

Inspection of safeguarding and looked after children services Worcestershire

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Reporting inspector Brendan Parkinson HMI

Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with 43 children and young people including those receiving services, 39 parents and carers, front line managers, senior officers including the Director of Children's Services, the Chair of the Local Safeguarding Children Board, elected members, the Executive Directors of Quality and Nursing for the PCT, the Foundation Mental Health Trust, the Acute Hospitals Trusts, West Mercia Police and a range of community representatives
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings such as schools and day care provision, and the evaluations of serious case reviews undertaken by Ofsted in accordance with 'Working Together To Safeguard Children', 2006
 - a review of 88 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, assessment and referral centres undertaken in July 2010.

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. Worcestershire County Council has a resident population of approximately 123,000 children and young people aged 0 to 18, representing 22.2% of the area's total population. In January 2010, 8.8% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall. English is spoken as an additional language by 4.1% of pupils. Urdu and Panjabi are the most commonly recorded spoken community languages in the area, with 2.9% of pupils coming from Asian or Asian British backgrounds.
5. Worcestershire has 243 schools, comprising 177 primary schools, 21 middle schools, 28 secondary schools, 10 special and six short-stay schools. There is one academy. Early years service provision is delivered predominantly through the private and voluntary sector in over 872 settings (including 456 childminders); there are 55 local authority maintained nurseries.
6. Social care services for children have 198 Worcestershire County Council foster carers, four children's homes, two short-break units and, at the time of inspection, externally commissioned services from 251 other providers. Community-based children's services have been provided by three duty and assessment teams and eight Children and Family teams, which since September 2010 have been supported by county-wide teams for family support, unaccompanied asylum-seeking children, children with a disability, integrated services for looked after children, youth offending, adoption, fostering and kinship, and also by pilot teams for looked after children and young people leaving care. There is an emergency out-of-hours service providing cover for Worcestershire and Herefordshire. Other family support services are delivered through 34 children's centres and extended services in schools. Some services are provided or coordinated through children's services such as youth services, teenage pregnancy, Connexions, substance misuse, behaviour and learning support and early years and childcare.
7. At the time of the inspection there were 604 looked after children. They comprise 140 children less than five years of age, 391 children of school age (5–16), 73 post-16 young people, and an additional 287 with care leaver status. Worcestershire County Council uses a virtual school approach in its support of the learning of looked after children. At the time

of the inspection there were 397 children who were the subject of child protection plans.

8. Worcestershire has had a Children and Young People's Strategic Partnership since 2006. The Children's Trust Board was set up in April 2010. The Trust includes representatives of Worcestershire County Council and NHS Worcestershire. Other representatives include West Mercia Police, West Mercia Probation Board, Job Centre Plus, representatives of district councils, and local schools and colleges. The Worcestershire Safeguarding Children Board (WSCB) became independently chaired in April 2008, bringing together the main organisations working with children, young people and families in the area which provide safeguarding services.
9. Commissioning and planning of national health services and primary care are carried out by NHS Worcestershire. The main provider of acute hospital services is the Worcestershire Acute Hospitals NHS Trust, which includes the Worcestershire Royal Hospital, the Alexandra Hospital in Redditch and Kidderminster Hospital and Treatment Centre. Community-based Child and Adolescent Mental Health Services (CAMHS) are provided by Worcestershire Primary Care Trust (PCT) Provider Services. In-patient CAMHS is provided at Birmingham Children's Hospital and other independent sector services, including services outside the west midlands. These services are commissioned by the specialised commissioning team, west midlands. The provider arm of Worcestershire PCT provides community health services which includes CAMHS. Some services for CAMHS and disabled children are commissioned through partnership between the local authority and health services.

The inspection outcomes: Safeguarding services

Overall effectiveness

Grade 4 (inadequate)

10. The overall effectiveness of safeguarding services is inadequate. Performance is inconsistent and the protection needs of some children are not assured. Once children are identified as being at risk of significant harm, joint-agency working relationships are generally effective, as shown in the responses of the accident and emergency services in the two hospitals, and the effective responses by the Emergency Duty team operated jointly with Herefordshire. Thresholds for referral to social care, prior to being identified as being at risk, continue to be unclear for some professionals, resulting in some referrals being inappropriately made. Ineffective performance management and quality assurance result in the risks for some children being insufficiently assessed or addressed. While there are clear indications of significant improvements in the period shortly before the inspection, these have not yet ensured that all children are being sufficiently protected. Children's services, as the lead agency for safeguarding, have yet to deliver the level of safeguarding services required for children and young people in the area. Areas that are insufficiently embedded at the point of the inspection are: improved quality of assessments and planning; managerial guidance and direction; fully effective joint working with the police; systematically ensuring that the voice of the child is effectively heard at individual case as well as strategic development levels.
11. Following a period in which there had been steady deterioration, no services have continued to decline in recent months. Improvements are beginning to take place, although still at an early stage. Service improvement is being driven and delivered through the ambitious Next Steps strategy, through which children's services are to be reconfigured. Many of the core elements to continue service improvement are in place, particularly the increase in social care capacity, safe recruitment practices and training, and professional development opportunities and requirements. This has resulted in a substantial reduction in caseloads and significant improvements in the timely completion of both initial and core assessments. However, the constructive changes achieved in the brief period since the inspection of contact, referral and assessment in July 2010 had been insufficiently progressed by the time of this inspection to provide assurance that essential quality management and remedial work have been conducted for all vulnerable children, particularly those at risk of significant harm. Engagement with, and the expressed commitment from, key statutory partner agencies are fully evident in pursuing improvements, particularly around the further implementation of the common assessment framework (CAF) for children with additional service needs. These agencies are experiencing their own workforce challenges

but not to the same degree as those in social care. Sound and productive inter-agency relationships through the Children's Trust have supported and promoted a range of improvements, with appropriate links with the WSCB. It is recognised that the Children and Young People's Plan, commencing in March 2011, will require a strengthened focus on safeguarding.

12. While service users report that they are heard, and most that they are treated with dignity and respect, children, young people and their parents and carers are insufficiently involved in child protection planning through conferences, core groups and reviews. Some parents report specific difficulties in getting their views heard prior to, and in the early stages of involvement with, social care. There is substantial prioritisation of budget provision to deliver further improvements in children's social care services. Budgetary and financial plans are in place to support the continued improvement programme with sufficient additional allocations into the core budget to deliver the necessary improvements until 2013–14.

Capacity for improvement

Grade 3 (adequate)

13. The capacity for improvement of safeguarding services is adequate. The joint area review published in November 2008 judged safeguarding provision as good. The annual performance assessment published in December 2009 judged the council's children's services as adequate. Following key changes at officer level, and an improved understanding of the deteriorating performance, managers and elected members recognised that urgent and extensive action was required to improve safeguarding services. The leadership team launched an extensive programme of improvement known as 'Next Steps'. Further improvements have been required following several detailed audits, some commissioned externally, and the recent unannounced inspection of contact, assessment and referral centres. These have been, or are being, implemented in all areas of concern, particularly the quality of assessments and quality assurance by operational managers. These are part of an ambitious yet realistic plan to reshape the capacity, organisation, accessibility and quality assurance across social care services. There has been a significant increase in workforce and budget capacity, appropriately supported at member level in increasing the base budget of this service. Early improvements are being achieved in a number of areas, such as in tackling the persistently high social worker caseloads, the timely completion of assessments, improved referral pathways for both disabled children and those aged over 16 years, and the increase in qualified social work staff within the access centre. These improvements are both significant and substantial, with clear signs of effectiveness and sustainability, despite many being at an early stage of implementation.
14. Constructive, well established relationships between statutory partners are in place at both operational and strategic levels, particularly within the

WSCB and the Children's Trust. These provide a positive context with some sound commissioning, particularly between health and children's services through aligned budgets, and the major development of the Joint Commissioning Unit, which is in shadow operation and is intended to be fully implemented in April 2011. This ambitious and extensive arrangement for joint commissioning promotes service improvement, efficiencies and economies between health and children's services. Active, clear and progressive workforce strategies, which are generally successful, are in place across key partner agencies, increasingly addressing staff retention to sustain sufficient capacity, although this is recent within social care. The focus of the local authority on recruitment and retention of experienced social work staff is having a positive impact, with current posts filled and a number of new posts appointed. There is also an improved understanding of the roles of others, for example the pilot training within West Mercia Police for youth inclusion and support staff. This includes efforts to ensure the workforce sufficiently reflects the diversity of the local population. The WSCB is building on its existing strengths in promoting safeguarding issues. The board benefits from an independent chair and makes active use of quality audits and improving practice as a result of serious case reviews. The training provided is valued by agencies, particularly the e-training for the third sector. Demand for WSCB training is strong and currently outstrips capacity. For example, the PCT, providers and associated health Trusts have exceeded the trust-wide target for safeguarding training, although there is evidence of lower levels of training and engagement in safeguarding matters by general practitioners (GPs).

15. The quality assurance role of the children's overview and scrutiny panel requires strengthening for it to be fully effective in its challenge responsibilities. All elected members now have an opportunity to more effectively champion the safeguarding of all children. The contribution of primary health care services in commissioning is well developed, although a more sustained, productive relationship with the third sector is yet to be established within mature planning and commissioning relationships. Following considerable revisions and improved focus on quality measures, social care quality assurance arrangements are becoming increasingly effective within children's services. While robust strategies are in place to deliver statutory compliance, these are yet to be fully embedded across the county. The recently introduced quality assurance review of each open child care case is vital to achieving consistency for all children.

Areas for improvement

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

Immediately:

- Ensure that the Worcestershire Safeguarding Children Board clarifies the thresholds for access to children's social care services, and that these are widely understood and implemented by all agencies.
- Progress referrals, assessments and child protection investigations in a timely manner and in accordance with Working Together to Safeguard Children, 2010.
- Complete the quality audit of all open child care cases, focusing on all key safeguarding requirements for all children.
- Ensure that arrangements are in place to undertake return interviews of all children and young people who have been missing and are not already known to social care.
- Ensure that children's services and West Mercia Police have arrangements in place to avoid the need for children to be detained overnight in police custody.

Within three months

- Improve the quality of assessments and child protection investigations, demonstrating high quality analysis and clear consideration of the needs, wishes and feelings of each child.
- Develop the alert systems used in accident and emergency departments to include a flagging mechanism where safeguarding concerns apply.
- Provide the CAMHS out-of-hours service for all children and young people up to the age of 18 years.

Within six months

- Improve involvement in training and participation by GPs in safeguarding and child protection responsibilities.
- Ensure that learning from complaints is effectively disseminated to staff, and that arrangements for evaluating and reviewing the impact of learning are in place.

Outcomes for children and young people

The effectiveness of services in taking reasonable steps to ensure that children and young people are safe. Grade 4 (inadequate)

17. The effectiveness of services in taking reasonable steps to ensure that children and young people are safe is inadequate. The safeguarding needs of children and young people have not been assessed or responded to effectively in every case. The council's own audit of child protection cases prior to the inspection found that almost all contained evidence of delay, and a small number required immediate action to ensure that children were safe. Immediate and appropriate action was also taken on other cases examined by inspectors where likelihood of risk was identified. The council is now reviewing every open case to ensure that safeguarding needs have been correctly identified and addressed. The WSCB has recently instigated a number of audits and is using the findings, together with learning from serious case reviews, to improve practice. This has begun to have a positive impact on child protection practice, such as ensuring that reports are shared with parents in advance and in improving the timeliness of initial child protection conferences. Safeguarding arrangements are judged to be at least adequate in the inspections of schools, and local authority children's homes judged as good or better. The promotion of e-safety for children and young people who use information and communication technology has been included as a priority in the Children and Young People's Plan. A dedicated website is well used and is enabling children and young people to report concerns anonymously and to receive advice and support. Partner agencies recognise that further work is needed to enable young people with learning difficulties and disabilities to have safe and secure access to information and communication technology.

The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe. Grade 3 (adequate)

18. The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe is adequate. School inspections have judged performance as at least adequate with regard to children and young people feeling safe, and schools are rigorous in monitoring behaviour. The Youth Manifesto in 2008 noted that 65% of young people said that they generally felt safe in their local areas, although at the same time nearly half of young people reported that they had been bullied. This was supported in more recent work (2009-10) by the WSCB through a "Hear by Right" audit of children with a child protection plan. Bullying is identified as a priority area within the Children and Young People's Plan 2010-11. While reducing, the proportion of children experiencing bullying remains above regional and national averages. Young people spoken to during the inspection confirmed that they felt safe and knew who to approach if they had a concern. The CAF is being used effectively to

support teenagers who have been exposed to domestic abuse. Children and young people's views are represented at child protection conferences although a decreasing number of children and young people are attending these meetings. Children and young people who are privately fostered have good access to support and advice from the Integrated Services for Looked After Children (ISL) teams.

The quality of provision

Grade 4 (inadequate)

19. Service responsiveness is inadequate. Despite clear, published guidance on thresholds for referral to children's social care services, inappropriate referrals are still being made by some agencies. The council is aware of this and has increased the number of social workers at the access centre to ensure that professional advice is available at an early stage. Recently-introduced referral reflection meetings between the access centre and area-based staff, and an increase in social worker capacity in the access centre itself are beginning to improve the understanding of thresholds and to ensure a more consistent approach. Partnership working across agencies is strengthening and liaison with agencies is increasingly more timely and effective. Improvements have been made to practices as a result of concerns raised. For example, the timing and location of child protection conferences in one area have been changed to enable more consistent attendance from the police. Partners have also identified other issues currently being addressed, such as a lack of effective screening of the quality of domestic abuse notifications by the police. More effective communication outside of working hours between the police and social care is required to ensure that young people detained into custody can be placed in appropriate accommodation when unable to return home or be bailed elsewhere.
20. Statutory guidelines in relation to complaints made against staff working with children are consistently followed, with the role of local authority designated officer (LADO) in place, and increasingly utilised by most agencies. LADO enquiries are taking longer to complete than previously, although there is no indication of reduced impact. The number of complaints received increased slightly in 2009–10, with fewer complaints about the behaviour and attitude of staff, but an increasing number concerning the standard of service delivery. Most complaints are responded to in a timely way. Some learning from complaints is fed back to senior managers, but at present this is only in relation to complaints that are not resolved at the first stage. Schools and most partner agencies are aware of their responsibilities in relation to complaints made against staff working with children. However, a very recent audit by the WSCB found that some agencies may still not be entirely clear about the actions that they need to take.
21. While there are localised alert systems within the accident and emergency departments at the Worcester and Redditch hospitals which identify

children about whom there are safeguarding concerns, the electronic recording system currently does not flag these children, although it does identify previous attendances to any accident and emergency or minor injuries unit within the county. The safeguarding team of designated and named professionals provides valuable advice and support to the medical and nursing staff within the accident and emergency departments, liaising between the hospital and community health workers. This ensures timely sharing of information concerning children's attendances at accident and emergency departments across the county and referral to social care. Not all children and young people in Worcestershire who require an examination regarding child sexual abuse receive the same level of care or expertise. In Worcester, sexual abuse medicals are carried out by experienced paediatricians with appropriate equipment in the children's accident and emergency department. However, new consultants in the Redditch hospital do not have the same level of experience nor access to the necessary equipment. NHS Worcestershire acknowledges the inconsistency in the service across the county, although has not yet fully addressed this.

22. Assessment and direct work with children and families are inadequate. Some referrals are not being responded to in a timely way and statutory timescales are not being consistently met. Referrers are not routinely informed of the outcome of their referral. Where referrals clearly identify child protection concerns, they are now allocated promptly to qualified social workers. Some child protection cases have been inappropriately classified as children in need and have not received a sufficiently robust response, exposing children to a significant risk of harm. Conversely, others with Child Protection Plans could have their risks and needs better addressed through more timely assessments and robust Child in Need Plans. The arrangements for handling child protection investigations are insufficiently secure with a lack of clarity about the purpose and functions of strategy discussions, some of which are being initiated inappropriately. Health staff report that they are not always included in these meetings and consequent decision-making. Some children are interviewed solely by the police without any reference to social workers, although this is required under the *'Achieving Best Evidence'* guidance¹. Initial and core assessments are undertaken by qualified social workers, although core assessments have not been updated regularly on some files examined by inspectors and by the council. Assessments mostly demonstrate the involvement of other professionals and as a result of increasing capacity in front line teams, the number of overdue initial and core assessments has significantly reduced and is now at a commendably low level. However, these figures do not include core assessments that have yet to be opened on the case management system. Some files contain chronologies, and practice on maintaining chronologies is improving.

¹ *Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses, Including Children*. The Crown Prosecution Service, 2001.

23. Although a small number of files demonstrate good direct communication with children, young people and their families, written assessments do not consistently reflect their views. The consideration of equality and diversity issues is limited in most cases examined by inspectors. Risk and protective factors are also not consistently clear in assessments and the quality of analysis is variable. Training has recently been provided to managers and social workers to drive improvement in assessment practice. Strong steps have been taken to tackle the high number of children in need cases which appear as unallocated on the electronic system, most of which require effective closure. Very few children in need cases are now unallocated. The transfer of cases to long term teams is appropriate and timely, supported by additional capacity and the temporary introduction of an external resource. Well-established procedures are in place for identifying, assessing and monitoring the arrangements for children in private foster care. The CAF is increasingly well used and is having a positive impact on outcomes for children and young people. Although health professionals instigate a small number of CAFs, they contribute well to assessment and service delivery. Agencies share information effectively to identify and safeguard children missing from home, school and care, and are clear about their priorities for practice improvement. The police have been instrumental in introducing a scheme to enable young runaways to gain confidential telephone support and advice from a voluntary organisation. Arrangements for return interviews for young runaways who are not already known to social care have yet to be agreed. There are effective arrangements in place for children missing from education, and links are being established with independent schools to ensure that they are aware of safeguarding issues when children come off roll.
24. Case planning, reviews and recording are inadequate. Social workers' reports to conferences do not consistently identify and analyse risks and protective factors. In many cases the focus is on the behaviours of the parents or carers, with insufficient consideration of the impact on the child. The template for reports has been recently improved, introducing a specific section for the child's views. Reports are not routinely shared with parents or carers in advance of conferences, adding to anxieties for families and diminishing effective working relationships. However, some parents spoken to during the inspection confirmed that there had been some improvements recently. The timeliness of initial child protection conferences has shown a recent improvement following deterioration during 2009–10. Attendance of children and young people at conferences is very low and there is a lack of awareness by social workers and team managers of the resources available to improve participation. The council has recognised that this is a significant weakness and is taking appropriate action to ensure that the participation of children and young people is a high priority.

25. Child protection plans are weak. The plans examined by inspectors did not contain specific, measurable or time-limited objectives. In too many cases, plans contain a list of activities and do not make clear the starting points or personalised outcomes for the child or young person. Children in need plans examined by inspectors were mainly of poor quality containing little information. In many child protection files examined by inspectors, there was a lack of evidence to demonstrate that social workers were seeing children regularly or alone. Core groups have also not been taking place in a timely way. The council is now ensuring that there is a robust focus on improving child protection practice, with regular, detailed reporting of performance to operational and strategic managers as well as the Children's Trust and the WSCB. Multi-agency engagement with initial and review child protection conferences and core groups is good, with the exception of GPs, and most review conferences take place in accordance with statutory timescales.

Leadership and management

Grade 3 (adequate)

26. Ambition and prioritisation are adequate. Policies, procedures and strategies for safeguarding children are appropriate and up to date, although not always clearly understood by partner agencies. While some partners lack confidence in promoting intervention through the CAF, there has been considerable improvement over the past year. Information sharing protocols are in place, are understood and are effective in most respects. The specific purpose and function of strategy discussions between social care and other agencies are inconsistent with statutory guidance. Although the current Children and Young People's Plan does not prioritise safeguarding, the Children's Trust has recognised this and intends to incorporate this in the refreshed version. The WSCB provides effective leadership particularly in the learning from serious case reviews. More broadly, accountability and consistency of practice are being strengthened across both council and partner services, with good examples of integrated care taking place particularly through the local children's centres.
27. One of the seven key strategic priorities for NHS Worcestershire is to ensure that the needs of children and young people are met. Outcomes for the health of children and young people are generally adequate, and work to reduce teenage pregnancy rates is having impact. The safeguarding team within the PCT has recently improved safeguarding monitoring by independent contractors, for example dentists. While there are currently no pooled budgets, there has been extensive and appropriate use of aligned budgets, for example towards developing the teenage pregnancy unit and the substance misuse team. From April 2011, the Joint Commissioning Unit is intended to commission a wide range of jointly funded services. The appointment last year within the PCT of a commissioner for vulnerable children has raised the profile of these children's needs, and strategic priorities and outcomes are now kept under

continuous review. There is, however, a lack of strategic and operational engagement by GPs within the area, with no named GP at the PCT or on the WSCB. There has also been a lengthy delay in establishing out of hours CAMHS provision with only interim measures currently in place, despite being identified as an issue in a serious case review. Targeted services for children and young people with learning difficulties and disabilities are inconsistent. Additionally, patient pathways for children with Autistic spectrum and conduct disorders are unclear.

28. Evaluation, including performance management, quality assurance and workforce development, is adequate overall. The persistent increase in numbers of children requiring safeguarding planning has now been addressed, with particular improvements in front line performance management and quality assurance capacity. Over time, a serious challenge arose, in having the capacity to maintain a workforce that was able to deliver assessment and case management to expected standards. Following a significant increase in practitioner and first line management capacity, many of these issues are being directly addressed. The workforce strategy, focussing on the improvement of recruitment and retention, is extensively addressing the key issues of: support for newly qualified social workers, manageable workloads, more team manager and consultant social worker posts, and extensive career and professional development opportunities. While extensive performance management systems and reporting arrangements have been put in place, particularly within local authority and health services, quality assurance remains insufficiently embedded across operational management within social care. Steps have been taken to strengthen this area of work, for example, through the use of monthly performance seminars and designing more 'real time' reporting for operational managers in their area of responsibility. Health service level agreements and contractual arrangements set out the safeguarding requirements expected from all provider trusts and reporting mechanisms are in place. Staffing levels are adequate and sustainable currently within the school nurse and health visiting services for core surveillance and safeguarding functions. Training and development opportunities are adequate across partner agencies, and generally well regarded by staff, although capacity difficulties are known, particularly with regard to WSCB training.
29. User engagement is adequate. There is much evidence of user engagement, but this is not systematic and the impact of changes taking place as a consequence of service user consultation and involvement is not identified. This applies across partner services, including health commissioners and providers. There are, however, some individual examples of improvement and good work. The WSCB established a young people's panel in 2009, involving children who have been involved in child protection processes. A number of tools have been produced for practitioners working with children, with some panel members involved in interviews for the independent chair and in developing work on e-safety.

Good attention is paid to understanding and representing the wishes and feelings of children within the CAF arrangements and almost all children within child protection processes. Young carers feel particularly well engaged and effectively heard within their support arrangements, although less so within their schools. The Youth Cabinet has received consistently active support in identifying and coordinating the views of constituents, although its impact on strategies and policies has been increasingly limited over time.

30. Partnerships are adequate. The WSCB fulfils its statutory functions and is providing an increasingly effective role in safeguarding children and young people in the area. Learning from serious case reviews has resulted in changes to policies, procedures, protocols and provision to improve outcomes for children and young people. The Child Death Overview Panel is well established and implements the child death review processes effectively. Improvements in accident and emergency arrangements, hospital 'did not attend' policies, safe accommodation provision for homeless 16+ young people, and driving the importance of the information sharing protocol are all attributable to the WSCB. Statutory board members are of sufficient seniority, demonstrating good awareness and commitment to service improvement by those agencies. This is underlined by an improving focus on performance and quality assurance monitoring, including the first multi-agency case audit. The Multi Agency Public Protection Arrangements are in place and supported by appropriate agencies. Arrangements for multi-agency risk assessment conferences (MARAC) are good, with strong commitment from partner agencies. The referral rate is rising year on year and referrals from other agencies to the MARAC have increased, reflecting good engagement with improved engagement, for example, from the midwifery service. Operational partnership arrangements are increasingly effective within children's centres to address key issues such as ante-natal care from the midwifery service, parenting programmes and childhood obesity. A multi-agency and multi-disciplinary substance misuse service (SPACE) operates effectively across Worcestershire.
31. The promotion of equality and diversity is inadequate. The equality and diversity policy of Worcestershire County Council is compliant with legislation and there is equality action planning and target setting across services. There is increasing accountability, for example in education, when applying the corporate policy on equality and diversity. Demographic changes have resulted in some improvements in the use of training to engage partners. However, the pace of change across all services is uneven. Despite inconsistencies in resource provision, improvements are noted in the support for the Gypsy, Roma and Traveller community. While change is handled sensitively, it is not rapid and is often determined by negative reactions within the wider community which is gradually adjusting to population change. The council does not yet consistently use equality impact assessments to ensure that equality and diversity issues

are addressed. Despite other positive workforce developments, effective action has not been taken to ensure that the workforce reflects the population. The monitoring, auditing and assessment of work undertaken on equality is not systematic or rigorous, and so does not provide a basis for improvement. It is evident in social care, for example, that needs and strengths arising from ethnicity, language or culture are not consistently considered in assessments, interventions or service planning.

32. Value for money is adequate. Resources within children's services are currently sufficient to deliver statutory requirements. Resourcing problems identified in 2009 led to improvements in the next budget round in early 2010, and the full impact of increases in the base budget are yet to be found. In previous years this service had delivered savings. Current requirements emphasise the importance of demonstrating best value and accountability in the use of resources. An example is that children's services should not purchase health services where these have not been delivered to children in a timely way. While there is a focus on the core elements of financial and budgetary planning, children's services have yet to develop a more sophisticated strategic approach in linking budgets, service developments, and shared partner and corporate objectives. The Joint Commissioning Unit has been designed to enhance significantly the capacity of both health and children's services with regard to aggregating need and delivering a broad purchasing and commissioning strategy.

The inspection outcomes: services for looked after children

Overall effectiveness

Grade 3 (adequate)

33. The overall effectiveness of services for looked after children are adequate. The mature partner relationships in place at both operational and strategic levels have resulted in mostly adequate and sometimes better outcomes for a significant proportion of looked after children. Statutory functions are met and no services are deteriorating. With substantial increases in those children being accommodated and maintained, as well as those subject to interim care orders, capacity is stretched. Service provision has been ensured, in part by increasing the number of commissioned placements both within and outside of the county. Plans are, however, currently in place to respond more effectively to this, for example with the development of dedicated long term looked after children teams and 16+ teams to focus exclusively on addressing the medium and long term plans of looked after children. The current Children and Young People's Plan does not identify looked after children as a priority group although they are to become a priority following the review in progress at the time of the inspection. A proactive approach to improving health outcomes for looked after children by engaging the Children In Care Council in the production of a DVD about health assessments is recognised nationally as an example of good practice. An audit of health care plans has identified improvements in the focus on substance misuse and contraception during health assessment reviews. However, CAMHS provision is under developed for looked after children.
34. Systematic quality assurance and performance management processes are not yet embedded and the additional workforce capacity has still to impact fully on services. Placement stability is good and is a particular strength. The quality of case planning is now beginning to improve, although drift remains apparent for a number of children. Pathway planning for care leavers has been inconsistent. The established but developing 16+ team will focus on improving the quality and timeliness of plans. The introduction of a new organisational framework promotes improved management oversight. Systems enabling the views of looked after children and care leavers to contribute to the evaluation and development of service effectiveness are in place through the Children in Care Council. Nevertheless, much remains to be done to engage the wider looked after children population in both consultation and with the Children in Care Council.
35. Staffing resources are improving and are currently sufficient to deliver service priorities. Social worker workloads have become manageable, although the skill and expertise mix is yet to be improved among this staff group. The effectiveness of the new working arrangements in 'pods'

(combining social worker and social work assistants in units managing a larger caseload) is as yet unproven. Processes for the recruitment of social workers are sound and retention of social workers is improving, although stability in this part of the workforce is less problematic than in others. Management supervision is now regular, more firmly established and appropriate to levels of experience, including the additional needs of newly qualified social workers. Knowledge, learning and development opportunities meet the development needs of most social workers who have appropriate access to post-qualifying training and support.

Capacity for improvement

Grade 3 (adequate)

36. The capacity to improve services for looked after children is adequate. Statutory requirements are met and there is a track record of stable performance and a range of positive outcomes within the context of rising numbers of looked after children. Some significant organisational changes have been implemented recently, supported by successful partner agency relationships, for example through the ISL teams. These have delivered consistent inputs, achieving a range of mostly adequate outcomes for children and young people. Much work remains to ensure that the quality of assessment and direct work is improved, that care planning for looked after children is more effective and that drift within the care system is reduced. Those responsible for the leadership and management of services for looked after children and care leavers are driving a range of improvements across children's social care and other services, including those for looked after children. The commissioning of services is at least adequate in relation to purchased placements as well as through coordinated and integrated services with key partners in health and learning services.
37. Services for children on the edge of care are adequate and improving. The prevention framework through the CAF provides increasingly strong support and intervention services, although the use of these has yet to be sufficiently timely for children and their families. Arrangements to enable the views of looked after children and care leavers to contribute to developing further the effectiveness of provision are rudimentary, but are improving strongly. Improved capacity, lower caseloads, a restructured and refocused service, stronger performance management arrangements and an increasing focus on valuing the views of children, young people, parents and carers, are all contributing to a range of improved outcomes for children and young people. The local authority is also aware of, and planning for, the current and future financial challenges presented by the costs of purchasing additional, sound and successful placements for children.

Areas for improvement

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

Immediately:

- Implement and monitor effective arrangements between children's and adult services, setting out timescales and standards for assessment and planning transition for disabled looked after children, incorporating health care pathways.

Within three months:

- Reduce drift for looked after children through the delivery of timely and appropriate care planning, ensuring sufficient resource capacity and staffing capability.
- Improve the quality of assessment, including the identification of needs arising from ethnicity, culture and religion.
- Improve timely access to CAMHS for all looked after children requiring such intervention.
- Ensure meaningful pathway planning is in place for all looked after children, where required, within three months of becoming 16 years old.

Within six months:

- Strengthen, within the work of the Children's Trust, the formal prioritisation of looked after children as a priority group of vulnerable children
- Ensure that all looked after children have care plans that are clear, robust, have time specific actions and that they are progressed through all performance and quality assurance arrangements.

Outcomes for children and young people

39. The health outcomes for looked after children are good. Health care plans are good and are well documented, and are reviewed for progress against specified actions. Health visitors and school nurses have been appropriately trained to undertake health reviews for looked after children and have provided valuable additional support to the looked after children's health team. Effective action has been taken to halt the recent small decline in the performance for health assessment reviews, although there are only just over a third of unaccompanied asylum-seeking children

who benefit from having a health assessment. The health team is actively targeting this group with some modest improvements evident. Dental checks are carried out for most looked after children. There is insufficient CAMHS support available for looked after children and long waiting times are reported for access to services. The identified needs of looked after children with emotional and behavioural difficulties are not met in a timely way. However, some effective CAMHS input into supporting foster carers has taken place through training events. A good range of support is also provided to foster carers by the looked after children's nurse. Training in healthy living is provided to all new carers and through regular contribution to the newsletter for carers. The health needs of harder to engage groups are being effectively targeted by the looked after children's nurse with low numbers of pregnant young people in care. Opportunities for health promotion through the Healthy Settings programme in children's homes have been well received, with good progress made towards a significant number of children's homes achieving this award. An outstanding feature is the innovative approach used to gain the views of young people regarding their health assessments, for example using an award-winning DVD around health assessments. However, health care pathways for those leaving care are insufficiently defined and have limited advice and information at this transitional stage.

40. Outcomes for staying safe are adequate. Most looked after children live in stable and appropriate placements and value the high quality care they receive. Placements are supported by a comprehensive range of services which promote placement stability. Risks are appropriately assessed and managed. Children feel safe in these placements and most are visited regularly and seen alone by a suitably qualified social worker. Those surveyed are confident they have access to at least one person they can talk to if concerned about anything. However, unqualified staff carry out the work on some cases, and the frequency of statutory visits and consequent recording are not always adequate. Some care plans are not up to date nor of a satisfactory standard in identifying current needs. There is a clear and established process in place for when looked after children go missing, with examples of good collaborative work between children's homes and the police. Compliance with protocol requirements is not, however, routinely monitored.
41. Enjoy and achieve is adequate. Outcomes have improved year on year from a low base and the 2010 results were the best in the last three years. However, the attainment gap when compared with the local and national averages remains wide, and the council's challenging targets were not achieved. There is limited evidence of a focus on establishing children's progress over time. The area has an appropriate and detailed action plan, targeted at equipping teachers with the right skills to increase the rate of pupil progress, booster sessions, and support for management and leadership in schools. There has been accelerated progress at the end of Year 6 in the national tests, mainly because ISL teams have worked

well with primary schools to improve the basic literacy and numeracy skills of looked after children. GCSE results have also improved with 22% of children obtaining 5 GCSEs A*-C or equivalent. This is slightly below the average for England, but above that for statistical neighbours, but the rate did not increase as much as had been predicted. Some 61.5% obtained one GCSE A*-G or an equivalent qualification, which is still below the average for both England and statistical neighbours. A significantly higher proportion of looked after children (43%) had statements of special educational need in the year 2009/10 than both national and statistical neighbour averages. The local authority also cites as a factor the joining of unaccompanied asylum seekers towards the end of Key Stage 4 who were at the early stage of learning English as an additional language. These comprised a quarter of the total number of looked after children at Key Stage 4 last academic year.

42. School improvement leaders, including the virtual headteacher and corporate parents ask challenging questions about achievement, and accountability has improved at all levels. Rigorous inter-agency and partnership work, for example with ISL and the educational psychologists service, ensures that the inclusion of looked after children is given a high priority. The council has been highly successful in preventing permanent exclusions. Over the last five academic years, no looked after child has been permanently excluded, with a significant decline in fixed term exclusions. Most looked after children are positive about their education and report that they are receiving the help they need. However, at least one third of personal education plans were not completed over the last three years, with limited signs of improvement.
43. Making a positive contribution is adequate. While there are examples of good practice in engaging children and young people in their care planning and reviews, this is not consistently achieved for all looked after children. Members of the Children in Care Council feel listened to and involved in regional and national initiatives. Effective team work has helped them to produce and review their mission statement and the pledge. While the Children in Care Council is able to demonstrate some progress against promises in the pledge, most looked after children still do not participate in the work and there is an over-reliance on the members as the sole voice of all children in care. Children report their needs are generally well met, although support at key transition points is not always assured and some looked after young people still feel ill prepared for adulthood. Much has been done in the past year to improve access to a range of opportunities designed to develop interest, confidence and enrichment. For example, they have been involved in projects such as Green Fingers and in contributing to a range of topics affecting their lives, such as healthy lifestyles. Looked after children also have access to free leisure passes. The advocacy service for looked after children and inter-agency work, in conjunction with the police, have contributed to a reduction in the incidence of looked after children entering the youth

justice system. This operates well with the greatest impact being in children's homes. Clear protocols with the police and a restorative justice approach within the units ensure that looked after children are kept out of the criminal justice system when appropriate.

44. Achieving economic wellbeing is inadequate. Pathway planning is poor; most pathway plans begin too late and are not based on a clear needs assessment. The number of pathway plans increases as young people move into the aftercare service, but the quality of these is no better than adequate and are additionally hampered by a disjointed format. Action to tackle this is either yet to be implemented or is too recent to have had an impact. Some good and innovative work supports care leavers into post-16 education and encourages participation in volunteering. However, too many care leavers reach 19 years and are not in employment, education or training. Those who are hard to reach are insufficiently targeted. A recent outreach support service is valued by care leavers and aims to reduce placement breakdowns and evictions. Partnership working with housing authorities and providers has also generated some improvements in the range and quality of accommodation available to care leavers. A county-wide protocol for responding to the needs of those 16+ and homeless has been implemented. Together these initiatives have reduced, but not eradicated, the use of bed and breakfast accommodation for those under 18 years. Transition planning into adult services for disabled young people is inadequate. Assessments for adult services begin too late and are often not completed by the time a young person becomes 18 years, causing anxiety and distress to them, their families and carers.

The quality of provision

Grade 3 (adequate)

45. Service responsiveness is adequate. While the local authority has been slow to respond strategically to the changing size and profile of the looked after population, it is now doing so with a clear, focussed and relatively broad strategy. Commissioning arrangements are sound, contributing to an improvement in placement quality. Partner agencies make significant contributions to meeting the needs of, and improving outcomes for, looked after children, mainly through the ISL teams. There is effective communication between daytime and out of hours services when responding to urgent situations for looked after children. While statutory guidance regarding complaints against staff is appropriately followed, not all looked after children say they know how to complain and, despite active promotion by the complaints service, few children or young people use the complaints process. Independent advocacy services are available, providing effective support to some looked after children with the independent reviewing service (IRO) also acting as strong advocates for their welfare. Despite these arrangements, children's concerns are not always identified or responded to promptly.

46. Assessment and direct work with children and families are adequate. Many children and young people on the edge of being looked after receive intensive support to try and prevent this. The intensive family support service delivering this is highly valued by parents and carers. With earlier, targeted family support not always available or sustained, intensive family support is often commissioned too late to prevent family breakdown. Similarly, not all work to prevent children becoming looked after is informed by clear and robust assessments. Assessments, when produced, are not always kept up to date and once children do become looked after, the links between assessments and care planning are insufficiently clear. Management oversight has not been sufficient to address this consistently, although there are recent signs of improvement. Assessments seen by inspectors most often included the views of children and their parents or carers. Some direct work is undertaken with looked after children and care leavers and most receive purposeful additional support, again mainly through the ISL teams. There is much evidence that this intervention and support contribute to improved individual outcomes. The need for, and importance of, life story work is readily identified in adoption work but less consistently so for other looked after children. Even when identified as needed, it is not always conducted within appropriate timescales.
47. Case planning, reviews and recording are inadequate. High caseloads in social work teams have left social workers and operational managers struggling to prioritise looked after work over child protection work. Care planning is not of a sufficient standard; plans are not up to date, and are neither sufficiently detailed nor informed by an up to date assessment. There is significant drift in delivering care plans for children. For example, most young children remain looked after for substantial periods prior to being placed for adoption, and a number of young people remain placed with parents for lengthy periods.
48. Placement stability is good but actions to enable looked after children to return to their parents when this is in their best interests are not always timely or effective. More focussed activity is required, through timely assessment and robust care planning, to enable children to safely return to their families, or to live with a family if in residential care. Management oversight has not been systematic or clearly recorded with little evidence of impact. A good range of placement options is provided, including appropriate support for residence orders and special guardianship. There is no systematic or rigorous process, however, to ensure that the right option is supported in a timely fashion. Looked after reviews are timely and monitor the implementation of planned actions. However, there is limited evidence of their effectiveness in shaping care plans or in reviewing the overall quality and content. Parents are sometimes alienated by poor communication, with some becoming estranged from their children as a consequence.

Leadership and management

Grade 3 (adequate)

49. Leadership and management for looked after services are adequate. Resource challenges are understood and addressed effectively with local and joint commissioning arrangements in place that are effective, although the Children's Trust has yet to make a significant contribution in this regard. Worcestershire County Council's corporate parenting strategy and the Corporate Parenting Panel strongly champion the needs of looked after children. The Panel includes good representation from district and borough councils, although partner agencies are not well represented. Leadership is clear, sound and well understood by staff, with consequently positive and strengthening outcomes in areas such as educational progress. The strong political and professional commitment to educational progress for looked after children is also reflected in some good partnership arrangements, notably the ISL teams. The monitoring of health services for looked after children is part of integrated governance within the PCT, providing sufficient evidence to the Trust Board to focus on meeting the health needs of looked after children. The Trust Board is also provided with a comprehensive annual report from the looked after children's health team. Performance in social care has been more mixed, with evidence of managers being previously slow to respond to the sustained increase in service pressures. As a result, capacity has had an impact on performance and some outcomes for looked after children. A clear and detailed strategic development plan is now in place, with ownership and commitment throughout children's services. Implementation of this strategy is at an early stage but impact is already being shown. Accountability, notably within social care, is also improving. The strategy includes some ambitious targets for reducing the numbers of looked after children and for achieving consequent cost savings. Resource allocation is in place to realise the identified improvements, but there is a budgeted requirement for future cost savings from 2013 that are insufficiently linked to an analysis of need. Furthermore, the coordination and effectiveness of the current range of family support services do not target sufficiently well all children who are vulnerable to becoming looked after.
50. Evaluation, including performance management, quality assurance and workforce development, is adequate. Detailed performance data are provided regularly to managers. While performance is generally comparable with that of similar areas, performance reporting has not led to consistent improvements in sustained outcomes. There are now clear plans in place to address these deficits. The IRO service provides high quality information on service quality, although the focus on outcomes of care plans is not as robust as that on the quality of care provided. Overall, quality assurance systems have not been sufficiently embedded or effective until recently. This is acknowledged by managers who now focus strongly on quality and outcomes in quality assurance arrangements, such as through case audits. Management oversight in the case files seen by

inspectors ranged from adequate to poor, with evidence in some cases that inadequate practice had not been addressed or robustly challenged. However, there are signs of recent firm improvement in this area. Commissioning arrangements for health care are insufficiently established for those children placed out of the county. Health assessments and reviews are currently arranged on an ad hoc reciprocal basis; these arrangements are not monitored for quality. Safe recruitment processes meet statutory requirements across the partner agencies. Workforce planning has been responsive in addressing social worker shortages and there are no significant shortfalls in community nursing capacity. Strategies to provide enduring solutions are underway, although these are too recent to evidence sustained impact. A significant proportion of the current social care workforce demonstrates positive regard, commitment and loyalty to the service.

51. User engagement is adequate. The Children in Care Council *'Who cares? We care'* is active and well established. It is regularly consulted on service issues and developments and has had some influence on services, for example the development of the looked after children 'pod' arrangements, 16+ teams and aftercare services. Members of the council feel their views are respected and valued, however, the wider looked after children population has been less well consulted. Most looked after children and care leavers surveyed or spoken to were satisfied with the services they were receiving. They were particularly positive about the quality of their placements and placement support, but some raised issues around the consistency and accessibility of social work support that they had received. In most cases seen, children or young people were engaged in their care planning and there were some good examples of promoting participation in reviews. This was not true, however, in all cases, and engagement with parents was even less consistent. In many cases, parents do not see or receive reports prior to a looked after review. Social care has yet to adopt approaches to enable collaborative working with parents who are resistant to engagement. The approach to ensuring that looked after children, care leavers and their carers are involved in the preparation of personal educational and aftercare plans is inconsistent.
52. Partnership work is at least adequate with a number of good features, particularly around integrated service delivery across the area. Worcestershire County Council has good, well established partnership arrangements for looked after children, which are focussed around the ISL teams. The teams deliver good quality support, which helps to improve outcomes for looked after children. They take, for example, a leading role in developing well considered resource packages for schools, beginning with the Early Years Foundation Stage. Work with schools has ensured that they can now demonstrate a strong commitment and track record in supporting and improving outcomes for looked after children. Effective partnership working with Supporting People funded services through district and borough councils has improved housing and leisure options for

looked after young people. There are also examples of cross boundary partnerships such as membership of the West Midlands Adoption Consortium and of appropriate engagement and use of voluntary sector services from NSPCC, Barnardo's and Voice. However, partnership arrangements to prevent the need for children to become looked after or to sustain children who return to their families are less well co-ordinated or assured.

53. The promotion of equality and diversity is adequate. Equality policies and strategies meet requirements and there is a drive to understand and respond to the changing profile of the looked after children population. However, the council does not yet use equality impact assessments systematically to ensure that issues around equality and diversity are addressed. There is evidence that this does inform planning to some extent, with specifically commissioned services for unaccompanied asylum-seeking children. Good care and attention ensure that unaccompanied asylum-seeking children are appropriately accommodated, although often their placement is outside the county, in Birmingham. Suitable support is provided for new arrivals at the early stage of learning English as an additional language. There is increasing partnership work across services to share and develop good practice. For example, West Mercia Police work well with schools and community groups to handle racist incidents. As a result, the number of reported incidents has reduced and contributes to the development of community cohesion. The number of foster carers from minority ethnic groups is limited and there is no available information to identify placement stability for looked after children from minority ethnic heritages.
54. Value for money is adequate. Costs are well known with appropriate attention to contracting, commissioning and monitoring the quality of placements. The authority has a good understanding of the local social care market, working effectively and in partnership with local fostering providers to improve placement choice as well as responsiveness to changing needs and demands. This work has also generated some cost savings in recent years. There is a clear local authority strategy with challenging targets for a reduction in looked after children numbers with consequential cost savings by 2013–14. Tendering and contracting arrangements are robust and have been used appropriately when commissioning new services, for example, in developing provision for unaccompanied asylum-seeking children. Contract monitoring is regular and thorough. Placement decision making is needs-led and becoming more cost aware so that an appropriate balance between cost and quality is achieved. However, some children remain in high cost, external placements which may not best meet their long term needs. Similarly, resources are also consumed by providing looked after services to children placed with parents or kinship carers where it is not always evident that the child meets the threshold for being looked after.

Record of main findings: Worcestershire

Safeguarding services	
Overall effectiveness	Inadequate
Capacity for improvement	Adequate
Outcomes for children and young people	
Children and young people are safe: effectiveness of services in taking reasonable steps to ensure that children and young people are safe	Inadequate
Children and young people feel safe: effectiveness of services in helping to ensure that children and young people feel safe	Adequate
Quality of provision	
Service responsiveness including complaints	Inadequate
Assessment and direct work with children and families	Inadequate
Case planning, review and recording	Inadequate
Leadership and management	
Ambition and prioritisation	Adequate
Evaluation, including performance management, quality assurance and workforce development	Adequate
User engagement	Adequate
Partnerships	Adequate
Equality and diversity	Inadequate
Value for money	Adequate

Services for looked after children	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
Outcomes for looked after children and care leavers	
Being healthy	Good
Staying safe	Adequate
Enjoying and achieving	Adequate
Making a positive contribution	Adequate
Economic well-being	Inadequate
Quality of provision	
Service responsiveness	Adequate
Assessment and direct work with children	Adequate
Case planning, review and recording	Inadequate
Leadership and management	
Ambition and prioritisation	Adequate
Evaluation, including performance management, quality assurance and workforce development	Adequate
User engagement	Adequate
Partnerships	Adequate
Equality and diversity	Adequate
Value for money	Adequate