resulting in good outcomes supported by good and effective direct work with children and young people. The quality of life story work, which helps children make sense of their status and situation, is a particular area of strength.

94. Overall case planning and review of looked after children are good. There is evidence of effective use of family and friends carers, special guardianship orders, placement orders and good packages of support when children and young people return home. Adoption is used effectively to achieve permanence and the support provided to adopters is good. No evidence was seen of drift and decision making about permanency is prompt. Placement agreements provide good information to carers and care plans are updated to reflect progress and details of outcomes being achieved. Appropriate use of interpretation and translation services demonstrates sensitivity to the ethnic, linguistic and cultural needs of children and their families and, as a consequence, is effective in securing their engagement in the assessment and planning of their care.
95. Looked after children and young people's reviews take place within statutory timescales. Records of reviews are of good quality and provide clear analysis of the plan, its progress, and sets out clear timescales and recommendations for action. Concurrent planning can be clearly identified within the process. This improvement has come about as a direct result of the new IRO arrangements where the service is based in the same building and IRO's can therefore more effectively ensure the ongoing implementation of care plans.

Ambition and prioritisation

Grade 2 (Good)

96. The ambition for, and prioritisation of, services to looked after children and young people in Rutland is good. Ownership of looked after children's needs is effectively prioritised within the senior management of the council. A clear line of accountability and challenge is in place from Children's Services via the DCS to the Chief Executive of the council. Clear and effective management strategies are in place to support service delivery. The high level priorities of the council are clear and the outcomes delivered by front line staff are good overall and in places outstanding. There is less evidence of an effective link that efficiently and effectively drives through continuous improvement in services.
97. The council and its partners have retained, and are in the process of reconfiguring, Rutland's Children's Trust as a sub-group of the shadow Health and Wellbeing Board. The partnership is aiming to refresh the existing Joint Strategic Needs Analysis in order to more effectively identify current need and address cross cutting issues, some of which affect the looked after population. The Trust oversees implementation of the Children and Young People's Plan, a successful review of which demonstrates clear commitment by the council and its partners to develop

and deliver on its priorities. However, many of the Trust's planned activities are currently delayed while the new Board structure is agreed and this is resulting in a temporary lack of strategic direction to the partnership when delivering on its plans for looked after children.

98. Arrangements for the overview of Rutland's looked after services by its elected members are satisfactory. The member with lead responsibility for children, who was appointed following the May elections, chairs the Children's Trust and is developing his role and responsibilities as a corporate parent. Expectations of elected members' corporate parenting role are satisfactorily set out in a brief strategy document which is issued to all newly elected councillors. Recent training on the strategy was well attended, and has resulted in improved awareness amongst elected members of what it is to be a corporate parent and that a key responsibility of their role is to improve the life chances of looked after children and young people.

Leadership and management

Grade 2 (Good)

99. Leadership and management of services to looked after children are good. There are effective arrangements in place to monitor and plan for the changing needs of the looked after children population and the demand upon services. The council has a good, clear strategy to increase in house provision and fulfil its duty to have sufficient good quality accommodation, which also offers increased placement choice. The strategy is underpinned by the looked after children and fostering strategies, which include plans to develop the 'Stay Put' scheme that will support stability by offering the opportunity for young people to remain in their placement post 18 years of age. The council also aims to increase its range of in house foster carers with particular emphasis on meeting the needs of children and young people with disabilities.
100. Effective arrangements are in place to ensure that placements are appropriately commissioned and monitored by senior managers. Membership of regional commissioning consortia enables the area to benefit from work such as that to drive down the costs of independent fostering agencies without compromising quality requirements. The council has recently taken effective action and improved the capacity of its IRO role. As a result, all children and looked after young people now have a named IRO, who ensures that commissioned outcomes for the individual young person are monitored effectively, they are safe and are receiving good quality care. However, there is, as yet, no system in place for evaluating placements and informing future purchasing intentions at a strategic level.
101. Foster carer training is described by carers as very good, a finding endorsed by the most recent Ofsted inspection which described it as 'excellent'. They commented that training, such as that delivered on 'Care

Planning and Review Arrangements', effectively supports their understanding of the diverse needs of the children and young people they care for. The training is designed to facilitate their full involvement and to meet the full range of their specific needs, including issues of disability and ethnicity.

102. Children and young people are able to participate in care planning on an individual level and their influence on service development is growing. There is evidence both from what children and young people said to inspectors, and records of reviews, that they are engaged and that they value the opportunity to say how they feel and to influence decisions about plans for their care. Younger children told inspectors that they complete a booklet and that they preferred their carers to let people know how they feel. The Children in Care Council is a recent innovation, which intends to play a part in ensuring the meaningful participation of looked after children and young people in the development of the service.

Performance management and quality assurance

Grade 3 (Adequate)

103. Performance management and quality assurance for looked after children are adequate. Performance information on looked after children, young people and care leavers is appropriately included in the monthly performance report collated by the council, although managing performance on comparative data is problematic given the very small numbers of Rutland's care population.
104. Looked after children are also the focus of the council's internal audits but these have identified fewer deficits in looked after children's than in safeguarding services, as outcomes are demonstrably stronger in this area. The IRO has a specific responsibility for quality assuring performance and is able to provide evidence of the effective use of performance data on an individualised basis; for example, maintaining the educational achievement of specific children who had moved schools.
105. Senior managers interviewed accepted that there is further work to do to firmly establish a performance management culture for looked after children within children's services. Key information is difficult to retrieve promptly from the council's recording systems, and although staff interviewed felt easily able to manage this anomaly, there are clear risks to children if critical information is required and the allocated worker is not available. Social workers use electronic records both on ICS and a separate database, but the documents are not always displayed in date order and there is significant duplication, as the same document may be stored on different databases at varying stages of completion. Senior managers are aware of this issue, and there are plans in place to address it through recommissioning the council's electronic recording system.

106. The Children's Trust has a clear commitment to performance improvement for looked after children and care leavers and performance information is drawn from the council's monthly report and presented at Trust meetings including trend analysis to enable them to monitor children's progress. Plans are in place to develop the presentation of comparative information by using a clearer method of reporting.

Record of main findings:

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