Inspection of safeguarding and looked after children services

Rotherham Metropolitan Borough Council

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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 four of Her Majesty’s Inspectors (HMI), one shadow HMI inspector 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 managers, senior officers including the Leader of the Council, Chief Executive, Director of Children’s Services and the Chair of the Local Safeguarding Children Board, elected members, Chief Executive Officers, chairs and non executive directors as well as senior managers and front line health staff from all the healthcare organisations in Rotherham, 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, health care settings and day care provision and the evaluations of six serious case reviews undertaken by Ofsted in accordance with ‘Working Together To Safeguard Children’, 2006.

   - a review of 34 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, assessment and referral services undertaken in August 2009.

The inspection judgements and what they mean

3. All inspection judgements are made using the following four point scale.

<table>
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<tr>
<th>Outstanding (Grade 1)</th>
<th>A service that significantly exceeds minimum requirements</th>
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Good (Grade 2) | A service that exceeds minimum requirements
---|---
Adequate (Grade 3) | A service that only meets minimum requirements
Inadequate (Grade 4) | A service that does not meet minimum requirements

**Service information**

4. Rotherham is a metropolitan borough comprising 110 square miles within the South Yorkshire region. It contains a mix of urban areas and villages, interspersed with large areas of open countryside.

5. Rotherham is ranked 68 in the 2007 index of multiple deprivation. The central urban area comprises the main area of high deprivation with most of the area falling within the 20% most deprived areas in England.

6. The borough’s population is 253,859 including 59,489 children and young people aged 18 years or under, of which 21% are aged 0 to three years. At January 2010 the proportion entitled to free school meals was 18.7% which is above the national average. Children and young people from minority ethnic groups account for 14.1% in primary schools and 10.9% in secondary schools. The percentage of pupils who speak English as a second language has increased slightly from 7.2% in 2009 to 7.9% in 2010.

7. Rotherham’s Children and Young People’s Board was established in 2006, along with the Children and Young People’s Strategic Partnership. Both of these have been reviewed recently and were replaced by the Children and Young People’s Trust Board (CYPTB) in April 2010. A formal protocol governs the relationships between the CYPTB and the Rotherham Safeguarding Children Board (RSCB). The Strategic Partnership has now become the Think Family Board and this represents the wider partnership working at a strategic level. A multi-agency safeguarding unit is centrally based and there is a separate safeguarding team that supports the RSCB.

8. Children’s social care is delivered through seven locality teams which include co-located health staff, youth workers and police officers. Plans are well advanced to modify this structure to increase the focus on safeguarding, corporate parenting and performance management. Fostering, adoption and services for children with disabilities are delivered on a borough-wide basis. There are 139 foster carers. In addition, as at 31 March 2010, there were 125 fostering placements within the independent sector. Six local children’s homes
are provided by the council, two of which provide short breaks care for children with disabilities. At the time of the inspection there were 419 looked after children including 119 young children aged 0 to five, 241 school age children, and 59 young people aged 16 and over. There are 292 children and young people subject to a child protection plan with 17 of these being also looked after children. The leaving care service currently works with 118 care leavers. Care leaver services are commissioned from Action for Children.

9. The education of looked after children is supported through a virtual head teacher and the Get Real Team who provide additional support. Family support initiatives operate across a range of partner services with early intervention and prevention being undertaken in the Family Intervention Project (FIP) team and through Families and Schools Together (FAST).

10. Rotherham has 99 infant, junior or primary schools, 15 secondary schools, six special schools, and one academy. There are six pupil referral units with one shortly to be deregistered. There are 23 children’s centres.

11. Planning and commissioning of health services for children are led by the council and NHS Rotherham (NHSR), the latter of which commissions acute hospital and maternity hospital services from The Rotherham NHS Foundation Trust. Rotherham Community Health Services (RCHS) are commissioned by NHSR to provide children and young people’s community health services (including health visiting and school nursing), are co-located with council services in locally based communities and schools. NHS Rotherham are the lead commissioners of Child and Adolescent Mental Health Services (CAMHS) services which are provided by Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust (RDaSH), Rotherham Community Health Services, Rotherham Mind (Third Sector not inspected here) and Sheffield Children Hospital (in-patient mental health services not inspected here). The council commissions specific therapeutic services for looked after children. Services for children with disabilities are delivered through an integrated social care and health team.
The inspection outcomes: Safeguarding services

Overall effectiveness

Grade 3 Adequate

12. The overall effectiveness of safeguarding services is adequate. Statutory requirements are met and there have been recognisable improvements in safeguarding over the last seven months since the Government issued a Notice to Improve in December 2009. The strong corporate ownership of the improvement plan, involving the leader of the council, lead member for children’s services, the chief executive and the chief executive of NHS Rotherham has ensured that there is robust leadership and clear strategies in place to support the improvement process. This includes progress in tackling the areas for priority action identified by the unannounced inspection of contact, referral and assessment services in August 2009. Prior to this, progress was slow. However, the pace of change since December 2009 has been significant with a number of key performance indicators showing improvements. For example, the timeliness of initial and core assessments has improved significantly and a robust approach to the recruitment and retention of social workers and managers has resulted in vacancy rates reducing considerably from 43% in 2009 to two social worker vacancies at the time of the inspection. There have been demonstrable improvements in performance management and quality assurance arrangements, but there is still inconsistency in the work of social care teams. While some good work was seen, there remains some poor quality practice in a number of the cases tracked by inspectors, with particular weaknesses in case planning, recording and reviews. Partnership arrangements are sound and the Rotherham Safeguarding Children Board (RSCB) exercises increasingly effective leadership.

Capacity for improvement

Grade 3 Adequate

13. Capacity to improve is adequate. Determined and strong corporate leadership has led to significant recent improvements in provision for the most vulnerable children. A robust and well-monitored action plan is tackling the remaining challenges. Work is well advanced to reorganise front line social work teams to reduce the range of work undertaken by social workers in each team. For example, a worker in a team was identified to work specifically with looked after children and a borough wide looked after children service is also being established. There has been a change in Lead Member and the drive in leadership has continued. A number of new key senior management appointments have been made including the director of Safeguarding and Corporate Parenting and this has brought a fresh approach, drive and momentum to the council. Financial planning ensures that resources are available to meet identified need. Over the last year the council has invested an additional £3.1 million in order to improve front line services for the most vulnerable. Recent action has been taken to tackle the three priority areas for
action identified in the unannounced inspection of the contact, referral and assessment arrangements undertaken in August 2009. One of these highlighted the wide range of work undertaken by social workers in localities which undermined their capacity to deliver effective services to safeguard vulnerable children. During this inspection, inspectors did not find any children or young people who were at risk of significant harm and visits to the Access team and two locality teams indicated that the quality of the work was at least adequate. The recent fostering inspection undertaken by Ofsted was judged to be adequate.

14. Senior managers have an accurate knowledge of the strengths and weaknesses of provision and have put in place robust performance management and quality assurance arrangements systems which are showing early signs of improving the quality of social care practice. Staff and managers now receive timely and accurate information about their performance which is being used to drive up further improvements.

15. Local partnership working is good; health agencies, South Yorkshire police service and the voluntary and community sector contribute well to strategic development and improvements. The RSCB works effectively and is well led by the independent chair. The Workforce Strategy is appropriately set within the context of the Children’s Trust’s priorities. It accurately sets key strategic priorities and the necessary actions to deliver these. Good attention has been paid to the recruitment and retention of social work staff. However, the accompanying learning and development delivery plan does not clearly link to the strategy and does not sufficiently explain how it will meet the development needs of all staff.

**Areas for improvement**

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

1. **Immediately:**

   - Ensure that all recording, including assessments, recording of meetings and within case files, incorporates up-to-date and key information and identifies risk and protective factors.

   - Improve the effectiveness of strategy discussions and child protection plans and the active review of these by core groups and child protection reviews, and the quality of recording, including details on what action is to be taken.
Within three months

- NHS Rotherham and Rotherham NHS Foundation Trust (NHSFT) should ensure that within A&E services there is access to suitably trained and qualified children’s nursing staff when children and young people are seen in the department.

- NHS Rotherham should ensure that A&E staff at Rotherham Foundation NHS Trust have access to and use the electronic System 1, to ensure that children and young people can be easily identified if they are already known to social care services.

- Improve the quality of social care supervision so that staff receive the right level of challenge, development and support.

- Ensure that the workforce training and development plan clearly identifies how it will meet the development needs of all staff.

- Update the protocol for children missing from home, care and education to reflect the new national guidance.

Outcomes for children and young people

The effectiveness of services in taking reasonable steps to ensure that children and young people are safe. Grade 3 Adequate

17. The Rotherham Safeguarding Children Board operates effectively. A new independent chair was appointed in September 2009 and is providing good leadership and direction to ensure that all statutory requirements in respect of the board’s work are met. Governance arrangements have been recently strengthened between the CYPTB and RSCB. There is good challenge with all partners; in particular, health agencies play a key role in the CYPTB and the RSCB. Challenge has been further enhanced since the improvement notice was served and following the inspection of fostering services. For example, the chief executive of NHS Rotherham reviewed all placements of looked after children. Whilst there is regular monitoring and challenge of key priority areas, there is scope to improve clarity in respect of the mechanisms through which the RSCB hold the CYPTB to account. There is a clear reporting and monitoring schedule for sub groups which includes an appropriate focus on core child protection activity. Partnership work, including performance management, between safeguarding board members is sound. The links between the child death overview panel and the serious case review panel are effective. The safeguarding unit provides good assistance to partner agencies to support their contributions. A wide range of high quality multi and single-agency safeguarding training takes place and is well attended, including by general practitioners and the voluntary and community sector. This training is valued by stakeholders spoken to as part of this inspection. The RSCB does not currently evaluate training for impact on practice. However, designated health professionals have undertaken review and evaluation of training and changes to
provision have occurred as a result of this. For example, there has been increased access to training for GP practice staff, including practice managers, receptionists and GPs. Training data shows that all staff within NHSR and Rotherham Community Health Services have completed level 1 safeguarding training and nearly 90% of all other staff have completed levels 2 and 3 training as appropriate to their post.

18. Processes to ensure safe recruitment of staff in social care and education are adequate, with a central record in place. Files viewed by inspectors demonstrated that appropriate checks were undertaken and there was evidence of good risk assessment and senior management decision making by the director for safeguarding and corporate parenting. However, this practice is not underpinned by a protocol to ensure that this happens in all cases.

19. Adequate improvements in the identification of and response to child protection needs have been made and were evident during the inspection. These include the strengthening of initial decision making in the access team and the provision of additional administrative and other resources to enable social workers to spend more of their time working with children and families. However, there are still some gaps in the recording and tracking of referrals, particularly those that are assessed to be for no further action. Compliance with statutory requirements is closely monitored through accessible and up to date performance management information. Referrals are promptly followed up, a higher percentage of assessments are being completed within timescales, child protection conferences, core group meetings and child protection reviews take place within required timescales. The out of hours service is satisfactory overall, with a new experienced manager in post and staff report that this service is now much more responsive to need.

20. Previous A&E attendances of children and young people known to services are only held on the A&E system for six months. This system allows A&E staff to record parental concerns, although the system is not accessible by other health professionals across Rotherham and this has the potential to inhibit sharing of safeguarding information.

There is no electronic flagging system in the Accident and Emergency department (A&E) at Rotherham NHS Foundation Trust (NHSFT) for children and young people known to social care. Previous A&E attendances of children and young people known to services are only held on the system for the past six months. The health visitor liaison post ensures that all children and young people’s attendance at A&E is reviewed. However, there is no contingency when the post holder is absent. There is a lack of qualified nursing staff or staff with enhanced children competencies employed within the A&E department.

21. The Teenage Pregnancy Strategy is well implemented and provides a more localised approach to data collection with improved access to contraception. Targeted interventions are provided which supports parents to talk to their children about relationships. The Maltby Linx Young Women’s
project is an effective partnership which works with vulnerable young women who may be at risk of sexual exploitation, or have a number of high risk behaviours. In the project’s first year, only one young woman out of 96 participants became pregnant. The project works closely with the Long Acting Reversible Contraception nurse (LARC), which the young people find to be of great benefit.

22. Partnership working across the statutory and voluntary sectors provides a good range of targeted services to help to keep vulnerable children and young people safe. The Integrated Youth Support Services works effectively in hot spots to give information, advice and support to young people. Young men who regularly attend the youth café report that they feel safe in Rotherham and value the support of workers. The young carers’ project delivered by Barnardo’s provides good support to children and young people who access the service. Those spoken to were very positive about the team describing how the project has had a big impact on their lives, improving their self-esteem and enabling them to get support and respite when needed and most importantly how to keep themselves safe. The lesbian, gay and bisexual group meet in a safe confidential space and receive the support they need to help them keep safe. The service has helped to increase self-esteem for these young people who are now involved in staff interviews and give presentations and help to raise awareness in schools, colleges and at conferences. Multi-agency planning for children leaving custodial placements is good. All children are subject to pre-discharge meetings to ensure that they have suitable accommodation and are not homeless.

23. The arrangements in place for monitoring children and young people missing from care, home and education are adequate. Services are currently delivered by a partnership including the police and the voluntary sector which has a good understanding of the needs of children who go missing and of the parallel processes that may need to be considered, for example, sexual exploitation, anti-bullying and forced marriages. This work is overseen by the RSCB and through reports to the council’s scrutiny committee. However, the protocol for children missing from care, home and education has not been updated in line with new national guidance. The specialist nurse for unaccompanied asylum seekers and homelessness works closely with other health colleagues and social care services to track and ensure that these young people remain safe. The charity Safe @ Last provides a good service to children and young people who go missing. They undertake return interviews and find interim placements in hostels for young people when required.

**The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe.**

**Grade 3 Adequate**

24. Parents and children seen by inspectors expressed satisfaction with a range of services across the different levels of need and reported that these had helped them in many aspects of their lives. The Family Intervention Project
(FIP), and Families and Schools Together (FAST), which include support from parenting support advisors, have all had a positive impact in helping children, young people and their families feel safe. There has been effective and creative joint agency work to prevent sexual exploitation and young people seen confirm that they have been well supported with regards to this issue. Two coordinator posts across police and social care enhance coordination of this work. There are some good examples of cross-agency training with the raising of awareness by police and the youth service with regards to this issue, for example, in high schools, where initial resistance by schools to the training has turned around and is now welcomed.

25. Information from the council’s lifestyle and tell us surveys indicate that children feel safe, supported and know how to access help and advice when needed. There is effective work undertaken by schools to address bullying. The Safe Havens project rolled out across 50% of secondary schools has been developed and led by young people themselves. There has been an increase in the percentage of pupils who said they got help and support with bullying from 37% in 2008 to 49% in 2009. Individual school surveys report that incidences of bullying are decreasing. However, some young people seen reported feeling unsafe in public spaces and parks in Rotherham; they reported issues with gang cultures on housing estates, as well as high alcohol misuse and associated anti-social behaviour.

The quality of provision

26. The quality of safeguarding provision is adequate overall. The quality of assessment and care planning for the most vulnerable children and those in need of protection, although satisfactory overall, is inconsistent. At the same time, there are some effective and highly regarded services to support children and families across the different levels of need, which are making a good contribution to better outcomes for children and families.

27. Social workers, health visitors, school nurses and community midwives work in co-located teams in children’s centres. Primary mental health workers are also being co-located within these teams, and these services are particularly targeted on those at risk of becoming children in need. Communication between partners is strong and partnership working is good at an operational level. A multi-agency Common Assessment Framework (CAF) resource team has very recently been established to support and develop the implementation of CAF, with an increasing focus on prevention and early intervention. The CAF is now being used by agencies including health and education to provide earlier assessment of children and young people and coordinated support to meet their needs. To date, 608 multi-agency professionals have been trained in the use of CAF and 372 CAFs have now been completed. These developments have been welcomed across children’s services and by partners, although it is too early to assess the impact of this work as it is not yet sufficiently embedded.
28. The re-launched ‘Safe and Well’ protocol now supports consistency of access to and response from social care teams. The access team has been augmented with the addition of two qualified social work staff to strengthen decision making at the point of contact. A visit to the access team during the inspection confirmed that contacts and referrals are being dealt with satisfactorily and thresholds are now more clearly understood across partner agencies. Referrals to children’s social care receive a prompt response and managerial decisions are made within statutory timescales. There has been a lack of strategic direction in the response to high levels of domestic abuse referrals. A social worker has now been appointed to screen and prioritise domestic abuse referrals to ensure that children and young people receive an appropriate response when needed, although the impact of this is not yet evident.

29. Most cases are allocated promptly and there are no unallocated child protection cases. Some children in need cases remain unallocated, including children with disabilities with less complex needs. A risk matrix effectively prioritises unallocated work and is overseen by senior managers. Good action has been taken to reduce these numbers and at the time of inspection, 16 cases remained unallocated across the area. Determined management action has resulted in a reduction in the high social work caseloads which are now generally more manageable. The deployment of additional administrative support, contact workers and social work posts has also helped to reduce the pressure on social workers. A significant number of newly qualified social workers have been recruited to the workforce and some of these are carrying complex cases including child protection cases. The Newly Qualified Social Workers’ Scheme provides satisfactory support and regular supervision.

30. According to the council’s latest data, the timeliness of initial assessments is considerably improved from 73% in December 2009 to 80% in July 2010. In most initial assessments, other agencies are appropriately involved and joint assessments are undertaken with health professionals. Assessments are routinely shared with families, and children are usually seen. Whilst no children were judged to be at risk of significant harm, the quality of analysis in many initial assessments seen was variable and some did not sufficiently consider the risk and protective factors which impact on children’s safety and welfare. Strengthened management oversight is improving the quality of this work. The timeliness and quality of completed core assessments has improved from 68% in December 2009, to 87% in July 2010. A new format for the core assessment is reported as a great improvement in terms of supporting better quality analysis and more cohesive assessment in a format which is more meaningful both to professionals and families, although it is too early to evidence impact. Flexible and responsive inter-agency support is provided to children with disabilities across the spectrum of need and there is good transition planning.

31. The quality of case planning, reviews and recording, including for children in need cases, seen by inspectors is inadequate. Although practice is of an
adequate standard overall, case recording is poor. Some case records are of good quality and include up-to-date chronologies and case plans. It is good practice that children and young people with child protection plans are clearly flagged on the electronic file system and this is as a result of lessons learned from a serious case review. However, a significant number of case records did not include up-to-date key information. Child protection strategy discussions are poorly recorded with some lacking the required detail, and on occasions, they are conducted by staff who are not of sufficient seniority to undertake this task. However, attendance at meetings is good and police are always included in decision making with meetings often held in schools to facilitate attendance. The quality of some child protection plans seen by inspectors is too variable and they lack clarity about objectives and intended outcomes. Other plans seen demonstrated a more robust approach with sound assessment and appropriate decision making, including management oversight. The council is aware of the variation in the quality of work and are taking robust action to tackle these issues. Three practice improvement partners have been funded through the Department of Education (DfE) to help improve practice. It is clear that they have made an impact and that some improvements are evident, particularly with regards to audit, quality assurance and performance management. Managers at all levels now undertake regular audits of case files in order to improve the quality of work. A high number of initial child protection case conferences (95%) and 100% of review conferences take place within timescales. Core groups meet regularly and the appropriate partner agencies attend. Co-location of professionals and good links with designated health professionals in the safeguarding unit support good partnership working and attendance at conferences is audited and action taken.

32. Supervision is now taking place regularly for most social workers and is in line with the supervision policy. However, it is predominantly focused on case management and insufficiently focused on constructive challenge, development and support. Health professionals report good safeguarding supervision with increasingly flexible approaches which include some joint supervision with social workers.

33. Complaints processes are satisfactory. Complaints are analysed and lessons shared with workers. The safeguarding team have developed child friendly material. Interpreters are used when required to assist those children for whom English is not their first language and close links have been developed with the Mosque liaison group. Advocacy for parents and children with learning difficulties and/or disabilities is seen as a valuable resource. This advocacy scheme has included drop in facilities and multi-agency work to offer support to families and to help with their engagement with services. Statutory guidelines in relation to complaints made against staff working with children are consistently followed and the local authority designated officer (LADO) role is working effectively. Good support and advice is provided by the LADO with effective follow through of cases. Two cases sampled demonstrated a thorough assessment of risk and appropriate outcomes.
Leadership and management | Grade 3 Adequate

34. Leadership and management of safeguarding services are adequate. Since the Government Notice to Improve was issued in December 2009, there has been a strong corporate steer to make improvements in safeguarding. Additional resources of £3.1 million have been made available to help improve front line services, recruit more staff and promote early intervention. The new Children and Young People’s Plan reflects the priority that the partnership places on safeguarding. The shift in focus to a preventative and early intervention approach along with the re-launch of the CAF, has resulted in a stronger emphasis on a multi-agency approach to safeguard children and young people.

35. Effective partnership arrangements are helping to ensure that the right plans are in place to deliver improved outcomes. The Children’s Trust Board and the Safeguarding Children Board have good representation including all key partners. However, while governance arrangements between the RSCB and the CYPTB are in place, the arrangements between both boards for the quality assurance and auditing of provision are not robust. The designated nurse had been seconded to the RSCB and held the role of safeguarding manager for an interim period until a replacement safeguarding manager was appointed. During this time she had responsibility for overseeing the conclusion of three serious case reviews and two individual management reviews, which has strengthened health partners understanding of their role in safeguarding children and young people. Members from both boards are also represented on the improvement panel and play a vital role in driving forward the improvement agenda.

36. Safeguarding policies and procedures have been updated and comply with statutory requirements. There is a newly developed joint commissioning strategy and a joint commissioning partnership which meets quarterly to direct commissioning arrangements. There have been a number of recent new appointments to key senior management posts and there is a new lead member for children’s services and these changes have contributed to an increasing momentum of change across the area, which all staff report on positively. The Director of Children and Young People’s Community Health Services reports to the Strategic Director as well as the Managing Director and Chief Nurse of Rotherham community health services and is also a member of the Directorate Leadership. This joint post is enabling a clearer and focused approach to be taken when commissioning services, particularly when reviewing joint commissioning.

37. Performance management and quality assurance processes have been significantly improved and there is evidence that this is having a positive impact. The chief executive, lead member and DCS receive weekly reports on performance and progress, meet regularly and take the necessary actions in response to variations in performance. Social care staff have access to an electronic portal that contains performance indicators and performance
management information which is updated on a daily basis and this is now being used effectively. Access and usage of the portal is closely monitored by senior managers and this has resulted in improved performance against key indicators, such as the timeliness of assessments.

38. A workforce strategy is in place, accompanied by a good recruitment and retention strategy. Staffing resources are now adequate and there has been a robust approach to the recruitment and retention of the social care workforce, with only two social worker vacancies remaining. However, the workforce training and development plan does not clearly identify how it will deliver training and support to newly recruited social workers. An effective skill mix review has taken place in both the health visiting and school nursing teams and appropriately qualified and trained health staff now support all children and young adults from 0 to 19 years.

39. User engagement is adequate. There is a good level of involvement and participation by parents in the Aughton Children’s Centre. Good action has been taken to involve parents, children and young people in the evaluation of services and in contributing to commissioning and decommissioning of services. For example, young people have been involved with the implementation of the Connexions contract, commissioning of the Aiming High service and the changes to the young carers’ service contract. User feedback from children with complex needs has been well used in the design of the new Kimberworth centre which will co-locate services to promote improved access and meet the needs of this group. Assessments and plans are routinely shared with parents and they are suitably supported in attending child protection conferences and review meetings. However, not all assessments and other records sufficiently include the views of children. While there are examples of good practice in enabling children’s views to be heard at child protection conferences this is not yet routinely done and this is acknowledged as an area for development.

40. All serious case reviews have been judged adequate and actions taken as a result of findings from serious case reviews are reflected in practice. For example, the flagging on the councils own electronic recording system and Rotherham Community Health Services system, of children and their siblings who are subject to a child protection plan. Findings from serious case reviews are disseminated throughout partner and health organisations and action plans are closely monitored. Partnerships with stakeholders and the voluntary and community group consortium are strong and they contribute well to service improvements. The parent partnership is well established, with a group of parents who are enabled and empowered to work with the council and partners in improving services for children and young people with disabilities and additional needs. These parents recently attended a conference for special educational needs coordinators (SENCOs) and led a workshop. Constructive feedback was provided on what works well and what could be improved for their children’s reviews. The SENCO group positively embraced this feedback and reviews have now been changed to reflect parents’ wishes and feelings.
41. Equality and Diversity is good. There are examples of direct work having a good impact in improving the lives and achievements of children and young people. The Early Years Foundation Stage work has been successful in narrowing the gap in achievement for the Black and Minority Ethnic group and Slovak/Roma children. There is a strong focus on community cohesion with good work undertaken in schools to develop anti-racism policies and involve children through events such as the ‘show racism a red card’ competition. Multi-agency work with the Roma migrant community and their children is effective and has improved access to health provision and education and this is a particular strength of the council. The social worker for unaccompanied asylum seeking children and young people provides a weekly drop-in service. The specialist nurse for unaccompanied asylum seekers and homelessness works closely with other health colleagues and social care services to track young people and ensure that they remain safe.

42. Adequate work has been undertaken on benchmarking for value for money taking into account national and local performance indicators, performance profiles, and comparison with similar authorities. A Continuing Care Panel has been recently established between the Council and NHS Rotherham to determine partnership contributions to care costs. This work, alongside identification of the key priorities in the Children and Young People’s Plan and the notice to improve, has been effective in ensuring that resources are directed to areas of greatest need or requiring most urgent improvement. Multi-agency working is beginning to demonstrate effective value for money. This is illustrated through the close working of the locality teams aligned with area assemblies, police safer neighbourhood teams and co-location of health professionals. Joint commissioning is well established with the voluntary and community sector’s Consortium for Children’s Services. Members are well engaged in consultation with service users in order to better match needs with service resources.

**The inspection outcomes: services for looked after children**

**Overall effectiveness**

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43. The overall effectiveness of services for looked after children and young people are adequate. Outcomes are at least satisfactory and in some cases good, particularly in relation to the health of looked after children and their opportunity to make a positive contribution. Statutory requirements are met with all looked after children allocated to a qualified social worker. Reviews and statutory visits are undertaken within required timescales. Health needs are well met and looked after children are appropriately safeguarded in their placements. The Get Real Team provides a good approach to supporting children and young people in their education setting, although the role of the virtual head requires further clarity. Corporate parenting is adequate. The recently improved Corporate Parenting Strategy ensures that there is a shared
vision across partners, council officers, elected members and looked after children and young people. Elected members demonstrate a satisfactory commitment to developing and strengthening their role and receive relevant training in order to support them. However, the corporate parenting strategy is yet to be fully implemented.

44. For those children and young people now coming into the care system, the care plans viewed by inspectors were of a satisfactory quality with improved decision making resulting in more timely action being taken to support children and families who were at risk of becoming looked after. Social workers have complex generic workloads and until recently this impacted on the time they had to undertake direct work with looked after children and their families. In a minority of cases, the care plans viewed by inspectors for children who have been looked after for some time indicated a lack of planning before children entered care with poor assessments and limited availability of direct work. Independent reviewing officers (IRO’s) demonstrate a good understanding of the issues that impact upon the care plans of children looked after and the steps needed to address those issues and effectively ensure that minimum requirements are met. However, given their numbers in proportion to the numbers of children in care, their capacity to quality assure care planning is limited. However, the council have recognised this and are in the process of recruiting more officers to meet needs.

45. The recently developed placement strategy demonstrates a good understanding of the current looked after population and includes a five-year projection. This enables the authority to develop a coordinated approach to service planning with the intention of reducing the number of looked after children placed out of authority. Commissioning arrangements are adequate. All external placements have been analysed and their costs are known. There are plans in place for some young people to return to their local area.

**Capacity for improvement**  
**Grade 3 Adequate**

46. The capacity to improve services for looked after children is adequate. All statutory requirements are met and all outcomes are now at least adequate. No outcomes are deteriorating. The previous poor performance in relation to regulated provision, including the fostering service, has now been remedied through focused and determined efforts by managers and staff. All services are now judged as satisfactory. Good plans are in place to further improve the quality of these services.

47. The senior management team have taken good action to drive the improvement process and have been able to increase the momentum since the arrival of the new Director of Safeguarding and Corporate Parenting. This includes a reduction in the workloads of social workers, the appointment of a family finding social work post and a robust approach to the recruitment of foster carers and prospective adopters all of which are having a positive impact on increasing the local supply of foster carers and improving placement
stability. Performance management arrangements have significantly improved and there is now evidence that more robust quality assurance is improving the quality of care planning for looked after children. Social worker vacancies have significantly reduced and caseloads are more manageable, allowing workers the opportunity to focus on improving outcomes. Health assessments are of a good quality and there is a good contribution from children and young people to service design and evaluation of services, including the plans to re-configure the service. Looked after children and young people know how to complain and they are well supported by the Right2Rights service.

Areas for improvement

48. In order to improve the quality of provision and services for looked after children and care leavers in Rotherham the local authority and its partners should take the following action:

Immediately:

- Strengthen the role of the virtual head by ensuring that the work of the School Improvement and Effectiveness team is more focused on supporting and challenging schools to improve the attainment of looked after children.

- Develop the independent visiting service to ensure that all eligible children are able to have access to an independent visitor.

Within three months:

- Strengthen the capacity of the independent reviewing officer service to ensure that all children and young people are effectively supported in making a contribution to their care plans and that care plans are robustly challenged.

Outcomes for children and young people Grade 3 Adequate

49. Services to promote the health needs of looked after children and young people are good. All looked after children’s health assessment files seen during the inspection were comprehensive and of good quality with clear action plans in place. Foster carers receive copies of children’s health plans and this enables them to monitor the health needs of children in their care. There is a good track record of increasing the proportion of children, young people and care leavers who receive an annual health assessment. In 2009, 85.5% had an assessment, which was significantly improved from previous performance. The service is
now on track to exceed the current target of 90%. The designated nurse and
doctor ensure that any Rotherham child placed out of the area receives their
health assessment, and that any follow up actions are completed. The
designated doctor provides well received advice to social care staff when
placing children and young people in care settings as well as undertaking
adoption health assessments, to ensure that the most suitable placement is
found. Looked after children have good access to dentists with 91.3% receiving
dental assessments and this is better than statistical neighbours and the
England average. The community dentist teams support children and young
people until their 18th birthday which is good practice. Immunisation rates are
good.

50. Multi-agency health promotion is good. The ‘Design for Life’ programme
involves all looked after children and their carers, including those living in foster
homes. The programme offers valuable support to carers and enhances their
skills. Looked after children have good access to timely Child and Adolescent
Mental Health Services (CAMHS) through the Looked After and Adopted
Children team (LAAC) which is improving their emotional well being and
placement stability. The CAMHS team also provides effective assessment for
looked after children from other authorities placed in the borough. The
designated nurse and the Long Acting Reversible Contraceptive (LARC) nurse
undertake joint assessments within each of the children’s homes which are
promoting a better understanding of sexual health and relationships. These
sessions provide young adults with an opportunity for direct access to
contraceptive services and sexual health tests, in a familiar environment. Care
leavers receive good support from the LAC specialist nurse during the transition
period and into independence. She works flexibly and creatively to ensure that
care leavers are able to maintain contact with health services and become
increasingly able to manage their own health needs as they move towards
independence. The transitions team for disabled children and looked after
children is a highly motivated inter-professional and inter-agency team who
demonstrate good, close and young person focused working relationships.

51. Arrangements for safeguarding looked after children and care leavers are
adequate. They live in safe placements and all are allocated to a social worker,
regular visits are undertaken in accordance with statutory requirements and
reviews of care plans are undertaken at the required frequency. Safeguarding
provision for looked after children is judged adequate in the six children’s
homes provided by the local authority. A fostering inspection was undertaken in
June 2010 and was judged to be adequate. Children, young people and care
leavers seen by inspectors confirm that they feel supported and safe in their
placements, at school or college and in the communities in which they live.
Adequate arrangements are in place to monitor the care of children and young
people who are in external placements. Their placements and outcomes are
monitored through an accredited provider scheme and further monitored
through the work of the resource panel, contact with the advocacy service and
regular visits from social workers.
52. All children and young people who are looked after have up-to-date care plans which are reviewed in accordance with statutory requirements. However, there are insufficient numbers of independent reviewing officers, given the rising numbers of looked after children; caseloads are high and the capacity of the reviewing officers to assure the quality of care planning is constrained. The case files viewed by inspectors during the inspection were adequate overall; the quality was variable and included a small number that demonstrated poor assessment and planning which resulted in drift for those children. This has been recognised by the authority and an audit has been undertaken of all children’s plans to improve the quality and effectiveness of care planning. The impact of this was evident to inspectors in the recent case files reviewed during the course of the inspection.

53. The Junction, a service commissioned from Barnardo’s, provides good support which is well-targeted towards looked after children and young people who may pose a sexual risk to other young people. The service includes training and support to foster carers along with safe home workshops for children’s homes’ staff and individual looked after children. The arrangements for monitoring and tracking children who are missing from care are satisfactory. The charity Safe @ Last provides good support for those returning which includes a return interview and appropriate support to identify the triggers that make young people go missing.

54. Educational outcomes and support for looked after children are adequate. The work of the Get Real Team is effective in coordinating services to ensure a holistic approach to support children and young people in their education placements. The recent part-time appointment to the role of the virtual head is not yet having sufficient impact in strengthening the work of the School Improvement and Effectiveness team to assist and challenge schools in improving attainment. The Get Real Team maintain current data about the authority’s school aged children with good systems in place for monitoring individual pupil progress against their starting point. There is an improving trend in the educational attainment of looked after children at the Early Years Foundation Stage and Key Stages 1 and 4, where there is evidence of some narrowing of the gap between looked after children and all other children in Rotherham. However, this is not the case for those children at Key Stage 2. Monitoring of school attendance for looked after children, including those placed out of borough, is adequate. A specific focus on children missing education for more than 25 days has resulted in a reduction in absence rates from 20% in 2007/8 to 15% in 2008/09. This remains higher than the national average. However, the authority is aware of this and a strategy is in place to help to reduce this further. A good multi-agency focus on preventing looked after children and young people from being excluded from school has resulted in no looked after children being permanently excluded from school for three years, and fixed term exclusions are in line with the national average. When children’s placements change, good consideration is given to the impact of a school move.
55. Only 86% of all looked after children have Personal Education Plans (PEPs) in place. Those PEP’s viewed by inspectors were of a satisfactory quality overall. However, some plans do not contain precise targets to improve educational outcomes. This has been identified as an area for development and work has begun to improve the quality and effectiveness of PEP’s, which includes training for social workers, designated teachers, school governors and independent reviewing officers. Early years PEP’s have been introduced and those viewed by inspectors at the Aughton Children’s Centre were of a good quality with children’s starting points highlighted. They include challenging targets for progression. Personal Education Allowances are used well to provide a range of individual support, including individual tuition, access to computers and opportunities to participate in tailored activities to meet individual needs. However, those placed outside the authority do not benefit from the same level of support. There are dedicated school nurses for special schools who works with educational staff, undertakes any looked after children and young people health reviews and participates in special educational needs (SEN) reviews which reduces stress and repetition for young people. This service is highly regarded by all staff.

56. Targeted work by the Get Real Team and the LAAC team provides good opportunities for participation in a range of leisure activities that support the development of self-esteem and fosters high aspirations. These include Aspiration Interviews with Year 9 students and high quality partnership working with two local universities to encourage Year 10 and 11 students to aspire to further and higher education. Three care leavers are currently at university, with another four due to go this year. Care leavers who attend university receive a £5000 bursary from the council. Looked after children achievement is routinely celebrated by the council and its partners, including an annual event for those aged 16 and a biannual celebration of all looked after children’s achievements.

57. Opportunities for looked after children and care leavers to make a positive contribution are good. The Children in Care council successfully engages children and young people ensuring their views are listened to and acted upon at a strategic level. Council members produce a newsletter which is sent to all looked after children to keep them updated on the work of the Council and on local and national issues relating them. However, children and young people spoken to as part of the inspection reported that they were unaware of the council’s corporate parenting promise. Looked after children have been well consulted on the plans to improve services and good plans are in place to ensure they are kept informed of developments. Children and young people, including those with disabilities, are routinely involved in the appointment of children’s services staff including senior appointments and their views are taken seriously. They also play an active role on Rotherham’s Youth Council and through this contribute to borough-wide initiatives. Those with learning difficulties and/or disabilities who attend the Orchard Centre for short
break care and activities are provided with good opportunities to participate in leisure programmes and their views have demonstrably influenced strategic planning. For example, they participated in the design of park playgrounds to ensure they are fully accessible.

58. Good work is taking place to reduce numbers of looked after children who are cautioned or convicted of offences. The Youth Offending Service works in partnership with the Crown Prosecution Service and the Youth Magistrates Court to ensure that appropriate consideration is given to the circumstances and welfare issues in relation to looked after children. This work has resulted in a reduction in the number of looked after children who are cautioned or convicted from 16% in 2008, to 9% in September 2009. Restorative Justice Schemes are also used to good effect to ensure that looked after children do not inappropriately have criminal records.

59. The impact of services to improve the economic well-being of care leavers is adequate. All care leavers have up-to-date Pathway Plans which are subject to regular quality assurance by a team manager. Those plans seen by inspectors during the inspection were of good quality with clear evidence of the young person’s contribution. Care leavers receive good support from a range of professionals, including a Bridges leaving care worker, a Connexions PA, and a dedicated looked after children nurse, and all have access to learning mentors. A variety of post-16 provision is available within the borough, including a number of different vocational programmes. This ensures that young people can access a good range of further education programmes to suit their needs. The attendance, punctuality and attainment of care leavers in post-16 education and training is well monitored.

60. Partnership arrangements, including those with the private sector, offer access to a range of work experiences which offer the possibility of employment opportunities for some care leavers. The council offers a flexible and well-supported programme of short work placements. However, this has led to limited employment opportunities within the council. The work to develop a Care2work plan has been slow to develop and young people are yet to benefit from this initiative. The number of care leavers not in education, employment or training is in line with the national average and statistical neighbours. A good range of accommodation including supported lodgings and training flats ensure that care leavers live in accommodation that most suits their needs. Ten young people have been effectively involved in the planning and design of new purpose-built apartments and will shortly take up residence. Care leavers report they can access good 24 hour advice and support from a range of professionals, known to them.

The quality of provision

Grade 3 Adequate

61. Service responsiveness including complaints is adequate. Recent work to improve the use of management information along with the development of a
placement strategy has resulted in a better understanding of the patterns and trends in the looked after children population. This is helping to shape service provision and strengthen commissioning arrangements. An appropriate focus on securing more local foster carers and prospective adopters has led to a good recent improvement in the numbers recruited. Special Guardianship Orders are increasingly used to secure permanent placements. More frequent use of family and friends placements means that more looked after children and young people are placed within their own families. However, despite this positive action, a high number remain in external placements and although the placement strategy addresses this issue, it is too soon to measure the impact it will have on returning children to placements within the area. There are safe recruitment arrangements in place which meet statutory requirements.

62. All children seen by inspectors know how to make a complaint. The Right2Rights advocacy service provides good support to children and young people who value the support and advice they receive. Information collated from complaints is routinely used to improve services. Despite a recent recruitment drive, not all eligible children and young people have access to independent visitors and this limits the opportunities that children and young people have to voice their concerns to someone other than their main carer.

63. Assessment and direct work with looked after children are adequate. A good range of support systems are in place to support children and young people on the edge of care and prevent them from becoming looked after including the extended schools programme, Sure Start Children Centres and effective family support workers. Children’s files viewed by inspectors indicated drift for a minority of those on the edge of care with poor assessments and limited availability of direct work, resulting in delays in decision making in relation to children becoming looked after children. However, there was no evidence to suggest that these children were at risk of harm. The council has recognised these weaknesses and have taken good steps to rectify this, including the newly developed prevention and early intervention strategy. The care plans of those children now entering care are of better quality with appropriate action taken to remove them from their families when they are at risk of harm. The LAAC, Get Real and the dedicated health teams undertake good direct work with individual children and young people and their carers. This is effective in supporting placement stability and ensuring children and young people have timely access to specialist services such as respite care or access to tier 1 and 2 CAMHS provision.

64. Care planning for children and young people is adequate. Recent files viewed by inspectors and examples provided by social workers during the inspection demonstrated a more robust focus on effective decision making and management oversight. This has led to improvements in the quality of care planning, reviewing and recording, resulting in more timely action being taken to secure the future of looked after children. This work has been well supported by the family finding officer whose work has been successful in improving the
numbers of children placed for adoption. The recent increase in the numbers of administrative support staff has resulted in a successful project being undertaken to associate all care planning documents in looked after children’s files. This has impacted positively on improving the quality of children’s files.

65. All looked after children’s reviews are held in line with statutory requirements. Independent reviewing officers demonstrate a good understanding of the issues that impact upon the quality of care plans and the steps needed to remedy omissions. They ensure that minimum requirements are met. However, given the numbers of reviewing officers against the numbers of children in care, the capacity of the reviewing officers to quality assure care planning is constrained. Care leavers also benefit from good and readily available support which they report helps to make them feel safe when first moving to independent living.

**Leadership and management**  
**Grade 3 Adequate**

66. Leadership and management of looked after services are adequate. The Children and Young People’s Plan suitably prioritises the needs of looked after children and care leavers. The recent appointment of a director for safeguarding and corporate parenting has increased the priority afforded to looked after children. A number of new and revised strategies, including the corporate parenting strategy, have strengthened the shared vision across partners, council officers, elected members and children themselves. However, the strategy is yet to be fully implemented and the impact not yet measurable. Elected members demonstrate a satisfactory commitment to developing their role and they are provided with relevant training. The plans to develop a dedicated looked after children team are well under way and most staff are fully engaged with the change process.

67. Recent work has been undertaken to analyse the current looked after population and map trends to predict future placement requirements. This has resulted in the development of a placement strategy that prioritises the strengthening of commissioning arrangements and the reduction of children and young people placed externally. The chief executive of NHSR, in his role as a critical friend to the council, has reviewed all current placements and the speed with which plans for permanent placements are being developed to ensure that work is responsive to the needs of all looked after children and young people.

68. Performance management systems are beginning to have an impact in improving outcomes for looked after children, including effective completion of care plans, timely reviews and placement stability, with performance targets met across the service which are in line with statistical and national averages. Supervision arrangements are adequate. Regular reporting to senior managers and scrutiny of performance by elected members is also contributing to
improvements. For example additional resources have been made available to improve the quality of children’s homes.

69. User engagement with looked after children and care leavers is good. They report that through the children in care council that their views make a difference. Care leavers are regularly consulted about service developments, including their involvement in the planning and development of a new housing initiative. Regular consultation with children and young people with learning disabilities and difficulties and their parents ensures that their views influence service design and the targeting of resources, for example, their contribution to the development of services provided through the Orchard Centre. Parents of looked after children under three years old benefit from good supervised directed play activities during contact with their children at the Little Cherubs Playgroup. They appreciate the regular consultation including the opportunity to contribute to the planning of the sessions and to offer feedback. More recently there is evidence on children’s case files of their views being appropriately recorded and account being taken of them. Pathway plans for care leavers clearly identify the views of young people who take an active role in planning for their future.

70. Partnerships are good. Participation in corporate parenting at a strategic level is satisfactory and most key partners are involved in delivering support for looked after children and young people. For example, the LAAC team which is funded by CAMHS and is co-located within the family placement team provides effective support through individualised packages to promote health and emotional well-being and placement stability. Good partnership working between the council, health and voluntary agencies is successful in providing targeted services for looked after children and young people, including services to care leavers provided through Action for Children and the Barnardo’s Junction project. Good multi-agency youth work is effective in reducing anti-social behaviour of looked after children, this has resulted in reduced rates of offending and re-offending behaviour.

71. The promotion of equality and diversity for looked after children and young people are adequate. The council is taking suitable steps to recruit and match foster carers to account for cultural and diversity differences. It has been recognised that recruitment of foster carers from minority ethnic communities has been poor, action has been appropriately taken and two carers from an Asian background have been assessed. Action also includes a drive to recruit carers from the Roma/Slovak community in response to the changing population profile, although carers from minority ethnic groups are still under-represented overall. Unaccompanied asylum seeking children are well supported in Rotherham and one young person described the good support provided including, suitable accommodation and educational support.

72. Rotherham short breaks provision for disabled children has established good partnership working across the statutory and voluntary sectors with 319
children and young people accessing these services in the Rotherham area. The short breaks service has also taken effective action to include minority ethnic children, young people and families within its work, recognising that these groups may have less access to services and use services less. Good partnership and multi-agency working between health, social care and education ensures that a good range of equipment is provided to disabled children and their families and is in the best location for the children and young people to use. During long school holidays, health equipment that is usually kept in school is transported home to ensure that the most appropriate and beneficial equipment is provided.

73. Value for money is adequate. A value for money exercise undertaken in 2009/10 indicated that local fostering and residential costs and the overall unit costs for individual placements are lower than the average and in other authorities. However, the quality of residential provision is only adequate and it is recognised that more money needs to be invested to improve the quality of children’s homes. This has been recognised with additional resources now available. The council acknowledge that placement management requires a more robust approach to improve efficiency and effectiveness and have taken steps to review all out of authority placements. This is demonstrating early impact as it has resulted in two children in expensive external placements returning safely to the local area. All new and extended placements are authorised by the director for safeguarding and corporate parenting. In conjunction with this, work is being developed through regional and sub regional commissioning to look at joint contracting and commissioning of services to provide improved value for money based on economies of scale. There are adequate systems for reviewing unintended high spending. Only accredited providers are used for out of authority placements and the use of high cost services must be approved by the resource panel. Scrutiny of special equipment provision for children and young people with disabilities and complex needs including those with life limiting conditions has been strengthened and is now robust with health, social care and education all contributing funding. This has resulted in most equipment being provided within eight weeks.
## Record of main findings: Rotherham

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