

# Inspection of safeguarding and looked after children services

Wolverhampton

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**Reporting inspector:** Paul d’Inverno 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 four of Her Majesty's Inspectors (HMI), one local authority secondee 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 47 children and young people receiving services and 41 parents and carers, front line practitioners and managers, senior officers including the Director of Children's Services and the Chair of the Wolverhampton Safeguarding Children Board, elected members and a range of community representatives
  - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluation of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
  - a review of 49 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
  - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in September 2010
  - interviews and focus groups with front line health professionals, managers and senior staff from Wolverhampton City Primary Care Trust, the Royal Wolverhampton Hospital Trust and the Black Country Partnership Foundation 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. Wolverhampton is a city in the West Midlands region of England with a population of 238,500 living within an area of 26 square miles.
5. There is significant deprivation in the city. The Index of Multiple Deprivation 2010 identifies Wolverhampton as the 20th most deprived of 326 councils in England. The population is mainly White British (72%) although this proportion has declined since 2001. The largest minority ethnic groups are Asian (14%), Black (5%) and White Other (4%). New economic migrants, particularly those from Eastern Europe, increased the population by an estimated 3000 between 2001 and 2009 and this figure continues to grow. Over 105 languages are spoken in the city and its schools. Children from minority ethnic groups comprise 42% of young people of school age. There are 59,100 children and young people up to the age of 19 living in the city, representing 24.8% of the city's population. Most are permanently housed and not living in overcrowded accommodation. However, 34% of children and young people live in workless households and 31% in poverty; these figures have risen by 3% over the last two years and are predicted to rise further. In January 2010 the proportion of school pupils in both primary and secondary schools eligible for free school meals was 22%, as opposed to the national average of 17.4%.
6. The Children and Young People's Local Strategic Partnership was set up in 2003 and the Children's Trust established in 2005. The trust includes representatives of the Primary Care Trust (PCT), the city council, West Midlands Police, Royal Wolverhampton Hospital Trust, the City of Wolverhampton Further Education College, schools and the community and voluntary sectors. The Wolverhampton Safeguarding Children Board (WSCB) has an independent chair and brings together the main

organisations working with children, young people and families in Wolverhampton.

7. Social care services for children have 203 foster carer households and directly provide children's residential care through six residential units, one of which is located outside the city. Some foster care and residential placements are commissioned from the independent sector. Community-based services are provided by three locality based social work teams, one children with disabilities team, the fostering team and an adoption team. Private fostering services are provided through, and managed directly by, the local authority private fostering service. Additional locality based preventative services are delivered through 18 children's centres, three family centres and eight multi-agency support teams (MASTs). At the time of the inspection there were 499 looked after children comprising 168 children under five years of age and 331 children aged 5–17.
8. Commissioning and planning of health services are carried out by the local PCT but Wolverhampton, in common with other local areas, is experiencing change within the health service economy with provider services in the process of transfer to the acute hospital trust. Acute hospital services are provided by the Royal Wolverhampton Hospital Trust. Learning disability services are provided by the city council with child and adolescent mental health services (CAMHS) provided by the Black Country Partnership Foundation Trust. Services for children or young people who require specialist in-patient care are commissioned on a regional basis by the specialist commissioning team at the West Midlands Strategic Health Authority.

## Safeguarding services

### Overall effectiveness

### Grade 3 (adequate)

9. The overall effectiveness of safeguarding services is adequate and statutory requirements are met. Leaders and managers have a strong commitment to safeguarding and this is a clear priority across the partnership. There are good and improving preventative and early intervention services. The multi-agency support teams (MASTs) are effective in enabling timely and appropriate interventions for children and their families. However, the common assessment framework (CAF) is not yet fully embedded and some agencies do not take on the responsibility of lead professional for some cases. A range of good quality services is delivered by the voluntary and community sectors. There are good safeguarding arrangements in place for children who attend school and for those children who have to move school or attend alternative provision. Robust arrangements are in place for children that go missing from home or care. Children and family centres deliver effective services to families.
10. An unannounced inspection of the council's contact, referral and assessment arrangements in September 2010 identified no areas for priority action and six areas for development. Since then satisfactory progress on these areas has been made although some deficits remain.
11. Thresholds for access to social care services lack clarity and are not well understood by referring agencies, resulting in the duty and assessment service not consistently receiving appropriate referrals. However, partner agencies report that they receive a timely response to child protection referrals. All children on child protection plans have a qualified social worker. Caseloads within some of the locality teams are too high and the quality of management oversight and supervision of social work cases is not consistent. The quality and timeliness of assessments is variable with some assessments containing evidence of good quality recording, with effective consideration of equality and diversity issues that might impact on children. Others lack identification of risk and protective factors and some children in need and child protection plans seen during the inspection did not contain clear, specific, measurable outcomes.
12. Effective safeguarding work is carried out by health workers in the community. However, there are concerns about some elements of safeguarding practice at the acute hospital trust, for example the quality of performance management, although a good action plan is in place to address these.
13. Commissioning services are well established and effective. The WSCB has been successful in improving services; for example, by developing the multi-agency co-located domestic violence team. This is having a good impact on the provision of effective services to families suffering from

domestic violence. However, the board is not sufficiently focused on the core business. For example the board has not received, or put in place, a programme of audits relating to social care practice so that children's social care can be effectively monitored. The role of the local authority designated officer (LADO) is generally understood across statutory agencies, although it is less well known in the voluntary and community sectors. Performance management arrangements are adequate, but challenges remain with regard to data quality, which is currently too focused on quantitative rather than qualitative information. Consultation with children, young people and parents effectively informs strategic planning and the development of priorities.

## **Capacity for improvement**

## **Grade 2 (good)**

14. The capacity for improvement is good. The partnership has a coherent vision which is ambitious, realistic and focuses on the key priorities. The council and its partners can demonstrate some improvements to services although they acknowledge that these improvements have been achieved from a low base. The new senior management team in children's social care services demonstrates a good understanding of the issues and challenges and is positively engaging the workforce in wide-ranging improvements to services. Managers have effectively identified weaknesses within the service and have put a number of well considered improvement plans in place. There is a solid foundation of good early intervention and prevention services, which includes a wide range of good quality voluntary and community sector provision with good partnership arrangements in place. Workforce planning and development have started to reduce reliance on agency staff in children's social care, although the proportion of agency staff remains relatively high. In response to pressures on the service the council has increased social work staffing and protected the safeguarding budget. The council is developing an 'invest to save' initiative to further develop prevention and early intervention services.

## Areas for improvement

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

### Immediately:

- ensure that initial and core assessments are timely, analytical, comprehensive and clearly identify needs, risks and protective factors
- ensure that supervision of social care staff is regular, reflective, focuses on impacts and outcomes for children and young people and is consistently recorded
- ensure that thresholds for referring children in need are clearly understood across the partnership
- ensure that the WSCB and Royal Wolverhampton Hospitals Trust has effective performance management of safeguarding processes, practice and recording within the children's acute hospital services
- ensure the Royal Wolverhampton Hospitals Trust has sufficient paediatric-trained nurses available in its children's accident and emergency (A&E) department
- ensure that effective information sharing arrangements between Health and social care staff are in place to ensure that risks to children are identified
- ensure that there is effective safeguarding training, supervision and that professional development forums, where safeguarding issues can be discussed regularly, are established across community and acute health services and that adult services staff are included where appropriate.

### Within three months:

- ensure that the recruitment and retention strategy in children's social care services enables sufficient permanent social workers and consistent and appropriate caseloads, particularly with regard to locality teams
- ensure that the WSCB receives audits undertaken by children's social care and has a programme in place which effectively monitors the quality of work within children's social care
- ensure that the emergency duty team has appropriate timely access to legal advice

- ensure that children in need plans and child protection plans are specific, with clear timescales and measurable outcomes, and that the impact of interventions is closely monitored
- health and social care should ensure that effective protocols and services to support the transitions of disabled children into adult services are in place
- improve partnership working with both adult mental health and adult substance misuse services, ensuring that adult mental health services are robust in carrying out their child protection responsibilities.

**Within six months:**

- ensure that there is a systematic approach to performance management and evaluation across safeguarding services, including sufficient qualitative information and robust quantitative data so that the impact of services is fully understood.

## Safeguarding outcomes for children and young people

### Children and young people are safe and feel safe

#### Grade 3 (adequate)

16. The effectiveness of services in taking reasonable steps to ensure that children and young people are safe and feel safe is adequate. There is a broad and varied range of services to help children and young people stay safe and feel safe. For example Base 25, a voluntary organisation, undertakes effective interventions with some of the most vulnerable young people, such as those at risk of sexual exploitation and young males who exhibit sexually harmful behaviour. Bullying in schools is tackled well across the partnership. Schools work hard to create supportive cultures with young people and hold 'friendship' weeks in primary schools. In secondary schools work is undertaken to ensure that all young people recognise a zero tolerance culture. When instances of bullying do occur, they are dealt with swiftly. A key focus across the partnership is cyber-bullying and young people spoken to by inspectors were well informed of the dangers. An effective programme of workshops highlighting the dangers of gangs and guns was run across all secondary schools to give young people the confidence to report instances and to build resilience. Young carers are well supported. There are currently 103 young carers registered with the service, 70 of whom regularly attend group activities. The children and young people value the time out and the opportunity to share experiences and to join in activities.
17. Processes to ensure safe recruitment are adequate. Criminal Records Bureau (CRB) checks were in place in all staff files viewed by inspectors. However, two files selected by inspectors did not contain evidence that references were taken up. The council took immediate action to rectify this. Clear risk assessment processes are in place when concerns arise as a result of a CRB check. All such applications are reviewed by a senior manager for a decision on suitability for appointment. Effective training on safer recruitment has been delivered across statutory agencies including all schools as well as the voluntary and community sectors.
18. The role and function of the LADO is utilised to ensure that children and young people are properly safeguarded. Allegations are dealt with effectively and in a timely way. Most referrals are made by schools, although there has been a significant increase in the number of referrals about foster carers, which indicates an improving awareness of the LADO's role in that service. However, with the exception of schools, key statutory agencies make fewer referrals than expected and further work is also needed within the voluntary and community sector to ensure that there is good awareness of the role.

19. Complaints about service provision are monitored closely. Mediation is used effectively and this helps to ensure that most complaints are resolved at an early stage. The majority of complaints are about the quality of the social work service, such as changes in social workers, and delays in response to queries. Effective action plans are developed within relevant teams in response to the issues raised by complaints, and learning is also incorporated into ongoing training. Information on complaints is reported to the Assistant Director on a bi-monthly basis.
20. Safeguarding provision is judged to be adequate or better by Ofsted's inspections of children's homes, fostering and adoption services and private fostering arrangements. However, the identification and monitoring of private fostering arrangements have not been effectively prioritised, leading to delays in some assessments being completed. The council is taking appropriate action to increase capacity and raise awareness of private fostering across the city.
21. Almost all (96%) primary schools and all secondary and special schools in the city have been judged to be good or better in Ofsted inspections for helping children feel and stay safe. This is above the national and similar area averages for each type of provision. Surveys of, and consultations with, groups of young people indicate that they feel safe and that they are aware of actions they can take, should they become concerned about their welfare or that of others.
22. Well-established and effective arrangements are in place to safeguard children and young people who have to move schools or who are educated in alternative settings. Collaboration between schools is good and is underpinned by an ethos of shared responsibility for the education and well-being of all children. An effective strategy for preventing permanent exclusion means that exclusion rates are consistently amongst the lowest seen nationally. Good multi-agency partnership work ensures that a new school or appropriate alternative education provision is found promptly when required.
23. Robust systems and good use of data enable schools and other agencies to identify, challenge and support children and families where attendance becomes a concern. Clear policies and procedures are also in place for when children go missing from school. The whereabouts and welfare of children who are educated at home are carefully monitored and prompt action is taken where safeguarding or other concerns are raised. Information sharing with neighbouring local authorities is enabling the council to better keep track of families who move in and out of the city.
24. Robust procedures and processes are in place when a child or young person goes missing from home or care. A 'missing and compromised' intervention panel, which comprises a multi-agency group of managers, meets monthly to discuss cases of concern, to follow up on previous cases

and to implement new approaches under the guidance of a strategic sub-group of WSCB. The panel chair receives every notification from the Police so that an early decision can be taken about further action. This includes ensuring that the social worker is made aware of the incident when the case is 'open' to children's social care. Risk assessments are carried out and return-to-home interviews are also undertaken. Agreed intervention and prevention strategies are identified for specific agencies to undertake with individual children and young people. Return interviews carried out by an independent person are being piloted; however the impact of this pilot has not yet been fully assessed.

## Quality of provision

## Grade 3 (adequate)

25. The quality of provision, which includes service responsiveness, the quality of assessment and direct work with children and families, is adequate. Thresholds for access to children's social care services and for family support services are not understood well by referring agencies, the partnership has recognised this and WSCB is currently reviewing the threshold criteria to ensure greater clarity. Schools and the voluntary and community sector stated that there was a lack of clarity about information sharing.
26. There is a good range of early intervention and preventative services in place to support families. The partnership has recognised the need to ensure there is greater clarity about the roles of these services and that there are clear pathways which are easily accessed by children and their families. The use of the CAF is increasing from a low base and beginning to help to redirect cases away from children's social care services. However, some agencies are not yet confident in its use. Similarly, some agencies have been reluctant to take on the role of the lead professional within the CAF process, due to the perceived volume of work involved. The MASTs work well in supporting the rollout of the CAF, and developing the confidence of partner agencies in undertaking lead roles. CAFs seen during the inspection were having an impact on improving the lives of children and their families and there was good involvement of professionals and parents.
27. MAST managers have started to attend allocation meetings at the duty and assessment teams in order to provide a broader multi-agency response to new referrals. This is beginning to enable referrals to be dealt with more appropriately when the threshold for children's social care involvement has not been reached. Plans are also in place for children's centres to be represented at allocation meetings with the duty and assessment team to enable more appropriate and timely intervention for children and their families at an early stage.
28. Children's centres undertake effective preventative and intervention work with families including: information, advice and guidance, education

signposting and budgeting advice. One parent who spoke to inspectors described the service as a lifeline. Ofsted inspections of three local authority children's centres have been judged good for overall effectiveness in two centres and one has been judged as outstanding. Effective joint working takes place with children's social care services and health, for example, working with families who have experienced domestic abuse. Family centres assist with assessments and parenting assessments and undertake direct work with families and are regarded by professionals as having a positive impact on families' lives.

29. Good partnership working between children's social care and the Police enables an effective and timely response to child protection referrals. Partners are very positive about the duty and assessment team's response to child protection referrals. The input from consultant paediatricians when children require a health examination is valued by partners, who describe a flexible and responsive approach. Whilst child protection strategy discussions and investigations are undertaken adequately, their results are not recorded in sufficient detail with clear evidence of decision making. All child protection cases are allocated to qualified social workers.
30. Child protection chairs are knowledgeable and experienced. There is evidence of appropriate challenge to case work. The quality of child protection reports is variable and some are not sufficiently analytical and do not adequately identify risk factors. Child protection reviews are timely. The timeliness of child protection visits undertaken by social workers is monitored by managers and senior managers and prompt action is taken where visits have not been undertaken.
31. Multi-agency attendance at conferences is usually good, although GPs rarely attend. Participation of children and young people at child protection conferences is also limited, though there is adequate participation by parents. Key decisions and the outline plan from child protection conferences are circulated promptly within 24 hours of the meeting.
32. Regular core groups take place for children and young people with a child protection plan, demonstrating strong commitment from other agencies and good opportunities for communication. However, some core group minutes are limited and insufficiently focused on the impact of interventions or the effective development and monitoring of the child protection plan.
33. The overall quality of assessments varies from inadequate to good. Some initial assessments are limited and are authorised with insufficient recording of risk and need. Assessment does not always effectively inform planning, and plans do not always make it clear to families what they need to do to meet safe and satisfactory objectives, the timescale for this, or the consequences of not achieving the objectives. Case files examined

by inspectors do not routinely demonstrate that the views of children and young people are taken into account in assessment, planning and intervention. However, there are good examples of the ethnicity and the cultural and religious needs of children and young people being taken into account in assessment, planning and intervention. In a few cases assessments are undertaken by unqualified staff, which is not in accordance with statutory guidance. In some cases seen, significant delays are evident in the completion of full core assessments for both children in need and those children subject to child protection plans. In some children in need cases some core assessments had not been initiated. Consequently, planning is not consistently informed by a full assessment and can lead to a lack of clarity with regard to intervention and further planning.

34. The multi-agency resource allocation panel allocates resources for children in need. The effectiveness of the panel is sometimes undermined by the quality of information presented, which means that the allocation of resources is not always based on robust assessment.
35. The electronic recording system does not effectively support social workers in being able to produce clear plans and assessments. There is no single children's record and chronologies are not consistently in place – this makes it difficult to quickly understand the issues in a case and ensure that historical information is taken into account. Work is being undertaken to improve the electronic forms to enable these to support social work practice more effectively. Variability in team workloads, delays in completing assessments and lack of management oversight leads to drift and delay in some cases, particularly for children in need. There are delays in the transfer of some cases.
36. Children in need plans and child protection plans are not always comprehensive with clear measurable outcomes.
37. The emergency duty team is staffed by suitably qualified workers. They are based in a location which ensures that they have close contact with other colleagues who work weekends and evenings, such as the Family Advice Support Team, and have access to support from senior managers when required, who operate a rota system. However, there is no systematic access to legal advice out of hours.
38. There is regular auditing of cases and the council has good awareness of the weaknesses of the service, for which improvements plans are in place. Audits to date have not yet had sufficient impact on the quality of social work practice. Case recording is variable: some recording is detailed but other recording is too limited, and recording is not consistently up to date.
39. Partnership working with adult mental health and substance misuse services is underdeveloped both at a strategic level and in individual

casework. Cases seen did not consistently demonstrate effective partnership working with adult services.

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

40. The contribution of health to keeping children and young people safe is adequate. There is positive work undertaken by health in the community. Although there are concerns about some elements of practice at the acute hospital trust, a good action plan is in place to address these.
41. Health staff understand their safeguarding responsibilities and are encouraged and supported to attend child protection meetings, in writing reports, and in attending court proceedings as necessary. Reflective and debriefing sessions are routine practice. Operationally there is an escalation process in place to escalate cases where health staff have concerns and an escalation policy is currently being devised by the WSCB.
42. The designated doctor for safeguarding children and designated senior nurse are leading the development of performance management of safeguarding within health services. There is more accountability and challenge, and performance management is now adequate with good plans in place to deliver further improvement.
43. Health staff work well with partners in tackling domestic violence in families and there are proposals in place to further strengthen this cooperation. Engagement in multi-agency risk assessment conferences (MARAC) is well established.
44. Community based multi-disciplinary health services work well together to safeguard children and young people. There are some very innovative and good quality services, including 'Think' for sexual health and SUBS for substance misuse, with good monitoring of outcomes demonstrating successful interventions. There is a clear pathway of engagement with disabled children from neo-natal stages through to young adulthood, with specialist services continuing to support young people up to 20 years of age. However, transitions for young people into adult services are underdeveloped, particularly with mental health services. Systems are not sufficiently robust to ensure that adult mental health services are giving sufficient consideration to the safeguarding needs of the children of service users. Arrangements are adequate in the substance misuse service.
45. Young people who have experienced sexual assault receive a high quality service from a group of skilled paediatricians operating an around-the-clock rota. Police and other agencies rate the availability and quality of these services highly and although there is no Sexual Assault Referral Centre in the city, there is ambition to continue to develop this service into a centre of excellence.

46. A performance management framework is being developed to fully encompass all hospital-based activity, however A&E reception staff do not have sufficient awareness and knowledge of safeguarding. An action plan has been developed to ensure appropriate training for reception staff as a priority.
47. The children's health visitor liaison service plays an important role in the acute hospital's safeguarding arrangements. This service has high visibility and provides expert advice and guidance to staff as required. The service undertakes a daily notes check on children seen at A&E as a second check that any safeguarding issues are identified and addressed. This is good practice and is valued by practitioners. While the health visitor liaison service operates effectively, there has not been sufficient management oversight of the system to date to ensure that all risks are being identified and that practice and recording is improved as a result. An action plan has now been developed to strengthen governance and improve recording practice at A&E.
48. Staff raised concerns about the perceived low level of paediatric trained nurses covering A&E. While the workforce profile provides general evidence of the provision of suitably qualified staff and further conversion courses are to be funded this year, managers are unable to give assurance that this matches demand and acknowledge the need to review the staffing establishment mapped against demand.
49. Job descriptions of hospital staff are currently being revised to include explicit statements about safeguarding responsibilities and an evaluation of safeguarding practice is also being introduced into appraisal. Three new consultants are being recruited to the accident and emergency department, one of whom is expected to have a children's specialism.
50. The strategic Health Authority review identified the lack of flagging of children known to children's social care on the hospital electronic recording system. Although social care sends information on child protection daily to the designated senior nurse, current communication arrangements are not sufficiently robust. Health and social care are making progress towards resolving this issue.
51. Safeguarding supervision for health visitors and school nurses is in place and effective and the peer review process for consultants works well. Currently there is not a robust approach to providing regular formalised safeguarding supervision consistently across all health services in addition to existing clinical supervision. Work is in hand to identify how this will be put in place across the health environment and who will deliver it. The acute hospital trust and community services also has more to do to ensure that professional development forums or link personnel groups where safeguarding issues can be discussed regularly are fully established and effective.

## Ambition and prioritisation

## Grade 3 (adequate)

52. Ambition and prioritisation of safeguarding services are adequate. Although the partnership is highly ambitious for the safeguarding of its children and young people, the implementation of its plans has not been sufficiently focused and prioritised. However, the development of the Children and Young People's Plan 2011–14 has led to a sharper focus on priorities which accurately reflect the needs of children and young people in the area. The partnership displays a strong commitment to translating these priorities into practice which, for example, include a key focus on early intervention and prevention. Realistic target setting and action plans have yet to be fully developed. The Children's Trust is growing in its effectiveness as clear priorities are now in place with a growing focus on children and their family's views and experiences of service provision.
53. The partnership has a good understanding of local need and the considerable challenges it faces, including high levels of deprivation and unemployment. Safeguarding is a clear priority across the statutory and community and voluntary sectors. The council's safeguarding budget has been protected and the increase in referrals to children's social care services has led to additional investment. Elected members are child-focused and committed to improving safeguarding outcomes for children and young people. The council recognises that support and training for elected members is insufficiently developed.

## Leadership and management

## Grade 3 (adequate)

54. The leadership and management of safeguarding services are adequate. Weaknesses in services are identified well and good evaluation processes have led to appropriate decommissioning and re-commissioning of some services. The council has some effective and embedded commissioning arrangements. However, management information is not always used effectively to develop priorities and actions. Joint commissioning is effective, for example, in supporting reduction in teenage pregnancy, reducing obesity and providing supported housing for vulnerable young people.
55. Wide ranging mechanisms are in place to ensure that the views of young people, parents and carers are taken into account. Action is taken to ensure opportunities are available for vulnerable children, including those with disabilities, to express their views. Children, parents and carers have been involved well in the development of the Children and Young People's Plan 2011–14.
56. The council has a strong commitment to training, recruitment and retention of staff, although recruitment and retention remain a challenge. Some caseloads for individual social workers and some teams are too high. This has been exacerbated by a significant turnover of agency staff,

although overall numbers of agency staff are reducing. Caseloads are now being monitored and a new caseload management system is currently being piloted. Staff have good access to post qualifying awards and the council effectively 'grows its own' social workers and has good links with the local university. There is a wide range of good training available, although learning opportunities within teams are less developed. Newly qualified social workers value the training they receive, though for some newly qualified social workers, caseloads are high so that they do not always have opportunities to reflect on their learning.

57. Good policies and practices on equality and diversity support the sharing of good practice. For example, a particularly strong and effective focus on tackling gun violence and gun culture included a strategic approach and full engagement of the key partners.
58. Lessons have been learnt from serious case reviews. Action plans from all serious case reviews are in place and the WSCB monitors the action plans ensuring that the completion of actions are suitably evidenced by agencies.

## **Performance management and quality assurance**

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

59. Performance management and quality assurance arrangements for safeguarding services are adequate. Information provided to front line managers has improved and is now adequate. Performance information is becoming more targeted to the needs of the service. Plans are in place to develop real time performance information for managers. There are some good examples of performance management being used to improve practice: for example the evaluation of the CAF has resulted in a clearer understanding of how to improve its use, and effective action is being taken to achieve this. However overall, data quality in children's social care has not been robust and some management information, for example with regard to the timeliness of core assessments, does not accurately reflect what happens in practice. Appropriate action has been taken to address this. The strong focus and scrutiny on quantitative data has enabled performance to be maintained in some key areas during a period where there has been a significant increase in referrals to children's social care.
60. The partnership does not consistently have access to appropriate qualitative information. Although regular audits are completed by children's social care it is not yet evident that these are being used systematically to impact on the quality of practice and provision. Supervision in children's social care services is focused on process rather than impact and outcomes. Supervision is not reflective and challenging and does not focus on strengths, risks or needs. There is limited recorded

evidence of management oversight in case planning. However staff feel well supported by their teams and management.

61. The WSCB is developing a performance management framework. To date the board has not always ensured that relevant audits are received from children's social care services or that there has been effective monitoring of the qualitative aspects of children's social care services through a programme of audits. The WSCB is also developing more innovative ways of learning from individual cases which is more practitioner-led.
62. There is an established and effective scrutiny process which involves children and young people well. The partnership overall has good awareness of its strengths and weaknesses and there are clear improvement plans being progressed and monitored.

### **Partnership working**

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

63. Partnership working is adequate. There are good examples of effective communication and partnership working in front line practice through the MASTs and the team around the child. However, partnerships are underdeveloped with adult mental health and substance misuse services. This is a clear priority with the new Director of Children's Services, and there is emerging evidence of more effective engagement with the Black Country Partnership Foundation Trust who has recently become the new provider for these services.
64. The WSCB has made significant achievements, such as the development of a co-located domestic violence service and a rigorous approach to missing children. Good training is delivered through the WSCB and strong efforts are made to ensure that the voluntary and community sectors are appropriately trained. However the WSCB has recognised the need to clearly define its core business and redefine the number of priorities they need to focus on for the future.
65. Good work is undertaken across the city and in individual services and settings to promote and celebrate equality and diversity. There is good and active safeguarding awareness raising and engagement for specific religious, ethnic and community groups, which includes targeted safeguarding training. Effective work is undertaken by schools to promote community cohesion and to promote racial harmony. Citywide curriculum programmes building resilience amongst children and young people are equipping them with the skills and confidence they need to make informed choices and to stay safe. Some very good work carried out by the voluntary sector, youth workers and youth offending services provides a strong focus for tackling gang violence and gun culture. This includes the direct engagement with young people involved in, or on the edge of, gangs.

66. Effective partnerships are in place to provide a good response to domestic violence. Strong partnership arrangements and good systems and protocols ensure that agencies communicate effectively. Good support is provided to vulnerable children and young people who experience the effects of domestic violence. There are effective MARAC arrangements. A multi-agency co-located team acts as a focal point for working with families who experience domestic abuse; this includes the Police, health and children's social care services and a voluntary organisation who offer a 24-hour helpline for victims of domestic abuse. Independent domestic violence advisers (IDVAs) engage families effectively and undertake individual work with them. The IDVA service provides specialist support to certain groups, for example Asian women. Domestic abuse notifications are screened by the Police, children's social care and health. Inspectors observed good information sharing, including the use of historical information, and appropriate risk assessments undertaken.
67. There are very effective partnerships at strategic level with the voluntary and community sectors. The voluntary and community sectors are represented on both the Children's Trust and WSCB and they are key partners within the development and delivery of children's services, which adds significantly to the capacity of the partnership.

## Services for looked after children

### Overall effectiveness

**Grade 2 (good)**

68. The overall effectiveness of services for looked after children, young people and care leavers is good. All outcomes for children and young people are good. The support that children and young people receive to achieve educationally is good. An equally strong emphasis is placed on supporting children and young people to enjoy their education as well as to achieve well. Some excellent specialist projects and programmes are run by the Looked After Children's Education (LACE) team. There is good leadership from the looked after children's nurse and a strong emphasis on looked after children's health. Looked after children receive an excellent service from the CAMHS and the Inspire Team. There is a strong emphasis on giving looked after children and young people the opportunity to make a positive contribution. This has been strengthened by employing a corporate parenting officer and a participation worker. There is clear evidence that children and young people's views have made a difference to policy development. There is effective work undertaken to reduce offending, offending rates are low compared to the national average for looked after children and are falling. A high and increasing proportion of looked after young people progress into further education or training at age 16. Care leavers describe the support they receive as excellent and an outstanding package of support is available for care leavers going to university.
69. Securing enough adoption placements for children to be appropriately matched to families in a timely manner remains a challenge. The significant increase in children entering the care system has led to challenges in matching children and young people with appropriate placements. However there are clear plans in place to ensure that future placement choice matches the needs of children and young people. A significant proportion of children are placed in foster care and the partnership has succeeded in enabling a higher proportion of newly looked after children and young people to live within 20 miles of their home. The quality of provision with regard to assessment and care planning is adequate. The number of children with up to date care plans is increasing, however not all care plans are sufficiently specific, with clear measurable outcomes. There are delays in assessments being completed and not all assessments are up to date. The partnership has recognised that there is drift in permanency planning and has taken action to address this. Pathway planning is of good quality.

### Capacity for improvement

**Grade 2 (good)**

70. The capacity for improvement is good. The council has demonstrated a consistent track record in improving outcomes for children and young

people who are looked after. There is a clear vision to improve services for those children and young people who are looked after. The council has a good fostering service and good and outstanding children's homes and an adequate adoption service. Weaknesses in the service are well known and action is being taken to improve these areas. There is strong commitment from all partners to improving outcomes for looked after children. Performance management and monitoring systems are improving. The stability of placements for looked after children are improving, but the proportion of children in stable, long term placements remains below the national average. There is a good sufficiency strategy in place and a strong emphasis on developing more effective services for preventing children and young people from entering the care system. There is evidence of effective partnership working in individual cases. The partnership has a strong commitment to ensuring that children are in the most appropriate placement. The budget for looked after children has been increased due to the rise in the numbers of looked after children. Currently this budget is protected.

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

### **Areas for Improvement:**

#### **Immediately:**

- ensure that effective and timely work takes place with children and young people and their families so that, where appropriate, children are prevented from entering or staying in the care system.

#### **Within three months:**

- ensure all children and young people have up to date, comprehensive care plans that have specific objectives and clear, measurable outcomes
- ensure that assessments are timely, up to date, and clearly identify risks and needs, and that these effectively inform planning and intervention including matching of placements for children and young people
- ensure that permanency planning is robustly monitored to reduce delay
- ensure that all looked after children and young people have a personal education plan (PEP) which sets clear educational targets for progress and achievement and that this is reviewed regularly and leads to improvement.

**Within six months:**

- ensure that there are sufficient adopters to enable children to be appropriately matched in a timely manner
- improve the long term stability of placements for looked after children and young people
- ensure that there are sufficient placements to meet the needs of children and young people who enter the care system.

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

### Being Healthy

### Grade 2 (good)

72. The provision of support to ensure the health and well-being of young people in care is good. The leadership from the looked after children nurse is strong and clearly identifiable across the multi-disciplinary health services. Staff across the partnership value the role played by the looked after children nurse and are very positive about the support she provides to the young people. The health needs of looked after children are understood well.
73. Governance arrangements through the looked after children health steering group, which reports regularly to the corporate parenting board, are good. There is effective management to ensure that health assessments, dental checks and immunisations are completed within timescales. These timescales are monitored closely to ensure that current good performance, being above comparator authorities, is maintained. Consultant support for looked after children and the adoption panel is effective.
74. Health records are child-centred and the voice of the child is evident, particularly in health reviews undertaken by the looked after children nurse. Health assessments and reviews are copied to the child or young person's GP and shared with foster carers and the young person where appropriate. Strengths and development questionnaires are present on case records, providing a snapshot picture of the child. However, these are not routinely completed by the young person and are currently not being used to map the young person's developmental journey over the course of time. Health care plans for disabled children used in special schools are not set out effectively to ensure that actions can be clearly and immediately identified. An audit undertaken by health for the inspection has been used proactively to identify development areas and an action plan has been created.
75. Joint working between health and social care and across health services to support looked after children is evident, and there is an excellent and dedicated service from CAMHS and the Inspire Team. Where young people placed out of area have need for CAMHS, the health commission provides support when the local CAMHS cannot meet the need. The Key team successfully provides intensive individualised support to highly challenging young people with whom other services have not succeeded. This effectively prevents out of city placements and enables young people to connect with others and move forward with their lives. There is no shared database between health and social care so CAMHS, along with other health services, have no access to the electronic recording system

used by children's social care. Although the looked after children nurse receives a weekly update on the looked after children population and locations, the CAMHS team is not routinely notified of children changing placement.

76. Foster carers are well supported and receive good training on health matters relating to looked after children. Residential staff are very well supported, through the Pillars of Parenting programme, to support the health of young people in their care. There is very close cooperative working between the looked after children nurse, sexual health services and social care to deliver education and support to young people in care, with targeted programmes in residential homes, educational visits and specialist workers.
77. Care leavers are well supported with copies of their most recent health review and other information, and an exit interview with the looked after children nurse who also ensures they are registered with a GP and dentist. An information pack for care leavers is being developed
78. Young people are being engaged in the development of the Being Healthy agenda although to date looked after children have not been involved in training of staff or foster carers or in the recruitment of relevant health professionals.

## **Staying safe**

## **Grade 2 (good)**

79. Safeguarding arrangements for looked after children are good. Most young people spoken to state that they have good relationships with a carer, social worker, after care worker or another professional. Of the looked after children and young people who responded to the survey undertaken as part of the inspection, 87% reported that they felt safe or fairly safe and 91% said they had at least one person they could tell if they were being harmed. These responses were echoed by young people who were seen and talked to as part of the inspection. In total, 84% said they found the advice they were given about keeping safe was fairly or very useful.
80. There has been a significant increase in the number of children entering the care system. However, the council has managed to significantly reduce the number of children who have three or more placements, and this is now more in line with the national average. Long term stability has improved slightly but remains below the national average. The council has analysed the reasons for this, although no specific themes were identified. The council has succeeded in significantly reducing the proportion of newly placed looked after children who are placed more than 20 miles from their home, and this is positive considering the significant rise in looked after children. A high proportion of looked after children are placed in foster care.

81. The most recent Ofsted inspections of the council's children's homes judged them overall to be outstanding or good. All of the children's homes inspected had at least a good judgement for Staying Safe, with some receiving an outstanding judgement. The council has a policy of only placing children in homes which have been judged by Ofsted to be at least satisfactory. The quality of external placements is monitored through a Purchased Placements Panel chaired by the Head of Service. Commissioning of both fostering and residential placements internally and externally has well developed systems for monitoring outcomes and ensuring safeguarding as a priority. Safeguarding requirements are embedded in contracts with external providers. Internally, both foster carers and residential staff have access to a wide range of training to ensure safeguarding requirements are understood and implemented.
82. Over 87% of children and young people surveyed stated that they did not have a choice of placement. However, there is an effective commissioning strategy in place to ensure sufficiency of placements, in response to the limitations in placement choice for looked after children and young people. The strategy includes plans to increase the provision of a wider range of foster placements which are targeted to the current cohort of looked after young people, as well as specialist provision for those with more complex needs.
83. The most recent Ofsted inspection of the fostering service in 2008 judged it to be good overall. The most recent Ofsted inspection of the adoption service in March 2011 judged it to be satisfactory overall. The Staying Safe judgements were good for fostering and adequate for adoption.
84. Young people in long term foster care in stable placements, both internally and externally, are encouraged to stay in their placements until they are 18. The Purchased Placements Panel meets monthly to monitor all children in external foster placements and is committed to enabling children and young people to remain in placements where it is assessed as being in their best interests. There is also a commitment to minimising disruptions in education. There is evidence that homeless 16 and 17 year olds are supported to become looked after if an assessment of need identifies that this is in their best interests. There are also examples of placements being held for a limited period for individual young people who have been looked after but are returning home. This enables children and young people to return to their original placements, and ensures good continuity for them. Processes are in place to ensure that the needs of young people who become looked after as teenagers are carefully assessed before plans are made for their future. However, these are not consistent and there are some examples of work being undertaken to return young people to their families without consideration of their individual needs.

**Enjoying and achieving****Grade 2 (good)**

85. The impact of services to help looked after children and young people enjoy and achieve is good. Effective strategic overview of achievement and monitoring of looked after children education outcomes is provided by a virtual headteacher and supported by a well-resourced LACE and MAST. Educational outcomes for looked after children are improving, are better than the national average for looked after children and in line with, or better than, the average for similar areas on most key performance measures. Results in English and mathematics for 11-year-olds have improved consistently over the last three years, from well below to above national average and closer to the average for similar areas. This clear improvement trend means the gap in attainment between looked after children and other children in the city is closing at Key Stage 2. The proportion of looked after children who achieved five or more GCSEs at A\*–C including English and mathematics improved significantly last year to above the national and similar area average. While young people gained a number of GCSEs and/or equivalent qualifications in 2008/09, none achieved this higher standard. The proportion achieving one or more GCSE at A\*–G has improved and is in line with performance in similar areas. Most looked after children and young people make at least satisfactory progress from their starting points. The local authority has not yet succeeded in significantly narrowing the gap in attainment at Key Stage 4. However, the local authority has high ambitions for the education of looked after children and recognises that this remains a key priority for improvement.
86. An equally strong emphasis is placed on supporting children and young people to enjoy their education. Some excellent specialist projects and programmes are run by the LACE team, including Easter and summer holiday schools, the Letterbox project to enhance literacy and numeracy skills, and creative arts and other short courses which also provide additional qualifications and awards. The personal education allowance has been used very well to support young people's learning and achievement, for example by funding one to one tutoring, educational resources and specialist equipment. A good range of high quality out of school enrichment is on offer across the city and positive action has been taken to ensure that looked after children have access to the same kinds of high quality opportunities as others through play, youth, library and extended services. The council is putting in place a scheme to provide free access to its sports and leisure facilities. Good work is being done to record young people's career aspirations, learning and achievement in on-line learning accounts which have been developed for all young people in Wolverhampton.
87. Effective action is taken to promote good educational inclusion for looked after children. Robust systems and good information sharing between the local authority, schools and partners ensure that attendance, behaviour

and education placements in and out of the city are monitored closely and concerns are identified and tackled swiftly. Admissions policies and managed moves between schools and other educational settings give clear priority to looked after children. No looked after child has been permanently excluded from a Wolverhampton school for the last three years as a result of strong and effective partnership work with and between schools. Fixed-term exclusions are below the average for similar areas and the national figures. Attendance has been better than the national average for looked after children for some years. However, it is not as good as attendance for all school age children and young people in the city and strategies are in place to tackle this. The proportion of looked after children and young people who are persistently absent from school (attendance below 80%) is below the national average, which is good. The most recent local data show that children placed in schools outside of the city have better attendance overall than those in local schools. Work is underway to analyse these findings further and to focus support where it is most needed.

88. The timeliness and completion of PEPs have improved. The proportion of children and young people with an up to date plan is around 80% and increasing, but the local authority recognises that the quality of plans is variable. Those scrutinised by inspectors ranged from good to poor. Key education information and data were often missing and academic targets, where they were included, lacked precision and clear timeframes. Data on the academic progress of looked after children held by schools are not used systematically in the PEP process to inform effective planning. In the good plans seen by inspectors, children and young people's engagement was evident throughout, their views were well captured and targets for progress and achievement were clear, appropriate and reviewed regularly. The LACE team is developing a new PEP template ready for the coming school term which is designed to draw electronically on existing data and to make clear the roles and responsibilities of the key professionals involved. Central data systems do not currently make it easy for the LACE team to track and report on the progress of the looked after population as a whole, although work is underway to improve this. The partnership has recognised this difference and education welfare officers are now working with staff to help them in motivating and engaging young people in the residential home environment in order to improve their educational outcomes.
89. A good range of high quality alternative education provision is available for young people when a full-time school placement is not appropriate or breaks down. Flexible and timely curriculum packages are carefully put together based on a thorough assessment of individual need and their effectiveness is closely monitored. Well established quality assurance arrangements support the work of providers commissioned by the local authority. These programmes are helping to raise young people's self esteem, widen their horizons and help them overcome significant and

often long-standing barriers to learning. As a result almost all looked after young people in Wolverhampton continue in full-time education or training after the age of 16.

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

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

90. Opportunities for looked after children and young people to make a positive contribution are good. These include formal structures and events where children and young people are represented, as well as opportunities across a range of services and settings which help them develop good communication skills and the self-confidence to speak out on issues that matter to them. The council has significantly strengthened its commitment and capacity to give children and young people a voice in strategic decision-making by appointing a corporate parenting officer and a participation worker who are providing clear leadership and drive for the participation agenda. The revitalisation of the Children in Care Council (CiCC) and the revision and launch of a new pledge for children in care are recent developments. However, they build on established practice in universal services and in work with individual children and young people which continues to support their wider social and emotional well-being. The proportion of looked after children who participate in their reviews is above national average. The involvement of care leavers in pathway planning is very good.
91. Wolverhampton has an active and expanding CiCC that has had a direct impact on shaping policy and practice, for example in relation to the corporate parenting strategy, PEPs, the Safer Caring policy and the emergency foster care protocol. Effective steps are being taken to extend the reach of the CiCC, for example through a quarterly newsletter written by young people, including questionnaires to canvass opinion on a range of issues. Children and young people are creating a dedicated website, they have made a DVD to support children coming into care and last year organised a high profile and successful celebration event for their peers, called Achieve Your Dreams. Additional sub-groups of the CiCC have been developed for younger children and for those with moderate to profound disabilities to ensure these groups also have their voices heard and play an active part in decision-making. However, the local authority knows there is more to do in this area. An annual conference of young people in care ensures that their priorities are agreed and these are now being successfully captured. The new pledge sets out clear priorities determined by children and young people and the success measures against which the work of key services and partners will be judged. The pledge has successfully brought children's views and aspirations into sharp focus, but it is too early to determine its impact on improving outcomes.
92. Looked after children are actively involved in council staff recruitment and selection and are involved in similar activities with partners. Young people

contribute to staff induction and training and with developing learning resources. Commissioning is being strengthened by the involvement of service users, for example in awarding the contract for new supported accommodation for care leavers and the re-commissioning of the contact service. Good practice in user engagement is being embedded as the council requires its commissioned services to demonstrate that they meet, or are working towards, recognised national standards in children and young people's participation.

93. Children in care and care leavers who met inspectors said they were happy with the quality of the services they received overall. Children's feedback is analysed for equality and diversity purposes and to bring about improvement.
94. Partners are taking robust and effective steps to prevent offending and reoffending by looked after children and care leavers. Offending rates are low compared to the national average for this group and are falling. A well conceived city-wide strategy is bringing key partners together, including the Police, schools and the community groups, to tackle gun and gang culture. This is helping looked after children, and other young people at risk, to develop resilience and the self confidence to make informed choices. For example, youth work in the city's crime hot spots, high quality positive activity programmes, and restorative justice work undertaken by the youth offending service are helping young people understand the impact of their behaviour on others and building bridges between different groups and communities. Careful planning and good support for young people who have been in custody are enabling them to find appropriate training or work and somewhere suitable to live when they return to the community.

## **Economic well-being**

**Grade 2 (good)**

95. The impact of services to support young people to achieve economic well-being is good. A high and increasing proportion of looked after young people progress into further education or training at age 16. This figure is now well above the national and similar area average. The majority of the current cohort of 16-year-old looked after young people/care leavers are in full-time learning. The large majority of care leavers have high aspirations and have clear and realistic goals for the future.
96. Post-16 education and training opportunities, including vocational and academic programmes, are flexible and responsive to need. Good partnership work between the council, college, training providers and the Connexions service, and good use of external funding, have extended the range of provision, particularly for those with the most complex needs and the greatest barriers to participation. Apprenticeships within the council and across the partnership as a whole are under developed. The council has plans to provide more in-house apprenticeship and work experience

placements for looked after young people and care leavers. A good start has been made with three apprenticeships within the council but there is more to do, including working with local employers, to increase these vocational opportunities.

97. The proportion of care leavers who are not in education, training or work has been a concern in the recent past. However this figure has now fallen against the challenging backdrop of higher than average youth unemployment across the city as a whole. Partners are rightly proud of this achievement, but recognise that outcomes for the 17 and 18-plus age group are less positive, as some learners drop out of learning after one year. Robust tracking and good information sharing between partners ensures that the whereabouts and circumstances of almost all care leavers are known and the council is able to maintain regular contact and offer a good range of services. Care leavers who met inspectors described the support they received as excellent. However in the AfterCare survey, six out of 18 care leavers stated that they did not receive enough support from the council.
98. An outstanding package of support is available for care leavers going on to higher education. This includes financial support for fees, living costs and transport, as well as emotional support, advice and practical help. Young people have the flexibility to go to university at 18 or at an older age, and are supported financially beyond three years if needed. Nine young people are currently on degree programmes and provide inspirational role models to the younger people coming through the care system.
99. Almost all care leavers have a pathway plan which is up to date and reviewed regularly. Plans are comprehensive, of good quality and support young people's transition to independent living and into education, training or work. This is because every effort is made to make sure young people are fully involved, their needs, goals and aspirations are at the heart of the planning process, and actions, timescales and responsibilities are clearly set out. The recent move of the care leaving service from an external provider back into the council is strengthening capacity and building greater coherence of support for the 14-plus age group. PEPs for the 16-plus age group are being developed to underpin this work.
100. Care leavers have good support to live healthy lifestyles and are actively encouraged to make regular use of primary health care, such as sexual health services, as well as specialist provision such as that for substance misuse. A new transitions protocol for care leavers with learning difficulties and/or disabilities is in place. Support for care leavers with disabilities is good, with transition plans carefully supporting independence where appropriate. Carers describe transition planning for this group of young people as seamless. The care leaving service provides a package of good opportunities for young people to develop useful skills and knowledge

which equip them well for independent living and give them additional qualifications, such as in first aid and food hygiene. The service also supports and trains other professionals to undertake this work so that care leavers have choice and flexibility about who they want to work with, where and how. Connexions has a clear focus on work with care leavers and provides good information, advice and guidance. Personal advisors are deployed effectively, for example in the youth offending service, schools and the city centre drop-in, to provide an accessible and independent service.

101. Young people leaving care and moving into their own accommodation receive good support and advice for setting up home. Housing applications to the council and its partners are given top priority. Robust and long-standing partnership work is ensuring that the most vulnerable young people, including those who are homeless or at risk of becoming so, are found suitable supported accommodation without delay. The council has recently commissioned some new supported housing to meet changing need. Effective support to young tenants and private landlords means that very few young people have been evicted for many years. Bed and breakfast accommodation is only used as a very last resort and appropriate supervision and safeguards are put in place. The proportion of young people in accommodation which is deemed suitable for their needs is consistently above national and similar area average for this performance measure. However, some care leavers told inspectors that they were not happy with where they lived and would move to another part of the city if they had the choice. Of 18 care leavers who responded to the AfterCare survey, 13 stated that their accommodation was good or very good.

### **Quality of provision**

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

102. The quality of provision for looked after children is adequate. The number of children with care plans is increasing however care plans are not in place for all children and young people. Care plans are not consistently specific with clear measurable outcomes. There are delays in assessments being completed and assessments are not always sufficiently comprehensive and analytical. There have been delays in permanency planning which has led to drift and delay in some cases.
103. The council demonstrates an in-depth understanding of the needs of looked after children and young people in Wolverhampton. There are a number of strategies and plans which address areas for development and established priorities to achieve improved outcomes. The commissioning arrangements reflect these priorities and services exist or are being commissioned to meet these needs. At the time of the inspection the number of looked after children had remained relatively stable at 499 after a significant increase of over 100 young people in the previous 12 months. The increase is due to improved recognition of children's needs by early

intervention services, combined with improved understanding of the need to reduce delay in cases of neglect.

104. There are effective arrangements in place for children who are missing from care, with good monitoring arrangements and risk assessment of children who go missing. The council's own analysis of instances of missing children has highlighted a significant issue of repeat missing episodes within residential children's homes, and there are strategies in place to address this. There is an adequate advocacy service in place which is in the process of raising its profile among looked after children and care leavers. A limited independent visitor scheme currently has 11 children placed with independent visitors. A complaints process is in place, however only 52% of looked after children and young people surveyed knew how to make a complaint. The large majority of children in the Care4me survey said they had not had to make a complaint to the council, but most of those who did felt that their complaint was sorted out fairly. The lessons learned from complaints are used to make improvements in services and practice. For example, following a complaint about drift there is now monitoring of children and young people who are accommodated under Section 20 for longer than six months.
105. Risks are recognised well across all levels of the council and accommodation is appropriately provided for those children and young people who need to be looked after. All decisions to accommodate children are made by a senior children's social care manager. There are systems in place to hold a planning meeting 72 hours after admission, to consider the plan for the child, and any potential return home or to their community. There is a good range of early intervention services, both within the council and its partner agencies for children on the edge of care. The Family Advice and Support Team provide flexible and responsive support for children and young people from approximately eight years of age upwards. Parents who use the service reported that they greatly appreciated the support given by staff. Interventions through planned support indicate that the service is successful in its aim. However, in two cases viewed by inspectors interventions were not undertaken in accordance with the assessment and planning that had taken place. It is recognised that some children are entering the care system due to work not being effective at an earlier stage such as when they were identified as children in need or children in need of protection. The partnership recognises the need to develop more effective strategies for working with children and families at an earlier stage to prevent children entering the care system. Currently the Family Advice and Support Team is being reviewed, and family group conferencing is being piloted in a children's centre. MASTs are currently recruiting to additional social work posts to improve capacity in early intervention services.
106. The partnership is aware that it has a limited ability to meet the placement needs of all the looked after children and young people, particularly for

those with complex needs, large sibling groups and those of minority ethnic and dual heritage. There is good senior management oversight of the needs of children with complex needs placed externally via a multi-agency External Placement Panel. Placement stability and placement moves are one of the causes for concern raised by the CiCC. The Corporate Parenting Pledge launched during the inspection programme reflected this as a high level commitment to children in care. The council is addressing this through both its commissioning strategy and care planning processes.

107. Although a number of recommendations from the adoption inspection are being actioned, there remain delays in family finding and delay in providing permanence through adoption. At the time of the inspection there were 53 children in the family finding process awaiting placements, and 30 families needed. Some children have currently been awaiting a placement for 18 months. There have been four adoption disruptions in the last 18 months with children placed with adoptive carers. The key features identified by the adoption service have been related to preparation, both of children and adopters, and the need for more support for the adopters in the early stages of the placement. Learning from these disruptions has taken place and increased training and support for adoptive carers has been implemented. Examination of case files and discussions with social workers during the inspection identified that the skills of some foster carers in being able to move children on successfully have not been sufficiently developed and taken into account in the matching process, especially when the foster placement has been long standing.
108. In 2010–11, 62% of children were placed for adoption within 12 months of the decision, which, although an increase on the previous year, is still below the national average. It is acknowledged by the council that the ability to recruit appropriate carers to meet the needs of children awaiting adoption has been limited. There is a marketing strategy in place to improve the recruitment of adopters. The council is linked with both Adoption in the Black Country and West Midlands consortium, which gives access to a wider range of potential adopters. At this stage the council has not prioritised a commissioning strategy to ensure a robust approach to ensuring there are sufficient adoptive placements.
109. There have been delays in achieving permanency for a number of looked after children. Action is being taken to improve this. A court liaison officer has been appointed to assist in reducing delay as a result of court processes. Assessments of potential 'family and friends' carers are managed within the Looked After Children's Teams to help reduce delays at later stages in the permanence planning process. Managers at all levels have been engaged in overseeing and auditing timeliness of plans and decision making. The Independent Review Service operates a 'RAG rating' system in relation to tasks outstanding from reviews. These measures

have resulted in an improvement in timeliness of care plans, and a reduction in the numbers of young people awaiting a decision about permanency once looked after. However, assessments and up to date care plans are not in place for all children and young people. There are delays in some assessments being undertaken and some assessments are not sufficiently comprehensive or analytical. Some case planning does not reflect an explicit assessment of the child's needs. However, there were good examples seen of the consideration of the ethnic and cultural needs of children and young people in assessment, planning and intervention. The quality of assessment and care planning processes is recognised by the partnership as an area needing improvement. Transfer of cases between teams also leads to some delay in the care planning process and a review of transfer protocols is being developed to address this.

110. The vast majority of looked after children reviews are held within statutory timescales. The safeguarding review managers chair both child protection case conferences and looked after children's reviews and so provide continuity in planning from child protection to entering the care system. The service is under some pressure owing to vacancies and staff sickness. There is a new system of case planning for young people by line managers in between reviews to reduce drift and ensure care plans are completed in a timely way. Social workers report that safeguarding and review managers are effective, both in challenging them regarding quality and timeliness of plans and actions, and in providing support where necessary with senior managers for specific issues. Up to 94% of children surveyed said that their reviews worked well. Regular reviewing of those who are accommodated under Section 20 for more than six months has resulted in a small reduction in these figures. In interviews, most looked after young people stated that they were active in their own reviews, and that they regularly saw their social worker alone. However, the recording of reviews is of variable quality and timescales are not always in place for actions and, though improving, the Safeguarding and Review Service has not consistently ensured that clear permanency plans are in place and ensured that drift has been effectively challenged in all cases.
111. Case recording is of variable quality and not consistently up to date. Evidence of management oversight in some cases is very limited and has not been effective in ensuring the timeliness and quality of assessments and care planning.
112. Foster carers are very positive about the training and support they receive, particularly from the foster care centre, which provides a facility for foster carers to meet formally and informally. Carers report excellent support from family placement social workers, which is much valued. Some foster carers state that there is a lack of responsiveness from the child's social worker and social workers do not spend time explaining to them, or the children placed, about changes in care plans agreed by the court. Other issues related to a lack of information given to carers about

children placed with them, which in some cases impacted on their ability to care for the child and ensure that they are safe.

113. Both Wolverhampton foster carers and residential care staff have been trained in the 'Pillars of Parenting' model which is focused on enabling carers and staff to provide emotional warmth to improve outcomes for children in care, including those which affect placement stability. This has been well received and is supported by the Council's Placement Support Team, who provide support to children and carers within a 30 mile radius of the city. There are good evaluations by those carers who have used the service.

## **Ambition and prioritisation**

## **Grade 3 (adequate)**

114. Ambition and prioritisation for services to looked after children and young people are adequate. There is good ambition for children and young people who are looked after in Wolverhampton. The elected members within the corporate parenting group demonstrate strong commitment and have high aspirations for children and young people, however the corporate parenting group has yet to demonstrate impact. The excellent support for young people in higher education does evidence the high aspirations of the council for children in care and care leavers. Although prioritisation is improving, it has not been effective in ensuring key issues such as drift and permanency planning have been addressed. Priorities are now beginning to lead to improvements in assessment and planning and avoiding drift in some cases. This has led to the majority of children and young people now having care plans in place. There has been a lack of a clear strategy in place to ensure that there are sufficient adoptive placements so that children can be appropriately matched in a timely way.
115. A recent scrutiny review of corporate parenting makes a range of appropriate recommendations that are being put in place. One of the recommendations is the delivery of training to raise awareness of elected members' corporate parenting responsibilities.

## **Leadership and management**

## **Grade 2 (good)**

116. Leadership and management across the partnership have led to good outcomes for children and young people who are looked after and in care. Children and young people who are looked after report a high level of satisfaction with the service. The virtual headteacher has ensured that there is an improved focus on the education of looked after children and a highly regarded looked after children nurse works effectively to ensure that looked after children have good health outcomes. The CiCC and the consultation of looked after children and young people through an annual event enable the views of children and young people to positively influence service planning.

117. Social workers report that they are well supported and they can access a wide range of training opportunities to help their development. There is good support for the post qualifying award. Foster carers receive good training and support.
118. Effective commissioning of placements for children in care has enabled the vast majority of children and young people who are newly looked after to live within 20 miles of their home address and ensures that children are placed in at least satisfactory placements. There is a clear focus on value for money. A review of the fostering service led to the commissioning of an independent provider to assess, recruit and train 90 carers over three years to reflect the identified needs of children being received into the care system. Consultation with services users is securely built into the commissioning process. There are good examples of children and young people being involved in commissioning new provision, including supported housing and the contact service.
119. Good evaluation systems established in local authority and commissioned residential children's homes ensure equality and diversity is embedded across all aspects of provision and practice. This means homes are better equipped to identify and meet the individual needs of young people in their care. Good practice is being rolled out to the fostering and adoption services. There is effective partnership working between health and children's services.
120. The new leadership team recognise that weaknesses exist in assessment and care planning which has led to delays in arranging permanent placements for some children and young people. Appropriate action is being taken to improve the quality of assessment and care planning and to reduce drift for children and young people and this is beginning to have an impact.

## **Performance management and quality assurance**

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

121. Performance management and quality assurance arrangements for looked after children are adequate. Information provided to front line managers has improved, for example managers now receive information on whether statutory visits have been undertaken within timescales. Effective monitoring in some areas has led to improvements, such as reducing the number of children having more than three placements moves in a year. There are some good examples of performance management being used to improve practice, such as the evaluation of the fostering service. However, data quality is not sufficiently robust in key areas of social work and there has been an insufficient focus on qualitative data. Case auditing has yet to demonstrate consistent improvement in social work practice. There are developing plans with regard to improving performance management of the Children in Care Pledge, whereby the partnership will

have to account to the CiCC with regard to its progress. The quality of supervision is variable and there is limited evidence of management oversight.

## Record of main findings:

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