

# Inspection of safeguarding and looked after children services

Solihull Metropolitan Borough Council

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**Reporting inspector** Mary Candlin HMI

**Age group:** All

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# Contents

<b>About this inspection</b>	<b>2</b>
<b>The inspection judgements and what they mean</b>	<b>2</b>
<b>Service information</b>	<b>3</b>
<b>Safeguarding services</b>	<b>3</b>
Overall effectiveness	5
Capacity for improvement	6
<b>Safeguarding outcomes for children and young people</b>	<b>9</b>
Children and young people are safe and feel safe	9
Quality of provision	9
The contribution of health agencies to keeping children and young people safe	10
Ambition and prioritisation	14
Leadership and management	15
Performance management and quality assurance	15
Partnership working	18
<b>Services for looked after children</b>	<b>19</b>
Overall effectiveness	19
Capacity for improvement	20
<b>How good are outcomes for looked after children and care leavers?</b>	<b>21</b>
Being healthy	22
Staying safe	24
Enjoying and achieving	26
Making a positive contribution, including user engagement	26
Economic well-being	28
Quality of provision	29
Ambition and prioritisation	31
Leadership and management	32
Performance management and quality assurance	33
<b>Record of main findings</b>	<b>35</b>

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## About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
  - discussions with children and young people receiving services, front line staff and managers, senior officers including the Acting Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
  - 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 45 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 April 2011
  - interviews and focus groups with front line professionals, managers and senior staff from NHS Birmingham and Solihull.

## The inspection judgements and what they mean

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

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements
Adequate (Grade 3)	A service that only meets minimum

	requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

## Service information

4. Solihull Borough has a resident population of approximately 50,200 children and young people aged 0 to 19, representing 24.4% of the total population of the area. In 2010/11, 19.5% of the school population was classified as belonging to an ethnic group other than White British compared to 25.2% in England overall. Punjabi and Urdu are the most recorded commonly spoken community languages in the area and 4.8% of pupils speak English as an additional language. Some 7.7% of pupils are of Asian background.
5. Solihull has 85 schools comprising 62 primary schools, 14 secondary schools and nine special and short stay schools. Early years service provision is delivered predominantly through the private and voluntary sector in over 89 settings; there are no local authority maintained nurseries.
6. The Solihull Children's Trust was set up in 2005. The Trust membership includes all relevant agencies including representatives of the voluntary sector and local schools.
7. Solihull Local Safeguarding Children Board (LSCB) was established in March 2006 and brings together statutory partners and other organisations to coordinate and ensure effective arrangements for agencies to work together to promote the safety and well being of children and young people in Solihull.
8. Children's social work services have 135 foster carers, 112 externally commissioned fostering placements and 13 externally commissioned residential placements. There are three registered independent children's homes but no local authority homes in Solihull. Community-based children's services are provided by one Duty, Assessment and Referral team (DART) and three Children in Need teams, as well as borough wide teams for; children on the edge of care; assessed contact; children with a disability; adoption; fostering (including CHES specialist fostering); a team for looked after children and young people; a 16+ leaving care team and a team for unaccompanied asylum seeking young people. There is an emergency out of hours service providing cover for Solihull. Other family support services are delivered through 14 children's centres and extended services in schools. Some services are provided or coordinated through children's services, such as young people's services including youth offending and the youth service, teenage pregnancy, and Connexions.

9. At the time of the inspection there were 370 looked after children, of which 259 are citizen looked after children and 111 are unaccompanied asylum seeking children. They comprise 45 children less than five years of age, 171 children of school age (5–16), and 154 post-16 young people. The 16+ team currently work with a total of 212 young people. The unaccompanied asylum seekers team currently work with a total of 329 young people, of which 111 are looked after children.
10. Solihull uses a virtual school approach in its support of the learning of looked after children.
11. At the time of the inspection there were 143 children who were the subject of a child protection plan. This is an increase over the previous two years. These comprise 59 females and 84 males, 38.46% of these children are aged under five, 39.16% are aged 5–11 and 22.38% are 12 years or older.
12. Commissioning and planning of national health services and primary care are carried out by Solihull NHS Primary Care Trust (PCT). The main provider of acute hospital services are Heart of England Foundation Trust (HEFT). Community-based child and adolescent mental health services (CAMHS) are provided by HEFT. In-patient CAMHS is provided by Birmingham and Solihull Mental Health Foundation Trust. The HEFT also provides community health services.

## Safeguarding services

### Overall effectiveness

### Grade 3 (adequate)

13. The overall effectiveness of safeguarding services is adequate. Statutory requirements in relation to safeguarding are met and the council and its partners are able to demonstrate improvements in service provision. The unannounced inspection of contact, referral and assessment services in April 2011 found evidence of improved practice in the majority of areas for development identified in the 2010 unannounced inspection, with the exception of one area for development. This related to the timeliness of assessments. While measures are in place to monitor progress in this area, the timeliness of the electronic recording of work and management sign off of assessments remains poor in too many cases. The quality of assessments is variable and management oversight and decision making is inconsistent. This is leading to some examples of delays in meeting individual needs.
14. The recent reconfiguration of the duty and referral and assessment team arrangements (DART) has led to improved coordination of the common assessment framework (CAF) process, known locally as the locally integrated needs led coordinated support service (LINCS) and this has strengthened access to services and successfully prevented children coming into statutory services.
15. Since the inspection in April 2011 there has been marked progress in some areas. For instance, safeguarding training for the referral and advice officers has taken place and the arrangements for monitoring of repeat referrals are robust.
16. The LSCB chair has demonstrated robust and effective challenge in ensuring partners deliver agreed priorities against safeguarding standards. The local authority acknowledges that the chair of the LSCB is not independent of the local authority and the chairperson arrangements are under review. There is strong engagement by relevant partners and the LSCB has two lay members who cogently represent the opinion of the community on the board and help to promote understanding within the local community around child protection issues. The board's priorities are appropriately influenced by parents and young people. For example, the feedback from surveys, including the 'Ask Parents' and the recent young people's workshop around neglect, which was both designed and led by young people, influenced the content of the training conference about neglect. The board is supported by appropriate sub groups. There is commitment to multi and single agency training and the evaluation of learning is well established and reported back to the board. However, this is not consistent and some partners have not undertaken a needs analysis in order to inform the LSCB of current safeguarding training needs. The

LSCB has made a recommendation to address these matters in its most recent annual report.

17. There are well established performance management arrangements in place across the partnership. Reporting arrangements provide a wealth and range of information around local and national priorities, but in some performance areas the quality of information is inconsistent. Consequently, the ability of the local authority to interpret trends across all performance areas has been weakened. The local authority acknowledges the need for a single source of information that allows for the effective monitoring and evaluation of performance and is taking action to address this.

## **Capacity for improvement**

## **Grade 2 (good)**

18. The capacity for improvement is good. Performance against national indicators is generally in line with, or above, the averages for England, and safeguarding outcomes are good. There is clear commitment to the improvement of support for vulnerable families. A key strength of the local authority is demonstrated through the sustained and improved delivery of early intervention services. The council has demonstrated a commitment to and resources for maintaining and developing early intervention services.
19. The council has faced challenges in the delivery of agreed priorities, through the Children and Young People Trust (C&YPT), arising from the interrupted leadership at senior management level arising from the periodic absence of the former Director for People over the past two years. The council is aware of the impact this has had on the progress on aspects of the work of the C&YPT, such as the review of performance management arrangements. Consequently, the variable quality of performance information has meant that the full range of the partnership's work in driving and improving outcomes has been weakened. The C&YPT is currently undertaking a review of the role and function of the board and this is due to be completed in March 2012.
20. The Trust membership includes a wide range of partners and parents are helped to participate and influence the work at a strategic level. Since May 2011 the membership of the Trust has been strengthened and this is reflected in the revised approach and renewed commitment of members. This has provided greater clarity as members take on lead responsibility for specific priorities as agreed across the partnership. In addition, the sustained commitment across the partnership at operational level is evident and has led to demonstrable improvement in the delivery of services. For instance, Solihull has recently been awarded Pathfinder Status to look at the piloting of personal budgets and a single assessment process for children with additional needs. Local arrangements have also been put in place to support care leavers into employment, education and



training through a robust agreement with JobCentre Plus. This provides a personalised approach which supports young people in achieving their ambitions.

21. Solihull's Education, Children and Young People Scrutiny board provides effective leadership and challenge and plays a pivotal role in holding children and young people's services to account. The reporting arrangements provide regular updates of progress of performance. There are established protocols with the LSCB and C&YPT board which identify common work areas and add value to service provision via the scrutiny role. The established protocols provide continuity through a period of changing membership. The Scrutiny Board actively maintains an overview of the findings of inspections and actions taken to promote improvement, to satisfy itself that relevant safeguards are in place and that statutory requirements in relation to safeguarding are met. For example, an update on the progress of the action plans for the unannounced inspection in April 2011 was reported to the Board in June 2011.
22. The Chair of Scrutiny takes an active role in supporting young people and has acted as a champion to highlight the interests of young carers. Young people are encouraged to participate and influence the work of the Scrutiny Board to help determine priorities. Young carers have given a presentation to the board about their experiences which was greatly valued and has influenced the work of the council in its support of this group of young people. Regular performance management reports are presented to the board and exception reports act as an alert and help to determining priorities. Review of progress against the priorities is supported by officers attending the board as appropriate. All members undergo statutory safeguarding training and the take up is monitored.
23. There has recently been a significant change at senior management level arising from the departure of the former Director for People in September 2011. The interim arrangements for succession planning have been agreed. The potential risks arising during this period of transition are recognised and plans are being put in place to address this. Steps have been taken to secure the permanent position of the Director of Children's Services post.

## Areas for improvement

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

### Immediately:

- improve management oversight to ensure greater consistency of response in the decision making process around contacts, referrals and initial assessments

- improve the timeliness of the recording and signing off assessments in the electronic social care record to prevent delay in families accessing preventative and support services
- strengthen case file audit arrangements and complete an evaluation of audit findings to ensure lessons learnt are identified and disseminated to improve practice.

**Within three months:**

- review performance management arrangements to ensure data is robust and provides for identification of trends and informs planning and commissioning of services
- the LSCB must ensure that arrangements are in place across partner agencies to ensure take up of levels of safeguarding training as set out in its training strategy, and there are robust data collection and performance monitoring of the take up of safeguarding training
- NHS Birmingham and Solihull must ensure that all young people have an appropriately smooth transition, based on individual needs, from the early intervention psychosis and autistic spectrum disorder services to adult and community services.

# Safeguarding outcomes for children and young people

## Children and young people are safe and feel safe

### Grade 2 (good)

25. Safeguarding outcomes for children and young people are good. Young people spoken to report that those actions taken by the local authority have led to them feeling safer. Survey findings indicate that almost all children feel safe and know how to seek help if concerned.
26. Where safeguarding concerns are identified, most children receive a timely response that secures good outcomes. However, inconsistencies in management oversight have led to poor decision making and delay in some cases. Issues of diversity are identified in most cases, but their impact on assessment and planning is too often not evident.
27. Local authority designated officer (LADO) arrangements are robust and widely understood and applied. Prompt action is taken to ensure children are protected and the LADO follows up the implementation of action plans. Changes are made in response to lessons learnt. Public protection arrangements are well defined, with strong partnerships and there are clear examples of the good impact on children. Recruitment arrangements are in line with statutory minimum requirements, with clear processes and records of steps taken.
28. The contribution of health agencies to keeping children and young people safe is good. The child death overview panel (CDOP) works in conjunction with Warwickshire and Coventry. The CDOP joint reports are subject to a good level of scrutiny and the content and data analysis are effectively challenged.
29. The inspection of the adoption service in May 2010 was judged to be satisfactory overall and the staying safe aspect to be satisfactory. The recent inspection of the fostering service undertaken in September 2011 found all areas, including the aspect of staying safe, to be good. The inspection of Solihull Youth Offending Service published on 11 May 2011 found that safeguarding aspects of the work were performing above the national average.
30. The provision of drug and alcohol services is well established and enables young people to access provision and information through a dedicated website. There are clear arrangements in place that enable good transition of young people within and across the drug and alcohol services that provide for meeting a wide range of needs., including transition of young people to adult services where appropriate. There are clear protocols in place between the drug and alcohol and the youth offending services and

these have resulted in improved take up. In addition, the working protocols and referral pathways are well supported by the LSCB.

31. Arrangements for responding to domestic abuse are good, with the effectiveness of triage evident in individual cases. There is a good range of support for families and children affected by domestic abuse. However, the quality assurance of domestic abuse responses is under-developed. The local authority and its partners have recognised this and improvement is planned such as developing the draft commissioning framework for services to address domestic abuse. However the framework is in the early stages of scoping and funding has yet to be secured.
32. Good learning from complaints is reflected in social care practice. The annual complaints report is comprehensive and highlights that the majority of complaints are resolved at the first stage. The report sets out areas of concerns and action taken in response to these, including lessons learnt and the impact seen through improving services. For example, since April 2011 the training rolled out to team managers has led to an improvement in how complaints are dealt with by managers. Also the complaint evaluation process has been revised in order to gain a greater understanding of ethnicity issues, and to identify gaps and strengthen learning. While the complaints report cites feedback from professionals, it does not yet include feedback from all complainants including those that withdraw their complaints. A review of the complaints process has taken place in the past year and clear objectives have been set to further improve the service.

### **Quality of provision**

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

33. Quality of provision is adequate. The strengths of the provision are demonstrated by clear thresholds for social care intervention, effective early intervention work which results in the early identification of need and diverting families from statutory services and this leads to good outcomes for vulnerable families. However, overall provision is adequate because of inconsistent management oversight and decision making, lack of timeliness and poor quality of some assessments resulting in inconsistent provision to families.
34. Thresholds for social care intervention are agreed and understood across the partnership. Joint triage arrangements in place between children's services, health and the Police with regards to domestic abuse arrangements enables proportionate responses in meeting children's safeguarding and protection needs. Provision is in place to provide good supportive advice and consultation with partners, such as health professionals, before a referral is made.
35. Early preventive services are well embedded, with widespread use of the CAF to identify and meet needs, including step up/step down

arrangements. The team around the family ensures that services are coordinated and there is good early support to families in crisis. Parents feel well supported by family support workers. LINC meetings effectively coordinate a range of support and help to ensure that the right range of professionals are involved.

36. The management oversight of front line social care services is variable. There is a lack of consistent oversight of decision making by assistant team managers and this has contributed to poor decision making in some cases. In most cases seen, a timely response had been made to ensure children's protection, but there were delays in completing and signing off assessments in the electronic social care record and in a number of cases this led to delays in accessing prevention and support services. Cases are allocated to qualified social workers. Strategy meetings are timely, routinely attended by key partners and appropriate action agreed. Out of hours arrangements are effective, with sufficient flexibility and robust back up arrangements that ensure timely responses. Links between day and out of hours services operate effectively, ensuring that there is good information sharing to inform practice and protect children.
37. In most cases, record keeping is up to date and reflects sound practice. Assessments include analytical discussion, an evaluation of risks, needs and protective factors. Historical information is taken into account in most, but not all, cases, but is not always given sufficient weight. In a number of cases a lack of rigorous management oversight has resulted in poor decision making and delay in the provision of services. This adversely affected the quality of planning and meeting of individual needs.
38. Assessment reports provided to child protection conferences are detailed, take into account past history and are supported in most cases by comprehensive chronologies. In the majority of cases other than those proceeding to initial child protection conference, core assessments are not completed in a timely manner and this has reduced the quality of planning in some instances. In most cases, issues of equality and diversity are recognised though not always fully explored in terms of the impact upon the child or family. Partner agency engagement is strongly evidenced through regular attendance at conferences and core groups. The involvement of children and families in assessments is routine with clear recording of their views and wishes. However, some parents and young people report feeling overwhelmed and not listened to at child protection conferences. The local authority has recognised this and is undertaking a review of the work of the child protection review unit.
39. Child protection plans are comprehensive with detailed actions and specified outcomes but plans do not always benefit from tight timescales in which to achieve actions and monitor progress. Child protection conferences are reviewed regularly and undertaken within set timescales.

However, core group minutes do not always demonstrate how progress against objectives is reviewed.

## **The contribution of health agencies to keeping children and young people safe** **Grade 2 (good)**

40. The contribution of health agencies to keeping children and young people safe is good. Health partners are well engaged with the LSCB and the subgroups, with a number of health staff chairing the latter. Governance structures are in place to monitor and provide assurance for safeguarding but are not yet fully embedded. Thresholds for safeguarding referrals to social care are well understood, and there is good consultation before a referral is made, although feedback on referrals is variable.
41. The 'Solihull approach' to improving parenting and understanding of children's behaviour is positively affecting and improving parenting skills and the quality of life for young people.
42. Not all designated safeguarding staff report directly to the executive lead, but reporting structures are under review. The capacity within the safeguarding health team is limited but is under review.
43. Solihull's accident and emergency services operates as a minor injury and illness service for children and young people. Currently there is only one registered children's nurse employed and this has resulted in children and young people not always having access to specialist nurses. Plans are in place to rotate staff from Heart of England Foundation NHS Trust to improve access.
44. Health staff have good access to a range of safeguarding training. There is a lack of clarity regarding the levels of training that staff should undertake and a lack of robust assurance for trust boards that all staff are up to date with their training. Training data show that compliance across all health organisations for Level 2 training is below 70% for all organisations and remains low. There are no data available for Level 3.
45. General Practitioners (GPs) have good access to dedicated practice-based learning time for safeguarding training and information sharing about serious case reviews. GPs' attendance at child protection conferences is recognised as poor. However reports are submitted to conferences and GPs frequently receive feedback from the health visitor.
46. There is good access to a range of sexual health services with improvements made as a result of the mystery shopping undertaken by young people. Solihull's sexual health service has established very close links with the GP consortia in Solihull and increased access to training in long acting reversible contraception for GPs and Practice Nurses.

47. There is a dedicated local authority team that provides sexual relationship education to schools and the Pupil Referral Units, with good joint working with health staff and other agencies. Just4You and genito-urinary medicine services (GUM) provides a good range of confidential sexual health services for young people. The service was named as a result of consultation with service users. The GUM service also provides a dedicated young persons clinic.
48. Young women can access a range of pregnancy services provided both by the local NHS services and private sector. Staff report very few concealed pregnancies and actively support and encourage young people to inform the significant adult(s) in their lives of their pregnancy.
49. The specialist midwife support for teenage pregnant girls provides a national award winning text message service, and this has improved the engagement of young women during their pre- and post-natal care. The Birmingham Teenage Pregnancy Integration form is effectively used. Also good support is provided to Roma travelling families when a young person becomes pregnant.
50. The female specialist midwife is highly valued by staff and receives good quality training. Almost all maternity staff have CAF training and actively participate in the CAF process. There are good processes and joint working across community health agencies for the planning for unborn babies. Plans are circulated in a timely manner to relevant health professionals.
51. Young carers who self-harm in secret are identified well, particularly within the substance misusing services. However, within emergency settings children and young people likely to self-harm in secret are not routinely assessed by health. This is despite the high percentage of referrals received by social care related to adults behaviour and the negative impact this has on children. However, a new emergency assessment form to improve identification has been developed and is waiting implementation.
52. Currently there is no electronic flagging system in place within accident and emergency services to identify children or young people known to social care, however plans are well developed and a new system is to be implemented imminently.
53. There is improved monitoring of frequent attendees at the accident and emergency department and minor injury units. This enables 'flags' to be inserted on the practice based information system and can be accessed by health professionals, thereby enabling them to monitor and reduce inappropriate attendances. Furthermore, there is good monitoring and flagging of domestic violence incidents involving children, and safeguarding referrals to social care. All child attendances are reviewed and appropriately circulated and good use is made of the Pan-Region

safeguarding vulnerability criteria used to refer safeguarding concerns to children's services.

54. The child death overview panel's (CDOP's) annual report provides a good analysis of trends. There is formal supervision and support for CDOP staff. The rapid response team is not in place due to the low number of deaths, although plans are being developed to join the Birmingham rapid response service. There is a valued and dedicated health visitor for the care of next infant service (CONI).
55. There is good joint working within and across services and this provides a dedicated service for children and young people with disabilities and life limiting conditions. The occupational therapy service conducts patient satisfaction surveys which show positive outcomes to interventions and high levels of satisfaction with the service. There is good liaison with the speech and language therapy services (SALT) and education inclusion support services with parents. However there is too long a wait for treatments across the three cluster areas resulting in an average wait of 23 weeks.
56. There is good joint working between intensive outreach services and clinical psychotherapy services for young people who have self-harmed and their families/carers, and may include the use of the CAF which provides a framework and structure that promotes inter agency working. CAMHS and mental health service provision is recognised as an area for further development, in particular around service user engagement.
57. Early intervention psychosis services for young people post 14-25 have limited capacity. There remains a gap in provision relating to transition to adult services. Waiting times for young people to transfer to the adult outreach services is resulting in some young people experiencing periods without outreach provision.
58. Outcomes from the healthy child programme are good and result from targeted and a focused work. For example within the sexual health services there is effective partnership working with children's centre staff and other agencies to promote healthy lifestyles. The breastfeeding initiative recently received an award for its work.

## **Ambition and prioritisation**

**Grade 2 (good)**

59. Ambition and prioritisation are good. The local authority and its partners have a clear vision for safeguarding children. They have identified local priorities and initiated action to meet them. This is evident in some key areas such as public protection where there are clear and robust frameworks for providing leadership and oversight. Health outcomes are good with a number of award winning services, including the support for young pregnant women and breastfeeding services. The reconfiguration of the duty and assessment service and increased resources has led to



improved services in early intervention work with families and this is helping to divert children from the need for statutory intervention. The triage arrangement and joint work in tackling domestic violence provides an early identification of risk for those children affected by domestic abuse. The positive impact of this joint work is apparent in improved services in individual cases. However, overarching strategic leadership by the Children's Trust has until recently been interrupted due to the periodic absence of the Director for People and the temporary withdrawal of some partners from the board. The council and its partners have recognised this and taken action. There is evidence of renewed commitment by members to build on the established partnerships in the delivery of key priorities.

60. There is good political engagement and commitment. The Education, Children and Young People Scrutiny Board plays a pivotal role in ensuring that elected members hold Children's and Young People's services to account and provides effective leadership and challenge. The reporting arrangements provide a regular update of progress of performance. There are established protocols with the LSCB and C&YPT board and these identify common work areas and add value to service provision via the scrutiny role.

## **Leadership and management**

## **Grade 2 (good)**

61. Leadership and management are good. The local authority's ability to identify and respond to weaknesses is good as reflected in the work of the LSCB and response to the unannounced inspections in 2010 and 2011. There is evidence of some good partnership working in Solihull, which is underpinned by the joint membership on a number of the council's boards. This joint work provides consistency in championing and meeting children and young people's needs. For instance the Domestic Abuse Priority Forum is effective in supporting the work of the Solihull Partnership. In respect of the scoping exercise relating to sexual exploitation, both the Safer Board and the LSCB have adopted a single approach. This is helping to ensure effective delivery across the partnership against this key priority area.
62. There have been some improvements in aspects of service delivery in the last 18 months. For example, operational links with local Police have improved and there is an effective partnership. In addition, a closer alignment between duty and referral and child in need teams has resulted in improved arrangements in the transfer of cases.
63. The local authority has used the Social Work Reform Board health check, although the related action plan is not robust and does not establish measurable objectives and progress cannot yet be evaluated. There has been a reduction in the reliance on agency social work staff and this ensures better continuity for children. Learning pathways are clearly defined, leading to improved recruitment and retention of newly qualified

social workers (NQSWS). Training opportunities are offered within a cohesive framework that meets business requirements and facilitates professional development. These opportunities are supported by good use of professional development reviews (PDRs). However, take up of training by social care staff is variable. Children's social work service policy guidance sets out a clear approach to addressing the specific training needs of experienced staff and supports NQSWS in gaining experience of child protection under close supervision.

64. There is effective use of resources. The council held a five day change event in October 2011 which included key stakeholders, professionals and partners to review service provision, including commissioning arrangements. The principles underpinning the council's LEAN Strategy have been applied. This has enabled staff to take a diagnostic approach to the analysis of services with a view to improving effectiveness, eliminating waste and improving best value and service delivery. This work is at the early stages of development and impact has not yet been fully demonstrated.
65. There is a dedicated HIV young person service with two dedicated young person workers, who provide good open access to services. There are good links with the third sector especially when supporting transient young people. There is good transition and joint working with a named professional from adult services.
66. Some children's social care services have been reviewed and reconfigured to ensure a more secure front-line response. Most social worker caseloads are manageable but there are some delays for children in accessing child in need services. Plans are in place to develop commissioning, including joint commissioning, more fully, but while some specific priorities such as services that cater for young carers and domestic abuse have been identified, weaknesses in data systems are compromising the development of a full understanding of needs. The local authority and its partners have recognised this and are responding by undertaking a review of performance management across the partnership. In addition, all domestic violence referrals are monitored at the twice weekly triage meeting which include social care, health and Police professionals.
67. Over a year ago, the LSCB chose to commission an independent review of a long term neglect case by participating in a pilot of the Social Care Institute for Excellence's (SCIE) 'Learning Together' model. The review was carried out between November 2010 and May 2011. The findings of the review were disseminated to professionals and partners and underpinned the delivery of a multi agency conference on neglect. There has been good learning from findings from Solihull's contribution to a serious case review that has been disseminated effectively across the partnership and has led to improvements in practice. There is good cascade of information from the LSCB and CDOP to frontline practitioners,

serious case review information is disseminated by neighbouring areas in order to share lessons learnt.

68. Service developments are informed by the views of children, young people and parents through complaints and consultations. For example the LSCB has a Youth Council sub group to advise on priorities for young people. It also uses feedback from surveys such as 'Ask Parents' to influence the design and delivery of services and young people designed and led a workshop at a recent training conference on neglect.

## **Performance management and quality assurance**

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

69. Performance management and quality assurance are adequate. There are established arrangements in place across the partnership to review performance. The reporting arrangements in place provide a wealth and range of information about local and national priorities, but in a number of key performance areas the quality of information is poor and there are too many inconsistencies in practice. Consequently, the ability of the local authority and its partners to interpret trends effectively across all performance areas is weakened. The local authority acknowledges the need for a single source of information that allows the effective monitoring and evaluation of performance data against key priorities, and is taking action to address this.
70. Management oversight within the duty and assessment team is not consistently sufficient to ensure that early decision making is robust and consequently the quality of initial responses is too variable. While there were some good examples seen, in a number of cases there was undue delay in securing support and management oversight was poor. Weekly reports on initial assessments that are out of timescales are produced but are not used strategically to improve timeliness and ensure quality.
71. While the council has successfully introduced case file auditing arrangements across the management group, this is in the early stages of implementation and practice has not yet become embedded. Evaluations of the findings of the audits have not yet been undertaken to inform learning and the local authority recognises this. However, the case file audits seen during the inspection were of variable quality. While some were good, too many cases lacked rigour and challenge in addressing the identified deficiencies in practice and did not specify timescales for completion of corrective action.
72. The Solihull LSCB effectively coordinates information across the partnership. The use of findings from LSCB audits such as the SCIE has shaped the delivery of services around safeguarding outcomes. For example, the SCIE review provided insights into practice around neglect and this work influenced the delivery of a multi agency conference.

## Partnership working

## Grade 2 (good)

73. Partnership working is good. Strong and effective relationships have been established across the statutory agencies and the voluntary and community sector. There is evidence of mutually valued partnership working for the delivery of services to families. There is also demonstrable commitment by members and senior officers in supporting local community provision. For example, community and voluntary sector partners report a 'hands on' approach and leading by example. Senior officers take an active involvement in the work of Women's Aid and Solihull Carers and are seen to value the specialist contribution these and other agencies make in supporting families.
74. There is strong engagement in the LSCB by a wide range of relevant partners including UK Border Agency, Housing and the Mental Health NHS foundation trust. The LSCB has two lay members who represent well the opinion of the community on the board and promote good understanding within the local community of child protection issues. The board's partnership approach extends to parents and young people whose views are actively sought and used to inform priorities and developments. Priorities are clear and the board provides robust and effective challenge in ensuring commitment of partners and delivery of safeguarding priorities.
75. Public protection arrangements are very effective, with a good partnership approach to identifying priorities through the LSCB. Governance, structures and processes are clear and support good operational level work that has a demonstrable impact in protecting children. Similarly, work on domestic abuse is supported by strong partnerships with agreed priorities and operational arrangements such as the multi agency triage approach to prioritising responses.

## Services for looked after children

### Overall effectiveness

### Grade 3 (adequate)

76. The overall effectiveness of looked after children services is adequate. Lead member and senior officers demonstrate commitment to looked after children and care leavers and the achievement of all the Every Child Matters outcomes. Solihull's Corporate Parenting Strategy 2011-15 effectively captures the messages from the children and young people it serves and underpins the council's 'Promise' which has been in place since 2009. However, the C&YPT and corporate parenting arrangements within the council are underdeveloped. The local authority faces significant challenges in delivering its corporate parenting responsibilities and meeting the range of needs of Solihull's looked after children and care leavers, a number of whom are unaccompanied asylum seeking children (UASC).
77. The council's work in supporting children and young people in care is notable in some aspects including the impressive number of young people in higher and post graduate education. Solihull actively promotes the participation and consultation with young people and this has influenced the design and delivery of services they receive. The outcomes for children placed for adoption is good with very low percentage of placement disruptions which indicates good matching arrangements. There is, however, evidence of some weaknesses in the quality of provision for some children and young people in care, in particular around poor health and short term placement outcomes which fall below both local and national targets. An annual health report covering the health needs of looked after children is not submitted to the health trust board or corporate parenting board to assure them of the quality of looked after children's health provision and this weakens the council's understanding of the health needs of children in care.
78. The absence of robust management information has meant the Corporate Parenting Board, senior managers and partners are not always in a position to accurately interpret the context of performance or trends. Consequently, the council cannot be confident that it is effectively targeting or utilising resources to best effect. The corporate parenting scorecard, while appropriately ambitious, is not yet in use.
79. The council is fully aware of these deficiencies and is undertaking a review of current performance management arrangements. A significant proportion of looked after children are co-allocated between a social worker and family support worker who takes the lead in providing services. While local monitoring of these arrangements is robust, strategic oversight is more limited and the impact on outcomes not clear.

## Capacity for improvement

## Grade 2 (good)

80. Capacity for improvement is good. Leadership at a strategic level within the children and young people trust board has been interrupted over the past 18 months arising from periods of change in the management arrangements. This has impacted on some areas of the board's work, arising from lack of continuity in attendance of key personnel and has led to a delay in the rate of progress made around aspects of the board's priorities, such as the review of the performance management. This has now been successfully addressed and a review of the function and role of the board is in place.
81. Elected members and senior officers demonstrate a clear understanding of what needs to change and this is linked to a shared and renewed commitment across the partnership to improve outcomes outlined in the corporate parenting strategy and children and young people's plan. The new interim senior management arrangements in place demonstrate clear understanding and commitment to tackling the weakness identified and building on the strengths of the partnerships in improving outcomes. This is demonstrated through the review of the role and function of the Trust, the revised corporate parenting strategy and new management arrangements. The permanent arrangements within the senior management team are not yet secured and a key senior position remains vacant. However, the council has clear plans in place to address this imminently and the potential risks are being managed well.
82. There is evidence of committed leadership within the corporate parenting arrangements. The lead member demonstrates a strong understanding of the challenges facing looked after children and care leavers within Solihull and is ambitious to improve outcomes by actively championing an awareness of corporate parenting duties and responsibilities within and across the partnerships. There has been demonstrable progress made following the revised approach to corporate parenting since the Joint Area Review in 2008 and the implementation of the Promise to children in care. There is also evidence of sustained improvement in some outcomes such as the participation of children and young people in care who have helped influence local priorities and shape the new Corporate Parenting Strategy. The membership of the corporate parenting board is at senior officer level and includes the lead member and Chief Executive who are active participants in driving forward priorities. There remains a need to further strengthen joint working in particular around the work of the virtual school and corporate parenting board.
83. The principles of listening to the views of children and young people are well established in Solihull and are reflected in both operational and strategic work and regularly influence the design and delivery of services. Workforce planning arrangements are good and capacity is sufficient.

## Areas for improvement

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

### **Immediately:**

- improve strategic oversight of the co-allocation arrangements of looked after children cases where the lead professional is not social work qualified
- ensure that independent reviewing officers bring to the attention of managers all cases where there are significant delays in accessing services
- improve the consistency and effectiveness of management oversight of cases to ensure that required actions are specified and measurable and appropriately challenge delay in care planning
- ensure that pathway plan reviews are completed at appropriate intervals and compliant with statutory guidance.

### **Within three months:**

- the local authority should conduct further analysis and assessment to ensure that children whose needs would be best met through an adoptive placement are identified
- ensure that accurate and comprehensive management information is available to corporate parents and senior managers so that they are able to accurately interrogate performance
- improve monitoring arrangements for individual young people to measure educational progress relative to their starting points and to their peers who are not looked after. Use this data to review service delivery and improve performance
- improve the rate of recruitment of in-house foster care provision particularly for the older group of looked after young people
- NHS Birmingham and Solihull and Solihull children social care should ensure that all looked after children, including those placed out of the authority, have a health assessment and dental assessment in line with statutory guidance and that their immunisation status is known
- NHS Birmingham and Solihull need to ensure that there is an annual looked after children report presented to the health trust boards, corporate parenting board and health and well-being board
- ensure that all young people referred to the CAMHS receive a timely service, including those that are placed out of borough.

**Within six months:**

- ensure that designated looked after children teachers receive a relevant coordinated programme of training to enhance their skills
- ensure the virtual school and the corporate parenting group provide strategic leadership and effective coordination across the partnership
- evaluate the reasons for placement disruptions and use the findings to address the decline in performance.

**How good are outcomes for looked after children and care leavers?****Being healthy****Grade 4 (inadequate)**

85. Health outcomes for looked after children and young people are inadequate. The looked after children health files seen during the inspection were generally of a good quality. However, the health action plans were of variable quality with the majority not written in a 'smart' outcome focused manner. Annual health reviews of those children or young people placed out of area are not consistent. In some cases where children and young people have been placed out of area, the designated doctor writes the health action plans, and undertakes a quality assurance role of the health assessments. However, it is unclear how these are implemented and monitored. A copy of the health plan is not routinely shared with those young people or their carers who are placed in out of area placements, and the absence of health information compromises the health and well-being of the young people.
86. The engagement and partnership working of health professionals involved with the care of looked after children with independent reviewing officers is variable and health staff are not always sufficiently involved in the monitoring and reviewing of health plans.
87. Looked after children who have learning difficulties and/or disabilities or life limiting conditions and who are treated by the community paediatricians have their review health assessments undertaken by the paediatrician and this helps prevent duplication. However, the agreed actions arising from the reviews are not robust and copies of the plans made are not routinely shared with the young people or their carers.
88. At the time of the inspection, the designated nurse for the looked after children post had been vacant for a short period and staff were not aware of the interim arrangements. However, the health authority has clear plans in place to recruit to both the designated nurse and consultant paediatrician positions for looked after children. The designated doctor for looked after children and adoption undertakes all the initial health assessments and some of the annual reviews using the British Association



for Adoption and Fostering format within six to eight weeks of a young persons becoming looked after.

89. Unaccompanied asylum seeking children (UASC) have a health assessment carried out in line with Department of Health requirements but the level of service provision provided by core CAMHS to UASC remains unclear. Access to Birmingham's unaccompanied asylum mental health provision is not effectively monitored and outcomes are not evaluated.
90. Accident and emergency notifications are not routinely forwarded by health to the looked after children team therefore there is no monitoring of follow up of health interventions. There are currently no arrangements for 'flagging' of looked after children in Solihull's hospital accident and emergency department, although plans are well developed to implement this imminently.
91. In addition, there is no annual health report covering the health needs of looked after children and this results in a lack of analysis of performance data and little evaluation of the quality of service provision for this vulnerable group. Care leavers do not receive a copy of their health history on leaving care, contrary to the requirements of the statutory guidance.
92. The looked after and adopted team for health (LAATCH) and CHESS teams provide an effective emotional health and well-being service for a small number of children. However, despite the efforts made to reduce the waiting time, capacity issues within the LAATCH service still result in long waiting lists and only a limited number of looked after children and young people benefit from this service. The local authority is aware of this and the matter is currently being resolved to improve access routes for looked after children to CAMHS and LAATCH service. There is good partnership and joint case working within the LAATCH team, focusing on outcome measures for the individual, with flexible treatment timescales based on the individual young person's needs.
93. For those children and young people who do not meet the CAMHS criteria, arrangements are in place for their needs to be discussed at the CAMHS multi-agency panel. The panel is currently in a pilot phase and therefore outcome monitoring has yet to be reviewed. However, arrangements are in place for this to be undertaken as part of the evaluation phase of the project.
94. Staff from both CHESS and LAATCH teams contribute good support for potential adopters and new adoptive parents. The LAATCH team provides a good range of training for both social workers and foster carers/adopters. Supervision for LAATCH and CHESS staff is variable depending on professional role and responsibilities.

95. Health assessments and immunisation rates are both below statistical neighbours and England averages, 75.9% and 72% respectively. However, dental rates at 88.9% are above England's and statistical neighbour's rates, and the strength and difficulties questionnaires score is good at 12.2. Current local authority data for combined health assessments and dental rate data are currently showing a decline in performance. Consequently not all looked after children are receiving timely health assessments to ensure their health needs are being met. Staff spoken to during the inspection were unclear why the performance rate is low. While there is some evidence of analysis of performance this has not led to any notable improvement.
96. The challenge of securing health provision, particularly for looked after children placed out of borough, is acknowledged by the local authority and health partners, as is the decline in the health assessment performance in recent years which is below both comparator groups. Progress has been made in taking forward some aspects of the health action plan, such as the improved quality of health plans. However the recent absence of the designated nurse and merger of organisations limits the overall pace of change which is too slow and has not yet led to any discernable improvement in the health outcomes for looked after children.
97. The youth offending team has good links with the local youth offending institution ensuring good support for looked after children's health needs and those who misuse substances.

## Staying safe

## Grade 2 (good)

98. Safeguarding services for children who are looked after are good. Almost all looked after children and care leavers express the view that they feel safe or fairly safe within their placements. In addition, almost all children are able to identify at least one adult who they trust and the majority are confident that their carers would respond appropriately to safeguarding concerns.
99. While the overall number and rate of looked after children appears to be high, this includes a significant proportion of unaccompanied asylum seeking children. The proportion of local children in care in the borough is in line with comparators, and this suggests that thresholds for entrance into care are appropriate. Where placement in care is, or may be, required clear and well understood procedures are in place. The head of service has responsibility for authorising placements for the looked after children panel, known locally as PALAC, and appropriately challenges recommendations where thresholds are not met. A monthly placement panel reviews decision making and care planning, reviews placement matches and ensures an early return home if viable.
100. A significant proportion of looked after children are placed out of borough with independent providers and rigorous safeguards are in place to ensure

the ongoing suitability of these placements. Placements are not made with any provider judged to be inadequate by Ofsted. There is no in-house residential provision. The recent inspection of the fostering service undertaken in September 2011 found all judged areas, including staying safe, to be good. The inspection of the adoption service in May 2010 was judged as satisfactory with staying safe also judged satisfactory. Since this inspection, further improvements have been made and safer recruitment practice is now consistently applied within the adoption service.

101. A clear and appropriate joint agency children missing from care protocol is in place and a multi agency steering group has been established to oversee practice. This group now provides regular updates to corporate parents and the LSCB. General awareness raising training has been rolled out across the partnership and specific targeted work in relation to sexual exploitation of children and young people is ongoing. The extent to which trends are identified and used to inform strategic planning is limited by the lack of detailed historical data. Benchmarking through comparisons with statistical neighbours is equally limited.
102. Unaccompanied asylum seekers are well protected by a knowledgeable, effective and committed group of staff who know their children and young people well. Processes are well established, with referrals being directed immediately to a dedicated team. All social workers undertaking age assessments are trained and assessments are Merton compliant.
103. Advocates and interpreters are used throughout the age assessment process and safeguarding issues are taken very seriously. There are active links with Police and the UK Border Agency. Young people are accommodated under Section 20 of the Children Act 1989 and are accorded full status as looked after children. Younger UASC who become looked after are placed with foster carers but pressure on in house provision means that many are placed in out of borough placements, as are many older unaccompanied asylum seekers who are placed in independent accommodation. This causes particular problems when accessing specialist and some routine health services for these young people.
104. A coherent private fostering communication plan is in place and based upon known good practice. Close liaison through the local British Association for Adoption and Fostering (BAAF) network with other local authorities provides a benchmark against which the council assesses the level of receipt of private fostering arrangement notifications. A private fostering steering group has been established and this has resulted in improved performance. However, while a clear structure is in place to trigger initial and ongoing monitoring visits, minimum statutory requirements are not consistently met.

**Enjoying and achieving****Grade 3 (adequate)**

105. The impact of partnership working to raise the aspirations and attainment of children and young people who are looked after is adequate. While the local authority has made marked achievement in supporting young people progress onto higher and post graduate education, the virtual school and the corporate parenting group are not yet providing robust strategic leadership or effective coordination across the partnership. As a result, the council's aspiration and ambition to raise achievements yet to be fulfilled
106. The achievements of looked after children that sit tests at age 11 and the number of young people gaining five good GCSEs at the age of 16 remain well below all young people within the area. The plan to reduce this gap is now more clearly focused on meeting the needs of looked after children, but as it is new it is not yet having an impact.
107. The quality of individual support for children and young people is good, but the council does not analyse performance information to look at the achievement of different groups or to examine trends. For example, partners cannot easily compare the performance of unaccompanied asylum seekers with other looked after young people or assess the impact on achievement of being educated in out of area schools. As a result, the council is not yet providing a consistent challenge to drive further improvement and improve outcomes.
108. All children have an up to date personal education plan (PEP) which is regularly reviewed. The assessment of individual needs is good and progress is recorded against targets which have been appropriately set. Where additional needs are identified, support is provided. This can range from work with a learning mentor in a self-esteem group to specific support for speech and language development. All children and young people in the area and those in neighbouring areas receive individual support and those who are unaccompanied asylum seekers also receive additional language tuition. Young people have the opportunity to say what they think in a 'wishes and feelings' booklet, their views and those of carers are taken seriously and their concerns are followed up.
109. Agencies work well together to ensure that the large majority of looked after children attend school. The exclusions of looked after children are low and well below the national average and no child or young person was permanently excluded in the last academic year. Designated teachers have good individual support and they feel that there is always someone they can turn to for advice. However, there is no coordinated programme of training to enhance and develop their skills.
110. Social care and education partners work well together to ensure that the needs of individual young people are well understood. In particular they are effective in ensuring that school moves are kept to a minimum. There is also effective partnership working between the virtual school and the

post-16 team to support the young people when they move onto the next stage of their life.

111. There are projects such as Creative Curiosity, designed to engage children and young people in out of school activities and to provide opportunities to be creative. However, the council does not prioritise the needs of looked after children in the overall provision of leisure activities and there is no organised subsidised provision. The council does prioritise the needs of vulnerable young people and enables access to some provision such as the music service, but there is no monitoring to ensure that these opportunities are being taken up by looked after children.

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

**Grade 2 (good)**

112. The support provided to enable looked after children to make their views known is good. Following consultation with children and young people the council has moved away from a traditional children in care council in favour of a children in care network. Council analysis of the service suggested that children found it difficult to access the children in care council through established groups, as these quickly became 'closed' or exclusive. Therefore the council has adopted a network approach consisting of a greater range of activities through which children are consulted, issues raised and priorities agreed. A 'Promise' to looked after children, developed through active consultation with 90 looked after children, is in place and has recently been reviewed by the Solihull partnership and the C&YPT.
113. The majority of children and young people contribute to the planning for their future through PEPs and pathway planning post-16 and rates of participation in looked after children reviews is consistently high. A number of young people have been supported and trained to chair their own reviews and report improved care planning as a result.
114. There are examples of effective support which helps young people to contribute ideas for improving the services available to them. A DVD has been used with a range of partners including elected members and young people who are now engaged in follow up activities to check on the progress the council has made in responding to their concerns. Young people have influenced the reshaping of children's services, for example through social work PODs, an arrangement whereby a small team works with individual young people, there is improved communication and consistency of approach from staff following concerns identified by the young people themselves. Young people regularly take part in recruitment panels and have been involved in a range of senior appointments. They have received training and speak positively of the experience. On most appointments the children's panel have a right of veto over appointments.

115. Effective partnership working between the youth offending service and the post-16 team helps to keep the rate of reoffending low amongst local looked after young people. This is supported by protocols with other areas when young people move out of the area.
116. The council celebrates the success of children and young people through an annual awards ceremony where talents and achievements are acknowledged for looked after children and young people of school age.
117. The take up of solution focused advocacy services is strong among both local and unaccompanied asylum seeking looked after children. Project workers have linked directly with looked after children teams and the independent reviewing officers to ensure children have access to advocates when they need them. A clear service level agreement is in place with National Youth Advisory Service, and targets for increased coverage of service have been agreed. A second service level agreement for independent visitors has recently been agreed and work is underway to recruit volunteers.
118. An effective complaints procedure that is accessible to children is in place. Child friendly face-to-face meetings following investigations are well used and are an important factor in ensuring that almost all complaints are resolved early and at a low level. Corporate parents receive regular performance data and representatives attend quarterly meetings where individual cases are discussed and performance examined.

## **Economic well-being**

## **Grade 2 (good)**

119. The impact of partnership working to achieve economic well-being is good. There is an effective partnership between the leaving care team and the UASC team which results in relevant educational and career advice and support for all young people post-16. The young people themselves are also ambitious to do well, and 26 are in higher education of which 21 are unaccompanied asylum seekers. However, there is no collated performance information and the council is not able to demonstrate whether the gap is closing between the performance of all young people post-16 and those who are in care.
120. Transition planning is good and partners work well together to help young people in Year 11 plan for the next stage of their life. There is a good range of provision at local colleges for those with learning difficulties and/or disabilities and these young people receive additional support where necessary.
121. Effective partnerships between the council, the 16 plus team and the Connexions service results in nearly all young people, including unaccompanied asylum seekers, actively engaged in further training, continuing education or work. The council also works closely with local businesses to identify employment opportunities and to develop

employers' understanding of the needs of looked after children. The council itself provided six apprenticeship opportunities which resulted in permanent employment for some.

122. The quality of pathway planning is good and the process is appropriately focused on outcomes. The recording of educational achievement is clear and next steps have been set out with support provided where necessary. Attention is paid to cultural needs, for example those UASC young people in area schools there is careful monitoring to ensure that they are not subject to discrimination, but this does not extend to those young people placed out of area. New arrivals receive support to help them settle into a new country with unfamiliar cultural traditions. Also, the council has ensured that young people are able to attend the place of worship of their choice. Engagement with leisure activities is also monitored and the changing interests of children and young people are usually accommodated. Modifications are made to the planning in response to points raised by young people themselves, for example where there are moves from one flat to another. However, there is no formal system to monitor whether pathway plan reviews are on time and in some cases there is no evidence of review over prolonged periods.
123. Support for young people is prioritised across relevant council services and there is a good range of help to improve their skills and to develop positive attitudes to work. Personal advisers provide help with establishing daily routines as well as advising on interview techniques and on the writing of personal statements.
124. A protocol with housing helps to ensure that young people have suitable accommodation and none are living in bed and breakfast accommodation. They also benefit from a good range of support to assist them as they make this move to independent living, and they are positive about the help they receive. For example, pre-tenancy work includes courses on budgeting, cooking and other skills. In addition, there are two training flats which allow young people to test out their skills and to identify where they need further support.

## Quality of provision

## Grade 3 (adequate)

125. The quality of provision for looked after children is adequate. An updated Children and Young Person's Plan is in place and has been used to measure progress since 2007 and identify current priorities. The plan focuses well on the needs of looked after children, it identifies the rising number of looked after children, and in particular the continued high proportion of UASC who are looked after children, as key areas for focus. An overarching corporate parenting strategy has been written and is due to be reviewed by the partnership board later this month, the strategy links well to the looked after children's 'Promise'. However, while performance data is received by the board, work is still underway to

design a specific scorecard that will capture all relevant performance across the partnership, and further work is required to pull together an overarching corporate parenting delivery plan that will include clear actions, milestones and overall targets.

126. There are appropriate and well understood procedures that inform practitioners when children should be brought into care. The head of service has decision making responsibility with further oversight provided by a Placement Panel, and decision making is timely and effective.
127. A range of services is available to children on the edge of care including the Family Solutions Project. This dedicated service receives referrals via the duty and referral team, it has a high profile and is well regarded across the partnership. The council takes an intensive, time limited solution focused approach and this is complimented by a dedicated team of short break foster carers. The team works with both children who are at risk of becoming looked after, and those who have recently come into care, and where the care plan is to support their return home. Performance is strong and a high percentage of children referred in the last 12 months has been diverted from care.
128. The council acknowledges that further work is required to improve both short term and long term placement stability for looked after children. The high numbers of unaccompanied asylum seekers and the nature of their arrival pose significant challenges and while work is underway to increase in-house fostering provision and the range of independent and semi-independent accommodation options, placement choice remains limited and contributes to the high number of placement moves. The council's rate of recruitment of in-house foster care provision has been poor. The council recognises the need to improve in-house foster care provision particularly the recruitment of foster carers for the older group of looked after children. Targeted and specialised support via the LAATCH and CHES services has helped to improve placement stability for younger children and children who may otherwise have been placed in residential accommodation. However, the number of staff within the services limits the number of children these services can work with and waiting lists for access to CAMHS support via the LAATCH service are too long.
129. While there is a strong track record with regards to timeliness of adoption, the rate of children adopted from care has remained well below the England average and the council's own target for a number of years. Understanding of the causes for this low rate and plans to improve performance remain underdeveloped. As a consequence there is the risk that children whose needs would be best met through an adoptive placement are not being identified through current processes.
130. The quality of assessments and plans seen by inspectors were good overall. Assessments routinely demonstrate information being drawn from



a wide variety of sources, they often include direct work and observation of the child. Analysis of young persons needs is systematic with protective and risk factors clearly identified which lead to a suitable range of actions and recommendations. The involvement of children and families in assessments is routine with clear recording of their views and wishes. While ethnicity, culture and religion are consistently recorded, in some cases there is an assumption that appropriate placement matches will ensure that individual needs are met, with little evidence of assessment to support this.

131. Looked after children's statutory reviews are timely and the participation of children in reviews is good. Social workers prepare thorough reports for reviews. A clear escalation policy is in place where independent reviewing officers identify concerns and the implementation of a red, amber, green (RAG) system should enable an early warning to be raised. However, the impact of the RAG system is limited and in some tracked cases, significant concerns were either not reported through the RAG system or there was no RAG report. Systems to monitor the overall quality of care planning are not fully established and it is significant that the independent reviewing service has yet to produce a formal annual report.
132. Case recording is detailed and up to date. In the majority of cases there is clear evidence of regular case work supervision and in many cases this includes a clear set of measurable actions which support effective case planning. However, in some cases management oversight has not identified or effectively challenged delays in access to required health services, or ensured timely permanency planning.

## **Ambition and prioritisation**

## **Grade 2 (good)**

133. Ambition and prioritisation are good. A revised approach to corporate parenting was devised following the Joint Area Review in 2008. Priority has been given to ensuring senior officer representation from across the partnership with less emphasis on elected members being represented on the board, as their active involvement through scrutiny is seen to be effective. The lead member and Chief Executive are members of the board and other senior officers from partner agencies are represented. This includes representation from health and education. Local priorities, which children and young people have helped to shape, have been agreed and are detailed in a new Corporate Parenting Strategy. This is due to be presented to the full partnership board for review and sign-off in late November. A delivery plan is being developed but has yet to be actioned. While these developments demonstrate a clear commitment across the partnership to improving outcomes for looked after children the full impact of the strategy can only be measured and judged following implementation. Staff at all levels are aware of and understand these key priorities.

134. The LSCB which is constituted in line with *Working Together 2010*, receives regular management information and has acted to protect the welfare of looked after children around key performance areas. This has included requests for updates in relation to the joint agency 'missing from care' protocol.
135. The chair of the Corporate Parenting Board demonstrates clear understanding and commitment to meeting the needs of looked after children and care leavers and provides a strong visible leadership. Regular performance management information is presented to the board and representatives attend as appropriate to report on progress on performance and service area. A key strength of the lead member's work is reflected in an active commitment to attending a range of forums and social events involving looked after children and care leavers. This has led to a revision of services and a good understanding of the challenges faced by young people in realising their potential. For instance the financial support for young people moving into independent accommodation was reviewed following issues being raised at the looked after children forum.
136. The lead member, who was until recently a member of the fostering panel, is knowledgeable about the needs of children and young people in care and uses this knowledge to drive the delivery of the corporate parenting strategy. The board is supported at the highest level by the Chief Executive, partners and members who regularly attend celebratory events. The lead member is due to give a presentation to full council to reinforce corporate parenting responsibilities and promote continued awareness and sign up of all members. There are aspects of the corporate parenting work which need strengthening. For example, there is a need for more robust management information and in addition, improvements are needed to the joint strategic leadership between the board and virtual schools across the partnerships.

## **Leadership and management**

**Grade 2 (good)**

137. Leadership and management are good. A good range of activity has been undertaken so that senior managers are able to identify any weaknesses in services and resource deficits. This includes the need to strengthen partnership working across virtual school and corporate parenting board and recognition of need to improve performance information. Reduced funding through the UK Border Agency (UKBA) and a high proportion of UASC present particular challenges to the council. The challenges are well understood at all levels and there have been a number of service developments as a result. A detailed and analytical fair treatment assessment has been completed to consider the impact of the changes to the UASC service arising from a significant reduction in the level of grant payable to Solihull from UKBA. A similarly detailed children's social work task force health check in 2010 has raised the profile of children's social work services and reviewed the impact of the 'Reshaping Children's Social

Work' reorganisation. An action plan has been developed covering workload management, tools for the job and a healthy workplace.

138. The workforce development programme has reduced the reliance upon agency staff and NQSW are appropriately supported through the early professional development programme. All staff benefit from successful joint commissioning and planning with Coventry and Warwickshire to provide competency based training for social care staff. Performance development reviews are used effectively to review performance annually, and those seen during the inspection included a 'smart' set of development objectives and link to training plans well.
139. The annual report for complaints 2010-11 demonstrates effective learning and impact on improved practice arising from feedback and training. Complaint and advocacy services are accessible and child friendly, resulting in early resolution of the majority of complaints. There are established arrangements in place to ensure that the progress of performance across local and national targets is monitored and reviewed.
140. Work to produce an integrated commissioning strategy across the partnership is underway. Accuracy of data has been a consistent problem and partners are aware of the need to strengthen the evaluation of outcomes. Partnership working through combined placement commissioning with other local authorities in the area is a goal but to date has not been achieved across all commissioning areas.

## **Performance management and quality assurance**

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

141. Performance management and quality assurance arrangements are adequate. A culture of performance management exists throughout children's services with established links between individual, team and corporate action planning. However, while a broad range of management and performance information is gathered, this is not comprehensive or sufficiently robust and senior managers and partners are not always in a position to accurately interpret the context of performance or trends. Throughout the inspection there were occasions when information supplied to the inspection team by the council was not accurate and contradicted previous data that had been issued.
142. There is evidence of good performance across a number of indicators; for example the low rate of reoffending among looked after children and a high rate of older young people who are in education, employment or training. However, the council does recognise that performance in relation to the rate of adoptions, placement stability and health are not meeting targets and there is a need to focus work on these areas.
143. There is a limited analysis of adoption rates within the service's annual report and no independent reviewing officer's annual report. These are

significant omissions which hamper strategic planning. The permanency update reports that are presented to the adoption panel provide a mechanism for internal review but this system lacks sufficient rigour.

## Record of main findings:

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