

Joint area review

Shropshire Children's Services Authority Area

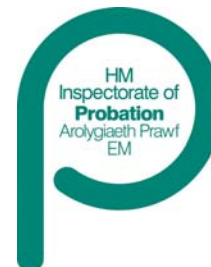
Review of services for children and young people

Audit Commission
Healthcare Commission
HM Crown Prosecution Service Inspectorate
HM Inspectorate of Constabulary
HM Inspectorate of Prisons
HM Inspectorate of Probation
Ofsted

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Introduction

1. The most recent annual performance assessment (APA) for Shropshire judged the council's children's services as outstanding and its capacity to improve as outstanding.
2. This report assesses the contribution of local services in ensuring that children and young people:
 - at risk, or requiring safeguarding are effectively cared for
 - who are looked after achieve the best possible outcomes
 - with learning difficulties and/or disabilities achieve the best possible outcomes.

Context

3. Shropshire is England's second largest inland county, covering an area of 3197 square kilometres. With an estimated 289,000 residents and a population density of approximately 90 persons per square kilometre, it is one of the most sparsely populated counties in England. Shropshire has a relatively high concentration of people in the older age groups. In 2005, 21.57% of the county's residents were of pensionable age compared to 17.65% in England. Children from birth to 15 years make up 18.8% of the population (lower than the England figure of 19.55%) and 59.63% of the population are of working age.
4. Sixty-five per cent of Shropshire's population live in the county town of Shrewsbury and the other main market towns. Many more people access these towns for services and jobs. The service sector is the largest employer in Shropshire accounting for 78.5% of all jobs. Manufacturing accounts for 12.5% and agriculture accounts for 3.1% of all jobs.
5. Although at a district council level the overall scores for deprivation are low, there are 11 areas, each of about 1,500 people, which are amongst the 20% most deprived nationally in terms of income, employment or education. The 2006 median weekly earnings in Shropshire were lower than both the West Midlands region and the United Kingdom. Rural deprivation is an issue for some areas of the county. Thirteen per cent of children under 16 years live in families with low incomes compared to 21% in England. Fifteen of Shropshire's 192 super output areas have higher levels of child poverty than the England average.
6. A lower proportion of the population (1.2%) is from Black and minority ethnic backgrounds than the national figure of 9% and the West Midlands regional figure of 11%. The proportion of school aged children from Black and minority ethnic backgrounds is higher at around 4%.

7. Shropshire County Council and the five district councils will merge on 1 April 2009 into Shropshire Council as Shropshire moves to unitary status.
8. Pre-16 education provision is delivered through pre-schools, primary and secondary schools. There are:
 - 14 designated children's centres providing a support service to parents, with a further four planned
 - 160 private or voluntary early years settings
 - 43 maintained schools which have maintained nursery provision, plus 13 independent schools
 - 142 primary schools
 - 22 secondary schools
 - two special schools
 - one pupil tuition service located on five sites.
9. Post-16 education and training is provided by:
 - eight sixth forms.
 - two general further education colleges
 - two sixth form colleges
 - 20 work-based training providers.
10. Four providers have contracts for Education to Employment training.
11. Adult and community learning, including family learning, is provided by Shropshire County Council's Community Services Directorate.
12. Acute hospital services are provided by Shrewsbury and Telford Hospitals NHS Trust and Robert Jones and Agnes Hunt Orthopaedic and District Hospital Trust.
13. Mental health and primary care services for children are provided by Shropshire County Primary Care Trust (PCT) jointly with Telford and Wrekin PCT.
14. The strategic health authority is West Midlands Strategic Health Authority (SHA).
15. Children's social care services are provided through:
 - 102 local authority approved foster carer households giving 147 placements (15 looked after children have external placements with independent fostering agencies)
 - one county-wide stay safe service carrying out referral and assessment, made up of two teams
 - five multi-agency teams (MATs)
 - one county-wide looked after children case management team
 - one multi-agency county-wide children with disabilities team

- one Shropshire County Council emergency duty team – adult and children's social care
- Shropshire has two residential children's homes, with a third home planned for October 2008.

16. There is one young offenders institution within Shropshire (Stoke Heath).

17. Services for children and young people who are at risk of offending or have offended are provided through the Shropshire, Telford and Wrekin youth offending team.

Main Findings

18. The main findings of this joint area review are as follows:

- The well-established Children's Trust is based on strong ambition and a clear commitment to priorities based on improving outcomes for children and young people.
- Arrangements for safeguarding children and young people are good. The effective Shropshire Safeguarding Children's Board (SSCB) is providing clear direction and leadership. The council's strong focus on providing good preventative services is proving effective at improving the health and safety of children and young people, especially through multi-agency work. Child protection practice is good in almost all settings.
- Outcomes for looked after children and young people are good overall. Well-developed partnership working and flexible services are preventing the need for children and young people to become or remain looked after. However, too many looked after young people offend and although placement stability is improving it remains comparatively poor.
- Partnership working between social care, education and health services is effective in improving outcomes for children and young people with learning difficulties and/or disabilities. Educational provision for children and young people with learning difficulties and/or disabilities is good and specialist provision very good. However, some parents seen during the inspection expressed dissatisfaction with some services.
- Health outcomes overall are good. Good partnership working, such as that found in children's centres is having a positive impact. The integrated approach to teenage pregnancy, confidential health advice for teenagers and the Healthy Schools programme is leading to improved outcomes. Effective joint commissioning has led to improvements in the child and adolescent mental health services (CAMHS).

- The engagement and participation of children and young people in decision making is very good, including those from vulnerable groups.
- The youth service makes a good contribution to the Every Child Matters outcomes, particularly through the high quality provision for children and young people with learning difficulties and/or disabilities.

Grades

4: outstanding; 3: good; 2: adequate; 1: inadequate

	Local services overall
Safeguarding	3
Looked after children	3
Learning difficulties and/or disabilities	3
Service management	3
Capacity to improve	3

Recommendations

For immediate action

The local partnership should:

- ensure that an appropriate way is found for the successful dissemination of the findings of this report to children and young people in the area
- ensure that procedures and practices within Stoke Heath Young Offenders Institution and Shrewsbury and Telford Hospitals NHS Trust comply with national and local requirements and guidance on safeguarding and child protection.

For action over the next six months

- Ensure that multi-agency child protection training is fully implemented in Stoke Heath Young Offenders Institution and Shrewsbury and Telford Hospitals NHS Trust.
- Ensure that data required to monitor performance and outcomes is robust and produced in a timely manner.

For action in the longer term

- Ensure there is constructive partnership working with parents, carers and representatives of children and young people with learning difficulties and/or disabilities.

Equality and diversity

19. The council has achieved Level 3 of the Equality Standard. Together with its partners the council demonstrates a strong commitment to achieving equality of opportunity and valuing diversity through the Children and Young People's Plan (CYPP). Consultation on the CYPP was comprehensive and included children and young people from Traveller communities and minority ethnic groups, those with learning difficulties and/or disabilities and looked after children and young people. The Children and Young People's Services Directorate is working at position three of the Hear by Right Standards and all partners have achieved position one. Consultation and engagement of children and young people is carried out to a high standard and there is a good level of involvement in service planning and delivery. The very small numbers of children from Black and minority ethnic groups are spread across all ages and across geographical areas. Overall they achieve well at school. There is no pattern of underachievement. Services for families from Traveller communities are good.

20. The council has implemented a comprehensive equalities policy based on equality impact assessments carried out across its services. It works with the Equalities Forum of the Shropshire Partnership to encourage all partners to work together to improve community cohesion and reduce discrimination. A recent external review recommended the creation of an Executive to improve the effectiveness of the forum, which has a large number of members.

21. When service development needs are identified new services are commissioned. For example, staff within schools access equality and diversity training as part of their continuous professional development. However, there is a recognised need to continue to develop engagement with minority groups and ensure that all services are sensitive to their cultural and linguistic needs.

Safeguarding



22. **The contribution of local services to improving outcomes for children and young people at risk or requiring safeguarding is good.**

Major strengths	Important weaknesses
<p>The SSCB provides good direction and leadership and is well supported across most partner agencies.</p> <p>Children's centres provide a comprehensive range of services which include family support, day care, drop-in services and advice on healthy lifestyles.</p> <p>Teenage pregnancy rates and the Confidential Health Advice for Teenagers service.</p> <p>The excellent young carers' project.</p> <p>Prevention and early intervention work within the MATs.</p> <p>The good progress towards the development of a comprehensive CAMHS.</p> <p>The effective new customer services and helpdesk systems.</p> <p>The good level of information sharing and collaboration between agencies, good quality management scrutiny and decision-making seen on case files.</p> <p>The good work of agencies to establish the whereabouts of children missing education and those missing from care.</p>	<p>Safeguarding and child protection procedures and practice at Stoke Heath Young Offenders Institution and Shrewsbury and Telford Hospitals NHS Trust.</p> <p>Access to multi-agency child protection training for staff at Stoke Heath Young Offenders Institution and Shrewsbury and Telford Hospitals NHS Trust.</p>

23. Children, young people and their carers are well informed about how to stay safe and how to access services by means of a comprehensive range of leaflets and publicity material. Anti-bullying procedures are well established in schools and colleges, and there is good guidance for adults and young people involved in sport. The Children's Trust has reviewed individual policies and is now seeking to establish a single anti-bullying charter for all agencies.

24. All schools have achieved Healthy Schools Status ahead of the national target, and there has been an increase in the number of young people participating in exercise classes and sport in schools. A large and increasing number of young people receive good quality advice and counselling on health issues via the Confidential Health Advice for Teenagers service. An excellent young carers project offers good developmental opportunities for children and

young people aged from five to 18 who have caring responsibilities. Monthly support meetings, opportunities for peer contact and newsletters reach over 200 young carers throughout the county.

25. The teenage pregnancy strategy demonstrates a well-integrated approach by a range of key partners with clear performance monitoring arrangements. There has been good progress in reducing the number of teenage conceptions, which are lower than that of similar councils and the national average. Data from the Department for Children, Schools and Families show that in 2005 the number of conceptions in the 15-17 age range was 26 per 1,000 of the population compared to 32 in statistical neighbours and a national average of 41. Shropshire is on course to meet the national target to halve the under-18 conception rate by 2010. Despite a range of good initiatives provided by the substance misuse team and partner agencies, the Health of Young People Survey 2006 shows that alcohol consumption amongst young people is higher than the national average. The Shropshire Children's Trust recognises this issue as a priority for action.

26. Children and young people experiencing mental health difficulties are well supported by primary mental health workers based in MATs and by means of a good quality mental health promotion programme in schools. There is good progress towards the implementation of a comprehensive CAMHS and waiting times for access to services have decreased overall due to a reduction in inappropriate referrals.

27. The youth offending service (YOS) covers both Shropshire and Telford and Wrekin. The number of first-time entrants to the youth justice system fluctuates, but over a 12-month period (July 2006 to June 2007) demonstrated better performance than statistical neighbours. The 2005 cohort data shows a lower rate of reoffending (32.4%) than statistical neighbours (36.5%) and latest unvalidated data suggests further improvement. However, at the time of the inspection the YOS had concerns about the accuracy of the data and work was taking place with the police to improve the data collection and sharing arrangements. The youth service is working well with partner agencies to develop community safety and reduce anti-social behaviour through club, outreach and detached work.

28. The customer services and helpdesk systems operate an effective and flexible means of accessing services for professionals and the general public. The current processes have been implemented since January 2008 and are designed to move away from traditional concepts of social care referrals towards a consideration of need and how to meet such need through MATs. Information Sharing and Assessment (ISA) arrangements, the Common Assessment Framework (CAF) and the establishment of multi-agency Team Around the Child meetings are all enthusiastically embraced by a good range of agencies, illustrating the strength of partnership arrangements. As a result of this effective partnership and the positive role of customer services in dealing with requests for information and acting as a filter for appropriate requests for service the number of referrals is slightly lower than that of comparable

councils and considerably lower than the national average. The new system is designed to reduce referrals further. This is a positive development due to the fact that recording systems now more accurately reflect demand. Good progress has been made in implementing the CAF across partner agencies. As yet, there is no evidence to indicate that this new system has impacted on the rate of referrals and repeat referrals, which remain comparable to those in similar authorities. Performance on the timeliness of initial assessments and core assessments is good. The number of children subject to a child protection plan is slightly above that of both comparable authorities and the national average; the number of children whose child protection plans have been discontinued is slightly lower than that in similar authorities, but the percentage of re-registrations is exceptionally low, indicating that cases are appropriately reviewed and risk-managed. All children subject to a child care plan are allocated to a social worker and reviewed in accordance with national guidance. Independent Reviewing Officers provide objective and robust challenge in child protection reviews. Case files indicate that child protection planning and decision-making is robust. Advocacy services for young people attending child protection conferences have yet to be fully implemented.

29. The SSCB provides good direction overall and a clear set of priorities that are supported by participating agencies to generate a culture of partnership working. It is well established with good representation from statutory and voluntary agencies. Clear standard policies and procedures on safe recruitment, safe working practices and allegations have been produced which member agencies have adopted. As a result of a serious case review evaluation new quality auditing procedures have been established by the Serious Case Review Sub-group and action has been taken to ensure that the lessons learned from the previous case are implemented via debriefings for staff, practice groups and training.

30. Children and young people at immediate risk of harm are effectively identified and allegations are promptly investigated in accordance with national guidance. Case files indicate that there is a good level of joint work between the council and the police and robust management scrutiny and decision-making.

31. Systems and procedures operating in partner agencies are in accordance with the procedures of the SSCB with the exception of the Shrewsbury and Telford Hospitals NHS Trust and the Stoke Heath Young Offenders Institution, neither of which has fully trained their staff in multi-agency procedures. Systems for the referral of children about whom there are child protection concerns at the Shrewsbury and Telford Hospitals NHS Trust are insecure due to a lack of awareness amongst staff as to referral criteria. Terminology used at Stoke Heath is inconsistent with local and national guidance. Child protection incident reports are completed on a wide range of safeguarding matters, such as bullying, as well as child care referrals that would warrant an investigation under Section 47 of the Children Act, and the data is therefore inaccurate.

32. Recruitment systems operating across the council are safe. Human resources files indicate that staff recruited to work with children and young people are appropriately vetted and their qualifications are checked. In addition, sound allegations procedures are in place.

33. Multi-agency risk assessment conferences are well attended and make a good contribution to the protection of children in households in which domestic violence is a concern. Multi-agency Public Protection Arrangements take appropriate action to identify and manage individuals convicted of offences of a violent or sexual nature.

34. Agencies work well together to establish the whereabouts of children missing education by means of a clear system which is linked to the PCT data on pre-school children and good tracking and monitoring systems. Data for 2006 demonstrates that children's attendance at both primary and secondary schools is slightly above that of statistical neighbours and national figures, which is good. The West Mercia Constabulary and Shropshire County Council have devised a good system for establishing the whereabouts of children missing from care.

Looked after children and young people



35. **The contribution of local services to improving outcomes for looked after children and young people is good.**

Major strengths	Important weaknesses
<p>Well-developed partnerships and flexible services which prevent, wherever possible, the need for children and young people to become or remain looked after.</p> <p>A well-developed culture of listening and responding to the views of individual children and young people and involving them in their care plans.</p>	<p>The high number of young people looked after for at least 12 months who receive final warnings/ reprimands and convictions.</p> <p>The comparatively poor placement stability for looked after children and young people.</p>

Excellent services for care leavers who continue to receive support up to the age of 21 and beyond. High proportions are in suitable housing, education, employment or training at age 19, including good work opportunities within the leaving care team.

Effective support for the physical and emotional health of young people who are looked after. Good access to specialist expertise on health-related issues, including emotional health, for staff and carers working with children and young people who are looked after.

Well-trained and supported staff and carers who are strongly committed to achieving good outcomes for children, young people and their families.

Looked after children are well supported to enjoy and attend school. Their individual progress is robustly monitored.

36. The council is working actively with partners to support children and young people safely in the community and prevent wherever possible the need for them to enter or remain in care. The strong inter-agency approach to early intervention and prevention of family breakdown means the proportion of Shropshire children being looked after remains consistently low. At 30.5 per 10,000 under-18s it is well below the England average (54.3) and that of similar authorities (39.9). A clear and shared vision has informed development of a range of services which are flexible and accessible to children and their families. Social workers and managers have recently strengthened the five locality-based MATs. They provide a valued role as consultants as well as direct work to ensure vulnerable children and their families are identified and that targeted services are deployed to best effect. Good systems to track and monitor outcomes from interventions are in place and close links with the Staying Safe team are designed to ensure that no child slips through the net. Well-developed integrated procedures and good practice tools underpin sound assessments and focused care plans which are valued by families and ensure clear accountability for those working with them. School staff frequently assume the role of lead professional and have access to good support to exercise this function.

37. The council has commissioned specialist services which are responsive to need and are working well for the children and families seen. These include a well-developed family group conferencing service which ensures members of the wider family have an opportunity to contribute to decisions on care plans for children. This service is highly regarded by stakeholders and continues to expand as a proven method of achieving decisions for children which are inclusive and transparent for them and their families.

38. For children and young people who do need to be looked after, services and most outcomes are good. All have a named qualified social worker and carers who are well trained and supported to meet their needs. Members of the social care workforce are well motivated, mutually supportive and clear about their respective responsibilities.

39. Skilled Independent Reviewing Officers chair child protection conferences as well as statutory reviews for children and young people who are looked after. They play an active role in ensuring agreed action is taken and in overall quality assurance. Strong commitment to planning and inclusive practice has resulted in good performance; 91% of care plans were reviewed on time (in line with statistical neighbours) and 95% of children and young people contributed to their reviews (above statistical neighbours) in 2006-07.

40. Staff and carers are well informed and supported to keep children safe in placements. Prompt action has been taken to address issues identified in recent regulatory inspections and progress is being effectively monitored to address all areas for development identified. A publicity drive is in hand to raise awareness of private fostering and workers are providing an appropriate response to new referrals of privately fostered children.

41. The use of Special Guardianship Orders is at an early stage in securing permanency for children and the number of looked after children adopted reduced in 2006-07. Local analysis shows that this is in part due to promotion of kinship care as a means of securing stability for children.

42. The adoption panel is efficiently managed and in 2005-06 100% of children were placed for adoption within 12 months of the agency decision. This compares very well with statistical neighbours and the England average, which were 79% and 77% respectively. A comprehensive post-adoption service is in place which is providing accessible and good quality support to adopters and their children. The council have responded promptly to the latest satisfactory adoption service inspection report and to addressing all recommendations.

43. Placement stability for children and young people who are looked after is comparatively poor. The percentage of children who had three or more placements during the year increased from 14% in 2005-06 to 16% in 2006-07 (above statistical neighbours - 11% and the average England rate - 12%). Long-term stability, though improved to 52% in 2006-07, from 45% in 2005-06, remains below that of statistical neighbours (67%) and the England average (66%). The council fully recognises that a stable placement is essential if young people are to attend school regularly, achieve their best and avoid offending

behaviour. A robust strategy to address the underlying issues is now in place. This includes regular formalised scrutiny by key managers of care arrangements for all children and young people and a range of measures including consolidation meetings to boost support where placements may be at risk. The council's own most recent figures show that these measures are beginning to make a difference. December 2007 data indicates that 14% of children had three or more placements during the previous year and long-term stability has improved to 62%.

44. The percentage of young people who have been looked after for over 12 months that receive final warnings/reprimands and convictions is high. The proportion of young offenders in care in 2006-07 was 3.1 compared to 2.6 for statistical neighbours and 2.5 in England. A restorative justice scheme is beginning to make an impact for individuals but data sharing between the police and YOS has not been sufficiently strong to address the issues.

45. Excellent attention is paid to the health needs of looked after children and young people. The designated nurse is accessible and looked after children and young people feel confident in seeking advice on health concerns, including sexual and emotional health. In 2006-07, 86% of children received an annual health assessment, in line with statistical neighbours and above the national rate. Health plans are of a high standard and move with the child to inform the care planning process. A well-designed health care passport is currently being introduced.

46. Specialist mental health workers provide a valued outreach service for looked after children, young people and care leavers and a direct link with specialist CAMHS where needed. Tracked cases show evidence of their effective input both in direct work with children with complex emotional needs and as consultants to others who work with them.

47. Looked after children and young people benefit from a wide range of initiatives which promote their self-esteem, raise aspirations and build resilience. They are well supported to participate in activities and many enjoy opportunities to meet with their peers and have fun. Some concessionary rates to leisure facilities are available. However take-up is limited as these are not open to all members of the foster family and access is not consistent across the county.

48. Looked after children receive good support to attend and enjoy school. A higher than average proportion of looked after children and young people in Shropshire have a statement of special educational need. Although a high proportion of young people are becoming looked after in their teenage years, attendance at school is satisfactory. There have been small improvements in outcomes at Key Stages 2 and 3. The small number of young people in each cohort makes statistical comparison difficult, but the percentage of young people leaving care at age 16 and over with at least one GCSE is good compared to statistical neighbours and national figures. A three-year average

indicates that the number of young people obtaining five GCSE A*-C grades at the end of Key Stage 4 is in line with the national average.

49. Good links exist between schools and the looked after children education team, which is well regarded by schools and workers. Pupils' progress is regularly monitored and 93% have personal education plans. These are of good quality and the process is very clear. The diverse needs of looked after children and young people are well assessed and well met. There is a sensitive response to individuals and learning opportunities are secured for young people who have specific needs including those for whom English is not a first language. Sustaining school placements is a priority and every effort is made to enable pupils to remain at the same school through changes in their care placements.

50. The children and young people seen are confident and able to contribute to their own care plans and reviews. They have a good understanding of how to report concerns and those who have accessed the independent advocacy service describe positive outcomes following this contact.

51. There are good examples of young people's involvement in a range of activities which enable them to make a positive contribution, including interviewing for professional staff, planning the annual celebration event and contributing to the development of the Confidential Health and Advice for Teens programme. Colourful and informative age-appropriate information leaflets about being in foster care have been designed with their input and these are being distributed. Consultation with looked after children and young people who have learning difficulties and/or disabilities who are receiving short breaks is well developed.

52. Achievement and success is recognised and celebrated. Elected members take corporate parenting seriously, visit residential homes and are well regarded by children. However they do not meet regularly with a representative group of looked after children and young people to ensure their collective views are heard and acted upon, and no plans are yet in place to establish a Children in Care Council.

53. Twenty-eight per cent of looked after children and young people are over the age of 16. Those that continue in full-time education remain in their care placement, which is good practice. Young people leaving care receive good practical and emotional support to help them live independently. All have personal advisers and most pathway plans are reviewed independently until they are aged 21. Rates of 19 year olds in education, employment or training are consistently above national and comparator rates. There is good continuity of provision to ensure they are well supported to achieve stable accommodation and to pursue work opportunities and further or higher education. All care leavers were living in suitable accommodation in 2006-07, well above both statistical neighbours and national comparators. The approach of the leaving care team is that 'doors remain open' for young people if they falter in early attempts to strike out on their own.

54. Care leavers seen have the confidence to speak out on the issues that matter to them and are satisfied with their continued support. They have high aspirations and are achieving well in further and higher education. There is good liaison to support effective transition for looked after young people including those who have learning difficulties and/or disabilities.

55. The leaving care team has a strong track record of success in providing internal work-based learning opportunities for care leavers as a pathway to further career development. However, there is no overarching strategy to build from this good practice and extend the model to care leavers across the council and partner agencies.

Children and young people with learning difficulties and/or disabilities



56. **The contribution of local services to improving outcomes for children and young people with learning difficulties and/or disabilities is good.**

Major strengths	Important weaknesses
<p>Partnership working between health, social care and education services.</p> <p>Provision in the county's two special schools and the Tuition, Medical and Behaviour Support Service (TMBSS).</p> <p>Monitoring, challenge and support for improving provision in schools and in early years education and day care settings.</p> <p>The Parent Partnership and Portage Services.</p> <p>The peripatetic special needs support services.</p> <p>The quality of specialist CAMHS provision for children and young people with learning difficulties and/or disabilities.</p> <p>The management of transitions from one kind of service provision to another.</p>	<p>Some parents and carers' dissatisfaction with social care support, particularly regarding access to respite care.</p> <p>Information sharing regarding leisure and recreation provision.</p>

Opportunities and support for children and young people to help them participate in service planning and review.	
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57. Partnership working between health, social care and education services, including schools, is good, both at strategic and operational level. Planning has been effective over a number of years in identifying emerging need and developing provision. This includes provision for young people with autistic spectrum disorders where steps have already been taken to increase provision and options for further development are being pursued. Provision in the county's two special schools and the TMBSS is very good. Recent major building projects have been well managed and all now operate (or will soon be operating) in very high quality premises. The council also has a good record of funding building adaptations in mainstream schools to enable young people with physical or sensory problems to attend the school of their parents' choice. The proportion of pupils provided for within mainstream schools is comparatively high.

58. The quality of provision within mainstream primary and secondary schools is broadly the same as in similar areas, but with a relatively high proportion of outstanding provision within this. Only one school's provision has been judged inadequate in recent years. Outreach support from the two special schools and the TMBSS for young people in mainstream schools is very good, as is provision by peripatetic specialist teaching services and the Portage Service. Monitoring of schools by council staff and school improvement partners is regular, comprehensive and challenging. Prompt and effective action is taken to address any weaknesses in provision. Good use is made of nationally available data on pupil progress and work is on schedule for all schools to use p-level data in the 2008/09 academic year. Support for improving provision within private, voluntary and independent sector early years settings is similarly good. Good written guidance and training provision is available for staff generally.

59. Almost all full assessments of special educational need are now completed within the required timescales. There is good written guidance for parents on all aspects of special educational need. Effective steps have been taken, in consultation with parents, to improve both this material and the correspondence used in the full assessment process. Similarly, good steps have been taken to improve the quality of communication with parents more generally. However, some parents do not receive sufficient support to help them prepare for the full assessment process and lack full confidence in it. The Parent Partnership Service provides very good support to the parents it works with and is also making a significant contribution to building working relationships between providers and parents.

60. Specialist CAMHS provision for young people with learning difficulties and/or disabilities is good. Co-location with other related services has been a positive step as has the deployment of tier 1 and 2 CAMHS provision in locality

based MATs. However, tier 3 provision remains heavily oversubscribed and delivery primarily through clinic-based provision does not meet the needs of all families, including some with the highest levels of need. Speech and language therapy, occupational therapy, and physiotherapy provision adequately meets the needs of most young people. Provision has improved significantly and the average waiting time for speech and language therapy is now 18 weeks and for physiotherapy three and a half weeks. However, waits can be longer than this, particularly for occupational therapy. The deployment of therapists within locally-based, multi-agency provision such as children's centres has improved both the early identification of, and provision for, needs. Joint visits to family homes successfully minimise the demands on parents and help to ensure well-co-ordinated provision based on a good grasp of overall needs.

61. Both multi-agency child protection procedures and the associated training for staff have been appropriately customised to recognise the particular needs of children and young people with learning difficulties and/or disabilities. Where other care needs have been identified and planned through the work of MATs or children's centres, provision is well co-ordinated and based on a holistic view of their needs. For some families, however, provision is more fragmented. Their experience is of a system which is reactive, sometimes only when there is a crisis, rather than one which seeks to ascertain and meet their needs. Some of the most vulnerable families in particular find 'dealing with the system' difficult.

62. Much of their dissatisfaction focuses on respite care provision. Whilst the quality of such provision, when received, is good, the amount of provision fails to meet the expectations of some families and professionals. Protocols are in development with the MATs and children's centres to improve referral routes and early assessment of need. The council are aware of the need to make provision more equitable and a review of contracts with respite care providers has been carried out.

63. Some parents identified an unmet need for training provision, such as manual handling, and parenting courses focusing on learning difficulty and/or disability needs, such as stepping stones, are currently in short supply. Waiting times for families in securing necessary housing adaptations is variable across the county. Good support is provided, however, to help families obtain the benefits to which they are entitled.

64. Changes in provision for children and young people are well managed and supported, starting with the transfer from early years provision into school and repeated at every stage thereafter. This includes the transition to adult social care (and health services).

65. The planning of 14-19 education and training provision is well informed by detailed needs assessment and the county's special schools have played a full part in the development of alternative curricula at Key Stage 4 in recent years. Connexions personal advisers provide good advice and support for young people moving into post-16 education, employment or training and participation rates have increased significantly in recent years. The quality of post-16

education in Severndale Special School is very good and this covers a significant proportion of the county's pupils with high levels of special educational need. Educational provision subsequently for such pupils is mainly restricted to residential specialist college provision, as suitable provision in local further education colleges is very limited. The colleges do, however, make a range of suitable provision for most young people with lower levels of special educational need. A relative weakness is provision for those with challenging behaviour (including those on the autistic spectrum).

66. Good opportunities and support are provided for children and young people to help them participate in planning and reviewing the provision made for them. Effective work by the participation team and the inclusiveness of the Speak Out group ensures children and young people are able to contribute fully. A number of measures have also been taken to increase the input of representative parents to needs assessment, service planning and review processes. These have had some positive impact.

67. Leisure and recreation provision is more extensive than many parents realise, but information on the provision available does not reach enough parents. Access is limited for some families by difficulties associated with transport, session times, cost and the need for parents to stay with their child. The School Sport Partnership provides valuable guidance to staff to encourage the inclusion of young people in activities such as climbing, canoeing and other physical exercise. The youth service makes a good range of provision for young people with learning difficulties and/or disabilities, mainly for older teenagers. This includes some effective support for the development of teamwork and leadership skills.

Service Management



Capacity to improve



68. **The management of services for children and young people is good. Capacity to improve further is good.**

Major strengths	Important weaknesses
<p>Strong ambition that engages a wide range of partners.</p> <p>Partnership working across the Trust based on a clear commitment to improve outcomes for children and young people.</p> <p>Prioritisation is excellent with a commitment to deliver access to services in a way that reflects the rural nature of much of the county.</p> <p>Strong leadership provided by senior managers and councillors.</p> <p>A clear focus on securing value for money.</p> <p>Effective use of the CAF to deliver multi-agency working.</p>	<p>Inconsistency in the quality of action plans.</p> <p>Underperformance in some key areas is not always addressed promptly, nor is performance management always adequately supported by robust or timely data.</p>

69. Ambitions for children and young people are excellent. The council and partners provide leadership that addresses both national targets and priorities and the particular local challenges of delivering services in a sparsely populated rural area. This strategic vision is clearly articulated in the CYPP and is underpinned by longstanding partnerships among a wide range of agencies. There are clear links between the community strategy, corporate plan and the CYPP which demonstrates this commitment to improving outcomes for children and young people. Challenging and realistic ambitions are shared across the area by partners and staff.

70. The CYPP is based on a detailed needs analysis. The creation and review of the CYPP have been marked by a very high level of involvement of children and young people and the community, driven by the Children's Trust's Participation Strategy. This has enabled the aspirations and concerns of children and young people about a variety of issues, including domestic violence and bullying, to be addressed. Gaps in service provision have been identified and inform the development of priorities.

71. Prioritisation is excellent. The Children's Trust has clear and robust shared priorities for improvement. It shifts resources to areas agreed as priorities to ensure maximum impact, for example by investment in new residential provision in order to increase the percentage of looked after children cared for in Shropshire and deliver significant cost savings. The council's developing neighbourhood and locality-based approach, although at a very early stage, is designed to meet local needs more effectively.

72. Attention is given to inclusion and equality with a clear commitment to meeting the needs of disadvantaged and vulnerable children and young people, including looked after children and young people, children with disabilities and children in isolated rural communities. The council and partners undertake some effective work with a diverse range of groups, including settled Travellers and speakers of English as an additional language.

73. All priorities are underpinned by action plans for delivery. Many of these are of high quality, for example those relating to the various LPSA targets have excellent implementation plans which identify specific actions to be taken, dates for the completion of those actions, funding streams available and the contributions to be made by partners. However, the team action plan relating to the children with disabilities team does not contain precise targets or sufficient details of resource allocation.

74. Robust action is taken to ensure the delivery of strategies. Priority has been given to delivering a range of preventative services, such as parenting support, that assist in inclusion of the most vulnerable families. Reflecting the rural nature of the county, these services are increasingly being delivered flexibly in settings that are accessible to families. However, published information to support parents who are speakers of other languages (such as Bengali and Polish) to access specific services does not contain guidance in languages other than English.

75. The capacity to deliver services is good. Decision-making by the Shropshire Partnership is transparent, with decisions by the Leadership Board publicised by regular and informative newsletters. There is good leadership and management at officer and councillor level. The Director of Children's Services (DCS), Acting DCS and the Lead Councillor for children and young people perform their roles very effectively. They are supported by a team of able senior officers and elected members with children and young people's responsibilities.

76. Capacity is enhanced through very good partnership working. At a strategic level, the Children's Trust is responsible for planning and joint commissioning of services across the area. At an operational level, effective partnership working is evident through the creation of five MATs across the county which also include members from the CAMHS, Connexions and Youth Inclusion Support Project workers. The co-location of teams in small localised children's centres to provide a comprehensive range of services is sensitive to local needs. The ISA system enables effective collaboration between professionals in joint planning of services to ensure that the needs of children and families with complex issues are identified and met.

77. Good use is being made of the voluntary sector to improve capacity and to ensure that targeted provision is in place to meet the diverse needs of the county. Joint commissioning arrangements work well. A significant amount of children's provision is commissioned from the voluntary sector in areas such as youth services and respite and sessional care services for children with

disabilities. Good support is provided for voluntary services which are tailored to local need such as Through the Doorway to Healthy Living, an organisation that runs play and sporting activities for children and young people in North Shrewsbury. The voluntary sector's capacity to deliver is being enhanced through support and engagement, although there remain concerns for some of the smaller local groups around future funding and delivery following unitary status.

78. The council shows a good focus on delivering value for money. Costs for most services are low compared to national figures but the quality of service provision and outcome is high, especially in education. The council has clear strategies in place to improve value for money in areas of higher expenditure such as out-of-area placements for looked after children where savings are being achieved. Recent negotiation of a cost and volume block contract for external residential provision for looked after children has delivered both significant savings and the ability to flexibly utilise capacity without impacting negatively on the priority of improving placement stability for these children and young people. Joint budgets are utilised to provide integrated services such as the children with disabilities team and the multi-agency prevention teams. Both the council and the PCT have good financial capacity to deliver priorities.

79. A capable workforce supports the delivery of priorities. Sound progress is being made with the Integrated Children's Workforce Strategy which is delivering workforce planning and development. Joint recruitment, training and development policies are being rolled out across health and children's services to meet the needs of multi-agency team working. There have been specific difficulties in recruiting to some professional groups such as speech therapists and social workers. The council and partners are developing systems for dealing with some of the shortfall in these areas but the underlying problems remain.

80. Most vulnerable children and young people and their carers are actively involved in identifying their needs and planning the services they receive. All looked after children have regular reviews of their placement and they were surveyed as part of the review of residential provision, which has significantly influenced the development and design of the two new residential homes.

81. Performance management across children and young people's services is good. There is a robust performance framework, with a hierarchy of reports that involve partners in shared review of service delivery and outcomes. A detailed mechanism for performance reporting and monitoring ensures that findings are reported to responsible officers and bodies. Scrutiny also receives regular and sound reports on performance. Despite these systems there are instances where outcomes are persistently failing to improve and where prompt remedial action is not in evidence. For example, some significant outcomes for vulnerable children, such as placement stability, continue to under perform and prompt action has not always been taken to agree corrective actions to address this. Additionally, there are weaknesses in the joint collection of data which detracts from the ability to closely monitor and thus address underperformance in some areas, such as offending by looked after children.

82. The council engages well with children, young people and families to enable them to contribute to the review of services. The council and its partners are committed to the introduction of the Hear by Right standards across the partnership to ensure that consultation and engagement is carried out to a high standard. The involvement of members of the youth parliament and parent governors in scrutiny and the inclusion of young people and parents on the Children's Trust provides additional evidence of wide-ranging efforts to ensure their contribution to the review of service delivery. However, some parents of children with disabilities and learning difficulties do not yet feel that the council has established an active and open relationship with them.

83. The area has made good progress in addressing some of the issues identified for improvement, for example in reducing youth homelessness, establishing baselines to tackle early childhood obesity and in increasing the number of schools achieving the National Healthy Schools Standard. Less progress has been made in increasing the capacity for the variety of placements for looked after children and young people, although indicators show some improvements. Offending by looked after children remains a challenge. During 2006-07, 19 out of 116 looked after young people aged 10 and over were given a final warning/ reprimand or conviction. This is a higher rate than found in statistical neighbours and nationally. Good use is made of data to manage performance by linking outcomes to national benchmarks, but in some areas systems are not yet able to deliver timely or reliable data. The recent restructuring of children's services and the introduction of MATs have increased capacity to respond to needs. This, alongside effective leadership and good financial capacity, means that Shropshire exhibits a good capacity to improve further.

Annex A

MOST RECENTLY PUBLISHED ANNUAL PERFORMANCE ASSESSMENT OF SERVICES FOR CHILDREN AND YOUNG PEOPLE IN SHROPSHIRE

Summary

The contribution of the local authority towards children and young people is outstanding in all areas.

Children and young people's services provide a number of significant contributions to improving the life chances of young people across a large rural county. Audit commission data show that schools are consistently happy with services, rating them all as above satisfactory. The local authority has responded well to recommendations made in last year's APA and has made very good progress in improving the work of its services and raising the aspirations and life chances of children and young people. The council works well with a wide variety of partners and agencies, including the voluntary sector and has a very good and realistic understanding of its strengths and areas for further improvement.

The full annual performance assessment can be found at:

http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=3153&providerCategoryID=0&fileName=\\APA\\apa_2007_893.pdf

Annex B: Summary of the Enhanced Youth Inspection Report

Main findings

1. The quality of youth work provision in Shropshire is good. A clear strategic direction is provided and sufficient provision of youth work is made in conjunction with the Connexions service and partnerships with the voluntary sector. Young people typically achieve high standards. One of the most impressive features is the consistently high quality of youth work practice. Staff are well qualified and establish good relationships with young people. They are supported by a carefully judged workforce development programme which both full and part-time staff access regularly. The curriculum offer to young people is a good one which is delivered with enthusiasm. Most young people report that they get involved with the youth service primarily to enjoy themselves. Many gain useful additions to their curriculum vitae which they see as a useful bonus. Great care is taken to ensure that opportunities for accreditation are not gained at the expense of good youth work practice. The service makes an effective contribution to the Every Child Matters outcomes, especially for young people with learning difficulties and/or disabilities. The needs analysis is thorough and many young people actively participate to help shape provision locally and to make their voices heard in civic affairs. Leadership and management are routinely good at all levels and morale is high. The close partnership with Connexions staff in piloting joint working arrangements in the Ludlow area bodes well for the future. Despite some acknowledged difficulties with the collection and use of management information, communications are generally good and quality assurance arrangements are fit for purpose. Partners are comfortable with the way the service is moving forward and about plans to involve them in the process, but whether or not Shropshire can instigate the reforms it is making by September 2008 is an open question.

Key aspect inspection grades

	Key Aspect	Grade
1	Standards of young people's achievement	3
	Quality of youth work practice	3
2	Quality of curriculum and resources	3
3	Leadership and management	3

*Inspectors make judgements based on the following scale
4: excellent / outstanding; 3: good; 2: adequate/satisfactory; 1: inadequate*

Strengths

- The service has the strong support of elected members and ambition is strong.
- Young people demonstrate high standards of achievement.
- Good youth work practice was seen consistently across a wide range of provision.
- A strong contribution is being made to Every Child Matters outcomes, especially for young people with learning difficulties and/or disabilities.
- Workforce development policies and practices are effective.
- Young people are involved effectively in developing the service.

Areas for development

- Staff are not always effectively deployed.
- Better session planning and evaluation would allow workers to meet more effectively young people's individual needs.

Annex C

SUMMARY OF JOINT AREA REVIEW AND ANNUAL PERFORMANCE ASSESSMENT ARRANGEMENTS

1. This joint area review was conducted using the arrangements required under Section 20 of the Children Act 2004. It was carried out by a multi-disciplinary team of inspectors from Ofsted, the Healthcare Commission and the Audit Commission. The review was undertaken according to the requirements of the *Framework for the Inspection of Children's Services*.
2. This review describes the outcomes achieved by children and young people growing up in Shropshire and evaluates the way local services, taken together, contribute to their well-being. Together with the Annual Performance Assessment of Children's Services, joint area reviews focus on the extent to which children and young people are healthy, safe, enjoy and achieve, make a positive contribution, and are well prepared to secure economic well-being. This review explores these issues by focussing on children with learning difficulties and/or disabilities, children who are looked after and children at risk or requiring safeguarding and a few additional investigations. It evaluates the collective contribution made by all relevant children's services to outcomes for these children and young people.
3. The review took place in two stages consisting of an analysis stage (where recorded evidence was scrutinised) and a two week fieldwork stage (where inspectors met children and young people and those who deliver services for them).