

Inspection of safeguarding and looked after children services

Telford and Wrekin Council

Inspection dates: 25 June-6 July 2012

Reporting inspector Sarah Urding HMI

Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI), one additional inspector 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 40 children and young people receiving services, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with '*Working Together To Safeguard Children*', 2010
 - a review of 70 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 May 2011
 - interviews and focus groups with front line professionals, managers and senior staff from Shropshire Community Health NHS Trust and The Shrewsbury and Telford Hospital NHS Trust.

The inspection judgements and what they mean

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

| | |
|-----------------------|---|
| Outstanding (Grade 1) | A service that significantly exceeds minimum requirements |
| Good (Grade 2) | A service that exceeds minimum requirements |
| Adequate (Grade 3) | A service that only meets minimum requirements |
| Inadequate (Grade 4) | A service that does not meet minimum requirements |

Service Information

4. The Borough of Telford & Wrekin has a population of 170,300. Of this population, there are 41,200 young people aged 0–18, representing 24% of the population. The borough has a younger age structure than the national position - driven by an increasing birth rate and in-migration of families attracted by affordable housing.
5. Of the school population, 12% is classified as being of a minority ethnic background. The largest minority ethnic groups are from the Pakistani and Indian communities. Reflecting this, the two main languages other than English found within Telford and Wrekin's communities are Panjabi and Urdu, however there are more than 20 other languages which children are exposed to during their early development.
6. The Borough is in the top 40% most deprived local authorities nationally and levels of deprivation have increased, with 13% of the population living in the 10% most deprived areas in 2010 compared to 5% in 2007.
7. A fundamental review of the council's children's services commenced in July 2010. Subsequent changes to the delivery of children's services include the planned adoption of a single point of referral known as Family Connect; strengthening of targeted work with families; integration of planning, placement and commissioning functions; improvement of safeguarding services; and transition of school improvement support to a traded services model.
8. Following a period of abeyance, the Children's Trust was reviewed in 2011 and re-launched as the Children, Young People & Family Board. The Board brings together the key local agencies to improve children's well-being through integrated working. Members of the Board include representatives from the police, youth offending service, West Mercia Probation, public health, hospital trust, CVS, Job Centre Plus, parental support organisations and Telford Race Equality and Diversity Partnership. The Board is chaired by the Cabinet Member for Children & Families. The independent chair of the Local Safeguarding Children Board is a member of the Board. The Board has developed a refreshed Children, Young People and Families Plan which is focused on ensuring that children remain at the forefront of practice during the time of service transformation.
9. The Telford & Wrekin Safeguarding Children Board has an independent chair and is fully supported by representatives from the council, police, health, schools, Joint Commissioner for Mental Health, probation, youth offending service and the community.
10. At the time of the inspection there were 301 children in the care of the local authority, 75 aged 0–4 years, 173 aged 5–15 years and 53 aged 16–18 years. They are supported by 106 foster carers and 35 respite carers.

11. 'Jigsaw' provides residential care (currently with six beds) and a special school within borough boundaries, both run by Castle Care on behalf of the council.
12. There are currently two nursery schools, 53 primary schools, nine secondary schools, six special schools and two pupil referral units and five academies (one primary and four secondary). Support to families is also provided through a network of 13 children's centres. Additionally, Thomas Telford School, one of the last remaining City Technology Colleges, draws the majority of its pupils from Telford.
13. Commissioning and planning of NHS services and primary care are carried out by NHS Telford & Wrekin. Shropshire Community Health NHS Trust provide health visiting, school nursing, children's therapies, looked after children's health services and child and adolescent mental health services (CAMHS). Acute hospital care is provided by The Shrewsbury and Telford Hospital NHS Trust, mainly through its two bases at the Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital. As from April 2013 a new organisation, the Clinical Commissioning Group, will be responsible for designing local health and care services. Additionally the responsibility for public health will transfer from the NHS to the local authority.

Safeguarding services

Overall effectiveness

Grade 3 (Adequate)

14. The overall effectiveness of the council and its partners in safeguarding and promoting the welfare of children and young people is adequate. Unannounced inspections of contact, referral and assessment services in the borough in 2010 and 2011 identified no priority actions but there were areas for development identified in 2011 relating to the quality of assessments, children's diverse needs being considered in assessments and the provision of good quality supervision. Whilst some progress has been made in relation to the quality of assessments; reflective supervision and the consideration of children's diverse needs in assessments remain areas for development. Good quality provision in response to child sexual exploitation and the multi-agency 'team around the child' and family has been sustained and there has been improvement in the management of private fostering arrangements.
15. Partnership working is judged to be good with examples of effective joint working in individual cases and in a range of initiatives across the borough. The role of schools, police, and voluntary and community sector organisations alongside health and children's services is effective in responding both to individual concerns and maintaining safer communities. The work of CATE (children abused through exploitation) is nationally recognised and there is a strong partnership approach and multi-agency response to domestic violence. The specific contribution of health services to safeguarding is adequate. The partnership has good awareness of local populations and involves children, young people and their families in improving service delivery but this is less evident in health provision. Children and young people report they feel safe in Telford and Wrekin. Parents with disabled children and young people report that they feel well listened to and supported in providing care for their children.
16. The Children, Young People and Family Board is newly established following the abeyance of Children's Trust arrangements so it is too soon to see the impact of its work. However, mature partnerships and links with the Local Safeguarding Children Board (LSCB) and the local strategic partnership provide a sound platform on which to further develop strategic direction. The fully established LSCB successfully demonstrates a culture of appropriate challenge resulting in effective governance of safeguarding issues by the council and its partners. However, its work is yet to evidence demonstrable improvements in front line social work practice. The refreshed Children and Young People's Plan 2011-2012 is awaiting review in line with the priorities of the Health and Wellbeing Board. Performance management frameworks are agreed at partnership level and there are agreed processes in measuring safeguarding outcomes. Scrutiny arrangements are developing but currently lack rigour in relation to driving

service delivery improvements and the performance monitoring framework is underdeveloped. Thresholds to services are clearly defined and widely understood and there is already a prompt diversion of contacts not requiring social work intervention to early intervention services prior to the inception of the Family Connect service in September 2012. However, not all health staff are aware of the safeguarding referrals escalation policy nor have they undertaken safeguarding training to the required level. Protocols for identifying children and young people admitted to accident and emergency services are robust and arrangements for responding to children who go missing are effective.

17. Workforce planning and development are underdeveloped and an overarching workforce strategy is yet to be produced in line with the review of services. Advanced practitioners are offering good mentorship and support to newly qualified social workers but supervision for social workers is not consistently reflective, or in the case of some health professionals, formalised. There are variations in the quality and uptake of training to social workers and health services. Staff are recruited safely and there is effective use of panel process in relation to positive Criminal Record Bureau (CRB) checks. Safeguarding cases are allocated to suitably qualified workers but capacity within the helpdesk sometimes means that unqualified workers are information gathering on child protection cases and this is unsafe practice and causes delays in response.
18. The quality of provision is inadequate. Although early intervention services are embedded and providing an effective lower level multi-agency response, the provision of targeted services are less well developed and edge of care services are only available at weekends on a planned basis. This is not assisting in reducing the numbers of children needing statutory intervention. Contacts and referrals are not being progressed in a timely way because of lengthy information gathering by the helpdesk, which is delaying the allocation of work. The outcomes of child protection enquiries are not consistently recorded in a timely way. The quality and timeliness of assessments is variable although parenting assessments and assessments for court are of good quality. Case planning is not adequately focused, particularly in the community social work team, and is not facilitating a clear understanding of what needs to be achieved and as a result some children are staying on child protection plans for too long.
19. The role of the Local Authority Designated Officer (LADO) is embedded and advice is appropriately provided, with timely strategies to reduce risk to children and young people and sound monitoring of the progress of cases. An effective complaints process is in place where outcomes are used to inform improvements in the delivery of services. An appropriate service is provided to young carers, although charging policies for activities provided by the voluntary sector are not clear.

Capacity for improvement**Grade 3 (Adequate)**

20. Capacity for improvement in safeguarding is adequate. Effective ambition and prioritisation across the partnership is clearly aligned with strategic priorities. However, service delivery plans are not yet fully developed and priorities not consistently well understood and this means that some operational staff are unclear about the partnership's plans for the future.
21. The track record of sustained improvement by the council, health and its partners is adequate. The local authority, health providers and partners understand well through transparent self evaluation, peer review and good use of performance information what it is they need to do to improve services for children, young people and their families. The children's services review underpinned by commissioned research outlines clearly the vision for the service and there is a strong commitment from the authority to embrace change. However, the speed in which the authority has been able to make progress has been hindered by changes in political administration in May 2011 and the absence of a permanent Director of Children's Services until May 2012.
22. Firm foundations are in place following the restructure of services in April 2012 but a needs led approach to service provision is not yet fully embedded in relation to management of front line services. Although there are indications of effective signposting to early intervention services and the development of targeted services, family Connect is not fully operational until September 2012 and there remain too many transition points for children resulting in too frequent changes of social worker. This is not promoting consistency in decision making or planned intervention. Child protection chairs are under resourced and subsequently unable to monitor plans consistently well between reviews. There is insufficient capacity for the safeguarding named nurse to meet statutory requirements and access for treatment and interventions for children with neurological disorders is not timely. There remains a gap in transition for those young people with Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD) as there is no adult provision nor any dedicated young person place of safety (aged 16-18 years old) under the Mental Health Act Section 136. The latter leads to inappropriate use of the adult provision.
23. Political leaders have been responsive to good business cases for additional resources and ensured the protection of front line services within the restructure, but the role of scrutiny is underdeveloped in relation to improving quality of safeguarding services. Management and leadership of services are adequate and there are sound performance monitoring systems in place. However, the performance management of staff is underdeveloped and full capacity of staff is not yet secured by an overarching workforce strategy in line with the vision.

Areas for improvement

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

Immediately:

- ensure that the outcomes of child protection enquiries are recorded promptly
- end the unsafe practice of holding cases as contacts and referrals for prolonged periods while information gathering
- ensure the prompt identification of referrals at the helpdesk.

Within three months:

- accelerate plans to provide edge of care services out of hours
- clarify the legal position of charging for services provided following assessment under the Children Act 1989
- provide partner agencies with a clear definition of the roles and responsibilities of the community social work team
- facilitate the consistent delivery of planned intervention by minimising changes of social worker
- NHS Telford and Wrekin and the LSCB must ensure that all identified health staff are compliant with their safeguarding training especially medical staff at those in group/Level 2, and that all staff involved with safeguarding children have supervision in line with local policies
- NHS Telford and Wrekin and the LSCB must ensure that there is sufficient capacity within the safeguarding children named nurse to comply with requirements, and ensure that children and young people are protected from harm
- NHS Telford and Wrekin and the LSCB must ensure that the transition pathway for those young people with ADHD or ASD who require adult services is in place, and that the review of CAMHS ensures that the waiting list for those children and young people with neurological disorders is within agreed targets and there is timely access to treatment and interventions

- NHS Telford and Wrekin and the LSCB must ensure that there are compliant Mental Health Act Section 136 arrangements for young people aged 16-18 years of age
- NHS Telford and Wrekin and the LSCB must ensure that all health staff are aware of the safeguarding referrals escalation policy.

Within six months:

- review the format of review conference minutes so that risk and protective factors are recorded clearly and consistently
- ensure that assessments and plans accurately reflect children and young people's diversity and include their wishes and feelings
- ensure the development of a workforce strategy in line with the children's services review
- ensure the LSCB's activity links to demonstrable improvements in front line social work practice
- NHS Telford and Wrekin and the LSCB must ensure that there are effective service user engagements arrangements within health safeguarding services, to inform both the service design and ongoing quality monitoring.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (Adequate)

25. The effectiveness of services to ensure that children and young people are safe and feel safe is adequate. Although there are some strong features, such as education outcomes and impressive work by the LSCB on anti-bullying, delays in the response to and recording by social workers of child protection enquiries means that the council and its partners cannot be assured that all children are safe.
26. An appropriate system is in place for the identification and management of child protection enquiries. However, information gathering at the helpdesk can take too long and result in delays in responding to child protection concerns. Swift and effective action is taken by social workers once child protection concerns are brought to their attention but the details are not recorded promptly and the quality of records seen was variable, although all were at least satisfactory. The result of this delay means that services such as those responding out of hours to a further incident do not know the status of current concerns. Where child protection plans had been put in place following an investigation, children and young people were visited regularly by an allocated social worker according to statutory requirements. Core groups were held appropriately with strong multi-agency partnership working in evidence, and reviews were timely, although they too were not always well recorded.
27. Well managed commissioning for children and young people means that they are only placed in services judged good or better unless there are exceptional circumstances. The council's fostering service was judged good for staying safe and the adoption service judged satisfactory. The council has appropriately prioritised private fostering arrangements following an 'inadequate' judgement by Ofsted in 2007 with one particularly positive feature being the support given to private foster carers from the fostering service. The service provides an annual report to the LSCB. However, this has not yet been completed for 2011/12. The vast majority (96%) of children responding to the Care4me survey and all children spoken to by inspectors say that they feel safe.
28. Satisfactory arrangements, where adults working with children may pose a risk, are in place for the Local Authority Designated Officer (LADO), which meet statutory requirements. Appropriately detailed information is used to inform accurate management reports that aid progress monitoring. The LADO(s) appropriately provide advice to managers with prompt and suitable strategies developed to keep children safe. Child protection enquiries are undertaken where appropriate. Arrangements are monitored

and reported annually to the LSCB. Agencies that are under-reporting, are challenged to improve their reporting rates.

29. A well promoted complaints procedure ensures complaints are thoroughly investigated. Compliments to and complaints about the service are collated and this is used effectively for service development and improvement. One example was seen of the use of learning from a complaint to review all information available to service users from children's services.
30. Effective policies, procedures and protocols promote the safer recruitment of staff. The council keeps up to date with best practice and recruitment files demonstrate rigour in ensuring current CRB checks and references are in place. Risk is managed appropriately and good practice was seen in relation to the management of positive CRB checks through a panel process which makes recommendations to recruiting practitioners. However, some files were not in good order and did not provide a clear overview of an employee's history from application to current role.
31. A wide range of specialised safeguarding services were in evidence to meet children and young people's diverse needs. For example, effective child protection practice was seen in cases of children with a disability who have been the subject of child protection enquiry. Good work has been undertaken with mosques to promote safeguarding in madrasahs including a handbook to support madrasahs in safe recruitment, child protection and safeguarding procedures. However, little evidence was seen of the active involvement of children and young people in individual assessments and plans, or of children's diverse needs being identified and responded to.
32. Robust measures to identify the cause of children persistently missing from education or reported missing from home, and effective multi-agency working ensure responsive services are provided. In cases where specialised services are required, this can include referral on to children's social care if it is suspected that young people are running away from abuse, or to the children abused through exploitation (CATE) team where there are suspicions that a young person is being sexually exploited. Children's services have strong links with the local sites for Gypsy/Roma and Traveller communities to ensure that their young people take up education opportunities. Where monitoring of missing children shows that they are being harboured by risky individuals at known addresses, the police will take appropriate enforcement action.
33. An effective contribution is made by education services to safeguarding children and young people. The majority of schools and all children's centres inspected to date have been judged good or better for safeguarding. Good quality safeguarding training to a range of agencies and foster carers ensures all are up to date and aware of emerging issues,

for example internet safety and sexual bullying. The LSCB's 'I Stay Safe' campaign has actively involved children and young people in the delivery of a set of key anti-bullying messages and the development and roll out of the "chatterbox" tool.

34. Effective strategies to support children and young people at risk of exclusion keep them engaged with education. Provision for pupils whose families choose to home educate meets all requirements. Strong partnership working between schools and the local authority supports effective preventative support and all schools have agreed to the protocols of the Fair Access Panels. Re-integration rates have improved and there are fewer pupils in the pupil referral units than has ever been the case previously. Both permanent and fixed term exclusions have reduced significantly as a result, to below average levels and overall attendance to above national averages.
35. Educational attainment for all pupils has improved and is in line with national averages at all key stages. Outcomes for vulnerable groups are improving at a faster rate than is the case nationally. The gap between pupils known to be eligible for free school meals and all pupils has narrowed, so that their attainment is now mostly in line with or above similar pupils nationally. The attainment of pupils with disabilities and those with special educational needs has improved significantly in the last three years as a result of good quality support and the sharing of best practice between schools. Pupils from minority ethnic groups tend to make slower progress at Key Stages 1 and 2 as they learn English and develop writing skills but make more rapid progress across Key Stages 3 and 4. Post-16 performance at Level 2 and Level 3 shows similar improvement. However, reducing the proportion of young people who are not in education, employment or training (NEET) remains a challenge. The proportion of 16 to 18 year olds who are NEET has reduced since 2009 but remains above average.

Quality of provision

Grade 4 (Inadequate)

36. The quality of provision which includes service responsiveness, the quality of assessments, direct work with children and families and case planning, reviews and recording is inadequate.
37. Well embedded early intervention services and the common assessment framework (CAF) are used effectively to prevent difficulties escalating or provide support for families at transition from more intense intervention. Processes have been reviewed to promote greater cohesion, more rapid decision making and integrated support at the point of referral. The move to a single point of referral, 'Family Connect' is planned for full implementation from September 2012 but the existing involvement of managers from the Family & Cohesion Service within the helpdesk is

contributing already to a timely diversion to early help. There is effective multi-agency engagement to improve outcomes for families and safeguard children through 'team around the child' (TAC) or 'team around the family' (TAF) with strong partnership working between health, housing, children's centres, schools, youth services, specialist services and voluntary agencies to ensure support is targeted to needs. The recent focus on exit strategies is promoting a smooth transition for families to universal services. Parents who met with inspectors were positive about the quality of support and impact of early intervention services. There is good use of translation services and interpreters for health and social care.

38. A responsive and well organised out of hours service is making most effective use of limited resources available to ensure that service delivery responds to need. However, edge of care services are only available at weekends on a planned basis and this places additional demands on this generic service and is not contributing to a reduction in the number of children receiving statutory services. Effective communication between day time and the out of hours team is aided by clear referral pathways, effective partnership working and good quality recording. However, child protection enquiries and strategy discussions are not being recorded on appropriate formats on the electronic recording system and this leads to an additional task for the helpdesk which is already under pressure.
39. Where concerns around a child or young person potentially meet the threshold for social work intervention, contact with the children's social care helpdesk does not result in a timely referral for assessment. The ability to respond in a timely manner to contacts and referrals is compromised by staffing levels which are not adequate because of the size, composition and deployment of the team and there is no arrangement to cover in social workers' absence. The helpdesk is staffed by a mix of qualified social workers and unqualified duty coordinators and although the council's own monitoring demonstrates that the unqualified duty coordinators are handling a reducing number of child protection contacts, they are still involved in a significant number, especially during busy periods. This results in duplication of work in relation to identifying contacts as referrals as the case cannot progress to a referral when the contact is handled by an unqualified worker. The practice of using unqualified workers to handle contacts regarding child protection concerns is contrary to statutory guidance, unsatisfactory and unsafe.
40. In all cases seen by inspectors including child protection cases, the practice of raising contacts as referrals and allocating them to individual workers for information gathering resulted in some level of delay. Where cases are raised as referrals and allocated to qualified social workers on the helpdesk this masks a delay in response, as their role is to gather information and cases do not progress promptly to assessment. The council's own monitoring indicates that the majority of referrals are held for a period of over two days with 8% of referrals held for over 20 days.

Holding cases as contacts and referrals while information gathering is poor practice and unsafe.

41. The quality of initial assessments and core assessments is variable. Whilst most seen were satisfactory with sufficient analysis on which to base decision making and planned intervention, some showed unsatisfactory practice in relation to children being seen; consideration of young people's wishes and feelings; and in the recording and analysis of diversity issues. The latter issue was a recommendation at the previous two unannounced inspections. Assessments were also not consistently timely and in one case seen there were significant delays in a core assessment being completed. These issues had not been identified through management supervision or review conferences. Parenting assessments are undertaken 'in house' by the council's own social workers and those seen were of high quality and contribute effectively to court processes. However, in one assessment carried out by the community social work team, the authority's own timescales had not been adhered to and the assessment had not been shared with the parent. This assessment was undertaken by the community social work team which seems to experience role confusion. Although community social workers are involved where there is an identifiable social work task and they are part of the front line of statutory intervention, this was not always apparent to referrers and partner agencies spoken to. This lack of clarity means that children may not receive the right level of service at the right time.
42. Planning is poor and cases were seen where the purpose of social work intervention lacked clarity because plans were not fully completed. Planning generally was not SMART and directed at clear outcomes with 'milestones' along the way so that parents could understand what needed to change to improve the welfare and safety of their children. Review conferences are inconsistently recorded and minutes are completed in different formats. This can result in the record of the chair's summary giving insufficient consideration to risk and protective factors on which decisions regarding a child's or young person's safety are based. This was an area for development at the last unannounced inspection.
43. Consistent delivery of planned intervention is not assisted by frequent changes of social worker which has led to considerable drift in some cases seen. Parents who have been engaged with children's social care services and spoken to by inspectors, were very negative about their experiences; including lack of continuity in social work support and a lack of consistency in decision making.
44. Record keeping is weak. Visits to and contact with families are recorded but the purpose of the visit and its contribution to delivering the planned intervention is not always clear. Children's wishes and feelings do not come through from records generally. Where children and young people

were from the minority ethnic community, records did not sufficiently address their racial, cultural and linguistic identity and needs.

The contribution of health agencies to keeping children and young people safe

Grade 3 (Adequate)

45. The contribution of health agencies to keeping children and young people safe is adequate.
46. Executive leaders and senior managers effectively prioritise and are well engaged with safeguarding activities and the LSCB. The maintenance of good practice and consistency in application of policies and procedures has been fundamental to ambitions and commissioning intentions with the change to clinical commissioning groups. There are robust governance and scrutiny arrangements in place for all safeguarding reports, across the health economy. New structures are being embedded in Shropshire Community Health Trust, which have improved the quality and performance monitoring arrangements, now subject to quarterly review.
47. There has been a dedicated focus on improving general practitioner (GP) engagement. There is a named GP in post and an increasing number of safeguarding leads in GP practices. However, the designated safeguarding nurse role has been restricted by limited capacity which has now partially been resolved by the recruitment of an assistant designated nurse. There are highly valued designated and named safeguarding professionals although there have been capacity issues within this group also, and vacancies still remain in maternity services and there is absence in the community services which is being covered by the designated nurse.
48. Effective work from the early intervention teams, well coordinated transitions planning and highly valued training from the National Association for the Care and Resettlement of Offenders (NACRO) has led to good cognisance of individual needs and a reduction in the need for more intervention treatments. For example, youth offending services work with young people on court orders and those at risk of offending, with support provided through NACRO. Adult substance misuse services are well engaged in the 'Think Family' agenda and the identification of safeguarding concerns. Following the annual needs assessment and treatment plan process an alcohol intervention worker is being appointed to Princess Royal Hospital to improve screening of individuals who may require treatment services as well as provide training to staff in the use of screening tools.
49. Although referral pathways to all CAMHS are robust with 82% of allocated routine referrals seen within 13 weeks, there is too long a wait for treatments such as for those young people with neurological concerns, due to a lack of capacity. The quality of transition pathways and support for young people is variable. There is an effective 'reaching out service'

providing intensive home treatment and reducing the need for hospital admission to the highly specialist units. However, there remains a gap in transition for those young people with ADHD as there is no adult provision nor any dedicated young person place of safety (aged 16-18 years old) under the Mental Health Act Section 136. The latter leads to inappropriate use of the adult provision. Waiting times for a highly specialist inpatient beds (Tier 4) are too long, due to a lack of local capacity. This results in young people frequently being placed out of area increasing their social isolation.

50. The quality of supervision is too variable. Midwives access to safeguarding supervision is not yet fully implemented and a lack of capacity within health visiting and community school nursing services is adversely affecting the quality and frequency of safeguarding supervision, although there are only four health visitor posts unfilled. Supervision arrangements in A&E are informal and not adequate, although there are plans to start group supervision in the autumn.
51. Safeguarding training compliance rates are too variable at The Shrewsbury and Telford Hospitals, Princes Royal Hospital site, with 100% staff trained at Level 1, only 47% trained at Level 2 of which 52% are nurses but only 18% of medical staff, and 78% at Level 3 although midwife compliance is lower at 68%. Positively, there are 89.3% of GPs trained to safeguarding Level 3, sexual exploitation and e-safety. There is good access to a range of safeguarding training for front line practitioners relevant to their role and good compliance with safeguarding training in speech and language and dental services (including forensic dentistry) and this has resulted in an increase in the number of safeguarding referrals made by dentists. Staff report a greater awareness of safeguarding, especially emotional neglect and the cultural influences that impact on child health and welfare. However, not all staff are aware of safeguarding escalation policies and challenges remain in relation to some referrals being accepted where physical signs of abuse are lacking.
52. The sexual assault referral centre (SARC) has good referral processes which include self referral. There is no lower age limit to access sexual assault and referral services. If the child is below eight years old the counselling/therapy sessions will be offered to parents and family work undertaken. The use of independent sexual violence advisors (ISVA) has been positive in supporting younger children and young people.
53. Effective overview arrangements are in place for the management of child deaths. Child Death Overview Panel (CDOP) training is highly valued by staff and the role of the CDOP lead nurse enhances the services provided and enables a rapid response to a child death and support for all parties involved and for those that attend coroners' courts. Impacts of campaigns are measured frequently and reported to the LSCB along with an annual report.

54. Notifications from child health services, police and unscheduled care settings are appropriately managed by front line practitioners. However, there has been up to a four week delay in the notification of some domestic violence notifications to them, resulting in follow up action being delayed and this places children at risk. Domestic violence screening tools are not robust. There is adequate attendance at MARAC and MAPPA meetings.
55. There is good attendance of front line practitioners at child protection meetings and case conferences and/or submission of reports, with the exception of GP attendance which is inadequate. However, staff report feeling frustrated by the frequent changes to child protection chairs, the lack of consistency with social care representation and the frequent changes in social worker, all of which hinders progress and clarity in planning. Health professionals say that minutes of core group meetings are not frequently circulated, and meetings are cancelled at very short notice, often due to lack of social care staff availability. Therapy staff report that due to insufficient notice of case conferences and core group meetings they are unable to give parents the opportunity to read and discuss their conference reports.
56. Accident and emergency services at Princess Royal Hospital, part of the Shrewsbury and Telford Hospitals NHS Trust, have recently introduced an enhanced 'flagging' system for children known to social care. A paediatric liaison role is established at Princess Royal Hospital, although this is an administrative post which does not give the additional benefit of an independent clinical opinion on the identification of children where there are concerns. In the case of hidden harm within adult A&E services there is only one dual qualified children's nurse in A&E and variable medical cover arrangements in place, which is inadequate.
57. Effective use of trust wide information patient management systems linking to a child protection database across the area, ensure the identification of children attending hospital more than three times and those children/families with MARAC involvement and for vulnerable women. There are full plans of care across all maternity units supported by recorded legal plans. Staff reported that there is always a clear plan for the midwife to follow even where legal plans are not yet in place.
58. There is robust assessment of domestic violence, with clear pathways in place to protect the woman and unborn baby. Robust processes for the notification of missed appointments and for women who go missing during pregnancy are in place. There are a number of midwife led units being utilised as a place of safety by children's social care and the courts resulting in post birth arrangements being delayed. According to maternity staff, on a frequent basis this includes stays of over five days more than anticipated with mother and baby remaining together even when the plan

is for separation, increasing the level of distress experienced by the parents and staff.

59. There is an improving reduction in the teenage conception rate and a low termination of pregnancy rate of 33%, although the reasons for this are not fully understood. There is adequate access to contraceptive and sexual health services, although this is subject to review. No services have gained the 'You're Welcome' accreditation for making health services young people friendly. There is good range of activity to reduce second conception rates, and the work of the family nurse partnership, although recently having capacity issues, has shown a higher than national drop in second conceptions.
60. Children with disabilities and life limiting conditions are well supported by services provided in the purpose built child development centre, 'Stepping Stones'. There is good partnership and co-working with other agencies. Good arrangements are in place to support children, young people and families through key transition points. There still remain challenges in ensuring timely access to specialist wheelchairs. The special school community school nurses are well engaged with both the social care disability team and education teams, attending regular meetings to review all children and any safeguarding or health concerns. The support group for parents of children with disabilities, Parents Opening Doors (POD), is actively involved in staff recruitment, shaping service design and consultation on current and future provision, with many good examples of joint work with health and other agencies supporting parents and reducing parental anxieties.
61. There is good access to translation and interpretation services although cognisance to gender, equality, faith and diversity needs is not apparent in health files seen.

Ambition and prioritisation

Grade 2 (Good)

62. Ambition and prioritisation are good. A strong corporate commitment to the provision of safeguarding leads to an ambitious vision for the review of children's services. There is an appropriate focus on the child poverty agenda being underpinned by an overarching corporate priority for 'one council, one team, one vision'. The council's cooperative agenda is influencing the approach within children's services in relation to the participation of children and their families and the use of the private, voluntary and community sector to share ownership and responsibility and promote effective change. The transformation of services for children and families provides a strong focus on ensuring that children and families get the right help at the right time. There is focused leadership and a good understanding of the journey ahead by the senior leadership team and the strategic partnership. Firm foundations for service delivery in relation to the vision for children's services are in place following the restructure in

April 2012 and efficiencies and more cohesive ways of working are already evident in early intervention services. Mature partnerships are promoting sustainability during a time of change.

63. The Children, Young People and Family Board is recently formed following a period where Children's Trust arrangements were in abeyance. Although it is too early to see an impact, there is a firm and embedded commitment to ensuring that priorities for children and young people are sustained during a time of transition. Membership of the Children, Young People and Family Board reflects the partnership with clear lines of accountability to and shared strategic priorities with the LSCB and local strategic partnership. The refreshed Children and Young People's Plan 2011/2012 is outcome focused and appropriately reviews priorities during a time of transformation for the service. However, this is under further review to align with the priorities of the Health and Wellbeing Board and is not yet consistently explicit about targets to be achieved.
64. A clear commitment from the Lead and elected members to fully share an understanding of the safeguarding agenda means that arrangements are in place to ensure that information is shared. The role and focus of the scrutiny committee is under review. There are proposals to strengthen the role of scrutiny by developing a shared understanding of elected members and officers as to clarity of purpose and move away from a briefings led approach by senior managers. Although some impact has been seen, there is an acknowledgement that scrutiny has not consistently driven improvement of service delivery in children's services well. A framework is yet to be developed in relation to performance information provided to the Board and there is more to do to ensure that council members and children's services staff have a mutual understanding of roles.

Leadership and management

Grade 3 (Adequate)

65. The leadership and management of safeguarding services across the partnership, including workforce development and use of resources is adequate.
66. The authority acknowledges that workforce planning is underdeveloped in relation to aligning the vision to recruitment, training and the retention of staff. The restructuring of the service in April 2012 has resulted in considerable changes to the workforce and line management arrangements, which are still bedding in. There is a secured financial commitment to further increase staffing levels with six additional social worker posts, and 14 staff currently await final checks before appointment, in line with the strategy to reduce the reliance on agency staff. However, currently the social work vacancy rate remains high as does the use of agency staff to backfill vacancies and absence. This is impacting on the provision of timely services and resulting in the inappropriate deployment of non-qualified workers at the helpdesk during

busy periods. Capacity issues within the independent reviewing officer (IRO) team are impacting on the ability of child protection chairs to monitor child protection plans between reviews.

67. Good progress has been made in relation to developing newly qualified social workers (NQSWs) by the appointment of advanced practitioners resulting in improved retention rates, and improved opportunities in the 'step up to social work' programme. However, the offer for social workers and team managers is less clear. Training is not sufficiently challenging at multi-agency level and professional development opportunities are limited. The authority recognises this and more focused training is developing for team managers, in relation to performance management, and there is a planned programme of training relating to the impact of neglect for all staff. However, an overarching workforce strategy is yet to be developed alongside systems for measuring the impact of training that complements the vision for the service.
68. A good focus on the promotion of participation and community engagement is enhanced by the cooperative agenda of the council. The review of children's services was fully informed by the views of children, young people and service users and there is a robust framework to ensure participation continues to develop as services are transformed. Services take good account of the needs of children and young people from minority groups when planning services. These include a range of targeted activities and clubs provided through the youth community team, sports and leisure services and arts and cultural team.
69. Young people's forums have good access to decision makers including the Director of Children's Services and elected members. There have been a number of consultations focused on staying safe, health and well-being involving children and young people of all ages. For example, annual 'Chatterbox' communications campaigns engaging all primary school children on issues such as bullying and domestic violence. There are also several focus groups and forums which enable parents and carers to contribute their views and improve service delivery, including the parents' panel, Asian parents group and parents of disabled children forum (POD).
70. A clear focus on efficiency savings is reflected through the review and transformation of services and in establishing innovative ways of working aligned with the cooperative council agenda. There is a clear commitment from the council and its partners to ensure that the voluntary and community sector is integral to the delivery of services for children, young people and their families and can contribute flexibly to meeting need in line with the priorities of the local strategic partnership. This is facilitated by strong user engagement in developing commissioning frameworks and a clear escalation pathway to the managing director via the chief officers group. The promotion of involvement of Christian fellowship and the Citizens Advice Bureau (CAB) is supporting the homelessness agenda and

providing information about debt management to families. The targeting of vulnerable groups particularly children who are sexually exploited is well established and targeted services are embedding. Business support officers have been introduced to provide highly valued administrative assistance to social work teams and free them up to focus on practice.

71. Clear and well understood performance management frameworks are in place to monitor quality for commissioning services. Training is accessible and the threshold and safeguarding responsibilities are also clear and understood. However, some charges for services have recently been introduced and it is unclear whether these charges cover children whose need for services have been assessed under the Children Act 1989. Parents of young carers and those children with disabilities taking part in 'I can 2' leisure activities are being asked to pay in advance in blocks.
72. Developing intervention services to better support families to achieve positive outcomes is a priority of the Local Strategic Partnership (LSP). The council and partners reflect well the approach to reducing the cost impact of small number of families requiring considerable public resources from multiple services. The strengthening families' task force is reflective of effective partnership arrangements and provides a focus for promoting cost savings, avoiding duplication of services and ensuring efficient ways of working in relation to providing targeted support services.
73. The serious case review sub-committee has focused on capturing the learning from the most recent serious case review in 2009. However, social workers spoken to during the inspection were not clear of the outcome of the review, or aware of any learning that had been taken from it.

Performance management and quality assurance

Grade 3 (Adequate)

74. Performance management and quality assurance arrangements for safeguarding children are adequate.
75. The council and its partners do not have a systematic approach to performance management although several examples demonstrate successful performance monitoring. The change of the political administration and the reformation of the Children, Young People and Family Board mean that a performance framework for the partnership is currently under development so it is not yet possible to measure its impact. A satisfactory quarterly monitoring report is produced for elected members in relation to the council's interim priorities for children's services. Performance against targets is RAG rated and this indicates the 'direction of travel'. However, the report does not offer any further analysis on which to base performance improvement and is not accompanied by a SMART action plan. The completion of business plans,

including new arrangements for performance monitoring for each service delivery area is a current priority and many of the processes on which performance monitoring is based, such as the Children and Young People's Plan and the LSCB Annual Report have not yet been completed for the current financial year due to departmental restructuring, with a consequent 'lag' in target setting and monitoring.

76. A satisfactory target setting document is produced by the Children's Division in which quality assurance processes are collated by dedicated data support officers and prioritised at an annual meeting of service delivery managers, with targets set. The measures can be qualitative such as issues arising from audits and serious case reviews, or quantitative such as key performance indicators or drawn from benchmarking against comparators. For example, the division have set targets around timeliness of assessments and child protection plans two years plus, which was the subject of a multi-agency audit that informed the target. Performance against these targets is appropriately monitored on a regular basis and RAG rated, any deviation is the subject of an urgent meeting with the service delivery manager in whose area the target falls, and corrective action taken to ensure that targets are met.
77. Effective monitoring by newly appointed quality management officers and clear target setting through service level agreements is ensuring that prompt action is taken when commissioned services fall below expected levels of service delivery. The council operates to stringent standards on information integrity and there are robust protocols in place to ensure safe information sharing amongst partners; including health and the police.
78. High quality management information produced by data support officers such as the child protection coordinator's monthly report, assist managers to deliver services against expectations and targets. Managers can also drill down into the system for performance information at a team or individual level. Although the reports do not contain analysis, managers spoken to by inspectors said that they are confident that the information they receive allows them to know their service well. However, little evidence was seen of the use of this information by managers at an individual case level. Several of the child protection processes seen were out of time, some seriously so and there were lengthy delays in the completion of assessments, but few examples were seen on file of management challenge to this serious drift. Team managers have received recent training on this issue, which is showing some signs of impact, but it is too early to know whether this can be sustained.
79. Supervision is not reflective, does not capture the learning from casework for social workers and is not used effectively to improve individual performance. The process of appraisal is underdeveloped and this means that it is not possible to track implementation of the council's interim priorities and the division's targets to an individual level. Whilst social

workers feel well supported by their managers, regular supervision sessions are briefly noted on social worker's supervision files, with a focus on caseload management. This is not the case for newly qualified social workers who are effectively mentored by advanced practitioners.

80. The role of the independent reviewing officers (IROs) as child protection coordinators is under resourced and underdeveloped in relation to its quality monitoring aspect. IROs have a dual function, as they also chair the statutory reviews of looked after children. However, caseloads are too high and this means they are unable to follow up on actions set by the child protection plan between reviews.

Partnership working

Grade 2 (Good)

81. Partnership working arrangements are good.
82. A well and independently led LSCB has successfully established a culture of appropriate challenge resulting in effective governance of safeguarding issues by the council and its partners. The LSCB fulfils its statutory responsibilities, with an effective meeting structure in place that includes an Executive to coordinate the activities of the Board's sub-committees. Rigorous monitoring by the performance sub-committee evidences a significant amount of activity and achievement by the Board, and this is captured in the LSCB's Annual Report. However, this report and reports to elected members are not sufficiently clear about how the Board's activity links to demonstrable improvements in front line practice. For example, 'cultural competence' is one of the LSCB's thematic priorities, but it was absent from individual casework seen in both social care and health files.
83. Statutory requirements are well monitored and met by the LSCB's standing Serious Case Review sub-committee which operates to a set procedure with clear links to the strategic Child Death Overview Panel with Shropshire. Effective arrangements are in place to monitor missing children under the governance of the LSCB's missing children sub-group. The group operates to an established work plan and has implemented the West Mercia protocol and procedure with identifies local pathways for the provision of services to children who go missing. This includes appropriate thresholds for early intervention, use of the CAF/TAC process, referral to social care and for convening a strategy meeting.
84. A comprehensive training programme provided by the LSCB's training sub-committee meets the specialised training needs of professionals. For example training is offered on a bespoke basis at evenings or weekends for the voluntary sector; schools' safeguarding training is undertaken by the Education Safeguarding Officer, and the additional training needs of GPs and pharmacists have also been met through targeted sessions from the designated professionals. Members of the domestic abuse strategy group offer training on domestic violence to partner agencies. Specialised CATE training is provided and this includes to staff of private children's

homes in the area from which children frequently go missing and are at risk of sexual exploitation and prostitution.

85. Highly effective governance is provided by the LSCB's CATE sub-group; where there is excellent partnership working that protects young people abused through sexual exploitation and prostitution. The approach steps away from traditional models of escalation and enforcement on the victim, to one of care pathways involving the young people and their parents in breaking the cycle of abuse. Partnership working includes the involvement of dedicated workers within the targeted youth support service, who are recognised as having the most appropriate skill set to engage young people in more positive behaviours and also the police. They use the CATE process to gather intelligence and appropriately focus enforcement on the perpetrators.
86. Effective police-led child protection partnerships, such as multi-agency public protection arrangements (MAPPA) build upon existing, strong multi-agency working by the police at operational level. The well attended multi-agency risk assessment conference (MARAC) meeting develops a safety plan for the victim and for any children affected, particularly where they may have witnessed or heard the abuse. The MARAC is held monthly and incidents involving children will customarily have already triggered a timely child protection enquiry, which routinely takes the form of a joint investigation. Joint visits and investigations can also be the result of discussion at the MARAC, and the family can be offered the support of the Domestic Violence Co-ordinator acting in the role of an Independent Domestic Violence Adviser (IDVA).
87. A well attended domestic abuse strategy group effectively coordinates services provided by partners to victims, perpetrators of domestic violence and their families. This multi-agency forum for operational managers is developing strategically and successfully oversees the delivery of initiatives such as CRUSH, a 10 week programme for schools, the 12 week freedom programme for women, which aims to provide them with confidence and resilience to end the violence and the Sanctuary scheme, to improve security and allow vulnerable women and their families to remain in their own home.
88. The highly successful 'I Stay Safe' campaign has demonstrated a positive impact on reducing incidents of bullying within schools and forms an integral part of the LSCB's communication strategy. It has involved a new way of working collaboratively with children that the Board are keen to build upon and further develop; including a concertina card for young people and the formation of a Junior LSCB.

Services for looked after children

Overall effectiveness

Grade 3 (Adequate)

89. The overall effectiveness of services for looked after children, young people and care leavers is adequate. Children and young people have been suitably prioritised within the recent restructure of children's services with a strong commitment from corporate parents to ensure that they remain at the heart of practice during a time of transformation. Their views have informed the review of children's services and continue to do so moving forward and the priorities in the refreshed Children and Young People's Plan remain the focus of the newly established Children, Young People and Family Board. However, despite the clarity of the senior leadership team in moving the service forward, service delivery plans are not yet in place and the structure is not fully embedded across the service.
90. Priorities for looked after children have been appropriately identified and there is some evidence that services across the partnership are improving outcomes for looked after children. For example, the educational achievement of looked after children is improving and is now in line with comparators; placement stability is above comparators and there has been good support provided to reduce offending rates for looked after children. Children and young people say they feel safe and there is an effective and well used complaints system in place. Consistency at a time of transition is being promoted for care leavers by the creation of the transition and leaving care (TLC) team that brings together children and adult teams in order to provide more targeted multi-agency support into adulthood and there is good performance in relation to review assessments, dental assessments and immunisation all of which are above comparators. However, despite an appropriately focused sufficiency strategy, the use of bed and breakfast accommodation has not yet been eradicated and numbers of children placed out of area remains higher than comparators. Initial health assessments are not being completed in a timely manner due to lack of parental consent and outcomes of the strengths and difficulties questionnaires are not being used as part of the review health assessments. Outcomes from mental health assessments undertaken privately are not currently being embedded into health assessments to inform ongoing health provision.
91. The quality of provision for looked after children is inadequate. The restructure of services has not improved the stability of social workers and there are too many changes in worker for children. Subsequently positive and productive relationships between social workers and children are seriously impaired. In addition non-qualified workers are case managing looked after children and as a result the authority is not meeting the minimum statutory requirements with regards visiting children in their placements. Records of these visits also lack focus. The quality of

assessments and planning is variable. Although some good quality court assessments were seen, consideration of the diverse needs of children are not well reflected or recorded. The focus on permanency planning is improving and the good performance on adoption has been sustained. However, focused planning is being compromised by the current management arrangements of reviews. Although timeliness of reviews is good, parents report not being informed of or invited to reviews and health professionals are not consistently receiving review reports. Records of reviews are not SMART, resulting in some care plans being out of date.

Capacity for improvement

Grade 3 (Adequate)

92. The capacity for improvement is adequate. The council and its partners have good ambition for joint services and the promotion of welfare of all looked after children and young people. Partnerships are strong and corporate parents and elected members are strengthening their understanding of the needs of looked after children and care leavers by developing more robust performance monitoring systems to drive improvement.
93. There is an adequate track record of improvement and evidence of some sustained and improving services for children. The local authority, health providers and partners understand well through transparent self evaluation, peer review and good use of performance information what it is they need to do to improve services for children, young people and their families. The children's services review underpinned by commissioned research clearly outlines the vision for the service and there is a strong commitment from the authority to embrace change. However, the speed in which the authority has been able to make progress has been hindered by changes in political administration in May 2011 and the absence of a permanent Director of Children's Services until May 2012. The transformation of services is in its infancy and there is more to do in relation to embedding service delivery.
94. Workforce planning is underdeveloped and not currently aligned with the vision for children's services. There remain capacity issues within the social work teams and this is impacting upon social workers ability to form productive relationships with children and carry out life story work. IRO caseloads are too high and this hinders their ability to carry out the quality assurance aspect of their role and monitor care plans between reviews. Financial support for children's services has been secured and front line services protected. There is agreement for six additional social workers and 14 are currently awaiting CRB checks in line with reducing reliance on agency staff. The creation of an additional team in the fostering service is promoting an improved focus on permanency planning. Support for foster carers by the fostering social workers is good. The commissioning strategy is developing and savings are being made in the use of regional consortiums to monitor and improve quality of placements.

95. Performance management and quality assurance are adequate. Staff report improved management oversight and good levels of support. However, supervision is not suitably reflective or well recorded nor is it driving improvement sufficiently in the quality of work. However, this is not the case for NQSW's who receive effective and focused supervision that promotes their development. Management information is being effectively gathered and used to focus service delivery and revise targets but the holistic analysis of this information is currently underdeveloped. Performance monitoring and quality assurance of health assessments is not robust.

Areas for improvement

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

Immediately:

- ensure that all parents receive regular communication and are involved in reviews as appropriate.

Within three months:

- review the capacity and functioning of the IRO team to ensure robust challenge where needed and the prompt circulation of a good quality review record
- facilitate positive and productive relationships between children and social workers by minimising changes in social worker
- ensure that all looked after children have a qualified social worker and that minimum statutory visiting requirements are complied with
- facilitate the timely completion of life story work
- ensure that cultural and equality and diversity issues are assessed and recorded during assessments. NHS Telford and Wrekin Council must ensure that this includes health assessments
- end the reliance on bed and breakfast accommodation to meet the accommodation needs of care leavers
- NHS Telford and Wrekin and Telford and Wrekin Council must ensure that the outcomes from the strengths and difficulties questionnaires are used as part of the review health assessments, and that outcomes from mental health assessments, undertaken privately and through spot purchasing are embedded into health assessments and ongoing health care provision

- NHS Telford and Wrekin and Telford and Wrekin Council must ensure that the outcomes of the IRO reviews are disseminated and as appropriate, form part of the ongoing health care
- NHS Telford and Wrekin and Telford and Wrekin Council must ensure that there is robust performance monitoring and quality assurance of all health assessments, including that consent has been obtained and recorded prior to the health assessment taking place, and that as appropriate the child agrees to the health action plan
- NHS Telford and Wrekin and Telford and Wrekin Council must ensure that all initial health assessments are completed within the specified timeframe.

Within six months:

- improve the quality of recording of statutory visits.

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

Being healthy

Grade 3 (Adequate)

97. The health of looked after children is adequate.
98. The designated nurse and designated doctor roles comply with statutory guidance. The Shropshire designated doctor is a member of the Telford and Wrekin Adoption Panel, providing it with full medical health services. The comprehensive Children in Care Health Service annual report appropriately reflects areas for development. The limited capacity of the designated nurse role has been recognised although as yet is to be fully addressed. A range of professional training, networking opportunities and adequate supervision is provided to all staff involved in the provision of health care for looked after children.
99. Referrals to emotional health and well-being and CAMHS are not always appropriate or timely. The strengths and difficulties questionnaire (SDQ) flow chart for social care staff recently produced by Shropshire Community Health Trust is not being followed. In some cases referrals to CAMHS were not followed up by the social worker when the young person failed to attend their assessment. An early consultation service is available for referrers to CAMHS to ensure appropriate referrals are made. Those young people requiring urgent assessments are seen on the same day as the referral is received with non urgent cases being seen within two to six weeks. However, according to health service managers and staff, waiting times for specialist CAMHS (Tier 3) can be up to four months for neurological assessments which is too long. Reduced capacity in the local authority creative attachment therapy service (CATS) has reduced formerly embedded joint working with CAMHS. Staff report that the previous fully staffed CATS was effective at maintaining and contributing to placement stability and that the reduction in service also impacts on the quality of life story work undertaken with individuals. Together with the move to private mental health assessments and spot purchasing of services, this has led to an uncoordinated approach to emotional well-being. The gap in mental health and emotional well-being service provision has recently been addressed through the appointment of independent therapists who undertake bespoke assessments and some therapeutic interventions. However, these services are not yet well embedded with other CAMHS provision, and there remains a lack of clarity as to their role and function. Staff report that they are now unclear what mental health interventions looked after children are receiving and what support is being provided to foster carers.
100. Looked after young women who become pregnant receive their maternity care through universal maternity services and young parents may be

referred to the family nurse partnership. However, communication between professionals regarding the care provided is not well embedded. All initial health assessments are completed by a medical practitioner but they are not always undertaken within the required timeframe, due in part to the delays in obtaining parental consent. Of those health files seen, the health assessment forms, where consent should be recorded, were not completed. New forms are planned, although it is unclear if this will resolve the missing information issues. Local data show that the rate of those initial health assessments completed within time to be only 45-50%.

101. Health assessments seen by inspectors were not always sufficiently detailed and in some cases there were significant gaps with no evidence to show that cultural, equality or diversity issues or health promotion had been considered. Outcome data for review health assessments is 92%, dental assessments 97% and immunisation at 95% all of which are above comparators. There is very limited choice given to looked after children as to the venue of their health assessments, partially due to where they are placed and the limited capacity of the designated nurse who completes all the review health assessments of the over five year olds. Performance monitoring or quality assurance of the out of area health assessments is not robust. This has been recognised and it is hoped that a newly developed health assessments form, which now includes the monitoring of the previous health action plan, will lead to improvement, as it is envisaged that health action plans will be reviewed every six months. In health files seen by inspectors, although there was historical evidence recorded of child protection and common assessment framework (CAF) outcomes, there was no information regarding the statutory reviews by IROs, or action points arising from these reviews. The children in care health team, as well as school nurses and health visitors, receive unscheduled care notifications regarding the attendance of children in care, which includes those admitted following an episode of self harming. There is only limited evidence of the information being reviewed as part of the health assessments, although of those files seen the notification information was not recorded.
102. There is a health passport in place for care leavers, which is to be used as part of health assessments, although this was not evident within the health files seen. The health passport does not contain birth history information. There is no separate care leaver health service commissioned. A well evaluated two day training event for care leavers, discusses future health needs and how to register at a GP and dentist. Limited training is provided about the health needs of looked after children, although training provided is well attended. Support for foster carers with regard to attachment, placements stability and management of behaviours is not robust, and has led to inappropriate referrals to CAMHS.

Staying safe**Grade 2 (Good)**

103. Arrangements to safeguard looked after children and young people in care are good.
104. Risk is effectively managed to ensure that children who need to be in care are in care through senior management oversight of all admissions. Robust commissioning arrangements ensure that children are placed in provision judged to be good or better and placements are effectively monitored through inspection reports and information gathered through regional networks. Arrangements have been strengthened through the successful appointment of two quality management officers who visit and assess provision.
105. Placement stability when set against comparators is good and improving, with a good focus on the prevention of disruption through a range of initiatives; including targeted training for foster carers and two support workers available over weekends. Disruption meetings are used to learn from unplanned changes of placement and inform future practice and recruitment. An improvement has been noted, in the council's own figures, of reducing numbers of children placed more than 20 miles from home. However, too many children are still placed outside of the council boundary when their needs could be better met nearer to home, as this facilitates more cooperation with partner agencies and provides greater continuity through leaving care.
106. Some 96% of children and young people responding to the Care4me survey, together with all of those spoken to, report feeling safe. The council's fostering service is judged 'good', although carers report they are not always provided with full documentation on children placed with them to support them in their role. The council has recognised the need to improve this aspect, and invested in an additional team manager post to develop a new team to focus on placements other than mainstream fostering.
107. Effective arrangements are in place to monitor children missing from care under the governance of the LSCB's missing children sub-group. The group operates to an established work plan and has implemented the West Mercia protocol and procedure. Multi-agency meetings give full consideration to risk factors and devise a management plan to sit alongside the young person's care plan and keep them safe.
108. Looked after children are reviewed within statutory timescales although invitations are sometimes sent out late, impacting on attendance and there can be a delay in circulating the record. Work pressures on IROs can result in an overly brief recording of the review and recommendations that are insufficiently SMART. The lack of capacity can also mean the child is not seen between or before reviews in breach of the care planning regulations. Some examples of were seen by inspectors of good challenge

to inadequate care plans, but the relatively small team is unable to provide the drive for improvement expected in the role. The impact extends to the strategic role of the IROs with a current three month delay in production of the IRO Annual Report for 2011-12.

Enjoying and achieving

Grade 3 (Adequate)

109. The impact of services to ensure children enjoy and achieve is adequate.
110. Appropriate support and challenge to schools is provided by recently re-structured services that are building on existing practice to develop more effective systems to monitor children's progress. The new systems provide robust foundations on which to secure further improvement, but they are at early stages of development, with particular regard to monitoring the quality of personal education plans and the achievement of children placed in out of area schools. A strong drive to bring about further improvement is offered by the newly formed corporate parenting team (CPT), which includes a virtual headteacher, specialist teachers and mentors, and has high aspirations for children.
111. Children in the care of Telford and Wrekin Council make academic progress in line with looked after children nationally. Attainment at Key Stage 2 dipped to below average levels in 2011 but has previously been mostly in line with or above national averages. Attainment at Key Stage 4 has risen steadily from below average levels. In 2011 20% of looked after children gained five or more GCSEs at grade C and above including English and mathematics, which was above the national average. The gap between looked after children and all pupils nationally has narrowed over the last three years. Children with special educational needs and those with disabilities are well supported in special and mainstream schools and make at least satisfactory progress. Pupils from minority ethnic groups make similarly satisfactory progress.
112. Effective support for looked after children's personal, social and emotional development promotes their attendance and engagement. Timely additional support or alternative pathways are funded through the CPT and pupils' premium grant for those struggling to fully engage with education or falling behind. Effective support is provided by designated teachers who receive good quality training and advice to keep them fully up to date with developments and they are valued by children and young people. Schools are committed to ensuring looked after children are fully included in school life and are well supported by the local authority to do so. Attendance is carefully monitored and support is provided for those at risk of disengaging with education so that it is above average overall and persistent absenteeism by looked after children has reduced to broadly average levels. Fixed-term exclusions are below average and permanent exclusions are rare. Every effort is made to keep children in schools that best meet their needs or to ensure a smooth transition where a move best

meets their needs. Schools are able to access personalised support from a range of agencies including school nurses, CAMHS, educational psychology, speech and language therapists, special educational needs and disability services, as well as teachers and learning mentors within the CPT. Of the children who returned the Care4me survey, 89% feel they are getting good help with their education.

113. The quality of personal education plans (PEPs) is variable. Looked after children's progress is driven with varying effectiveness; some have specific, measurable targets and show good improvement between reviews; others have vague targets or are incomplete. The CPT are supporting schools to improve the quality of PEPs through attendance at PEP meetings and training for social workers, foster carers and designated teachers. The most recently completed plans show signs of improvement.
114. Adequate arrangements are in place to monitor the achievement of almost a third of school-age looked after children who attend out of area schools close to their foster care placement or access specialist provision. The majority are in maintained schools judged good or better at their last inspection. Procedures are in place to monitor their progress and attainment through collection of end of key stage attainment data and oversight of PEPs, but this has not been systematic in the past. More rigorous monitoring is planned including a more systematic collection of progress data each term and attendance at PEP meetings by members of the CPT.
115. Good opportunities are offered to looked after children, including those with disabilities, to participate in positive activities and out of hours learning. Of the children who returned the Care4me survey, 90% feel they have a good choice of hobbies and activities. They are helped to access a range of universal services, such as the Duke of Edinburgh Award, after school clubs, leisure activities and swimming. There is also a good range of targeted activities provided through partners such as integrated youth services, play partnerships, schools, police community and voluntary sector organisations. For example, the outward bound and survival courses jointly run by the Territorial Army and the Police are popular and help children develop social and work related skills. The council's Participation Officer effectively engages with schools and young people to include them in activities that build confidence and self-esteem.

Making a positive contribution, including user engagement

Grade 2 (Good)

116. The impact of services to ensure looked after children make a positive contribution is good.
117. Children who reside or go to school in the Telford and Wrekin area are very effectively engaged in the evaluation of services, policy making and

various positive activities. Children who are placed out of area can find it more difficult to participate in consultations and activities, but firm plans are in place to facilitate easier access and create stronger links with Care Council4U, the Children in Care Council. Improved service delivery is achieved through policy makers actively seeking children's views through various consultation exercises and forums. Senior policy makers attend Care Council4U meetings and care leavers have contributed their views to the Scrutiny Panel. Looked after children have good access to senior policy makers, including the Director of Children's Services and Lead Member for Children's Services and these meetings give them an opportunity to talk about their achievements and suggest how provision could be improved. Looked after children and young people contribute to interviews to appoint key personnel, including the appointment of the Director of Children's Services, and they have provided training for social workers and foster carers.

118. The active Care Council4U, the Children in Care Council, has been established for a number of years and their contributions are valued by policy makers. They have led a number of successful projects including the development of the Corporate Parent Pledge, health passports, identity passes and guidance for children in care and those who have a protection plan. They are particularly proud of the annual awards ceremony 'Hot Shots' which celebrates the achievements of all looked after children and provides an opportunity for children to socialise and contribute their views. However, only 56% of those who returned the Care4Me Survey felt able to get their views across through the Care Council4U and 20% were not aware of it. Care Council4U is keen to publicise its work and extend involvement, particularly for those children placed out of area.
119. A high level of satisfaction with services is demonstrated by surveys, evaluations and feedback from children who spoke with inspectors. The vast majority of the 51 looked after children who returned the Care4me survey, including 12 placed outside Telford and Wrekin, thought the care they are getting is good or very good, feel safe and are getting a good education and the help they need at school. Looked after children's views are mostly captured well in PEPs and care plans and 80% of those who returned the Care4me survey feel their reviews take notice of their wishes and feelings well or very well. Looked after children who spoke with inspectors were confident about how to progress through both informal and formal complaints processes. However, only 56% of those who returned the Care4me survey said they know how to make a complaint and 41% do not know how to get an advocate. Some 63% have not seen the Corporate Parenting Pledge and a third do not know how to get in touch with the IROs.
120. Good multi-agency action has resulted in a reduction in the number of looked after children and care leavers who have offended or re-offended

over the last three years. The provision of preventative positive activities and the introduction of 'Community Resolutions' has significantly reduced the number of first time entrants to the criminal justice system overall, including looked after young people. The incidence of re-offending has similarly reduced. The youth offending service (YOS) works closely with children's social care services and other agencies to provide support to looked after children at risk of repeat offending. Looked after young people known to the YOS receive good support to develop positive behaviours and gain qualifications and skills to support further engagement in education, employment or training.

Economic well-being

Grade 3 (Adequate)

121. The impact of services to enable care leavers to achieve economic well-being is adequate.
122. The TLC team has been reorganised to build capacity, share expertise between staff and improve transition between children's and adult services. A motivated, multi-skilled team is already in place within adult services, providing support for care leavers, young people with disabilities and those with children in need plans. Joint planning is helping to ensure young people receive the support they need at key transition points to help them achieve independence. Care leavers retain their social worker up to the age of 18 alongside their personal adviser in order to minimise disruption. Strong leadership is providing the drive to improve provision and outcomes, and good plans will ensure effective multi-agency working and a clear protocol for work with the children in care team. However, the changes are at a very early stage and some developments are not yet implemented, so their impact is not yet fully evident.
123. A range of support helps care leavers engage with further education, training and employment. An above average proportion goes on to further education at the end of statutory schooling, with the majority attending the local further education college, Telford College of Art and Technology (TCAT) where they are provided with appropriate support at the point of transfer through a designated lead in the college who attends pathway planning meetings. However, a 25% drop-out rate annually means that the proportion of care leavers who are not in education, employment and training (NEET) at age 19 is above the national average. Partners recognise the need to provide further support for care leavers at transition from Key Stage 4 to Key Stage 5 and have set this as a priority. Summer schools are being run to help those starting at TCAT to prepare for courses and there are firm plans in place to ensure continuity from PEPs to pathways plans and support young people in accessing education, training or employment best suited to their aspirations and abilities.
124. Appropriate support is already provided to most care leavers to help them realise their ambitions and the majority gain relevant qualifications suited

to their aptitudes and aspirations. Those who wish to attend university are supported with accommodation and resources. Six young people have been supported into university courses in the last three years and four more are starting in 2012. Appropriate additional support is received by care leavers who are at risk of disengaging with services or becoming unemployed, through careers advisers and targeted intervention to help them develop life and work related skills. The council provides a number of apprenticeship places to support vulnerable young people in gaining qualifications and care leavers are helped with applications should they wish to compete for places.

125. The TLC team is in touch with the vast majority of care leavers and rigorously monitors their whereabouts and well-being through contact and pathway planning. Pathway plans seen by inspectors are adequate; they are up to date and usually take good account of the young person's views, needs and aspirations. However, the quality of forward planning and target setting is more variable and plans are not easily accessible in their current format. Revisions are currently being planned with care leavers. The care leavers forum has not been able to meet for the last nine months due to long-term absence of the key worker who convenes it and young people are keen for this to be reinstated.
126. An adequate range of housing is provided for young people leaving care. The TLC team is in touch with 17 of the 19 in the current 19 year old cohort and all of those are in safe accommodation. A 'Staying Put' scheme is being funded for care leavers aged 18 and above to stay with foster carers when it best meets their needs, but is at early stages of development. The Joint Assessment Panel identifies resources to support suitable accommodation placements from a range of supported lodgings, semi-independent placements and self contained flats. Bed and breakfast accommodation is used in crisis situations and the average length of stay has reduced from 12 weeks to five weeks. However, there are currently five young people in temporary bed and breakfast accommodation, which is unsatisfactory practice. The local authority has appropriately undertaken a gap analysis to inform future provision and strategic planning. They are engaged with providers to increase the range of suitable accommodation and drive up quality through tendering.

Quality of provision

Grade 4 (Inadequate)

127. The quality of provision which includes service responsiveness, the quality of assessments, direct work with children and families and case planning, reviews and recording is inadequate.
128. Appropriate decisions to admit children to care are made at a sufficiently senior level and ensure a holistic overview of children's cases. Multi-agency edge of care services are being developed and there is evidence of impact on individual cases. However, these developments are very recent

and have yet to have the planned impact on reducing the numbers of children entering care. Edge of care services are only available at weekends on a planned basis, and parents spoken to do not consider they were able to promptly access services needed to prevent their children's admission to care.

129. The looked after children sufficiency strategy demonstrates that the council knows it's looked after children population and action is being taken to ensure appropriate placements for looked after children. However, numbers of children placed out of area remains higher than comparators and the numbers of emergency foster care placements remain below the authority's target of six.
130. Arrangements for holding independently chaired family group conferences are underdeveloped and the focus of legal advice is variable. Examples were seen of legal planning meetings (LPM) in which solicitors had provided social workers with advice on how to manage cases as opposed to the thresholds for legal intervention, and others in which the threshold section of the exemplar was blank despite the LPM taking place in some months previously. This increases the potential for delay in working with families to reduce the risk of children entering care. Where it is decided to progress matters under the public law outline (PLO) then matters are progressed and letters before proceedings issued, examples seen were satisfactory.
131. Positive relationships between social workers and children are seriously impaired because of the frequency in change of social worker. The child's journey from referral to leaving care involves too many transfer points between teams and as a result too many children are not receiving continuity in the management of their cases. The council's own analysis shows that over 50% of children in care have had three or more social workers and some children have had over 10 social workers which is unacceptable. This undermines the contribution social workers make to helping children achieve their potential. This is compounded by the allocation of non-qualified workers to 45 children currently in care. Although the cases are monitored and risk assessed by team managers and reallocated to a qualified worker if necessary, this means continuity of worker is again compromised and that the minimum statutory requirements for qualified social workers' visits to children are not being met.
132. The quality of assessment and direct work with looked after children is improving but remains variable. There were some examples of thorough well written assessments seen, particularly around court work. However, other assessments failed to reflect children and young people's needs, their wishes and feelings and diversity. Social workers consider the recently introduced structure improves management oversight and provides a better focus for their work but there was little evidence of this

seen on children's case files. The introduction of business support officers is decreasing administrative tasks for social workers but their caseloads remain high and this restricts the opportunity to undertake direct work with children including life story work.

133. Care plans are insufficiently clear and up to date and do not inform the reviewing process sufficiently. IROs have recognised this and initiated formal feedback to social workers and managers but the impact on improving quality is not yet realised. The focus on permanency through care planning for some looked after children is not consistently applied. A strong focus on assessments where adoption is the plan ensures good performance in the number and timeliness of adoptions. The use of Special Guardianship Orders and residence orders as an alternative to admission to care is developing, enhanced by the very recent formation of the friends and family team within the fostering service. This team deals with all matters concerning connected persons, with an emphasis on achieving stability and permanence. However, it is too soon to see an impact.
134. Statutory reviews are held in a timely fashion and this is an area of good performance. However, parents do not always receive invitations on time or at all. Insufficient IRO capacity means that some review recording is brief and arising recommendations are not consistently SMART. The child's views were generally recorded although some children spoken to do not consider their views were sufficiently taken into account. The electronic recording system is being adapted making forms more user friendly to support work with families. However, there are instances where it prevents circulation of the review record until social workers have updated the care plan. Chronologies held on the electronic recording system did not give a clear picture of the child's journey and are not routinely updated. Records of statutory visits are not consistently well focused.

Ambition and prioritisation

Grade 2 (Good)

135. The ambition and prioritisation of services for looked after children is good.
136. The local authority and its partners have ambitious vision in improving services for children and young people, achieving a good focus on improving the life chances for looked after children and narrowing the inequalities gap. The children's services review is not yet fully implemented but there is a consistently well understood focus on priorities from the senior leadership team and full awareness of the journey ahead. The director of children's services has a proven track record of service transformation and has already made an impact in securing financial commitment to front line services and fostering team resources. The refreshed Children and Young People's Plan 2011/2012 appropriately prioritises services for looked after children but service delivery plans are

not yet completed and as a result overarching priorities are less well understood by front line staff.

137. The Children, Young People and Family Board was established to ensure that children and young people remained at the forefront of practice during service transformation. The Board demonstrates effective engagement of children, young people and parents and its membership is reflective of the partnership. The Board cross cuts a number of boards with direct links into the LSCB which facilitates good oversight of development. The chair of the Board is a member of the LSCB and an adoption panel member for Shropshire Council. The Board is in its infancy following the abeyance of the Children's Trust arrangements. However, there have been positive developments in relation to developing a service wide framework for consultation and young people have chaired one of the Board meetings.
138. The Lead Member of Children's Services is an experienced children's services practitioner and demonstrates focus and commitment in raising the profile of looked after children within the council. A cross party corporate parenting commitment is established. Elected members demonstrate effective financial prioritisation of services for looked after children and have been involved in making changes to transport arrangements to ensure consistency for children and the provision of appropriate equipment for children moving placement.

Leadership and management

Grade 2 (Good)

139. The leadership and management of services for looked after children taking into account workforce development; partnerships and effective use of resources is good.
140. Well managed commissioning of services for looked after children are promoting improving placement stability because of clear and well understood contracts and monitoring. Placement providers are well informed about children's needs before placement which enables more informed matching to take place and children are prepared well for placement moves. Agreements for placement are made at a sufficiently senior level and services judged good or better are used unless there are exceptional circumstances. Effective monitoring takes place for out of area placements and financial efficiencies are being made via the use of regional consortiums.
141. Effective use of resources for looked after children was demonstrated in the realignment of services for children and young people. An appropriately focused sufficiency and commissioning strategy is addressing the need to secure savings in placements and to enable the growth of in house provision closer to home. Recruitment of in house foster carers is being appropriately prioritised to reduce reliance on agency placements and provide more placement choice for children. The

numbers of children placed out of area has reduced by 2% but it is too early to tell if this is a decreasing trend. The numbers of residential placements within borough has also increased by six following commissioning arrangements with a private provider, Jigsaw. There is an appropriate focus on increasing emergency placements available within the borough but arrangements to reduce reliance on bed and breakfast accommodation are not yet realised.

142. Workforce planning is underdeveloped in relation to aligning the vision to training, recruitment and the retention of staff. However, support for NQSW's is enhanced by the recruitment of Advanced Practitioners providing them with reflective supervision, and mentorship. Capacity within the fostering teams has increased and an additional team has been created to focus on improving permanency for children and young people. Training for foster carers is appropriately focused and effective support that promotes placement stability is provided by fostering social workers. This includes the recent provision of therapeutic training. However, some carers say that guidance on the fostering task is not consistently available in written form and there are capacity issues within the social work teams.
143. The profile of children, young people, their parents and carers is well understood and management information is being effectively used to improve service delivery for looked after children. For example, placement stability. Children, young people, parents and carers are enabled to make a positive contribution at a corporate, strategic and operational level to inform service delivery via a number of forums including meetings with DCS and Lead Member. Participation of young people in developing the services they use is a high priority. A strong commitment is demonstrated through the funding of the very active children's participation team and young people are now regularly involved in staff recruitment and participation in social work training. A multi-agency Corporate Parenting Board reflecting the partnership has been established and this is already demonstrating impact in relation to improving education monitoring systems for those children placed out of area.

Performance management and quality assurance

Grade 3 (Adequate)

144. Performance management and quality assurance arrangements for looked after children are adequate.
145. The council and its partners do not have a systematic approach to performance management although several examples seen demonstrate successful performance monitoring. The change of the political administration and the reformation of the Children, Young People and Families Board mean that a performance framework for the partnership is currently under development but it is not yet possible to measure its impact. A satisfactory quarterly monitoring report is produced for elected

members in relation to the council's interim priorities for children's services. Performance against targets is RAG rated and this indicates the 'direction of travel'. However, the report does not offer any further analysis on which to base performance improvement and is not accompanied by a SMART action plan. The completion of business plans for each service delivery area is a current priority and many of the processes on which performance monitoring is based, such as the Children and Young People's Plan and the IRO report have not yet been completed for the current financial year due to departmental restructuring, with a consequent 'lag' in target setting and monitoring.

146. A satisfactory target setting document is produced by the Children's Division in which quality assurance processes are collated by dedicated data support officers and prioritised at an annual meeting of service delivery managers, with targets set. The measures can be qualitative such as issues arising from audits and serious case reviews, or quantitative such as key performance indicators or drawn from benchmarking against comparators. An example being of the monitoring and improvement in the timeliness of health assessments through this process. Performance against these targets is appropriately monitored on a regular basis and RAG rated, any deviation is the subject of an urgent meeting with the service delivery manager in whose area the target falls, and corrective action taken to ensure that targets are met.
147. Effective monitoring by newly appointed quality management officers and clear target setting through service level agreements is ensuring that prompt action is taken when commissioned services fall below expected levels of service delivery. The council operates to stringent standards on information integrity and there are robust protocols in place to ensure safe information sharing amongst partners; including health and the police.
148. Data support officers produce high quality management information such as the placement monitoring report to assist managers to deliver services against expectations and targets. Although the reports do not contain analysis, managers spoken to by inspectors said that they are confident that the information they receive allows them to know their service well. Managers regularly audit cases according to a pro forma and this is undertaken as a joint exercise to maximise the learning, although there is no established auditing programme or overview report which collates the findings from audits and the quality of assessments remains variable. Although improvement has been seen in the quality of court assessments with performance being monitored at assistant director level.
149. Supervision is not reflective, does not capture the learning from casework for social workers and is not used effectively to improve individual performance. The process of appraisal is underdeveloped and this means that it is not possible to track implementation of the council's interim priorities and the division's targets to an individual level. Whilst social

workers feel well supported by their managers, regular supervision sessions are briefly noted on social worker's supervision files, with a focus on caseload management.

150. The role of the IROs is under resourced and underdeveloped in relation to its quality monitoring aspect. IROs have a dual function, as they also chair reviews and child protection conferences. However, caseloads are too high at 130 to 140 and this means they are unable to follow up on actions set by the care planning regulations. A system of RAG rating care plans has recently been introduced but this is yet to be embedded.

Record of main findings:

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