

# Inspection of safeguarding and looked after children services Shropshire

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**Reporting inspector** Stephen Hart HMI

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## About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI), one additional social care 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, parents, front line managers, senior officers including the Director of children and young people's services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
  - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan (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 more than 40 case files for children and young people with a range of need, including a pre-selected random sample of 20 case records that were also audited by the council and its partners. This sample comprised seven cases of children with a child protection plan, seven of children in care and six children in need and 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 Shropshire undertaken in April 2010
  - interviews and focus groups with front line professionals, managers and senior staff from Shropshire County Primary Care Trust (PCT), the Shrewsbury and Telford Hospital NHS Trust and the Telford and Wrekin Primary Care 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. Shropshire is one of England's most rural and sparsely populated counties with a large geographic area of 1,235 square miles. Situated in the West Midlands, bordering Wales to the west and Cheshire to the north, the area has a population of just under 291,000. Shropshire's population is largely of White British ethnic origin. The numbers of residents from minority ethnic groups is low at 1.2% of the population, an increase of 0.5% since the 1991 census. Fifty-five per cent of Shropshire's population live in Shrewsbury or in the other main market towns of Oswestry, Whitchurch, Market Drayton, Ludlow, Bridgnorth and Church Stretton.
5. Children and young people aged 0–19 make up 23.4% of Shropshire's population, a proportion that is in line with England averages. However, the number of people living in the county aged 16–29 fell by 16.2% between 1991 and 2007, a figure significantly higher than the England average figure of 6.4%. This reduction is partly influenced by long-term falling birth rates and to young people choosing to leave the county to attend university, travel or to find work before returning later in their lives.
6. In the long-term Shropshire has seen a gradual decline in the number of births. However, between 2004 and 2009 the birth rate increased by 7.1%. Despite this rise, pupil numbers are forecast to decline each year to 2012. There are currently 35,751 children and young people of school age (4–16). Between mid 1981 and mid 2007 the population of Shropshire increased by 13.9%, largely due to people moving into the county, which is a more rapid growth rate than nationally (8.9%).
7. According to the Indices of Deprivation Affecting Children Index Shropshire ranks as seventeenth least deprived local authority in England. However, this statistic masks pockets of deprivation in the more rural areas, where five areas, each covering up to 1500 people, are amongst

the 20% most deprived nationally in terms of their income and a further 11 are among the 30% most deprived cohort. The most recent data shows that 13.3% of children are living in income deprived households.

8. There are 74 councillors sitting on the Unitary Council and the next full election is due in 2013. There is a large Conservative majority with the party holding 52 seats with the Liberal Democrats being the second largest group with 12 seats, the remainder being held by Labour and independents. The cabinet comprises ten members who meet fortnightly. Performance and scrutiny functions are provided by five cross party committees, one of which is dedicated to social care.
9. The Children's Social Care Service has 235.16 full time equivalent staff. Community-based assessment and support children's services are provided by six teams: an initial contact team, an assessment team, two case management teams, and two children in need teams. The children with disabilities service is provided jointly between the council and Shropshire County PCT. The placement service includes a residential care team, three residential units, and the local authority fostering team. An adoption service is provided jointly with Telford and Wrekin Council. Services for looked after children and care leavers are provided by two looked after children's teams and one leaving care team. The Safeguards Service includes staffing for the Local Safeguarding Children Board (LSCB), the training and development officer, as well as the independent reviewing officers (IRO) who chair looked after children reviews and child protection conferences.
10. At the time of the inspection there were 201 children subject to child protection plans and 225 looked after children including one unaccompanied asylum-seeking child and 181 care leavers. Shropshire has 110 foster carer households and 18 children are currently in independent fostering agency placements. Fifty children are currently placed in residential care, 42 of which are in external provision, the remainder being placed in the council's own provision. In the last two years, 15 looked after children have been adopted or secured permanence through special guardianship orders.
11. Education for children and young people under the age of 16 is provided in 133 primary schools, 22 secondary schools, two special schools and one pupil referral unit. Early years services to approximately 4,112 children is provided in 41 local authority-maintained nurseries and a further 172 early education settings including childminders, playgroups, full day care and nursery units in independent schools. Family support services are provided through 18 children's centres.
12. Post-16 education and training is provided by eight mainstream schools with sixth forms and four colleges educating approximately 1,214 pupils. In addition Shropshire has three colleges and two private providers

offering Foundation Learning type provision to more than 62 students studying Entry Levels 1 and 2. In excess of 660 Shropshire learners have participated in the apprenticeship provision delivered by 26 delivery partners, of which five are based within county borders. Educational and recreational leisure time activities, including youth work, are provided by Shropshire Youth and a range of partners in the voluntary sector. Shropshire Youth Association, comprising 140 members, provides support to the voluntary sector and a range of other support services to schools is provided by the local authority and Connexions.

13. Primary health care is provided by the Shropshire County PCT. Acute hospital services are provided by The Shrewsbury and Telford Hospital NHS Trust. Specialist Child and Adolescent Mental Health Services (CAMHS) are provided by The Telford and Wrekin Primary Care Trust.

## Safeguarding services

### Overall effectiveness

### Grade 3 (adequate)

14. The overall effectiveness of safeguarding is adequate. Since taking up post in May 2010, the Director of Children and Young People's Services has been instrumental in putting in place revised structures for the Children's Trust which have improved its effectiveness. A similar process is underway for the LSCB, which the Director currently chairs. These organisational adjustments have been accompanied by the development of clear strategic plans and refreshed priorities to drive improvements in all aspects of the safeguarding service. Some improvements have been achieved while others are work in progress with some still to be achieved or sustained. Progress in some organisations is being hindered by the absence of management support in the transitional stages.
15. The Children's Trust and the LSCB are fulfilling their statutory functions. Safeguarding practice is adequate and improving. Children's records have also improved significantly since the unannounced inspection and recording is now largely up to date but reports to child protection conferences are not consistently shared in advance of conferences. However, the absence of a single record for each child is inefficient and poses a potential risk that key decisions could be taken without all information being considered. Revised quality assurance and performance management processes are established and increasingly effective although the use of data in parts of front line services is more variable and audit processes are not sufficiently outcome focussed. Children and young people contribute to service evaluation and development through case reviews and the work undertaken by the Children in Care Council (CiCC). Opportunities for further involvement are being explored.
16. Staff recruitment, retention and training have been significant strengths in children's social care in the recent past and a fully qualified workforce of social workers is testament to effective workforce planning. Across the partnership there is a strong commitment to safeguarding and evidence of thorough planning to protect front line services as much as is possible in an acutely challenging financial climate. Some key job vacancies are threatening the quality of services by reducing the capacity to monitor and develop services and making strategic planning more complex at a time of organisational uncertainty.

### Capacity for improvement

### Grade 3 (adequate)

17. The capacity of the council and its partners to improve is adequate. Partnership working is well established with a long history of sound professional relationships at all levels. Significant work to modernise and refocus strategic partnerships so that they are well placed to tackle



emerging demands and opportunities are proving successful. An example is the reconfigured Children's Trust which is central to driving the revised children's services priorities. The recent appointment of the Director of Public Health is supporting the strategic development of the service and is contributing well to the formation of revised relationships with the reorganised health services. Similar modernisation plans are in place to improve the effectiveness of the LSCB, but progress cannot proceed as quickly as some members would wish due to organisational uncertainty in some key agencies such as health services. Nevertheless, the core business is being undertaken adequately.

18. There is a clearly articulated vision and ambition within the partnership. The quality of services delivered by a committed and increasingly effective workforce has been sustained in children's residential care and fostering. Across other parts of the service, good planning, which has led to significant re-organisation of service delivery of the assessment and child in need services, is beginning to impact well. There is good evidence of improvement in a number of key areas such as case recording and management supervision and oversight. However some partners at a local level such as CAMHS, schools and General Practitioners (GPs) are taking longer to adjust to the new arrangements and have not had the benefit of senior management support in the transition phase during which they have lost some long established relationships with social care colleagues.

## Areas for improvement

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

### **Immediately:**

- Provide support to front line staff in early intervention services' partner agencies to help them make the transition to the new organisational structure.
- Ensure that all reports to child protection conferences are shared in advance between professionals and with the family.
- Improve the information sharing arrangements between hospital accident and emergency (A&E) departments, minor injuries units and community health professionals.

### **Within three months:**

- Ensure the designated nurse has sufficient operational support to allow her to focus on the strategic element of the role.
- Ensure that clear processes to monitor safeguarding activity by all independent contractors are established.
- Revise audit processes to ensure that they have an outcome focus.
- Improve the structure and content of child protection plans so that they are outcome focussed and contain measurable improvements that can be monitored by the core group.
- The LSCB should receive an annual report on complaints about child protection processes or decisions.
- The LSCB should receive an annual report from the LADO on the management of allegations against staff who work with children.

### **Within six months:**

- Improve the use of performance management across front line services.
- Ensure that each child has a single case record that can be accessed by the Emergency Duty Team (EDT).

# Safeguarding outcomes for children and young people

## Children and young people are safe and feel safe

### Grade 2 (good)

20. The effectiveness of services to ensure that children and young people are safe and feel safe is good. Fostering and residential care services have consistently achieved good safeguarding judgements in their Ofsted inspections reflecting the high standards expected by the council and its partners. Positive progress has been made in other regulated settings and over 75% of judgements are good or better. Cases seen and discussed by inspectors during the course of this inspection showed that safeguarding practices were robust and management oversight is increasingly rigorous.
21. The views of children who are of an age and understanding to contribute are taken into account in assessments and planning meetings. Case files demonstrated consistently that the wishes and feelings of children were recorded and taken into account. Diversity and disability data are well understood and demonstrably inform assessments, planning and practice. For example the council and its partners have worked skilfully to engage well with gypsy and travelling families so that services can resume each time a child arrives or returns to the area.
22. The local authority provides very good support to schools to address safeguarding issues. All schools work closely with the link manager and value highly the quality of guidance and training they receive. Partnership working to address safeguarding issues is strong, particularly with the emergency services and school liaison police officers who contribute regularly to the school curriculum to ensure safeguarding has a strong focus. Children and young people are actively involved in consultation about all aspects of their lives particularly about being and staying safe, and a number of pupil-led mentoring and training activities have been developed by them. In the latest TellUs survey, fewer children and young people in Shropshire reported experiences of bullying than within similar councils. There are good processes for identifying and offering support to the 173 children and young people in receipt of elective home education. Discussions with health services to develop a protocol to identify pre-school children who do not enrol at school are at an early stage but progressing well.
23. Good initiatives reduce and address bullying. For example one school visited during the inspection has trained mentors, including cyber bullying mentors, who are known and accessible to all young people. Pupils report that they feel safe at home and in school where they feel confident in raising concerns with staff and the mentors. For example previously identified concerns about bullying on the school bus have been promptly

addressed by the school. Shropshire children and young people feel significantly safer in their local neighbourhoods than the national average and acknowledge that the fear of crime is greater than the reality. E-safety is comprehensively covered within schools with whole day events periodically dedicated to the subject and support is provided to ensure that children and young people of all abilities can understand and apply the learning to their own situations.

24. Recruitment processes within the council are rigorous and compliant with statutory and best practice requirements. Records are comprehensive and demonstrate a thorough process in ensuring that all tasks are completed before appointments are made and employees take up posts. Positive Criminal Record Bureau checks are managed well and disciplinary matters are followed through rigorously and sensitively with good levels of access to legal advice if necessary.
25. Arrangements for managing allegations against people who work with children are adequate. Allegations that are reported are managed well but the council cannot with confidence evidence that they come from a sufficiently wide range of statutory, voluntary and independent agencies. Knowledge of the process is good in social care and education but weaker among wider partners and there are plans to use the recently appointed Director of Public Health as a conduit for information to health agencies. The senior LADO is a member of the regional LADO network group, where practice is now being shared to support improvements. Information about allegations has not so far been collated annually and reported to the LSCB, but this omission has been rectified and an annual report for 2010/11 from the LADO, incorporating this information is to be presented to the Board in March 2011.

## Quality of provision

## Grade 3 (adequate)

26. The quality of provision, which includes service responsiveness, the quality of assessment and direct work with children and families, and case planning, reviews and recording, is adequate. Thresholds are well understood across the partnership. The revised referral and assessment arrangements are ensuring that all newly identified cases are allocated to qualified social workers for assessment. The response to children at risk of significant harm is timely, children and young people are seen quickly and work is progressed well with only minimal delay in some cases while further information is gathered. The quality of decision making is good but the business processes which use the council's computer based system are inefficient, repetitive, time consuming and unnecessarily resource expensive. However, there is no unacceptable delay in progressing work due to the hard work and commitment of staff, no unallocated work and no backlog of work waiting to be transferred between teams.

27. Allocated child protection work is managed well. Child protection visits are on the whole made in accordance with the child protection plan and are monitored by managers. There is good recording of children's wishes and feelings and there is evidence of adequate direct work by social workers with children.
28. The provision of out of hours support is adequate and dialogue between day time staff and the EDT leads to good exchanges of information about children and young people if it is thought likely that they will be referred outside of office hours. As a result the number of children accommodated out of hours is low. With one member of staff on duty between Monday and Thursday and two on each shift over the weekend to cover adult and children's services, pressures are evident but usually manageable, largely through the support of colleague agencies and the availability by phone of children's placement service staff. Access to the electronic recording system allows some access to case records but children's paper files are unavailable. Read only access to electronic records also means that information cannot be conveyed electronically to day time staff, instead relying on fax transfer, which in turn has to be re-entered into the paper and electronic systems.
29. There is a good network of family support provided through 18 children's centres that deliver a comprehensive range of initiatives including parenting classes, support for women involved in domestic abuse, breast feeding, child development and individual work with families provided by an appropriate team around the child (TAC). A range of agencies are involved in these activities and partnership working is good. The children's centres are supported by three social workers who provide additional expertise in child protection and ensure that cases are escalated for assessment by the appropriate team when necessary. Support staff work directly with families whose children are the subject of child protection plans to supplement the work of the case accountable social worker. In addition a range of flexible provision can be offered, for example through outreach and mobile provision and youth service buses, to meet the needs of children, young people and families who live in sparsely populated areas.
30. The quality of case recording is variable but improving, with good evidence of up to date and detailed recording in a number of complex cases. However, in others, recording does not allow the same level of qualitative assessment of the progress of the case. However, the significant majority of records are up to date. The drive to improve the recording of chronologies has been effective. Most are up to date and increasing numbers are of very good quality although evidence that social workers used them to review work and inform plans is limited. Team managers review case files and ensure that plans and assessments are shared with children and young people, their families and professionals although this is not always within timescales. However, management

decisions made in supervision are not always recorded on case files, although they are consistently recorded in supervision records.

31. Case planning is adequate. Child protection conferences are chaired by qualified and experienced IROs who maintain their involvement with individual cases to provide consistency. The percentage of both initial and review child protection conferences held within timescales is high and in line with similar councils. Attendance by partner agencies at child protection conferences is good but as elsewhere GPs rarely attend although they increasingly provide reports to inform multi-agency discussions
32. The content of social work reports to child protection conferences is adequate although inspectors saw some examples which contained good assessments with analysis of the factors increasing or decreasing risk. The report template produces somewhat repetitive reports that are difficult for families to understand. The completion of social work reports and those of partner agencies are often outside timescales which means that they cannot be shared in a timely way with families. Agency reports are intended to be shared with all partners immediately before the meeting but attendees are often late and read the reports during the meeting in front of the family. This affects the ability of parents and carers to contribute to meetings and to secure advocacy or legal support before the meeting. The views of children are clearly conveyed to conference members through the social work report and on occasions children have submitted letters but less than half the number of children who could attend or participate in conferences choose to do so.
33. Following child protection conferences, decisions and recommendations are distributed within 48 hours, which is outside the statutory requirement of 24 hours. The timeliness of the distribution of the full minutes is good in relation to initial child protection conferences and the first review but poorer in relation to subsequent review conferences which mean that participants do not have the full information available to them as they continue with implementing the plan. The detailed child protection plans are produced by the conference members rather than a core group, as set out in guidance, and are insufficiently outcome focussed to enable effective progress monitoring. Child protection chairs are expected by senior managers to play a significant role in quality assuring child protection work. However the nature of their role has not yet been sufficiently defined or understood resulting in variable practice. However there are recent examples of chairpersons reporting matters of concern to senior managers.
34. Notifications of domestic abuse are sent promptly to children's social care services by the police but significant proportions do not meet the threshold for intervention by a social worker. The absence of a suitable screening mechanism to consider the necessity for referral results in a

significant amount of wasted time for both the police and social workers and deflects staff from other priority work. However, resources have been identified to appoint a designated officer within the police service to screen notifications in conjunction with a social worker to ensure safeguarding issues are identified and responded to and inappropriate work is filtered out. The support for people with children and young people who flee domestic abuse is good overall with two refuges and a wide range of outreach support and effective programmes for women to increase their confidence and resilience. Although access to refuges out of hours is not available, safe alternatives are provided. Women cannot be admitted to refuges if they are accompanied by teenage sons and some young men have had to remain with the perpetrator or other family members. Good support services are in place for children and young people affected by domestic abuse together with a specialist court that ensures victims are protected. However, the future resourcing of domestic abuse services, including the rolling out of the Sanctuary pilot that strengthens arrangements within the woman's own home and avoids her and the children having to leave is uncertain. The Multi-Agency Risk Assessment Conference (MARAC) works well with good attendance by partners and effective information sharing and plans.

35. The arrangements for identifying and finding children missing from home, care and school are effective. Return interviews for those missing from care, placed both within and outside the county, are undertaken by social workers. Young people are offered the opportunity to speak to independent social workers, if they prefer. Information on those young people who go missing most frequently is jointly interrogated by the police and council managers, and where appropriate is shared with social workers, including those from other local authorities, so that plans can be developed to try and reduce the incidences. This work may appropriately include consideration of the suitability of the young person's current living arrangements.

### **The contribution of health agencies to keeping children and young people safe** **Grade 3 (adequate)**

36. The contribution of health agencies to keeping children and young people safe is adequate. The evidence of the strategic and operational commitment by all health agencies to partnership working can be seen through the clear Joint Strategic Needs Assessment (JSNA), which has contributed well to the development of the CYPP and through individual healthcare organisations' input to LSCB. The LSCB health representatives are at an appropriate level of seniority to ensure an effective contribution to strategic decision making within both LSCB and their own organisations.
37. Shropshire County PCT is fulfilling its statutory safeguarding requirements with designated professionals in post supported by named professionals in

all provider trusts. However, both the designated doctor and nurse have insufficient capacity to fulfil their strategic roles due to the need to provide operational support for safeguarding activities. Safeguarding activity within commissioned and provided services is monitored adequately; the safeguarding processes used by the PCT provide tangible evidence for key measures of assurance from all of the main health care providers. The health care governance group, which is chaired by the director of public health or other PCT director, provides an additional forum for partners to discuss and review safeguarding issues relating to children and young people. There are appropriate internal governance systems in all organisations providing health care to children and young people; the provider trusts have processes in place to ensure safeguarding policies and procedures are up to date and easily available for all members of staff. However, other than some very basic management audits of records and some limited joint work as part of their contribution to the LSCB audit programme, there is little evidence that the implementation of safeguarding policies is reviewed and analysed for compliance and effectiveness.

38. A named GP has recently been appointed by the PCT but has not been in post long enough to be able to demonstrate any impact or safeguarding leadership within the primary care setting. There is an increasing level of attendance at safeguarding training by GPs and their practice staff with 63% of practices having received Level Two safeguarding training. However, monitoring of safeguarding activity within general practice is at the developmental stage and less well developed for other independent practitioners such as dental practitioners, pharmacists and optometrists.
39. Vacancy rates among health visitors and school nurses have been successfully addressed and there are sufficient health visitors to ensure all targeted safeguarding work is undertaken. However, the delivery of more universal preventative work such as the Healthy Child Programme is late although training for its implementation has been completed.
40. Acute trusts and provider organisations are making progress to ensure all staff receive the appropriate level of safeguarding training. However, neither of the acute hospital trusts or the community provider arm of the PCT have yet achieved the target figure of 80% of staff trained to Level One. Performance is better for the more specialised levels of training for relevant staff groups. Attendance by staff at safeguarding training is monitored by all health care trusts with regular reports provided to trust boards as well as to the PCT.
41. Good progress has been made in supporting health staff across all health services when working with families where there are child protection concerns. Supervision arrangements now ensure that safeguarding practice is reviewed for timeliness and effectiveness. Staff are motivated and generally report good access to further training and education



opportunities; the support and guidance provided by the designated and named professionals is seen by all as a key factor in driving forward the improvements to safeguarding practices. Adequate progress is being made to ensure domestic abuse is recognised and responded to appropriately by health care professionals. Additional training has raised awareness of the impact of domestic abuse on children and young people and has ensured health staff are more effective in its identification.

42. The contributions by health staff to ensuring children are safeguarded are effective. Additional training has raised health partners' awareness of their safeguarding responsibilities and accountability and their increased professional knowledge and confidence is resulting in improved identification of concerns and better quality and more timely referrals. Child protection case conferences are well attended by health professionals with staff feeling their contributions are valued and likely to form part of decision making processes.
43. Information sharing remains a challenge for health care organisations providing emergency care settings despite having appropriately trained staff and clear procedures to recognise and assess children or young people at risk. Although there are alert and flagging systems in place within the A&E departments to record previous visits and to track concerns, the system does not currently include domestic violence concerns. Current systems do not enable information to be shared between the two main A&E departments and the four minor injuries units in the county. Procedures to inform community health professionals such as school nurses, health visitors and GPs of attendances by children and young people at A&E are inadequate and have led to reported delays of up to six weeks before practitioners receive notification. Adequate processes are in place for A&E staff to access information relating to children with a child protection plan. All staff are aware of how to access this information when they are working out of hours. Ethnic and cultural needs are met appropriately through easy access to interpreting services by staff in the A&E department.
44. Common Assessment Framework (CAF) implementation is well embedded within practice for front line health staff including midwives, and its use is clearly part of everyday practice particularly by health visitors, school nurses and therapists. Health visitors are working well with staff in children's centres to provide integrated early intervention parenting programmes such as the 'Triple P' which gives guidance on emotional well being and child development. All health staff reported good working relationships with children's social care services. Thresholds for referral are understood and staff felt engaged and involved at all appropriate stages of child protection procedures.
45. There is evidence of good and effective interagency working to reduce teenage pregnancies with the rates in Shropshire being lower than the

national average. Although the national target for reductions to the rate is unlikely to be achieved, local data confirms the downward trajectory with the teenage pregnancy strategy providing an effective steer. Agencies working together provide a wide range of contraceptive and sexual health care services through easily accessed venues across the county. These include 'Confidential Help and Advice for Teens' clinics, children's centres, enhanced level GP practices, the Youth Offending Service, and drop-in sessions in further education colleges and secondary schools.

46. Teenage parents are well supported and receive effective level of care from a range of agencies before and after birth. The clear pathways for the care of pregnant young people have contributed to ensuring integrated and targeted support is provided across agencies and there has been a consequential increase in the uptake of mainstream services in children's centres by young parents. Additional support is provided to young mothers with a disability and is available until the young person is 25.
47. Children and young people who need to have a medical examination following allegations of abuse are seen at the medical examination suite in Wellington which although located in the county of Telford and Wrekin is equally accessible to Shropshire residents. The service is adequately staffed and equipped during normal working hours but out of hours provision is not commissioned. The Director of Public Health is currently reviewing the provision with West Mercia police in order to secure improvements.
48. The multi-disciplinary substance misuse service provides good county wide care and the National Treatment Agency targets are met. Support to locality based services is well established. The education and advice available to young people on substance related issues has a good emphasis on harm reduction. As well as direct work with young people, the team advise and support professionals, parents and carers around substance use in young people. Effective links to specialist midwives means that they are available to provide support during the ante-natal period.
49. Children with disabilities are well supported in Shropshire through an integrated multi-agency team which includes CAMHS, health and social care professionals. Young people with disabilities who also have mental health needs receive an appropriate and responsive service through the CAMHS disability service. The use of CAF by the disabilities team is well established. Multi-agency care pathways for children and young people with Attention Deficit Hyperactivity Disorder and Autistic Spectrum Disorders are in place and show evidence of good multi-agency working. The TAC is well developed for those aged under five and for children being educated in special schools. Good support is provided to children

with long term health conditions through the community children's nursing team.

50. Parents of children and young people with disabilities have a powerful voice through the Parent and Carers Council and have contributed to the development of the draft transitional protocol. Transition planning is flexible and effective starting at the 14+ review assessment.

## **Ambition and prioritisation**

**Grade 2 (good)**

51. Ambition and prioritisation are good. There is a strong commitment to safeguarding, demonstrated by elected members, the chief executive and the wider partnership protecting the service from cuts at operational service level while at the same time securing a fully qualified social work workforce. In addition, opportunities are actively sought in the current climate of financial restraint to strengthen the service across the partnership by adopting imaginative approaches to re-provisioning when existing funding arrangements cannot be sustained, such as the work currently being undertaken in relation to children's centres. Managers and staff understand and share the vision of the Children's Trust and the structural re-organisation of front line children's social care services is refocusing services well to ensure that key functions of early intervention, prevention and child protection enable consistently good standards to be achieved by all agencies.
52. The Children's Trust has established clear processes for agreeing shared priorities between partners and it has recently approved the revised CYPP for 2011. This supersedes the CYPP for 2009–12 in recognition of a very changed operating environment and sets clear priorities for action across the partnership that are soundly based on the detailed analysis of needs set out in the Joint Strategic Needs Analysis (JSNA). The priorities underline the commitment to delivering services across the five Every Child Matters outcome agenda and each is funded and appropriately aligned to local priorities and the Community Strategy. As a result of this planning, children's social care services are well placed to meet the required £2.2 million savings by the end of the financial year 2011–12 without critical service reduction.

## **Leadership and management**

**Grade 2 (good)**

53. Leadership and management of children's social care services are good. Elected members are committed to the needs of all vulnerable children and young people. The Children's Trust has been modernised in preparation for it to become the commissioning body for the partnership and the focussed and smaller Trust Executive is demonstrating clear leadership in setting priorities. It has sufficient authority and management seniority in its membership to make necessary decisions in the short term. Planning is advanced about the way forward in the medium term, taking

into account the opportunities provided by the restructured and reformed health community and the significant implications for its commissioning and provider arms.

54. The Cabinet meeting of July 2010 agreed the Social Care and Safeguards Improvement Action Plan to address the findings of a series of internal reviews and the unannounced Ofsted inspection in 2010. The five key areas of the action plan are appropriately targeted and reflect a determination to move towards a performance management driven analysis of quality. Most of these areas have been improved, although the length of time some children remain the subject of a child protection plan is still an area for development.
55. Workforce development is good and since 2009–10 significant success has been achieved in recruitment and retention following the implementation of a comprehensive strategy endorsed by the Chief Executive and Director of Children and Young People's Services. The success in filling vacancies and ending the reliance upon expensive agency staff has enabled the authority to save in excess of £500,000 and the major reorganisation of management is achieving further savings as well as greater alignment between the management structure and operational priorities. Many of the newly appointed social work managers and staff are inexperienced and additional management support and training has been provided well. This has enabled those staff to have close supervision and guidance as well as good opportunity to co-work with more experienced colleagues where necessary; an important support as work pressures mean that most cannot have fully protected caseloads in their first year. Work is well underway as part of a coherent and progressive workforce strategy to supplement traditional methods of retention with more advanced techniques such as talent spotting and succession planning.
56. A new team structure within children's social care services has been recently created, to ensure that referrals and assessments are undertaken by designated teams with the necessary skills before being transferred to teams with the expertise to support families over longer periods. Although some front line staff in children's social care services and some partner agencies are experiencing difficulties as they adapt to their new roles and the new arrangements, early indications of key aspects of progress such as prompt responses to safeguarding concerns, children being seen very quickly and assessments being completed more promptly are positive. Staff morale is good despite the recent changes, and sickness absence has significantly reduced. The majority of staff support the new arrangements and welcome the greater clarity of their role, more manageable caseloads, good supervision, access to training, the rewarding of performance and career progression.
57. The management of complaints is adequate. Information on how to complain is available through leaflets, posters and the council's website.

The council is keen to ensure that all service users feel confident to complain and are reviewing the location of complaints management and the content of information provided for children to ensure it meets requirements. However, the council cannot evidence that all service users are given information on complaints and how to access their records as the electronic recording system is not currently configured to report compliance in relation to this. Most complaints are satisfactorily resolved by team managers at stage 1 with few proceeding to stage 2 of the formal procedure. Those that do are investigated by external independent investigators. There is good access to advocacy support for children who wish to complain, commissioned from the NSPCC. There has been some learning from, and action taken as a result of complaints, particularly from those raised by foster carers, but evidence of improvements emanating from those raised by children and young people is limited. The council's corporate complaints report contains only a small entry on children but more detailed information is reported to senior managers on a six monthly basis. Information about complaints on child protection matters has not yet been reported to the LSCB, although plans are in place for this to happen.

58. All new services are developed, often in conjunction with partners, in accordance with identified need set out in the JSNA or in response to emerging new trends. Existing commissioned services for children with disabilities and those in the tendering process are reviewed and evaluated against a robust and outcome focussed service specification developed in conjunction with parents. This partnership approach is resulting in high levels of service user satisfaction and good outcomes for children and young people. Plans to develop commissioning further are in place but are being inevitably delayed by the major reorganisation taking place in the health trusts.
59. There is clear evidence that the findings of serious case reviews are disseminated widely and inform management and practice across the partnership. The most recent, submitted in August 2009 was judged by Ofsted to be good and led to the development of separate strategies to deal with neglect and the risk of child suicide and self harm. Toolkits have been developed as part of the strategies and the suicide toolkit is beginning to be used well by health professionals. Plans to implement the strategies and the toolkits across all agencies are advanced.
60. The use of resources is good. The council (including elected members) and its partners are committed to protecting as much of the front line safeguarding services as possible. Re-organisation to enable workloads to be reduced and workflow to be better managed are in place and the recruitment and retention of fully qualified staff has significantly reduced vacancies and therefore the use of agency staff, resulting in considerable savings. The separation of assessment functions from early intervention work is yielding some efficiency gains and improvements in aspects of

practice, although sustained improvements in other aspects, such as improvements in the timeliness of assessments, are not yet evident.

## **Performance management and quality assurance**

### **Grade 3 (adequate)**

61. Performance management and quality assurance are adequate. There is clarity of vision by managers about the role performance management and quality assurance systems play in supporting strong front line practice and in helping managers build understanding of the needs of the service. The balanced scorecard approach has proven effective in assessing performance against key priorities by enabling progress to be understood in the wider context of financial and staffing considerations. This means that at every level there are qualitative and quantitative data to enable greater understanding of trends, pressures and successes. In the last 6 months, information packs providing check-lists and tools to promote efficient and effective assessments have been distributed to front line staff and team managers have received weekly information about the performance of their team. In some areas of the service this has led to a more rigorous and systematic approach to management but elsewhere there is less evidence of change and it is too early to yet see sustainable evidence of progress. For example the completion rates of initial and core assessments (at 72% and 55% respectively) remain significantly below the council's own targets although there is some very recent, but un-validated evidence, of improvement since the start of 2011. In addition the proportion of children subject to child protection plans for two years or more has not yet reduced below the current rate of 14.1 per cent which is higher than similar councils and above the council's target figure.
62. Auditing is undertaken regularly within children's social care services and by the LSCB. Team managers are required to audit each case before it is closed and this has led to improved record keeping. However, some children in need managers are experiencing considerable difficulty in fulfilling this function due to work pressures generated in the early months of their new posts. This is resulting in significant backlogs of work awaiting closure with senior managers not being provided with reliable information about caseloads and workload pressures. Qualitative audits undertaken as part of this inspection as well as those undertaken as a routine function of the LSCB are insufficiently outcome focussed and do not demonstrate a thorough evaluation of practice or the impact of intervention. As a result, the audits fail to demonstrate that key elements of practice have been scrutinised and judgements are not sufficiently supported by evidence.
63. The quality assurance role of child protection conference chairs is under developed. However, recent encouragement to play a more active role in holding practitioners to account has had some positive effects, with cases being raised at management level when the chair was dissatisfied that

they were being progressed appropriately. Chairpersons undertake a checklist audit to monitor some aspects of cases presented to child protection conferences. Although this information is collated and presented to senior managers, chairpersons are not informed of the outcome of the management deliberations to enable a rounded understanding of overall performance and the identification of trends and key areas for improvement.

## Partnership working

## Grade 2 (good)

64. Partnership working is good. Throughout Shropshire partnership working is well established with a long history of sound professional relationships at all levels. Significant work to modernise and refocus strategic partnerships so that they are well placed to tackle emerging demands and opportunities has been successful. The reconfigured Children's Trust has been central to driving the revised children's service priorities and the appointment of the Director of Public Health is supporting the development of a range of services. The relationship between the Children's Trust and the LSCB has been actively reviewed and governance arrangements are clear. The LSCB is also in a position to scrutinise and challenge agencies represented on the Trust and this arrangement is being reviewed in the light of the recent changes to the structure of the Trust to ensure it remains fit for purpose and relevant.
65. Overall the LSCB provides adequate oversight of safeguarding in Shropshire. It is chaired by the Director of Children and Young People's Services, who provides effective leadership and plans are being developed to strengthen its role and to appoint an independent chair from April 2011. The Board is very large, dominated by the number of representatives from the council and health services and some agencies are not represented in accordance with guidance. Members of the Board are of sufficient seniority, clear about their roles and on joining the Board all new members receive a pack of membership information. An executive group, chaired by the Assistant Director Children and Young People Services, provides a link between the Board and the chair and oversees the work of the sub-groups in effectively delivering the business plan.
66. LSCB processes are largely satisfactory and it adequately scrutinises some aspects of performance through receiving regular reports, for example in relation to children missing from home, care or school. However, this data set does not incorporate reports relating to management of allegations made by children and young people or complaints which are omissions. The LSCB has undertaken some good work in relation to the findings of serious case reviews, but overall the performance management role of the board is under developed. The Child Death Overview Panel (CDOP) is well established, effectively chaired and provides good information. Although there is currently no CDOP rapid response team to provide services out of hours, resources have been prioritised and appointments have been made

to rectify this service shortfall in the immediate future. The LSCB provides good levels of multi-agency training which is widely valued by attendees for its quality.

67. Involvement by the voluntary and community sector in multi-agency working is strong, including active participation in the Children's Trust at every level. This has been assisted by establishing a compact and a forum as a vehicle for engagement. Representatives from the Voluntary Sector Summit, a representative body recognised nationally as a model of good practice, also contribute well to workforce planning, multi-agency forums and the development of children's centres across the county.
68. There are highly effective partnership arrangements with the police at all levels. The police have prioritised the safeguarding of vulnerable people and in a time of resource reductions have increased their investment in protection activity. The Multi Agency Public Protection Arrangements (MAPPA) work well and attendance by all agencies is good. The opportunity to share information and make effective joint plans is seen as invaluable. MARAC also works well and a recent Coordinated Action Against Domestic Abuse inspection judged it as good. All key agencies attend regularly and deliver action plans in accordance with their commitments.
69. Five multi-agency teams are firmly established throughout the county and have a history of working well to provide some effective early interventions. Recent organisational change has resulted in social workers remaining in locality areas but focussing upon child in need social care casework, rather than as integral parts of the multi-agency teams, to enable more timely and effective initial and core assessments with a sharper focus on preventing cases from drifting or having no improved outcomes for children being achieved. The loss of social workers from the multi-agency teams, where most CAF assessments are undertaken, has resulted in a lack of confidence in some partner agencies about the transition. A lack of familiarity with the new and centrally located arrangements for screening referrals and a perceived loss of the ability to access consultation with their local social workers have led to concerns being raised by CAMHS and schools. This has coincided with a fall in the number of CAFs overall and a commensurate rise in alternative courses of action such as pupil planning meetings, and referrals to other agencies such as Barnardo's and CAMHS. Some local work to try to reverse this trend is underway and there are signs of early success. However no concerted and systematic county wide work to deal with the concerns of partner agencies has so far taken place.



## Services for looked after children

### Overall effectiveness

**Grade 2 (good)**

70. The overall effectiveness of services for looked after children and young people is good. Workforce planning has been highly effective in creating a skilled and stable workforce and significant investment in developing the skills of foster carers through formal training and development opportunities has improved the quality and sustainability of placements and choice. Residential and foster care services continue to provide consistently good outcomes and there has been no adoption placement disruption in recent years. More recent developments to achieve stability of placements and to achieve a reduction in the numbers of older teenage children entering the care system have been successful but the inadequacies of the private fostering service means that it remains a priority area for improvement. Leadership and management is good and effective commissioning and budget management, including a secure process to oversee all placement expenditure, is producing considerable saving without compromise to service quality.
71. Educational progress and attainment for looked after children and young people are outstanding and post-16 services are enabling young people to achieve well. Outcomes are more uncertain for less academic young people once they reach 19 years of age, where provision is more limited. Housing provision for care leavers is generally good, although young people reported some concerns about the consistency of provision offered by some approved providers of supported lodgings. Revised quality assurance and performance management arrangements support progress and managers are increasingly using data to improve service provision. Multi-agency professional contribution to looked after children and young people is good. CAMHS provision and looked after children nurses provide good quality care and the specialist contribution of services dealing with teenage pregnancy and substance misuse is leading to good outcomes.

### Capacity for improvement

**Grade 2 (good)**

72. The capacity of the local authority and its partners to improve services for looked after children and young people is good. Good quality services have been consistently delivered and plans for further development are well conceived and delivered effectively. A clear vision and refocused and ambitious priorities for looked after children and young people set out in the CYPP for 2011 are continuing to sustain improvement and enable the council and its partners to target activity at key areas to achieve good outcomes by looked after children and young people. The contribution by partner agencies has been consistently effective and there is a strong commitment to continue to assure the quality of service in a challenging economic environment. Service users, through their contribution to

statutory reviews and the children in care council (CiCC), are making a good impact upon service improvement. Young people are currently widening the membership of the CiCC through a recruitment drive. However, the formal and regularly scheduled relationship between the council and a committed and responsive corporate parent is already influential.

## Areas for improvement

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

### **Immediately:**

- Improve the quality of the private fostering service.

### **Within three months:**

- Improve staff awareness of the permanency policy and their role in its implementation.
- Develop a minimum service specification for the supported lodgings scheme.

### **Within six months:**

- Improve the quality of provision for less academic care leavers.
- Ensure care leavers receive adequate health related support and information.
- Ensure the implementation of the revised service level agreement for health care of looked after children.

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

### Being healthy

### Grade 3 (adequate)

74. The health needs of looked after children and young people are being adequately met largely due to the commitment and energy of the designated nurse. The vacant designated doctor post is necessitating the designated nurse undertaking both strategic and operational roles which is both unsatisfactory and unsustainable and reduces capacity to provide some services such as the provision of better support and information to care leavers. The lack of medical leadership is resulting in initial health assessments being inconsistent in quality with inadequate levels of monitoring of doctors who often have limited training in the specific needs of looked after children and young people.
75. The quality of annual health assessments by the designated nurse is both timely and appropriate with 89.5% of looked after children and young people receiving their health assessments, dental and ophthalmic checks. However the development of a health care pathway has been delayed due to the lack of capacity around strategic planning of health care services. The current documentation is not compliant with the new statutory guidance and is lacking in family health histories, lifestyle assessments and emotional well being assessments.
76. The quality of health records has improved with evidence of good quality assessments, decision making and follow up, monitoring and evaluation. Joint working accompanied by better information sharing and improved and more timely assessments has been achieved by the co-location of the looked after children's nurse and the dedicated CAMHS workers within the multi-agency education and health looked after children team. Effective, targeted health promotion activity which takes place on a one-to-one basis during health reviews is having a positive impact. For example the good quality sexual health and contraceptive advice provided by the designated nurse with support from the sexual health service has contributed to the low conception rate in the looked after children population.
77. Well established links with the substance misuse team have ensured that looked after young people are able to access consultation and advice in a timely manner and there is good take up of services by care leavers. The substance misuse team also provides well received training and support to foster carers.
78. Good support to looked after children and young people and foster carers is provided by the multi-disciplinary CAMHS team of mental health and social care workers. This work has made a significant contribution to improvements in the stability of placements. Support includes intensive

therapeutic interventions or formal training such as that provided to foster carers in attachment theory. Although numbers of referrals to this service continue to rise, the service is easily accessed by children and foster carers and there is currently no significant waiting list. The strengths and difficulties questionnaire used by social care and CAMHS workers is proving to be effective in engaging increasing numbers of young people. Approximately 75% are returned by the carers of young people enabling services to be well targeted.

## Staying safe

## Grade 2 (good)

79. Staying safe outcomes for children and young people are good. Robust systems are in place to manage risks posed to children so that they can remain or return to live with their families wherever possible. High quality provision is available to support this through a range of resources including children's centre programmes, TAC processes and the Family Intervention Project. Comprehensive use is made of family group conferences to encourage alternatives to public care.
80. Where it is necessary for a child or young person to enter the care system, the majority of children and young people do so as part of a planned process. Effective assessment and matching systems are in place to ensure that children and young people are placed in provision that best meets their needs. A robust commissioning strategy, which includes a rigorous review process, provides a wide range of high quality care provision tailored to meet and safeguard the specific needs of children and young people.
81. Safe and secure placements for children and young people are a priority for the council and consistently high standards of provision have been achieved over recent years. The local fostering service is good and all three residential homes managed by the local authority have been judged as good in 2010. The adoption service is judged as adequate by Ofsted and improvements required by the report have been underpinned by a rigorous action plan that has largely been achieved. Private fostering remains a concern and limited progress has been made in improving the inadequate overall effectiveness of the service
82. Placement stability has been prioritised by the partnership as a key area for improvement and sustained improvement has been secured to achieve levels in line with or exceeding similar councils. High levels of support such as that provided by CAMHS and through placement consolidation meetings have significantly contributed to these improved outcomes. The needs of looked after children and young people are reviewed on time through statutory review processes. Young people are actively encouraged to contribute to their reviews and latest published data shows that 93% did so. There is a clear focus upon safety and well-being and IROs are acutely aware of their role in this regard.

83. Social workers have regular contact with looked after children and young people and visiting frequencies are at least in line with statutory requirements and provide a good platform for confident discussion about matters of concern. The children and young people who responded to the survey conducted as part of this inspection were clear that they each had sufficient confidence to report any fears about their safety to a trusted professional. This finding was endorsed by young people interviewed in children's homes as part of this inspection who reported very positively about their 'in care' experiences and the good levels of security they were experiencing. Regulation 33 visits undertaken by trained and committed elected members and regular, planned senior management visits during which children are seen are also proving to be effective safeguarding measures by ensuring that children and young people are confident that their voices are heard and responded to.
84. The effectiveness of services to looked after children and young people who go missing is good. Effective systems are in place with the police to ensure that individual looked after children and young people are located and appropriately supported to return to their placements. Clear monitoring systems are in place to establish and review patterns of absconding behaviour and risk assessments and specific amendments to care plans are made when necessary.

### **Enjoying and achieving**

### **Grade 1 (outstanding)**

85. The impact of services enabling looked after children and young people to enjoy their learning and achieve well is outstanding. The council gives high priority to improving educational outcomes and this is well reflected in key strategic documents such as the CYPP for 2011. Partnership working is highly effective with clear commitment by council staff and multi-agency support services to raising the standards, achievement and attendance of this vulnerable group. Head teachers especially are highly complimentary about the work of the multi-disciplinary education and health team, which provides important support and guidance to designated teachers and works diligently to match learning programmes to meet specific needs and aspirations.
86. The Virtual School Headteacher provides effective leadership and has a strong presence in council strategic meetings and planning of services for looked after children and young people. Regular reviews of progress and target setting for all looked after children and young people inform the completion and review of Personal Education Plans (PEPs) at statutory reviews and core group meetings. Children's views are recorded well in most instances, including those of children with disabilities, although a newly revised PEP system aims to capture more explicitly their experiences, their concerns and their aspirations.

87. A range of teaching styles are used to reengage children and young people with learning when schooling has been disrupted including one-to-one tuition, subject specific teaching and attention to core skills such as reading, writing and numeracy. The new teaching accommodation for young people who are not in mainstream school is well equipped with appropriate information and communication technology, and well resourced to meet the diverse range of learning needs. The key priority of the team is to support children and young people back into mainstream school until they reach school leaving age, and this expectation is shared by all staff and agencies who are involved in planning. Looked after children and young people are prioritised for alternative placements within the county's pupil referral units if this is felt to be appropriate for a period of time.
88. No looked after child or young person has been permanently excluded from school for several years and there has been year on year improvement in the attendance rates. Education link workers monitor individual records consistently and maintain strong links with the designated teachers in schools. All attendance is checked every three weeks as a minimum and more frequently where there are concerns. Primary and secondary school attendance at 95% and 92% respectively for looked after children and young people is in line with county averages for all children and young people. No looked after primary school children have been identified as persistently absent and in 2009/10 the percentage of secondary school children and young people missing more than 25 days of education was low at 9.6%, or 10 pupils in total.
89. Incentives are used effectively in children's homes to encourage those children with a history of poor attendance to reengage with education and expectations on them to attend are high. Monitoring is also extremely rigorous for those children placed elsewhere in the country. Out-of-county education establishments are required to return attendance data on a half-termly basis and this is closely scrutinised and regularly reviewed by the looked after children educational welfare officer.
90. Flexible and alternative arrangements for fixed term exclusions are made only when other interventions fail and these are negotiated locally to ensure positive outcomes and a swift return to school. To ensure continuity of learning during periods out of mainstream school, personalised programmes of educational support are provided by the education team or behaviour and support services.
91. The achievement of looked after children and young people has improved year on year and is good. Cohorts are small however. Only two children were eligible for assessment at age 11 years in 2009/10 and neither achieved the expected level of achievement in English or maths for their age group. However, both have had a statement of special educational needs for some time, and have complex emotional and behavioural needs.

The targeted support they receive demonstrates they have made steady improvement. In 2009/10, of a total of 104 school aged pupils across the looked after children cohort, 49 (47%) had a statement of special educational needs. A further 21 (20.2%) were given extra support through School Action Plus within schools. More than two thirds of the 23 looked after children eligible to sit exams at aged 16 years achieved five or more GCSEs grade A\*–G, higher than the England average of 50.6%. The number achieving five or more GCSEs grade A\*–C including English and mathematics was five (21.8%); though a small cohort, both results demonstrate improved performance since 2008/09. Five care leavers (one of whom is an asylum-seeking young person) are currently studying at university and three more have recently graduated, one with a post-graduate teaching award.

92. Overall, results for looked after children and young people compare well with those achieved by looked after children in similar authorities. The gap in achievement between those pupils who are looked after and their peers in Shropshire is narrower than elsewhere and the trend shows steady reduction over time. Teachers have developed robust systems to monitor attainment and progress from early years until the final year at secondary school and there is with good support in schools from the school improvement adviser who effectively champions looked after children and young people. Out-of-county educational placements are also subject to scrutiny by the Virtual School Headteacher, with regular meetings held with the pupils and other key professionals to update PEPs and ensure each placement continues to meet the child or young person's learning and developmental needs.

### **Making a positive contribution, including user engagement**

#### **Grade 2 (good)**

93. The contribution of local services to enabling looked after children and young people to make a positive contribution is good. Looked after children and young people receive good support to contribute to their PEPs and pathway plans, and through these are actively encouraged to participate in extended activities and local community life. A wide range of programmes and activities are available through sport, leisure, music, arts and creative media, libraries and drama programmes but for those children who live in more rural communities, travel is a potential barrier to getting involved. Transport options are very costly but alternative arrangements are made when possible to enable children to take part.
94. Each looked after child and young person receives a discounted 'Be Active' leisure pass from the council. Funding can be arranged for individual club membership, equipment costs and affiliation fees for more specialised interests, through the extended schools disadvantage subsidy and the looked after children budget management panel. Good partnership working has been well established by the looked after children education

team and the Connexions outreach worker. Voluntary projects such as the Hive media and music centre and other recreational and cultural services have developed innovative programmes for looked after children and young people during the school holidays. The Positive Activities for Young People programme has been evaluated positively with an increased use of mainstream health and leisure activities by looked after young people following attendance of the programme.

95. Some young people, close to leaving care, are very active in the CiCC and have been influential in securing additional resources, such as mobile phones for looked after children, the provision of discounted driving lessons and access to horse riding. Participation rates are not high enough however and a questionnaire has been distributed by the CiCC to all looked after children and young people with a hope of increasing membership and improving its representation. The CiCC meets regularly with elected members through the Corporate Parenting Panel to monitor the council's Pledge to looked after children and young people and to review the associated action plan. The group is central in working with elected members to ensure the council's strong commitment is translated into positive outcomes for looked after children and young people. Those young people involved in this work have grown in self confidence and developed their personal and social skills. Work has also been undertaken by the group, with help from The Hive music and media centre, to increase local awareness and dispel the myths and stereotypes that can disadvantage looked after children and young people. The CiCC very recently received two Shropshire 'V' awards for its work on behalf of looked after children and young people, namely the Equalities Opportunities Award and the Best Voluntary group.
96. An annual award ceremony and smaller celebration events for looked after children and young people, their families and carers are seen by council officers and elected members as important markers to recognise and record publicly all levels of achievement. They also provide opportunities to showcase the wide and diverse range of interests and activities many looked after children and young people are involved in across the county.
97. The rates of offending by looked after children and young people have shown sustained improvement, and are now very low and well below the national average. Restorative justice approaches are used successfully in residential care to support looked after children and young people in taking responsibility for their actions and preventing incidents from escalating to a more serious level. Good and supportive relationships have been established between residential homes and community police officers which has had a positive impact upon young people's attitudes towards the police.



**Economic well-being****Grade 3 (adequate)**

98. The contribution of local services to supporting looked after children and young people in achieving economic well being and in preparation for transition to adulthood is adequate. The multi-disciplinary leaving care team works in partnership with a range of services to ensure young people can access support in preparation for transition to independent living.
99. The Virtual School Headteacher and the education team have recently taken responsibility for developing the 16–19 education, employment and training pathway for young people who are soon to be leaving care. While data for the 2009/10 group of school leavers show good destinations for the large majority of school leavers it is too early to judge the longer term impact on improving outcomes. There is good awareness of what needs to be done to improve services, consolidate good practice and to develop strong support mechanisms. For example, a designated tutor system has been successfully established in one further education college, to ensure that young people from the care leavers group receive targeted support if required and that close monitoring of progress and achievement takes place on a regular basis. Plans to extend this to other colleges are in place.
100. A range of courses and transition activities are well established in schools and with local further colleges to support looked after children and young people from 14 years old, to make appropriate and planned decisions about their future pathways. Specialist Connexions advisers within the education and health and leaving care teams ensure all looked after children and young people receive impartial information, advice and guidance about future prospects. For young people with learning difficulties and/or disabilities, transition arrangements are well established and inclusive and there is a good range of training and further education programmes available to them. However improving the transition arrangements and accessibility to adult services for non-disabled care leavers is less well developed and this focus is a priority in the revised CYPP.
101. Over half of looked after young people aged between 16 and 18 find suitable placements on leaving school. Currently of the 96 young people in this age group, 47 are in appropriate education, training or employment placements. A further 24 are not in education, employment or training. This shows an improvement on 2009/10 figures. However, the situation for older care leavers is less positive. On leaving college or training placements at 18 years, opportunities for paid employment are becoming increasingly difficult to find despite the efforts of the dedicated Connexions personal adviser working within the leaving care team. Some work experience placements have been made available through the council as part of its Pledge to young people in care but these have not

been translated into full time apprenticeships or employment opportunities. There are very few jobs available in the county for 18–24 year olds generally and this concern has been prioritised by the council as an area requiring further strategic planning with its partners.

102. Good support, including additional tuition and mentoring through the Aim Higher programme is given to those looked after young people who wish to go on to higher education. A small and growing number of young people have successfully pursued degree courses or are working towards entry in the near future. The local authority has been very flexible in enabling foster care placements to convert to supported lodgings for the duration of the university course so that the placement remains permanent and secure for the young person throughout the period of their studies.
103. Although the formal completion and launch of a youth housing strategy is awaited, many of its constituent parts are in place and are being increasingly implemented well to effectively meet the needs of young people. High quality housing advice and flexible emergency accommodation is available to homeless young people thereby confining the use of bed and breakfast accommodation to emergency situations on a time-limited basis and only after a thorough risk assessment. A recently established steering group of housing providers and referring agencies meet regularly to ensure short term accommodation is targeted appropriately and personal advice and support is offered to those young people at risk of homelessness. All care leavers have appropriate advice and access to accommodation as part of their pathway plans and no care leavers are homeless. The leaving care team provides a well-established supported lodgings scheme.

### **Quality of provision**

### **Grade 2 (good)**

104. The quality of provision for looked after children and young people is good. Despite a significant increase in the number of looked after children and young people becoming looked after over the last two years, children and young people receive a responsive service from the council and its partners. All children and young people, including care leavers, are allocated to suitably qualified social workers who are often consistent figures in their lives. Children and young people are visited regularly and their views are clearly recorded and directly influence the planning process. Case recording is clear and up to date with effective management oversight and, in the majority of cases, evidence of management decision-making. Most plans are reviewed regularly with an appropriate focus on meeting the changing needs of the child and young person and are followed through to ensure actions are taken appropriately. Access to good legal advice is readily available to support decision-making. Review meetings are timely and well attended by children and young people parents and carers and, appropriately, by other key people involved in the

life of the child or young person. An established group of IROs have a good understanding of the individual children. Wherever possible they work with the same young people on an ongoing basis so that they can build personal relationships as part of their commitment to achieving the best outcomes for them.

105. Placement decision-making is endorsed by the Budget Management Panel which effectively balances the needs of children and young people with suitable placements. Offering children placements close to home is seen as a priority by the authority, but the rural nature of the county makes this a challenging objective although some progress has been made and more looked after children are placed closer to home and within the county boundary. Effective commissioning practices that have been responsive to changing demand, have produced considerable savings on placement costs with independent providers while simultaneously improving the range, quantity and quality of available placements. Wherever possible, plans include realistic efforts to retain community links for children and young people through maintaining attendance in their existing schools and their participation in activities in the local community.
106. All children and young people placed outside of the county boundary or in independent provision are regularly reviewed by the External Placements Panel to ensure that their placement remains the most suitable choice. Where children's best interests are better served by a move back into the county, well planned and sensitive work is undertaken and highly skilled foster carers are specifically trained to support this transition for children with specific needs. One mother interviewed by inspectors commented on the high quality preparation that she and her child had received to prepare him for his move back to Shropshire.
107. Transition arrangements for care leavers are managed well. Effective work between the looked after children and leaving care teams ensure that pathway planning is timely and responsive to need and young people who wish to remain with their foster carers beyond their eighteenth birthday are enabled to do so.
108. The promotion of equality and diversity is very good. All plans make specific reference to the individual needs of the looked after child or young person and how these will be addressed, actively encouraging engagement with local provision to enhance their cultural identity when appropriate. Services for the small number of unaccompanied asylum-seeking children and young people are strong and well established commissioning arrangements through the West Midlands Commissioning Partnership offer a good range of placements that meet ethnic and cultural needs. The partnership engages successfully with a range of agencies to ensure that the needs of all looked after children and young people are met where it is possible to do so. For example in one case that was examined during this inspection, the partnership was used to provide

an effective placement match outside Shropshire for an unaccompanied asylum seeker which addressed his linguistic and cultural needs.

109. Planning for permanence is a recent priority for the partnership and statutory reviews are more systematic in identifying children and young people who have been looked after for some considerable time with few prospects for a permanent return home. In addition, newly looked after children and young people are considered for permanent placement after four months. Recent cases demonstrate more rigorous early assessment of the ability of parents and carers to resume care for their children and, where appropriate, concurrency planning, to ensure that early, evidence based plans can be used in decision making for the child. Family group conferences are used well to assist children in returning home where possible or to consider the potential for the child or young person to be cared for in the wider 'family and friends' network. However this policy shift is relatively new and some professionals are not yet clear about their role in its implementation.
110. Current rates of adoption are considered by the children's service directorate to be too low and are targeted for improvement. Currently most children placed for adoption are from the younger age groups although the policy does not suggest any age bias. The most recent adoption inspection report found no evidence of placement disruption. Post-placement and post-adoption support is available, which has resulted in the council achieving the fifth highest rate of adoption placement stability in England. The use of special guardianship orders is underdeveloped and although professional and financial support is available to secure placements understanding and use of the resource was limited.

## **Ambition and prioritisation**

**Grade 2 (good)**

111. There is a clear and unequivocal ambition throughout the council and its partners to achieve the best possible outcomes for looked after children and young people. Strategic decisions have been made to ensure that resources are targeted at the most vulnerable children and young people, and that the quality of provision is maintained and improved. Senior officers and elected members have identified clear priorities to effect some necessary changes such as the increased focus on permanent placements for those who cannot return to live with parents and carers, improved placement stability and increased numbers of children and young people being placed closer to home and within the council boundary where possible. At the same time there is a strong commitment and active support for education and improved health care as significant contributory factors to good outcomes for looked after children and young people. Priorities are shared and clearly expressed in both strategic and operational plans and in some instances children, young people and carers have been influential in shaping services and evaluating their success.

112. Cross party support and managerial leadership for looked after children's services is robust. Members of the corporate parenting panel are well informed about the strategic direction of the service and also take seriously their responsibility as 'critical friends', to monitor and review the quality of practice and to consult directly with children and young people. They champion the needs and aspirations of looked after children and young people and ensure regular dialogue through for example, formal meetings, visits to activities, celebration events and presentations, and by Regulation 33 visits to the three council children's homes. The council's Pledge to children and young people in its care is jointly monitored and evaluated regularly by the CiCC and members of the corporate parenting panel.

## **Leadership and management**

**Grade 2 (good)**

113. The leadership and management of services for looked after children and young people are good. Managers across all services see themselves as corporate parents and understand their role in ensuring the best outcomes for children and young people. There is a strong child focused ethos, upon which the new head of service is building. Revised local priorities are well understood and agreed by all partners and most are now beginning to show demonstrable impacts upon service quality. These improvements are being supported by an increasingly effective although comparatively new performance management system which all managers understand and are using in practice.
114. Joint commissioning arrangements are effective. The negotiation of a block contract for residential care with approved external providers has resulted in a more focused and targeted service and a significant reduction in costs. Commissioners undertake effective monitoring and systematically review service performance against requirements making informed decisions to replace or re-focus provision when appropriate. The views of children and young people about the quality of the services they receive are routinely considered in the commissioning process although the method for doing so fails to realise the full potential of their contribution.
115. Work force development is good. Newly qualified social workers are well supported within an established team of experienced social workers. Managers allocate work according to the level of skills and experience of staff. Supervision is good and held regularly and access to training and staff development is well matched to service and individual needs. The recent co-location of all looked after children services has greatly enhanced the quality of collaboration within the teams and partner agencies and the array of skills in the team are used imaginatively and well to deliver and develop good quality practices.

## Performance management and quality assurance

### Grade 2 (good)

116. Large volumes of performance and quality assurance data, such as that contained in the 'balanced scorecard', the weekly statistical digest of educational achievement and attainment data, enable a good oversight of performance to be achieved and trends in service, including new demands, to be identified. This data is used well, exemplified by the creation of revised key priorities set out in the CYPP. The majority of managers understand and manage performance robustly enabling key performance targets such as those for placement stability and educational attainment to be achieved or surpassed. However opportunities to use differentiated analysis of data, such as those to enable greater understanding of the comparatively large proportion of looked after children and young people subject to section 20, or the profile of looked after children and young people who receive custodial sentences, is under-developed.
117. Quality assurance processes are good. Senior managers undertake regular case file audits semi-annually and further management oversight is provided through the Budget Management Panel which staff report is rigorous and challenging. Funding requirements for placements, additional resources or activities are rigorously evaluated to ensure each bid meets the stringent requirements of the panel and subsequent commissioning criteria. As a result service quality and cost effectiveness are finely balanced and always with close attention to matching resources that best fits the needs of the child or young person.

## Record of main findings:

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