

Inspection of safeguarding and looked after children services Warwickshire

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Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of five 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 65 children and young people receiving services, 33 parents and carers, front line staff and managers, senior officers including the Strategic Director of the People Group and the Chair of the Local Safeguarding Children Board, elected members and a range of staff from health and partner agencies including the Arden Cluster (NHS Coventry & NHS Warwickshire), South Warwickshire NHS Foundation Trust (SWFT), George Eliot NHS Trust and University Hospital, Coventry & Warwickshire NHS Trust (UHCW), Badger Harmoni (primary care out of hours service), Coventry Warwickshire Partnership NHS Trust (CWPT), the Police and the voluntary and community sector
 - analysis and evaluation of 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 a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
 - a review of 40 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 June 2011.

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
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Good (Grade 2)	A service that exceeds minimum requirements
Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

Service information

4. Warwickshire has a resident population of approximately 124,000 children and young people aged 0-19 years, who make up just under a quarter of the total population of the county. In January 2011, 14% of the school population were classified as being of an ethnic group other than White British, the largest minority ethnic group being Indian (3%). The May 2011 School Census reported 6% of pupils with English as an additional language.
5. According to the most recent Government statistics, Nuneaton and Bedworth is the most deprived borough in Warwickshire containing six areas that fall within the most deprived areas nationally. Stratford-on-Avon is the least deprived. However, there are small pockets of deprivation spread throughout the county. As at May 2011, 10% of school pupils were eligible for free school meals.
6. There are 265 schools in Warwickshire. This figure includes 14 secondary academies, 21 independent schools and 230 local authority maintained schools (comprising 193 primary schools, 21 secondary schools, nine special schools, one Pupil Referral Unit and six nurseries). Early years services are in the main provided by the private and voluntary sectors, including 39 children's centres. There are also six local authority maintained nurseries and 53 schools which deliver early years provision.
7. Warwickshire County Council (WCC) social care services for children have 338 foster care households at the time of the inspection. A short break service is commissioned from Barnardo's, to provide emergency placements for children and young people while plans are being made for them. Community based children's services are provided by nine children and family teams and an asylum seekers team. There is a county wide team to provide services for children with disabilities, an emergency out of hours service providing cover throughout the county and an independent reviewing service. A range of targeted services for children are directly provided or coordinated through children's services, for example youth services, teenage pregnancy services, Connexions, substance misuse services, behaviour and learning support and early years and childcare services.
8. At the time of the inspection there were 652 looked after children, of which 384 were placed in WCC foster care, 92 were placed with agency or

other local authority foster care, 53 were placed with a relative or friend, 37 were placed with parents or persons with parental responsibility, 19 were at a residential home or school, 18 were placed for adoption and 49 were placed in another type of placement such as independent living accommodation. WCC utilises the virtual school approach in supporting the learning of looked after children. At the time of the inspection there were 492 children who were subject to child protection plans.

9. Warwickshire has had a Children and Young People's Strategic Partnership since 2005. The Children's Trust includes representatives from WCC, health commissioners and services, Warwickshire Police, Job Centre Plus, representatives of local schools and colleges, district and borough councils and the voluntary sector. The Warwickshire Safeguarding Children Board consists of the main organisations working together in the area providing safeguarding services and has an associate membership scheme which draws in partners more widely.
10. VOX, the Warwickshire Youth Council, consists of 15 young people, three elected from each district. All members are elected locally and serve for one year on the panel. Four Members of Youth Parliament (MYPs) and four deputy MYPs were elected by young people who voted by text, ballot and via the internet. The Children in Care Council is also fully established.
11. Commissioning and planning of children and young people's health services and primary care are undertaken by the Arden Cluster which was formed in partnership between NHS Warwickshire and NHS Coventry in April 2011. A jointly funded Commissioning Manager has been in post for five years to align priorities across all health services for children, young people and families. Joint commissioned services include the health provision at the Youth Offender Service (YOS). NHS Warwickshire provides a funding allocation to WCC who commission the health provision. The shadow Health and Well-being Board has been in operation since April 2011.
12. Universal health services, such as health visiting, school nursing, and paediatric therapies, are delivered primarily by South Warwickshire NHS Foundation Trust (SWFT). The acute hospitals that provide accident and emergency services for children are South Warwickshire Foundation NHS Trust at Warwick Hospital, George Eliot NHS Trust and University Hospital Coventry & Warwickshire NHS Trust (UHCW). Maternity and newborn services are provided by SWFT, George Eliot NHS Trust and University Hospital Coventry & Warwickshire NHS Trust. Children and families access primary care services through one of 76 GP practices, two walk in centres (Camphill in Nuneaton and Rugby St. Cross Hospital) and the urgent treatment centre/minor injury centres at Rugby St Cross Hospital and Stratford Hospital. The GP out of hours service is supplied by Badger Harmoni.

13. Child and adolescent mental health services (CAMHS) are commissioned through a specialist Joint Commissioning Manager for Warwickshire County Council and the NHS and delivered by Coventry & Warwickshire Partnership Trust (CWPT) through four child centred multi-disciplinary teams based in Coventry, Rugby, Leamington and Stratford. For children with disabilities and/or learning difficulties and who have complex health needs, services are provided by Coventry & Warwickshire Partnership Trust, South Warwickshire Foundation Trust and Warwickshire County Council.
14. At the time of inspection, the council was undergoing a significant period of transformation. Warwickshire County Council has re-formed into three strategic 'Groups' of business units, with the People Group being the last to form on 1 November 2011 during the first week of inspection fieldwork. The People Group brings together child and adult social care, education, early intervention, commissioning and business support services under one Strategic Director. The re-alignment is due to continue with the introduction of local delivery centres with the aim of providing locally accessible and joined up services.

Safeguarding services

Overall effectiveness

Grade 2 (Good)

15. The overall effectiveness of the council and its partners in safeguarding and promoting the welfare of children in Warwickshire is good. The strong leadership of elected members and senior managers has contributed to improved safeguarding outcomes for children and young people and has enabled children's social care services to be protected during a period of severe financial pressure and cuts to other services. The safeguarding and early intervention divisional business plans identify key issues and have realistic timescales with a clear focus on outcomes.
16. Strong and effective strategic leadership is provided by the Children's Trust at both county and district levels and by the Warwickshire Safeguarding Children Board (WSCB). The strategic priorities of the WSCB link well to those of the Children and Young People's Plan (CYPP). Partnership work with the voluntary sector is particularly strong.
17. The council has recently restructured children and adult services into one business group, the People Group, with a newly appointed Strategic Director. While it is too early to judge the effectiveness of the new structure, transformation planning prior to implementation has been very thorough and risks have been appropriately and comprehensively identified. The senior management team has identified improvement opportunities provided by the new structure, for instance in transition arrangements for children and young people with disabilities, and officers are realistic about the challenges ahead. Changes have been widely

shared across children's services and with health and partner agencies and have been well received.

18. A culture of learning through performance management permeates all agencies and as a result target setting is ambitious and widely understood within the workforce. Regular case auditing by managers at all levels including senior managers was implemented following the Joint Area Review of 2008 and is well established. Regular analysis of findings by the senior leadership team has led to improvements in performance and in the quality of practice, although there remain weaknesses in the quality of initial assessments. The thoroughness of the auditing of files seen during the inspection was variable.
19. Children most at risk of harm are appropriately protected and prioritised with robust arrangements between partners to manage and monitor cases. Early intervention is appropriately prioritised and well resourced, with good examples of effective and innovative practice. There are some good examples of council and health services meeting equality and diversity needs well within the local population although overall the council's approach to issues of equality and diversity are adequate.
20. Workforce development is effective in helping to retain competent and experienced staff. Staff are well supported, including those who are newly qualified. Staff have access to good quality training which is well targeted towards business plan objectives. Health visitors and school nurses seen during the inspection had no concerns about their caseloads or their capacity to continue to deliver the healthy child programme, and they are meeting targets which are in line with or better than similar areas and nationally. Improvements to practice are supported through Warwickshire being an early implementer for 'Action on Health Visiting'.
21. A significant proportion of children and young people do not know how to use the formal complaints process. The council is currently revising its corporate complaints systems in order to improve practice and ensure that processes are fit for purpose.
22. Service users in council run services are actively involved in individual case planning and increasingly consulted about service planning, including the plans to localise service delivery through integrated teams. There is insufficient communication and involvement of children in strategic health safeguarding arrangements and procedures although involvement is better at frontline health service level. Service user feedback is analysed within some health services in order to evaluate effectiveness but this is not yet sufficiently systematic or robust.

Capacity for improvement

Grade 2 (Good)

23. The capacity for improvement is good. The council has recently successfully completed a transformation programme to bring together

adult and children's services into one of three new business units. Plans for the new business unit, the People Group, are ambitious, build on the strengths of the previous structure, and are integral to realising the longer term process of rationalising services around five locally based integrated service delivery hubs. As this is a recent development any advantages arising from the new business unit have yet to be realised.

24. An assurance test has been recently undertaken following the merging of the role of Director of Adult Services with Director of Children's Services. This demonstrates compliance with the requirements of the Children Act 2004 and clearly describes how the council intends to discharge its children's services statutory duties in an integrated and coherent way. The impact on Heads of Service of increased responsibilities for operational issues arising from the recent organisational changes, has been fully addressed. The leadership role for involving children and young people at a strategic level is appropriately retained by the People Group Strategic Director. However, it is too early to comment on how well the new structure is being implemented.
25. The strong investment by the council in early intervention services is underpinned by well articulated business planning and research evidence. This is helping to achieve a long term reduction in the need for costly statutory intervention. Planning is fully integrated into corporate transformation plans. Early intervention services are yielding good outcomes and parents are very positive about the services that they receive. Evaluation of the current raft of services, and work carried out in conjunction with Dartington Social Research Unit, is helping the council to determine where future investment of resources will have the most impact.
26. The council has successfully dealt with most areas for development identified during the unannounced inspection of contact, referral and assessment services carried out in June 2010. For instance there has been a reduction in social work vacancy levels in one district team, and all initial assessments are now signed off by managers. However, there has been insufficient pace in addressing the variable quality of initial assessments, the variation in practice and inconsistency across district teams. These remained areas for development in the unannounced inspection held in June 2011, and inspectors during the current inspection found that despite some progress having been made these still required some action.
27. The council, health services and partners are providing appropriate challenge for each other in the preparation of the next Joint Strategic Needs Assessment (JSNA) and this is helping to ensure it enables deficits in services to be addressed.
28. The WSCB demonstrate their vision and ambition and the implications for service provision very well to the workforce. The WSCB business plan

clearly shows how regulatory requirements are being met and officers are considering the implications of change following the Munro Review of Child Protection. This illustrates the strong commitment to meeting statutory responsibilities.

29. Following the last two Ofsted inspections of the Pupil Referral Unit (PRU), which both found serious weaknesses, the council has undertaken a wide ranging review of the service. This has led to an investment in a radically revised PRU, the changes for which will be implemented over the next year and based on improved school clusters. Plans are well linked with other corporate plans to transform services into more locally based integrated provision and are already helping drive service improvements. For instance, there is an increased level of cooperation and communication between schools regarding arrangements for supporting excluded pupils.
30. The Protection of Vulnerable People (PVP) unit of the Police which has responsibility for child protection, Multi Agency Public Protection Arrangements (MAPPA) and Multi Agency Risk Assessment Conferences (MARAC) works effectively with children's social care services, and is well resourced.
31. Emergency Duty Team arrangements are adequate with effective practices, such as discrete foster carers, in place to support this work. Following a review of the service and investigation into concerns raised by staff and managers, changes are currently being introduced to the service in order to improve the quality and consistency of provision.
32. Children's panels have been developed to provide quality assurance systems. Their findings are used to inform service planning and the panels have a good overview of work being undertaken across the council.

Areas for improvement

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

Immediately:

- ensure that health agencies, including GPs, are promptly notified of child protection strategy meetings and conferences to which they are being invited
- ensure that notifications of attendance of children and young people from unscheduled care and accident and emergency (A&E) units are of a good quality and give full information relating to attendance, including the frequency of visits, so that concerns can be followed up effectively.

Within three months:

- improve the robustness of children's social care case file audits to ensure they more thoroughly address the quality of practice including initial assessments and inform service improvements
- ensure that all child protection plans are specific and measurable and have clear timescales
- ensure that the concerns of parents and carers of disabled children and young people, about the quality and flexibility of school transport arrangements, are suitably investigated
- Warwickshire County Council and NHS Warwickshire should ensure that referral thresholds for safeguarding are applied consistently across the county to ensure appropriate referrals are made and that children and young people are protected from harm

Within six months:

- NHS Warwickshire should ensure that there are robust systems in place to: collect safeguarding training information, assess the impact that training is having on the improvement of safeguarding health services within each contracted service and ensure that safeguarding training is sufficient to meet the needs of health staff.
- improve management oversight of council's HR recruitment processes, and improve the quality of HR files
- NHS Warwickshire should review the different approaches to identifying domestic violence, ensuring that: all opportunity is given to pregnant women to disclose abuse, that they and their unborn babies are appropriately protected from harm, and that information sharing with midwives and health visitors is strengthened
- NHS Warwickshire and Warwickshire County Council must ensure that the accommodation for sexual assault referrals is forensically clean pending the construction of the new centre.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (Good)

34. Services to ensure that children and young people are safe and feel safe are good. The most vulnerable children and young people who need protection are safeguarded by timely intervention and effective decision making. Most children and young people seen during the inspection reported that Warwickshire is a safe place to live.
35. Warwickshire has introduced the WSCB escalation process and enhanced risk analysis. This is an effective method of ensuring that appropriate action is taken in cases where the threshold for intervention is contested, where there are concerns about professional practice, where children are subject of a child protection plan which has exceeded 15 months and where children are the subject of more than one Child Protection Plan.
36. The WSCB has set clear priorities for children and young people missing from home and care, established a harm reduction strategy and appointed a missing children practitioner. The analysis of data from Police and social care databases is well established. Good outcomes are being achieved, for instance only three out of 15 children who were considered to be at greatest risk are continuing to go missing. Multi agency commitment is well embedded through the effective use of CAF for missing children.
37. There is regular monitoring of private fostering arrangements across the county by the WSCB. There is a low number of reported arrangements in the county. However, multi-disciplinary training and updated public information including through use of the council intranet and local media ensures that awareness continues to be improved. The council understands the need to ensure training is made available to designated teachers in order to cascade information to staff in school settings. The adoption service inspected in 2008 was judged as good, and the fostering service inspected in June 2011 was also judged to be good.
38. Warwickshire has developed a clear practitioner risk assessment model for use where any safeguarding concerns are raised and this is widely valued and used effectively during child protection investigations. The model was seen as a strength in the last unannounced inspection of contact, referral and assessment services and has been shared with other councils.
39. The effectiveness of the Local Authority Designated Officer (LADO) is adequate and improving. The designated position was only established in December 2010, however it is developing well with good awareness of the role by a range of agencies, including the voluntary sector and schools.

Training has also been provided on safer recruitment and the reporting of allegations against staff. There is limited performance data available at present as current systems are manual, however an electronic system is due to be trialled shortly. An effective partnership has been developed between the Police and the LADO which enables prompt information sharing, collaborative working and timely responses to safeguarding children, including those which take place across council boundaries.

40. There is an effective and well used complaints procedure, with 97% of complaints about children's social care services being resolved at stage one of the process. Monthly meetings between the complaints team and service managers are used well to monitor and ensure learning takes place to help shape service development. However, the role of the LADO is not yet well understood from a complaints perspective and links are not formally established. A corporate review of all the council's complaints processes is currently underway due to concerns about the timeliness of investigations. However, responses made following complaints investigations are appropriate and measured and there is good practice in relation to apologies being given where services have fallen short and in sharing recommendations for improving practice.
41. There has been a significant investment by the Police in the Protection of Vulnerable People (PVP) unit, which has responsibility for child protection, MAPPA and MARAC. An increase of staffing in the team, despite financial cuts within the Police force, demonstrates a strong commitment to keeping children and young people safe in the county. This is valued by partner agencies. The PVP has strong partnership working, evidenced through effective and well respected domestic violence work and this makes a good contribution to multi agency training. MARAC and MAPPA are well established with good attendance and representation from children's social care services, health, the Police and other partners at an appropriate senior level.
42. The youth justice inspection of April 2011 judged that safeguarding aspects of the service were done well enough 77% of the time, with performance above the national average of 67% and only minimum improvements required. There is evidence of good outcomes for children and young people who have received care through preventative services. Young people told inspectors that they feel that they have benefitted from the range of supported activities, anger management work and individual support in keeping them safe and diverting them from statutory intervention. The work has improved their self-esteem, improved relationships with parents and helped them plan for their future.
43. There is a safe recruitment process in place within the council, with systems in place for ensuring criminal records bureau (CRB) checks and other vetting measures are reliably taken. While human resource (HR) records seen during the inspection were found to have all the necessary

information, recruitment and personnel information is currently split between centrally and locally held information systems. This, together with some inconsistency in how well recruitment checklists are being completed, limits effective management oversight of the process. An extensive programme of training on safer employment is being delivered across the county and is reported to be appreciated and leading to recruitment processes being reviewed and, when necessary, updated. Schools indicate that there are good systems in place in relation to safer recruitment, and there is good oversight and scrutiny by the school safeguarding officer. Safe recruitment policies are in place and monitored for all health staff.

44. The Warwickshire Safer Schools initiative has had a positive impact. For example the partnership between the Police, the council and selected schools has, after its first year of operation, led to a reduction by 46% in incidents of youth antisocial behaviour and fewer reports of violence by children and young people by 24%. Schools are very positive about the quality of safeguarding training provided which they say is comprehensive and enables staff to be equipped with the necessary skills to carry out their duties.
45. Schools ensure the effectiveness of support for children and young people with behavioural difficulties, for example through good use of behaviour and attendance strategy meetings and the special schools forum. School inspections by Ofsted report that most children and young people feel safe in school. The 2011 Warwickshire annual pupil survey indicates that 74% of school children feel safe in school and this is consistent with the 2010 survey. Under the proposed restructuring of the PRU, schools are working in cluster groups to develop individualised provision for children and young people at risk of exclusions. This is increasingly leading to a high level of cooperation and communication between schools, as practices are shared and plans agreed when young people are excluded.
46. Schools report that bullying is effectively addressed through stringent strategies. These include curriculum support materials being used to tackle all forms of bullying and discriminatory behaviour. The recording and monitoring of incidents are well embedded. Pupils seen as part of the inspection said that issues about bullying were managed well in school and that they felt well equipped to deal with bullying and to access support when it occurs. In the absence of a centralised coordinator, the council has maintained the strategic work on anti-bullying by transferring the work to different teams. This is currently seen by schools to be effective. Where bullying is identified within schools, referrals are made to the Family Information Service and Outreach Development Brokerage Office, both of which provide children, young people, and their families with information, timely support and signposting to other services.

47. Services for young carers are good, including those for young carers of adults and young carers of siblings with disabilities. Funding for the young carers' support service has been secured through to 2014, and in addition, young carers have been successful in securing lottery funding. A system of questionnaires given out at school has led to an increase in self-referrals by young carers to services. Young carers seen by inspectors indicated that they feel valued through the support services which they say are good.
48. Good support is provided to minority groups in primary and secondary schools and to Gypsy, Roma and Traveller families. Support for young, unaccompanied asylum seekers is excellent.

Quality of provision

Grade 2 (Good)

49. The quality of provision, which includes service responsiveness and direct work with children and young people is good. Early intervention services provided across the council, such as the Family Intervention Project (FIP), Triple P parenting programme, family group conferencing (FGC) and CAF, demonstrate a good investment in diverting families away from statutory services. Safeguarding outcomes for children and families are good. There is effective engagement of parents within safeguarding and early intervention processes and those parents and carers seen by inspectors were very positive about how well they are supported in caring for their children. Multi agency work is strong. There are effective systems in place for families leaving early intervention services.
50. The CAF is firmly embedded in Warwickshire across agencies, and assessments are of a good quality. It is well used to identify whether referrals to children's social care services are necessary and to help identify and create support networks where statutory social care services are no longer required. This enables support to be well coordinated and this is widely valued by professionals and by service users. The interface protocol between children's social care and the CAF allows the CAF to be used as an initial assessment. Although in practice this has only happened where decisions have already been made to carry out a core assessment, this is not in accordance with statutory guidance in *Working Together*.
51. There is an extensive network of 39 children's centres across the county providing a wide range of services through co-location of partner agencies and excellent engagement with the voluntary and community sector. The centres that have been inspected by Ofsted have been judged to be either good or outstanding. Parents seen by inspectors commented very positively about the support they receive. This enables them to cope with family difficulties, isolation and health concerns and to receive high quality childcare.
52. The review and monitoring of thresholds for children's services' intervention has remained one of the WSCB's strategic priorities over the

past three years. A revised threshold policy was produced following the unannounced inspection of 2010 and has been widely circulated and used. The Quality and Information sub-committee of the Board have additionally produced a new escalation protocol to be used where the threshold is disputed, and this is widely accessible. Both processes are linked to the council's well established risk assessment model which has been widely acclaimed nationally, and is now used by a number of other councils. However, some community health professionals indicate that thresholds are not being consistently applied across all children's social care teams. Family nurse partnership (FNP) staff report that safeguarding referrals are not always accepted by children's social care services when an FNP worker is working with the young person. The designated nurse has provided training to help to improve understanding of the voluntary nature of the FNP programme. Warwickshire has a low rate of re-referrals which is below that of similar councils and nationally, and indicates that social work interventions following referral are effective.

53. Assessments are undertaken by suitably qualified and experienced social workers. The quality of both initial and core assessments and record keeping seen as part of the case file scrutiny is variable. Most are of a satisfactory quality and some are good. Some assessments are very detailed and contain clear chronologies, analysis and planning; most, seen however, did not contain sufficient detail about identity or diversity issues relevant to the child and family. Social workers spoken to demonstrated that they had mostly considered and addressed these issues. In some cases, where there are a number of siblings, the assessments fail to look at the particular needs of individual children. Inconsistencies in the quality of initial assessments between teams were highlighted as an area for development in unannounced inspections in 2010 and 2011. Concerns are currently being addressed through independent audit and county wide supervision training for practice leaders and this is helping to ensure that there is an improvement in opportunities for reflective practice for social workers. There is good evidence of multi agency involvement within care planning and assessment work.
54. The performance in the timely completion of initial assessments has declined over the past few years, although remains consistently higher than for similar councils. The timeliness of core assessments remains good and better than similar councils and nationally. However, performance varies between offices. In order to improve performance, a model of working in one office which reliably achieves 100% completion of assessments is being adopted by other teams, in order to improve consistency across the county.
55. Arrangements for managing section 47 investigations are thorough and decisions and plans are well recorded. Strategy discussions are held appropriately between the Police and children's social care services. Some community health colleagues reported to inspectors that late notification

can prevent their participation, although this was not evidenced within cases seen. Initial child protection conferences are held promptly and are well attended by partner agencies, parents and, where appropriate, by children and young people. However, GPs reported to inspectors some lack of timeliness in receiving their notifications which had then prevented their attendance. Child protection plans have clear and measurable objectives, however, some have timelines that are not clear with reference to actions being achieved 'as soon as possible' or 'on-going'. Core groups of professionals and family members ensure that support is well focused. Minutes of meetings are mostly promptly circulated, with evidence supplied by the council indicating that between 92% and 100% of initial and review child protection conference minutes were distributed within timescale over the past three months.

56. Child protection conferences are well chaired by qualified and experienced independent reviewing officers (IROs). IROs suitably use their independence to provide effective challenge, demonstrate good sensitivity to children, young people and parents, and are developing their role appropriately in line with Care Planning regulations. The capacity of the IRO service is currently limited due to high caseloads and a vacancy in the team, however this is now being addressed through recruitment. The council acknowledges that the annual IRO report does not sufficiently inform senior managers of concerns about capacity or the quality of the service and does not adequately reflect the drive by the service for improvement.
57. Case files audited showed that although supervision is being held regularly, the quality is variable and in some instances recording is limited. As a result it is not always possible to determine the level of challenge, reflective practice and learning arising from individual cases. In some cases there was insufficient management oversight and challenge.
58. Out of hours duty arrangements are satisfactory. Information is passed promptly to day time teams. Following a recent review of the service by senior managers, plans are being implemented to enable the team to become office based. These were partly triggered by some unexpected absences by home based staff which could have compromised the availability of the service. A foster care support line and care leavers' support line provided by the out of hours service, provides an additional means of accessing support and is highly valued by young people and carers. Emergency duty foster carers ensure there is usually good availability of local carers.
59. Effective partnership working in response to domestic violence issues enables prompt support to be provided for victims and counselling services to be made available to both victims and children. It also allows the risk assessment of perpetrators and signposting for early preventative work. The levels of serious violence reported to the Police have dropped by 22%

and as a result of the increase in resources and better communication between agencies, support for families affected by domestic violence is now happening much earlier. The number of referrals has levelled at 8,000 a year. Parents seen appreciate the domestic violence support services they receive, in particular through the Freedom Project.

60. Aiming High resources have been used creatively. They have ensured good outcomes through the provision of respite services for all children, young people with disabilities, and their families. There are good examples of practical parent led support, including shared activities for fathers and children. Parents and carers seen by inspectors who have a child with complex disabilities, indicate a high level of satisfaction with the service provided. A multi-disciplinary team created a year ago that is working with autistic children and young people is providing very effective support to families. In one case seen by inspectors the work of the team has been instrumental in enabling the parents to continue caring for a young person with significant needs. This has been of exceptional quality.
61. Consultation by the council indicates that most parents of children with disabilities and those with learning difficulties are satisfied with the choice of school and see the provision as effective. A small number of those parents seen by inspectors indicated that needs are not always well met and their views were not always listened to. Parents are aware, however, of how to make representation where disagreements occur. Transition from primary to secondary school for children with disabilities is well planned and parents are well informed. Health transition planning is less robust and not aligned to education processes that commence at 16 years. Transition planning has been recognised by the National Transition Support Team (NTST) as being of exceptional quality, with three practice examples detailed on the NTST website. However, some parents indicated to inspectors that they would wish information to be provided earlier.
62. Although there are very good levels of support groups for parents of children with a disability, not all parents seen by inspectors are aware of their existence and their advocacy function. Provision of transport for children and young people with a disability lacks flexibility and the quality is variable. There is not a consistent approach to taking into consideration the complex needs of the child and his/her vulnerability.
63. Parents report they receive a good and supportive service from the Integrated Disability Service with informative and helpful access to a range of support services such as the Inclusive Leisure Education Activities Project (ILEAP) and Moving On, Moving Up. There is an active parents' support forum which is well used by the council for consultation; for example the group influenced how some of the Aiming High budget was spent with a plan to increase overnight short breaks being changed to daytime.

64. The work of the unaccompanied asylum seekers' team enables vulnerable young people to develop skills well matched to their needs within a safe and well supported environment. Outcomes from the service are excellent, and the service is highly regarded by partner agencies and by the young people themselves.
65. There is good quality of sensitively provided education support by the council for Gypsy, Roma and Traveller children and young people, with increasing attendance and achievement in both primary and secondary schools. The team has won the trust of groups and is providing well targeted support to meet their needs.

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

66. The contribution of health agencies to keeping children and young people safe is adequate. There is good engagement of health organisations with council and other partners in strategic joint children and young people service planning. However, safeguarding supervision is not fully embedded within all services, for example there is no supervision in place for GPs or practice staff. The roles of the designated nurse and doctor are well established and both are highly valued by health staff. However, despite additional support the designated nurse is stretched covering two authority areas, and has no administrative support. Some 90% of GP practices now have an identified safeguarding lead, although there is no named GP role. George Elliot Hospital has yet to recruit to the named nurse post, which will include the named midwife function currently undertaken by the head of midwifery.
67. Health organisations ensure that children and young people are safeguarded through a range of reporting and governance arrangements. All trust boards receive an annual safeguarding report and the NHS Warwickshire report is presented and effectively scrutinised at the WSCB. Safe recruitment policies are adhered to in health organisations. There is good partnership working between health services and WSCB partners and on all the subgroups. Membership is regularly reviewed in line with regional and national serious case review findings. There are a number of effective joint commissioning appointments which are improving links between health and children's social care services. Commitment from GPs with safeguarding leads in the new clinical commissioning groups is good.
68. The Child Death Overview Panel (CDOP) reports are subject to a very good level of scrutiny by the WSCB, with content and data analysis subject to effective challenge. The CDOP membership is highly motivated with good lay representation. The two designated doctors for child deaths are frequent attendees at CDOP, along with other health and partner agencies. Some GPs and practice managers interviewed had received copies of child death investigation reports, enabling lessons learnt to be

effectively shared. Action plans and recommendations from campaigns are well monitored, for example the 'Safe Sleep' campaign.

69. Good processes are in place within each health trust board to monitor compliance of both safeguarding and equality and diversity training. However, inconsistency with safeguarding data collection in some health trusts results in trust boards and the WSCB not being fully assured of the level of compliance. There is good and effective use of the escalation process to Director level regarding safeguarding concerns.
70. There are some good examples of communication and involvement of children in health safeguarding arrangements and procedures, with school nurses completing a health assessment with the child or young person prior to a case conference in order that the school nurse can act as an advocate on their behalf.
71. The domestic violence policy is adequately implemented at SWFT maternity services although there are no flagging systems in place to identify high risk cases. Domestic violence is identified through discussion with pregnant women seen alone at the booking appointments and then again at the 28 and 34 week appointments. However, this is not always the case at George Eliot Hospital where midwives report that there are no systems in place that enable women to speak to midwives alone and in confidence at antenatal sessions. Hidden harm awareness is improving, however, the extent to which the sharing of confidential information can be appropriately undertaken remains unclear, especially by GPs. This results in information not being shared effectively. For instance, when women move on from the local refuge, the details of their new GP are not systematically forwarded to the previous GP and case notes cannot be shared.
72. There is a dedicated young person transition coordinator for mental health services. This has had a positive impact in breaking down silo working within adult and children's mental health services and improved transition arrangements. Staff in both adult and children's mental health services highly value the post. In addition, there is good joint working within the early psychosis teams.
73. Access to commissioned CAMHS for urgent referrals is good, with cases being seen within two or three days where clinical priority is agreed. Access to CAMHS for non-urgent referrals is variable, with waits of up to three months for routine interventions, particularly in the north of the county. This is due to different methods of arranging appointments. Referral from any professional is permitted in both areas. If, after the initial assessment, CAMHS are not the most suitable for the young person, the young person is 'signposted' to third sector provision which is accessed through self-referral. The professional referring the young person to CAMHS does not routinely receive feedback from referrals

unless it is the GP. This means there is a risk that there will not be an effective follow up of the young person's needs.

74. There is a lack of emergency Tier 4 in-patient provision, and transition work remains an on-going area for development. Many young people are placed out of county which increases their social isolation and creates challenges in finding appropriate services on their return. The requirements of the Mental Health Act Section 136 designated place of safety provision have been addressed within the last six months by the establishment of a new unit in Coventry and the new system works well.
75. Transitions for young people who have disabilities are less well developed than for those who have a mental illness. Although transition starts early within education and social care, this is not the case within health, where transition planning starts at 16 years of age. This is frequently too late to ensure all the required resources are in place.
76. There is a variation between the north and south of the county in relation to support services provided by Coventry and Warwickshire Partnership Trust for disabled children and their families. Most notably this is in the provision of community nurses and services intended to improve the quality of life, and training for education, health staff and parents. The Triple P parenting being provided in the south of the county has been positively evaluated, and changes to enhance the programme are planned based on participants' feedback. However, this programme is not currently provided for parents living in the north of the county. There remains a lack of identification of, and appropriate level of, support for siblings within families where there is a child with a disability.
77. Unscheduled care notifications do not identify children known to social care, including those looked after. Often the information is illegible and the reason for attendance and treatments given are unclear and in some cases not documented. Frequent attendees are not always identified and there is no sharing of attendances between all the county's unscheduled care settings. A&E settings do not have robust flagging systems. When notices are received the information is assessed and follow up action is taken, however the limited information may result in some children's cases not being followed up.
78. Communication between GPs and health visitors has been affected by the restructuring of health visitors into geographical teams. GPs are not always aware of whom to contact. There has been some improvement very recently, with GPs beginning to make referrals to school nurses for behaviour and enuresis clinics. Some primary care practices invite health visitor representatives to their clinical meetings where A&E notifications and vulnerable families are discussed.
79. Identification across all health providers of the percentage of staff trained at the appropriate level and in date with their training is inconsistent.

Trust boards therefore cannot be fully assured that all their staff are appropriately trained in children's safeguarding. There is a range of safeguarding training being provided, however, there is limited capacity of Level 3 multi agency training. There is insufficient provision of specialist courses especially for maternity staff at SWFT and George Eliot hospitals. General practices have access to good practice-based training delivered by the designated nurse. There is no systematic evaluation of the impact of training by health providers.

80. Outcomes from national and regional serious case reviews are effectively shared through training, and newsletters. Following learning from a local review being implemented at George Eliot Hospital, maternity staff at Warwick Hospital have improved their documentation, which has resulted in improved recording systems for risk identification.
81. There is no dedicated sexual assault and referral centre (SARC). The current accommodation is not forensically clean as required for evidence collection. There are plans for a new dedicated SARC to be built by summer 2012, with dedicated funding being granted by the Home Office for new colposcopy and other equipment.
82. There is good provision of dedicated midwives for teenage pregnancy and of other supportive maternity services in place at George Eliot Hospital, covering the north of Warwickshire. The service has been redesigned in light of demand over its two year history. However, GPs are still not referring pregnant teenage women to the service which delays the support that can be given. There are good close working relationships with the family nurse partnership (FNP), education services, social care and housing to support the young women. Teenage pregnancy rates are higher than the rest of the county, although overall rates still remain below the England averages. There is good access to the contraception and sexual health services. There is adequate use of the local SOS bus to support young people in 'hotspot' areas, and outside night clubs to assist in the reduction of vulnerabilities, due to alcohol usage or other risk taking behaviours. Maternity and health visiting staff report that there is a low rate of concealed pregnancies. Within the south of the county there is no dedicated teenage pregnancy midwives although there is adequate use of the FNP. There is flexible visiting and support for pregnant teenagers, based on the individual needs of women and their partners.
83. There are some good examples of services meeting the diverse needs of the local populations, such as the well established dedicated Polish women's maternity service, which is being rolled out across other areas of the county. There has also been good engagement between teenage pregnancy services with local Traveller families.

Ambition and prioritisation**Grade 2 (Good)**

84. Ambition and prioritisation for safeguarding is good. The importance of safeguarding children and young people is given the highest priority at both strategic and operational levels by the council and its partners including the voluntary sector. The 2010–2013 CYPP is well articulated, ambitious, sets out the priorities of the council and the Children's Trust within each of the five Every Child Matters outcome areas, and is supported by a comprehensive needs analysis. The plan is based on extensive consultation with partner agencies, with good contribution from children and young people. A culture of continuous improvement is promoted within the council. Senior managers work to ambitious targets identified through inspection and audit outcomes to improve safeguarding services.
85. Elected members have been highly effective in championing the needs of children and young people and in working with the Children's Trust and senior managers to ensure that funding for children's services is protected. Members attend events for children and young people and welcome the scrutiny of services provided through VOX and by Warwickshire Members of the Youth Parliament.
86. The Memorandum of Understanding between the WSCB and the Children's Trust is an exceptionally well written document that clearly and precisely identifies accountability and communication between the two bodies. In particular it sets out the Board's challenge and scrutiny role of the work of the Children's Trust, in ensuring that children and young people are safe.
87. The Children's Trust provides strong multi agency leadership of children's services in Warwickshire, through a comprehensive and well supported organisational structure which is based on the five district council areas. The Trust ensures that safeguarding is given a consistently high priority across the council through its fully engaged and pro-active membership. Trustees are exceptionally well connected to key children's services planning and decision making partnerships and forums. Creative multi agency solutions to reducing the impact of cuts in services for children and young people are actively sought. Work on updating the Joint Strategic Needs Assessment is currently in progress overseen by the Children's Trust.
88. Area Children's Trust Boards implement the priorities of the Children's Trust at local level, have good representation of statutory and voluntary sector agencies and have developed local priorities that reflect local needs. Area boards identify gaps in services through dialogue and consultation with local agencies and service users including children and young people, and have successfully sought resources to develop services.
89. Priorities for the WSCB are clearly stated within the Board's action plan. This is widely circulated and progress is routinely and effectively

monitored through the board meetings. The Board has also identified a need to review its sub-committee structure. However in expectation of the implementation recommendations arising from the Munro Review of Child Protection, this is on hold at present. Membership and attendance at WSCB meetings demonstrates the strong commitment of health and partner agencies to the safeguarding agenda. The lead member's limited attendance at Board meetings over the past year has been ameliorated by good contact with the Board's chair and through the attendance of the Director of Children's Services.

Leadership and management

Grade 2 (Good)

90. Leadership and management are good. High quality workforce planning and development, based on a comprehensive needs analysis carried out by the human resources strategy group, reflects both national and local priorities. This planning is promoting a culture of learning at individual, team and corporate levels. The training programme is ambitious and well resourced. Double the numbers of multiagency safeguarding training courses were provided by the WSCB in 2010/11 than in the previous year, with substantial year-on-year increases in attendance. Learning opportunities are clearly linked to service improvements identified within the current strategic plans. Young people make a good contribution to implementing the workforce plan by acting as co-trainers and workshop leaders, for instance in sharing experiences of child protection plans within management training and contributing to foster care induction.
91. The high numbers of newly qualified social workers in Warwickshire are well supported through the newly qualified social worker and early professional development programmes. There is strong commitment to providing a clear career pathway for staff. Training is identified through supervision and through annual performance review and appraisal and linked to training opportunities provided by the WSCB. There are good relationships with universities for practice placements and placement training, and good access for established workers to access external training.
92. The council's effective strategy for recruitment and retention of staff has resulted in a much lower vacancy rate in Warwickshire than that of similar authorities or nationally. Agency staff are not widely used. Staff are well supported by managers who are reported to be accessible. Communication with senior managers is good and their leadership is valued and respected.
93. The Children's Overview and Scrutiny Committee provides effective scrutiny of children's safeguarding services. For instance the committee commissioned a review of the effectiveness of child protection services in the light of increasing numbers of children and young people becoming subject to child protection plans, and becoming looked after. The

recommendations arising from the review are pertinent and well focused, and highlight the disparity in caseloads between different teams as a factor which affects their consistency in performance. The review's aim of identifying ways to achieve sustainable improvements to safeguarding services is evident within the children's services restructuring plans currently being implemented. The chair of the committee is working hard to improve the engagement and capacity of members in order to drive up the effectiveness of the committee and ensure the council is held to account when services are not working sufficiently well.

94. The council remains on Level 2 of the Equality Standards but has improved the rigorousness of the systems used to monitor and implement actions to bring about equality. Consequently, the principles of equality are embedded in all areas of its work. Fairness, equal access and responsibility underpin the widespread use of equality impact assessments. Good provision for training and development on equality is combined with regular corporate briefings and this is helping to increase awareness of the importance of all work meeting equality requirements. Strategic planning for asylum seeking children and young people from the Gypsy and Traveller community demonstrates clear priorities. These are clearly matched to local priorities and ambitions and help ensure that resources are sufficient to deliver some well thought out strategies.
95. Social workers have caseloads that are manageable. This is due to monitoring of the workload management system which is embedded within the supervision framework. This system ensures that practice leaders have good oversight of the complexity of workloads and that due consideration is given to work pressure in order to protect staff. However, some social workers indicate it is sometimes difficult to manage competing priorities between looked after children and child protection work. Case recording of most work is split in the majority of teams between a paper and an electronic based system. Plans to move to a largely electronic based system have not yet been advanced beyond a pilot in one area. While paper files are generally well maintained, the current system is not an effective use of time and resources.
96. The council has effectively used 'Hear by Right' standards to develop a strong commitment to involving children and young people in decision making at both county and district level. Well established groups such as VOX, the Wacky Forum, the Children in Care Council, and members of the Youth Parliament enable young people to have good access to key decision makers in the local authority. Their views of young people are widely valued and make an effective contribution to the strategic development of services. For example a decision to retain targeted youth services instead of removing all funding from the service was heavily influenced through consultation with young people through the VOX group. VOX and MYP have identified further areas of engagement that could be strengthened, including work with the executive board for the

council, the Cabinet, and homeless services for young people provided by district councils. The high profile of this engagement is evident in that over 17,000 (42%) of young people in Warwickshire voted in the last annual elections for VOX and MYP. Children and young people regularly contribute to the recruitment of staff and training

97. The WSCB demonstrate strong support for collaborative work with children and young people. Following an inter-agency workshop in July 2011 the Board has listened to children's experiences of the child protection system, and recommended that the voice of young people should be embedded within future WSCB multi agency training.
98. Commissioning arrangements, led by the Joint Commissioning Board, are well established, rigorous, demonstrate good value for money and have good review and decommissioning mechanisms. Voluntary and community sector organisations are consulted well about current or proposed commissioning arrangements, for instance through views being sought at parent forums. Commissioning arrangements with the voluntary sector are transparent and this supports effective partnership working.
99. Staffing resources within children's social care services are being well managed. Efficiencies are being made through changes in the delivery of services with a view to rationalisation, good practice models and the expansion of locally based integrated teams. Budgets are managed effectively. Safeguarding and early intervention services have a high priority within the council and elected members have prioritised these services in the budget decision making process. Heads of Service have been formally given delegated responsibility for managing their respective budgets under the new structure, are well supported and confident in their ability to manage effectively.

Performance management and quality assurance

Grade 3 (Adequate)

100. Performance management and quality assurance is adequate. There are clear arrangements in place for the supervision of staff. Supervision is regular and is used well to monitor workload management, identify training and development needs as well as focusing and reflecting on specific cases. In one office visited where performance was seen as good there was evidence of highly effective oversight of cases and reflective supervision resulting in timely and effective intervention. However, the quality of auditing, case supervision and management oversight seen through the case file scrutiny was variable and not sufficiently robust. This had contributed to drift in some cases, although no child or young person had been exposed to significant harm as a result.
101. The council's Observatory data analysis resource provides high quality data to senior managers and strategic planning boards and forums. This

enables the profile of vulnerable groups of children and young people to inform priority setting at local and county levels, for instances when service planning for the expansion of FIP.

102. Comprehensive management information is provided to managers in children's social care services through a monthly report and used effectively to challenge performance. This has been enhanced through the linkage of data bases enabling CAF and Youth Justice performance data to also be fully accessible to locality managers. This ensures analysis of the impact of wider service interventions is better understood.
103. At the strategic level, safeguarding performance is effectively and regularly monitored through the Children's Trust at both county and area levels, through the WSCB and through the council's children's overview and scrutiny committee. Communication and challenge is facilitated by the lead member being a member of the WSCB and chair of the Children's Trust, and in addition, the Strategic Director of the People Group attends both meetings. The chair of the WSCB also regularly attends Children's Trust meetings and this maintains a good focus on safeguarding issues.
104. The Corporate Performance Management Group provides good advice and support to senior managers in children's social care services through developing performance management frameworks. This ensures that outcome measures and reporting mechanisms are appropriate. The Quality and Information sub-committee of the WSCB ensures that learning arising from single agency safeguarding audits is reported back and disseminated. The sub-committee also undertakes multi agency case file audits in order to support corporate objectives. For instance, an audit conducted in conjunction with the NSPCC to assess whether sufficient actions were being taken to prevent children and young people from needing a child protection plan, has informed the development of early intervention services.
105. The WSCB has made progress in meeting its strategic objectives to monitor, evaluate and audit safeguarding activity by partner agencies and to ensure that improvements are made to deliver better outcomes for children. Recent achievements include the implementation of the escalation process, case file auditing of children on child protection plans, the receipt of feedback about child protection services from children and parents, and in the implementation of the Warwickshire Safeguarding Action Plan.
106. An audit of compliance with Section 11 of the Children Act 2004 has recently been completed at the instigation of the WSCB in order to demonstrate that agencies were able to deliver their specific responsibilities for safeguarding at a time of increasing financial constraint. The audit found that overall the partner agencies were

compliant with Section 11. Further work is continuing to enable voluntary sector organisations to be able to engage with the assessment process.

107. Reviews of all internally commissioned children's services within the council have taken place to ensure that performance monitoring arrangements are fully aligned to the CYPP and will contribute to the new JSNA.

Partnership working

Grade 2 (Good)

108. Partnership working is good. Collaborative partnership working is in place to ensure that the most vulnerable children are protected in Warwickshire. At the strategic level, there is good and appropriate attendance and representation from senior officers from a wide range of agencies, including the voluntary sector at the Children's Trust and the WSCB. Area Children's Trust boards have a broad range of local statutory, voluntary and community sector representatives who ensure that local resources are developed and employed to address local and county safeguarding priorities. The quality of relationships and communication at both local and county level is strong.
109. The WSCB's extensive range of sub-committees enables a diverse mix of professional expertise to be shared and well employed to address the board's safeguarding agenda and achieve its strategic priorities. The two lay members of the board bring valuable additional challenge and scrutiny, for instance by recently highlighting the need to review whether the Board was sufficiently informed of the safeguarding needs of Gypsy and Traveller children and young people.
110. The Shadow Health and Well-being Board has a membership at an appropriately senior level from health and children's social care services. It is working well in establishing a more integrated approach to health and social care provision including joint commissioning and the production of the next JSNA. The Board does not currently have a voluntary sector representative, but indicates it is securing links with the voluntary sector through the Children's Trust and WSCB.
111. At the operational level partnership work is strong and communication between agencies is well established. Front line staff work collaboratively with a range of partners to ensure children and young people receive a coordinated and appropriate response to meeting their needs through good child protection and child in need planning. A third of children's centres are provided by the voluntary sector who describe commissioning and operational support from statutory partners as being very good. Co-location of family support services within all children's centres is well established and appreciated by parents. More extensive co-location of children's safeguarding services is being planned.

112. Arrangements for the analysis and dissemination of learning arising from local and national serious case reviews are strong. This has led to improvements in multi agency safeguarding practice, for instance in the development of the escalation policy, the use of case file audit where there is evidence of unreasonable delay in completing plans, and in developing protocols to ensure the safeguarding of home educated children and young people.
113. Partnership work between the Police and other agencies is good. The Police central referral and assessment unit was identified by HMIC as a best practice model and continues to be replicated by other forces. The location of a children's services representative in the unit provides a consistent response to referrals and engenders good partnership working. There are effective multi agency working arrangements in place to respond to referrals of domestic violence, supported by shared training.

Services for looked after children

Overall effectiveness

Grade 2 (Good)

114. The overall effectiveness of services for looked after children and young people is good. The needs of looked after children and young people are prioritised well by the council, the health services and other partners and are effectively championed by the lead member. Outcomes for looked after children and young people are good. A three year comprehensive Corporate Parenting Policy clearly sets out the responsibility and accountability of the Corporate Parenting Board. Every Child Matters outcomes are used appropriately to identify key targets and strategies for the board. However, some elected members are insufficiently aware of the current priorities. Financial plans are in place to ensure services for looked after children and young people can be sustained during a time of financial constraints.
115. The council places an exceptionally high proportion of looked after children and young people in foster care, well above similar councils and nationally. The recent Ofsted inspection of the council's fostering service judged the service to be good with some outstanding features. Foster carers contribute very effectively to the overall corporate parenting role of the council and those seen by inspectors believe social worker practice is effective in ensuring children and young people are safe. Foster carers receive good levels of training and regular support to enable them to provide good levels of care to the children and young people in placement. Lack of choice results in placement matching for some children being a significant challenge and children and young people informed inspectors that they are not always consulted on the suitability of the placement before being placed. Recruitment is increasingly focused on addressing predicted needs particularly in relation to older young people. A specific group of foster carers has been recruited to provide suitable local short term emergency placements and is well used by the EDT.
116. The numbers of children and young people who become looked after continue to rise, with an increase of 18.7% over the past three years, although this has stabilised over the past six months. The cohort of children and young people showing the greatest increase has been 16 to 17 year olds who now account for 20% of the total. This is due to the council's response to meeting the needs of homeless young people and increasing numbers of unaccompanied asylum seeking children and young people. The rate of children and young people becoming looked after remains less than nationally but more than similar councils. The council has commissioned work with the Dartington Social Research Unit to develop a better understanding of the profile of current looked after children and young people, and to ensure that early intervention and post

care support is effective, well targeted, and contributes to reducing numbers.

117. Service responsiveness to children and young people at risk of becoming looked after is good, with an established and improving raft of early intervention and well targeted intensive support provision. These include family group conferencing, Triple 3 parenting and the FIP.
118. The quality of social work practice for looked after children in cases seen by inspectors is satisfactory or better. There was some variation in cases seen in the quality of assessments and direct work with children, and delays in completing their life story work. Caseloads are manageable, however some social workers report that having mixed caseloads leads to care proceedings always taking priority at the expense of some child protection work. All looked after children and young people are allocated to qualified social workers. However, some statutory visits are undertaken by unqualified social care support workers who, in some cases, have attended reviews accompanied by duty social workers, rather than the allocated social worker.
119. Legal Services have a clear organisational structure in place which separates child care work into three distinct teams. Social workers report these arrangements support them well in their practice. Work with the Family Justice Courts through the local improvement board has been effective in reducing some delay.
120. IROs have sufficient independence and challenge within the council to ensure the needs of looked after children and young people are effectively championed. Statutory requirements for looked after children and young people are routinely considered through the use of the IRO monitoring form. This ensures short-falls in practice are identified and addressed by team managers and escalated to senior managers when necessary. However, aggregated data are not reported in the annual IRO report. IRO workloads are too high and this impacts on their ability to see all children and young people before reviews. Resources have now been committed however, to increase the capacity of the team through recruitment to vacant posts. Some children and young people indicate that not all reviews are held at an appropriate time or venue. The Children in Care Council is contributing to improvements to reviews.

Capacity for improvement

Grade 2 (Good)

121. The council, health and partners capacity to improve services for looked after children, young people and care leavers is good. The council has developed a clear vision of its priorities through effective leadership by the Chief Executive and senior managers, and this is communicated well to all staff and partner agencies. It has a good track record of improvement through effective use of action plans. These are timely and regularly evaluated by senior managers to monitor improved outcomes for looked

after children and young people. Priorities are translated well into all key reports and documents and underpin the council's approach to safeguarding and protecting children and young people.

122. The council has recently reconfigured children's services into the People Group and in doing so has ensured that services for looked after children and young people are not disrupted and that senior management oversight remains strong. Advantages of closer links with adult services have been identified, for instance in relation to improving transition support for looked after young people with disabilities. Plans to move into co-located local delivery centres over the next two years are at an early stage in their development and do not, as yet, identify the advantages, risks or potential impact on outcomes for looked after children and young people.
123. The Sufficiency Duty 2011/13 Placement Commissioning Strategy is the council's first overview report of current placement arrangement for looked after children, young people and care leavers. The strategy is well formulated, builds on existing functioning strategies and policies and outlines the commissioning plan for 2011/12 to secure sufficient accommodation. Key priorities show forward thinking by the council in meeting its sufficiency duty, in ensuring that a sufficient number of beds continues to be available in the right location, at any one time, and that the beds are of sufficient quality to safeguard children and young people. The action plan is ambitious in seeking to improve on existing good practice. The report also fully addresses the predicted trends to inform future commissioning arrangements.
124. The fostering service has good evidence of all round improvements including those related to the care of disabled children and young people, the provision of its short break service, and in the frequency and quality of supervision and support for foster carers. There is an improving picture for placement stability. The service was judged to be good at the last Ofsted inspection in June 2011. Two recommendations were identified in terms of ensuring foster carers are trained in health, first aid and administration of medication, and that foster carers implement a proportionate approach to risk assessment and safer care practice. Both have been promptly and fully addressed. The adoption service was judged to be good at the last Ofsted inspection in November 2008 and recommendations have been addressed effectively. The council has volunteered to be part of the new pilot for adoption inspections and will be inspected shortly.
125. Performance across performance indicators for looked after children and young people continues to be good, and in most cases better than similar councils or nationally.

Areas for improvement

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

Immediately:

- ensure that all statutory visits to looked after children and young people are completed by qualified social workers. Where cases are held by practice leaders they should attend the review
- ensure that children and young people are routinely consulted about the timing and venue of their review and that care planning targets have timescales clearly specified.

Within three months:

- elected members should ensure that they are familiar with the key priorities established by the Corporate Parenting Board in order to ensure good outcomes for looked after children and young people, and the development of apprenticeship schemes
- ensure consistency in the application of sleepover policies
- improve the quality of case file audits within children's social care services to ensure they robustly address the quality of practice and inform service improvements
- ensure that the complaints service is effectively promoted and is readily accessible to looked after children and young people
- ensure that there are sufficient independent visitors, in order to meet the needs of all looked after children and young people
- NHS Warwickshire should ensure that health staff involved with looked after children and young people have access to supervision, support and advice in a timely manner.

Within six months:

- develop the work of the Tiffin Club to ensure that strategic support for the council's corporate parenting role is improved, including the promotion of apprenticeship opportunities within the council and with local business partners
- ensure that there is sufficient appropriate housing to meet the needs of care leavers and that any temporary accommodation offered is in a safe environment.

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

Being healthy

Grade 2 (Good)

127. Health outcomes for looked after children and young people are good. All initial health assessments comply with statutory guidance. There are good and effective joint looked after children panel meetings where all new looked after children health assessments are identified and reviewed. The child health database identifies all looked after children. Children and young people are able to have some limited choice for the location of their assessment. There is good access for staff undertaking assessments to interpretation services, including in the dedicated unaccompanied asylum seekers looked after assessment clinics.
128. Looked after children and young people with complex needs have their health assessments and reviews undertaken by a medical practitioner. Children with disabilities or who have special needs and who are seen regularly by community paediatricians generally have their health assessment or review as part of their routine clinic appointments, but this is not consistent. There is very good use made of strengths and difficulties questionnaires (SDQs) and scoring as part of the health assessment process and onward referral to CAMHS. Access to psychological services for looked after children and young people has improved from poor to good over the past year following the commissioning of 'Journeys'. This is a targeted Tier 2 emotional health and well-being service provided by Coventry and Warwickshire MIND in conjunction with Relate. Referral and joint working pathways are currently under development between CAMHS and Journeys to ensure there are no gaps in service provision.
129. All Warwickshire's looked after children and young people placed outside the area have their initial health assessments undertaken by Warwickshire's named looked after children health staff. Subsequent health reviews are undertaken by the authority in which they are placed or the Warwickshire named nurse for looked after children, depending on location. Currently there are no delays in conducting these assessments.
130. Action plans arising from health assessments are not consistently shared with primary care and community health staff, although if a practitioner is assigned a task they do receive a copy. Health visitors and school nurses are not routinely invited to looked after children review meetings. However, this is compensated for by an improved engagement between IROs and named looked after children health staff in monitoring the effectiveness of health plans.
131. Looked after children health staff and school nurses involved with health assessments have good ongoing access to a range of training and professional development. Looked after children training for community

health practitioners has recently commenced. Staff are positive about the impact of this training in improving practice and report improved awareness about children's and young people's needs. The named nurse also provides a range of training opportunities for foster carers and new adoptive parents. These are positively evaluated and well attended.

132. There has been good involvement of looked after children and young people in service planning such as the development and design of information based websites, for example Happy Pies. Young people have also been involved in staff recruitment, and the Children in Care Council involved in the development of the Journeys service and in selecting its name. Looked after children, young people and care leavers were consulted on the format, provision and type of health information for care leavers.
133. All looked after children and young people have good access to health promotional and sexual education sessions within schools, based on their preferences. College based drop in sessions for looked after young people have also been successfully provided. Care leavers are given written details of all their known health history including their immunisation and vaccine status and significant health events.
134. There are a number of databases which have been developed to collate performance data within health services. However, there is a lack of audit control systems in place making data collection and monitoring cumbersome and this leads to potential data errors.
135. At 80.2% the rate of health assessments remains below both similar areas and nationally (2010 – 2011 data) although the trend is improving. Immunisation and vaccine rates are in line with national averages and above that of similar areas at 83.2%, although the trend shows this rate is declining. Dental rates have also fallen, although are still above similar areas and nationally at 86.9%. No analysis of the changing rates has been undertaken.

Staying safe

Grade 2 (Good)

136. The arrangements for ensuring that looked after children and young people are safe are good. A very high percentage of looked after children are in family care placements. Long term placement stability has improved over the past four years with an improving number of looked after children and young people in placements over two years. This is now better than similar councils and nationally. Short term stability has also improved over the past four years, and while being the same as similar councils, remains higher than nationally. This has been achieved through improved training for foster carers with highly intensive support packages put in place to support potential placements at risk of disruption. Improved access to CAMHS through Journeys, which provides more opportunities for direct work with children and young people, is also

improving stability. Fewer looked after children and young people are placed over 20 miles from home compared to comparator authorities and nationally, and this had reduced further during 2010/2011 to 8.5% from 10.6% in the previous year.

137. The use of family group conferences has achieved a high success rate of families identified as at risk from care proceedings having children and young people being successfully kept at home. For instance during 2010/2011, 19 children and young people who were assessed at referral as being most at risk of becoming looked after were supported in remaining with their families.
138. Regulated services within the council are all judged to be good. The adoption inspection of 2008 and the fostering inspection in 2011 were judged good overall with staying safe outcomes in both inspections also judged to be good.
139. The council only commissions placements from registered services where Ofsted has judged them to be adequate or better. Robust efforts are made through a local Midlands database used by consortium partners and through the Ofsted website to monitor judgement changes and ensure no child is living in a service judged to be inadequate.
140. Overnight stay policies for looked after children and young people have been relaxed to ensure they are able to enjoy sleepovers with friends. Some young people told inspectors that there remains some inconsistency in applying the policies across the county and that as a result not all young people enjoy this opportunity.
141. The Care4Me survey shows that the vast majority of looked after children and young people feel safe and confirm the advice they receive from adults about keeping safe is useful. The AfterCare survey is not as positive, with almost half the respondents indicating they were not living in the right place or not believing they had had sufficient help in preparation for leaving care.
142. The effectiveness of services to support children and young people who go missing from care is good. Recording of data is comprehensive. Safe and well return interviews are completed by social workers and foster carers. Local Police community support officers (PCSOs) are seen by partner agencies as critical resource in supporting and helping young people and each district has a named PCSO to support community safety initiatives. The council accepts there are improvements to make with regard to ensuring safe and well interviews are consistently undertaken for out of area placements and they are pursuing this through the multiagency missing children sub-group.
143. Robust action is taken when allegations against foster parents are made. Thorough investigations have resulted in three referrals being made to the

Protection of Children Act list (POCA) and children have been appropriately subjected to child protection enquiries where their safety has been compromised. Support for foster carers under investigation following an allegation is good and is highly valued by foster carers. Access to appropriate legal advice is provided. Safe care practices are explored in training courses and reviewed at the foster carer's annual review.

Enjoying and achieving

Grade 2 (Good)

144. The achievement of looked after children and young people is good and improving. GCSE results showed an improving trend and in 2011 were above the national average in the proportion of care leavers achieving five A*-C including English and mathematics and five A*-C overall. Results in 2011 were the best achieved over the last five years. Younger looked after children exceeded the targets set, although most did not reach the national expectations for their age group. The low results are linked to the high proportion in the cohort with a formal statement of special educational needs and/or disabilities, most commonly behavioural and emotional difficulties. The gap in achievement with the national average is narrowing, although it is much slower in Key Stage 2. Based on their very low starting points, looked after children and young people achieve well over time.
145. Young unaccompanied asylum seekers receive highly effective support to improve their basic skills, which contributes to them making rapid progress and achieving well.
146. The virtual school champions the needs of looked after children and young people and works very closely with schools and other partners. There is a sharp strategic approach to accelerating the progress of looked after children and young people across all phases. Accountability permeates from the virtual school throughout all schools, and a high priority is given to tracking and monitoring the progress of looked after children. The virtual school has high aspirations for all looked after children and young people and is successful at identifying and using a good range of intervention strategies to support those at risk of underachieving. Additionally, there is a strong emphasis on developing key skills, including ICT and other vocational qualifications. The improving results indicate that these are having a positive impact on academic and personal outcomes for looked after children and young people.
147. Response to the Care4Me survey indicate that 92% of looked after children and young people in Warwickshire think their education is good or very good. Looked after children and young people spoken to by inspectors say that they enjoy attending school. Their attendance is well above average for similar councils and nationally. Good systems are used to monitor their attendance. Looked after children and young people have good opportunities to take part in a wide range of enrichment activities

that are planned to improve their behaviour and personal development, as well as their confidence. The development of Right2BCared4 has had a major impact on increasing placement stability and improving self-esteem and outcomes. Children and young people seen by inspectors say that they are helped with their homework and are well supported at school. They appreciate the annual awards ceremony, which recognises and celebrates their achievements.

148. The use and quality of personal educational plans (PEPs) has significantly improved since the Joint Area Review (JAR) in 2008. Completion of PEPs, previously at 72% has risen to 96.8%, and there is more clarity in relation to targets, actions and in the use of measurable criteria for improvement. PEPs are monitored regularly and schools have greater ownership of them.
149. Exclusion rates for looked after children and young people have fallen significantly since the JAR and there is a strong multiagency commitment to keeping children and young people in school. The re-structuring of the PRU and the new approach to managing disruptive behaviour through effective partnerships with schools and local colleges are key factors to the improvement.
150. Designated teachers have a very clear understanding of their role in relation to supporting looked after children and young people. They are effective advocates and champion and meet the needs of looked after children and young people by networking, tracking and monitoring progress, shielding them from 'overflow' and through maintaining support from and contact with the virtual school. Training, advice and financial support to schools from the virtual school are good.

Making a positive contribution, including user engagement

Grade 2 (Good)

151. Opportunities for looked after children and young people to make a positive contribution are good. Since the JAR the council has created good opportunities for the Children in Care Council to express their views and influence services. The council uses the 'Hear by Right' standards framework for promoting the participation of children and young people in the development of services and uses a range of innovative approaches to encourage participation in decision making.
152. The Children in Care Council exercises its independence through determining and controlling its own budget, setting its priorities and promoting its work and achievements. The work of the Children in Care Council is well respected and recognised locally and nationally. The work plan for the Children in Care Council is extensive, ambitious and strongly focused on improving awareness of the needs of looked after children and young people. Training is provided for elected members and partners across the council, including senior managers, and for student social workers and foster carers. There is good involvement in staff recruitment

and strategic consultation including contribution to safeguarding events. Members undertake outreach work to promote the work of the Children in Care Council and have hosted celebration events such as the launch of a showcase DVD which highlights the hopes and aspirations of all looked after children and young people. Although the Children in Care Council is working hard to ensure it is inclusive there is a concern from social work staff that more work has to be done to ensure that less vocal children and young people are confident in contributing. The Children in Care Council networks well with children and young people placed out of county.

153. Children and young people with disabilities are beginning to influence strategic planning within the council. The Integrated Disability Service has developed a very good range of resource materials which enable children and young people with disabilities to communicate their views on a range of topics.
154. The advocacy service commissioned from Barnardo's is effective, well used and is accessible to children and young people. Data is collected and used to inform service improvement and there is a degree of flexibility built into the service level agreement, for example, additional funding has been provided for the increased use of interpreters. Children and young people placed out of county receive the same level of service, and effective support is provided at family group conferences.
155. Complaints by looked after children and young people are monitored and patterns are identified to support improvements in practice. However, the use of the formal complaints system is low, and 58% of looked after children and young people who responded to the Care4Me survey were not sure or did not know how to make a complaint. The council has initiated a review of the complaints procedure because of failures in timeliness and robustness of responses.
156. Levels of offending by looked after children and young people are low due to effective multi agency partnership working. Specialist fostering arrangements have been commissioned by the council on behalf of the youth justice service which ensures that most remands to secure accommodation can be avoided.

Economic well-being

Grade 2 (Good)

157. The impact of services to support and improve the economic well-being of looked after children and young people is good. Well structured planning contributes to children and young people making a smooth transition as they move through each phase of their education. At secondary level, transition planning begins early when good multi agency work introduces them gradually to the concepts of adulthood, independence, employment and further education. Timely preparatory planning and visits are well considered and contribute to looked after young people developing a good

early insight into their needs and expectations at post-16. These strategies include the use of pathway plans and specialist support.

158. The council uses the common standards to ensure that all care leavers, regardless of their care plans, receive equal treatment. Pathway plans, combined with PEPS provide a clear overview of next steps in relation to further education, training or employment. Detailed collation of information supports young people to recognise and work to their strengths and weaknesses as they move towards adulthood. Care leavers are equipped with housekeeping and budgetary skills in preparation for independent living, through good quality training and multi agency work.
159. Well-established links with local colleges and universities in the region provide young care leavers with a range of curriculum pathways to meet their needs. This includes work experience, working with local colleges and using alternative venues. Access is provided to a range of practical and academic courses at different levels that are matched to the needs of individuals. Young people who have disabilities and/or learning difficulties are given good support as part of their preparation for further education or training.
160. Over the last four years, the proportion of care leavers accessing suitable accommodation has either been in line with or better than the national average and similar councils. Nevertheless, although the council has been resourceful in presenting care leavers with a range of options including the Right2BCared4 option, a few are placed in bed and breakfast on short-term arrangements. These are exceptional arrangements and a high level of support is provided to ensure that young people remain safe. A few care leavers spoken to by inspectors who had selected temporary independent living accommodation, did not always find the living conditions relevant to their needs or lead to them feeling safe.
161. Care leavers make good use of opportunities provided by the Children in Care Council and by care leaving workers to give feedback to the council which is then used well to inform strategic planning. The council uses research well and identifies good practice through consultation before selecting the best practice for its care leavers.
162. The council is at the early stages of developing apprenticeships for care leavers and the exploration of links with local business is in its infancy. Guaranteed interviews for care leavers are new and work to date has not yet been evaluated. Along with the corporate parents, partners such as Barnardo's, and the Tiffin Club act as influential bodies in relation to offering additional care, guidance and support to care leavers. The Tiffin Club is at the early stage of championing the needs of care leavers.
163. The number of care leavers in education, employment or training has improved to 61% for 19 year olds in 2010 /2011 from 51% in the previous year and is now similar to the national average. The council is very

ambitious for its care leavers and currently 10 are being supported at university. Appropriate actions are in place to ensure services will continue to be provided to support care leavers to attend university despite increasing financial costs.

164. Some parents and carers of young people with complex learning difficulties and/or disabilities seen by inspectors said they remain anxious about the transition to adult services and do not feel they are kept well informed at a sufficiently early stage about this important next step to adulthood.

Quality of provision

Grade 2 (Good)

165. The quality of provision for looked after children and young people is good. Most children and young people live in good quality, stable and settled placements which meet their needs. There is a good understanding of the needs of the looked after children population with detailed information on age, gender, ethnicity and placement type which effectively informs commissioning and planning of services.
166. A range of flexible and effective family support and early intervention services helps prevent the need for children and young people to be looked after and, if they have been accommodated, supports their early return home. The family intervention project is being extended across the whole of the county. The CAF is used effectively to assess and determine the type and level of support needed to support those at risk of becoming looked after. Safe decision making is evidenced in those cases seen by inspectors for children and young people on the cusp of care.
167. Thresholds for entry into care are monitored through the multiagency children's panels which ensure all partner agencies understand the criteria well and that effective gate-keeping is in place. Meetings are chaired by the operational lead for looked after children and young people, who ensures a consistent approach across the county.
168. Good quality legal advice and training to social workers support effective decision making and help ensure children and young people are appropriately received into care when statutory intervention is necessary. Twin tracking and viable alternative carers have been given consideration in all the looked after children and young people cases reviewed by inspectors, and show that permanency arrangements are considered at an early stage in the placement or proceedings.
169. Higher numbers of looked after children and young people leave care to return to parents than in similar councils or nationally. This is due to the quality of challenge within reviews and the effectiveness of multi agency support being provided to families, which is enabling a return home to parents as quickly as possible. Planning and assessment of risk is good. Social workers are clear that reintegration to home should be identified

early and plans have been used to good effect in working alongside parents.

170. The quality of assessments and record keeping seen as part of the case file scrutiny is variable ranging from satisfactory to good. There are instances, however, where risk and protective factors have not been sufficiently assessed in a timely way, leading to avoidable delay. Where concerns were raised by inspectors, the council was able to provide reassurance that actions had already been taken to ensure children and young people and their placements were being appropriately supported and risks minimised. Children are routinely seen alone as part of assessments and statutory visits, and their wishes and feeling are addressed. Care planning targets do not, however, always give clear timescales for the completion of some actions and this leads to the risk of delay. Chronologies are completed in most case files but variable quality of case recording means that significant events can become lost in the detail, leading to omissions. The council's own audit arrangements have highlighted this as an area for improvement. Case management oversight is recorded on the case files seen by inspectors but often these lacked any evidence of robust challenge or opportunities for staff reflection. The council operates a dual system of electronic and paper files within most teams. While files are generally well organised, some social workers indicated that operating a dual system can lead to duplication and some inefficient use of time.
171. All looked after children and young people have allocated qualified social workers. However, some looked after children and young people are assigned to social care support workers and overseen by qualified staff, usually where practice leaders have case ownership. This sometimes leads to social care workers attending reviews with a duty social worker, which is inappropriate. All statutory visits are reported to be undertaken by qualified staff but some case files show these are being occasionally completed by unqualified staff. The council has agreed to rectify this situation. Quality of life story book work is not always completed in a timely manner and is often undertaken by sessional workers. Contact arrangements are made through the social work support officer and used to good effect to support complex and regular arrangements. They are highly valued by social workers. Staff spoken to by inspectors were knowledgeable about their cases, had a good understanding of children's needs, and were very committed to improving outcomes for children and their families.
172. The council has clear systems in place to monitor and evaluate the impact of all its equality and diversity work in relation to looked after children, including those who are asylum seekers. The use of equality impact assessments is well established across services. Equality and diversity issues are explored in some cases but this is not consistent across all casework. In the best cases, consideration has been given to making

appropriate placement matches, and the use of interpreters has supported young people and families well in communicating with professionals. The unaccompanied asylum seekers' service responsiveness is outstanding. A dedicated team provides effective levels of support for the young people, with good access to interpreters, and culturally matched placements commissioned from independent fostering agencies. Placements are in localities that further support cultural needs for example by accessing local mosques and refugee centres.

173. The IRO service is valued by children and young people and offers effective challenge to the council in championing the needs of looked after children and young people. Reviews of children and young people's care plans are held regularly. Of the young people who responded to the Care4Me survey, 88% indicated that IROs were ensuring the council was doing what it should be doing to support their care. High workloads result in some IROs not always seeing children and young people prior to their review. Children and young people who attend their reviews are enabled to contribute well. Plans are reviewed with sufficient rigour although in some cases seen timescales were not clear. Some children and young people seen by inspectors are critical of the use of school as a venue for their review and disliked being brought out of lessons early to accommodate the timing of the review. There is an established and direct route to Cafcass that is used to good effect where there is delay in implementing care plans to ensure focused planning takes place.
174. There is good use of independent visitors, but insufficient availability means that nine children and young people are currently waiting to be matched to an independent visitor.
175. Foster carers consider they receive effective training that helps them to support complex placement needs and helps prevent placement breakdown. Foster carers indicate that social workers are not always prepared with information about the child at the first meeting.

Ambition and prioritisation

Grade 2 (Good)

176. Ambition and prioritisation for looked after children and young people is good. The council and its partners provide strong leadership and demonstrate a firm commitment to effective commissioning to ensure that the effects of cuts at a time of considerable financial pressures are minimised for the most vulnerable, including looked after children, young people and care leavers. The lead member and the chair of the children's scrutiny and overview committee are effective champions for the needs of looked after children and young people and ensure that strategic planning addresses improvements to the service.
177. The vision and ambition of the council for looked after children and young people is shared and understood by partner agencies and priorities are well defined within the Corporate Parenting Plan. Some members of the

Corporate Parenting group are, however, not fully familiar with all the priorities within the plan. This potentially limits their effectiveness to advocate for improvements to services for looked after children and young people. Improvements are needed in shared partnership arrangements to ensure looked after young people and care leavers have the opportunity to take up in-house apprenticeship schemes, and access a suitable range of accommodation.

178. There is effective joint working between children's social care services and the Youth Justice Service to safeguard and protect looked after children and young people from the risk of offending and reoffending. In particular there are strong links between children's social care services and the Youth Justice Service. Information sharing protocols between agencies support good working relationships. There is a range of diversion options in place and a culture of restorative practice. The recent inspection of the Youth Justice Service in April 2011 by Her Majesty's Inspectorate of Probation showed Warwickshire scored well above average for safeguarding young people and managing risk of harm to others and reducing the likelihood of reoffending. The rate of offending by looked after children and young people remains constant and at a rate below that of similar councils and nationally.
179. IROs are able to influence commissioning through their review of work and use of the care planning monitoring system. They are able to report directly to the head of safeguarding about issues and use their influence effectively to influence change. This is demonstrated through their development of a single format for care plans, approved by the legal team as being suitable for proceedings, thus reducing duplication of work.

Leadership and management

Grade 2 (Good)

180. Leadership and management of services for looked after children and young people are good. Strategic leadership shown by the council during a time of significant change has remained measured and effective and as a result funding has been protected. Workforce planning is ensuring that vacancy rates remain low and there is little use of agency workers. Workload weighting is used effectively, although some social workers indicate it is sometimes difficult to manage competing priorities between looked after children and child protection work. Training and personal development opportunities are good for social workers working with looked after children and young people. The council is introducing Total Respect training for managers, elected members, foster carers and social workers in order to further improve outcomes for the participation of looked after children and young people.
181. A good range of training for foster carers supports them in maintaining some very complex placement needs. A skills based, career progression scheme has been in place for foster carers since January 2002 to

recognise and reward foster carers skills, experience, time and commitment in caring for and meeting the needs of children and young people in their care.

182. The Head of Service and the operational lead for looked after children and young people are effective in their operational management of services and committed to improving outcomes. They are clear about the service's priorities: key challenges are seen as continuing to improve placement stability and choice, improving the take up and quality of health assessments and getting the best from council colleagues and partner agencies. These are translated well into the Safeguarding Divisional Plan which has clear timescales and good performance measurement arrangements. Monthly data with emerging patterns and trends inform managers well of performance activity.
183. The Joint Commissioning Board is effective in ensuring that robust commissioning arrangements are in place to safeguard and protect looked after children and young people. The commissioning framework and strategy demonstrates a clear shared vision and a common language and demonstrates good use of commissioning principles with internally commissioned council services as well as with external providers. The first Sufficiency Duty overview report of current placement arrangements for looked after children and young people outlines the commissioning plan for 2011–2012. It clearly shows how the council and health and partner agencies intend to fulfil the sufficiency duty for securing appropriate accommodation and addressing any shortfall in placement choice or availability. It is realistic, detailed and identifies the ambition of the council to continue to improve services for looked after children, young people and care leavers.
184. The council has a good understanding of reasons for the increasing numbers of children and young people coming into care in Warwickshire. One example is the impact of increasing numbers of homeless 16 and 17 year olds following the Southwark Judgement and increasing numbers of unaccompanied asylum seekers. The council is also increasing its already substantial investment in early intervention services to ensure that children and young people at the cusp of care receive high levels of support, for instance through the county wide expansion of FIP services. Partnership work with the Dartington Social Research Unit is aimed at helping to identify whether targeted support is effective and this enable resources to be redirected if necessary. While good efforts are made to reduce the numbers of looked after children and young people, the council is confident that children have been appropriately identified as needing care, and this view is supported through the scrutiny of case files by inspectors.
185. A close relationship is maintained by senior managers and elected members with representatives of the Children in Care Council by means of

their regular meetings to discuss issues arising for looked after children, young people and care leavers. Members and managers spoke positively about how this dialogue has improved their awareness of the experiences of looked after children and young people including for instance, the impact of placement breakdown and the importance of schemes such as 'Staying Put' and Right2BCared4. Improvements currently being promoted by the Children in Care Council include young people being able to chair their own reviews and ensuring that reviews are more young people friendly. There is good evidence of consultation occurring about strategic planning issues and the Children in Care Council has recently asked to meet the Head of Service to plan how looked after children and young people can be more directly involved with strategic planning boards.

186. The 'Staying Put' pilot has enabled the council to work towards a change in thinking with regard to children and young people staying with carers post-18 years of age. Current capacity means that currently the council can only apply the policy to any child and young person aged 15 or over in foster care rather than for all children and young people.

Performance management and quality assurance

Grade 3 (Adequate)

187. Performance management and quality assurance of services for looked after children and young people is adequate. Regulated and commissioned services are closely monitored and there is robust and comprehensive sufficiency planning. The increase in numbers of looked after children and young people is understood and the underlying issues are fully explored through the management data. Most performance indicators demonstrate achievement is in line with, and some exceeds that of similar councils. Monthly information reports provide a good level of scrutiny and help inform performance management.
188. Case file auditing is used extensively and is undertaken by all tiers of management. Six-monthly summaries of findings are reported to the senior leadership team who ensure recommendations are comprehensively circulated in order to drive improvement. However, although a minority of case file audits seen by inspectors were good, most were process driven. They confirmed whether relevant documents were on the file rather than rigorously looking at the quality and timeliness of work undertaken. They generally lacked any in-depth analysis or robust challenge to practice.
189. The latest annual IRO report lacks any qualitative information to measure current social work practice in key areas of planning for looked after children and young people, such as PEPs, transitional planning, outcomes being achieved or file audits. The report does not address any shortfalls in practice and how these are being addressed through the escalation protocol. Monitoring forms completed after statutory reviews enable the IRO to comment on social work activity but the evidence from these forms

is not collated into the annual report thereby enabling those with a strategic lead to have an overview of practice and any improvement in practice year-on-year.

Record of main findings:

Safeguarding services	
Overall effectiveness	Good
Capacity for improvement	Good
Safeguarding outcomes for children and young people	
Children and young people are safe and feel safe	Good
Quality of provision	Good
The contribution of health agencies to keeping children and young people safe	Adequate
Services for looked after children	
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Adequate
Partnership working	Good
Equality and diversity	Adequate
Services for looked after children	
Overall effectiveness	Good
Capacity for improvement	Good
How good are outcomes for looked after children and care leavers?	
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	Good
Services for looked after children	
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Adequate
Equality and diversity	Adequate