

Inspection of safeguarding and looked after children services

Bury

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Reporting inspector: Robert Hackeson HMI

Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and 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
 - the analysis and evaluation of reports from a variety of sources including a review of the Children and Young People's Plan (CYPP), 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 60 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in Bury
 - interviews and focus groups with front line professionals, managers and senior staff from NHS Bury, Pennine Care Foundation NHS Trust and Pennine Acute Hospitals 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. Bury is situated in the North West of England and forms part of the Greater Manchester sub-region, which comprises 10 unitary authorities and has a total population of around 2,600,000. The borough is a compact area of some 38 square miles, comprising the towns of Bury, Prestwich, Whitefield, Radcliffe and Ramsbottom and a number of surrounding villages. It is mainly urban in character, although the north of the borough is partially rural.
5. The borough has a population of 183,800 people living in 74,300 households. There are approximately 42,000 children and young people below the age of 19, representing 23% of the total population. Approximately 12% of the population come from minority ethnic backgrounds.
6. At the time of the inspection 164 children were subject to a child protection plan and 328 children were looked after. Social care services to children and young people are provided by the Children's Social Care Division. This comprises the advice and assessment team, two safeguarding teams, the children and young people in care team, fostering and adoption teams and the early intervention service. Out of hours services are provided by an emergency duty team (EDT) serving Bury and Rochdale. Services for care leavers are commissioned from Barnardo's.
7. Currently the borough has 383 childcare providers registered with Ofsted including 48 day nurseries and 14 children's centres. There are 80 schools in Bury: one nursery school, 62 primary schools, 14 secondary schools, three special schools and one multi-site pupil referral unit. One primary school converted to academy status during 2011. There are 28,021 pupils on roll. Some 7.6% of secondary pupils in Bury schools reside in neighbouring authorities. Post-16 provision is made through two outstanding colleges: Bury College and the Holy Cross College, and through post-16 provision at Elms Bank High School and St Monica's High School, both of which are also rated outstanding.
8. Standards in education attainment have been consistently above the national average, with an increase from 58.8% to 62.8% in the percentage of pupils achieving five or more A* to C grade GCSEs (including mathematics and English) between 2009 and 2011. No Bury high school is below the Government standard. Improvements have continued in the percentage of pupils achieving a Level 2 qualification by the age of 19 (from 77.1% in 2009 to 83.8% in 2011) and pupils achieving a Level 3 qualification by the age of 19 (increasing from 50.1% in 2009 to 58.8% in 2011).
9. The Children's Trust has representation from all key statutory agencies and the voluntary and community sector. The Local Safeguarding Children

Board (LSCB) has an independent chair and brings together the main organisations working with children, young people and families in the borough.

10. The police service is provided by Greater Manchester Police. Services to children and young people who are at risk of offending or who have offended are provided by the council's multi-agency youth offending team.
11. The voluntary and community sector is well represented within the Children's Trust and the LSCB and works closely with the council and partners in strategic developments, prioritising and delivering services including advocacy, young people's substance misuse, support for care leavers and support to families.
12. Commissioning and planning of children and young people's health services and primary care is undertaken by NHS Bury working closely with the council and the Shadow Clinical Commissioning Group. Health visiting, school nursing and paediatric therapies and services for children with learning difficulties and/or disabilities who have complex health needs are provided primarily by Pennine Care Foundation NHS Trust Community Services Bury. Child and adolescent mental health services (CAMHS) are also provided by the Pennine Care Foundation NHS Trust and acute mental health hospital services. Accident and emergency services and maternity services are provided by the Pennine Acute Hospitals NHS Trust Fairfield Hospital. Safeguarding and looked after children health services are commissioned through NHS Bury and delivered by Pennine Care Foundation NHS Trust.

Safeguarding services

Overall effectiveness

Grade 3 (Adequate)

13. The overall effectiveness of safeguarding services is adequate. The vision and priorities of the council, health organisations and partners in the Children's Trust are set out clearly in the CYPP and are based on a good joint strategic needs analysis. Partnership working in the borough is strong. The council has placed a high priority on improving outcomes for vulnerable children and young people and front line services for these groups have been protected.
14. Safeguarding outcomes for children and young people are adequate. The large majority of schools are rated good or better and there is good work in schools to safeguard and improve outcomes for vulnerable groups. Too many early years providers are rated only satisfactory. Targeted services to families who experience domestic violence and young people at risk of offending are producing good outcomes.
15. The early intervention strategy is not fully implemented and the common assessment framework (CAF) is not yet embedded across the partnership. The threshold for access to social care services is not fully understood or accepted by all partners and too many cases are being referred to the social care service that could be dealt with through early intervention. The high number of referrals has contributed to pressure on the advice and assessment team where caseloads remain high. Some referrals made by health professionals who have safeguarding concerns for unborn babies are not accepted until 26 weeks gestation, which limits the opportunity for effective pre-birth planning and intervention.
16. When child protection concerns are identified, swift action is taken to ensure that children who need protection are protected. Children and young people with child protection plans are visited regularly by social workers. At the time of the inspection recent improvements to processes in the advice and assessment team had resulted in timely assessments of need. However, there is a legacy of protracted delay in the completion of assessments and a backlog of cases where children in need have waited too long to receive a service.
17. In the case files randomly sampled during the inspection no children or young people were found to be unsafe, and in most cases effective work was undertaken to secure the safety and well-being of children and young people. The quality of recording is variable and the integrated children's system (ICS) has not sufficiently enabled staff to produce accessible, coherent records. At the time of the inspection the council was in the process of switching over to a replacement system.

18. The contribution of health agencies to keeping children and young people safe is good. However, training compliance rates are variable across health providers, ranging from good to inadequate. Practice at Pennine Acute Hospitals NHS Trust regarding the renewal of criminal records bureau (CRB) checks is not compliant with the Standards or the Trust policy.

Capacity for improvement

Grade 3 (Adequate)

19. Capacity for improvement is adequate. The LSCB is becoming increasingly effective in providing leadership for safeguarding across the partnership. The council and partners in the Children's Trust have made improvements over the past 12 months but in some key areas such as the early intervention service and the advice and assessment team improvement, though significant, is very recent. School exclusions have reduced in the current year from the previously high rate.
20. Workforce planning has become more effective and the council has built capacity in the social care service, for example through the recent restructuring which has increased the number of social workers and staff working with families. The council is building successful joint service arrangements with neighbouring councils to improve service delivery through economies of scale. Performance management is adequate and improving and the council understands the key areas for development. The council uses learning from complaints well to improve services, and there are good arrangements for partner agencies to engage with service users.
21. The early intervention strategy and the use of CAF are not embedded and require substantial partnership effort to consolidate recent improvements. There have been significant problems with the functionality of the computer system and the council has been slow to procure a replacement.
22. There is good corporate and political support. However, elected members are not involved in a regular scrutiny programme for children's services but receive reports on an exceptional basis. The lack of regular scrutiny limits the opportunity for elected members to offer challenge and support to officers in their work to safeguard children and young people.

Areas for improvement

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

Immediately:

- all partner agencies should ensure operational staff understand and work to the agreed threshold for access to social care services
- ensure parents and carers know how to make representations regarding the accuracy of child protection conference minutes.

Within three months:

- ensure there are appropriate arrangements for elected members to offer regular challenge and support to officers in their safeguarding work
- include the audit of supervision records and annual staff appraisals in a formal social care audit framework and consider extending the range of staff who carry out case file audits to include front line practitioners and senior officers
- ensure social work reports for child protection conferences are prepared in advance so that the content can be shared with families prior to the conference
- ensure that the minutes of strategy meetings and child protection conferences are distributed promptly
- NHS Bury and the council should ensure that safeguarding referrals regarding unborn babies are dealt with in a timely way that does not impede unborn baby planning or delay the discharge of mothers
- NHS Bury and Pennine Acute Hospitals NHS Trust should improve the rates of safeguarding training so that a minimum of 80% of all staff groups are in date and have received the correct level of training necessary for their post
- NHS Bury and Pennine Acute Hospitals NHS Trust should ensure compliance with Safer Recruitment and the NHS Employment Check Standards, especially in relation to CRB checks on current staff who change post within the Trust.

Within six months:

- the council and partners should ensure that the early intervention strategy becomes embedded across the partnership.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (Adequate)

24. The effectiveness of services in ensuring that children and young people are safe and feel safe is adequate. The council's fostering and adoption services were both rated satisfactory for safeguarding at their last inspections in 2009. The LSCB has taken effective action to raise the profile of private fostering arrangements across the area following the inadequate judgement in the 2008 inspection. Good progress has been made in tackling the poor quality of some child minding services, but only two out of eight children's centres inspected to date are rated good or better for overall effectiveness. The large majority of mainstream schools and all special schools are judged good or outstanding.
25. Surveys indicate that children feel safe in their schools and communities. Schools give a high priority to tackling bullying and receive good support from the anti-bullying coordinator. Recent work on e-safety is ensuring concerns raised by children and young people are being addressed and this is building resilience. Permanent exclusions have reduced in the current school year from a very high rate in 2010/11. Pupils from vulnerable groups generally make good progress. For example, work in schools to promote the educational achievement of minority ethnic groups at age 11 is making a difference at Key Stage 2. Children and young people seen by inspectors display a good understanding of what it means to be safe. Some young people expressed concern about the reduction in summer activities on offer due to budget cuts, and others said that support services for young people are poorly advertised. Support for young carers is good.
26. Joint work between the youth offending team and the social care service to safeguard young offenders has been strengthened through specific training to raise awareness about the types of behaviour which put young people at risk. Targeted interventions to meet the needs of this group of young people include the Streetwise, and Early Break programmes. Performance on reducing offending is good. Good arrangements are in place to identify and monitor children missing from home, care and education and there is good joint work between the police and the social care service to investigate concerns such as child sexual exploitation.
27. The children's complaints service is effective. The timeliness of response has improved and learning from complaints is regularly disseminated to social workers. Safe recruitment procedures are in place based on good practice guidelines. Arrangements for managing allegations against people who work with children through the Local Authority Designated Officer

(LADO) are good. Regular awareness training is provided to all relevant groups working in the area. Contacts with the LADO for advice and information have increased and appropriate referrals are made.

Quality of provision

Grade 3 (Adequate)

28. The quality of provision is adequate. There is a wide range of early intervention and prevention services but they are insufficiently well coordinated. The new multi-agency early intervention panel is beginning to help coordinate the activity of preventative services including the initiation of CAF assessments. Monitoring by the panel and coordinated intervention are leading to positive outcomes, such as preventing cases escalating into the child protection system unnecessarily.
29. The use of the CAF is not yet embedded across the partnership. The number of CAF assessments completed by partner agencies has reduced over the last year. Two CAF support officers have been appointed to help develop the use of CAF. The quality of CAF assessments is adequate. Some good examples were seen but not all assessments were sufficiently outcome focused and parents' contributions and views were not clearly recorded.
30. The threshold for access to social care services has been widely disseminated across agencies but too many cases are being referred to social care. Professionals report that although they have received guidance on thresholds, they need more opportunities to discuss the thresholds for social care involvement and to increase their knowledge of the range of preventative services available.
31. In the advice and assessment team decisions on referrals are made promptly and with appropriate risk assessment and prioritisation. The most vulnerable children who need protection are effectively protected. There is good collaboration with the police in joint child protection investigations. Strategy meetings are well attended by partners, although circulation of the minutes is sometimes delayed. This was an area for development from previous inspections. Health professionals report that their referrals about safeguarding concerns for unborn babies are not accepted until 26 weeks gestation, which limits the opportunity for effective pre-birth planning and intervention.
32. Some professionals from partner agencies report that they do not always learn what action has been taken by social care in response to their child in need referrals. A triage arrangement has recently been introduced in the advice and assessment team to improve the quality of information exchange with referrers. Front line workers observed during the inspection demonstrated good practice in their engagement with referrers.
33. The legacy of delay and poor quality assessments in the advice and assessment team is still having an impact on the immediacy and level of

service received by families. The capacity of the front line advice and assessment team has been increased recently, and the backlog of children in need work waiting to be transferred to other teams or stepped down to universal services is now being addressed as a priority. The increase in the capacity of this team has led to some measurable improvements in the timeliness and quality of assessments, but progress is not yet consolidated. The ICS is difficult to navigate and does not support effective social work practice or management oversight.

34. Child protection conferences are well attended by partners. Conference chairs carry out their independent role effectively and ensure there is a good level of challenge. Although child protection conferences and reviews are held on time social workers do not always provide reports 24 hours before the meeting. This restricts the ability of the chair to help parents prepare for the meetings. Social workers do not routinely prepare outline plans for the immediate safety of children in order that these can be included in the meeting record. The views of children, young people and their families inform the child protection assessment and planning process. There is good engagement with parents in conferences and, although the number of children and young people attending these meetings is low, there are examples where this is managed well. The record of decisions made and the child protection plan are distributed within 24 hours but the detailed conference minutes are not always circulated within 15 days. Parents report that the minutes are not always accurate and that they do not know how to make representations to raise these concerns.
35. Plans to support children who cease to be subject to a child protection plan have historically been insufficiently robust and the rate of repeat plans is high. This has been recognised through audits completed for the LSCB, and recent action to address this through the use of the early intervention panel is beginning to make a difference. There are some good programmes to support families and children who experience domestic abuse such as the Hope Fellowship pilot. The council and partners recognise the need to increase the capacity of therapeutic services that engage those responsible for domestic abuse. Parents reported that they have received good support from targeted family services which have made a real difference to their lives such as those provided by 'Option2' and the Freedom Programme. They said that therapeutic programmes are making a difference so that they understand how their behaviour impacts on their children.

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

36. The contribution of health agencies to keeping children and young people safe is good. Relevant health professionals including safeguarding health staff and executive leads are all actively engaged with the LSCB and its sub-groups. All health organisations have concurrent safeguarding

policies, including safeguarding supervision policies, which are becoming fully embedded in practice, despite the recent organisational changes. Robust governance and health based scrutiny systems in all health organisations provide good levels of challenge, to both the annual and quarterly safeguarding reports and serious case review action plans.

37. Outstanding induction processes for all new community staff promote multi-agency working within health and with other partners. Health visitors and school nursing services are well integrated through good use of skill mixed teams, promoting effective working with children and young people from the age of 0-19 years. Good use is made of safeguarding supervision to ensure that all staff are well supported in child protection work.
38. Most staff interviewed said they have had a CRB check within the last three years. However, staff from Pennine Acute Hospitals NHS Trust reported that those who had changed posts within the Trust did not have a renewed CRB check; only new employees have a CRB check. This contravenes the NHS employment check standards and the CRB Standard (January 2011) and is not in line with the Trust policy.
39. All staff interviewed confirmed that they were in date with their safeguarding training, at the level deemed necessary for their role, and there are good opportunities for practitioners to attend a wide range of safeguarding training. Training compliance rates are variable, ranging from good to inadequate within and across health providers. The safeguarding responsibilities of general practitioners (GPs) have recently had an increased focus, resulting in a significant increase in training compliance rates, although these remain low. New safeguarding training strategies have been implemented slowly, particularly at Pennine Acute Hospitals NHS Trust. The Trust is currently on target to achieve the required 80% compliance by August 2012.
40. Primary care and community care staff take appropriate action in response to 'did not attend' notifications. Children and young people 'of concern', are reviewed at the regular multi-disciplinary practice meetings, resulting in agreed and shared plans of action. Safeguarding thresholds are well understood by health staff. However, GPs report that frequently when they contact the social care advice and assessment team, their call is not dealt with promptly which causes difficulties, especially during the clinic times when immediate assistance is required. Community practitioners are well engaged with child protection case conferences, strategy meetings and multi-agency risk assessment conferences. While there has been some improvement in the timing of case conferences to allow GPs to attend, there is still limited use of venues, such as GP practices, to facilitate GP attendance.
41. Child and adult alcohol and substance misuse services are well integrated, with many examples of good joint working with partner agencies. The

alignment of adults' and children's appointments has facilitated better treatment interventions. The Early Break service has been successful in identifying and working with children who are assessed as being at high risk of misusing substances. The prevention project has enabled children to remain with their carers, and stay in or return to education, and in some cases has reduced the need for children to have a child protection plan. This service has won international acclaim. An effective needle exchange scheme is available for young people including those taking steroids, which is an area of increasing local concern.

42. Good referral pathways to CAMHS are in place. There are effective weekly triage meetings of all referrals, although urgent appointments can take up to five days, which is too long. Good partnership working by the full health multi-disciplinary team and CAMHS staff enable some young people to be supported without the need for a hospital admission. The Improving Access to Psychological Therapies (IAPT) service offers a range of brief interventions, with good identification of hidden harm concerns. The IAPT offers a highly valued bereavement and support service for young women who had had a miscarriage or a termination of pregnancy. The rate of teenage conception remains above the England average. The dedicated midwife for teenage pregnancy provides good support for those young women who conceal their pregnancy from their parents. There are a number of weaning and young mother groups which are attempting to effect cultural change, to promote good weaning and nutritional habits, with some evidence of impact starting to happen within some communities. These groups also discuss and promote good sexual health practices and provide contraception advice including well promoted delay messages. Referral pathways for the out of area sexual assault and referral centre are well understood. Community practitioners, including dedicated staff, have developed effective partnerships with leaders from the Jewish and Asian communities and travelling families which has improved engagement with services.
43. Accident and emergency services at Fairfield Hospital have prescribed areas for children and young people but these are within the adult provision. Consequently the privacy and dignity of service users may be compromised, especially at busy times. The service recognises the requirement for a separate waiting area for children and young people and plans to develop this are in progress. Appropriately skilled staff on duty receive good support from the children assessment and observation unit at times of medical emergency. Accident and emergency staff have good access to the social care advice and assessment team as well as the emergency duty team, although there are no 'flagging' systems for children known to social care. Self harming pathways comply with national guidance.

Ambition and prioritisation**Grade 3 (Adequate)**

44. Ambition and prioritisation are adequate. The vision and priorities of the council and partners in the Children's Trust are set out clearly in the CYPP and are based on a good joint strategic needs analysis. The council has placed a high priority on improving outcomes for vulnerable children and young people. This is being achieved for some groups, for example in the progress of some minority ethnic pupils. However early intervention services are not well coordinated and the quality of provision in the social care services is only adequate. The council has prioritised child protection work to ensure the most vulnerable children and young people are kept safe. The LSCB is becoming increasingly effective in providing leadership for safeguarding across the partnership.
45. Elected members are not involved in a regular scrutiny programme for children's services but receive reports on an exceptional basis, for example on adoption and fostering. The Lead Member plays an active role and is working to raise awareness of children and young people among elected members. However the lack of regular scrutiny limits the opportunity for elected members to offer challenge and support to officers in their work with vulnerable groups, apart from children and young people in care where the work is well supported by the corporate parenting panel. Front line services for vulnerable groups have been protected in a climate of severe financial cuts.

Leadership and management**Grade 3 (Adequate)**

46. Leadership and management are adequate. The council has been successful in recruiting and retaining staff and almost all social work posts are currently filled with limited use of agency staff. The social care workforce is stable, morale is good and staff enjoy working in Bury. Effective action has been taken to build capacity in the workforce. The reorganisation of the social care service has included an increase in the number of front line staff working with families. Children's services have creatively used consultants to help to support and develop staff in their roles. Appropriate action is being taken to manage individual staff through capability procedures. Staff training needs are identified and a good range of relevant training is commissioned, including multi-agency safeguarding training arranged by the LSCB. However, the quality of staff annual appraisals is variable and the current format does not support professional development. There are very few health visitor vacancies.
47. The council and partners demonstrate good use of financial resources through 'spend to save' initiatives such as the Hope Fellowship pilot, and the joint emergency duty team with Rochdale. However, the slow progress in developing the early intervention strategy has placed heavy pressures on the social care service and is proving costly in terms of resources and

outcomes for children. The integrated children's system has not supported the work of the social care service sufficiently.

48. The council and partners are committed to consultation with young people in a democratic and transparent way. The youth cabinet plays an effective campaigning role in relation to issues and concerns of children and young people including those from minority groups. Elected members, officers and senior representatives from partner agencies regularly attend youth cabinet meetings and other consultative activities. The views of children and young people have helped to determine the priorities set out in the CYPP, and they are directly involved in staff training and senior staff appointments.
49. Children's centres are responding to the needs of minority groups by adapting their opening hours and offering family sessions to meet local needs. Children and young people know how to complain and effective work is undertaken through the advocacy service to ensure they are aware of their rights and receive appropriate support so that their views and concerns are well represented.

Performance management and quality assurance

Grade 3 (Adequate)

50. Performance management and quality assurance are adequate. Performance management systems have recently been strengthened in the social care service enabling managers at all levels to understand performance and take action to improve. Information from performance data, audit activity and analyses conducted by consultant social workers is considered at monthly performance management meetings chaired by the strategic lead for safeguarding and looked after children services and coordinated remedial action is kept under review. While it is too early to measure the full impact of the new approach there are some areas in which improvement has been achieved, such as in the improved timeliness of assessments.
51. Senior managers are appropriately involved in decision making and management oversight of casework is adequate. Supervision takes place regularly with most staff but the quality of recording is variable and poor in some cases. The social care service does not yet audit supervision files.
52. The audits completed for the inspection provided for an overview of the case but do not fully address failures in practice or identify corrective action to be completed. Multi-agency audits overseen by the LSCB are contributing to improvements in practice. These include Safer Recruitment training in response to issues highlighted in Section 11 audits and an increased emphasis on diversity issues in assessments as a result of the audits of equality and diversity.

Partnership working**Grade 2 (Good)**

53. Partnership working is good. The Children's Trust and the LSCB have good cross agency representation including the voluntary and community sector (VCS). The VCS are influential in strategic planning such as the review the CYPP. The decision to adopt three shared priorities has enabled partners to focus their collective efforts more sharply. Networking meetings arranged by the Children's Trust are proving valuable in raising awareness of the range of services available across the partnership.
54. The LSCB is becoming increasingly effective in providing leadership for safeguarding across the partnership. There are robust arrangements to hold individual member agencies and LSCB sub-groups to account through a reporting programme managed by the LSCB. For example, 360 degree appraisals are in place for all members including the independent chair, which is a model of good practice. The LSCB provides effective challenge across the sector. It ensures that the lessons learned from serious case reviews are implemented. Partnership work on early intervention and prevention is at an early stage of development. The LSCB is now appropriately leading the development and coordination of 'Early Help'. This is one of the key priorities in the LSCB business plan for 2012/13.
55. Good partnership work with neighbouring local authorities includes the joint emergency duty team, while plans are at an advanced stage to operate a joint youth offending service with Rochdale, with both council areas covered by the same magistrates' court. The Child Death Overview Panel (CDOP) serves Bury and two other councils. There are good reporting arrangements and themed work is conducted on the lessons learned from child deaths. Some GPs and primary care staff report that they receive little information relating to the work of the LSCB and CDOP.
56. Multi-agency risk assessment conferences and multi-agency public protection arrangements work well. Excellent partnership working has been undertaken with the VCS to address community cohesion issues, with both minority ethnic groups and other vulnerable groups.

Services for looked after children

Overall effectiveness

Grade 3 (Adequate)

57. The overall effectiveness of services for children and young people in care and care leavers is adequate. The Better Lives strategy describes the aims for this group shared by the council and its partners: to have high ambitions and expectations for them; and to help them reach their potential by providing excellent parenting; a high quality education; opportunities to develop their talents and skills and effective support for their transition to adulthood. Good progress is being made. Health and education outcomes are outstanding and outcomes for care leavers are good; but the arrangements for ensuring that children and young people in care are safe are adequate.
58. The quality of provision for children and young people in care is adequate. Risk is managed well and appropriate and timely action is taken to ensure that those children and young people who need to be in the care of the council are identified. All children are in safe placements. There are, however, considerable weaknesses in the quality of some care plans, in the review process and in recording practice. Historic recording of statutory visits is poor and some recent recording practice still lacks detail. Assessments seen by inspectors were of variable quality. The quality of the electronic care plans seen was poor overall. The council is strengthening care planning, for example through the introduction of care planning meetings, which is leading to some improvements. Social worker reports for reviews generally lack detail, and some independent reviewing officer (IRO) reports do not provide evidence of rigorous challenge. Staff receive regular supervision which is clearly recorded, but reflective practice was not evident in the records seen. The quality of recording is variable and longstanding difficulties with the ICS have obstructed efforts to produce accessible, coherent records. At the time of the inspection the council was in the process of switching over to a replacement system.
59. Through effective commissioning and procurement strategies the council has access to good quality providers. A wide range of cost effective placements meet the diverse needs of children and young people in care. Effective partnership work includes sharing contract compliance visits with neighbouring councils. The majority of children and young people are placed within a family setting which is a key strength. Continuity of care is promoted for all children and young people in care including those placed with independent providers so that they can remain in placement until the age of 21. The council has been successful in achieving permanency for children and young people in care through adoption or Special Guardianship, and has played a central role in extending the pool of prospective adopters available sub-regionally. The council recognises it

needs to improve the timeliness of adoption for children whose best interest is served by adoption.

Capacity for improvement

Grade 2 (Good)

60. The capacity for improvement is good. The council, health staff and partners share high aspirations for children and young people in care and care leavers. Good partnership working across agencies is contributing to very positive outcomes, with four of the five outcome areas outstanding or good.
61. The profile of the Corporate Parent Panel (CPP) and the role of elected members as corporate parents have been significantly strengthened in recent years. The Lead Member provides strong leadership to the CPP and is supported by a cohesive and committed group of elected members who actively champion the needs of children and young people in care, known locally as 'CYPIC'. CYPIC and care leavers are encouraged and well supported in contributing to the work of the council and the CPP through regular meetings with elected members and senior officers. The influence of young people on service delivery and improvement is evident.
62. There is outstanding practice in health and education and outcomes for care leavers are good. In addition there are some notable improvements in placement stability, permanency planning and the timeliness of reviews. Workforce planning has become more effective with good quality training and development opportunities. The council has rigorously addressed poor practice linked to capacity and capability issues ensuring that all services are now fit for purpose. The recent restructuring of the social care service has contributed to significant improvements in the monitoring and delivery of services to children and young people in care.
63. Children and young people in care are familiar with the complaints procedure and know how to use it. Good partnership working between the advocacy service, the council's complaints team and the participation workers in the youth service ensures support is timely and appropriate. The council uses learning from complaints well to improve services. Performance management is adequate and improving and the council understands and is acting upon the key areas for development. The new computer system adds potential to capacity for improvement, particularly the improvements needed in practice recording and monitoring.

Areas for improvement

64. In order to improve the quality of provision and services for looked after children and young people in Bury, the local authority and its partners should take the following action.

Immediately:

- ensure statutory visit records make clear that children and young people have been seen (and seen alone where appropriate) and that their needs, views and wishes are reported on each visit
- ensure that case management decisions are recorded on the electronic case file and that the reasons for decisions are included.

Within three months:

- ensure that all assessments take full account of the family history in assessing risk
- ensure that all electronic care plans are up to date and reflect the current plan for each child and young person in the care of Bury
- ensure that social work reports for statutory reviews clearly set out progress made against the care plan to inform the review process
- ensure that all statutory reviews are chaired with sufficient rigour by the independent reviewing officers and that challenge is fully documented in the review record
- improve the timeliness of adoption of those children for whom it has been decided adoption is in their best interest
- ensure that supervision records demonstrate reflective practice.

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

Being healthy

Grade 1 (Outstanding)

65. Health outcomes for looked after children and young people in care are outstanding. All health assessments and reviews, including those for young people placed outside of the Bury area, are subject to excellent monitoring and quality assurance arrangements, and all those seen were comprehensive. Good use is made of the strengths and difficulties questionnaires (SDQ), including SDQs completed by foster carers and young people over the age of 11 years, to inform health assessments and referrals to mental health services. Almost all children and young people in care have immunisations, health assessments and dental assessments up to date. Notifications of unscheduled care changes and 'did not attend' appointment notices are sent to the designated nurse, who ensures appropriate follow up action is taken.
66. The designated nurse role complies with statutory guidance. There is close collaboration with the IROs, and good attendance at children and young people's reviews. Training provided to foster carers and adoptive parents by the designated nurse and the mental health service is highly valued. The CYPIC health annual report has not yet been presented to the Corporate Parenting Board, although the report is submitted to the Health Trust Boards. The designated doctor also acts as the medical advisor to the adoption panel. Applicants and new adoptive parents receive good advice and support regarding health matters.
67. The dedicated CAMHS outreach service for looked after children is co-located with children's social care enabling high quality and rapid information transfer. Waiting lists are in line with national targets and are subject to regular review. CYPIC have good access to Early Break, the young persons' substance misuse service, although not all looked after children who are known to be misusing substances are accessing the service. There is a programme of work currently being undertaken to ascertain the reasons for this and to improve engagement. The youth offending specialist nurse provides a valued health education and sexual health programme for those 'hard to reach' young people, or those who are not attending education. Regular personal health and sexual relationship education programmes provided by the looked after children health team are positively evaluated. There is good access to interpreter services and same gender health staff for health appointments.
68. The designated nurse continues to work with care leavers until they are 21 years of age. This service includes a drop-in clinic as well as individual appointments from the age of 18 years when the statutory health assessments cease. All care leavers are well supported to access universal

health provision. They receive a copy of their health histories, including birth information, immunisation status and their NHS number. There is very good support for those care leavers living in supported accommodation locally, with a dedicated school nurse for those who are still engaging with education services. The designated nurse and personal advisors have provided a successful cookery and nutrition course to support young people in the transition to independent living.

69. Sexual health services for children and young people in care are provided through universal services with good joint working with youth offending services and personal advisors to provide C-card scheme (condom distribution) and Chlamydia testing. Looked after young women who become pregnant are well supported by the dedicated teenage pregnancy midwife and dedicated health visitor with good joint working between professionals.
70. Community children's nurses who specialise in learning disabilities and/or difficulties provide good support to children and young people with complex needs. There remain some challenges with ensuring smooth transitions for those young people with Attention Deficit Hyperactivity Disorder who will require ongoing medication. Stakeholder and parent consultation groups are engaged in the review of the current pathways.

Staying safe

Grade 3 (Adequate)

71. The arrangements for ensuring that looked after children and young people are safe are adequate. Overall risk is managed well and appropriate and timely action is taken to ensure that those children and young people who need to be in care are identified. Arrangements to prevent children and young people becoming looked after are still in the early stages of development and remain a key priority for the council. All children are in safe placements. However, two cases were referred back to the council as historic practice was poor.
72. The majority of children and young people in care who took part in the Care4Me and Aftercare survey report feeling very safe or fairly safe and all said there is at least one person they would tell if they were being harmed. All children and young people who spoke to inspectors said they feel safe and have someone they would tell if they were being harmed. Some young people told inspectors that they had known their social worker for a long time and valued their support and help. Others had experienced many changes of social worker and this made getting to know them difficult.
73. The 2009 inspections of the fostering service and the adoption service rated both satisfactory overall. The fostering and adoption judgements for Staying Safe are also satisfactory. The council does not run any children's homes. The safeguarding needs of looked after children placed with independent providers are well addressed through a range of

commissioned and contracted services. Placements with independent providers are purchased from an approved providers list and placements are only made with providers rated good or outstanding by Ofsted. The performance, planning and commissioning team undertake quality assurance visits to all first time providers. The council is part of Placement North West syndicate and this strengthens the range of placement choice to meet the diverse needs of children and young people. A key strength of the council is that the majority of children and young people are placed within a family setting and good provision is made through the 'step down' specialist fostering provision supporting children in residential care to experience a foster placement where appropriate. The council promotes continuity of care arrangements to all looked after children including those placed with independent providers so that they can remain in placement until the age of 21.

74. Placement stability is a key priority for the council and this has been an area of under performance in recent years. While permanence has been achieved in most cases seen by inspectors, some children and young people had too many placement moves over short periods of time. Recent local data shows a marked improvement in performance on short term stability. Long term placement stability also improved in 2011/12 from previous years and the council is now broadly in line with comparators on both measures, while not yet reaching its own ambitious targets.

Enjoying and achieving

Grade 1 (Outstanding)

75. Educational outcomes for children and young people in care and care leavers are outstanding. Education issues are at the forefront of care decisions and effectively inform planning. The education team plays a vital role in decision making, and the council and its partners give the highest priority to improving the educational outcomes of vulnerable groups. Partnership working is highly effective with a clear commitment by council staff and multi-agency support services to raising the standards, achievement and attendance.
76. Head teachers and other professionals within health, social care and the VCS are highly complimentary about the work of the education team, which provides important and effective training, support and guidance to designated teachers and works diligently to ensure learning programmes meet specific learning needs and aspirations.
77. Rigorous monitoring and tracking of pupils' achievement and progress at schools within Bury and outside the borough is proving highly effective. Children and young people in care in Bury do better at Key Stage 4 than looked after children nationally. In 2010 39% of Bury young people in care achieved five or more A* to C GCSEs including English and mathematics. These results were exceptionally good and, although the results in 2011 were lower at 25%, this was still strong performance compared with the

national average of 12.5%. Achievement at age 11 years Key Stage 2 is less strong and just below the national average, but progress made by pupils at this stage in both English and mathematics is strong and the projections for performance in 2012 and 2013 are promising. The education team is making excellent efforts to narrow the gap in achievement between young people in care and all pupils of the same age.

78. Attendance is closely monitored by the education team and the role of the dedicated school attendance officer has supported improvements. Welfare Call checks attendance daily both within the borough and in schools outside Bury. Immediate action is taken if concerns about attendance are identified. The overall absence rate for school aged children in the last three years is 5%, below the national average of 6%. This is good and improved performance ranking Bury 17th nationally. There have been no permanent exclusions of children or young people in care for several years. For fixed term exclusions the trend is more variable with a gradual reduction over time. Good transition arrangements ensure children are well supported at the usual stages and if they change schools at other times.
79. The majority of children seen spoke very positively of the support they received from both school and college. The quality of personal education plans (PEPs) is good and the current completion rate is very good at 97%. A recent review and change to age specific plans offers a more targeted approach. PEPs are regularly audited for quality by the Education Manager. Children and young people's social workers responsible for completing the PEP receive good support from the designated teachers within schools and the CYPIC education team.
80. The pupil premium is well used within schools to ensure children and young people receive additional learning support, equipment and experiences as necessary to enhance their education and this fund is further enhanced by the council for all children and young people in care whether in Bury or outside the borough. The Education Manager closely monitors the use of this funding.
81. Children and young people in care in Years 9, 10 and 11 have been involved in a number of Aim Higher activities and several young people have participated in the Chances project aimed at developing strategies for higher education progression. Currently nine young people who were in care attend university and a further two are to start this September.
82. A wide range of opportunities are available for children and young people to become involved in after school programmes, take part in specialist activities and access a range of leisure, cultural and recreational activities. The pupil premium allowance is also used for one off and individually planned programmes such as music lessons, and is often supplemented to

ensure children are not excluded from more generic school activities. Foster carers can obtain free cinema tickets for children in their care and themselves. The highly successful 'Mega Mayhem' for primary age children and 'Madhouse' for 11-16 year olds are key annual activity projects managed by the Youth Service in partnership with the CYPIC team which enable children to become involved in activities during the summer and Christmas holiday periods. Residentials and trips out are particular highlights of these schemes.

Making a positive contribution, including user engagement **Grade 2 (Good)**

83. Outcomes for children and young people in care in making a positive contribution are good. A clear strategic approach and commitment ensures that CYPIC have a strong voice in decision making and that their needs are met. Children and young people have regular access to senior officers and elected members and they feel that their views are heard.
84. The members of the CYPIC Council are active champions for their peers and provide positive role models. The CYPIC Council produced the Have Your Say! leaflet which promotes young people's participation in their statutory reviews. The leaflet includes the council's Pledge to Bury CYPIC which the CYPIC Council was also involved in developing. Involvement in staff training and recruitment is well embedded and some CYPIC members also attend the Youth Cabinet where they discuss broader youth issues facing young people. The CYPIC Council has recently produced a DVD entitled, 'Who Wants to be in Care' and as one young person said 'it shows there is nothing wrong with being in care'.
85. Children and young people are familiar with the complaints procedure and know how to use it. The well established and effective advocacy service and children rights service are commissioned from Barnardo's. Good partnership working between the advocacy service, the council's complaints team and the participation workers in the youth service ensures support is timely and appropriate. The independent visitor service managed by the advocacy team is highly regarded by those children who have been matched with a visitor. Care leavers said leaving care workers are very supportive and provide ongoing help when they need it.
86. The cultural needs of children and young people in care are generally well met. Good attention is paid to ensuring children have access to appropriate activities and resources and effective support has been provided for those care leavers who are unaccompanied asylum seekers.
87. Good multi-agency partnership work helps to tackle youth offending and a range of strategies and programmes have been effective in reducing the numbers of children becoming known to the youth justice system. Action by the police to promote restorative justice solutions has also been successful and is the preferred way of working with children who are on

the fringe of criminal activity and involved in anti-social behaviour. Currently a small number of young people in care are known to the youth offending team (YOT) and effective systems provide additional support to schools and carers. The Extra Mile team provides good transition support to young offenders who return from a custodial sentence to aftercare.

Economic well-being

Grade 2 (Good)

88. The impact of services to children and young people in care to achieve economic well-being is good. Clear strategies are in place to improve services and support for those young people approaching leaving care and for care leavers. Young people are encouraged to remain in school and effective systems monitor the number of young people in care who are accessing education, employment or training. Almost all 16-18 year old young people in care are in education, employment or training.
89. A range of vocational training, apprenticeships and educational opportunities are available to care leavers but there are insufficient opportunities that lead to full time employment. Joint strategic work between further education providers, the local council and business enterprise continues but opportunities remain limited.
90. Pathway plans are comprehensive and the current completion rate is good at 93%. The career action plan which is completed alongside the pathway plan identifies in more detail the specific career pathway and monitors progress. This is regularly discussed with care leavers. Good links have been established with local colleges, higher education institutions and training providers in the area to ensure the needs of this group are prioritised and targeted information, advice and guidance is delivered by Connexions to all care leavers.
91. Young people receive effective support from their key workers and the specialist Connexions personal advisers to prepare for independent living. Some care leavers felt this was not always sufficient and they expressed concern about increasing pressure on their finances while they continue their training programmes and courses. They were not always aware of their financial entitlement. Similarly, access to affordable leisure was raised as a concern, and the availability of discounted leisure cards was not known to several in the group, while others had received free gym membership through their key workers. They also said the high cost of transport was restricting their ability to become independent.
92. There is sufficient accommodation available to care leavers. Standards meet the Placements North West joint protocol for young people in care, although care leavers expressed concern about the quality of some supported housing offered by commissioned providers. In many cases care leavers have continued to stay in their foster care placements beyond the age of 18 years which is encouraged by the leaving care service. Care

leavers at university are able to return to their accommodation in Bury during the holiday periods.

Quality of provision

Grade 3 (Adequate)

93. The quality of provision for children and young people in care is adequate. In most cases seen by inspectors the decision for children and young people to be accommodated is underpinned by an assessment including risk. The number of children in care has increased to 328 and the rate is higher than similar councils. The key strategic target, to safely reduce the number of looked after children to 286 by March 2012, has not been achieved. A high number of children in care are placed with their parents. While these are considered appropriate placements the council has been slow to assess whether a care order is still needed in such cases.
94. The council has sought to strengthen early intervention and prevention services to help reduce the need for children to be looked after. In January 2012 the council adopted the 'Option 2' Model which provides for short and intensive work with vulnerable families. The council reports a marked reduction already in the number of children from this group who have had to be accommodated.
95. Assessments seen by inspectors were of variable quality ranging from poor to good. Most assessments prepared for court were of high quality. However other assessments lacked critical analysis of potential risk factors and did not always take full account of the history. Most cases seen had a current chronology which informed the assessment process but in a few cases the chronology was absent or outdated. The needs of children with a disability are given more thorough consideration in the assessments seen, with a range of communication methods including pictures used to support their engagement. Nearly all assessments took into account the wishes and feelings of children and young people and their parents.
96. All looked after children have a care plan. The quality of the electronic care plans seen was poor overall. The council has been proactive in strengthening care planning and has appointed an independent social worker to support this work. Improvements include the introduction of care planning meetings, which support critical reflection and challenge in planning for children. The full impact of these changes is yet to be shown. The co-location of the fostering and adoption team with the safeguarding and CYPIC teams facilitates coordinated care planning.
97. Foster carers receive regular, good quality support and supervision from link social workers to help them to meet the needs of children placed. The training programme available to all foster carers is excellent and the take up is good. Some foster carers report excellent support and contact with children's social workers. Others report that this is variable. Out of hours assistance during the evenings and at weekends is highly valued by foster carers.

98. Parents who met with inspectors spoke very positively of the help they received in meeting the needs of their children and the changes they had made in building their lives. They spoke poignantly of their history of involvement with the social care service, and while they did not initially welcome intervention they recognise that social workers' first priority is to protect children. Parents felt that, had the initial contact with children's services happened sooner, this may have helped prevent family breakdown. Many suggested that parents should be involved in the training of social workers.
99. A good number of looked after children achieve permanency through adoption or Special Guardianship. There are minimal adoption disruptions which reflect the good planning and matching arrangements. Delays in securing permanency through adoption are linked to the court process or in finding prospective adoptive parents for children with complex needs. The council recognises that performance on the timeliness of placing children for adoption is comparatively poor and remains an area for development. The council has played a central role in improving the number of prospective adopters for all children where adoption is identified as being in their best interest, through the ORBITT Project run in conjunction with neighbouring councils, and this is strengthening the pool of adopters available.
100. The timeliness of reviews has improved in 2011/2012 from the previous year and is very good. IROs report positive working relationships with social workers in planning for children and young people. The competing demands of the IRO role, which involves a range of other duties beyond reviewing plans for children and young people in care, do not always allow them to meet with children and young people between reviews. However, IROs do give priority to visiting those who are seen as particularly vulnerable.
101. The council recognises the need to promote the participation of young people in the review process and to explore more fully some young people's reluctance to attend. Good efforts are made to support parents and carers to attend reviews. Attendance by relevant professionals is good, particularly those from health and education. Young people told inspectors that they enjoy their reviews held in their foster care placement and meeting with professionals. Most children and young people knew and spoke very positively about their reviewing officers, but some did not know how to contact them.
102. The quality of reviews is poor. In the majority of cases seen the social work report to the review lacked detail and did not highlight changes in the care plan. Inspectors saw some very good IRO reports detailing the discussions held at the review about the progress of the care plan and this was well translated into clear recommendations with timescales for completion. However, in too many cases progress on all key areas of the

care plan since the last review is not fully evidenced, and some IRO reports did not provide evidence of rigorous challenge.

103. Statutory visits are not always completed within the minimum required timescale and the quality of statutory visit reports is variable. Inspectors saw some good examples of very detailed records of observations which provided relevant information on developments and included appropriate consideration of the child's views and needs. Others had significant historic gaps between visits and in some cases records of the visits were not on the ICS. The Safeguarding Unit has recently introduced a monitoring form to track all statutory visits which is reported to the team managers.
104. The arrangements for children and young people in care to access an independent visitor are excellent. A large number of children seen by inspectors had an independent visitor and had benefited from an established relationship with them. One young person said 'they see my strengths and competitive side and I can talk to them and do fun things'.
105. In several cases the electronic records were not up to date which meant the record of the child's unique journey was not apparent. Records are stored in a range of systems and are not easily located. Retrieval of key documentation poses a challenge to managers and practitioners and this carries the risk that decision making is not always fully informed. The council has identified the need to improve recording practice in particular strengthening care plans and statutory visits. Team managers are now driving up standards but good recording practice is not yet embedded. The ICS has been a longstanding barrier to effective recording practice.

Ambition and prioritisation

Grade 2 (Good)

106. Ambition and prioritisation are good. The council and partners' high aspirations for children and young people in care are documented in a detailed strategy, Better Lives, which promotes an integrated approach to the delivery of services. The strategy realistically identifies what has been achieved and addresses what needs to improve. The Lead Member provides strong leadership of the CPP and this is supported by a cohesive and committed group of elected members who actively champion the needs of children and young people in care. All elected members have signed the corporate parenting declaration 'these are our children'.
107. The profile of the CPP and elected members' role as corporate parents has been significantly strengthened in recent years. The panel is well attended by partner agencies including health, education and those in the VCS. Members' commitment outside the CPP forum to CYPIC is evident with interest taken in individual issues and cases as appropriate. The voice of children and young people in care is well represented on the CPP and elected members actively support and encourage young people's participation and contribution. CYPIC regularly attend CPP and have been

involved in the induction training programme for new members of the panel.

108. The work of the CPP is actively supported by the Chief Executive and the Leader of the Council. Historically performance information to the panel was not robust. However, elected members report the work of senior managers over the past 12 months has helped to improve the profile of the work of the CPP across the council and ensure that more robust performance information is presented to the panel.

Leadership and management

Grade 2 (Good)

109. Leadership and management are good. Good partnerships across agencies including health, schools and the VCS are contributing to very positive outcomes for children and young people in care and care leavers. Four of the five outcome areas are outstanding or good.
110. Through effective commissioning and procurement strategies the council has access to good quality providers. A wide range of cost effective placements meet the diverse needs of children and young people in care. Effective partnership work with other councils includes sharing contract compliance visits with neighbouring councils.
111. The workforce development strategy reflects the diverse cultural make up of the council. Training needs are identified appropriately and relevant training is commissioned in response, for example training on analytical skills, care planning and care proceedings. There are good career development opportunities including leadership and management training. A high profile foster carer recruitment campaign has increased the number of foster carers. Social work caseloads, while high in some instances, are viewed by staff overall as manageable. Newly qualified social workers have a protected caseload. All staff have an annual appraisal, although some are out of date and in a few cases the quality is poor.
112. The views of children and young people in care inform service improvement. Children and young people in care are familiar with the complaints procedure and know how to use it. The outcomes of complaints are systematically used to inform service development.

Performance management and quality assurance

Grade 3 (Adequate)

113. Performance management and quality assurance are adequate. Performance management systems have recently been strengthened in the social care service enabling managers at all levels to understand performance and take action to improve. Managers have a clear understanding of the strengths and weaknesses of services to children and

young people in care. Good action is being taken to tackle areas for improvement for example in care planning, placement stability, and permanency planning. However, performance on the timeliness of adoption remains an area for improvement.

114. In response to enquiries by inspectors, the council reviewed the short term stability performance indicator and identified some errors in reporting: the revised data indicate improved performance on this measure.
115. Staff receive regular supervision which is clearly recorded, but reflective practice was not in evidence in the records seen. In a number of cases management oversight was not evident on the electronic case record. The audits completed for the inspection provided an adequate overview of the case but concentrated on process rather than quality, and did not fully address poor practice or identify corrective action.

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