

Inspection of safeguarding and looked after children services

Coventry

Inspection dates: 21 March to 1 April 2011

Reporting inspector: Robert Hackeson HMI

Age group: All

Published: 12 May 2011

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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), an assistant director seconded from a local authority children's services directorate and an inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with children and young people receiving services, front line staff and managers, senior officers including the Chief Executive of the City Council and the Director of Children, Learning and Young People, elected members, and a range of staff from partner agencies including the Police, the Probation Service, the voluntary and community sector, Coventry Community Health Services, Coventry and Warwickshire Partnership Trust, and University Hospital Coventry and Warwickshire
 - 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 Ofsted's evaluations of five serious case reviews conducted in accordance with *'Working Together to Safeguard Children'* 2010
 - a review of over 20 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 the Council's contact, referral and assessment arrangements undertaken in December 2010.

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. Approximately 68,000 children and young people aged 0–17 live in Coventry, representing 23% out of the total population of 312,000. Coventry is a diverse city and 35% of children and young people are from minority ethnic groups compared with the national average of 23%. The proportion of children and young people whose first language is not English is 28% in primary schools and 23% in secondary schools. Over 150 languages are spoken by children and young people in Coventry schools with 32 languages spoken by 50 or more pupils.
5. Coventry ranks 47th in the child poverty index with 27% (18,875) of children and young people in Coventry living in poverty, according to the official definition which is based on workless households. Some 25% of primary school pupils and 19% of secondary school pupils are entitled to free school meals. Coventry currently has the highest under 18 conception and termination rate in the West Midlands.
6. The Coventry Children and Young People's Strategic Partnership (The Children's Trust) was established in 2002, and is chaired by the City Council's Chief Executive. A Joint Commissioning Board meets on a monthly basis with representation at the highest level from partners, including the Chief Executive of NHS Coventry, elected members, three head teachers, a parent representative, a Community Safety Partnership representative, and the Children's Champion (representing children and young people). A Programme Board, with representatives from the Council, NHS Coventry and business partners, meets on a quarterly basis to performance manage the work of the Partnership.
7. The Coventry Safeguarding Children's Board (CSCB) chaired by the Director of Children, Learning and Young People (CLYP) brings together representatives from all agencies responsible for promoting the welfare of children and helping to protect them from abuse and neglect. These include representatives from the City Council, NHS Coventry, West Midlands Police, Probation, Youth Offending Service, Cafcass, Connexions, University Hospital Coventry and Warwickshire, West Midlands Fire Service, Coventry & Warwickshire Partnership Trust (Mental Health), the NSPCC and other voluntary sector partners.
8. Coventry has a range of networks that it consults with representing children, young people, parents, carers and members of the community and voluntary sector. The Children and Young People's network comprises consultation groups including the Youth Council, Children in Care Council,

Our Choice Group (for youth provision) and HYPe (for young people's health issues). Parent and carer groups include the One Voice Group (for parents of children with disabilities) and the Foster Carers' Association. The voluntary sector is represented by the Children and Young People's Voluntary Sector network. The Community Empowerment network represents a wide range of community led groups within Coventry.

9. Coventry has 85 primary schools, 19 secondary schools, two academies, eight special schools, six pupil referral units, three further education colleges (one a national college for students with disabilities) and two universities.
10. Children's neighbourhood services in Coventry comprise four services focusing on early years and childcare, youth service, family support and children's social care. The early years and childcare service includes work delivered through 23 children's centres, covering family support, health and education for children under five and their families. The family support service covers multi-disciplinary work, practical family support and parenting interventions. Three multi-disciplinary Teams work with schools to deliver packages of family support to children, young people and parents. Coventry has a parenting headquarters which coordinates a range of parenting interventions with families, across all levels of need.
11. Children's Specialist Services in Coventry comprise three service areas focusing on looked after children, life chances and Youth Offending services. The looked after children service includes three case holding social work teams, a specialist unaccompanied asylum seeker children team, the fostering and adoption service, two residential children's homes and the family and adolescent support service (FASS). This service also supports the corporate parenting and care matters agenda. The Life Chances service covers the city wide Placement Service, the Children with Disabilities case holding team, which includes one residential children's home for short breaks and the leaving care service, which is jointly delivered with an independent provider. The Youth Offending service delivers a range of interventions for children and young people who are involved in, or on the cusp of, offending behaviour to prevent or reduce offending. Operational responsibility for the management of the residential contract for a further six children's homes also sits within Children's Specialist services, as well as the fostering framework which provides local foster placements.
12. Planning and commissioning of universal, targeted and specialist child health services are undertaken by NHS Coventry supported by Coventry City Council. Health visiting, school nursing, community paediatric services and speech and language provision are provided by Coventry Community Health services. Specialist child and adolescent mental health services (CAMHS) are provided by the Coventry and Warwickshire Partnership Trust. The main provider of hospital services, including accident and

emergency services for children and maternity services is University Hospital Coventry and Warwickshire. Children and families access primary care through one of the 67 general practitioners (GP) practices in the city.

13. Coventry NHS and Coventry City Council jointly commission services with resources aligned to an agreed set of priorities. These include comprehensive CAMHS, teenage pregnancy and sexual health services, Aiming High for disabled children, residential care services for children with disabilities, the continuing care panel, healthy schools work, healthy weight work and drug, alcohol and substance misuse services for young people.
14. In February 2011, there were 362 children and young people subject to a child protection plan and 594 looked after children and young people in Coventry. This included a small number of unaccompanied asylum-seeking minors. The council and its partners currently support 198 care leavers.

Safeguarding services

Overall effectiveness

Grade 2 (Good)

15. The overall effectiveness of the council and its partners in safeguarding and promoting the welfare of children in Coventry is good. Safeguarding and child protection services contribute well to improving outcomes for children and young people. Statutory requirements are met. A number of effective early intervention programmes and services have been established in line with strategic priorities. The common assessment framework (CAF) is becoming increasingly effective. Prompt action is taken to safeguard children in need of protection, and cases tracked during the inspection demonstrated children had been effectively safeguarded. The quality of assessment, direct work and planning in social care is satisfactory. High vacancy rates in the children's social care workforce have been very effectively tackled and this is contributing to continually improving performance, however there are a number of vacancies in the health visitor workforce.
16. Strategic leadership is strong at Children's Trust level and through the CSCB. There is good political support for safeguarding children and young people and this is a clear priority across the partnership. Ambitious targets are set for service improvement. Priorities are agreed at a strategic level and fully owned by the partnership. The Children, Learning and Young People Service (CLYP) has high ambitions and clear priorities for narrowing the gap in outcomes and improving the life chances of all vulnerable children and young people. There are strong partnerships across the city and the voluntary and community sector is fully engaged. Workforce planning has improved and is now good. There is a particular focus on developing newly qualified social workers which is helping retention. Resources are employed to good effect. There has been a positive emphasis on developing the capacity to support children in need and on reducing pressure on social work staff.
17. Excellent quality assurance and performance management arrangements in CLYP drive continuous improvement. Self-audit arrangements are systematically applied. Strengths and areas for development are fully understood and there is a culture of openness and willingness to learn. The council is outward looking and learns from best practice elsewhere. Engagement in a Local Government Improvement and Development Safeguarding Peer Review during 2010 is a good example of this approach.
18. User engagement is a major strength. Children, young people and parents contribute to service development. Liaison between senior officers and service user groups is well established, and effective arrangements to consult with the most vulnerable ensure their voices are heard. Those who access services are generally satisfied.

Capacity for improvement

Grade 2 (Good)

19. Capacity for improvement is good. The clear vision and shared priorities are carefully monitored across the partnership. Change is implemented effectively and there have been demonstrable improvements to services, for example the establishment of the central referral and assessment service (RAS) and the multi-disciplinary teams. Policies and procedures are regularly updated and good staff training and development are in place. Services to the most vulnerable are being maintained at a good level in the face of severe financial constraints. There is a clear framework for driving improvement and achieving efficiencies through the Council's transformation programme – 'a better council for a bolder Coventry' - ABC.
20. The Council and partners demonstrate commitment to continuous improvement and have a good track record of improving the effectiveness of services. Evaluations demonstrate that services and programmes are contributing to improved outcomes for children and families. The 2010 children's services assessment judged that local children's services perform well. Ambition and priorities are clearly articulated through all levels of planning. Partners are well aware of strengths and areas for development. Safeguarding services are subject to regular, high quality internal and external audit and evaluation, which are overseen by the CSCB and the Children's Trust.

Areas for improvement

21. In order to improve the quality of provision and services for safeguarding children and young people in Coventry, the council and its partners should take the following action:

Within three months:

- the Children's Trust should have plans in place to improve the quality and availability of local facilities for conducting interviews and medical examinations of children and young people who are subject to child abuse investigations
- the Children, Learning and Young People Service should ensure that the human resources systems have a single central record of criminal record bureau checks and professional registration status of all relevant staff.

Within six months:

- NHS Coventry (The Arden Cluster) and Coventry & Warwickshire NHS Partnership Trust should ensure that recruitment is completed for the current vacancies. In addition plans and resources need to be agreed to recruit to the required capacity to meet the targets outlined in the 'Health Visitor Implementation Plan 2011-2015 – *A Call to Action*'.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (Good)

22. Children and young people generally feel safe in Coventry. Groups of young people seen during the inspection report Coventry as being a safe place to live. They were aware of where to go for help if required, and were able to describe a range of locally produced publicity and information about safeguarding issues. Internet safety and bullying are perceived by young people to be issues of concern in Coventry. The 2010 Tellus Survey indicated that 82% of children and young people felt safe where they live, and 68% of children and young people said that schools were instrumental in providing them with 'safety related' information.
23. There are many examples of innovative practice aimed at increasing safeguarding awareness amongst children and young people, such as the protective behaviours project which has engaged with over 600 young people, promoting their resilience and raising awareness in families where domestic violence is a feature. The most recent annual youth conference held in February 2011 addressed a range of safeguarding issues, including stress and self harm, cyber bullying, homophobic bullying and conflict resolution. The council received very positive feedback from young people who attended. The previous annual conference raised awareness of domestic violence and resulted in the production of 'behind closed doors', a useful teaching resource for schools and youth agencies.
24. Good work is taking place in schools to promote inclusion and improve outcomes for the most vulnerable pupils. Robust action is taken to tackle racism with the council targeting resources to schools where this is a concern. The personal social and health education (PSHE) curriculum includes a strong focus on developing pupils' protective behaviours and some excellent work is being done to raise awareness of violent extremism.
25. Positive outcomes for children and young people are achieved through a wide range of preventative and early intervention services, including the 'Triple P' positive parenting programme, the Family Advice and Support Service and CAMHS. Young carers are positive about the support received from the Young Carers service, which they described as 'fantastic'. The service is a significant source of support enabling young carers to undertake their caring responsibilities and ensuring that their own needs are being met.
26. Safe recruitment practices are in place, however there is no single central register of human resource records, and policies on renewing checks on

staff are not consistently applied across CLYP. It is therefore difficult for senior managers to satisfy themselves readily that criminal record bureau checks and professional registrations are up to date in respect of all those staff for whom they are required. This is an area for development. Disciplinary procedures are clear. The Local Authority Designated Officer (LADO) role is carried out effectively; there is particularly strong liaison between the LADO and the Police.

27. A very large majority of individual settings and services make a good contribution to keeping children and young people safe. Almost all schools are rated by Ofsted as being either good or outstanding for the effectiveness of safeguarding procedures and the extent to which pupils feel safe. Recent inspections show that schools promote equality and diversity well. Her Majesty's Inspectorate of Probation reported in March 2011 that the Youth Offending Service was performing well in its safeguarding duties. The unannounced inspection of contact, referral and assessment arrangements in December 2010 raised no priority actions, and only two areas for development. A broad range of self-audit work conducted by the council and CSCB describes safe and consistent practice.

Quality of provision

Grade 2 (Good)

28. The quality of provision is good. The establishment of the RAS has improved the consistency and responsiveness of frontline child protection work despite the increasing volume of work. Improvements are commended by partner organisations and by the Police and schools in particular. Policies and procedures are well publicised and are compliant with current legislation and guidance. Thresholds are clear and are understood by all agencies, and the 'windscreen' model has been used to good effect to explain threshold criteria and promote consistency in its use. Referrals are responded to in a timely manner and those children deemed to be most at risk receive a suitably prioritised response. The RAS routinely provides feedback to referrers about action taken. The timeliness of assessments is generally good.
29. Most Section 47 investigations are thorough and clearly recorded, with clear outcomes derived from a detailed assessment of the presenting problems. Many case records illustrate effective interventions based on clear assessments, however in some cases assessments and reports concentrate on description at the expense of analysis.
30. Local interview facilities for dealing with child abuse cases are inadequate. The interview suite, which is in the central police station, is inappropriate, the technology is poor, and the facilities are not child friendly. When investigations take place in the evening medical examinations sometimes have to be delayed until the following day, or in urgent cases have to be dealt with outside Coventry.

31. All child protection cases are allocated to qualified social workers. Caseloads in general within social care are manageable but remain higher than the council's aspirations. Case file audits highlighted a range of good quality inter-agency responses to concerns about the welfare of children, which were proportionate, timely and clear. Case records demonstrate home visits take place at appropriate intervals and children are regularly seen by social workers. However, in some cases where there have been frequent changes of social worker, plans have drifted. Recording is generally clear and up to date. Social workers from the emergency duty team are experienced and highly motivated. They commended the quality of case records which assist their understanding and decision making, and they described excellent relations with day time staff and easy access to managers out of hours when necessary.
32. The supervision and management oversight of social care cases are effective. Regular supervision takes place and case discussion is evidenced on individual case records. Staff report that they are well supported by their managers. Newly qualified social workers benefit from controlled caseloads, enhanced supervision and mentoring arrangements which contribute to their professional development.
33. Clear multi-agency procedures are in place to respond effectively to cases of children who go missing from home or care. Good partnership arrangements are in place to track and monitor children missing from school.
34. The raise, share and review system in all the children's centres provides a regular forum for professionals to meet and identify at an early stage children and families who may need additional support. The establishment of multi-disciplinary teams has enabled a focus to be maintained upon early intervention and has provided the RAS with additional options in those cases which do not meet the threshold for social work intervention but still require support, enabling more children and families to receive the support they need. The successful introduction of multi-disciplinary teams has resulted in an estimated 10% reduction in children in need cases being referred to social work teams, enabling social workers to focus their work on cases of greater need.
35. The CAF is becoming well embedded in the work of the partnership as a whole. The increased capacity of CAF services has prevented the need for social work involvement in some cases and has enabled other cases to 'step-down'. Parents gave extremely positive accounts of the quality of help provided by multi-disciplinary teams within the CAF process. These parents had a clear understanding of the CAF and it was evident that they are well engaged in the development of their children's plans. There is, however, scope for strengthening communication between agencies about cases managed under CAF to ensure full agency engagement. In some

cases health staff working with families had been unaware that a CAF was in place.

36. Experienced independent reviewing officers chair the child protection conferences and provide valued consultancy to social workers. The organisation and management of child protection conferences is good. The chairperson ensures that issues are dealt with systematically, with appropriate input from parents and young people. An initial child protection conference observed during the inspection was chaired with great skill and sensitivity. The use of the signs of safety assessment tool in conferences is good practice, encouraging open and inclusive discussion with family members about issues of concern. It also helps to focus subsequent planning upon the identified areas of risk. Reviews are held within the required timescales and are well attended by the appropriate agencies. Child protection conference minutes can take a long time to be distributed and CLYP is taking action to improve performance through the children's service improvement plan. Conference decisions are distributed in a timely manner.
37. The children with disability team has been reviewed and reconfigured with new managers and staff. This has improved the range and quality of services for disabled children. There is a broad range of good quality short break services on offer to disabled children, particularly at school holiday times, which is well publicised.
38. The Defuze project is helping to support children and young people who live in families where domestic violence is an issue. Joint screening of domestic violence is well developed and the quality of local arrangements has been recognised at a regional awards ceremony. There is an impressive partnership focus on dealing with domestic violence in Coventry and its links with child protection are very well understood by agencies.

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

39. The contribution of health agencies to keeping children and young people safe is adequate. Health staff across acute and community services have good levels of awareness of child safeguarding issues, indicators of risk, thresholds and referral arrangements and are committed to keeping children safe. Audits and themed reviews are regularly undertaken by the named doctors and named nurses and action is taken to improve safeguarding performance. The safeguarding lead doctors and nurses are committed and passionate about safeguarding, providing good leadership and advice.
40. Health is well represented on the CSCB and its sub-groups which include a dedicated health sub-group. There is a clear supporting infrastructure of

multi-disciplinary safeguarding link groups through all levels into frontline services facilitating effective communication about safeguarding issues. The named doctors and nurses provide regular reports to the CSCB including an annual health safeguarding report. This is the basis for an annual newsletter cascaded to the safeguarding link groups and professional forums. These groups afford opportunities to share common issues and learn from good practice and are generally valued. Attendance is intermittent however from some departments of University Hospital Coventry and Warwickshire. The Solihull, Coventry and Warwickshire child death overview panel is linked closely with the CSCB and is an effective driver for operational improvement, having led a number of initiatives such as the sub-regional 'safe sleep' campaign to reduce sudden and unexpected infant deaths.

41. Health professionals prioritise their participation in child protection work and routinely provide the required reports to meetings, but they reported frequently being given very short notice of meetings. Given the need to meet within an agreed timescale, health visitors and school nurses reported sometimes having to attend on their day off. In such cases staff are given time back in lieu of attendance. The escalation process is occasionally invoked where health staff feel their safeguarding concerns have not been picked up by the social care service.
42. Health staff have access to good quality safeguarding training appropriate to their needs. Safeguarding champions have been nominated in most services and are accessible to colleagues. Supervision arrangements are embedded. Regular, good quality safeguarding training and learning forums are on offer to GPs and dental practitioners but not all practitioners attend. The GP response rate to the recent Local Medical Council audit undertaken by the designated nurse was also low at 30%. In a city with a high number of single-handed practices, the relatively low level of engagement from GPs is an ongoing concern. The GP representative on the CDOP acts as a positive conduit for information and guidance to colleagues and helps to coordinate GP training on safeguarding.
43. Frontline health staff report good access to translation and interpreting services. There is a strong commitment to using interpreters from a professional service. Services are aware of the need for gender balance in their workforce and the sexual health service has both male and female nursing staff. Community staff report that some young women find it difficult to access acute services when faced with male reception staff and male voices if telephoning for advice or appointments.
44. Young people aged 16 and over attending University Hospital Coventry and Warwickshire can choose either to access the children's emergency department or the adult emergency department. However these departments offer different treatment pathways: in the children's

emergency department it is the policy that young people who have self-harmed are seen by a psychiatric consultant; this does not apply in the adult emergency department; the treatment received by 16 and 17 year olds accessing the children's emergency department is subject to a daily notes review by the named nurse or doctor; this is not part of the daily quality assurance process at the adult emergency department. Young people should not be subject to any less rigorous treatment as a result of exercising a choice between the two emergency departments.

45. There are some good quality health services for young people. Examples include HIV, sexual health, early years mental health, and substance misuse services. There has been a lack of clarity in some services in the thresholds for the existing CAMHS services and some families report experiencing delays in accessing the service. Outcomes are consistently reported as good once families can engage with the service. The new CAMHS model has a clear pathway and staff across services view this change as potentially beneficial.
46. Transition arrangements for young people with complex health conditions including learning and physical disabilities are well managed. Transition arrangements for young people moving from CAMHS to adult mental health services are becoming increasingly focused on delivering positive outcomes with the introduction of the care programme approach for young people at age 16, and the experience of young people going through transition is beginning to be captured to help inform improvements.
47. Coventry has the highest under 18 conception and termination rates in the West Midlands and this as a priority area for the partnership. Significant multi-agency effort and resources are directed to deliver the Teenage Pregnancy Strategy and reduce the incidence of first and second pregnancies. This work is yet to have demonstrable impact. Young people, as members of HYPe, are actively involved in delivering the strategy including publicising the widely available C-card scheme, which provides confidential sexual health advice and services to young people.
48. CAF is embedded in practice with good access to CAF training for health staff and most staff have a clear understanding. CAF champions are in place across health services. However, there are occasions when health practitioners have not known that CAF was in place for particular children even when they had been working with the child for some time. There is scope for further strengthening communication and engagement between health, education and social care to ensure full agency engagement in CAF is consistently secured.
49. Young people's engagement in health is adequate and developing with some very positive examples, such as HYPe's contribution to the Be Savvy website and the healthy mind booklet. There is scope for further

strengthening of engagement by health services, particularly with those with disabilities and complex conditions who may find it more difficult to get their opinions and experiences across. HYPE are keen to be involved in wider health developments than their current brief of sexual and mental health.

50. The lack of a local sexual assault referral centre (SARC) has a potentially significant and detrimental impact on young people who are already dealing with trauma. There is also a significant gap in the SARC pathway in relation to follow up health support for young people returning to Coventry after forensic examination outside the area. While there are plans to develop a local SARC, progress has been slow. No site for the SARC has been identified and no delivery date set.
51. Shortage of capacity within the health visitor service is also a significant area for development. Currently the service has 22.84 whole time qualified staff against an establishment of 26.84. The Coalition Government has made a pledge to increase the number of registered health visitors employed in the NHS and, in order to meet Government targets, Coventry will need some 82 whole time equivalent health visitors by 2015. In the short term the current lack of capacity potentially impacts on the work of other health teams as they adapt their own activities to cover gaps in health provision.

Ambition and prioritisation

Grade 2 (Good)

52. Ambition and prioritisation are good. Strategic leadership is strong at Children's Trust level and through the CSCB. Safeguarding is given a high priority within the council and across the partnership as a whole. The council has demonstrated a corporate commitment to safeguarding through making additional funding available to support this priority, despite severe financial pressures and cuts to other services locally. In the past two years significant investment has been made to services for children in need, including 15 additional senior practitioner posts in Neighbourhood teams. However, the development of good quality investigative interview and medical examination facilities for children and young people who have been abused has not been given sufficient priority.
53. A range of priorities is set out in the CYPP which explains what has been achieved and sets challenging targets for improvement. There are, however, over 30 priorities in the plan for 2010/11. The new plan is concentrating on three themes: achievement; stay safe; and be healthy, ensuring that safeguarding is afforded a high priority in planning children's services.
54. There is good support for safeguarding from elected members who regularly visit services and events arranged for children in the city, provide

effective scrutiny of services and champion the needs of all children and young people.

Leadership and management

Grade 2 (Good)

55. Leadership and management are good. High quality workforce planning and development in the council is building a well trained and stable workforce. The shortage of qualified social workers has been tackled through a robust strategy resulting in significant improvements in staffing levels and reduced vacancies. The council is employing agency staff above the establishment on a temporary basis to enable newly qualified social workers to develop their skills and experience with structured additional support. Coventry now has a well developed career pathway for social workers. Staff feel well supported by line managers who are easily accessible. Senior managers have a good level of contact with front line staff. Coventry City Council is seen by staff as an attractive place to come and work.
56. The council has been proactive in engaging in national and regional workforce initiatives. It has, for example, taken a lead on the regional recruitment and retention project and contributed to the early professional development and advanced practitioner initiatives led by the children's workforce development council. Coventry is currently leading the step up to social work project, in partnership with Solihull and Warwickshire Councils. Safeguarding training is widely available to staff across the partnership and is of good quality. Members of staff, including those from the voluntary and community sector, value the high quality of training coordinated by the CSCB and the domestic violence partnership.
57. User engagement is a major strength of the council and there are many examples where children and young people's views and ideas have had a direct impact on policy, provision and practice. These include the Be Savvy website and the development of sexual health services, the redesign of the memorial garden, the range of extended services and youth activities and the 11 million take over day.
58. There is a clear strategic approach to involving children and young people set out in the Involvement Standards which the Council and its partners are working towards. Children and young people, including those who are vulnerable, have a wide range of opportunities to influence decision making at a local and strategic level. However they told inspectors that they do not always get feedback on the consultation events and activities they take part in.
59. The participation team, which is well led by the Children's Champion, plays a key role in modelling and supporting best practice in the involvement of children and young people. Well established groups and structures, such as the Youth Council, HYPe and Voices of Care, give children and young people direct and regular access to key decision makers. The Children and

Young People's network, led by young people themselves and supported well by the youth service, enables engagement groups across the city to come together to share good practice and to celebrate their achievements. Within individual services, children and young people's views are gathered regularly and taken seriously. They take part regularly in recruitment and selection. Parents of children with disabilities have made a significant contribution to shaping short break provision.

60. Consultation with service users is embedded in commissioning. Local and joint commissioning is well established. Resource planning is carried out effectively and there has been some decommissioning of services both in CLYP and across the partnership and recommissioning of more effective services such as the new CAMHS. The partnership is making good use of the capacity of the voluntary and community sector to enhance support for families. For example Relate and Defuze are providing positive interventions in cases of domestic violence. Volunteers in child protection (VICP) is an innovative project in which trained volunteers offer practical support to families where neglect is a concern, assisting families to become independent of statutory services.
61. The social care service has taken positive action to free social workers from peripheral tasks and enable them to 'get back to social work'. CLYP is tackling the challenge to maintain good support for social workers in the face of reducing administrative resources through a fundamental service review. The highly effective recruitment and retention strategy has led to a more stable staff group and, in turn, to more consistent, better quality practice. The appointment of the CAF coordinators has contributed to the increased take up of CAF which is reducing the number of referrals to social care. The multi-disciplinary teams make excellent use of the varied skills, experience and expertise of team members and this is strengthened further by good partnership work with other statutory agencies and voluntary groups locally. An estimated 300 cases were diverted from RAS in the first year of the multi-disciplinary teams. Capacity in these teams was reduced temporarily in December due to the expiry of temporary posts. This resulted in a reduction in cases the team could deal with and to an increase in referrals to social care. CLYP recognises that this is undesirable and has secured funding to achieve the full complement of staff.

Performance management and quality assurance

Grade 1 (Outstanding)

62. Performance management and quality assurance are outstanding. A good range of effective performance management and quality assurance measures are employed by the CSCB and the council. A rolling programme of quality audits of safeguarding cases is in place across the health sector. The quality and frequency of supervision is good in the social care service. Chairs of child protection conferences perform a useful consultation role

which contributes to good practice. Senior managers including the Director of CLYP are routinely involved in case file audits. The social care file audit process is an excellent model involving a discussion between the auditor and the case worker which helps to consolidate learning and improve practice. The council's own audits of the social care and education files selected for this inspection were accurate reflecting full awareness of strengths and areas for development. The audit of health records was similarly accurate.

63. Management information is used effectively to challenge performance and deliver continuous improvement. A staying safe performance report is updated and scrutinised by management teams in the social care service each month. Senior managers in CLYP provide robust challenge and support to their management teams and regularly visit staff in front line teams to reinforce key messages. Performance reporting within the council ensures elected members and senior officers are well briefed on developments including the quality of practice in the front line services.
64. Effective use is made of internal evaluation and external challenge to improve safeguarding services and outcomes for children and young people. The annual safeguarding audit conducted by the council demonstrates continued improvement. Stage 2 complaints are investigated independently and reviewed by the Director of CLYP. Themes from complaints are analysed and the learning points are used to improve the service. Equality impact assessments are coordinated across the directorate and inform improvement plans. In 2010 the council, together with partners, took part in a local government improvement and development safeguarding peer review which has made a valuable contribution to its self assessment and informed the service improvement plans.
65. The council's six monthly self assessment of safeguarding and looked after children's services demonstrates a clear, comprehensive and realistic evaluation of its strengths and areas for development and a strong commitment to improving outcomes through performance management. The council has developed a rigorous and effective approach to service improvement through its Children's Service Improvement Plan.

Partnership working

Grade 2 (Good)

66. Partnership working is good. Effective partnerships are in place at a strategic level. Governance arrangements between the CSCB and Children's Trust have been strengthened and are now good. The CSCB, chaired by the Director of CLYP provides effective professional leadership for safeguarding across the city. The CSCB is well supported by partners at board level and on sub-groups. A wide agenda covers universal, targeted and child protection work. The CSCB has overseen the

development of CAF and the domestic violence joint screening team, both of which are successful.

67. Partners from the statutory, voluntary and community sectors are well engaged in safeguarding and combine to provide a wide range of joint services. These include coordination of services through cluster groups across the city and through the intensive case support panel. Working relationships between social workers and the Police are particularly good, and the cooperation of the Police out of hours is appreciated by the social workers from the emergency duty team. Child protection conferences and core groups are well attended, and there is strong commitment to multi-agency public protection arrangements and multi-agency risk assessment conferences.

Services for looked after children

Overall effectiveness

Grade 3 (Adequate)

68. The overall effectiveness of services for looked after children and young people is adequate. Outcomes for staying safe, enjoying and achieving, and making a positive contribution are good while outcomes for economic well-being are adequate. However, health outcomes are inadequate. The experience of some children in care has been affected by high turnover among social workers, although this is stabilising. Corporate parenting arrangements for looked after children are good.
69. The needs of looked after children are prioritised within the Children and Young People's Strategic Partnership and the Children and Young People's plan. A number of relatively new performance management and quality assurance processes have been put in place to improve the effectiveness of the looked after service in promoting good outcomes for children and there are early signs of progress.
70. The rate of looked after children in Coventry is well above that of similar councils and the numbers looked after are putting significant pressures on many aspects of the children's social care system. The numbers rose from 508 in April 2009 to 604 in July 2010. The numbers have reduced in recent months, with 588 children looked after in March 2011. The council has rightly concentrated efforts to reduce the number of adolescents who have drifted in the care system and whose outcomes are poor, and on those presenting at the point of family crisis.
71. The CLYP report into the 'rise in numbers of looked after children in Coventry and actions required to address pressure on budgets' produced in January 2011 is clear and persuasive, setting out what needs to be done and how this will be achieved. Most of the initiatives described are already in place and there are clear but early signs of progress. Financial plans are in place to ensure services for looked after children can be sustained. In most areas of the looked after service staffing resources are sufficient to deliver the priorities identified in the Specialist Services Operational Plan for 2010–2011, and this has been achieved despite significant budgetary pressures.
72. Most statutory requirements for looked after children are met. However, the independent reviewing officers workloads are too high due to the numbers of children looked after, and there is insufficient capacity for them to meet all the requirements of the new statutory guidance on care planning, especially in relation to spending time with children and monitoring the effectiveness of care planning between statutory reviews. The council cannot currently meet all the requirements in the new statutory guidance on securing sufficient accommodation for looked after children. A number of looked after children are placed outside the city in

order to meet their specific needs; many of these could be well cared for in or near Coventry were more local placements available.

73. Looked after children and young people are making a good contribution to evaluating the effectiveness of service provision and informing the development and improvement of services through the Voices of Care Council.

Capacity for improvement

Grade 2 (Good)

74. The capacity for improvement is good. Elected members and senior managers understand the challenges, have realistic plans and demonstrate strong determination to tackle them. Good quality assurance and performance management arrangements have been put in place to monitor entry to care, progress through the care pathway and exit from care and these are starting to help reduce the number of looked after children. The work of the permanency panel is particularly valuable.
75. The Director of CLYP is an effective leader. He has increased the profile and status of children's social care and social work with looked after children. Partner agencies now have a much greater understanding of their role and a shared confidence in working together which has resulted in more responsive and coherent services for children.
76. The senior management team, elected members and partner agencies, have a track record of improvement in most outcomes for looked after children and young people. It has been agreed by the health sector that more collaborative work is required to improve health outcomes for looked after children. The looked after children education service (LACES) was recently strengthened and the service is contributing well to improved outcomes for this group. Improved workforce development has resulted in there being very few vacancies in the looked after children service, good professional development opportunities for social workers and good support from managers.
77. Elected members have a positive view of the senior managers whom they consider to be open, receptive and committed. There is a clear vision for the looked after service and senior managers have the resources, management skills and determination to carry it out.

Areas for improvement

78. In order to improve the quality of provision and services for safeguarding children and young people in Coventry, the council and its partners should take the following action:

Within three months:

- the Children, Learning and Young People Service should ensure there is sufficient capacity for independent reviewing officers to meet all the requirements of the Care Planning, Placement and Care Review (England) Regulations 2010
- the Children's Trust should ensure that effective multi-agency arrangements and quality assurance processes are in place to govern the delivery of positive health outcomes for looked after children and young people
- NHS Coventry (The Arden Cluster) and Coventry & Warwickshire NHS Partnership Trust should ensure that the health provision for looked after children is comprehensive and consistent for all Coventry looked after children and young people, including those placed out of the area, and that those leaving care are routinely provided with a copy of their health histories and immunisation and vaccine records
- the Children, Learning and Young People Service should reduce the number of looked after children who are persistently absent from school.

Within six months:

- the Children, Learning and Young People Service should ensure there is sufficient accommodation so that all looked after children are placed in appropriate placements in or near Coventry unless this is not consistent with their welfare
- the Children, Learning and Young People Service should ensure all care leavers have an up to date pathway plan which sets clear targets for the future and is reviewed regularly, leading to improved education and training outcomes and suitable accommodation for care leavers.

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

Being healthy

Grade 4 (Inadequate)

79. Health outcomes for looked after children are inadequate. Health managers acknowledge that services for looked after children are not securing good enough health outcomes. The overarching leadership and management of health services for looked after children are under resourced, with protracted vacancies in the key roles of designated doctor and designated nurse. The designated nurse retired in 2010 and recruitment processes have been hampered by delays, although the arrival of the new appointee is imminent. In the interim, designated nurse provision has been in place for only two days per week, provided by the retiree post holder, which is insufficient to cover the demands of the role. The current designated doctor is passionate and committed to making improvements but has insufficient capacity to manage the wide span of responsibilities across community health services. Following a review of the looked after children service, plans are in place for the designated looked after children professionals to take a more strategic role, similar to those of the designated child safeguarding professionals, with reduced operation responsibilities giving a potentially clearer strategic focus for looked after children.
80. Health governance arrangements for looked after children are not robust. There is no clear system to identify and monitor the health needs of looked after children. Health lead professionals do not have sufficient data to be able to identify the cohort of looked after children, or where they live, nor do they have a comprehensive picture of their health needs and how these are being addressed. Last year only 87% of annual health reviews were completed. This is a poor level of performance for this identifiable cohort. Lead professionals in health and social care are seeking agreement to develop a shared looked after children database which they see as a key step to ensuring looked after children's health needs are met. Agreement to proceed with the development of the shared database has not yet been reached.
81. The records held by health for looked after children are not comprehensive and are of poor quality overall. Health assessments that have been undertaken vary in quality and many of the health plans are task rather than outcome focused. No strengths and difficulties questionnaires (SDQs) were on record. There is no clear system to monitor the reviews of health assessments or routinely audit records against expected standards. There has been some recent auditing of looked after children health records where, in more than 50% of cases, health auditors have found insufficient health information. Family

information that could influence and inform health intervention and outcomes is often missing.

82. Hearing concerns are identified and followed up. However dental and vision checks are not consistently undertaken. Health support for looked after children with complex disabilities is multi-disciplinary and of good quality. Transition into adult services for this cohort is well planned and managed with early introduction to adult services, two years before the point of transfer. Care leavers are not routinely provided with a copy of their health histories or health plans when they leave care to help ensure their future wellbeing.

Staying safe

Grade 2 (Good)

83. Safeguarding arrangements for looked after children are good. Robust systems are now in place to manage risk for children on the edge of care and ensure that those who need to be looked after are in care. The Legal Panel provides high quality screening and consultancy to social workers about cases close to the threshold for care proceedings. This is contributing to improvements in care planning and reduced drift in care proceedings leading to better outcomes for children. The multi-agency intensive case support panel considers cases where there is risk of family break down and ensures decisions about accommodation are made consistently after alternative forms of support have been fully explored. Positive action is being taken to expedite plans for children who no longer need to be looked after.
84. All looked after children are allocated to qualified social workers and almost all reviews are held within the statutory timescales. Reviews are chaired by experienced independent reviewing officers who use escalation procedures appropriately. There is good placement monitoring by social workers, the commissioning and contracting team and the placements team which is helping to keep children safe. The numbers of looked after children placed out of the city are significant with 151 out of 600 placed more than 20 miles from home in March 2011. Despite budget pressures, there is no evidence that looked after children have been brought back to Coventry unless the move was considered to be in their best interest.
85. Children who spoke to inspectors felt safe in placements and had trusted adults to talk to, although some who completed the Care4me Survey, as part of this inspection, expressed anxieties about their contact arrangements. The council responded immediately to deal with these concerns. Work to tackle bullying is effective and the proportion of looked after children who report that they have experienced bullying is below the national average. Good arrangements are in place to support children who go missing from care.
86. Looked after children live in stable placements which provide high quality care and support. Inspection outcomes from regulated settings are mostly

good with some outstanding. The out of hours duty system run by the fostering team for foster carers provides them with informed support and helps to increase placement stability. Agencies, particularly Education and Connexions are actively engaged in delivering quality services to support looked after children placements.

Enjoying and achieving

Grade 2 (Good)

87. Educational outcomes for looked after children and young people are good. There is a clear strategic approach and good leadership of the agenda for improving educational outcomes for looked after children and young people. The council has high aspirations for all of them and senior managers are effective champions.
88. The relocation and strengthening of LACES has had a significant impact on the effectiveness, profile and status of the work undertaken over the last few years. The team is committed and well led. The gap in attainment between looked after children at age 11 and the majority of the same age in the city is narrowing. There is a clear trend of improvement in attainment for 16 year olds over the last three years. The proportion of looked after children who gain one or more GCSEs at A*–G grades and the proportion achieving five or more at A*–C are both above the national average for this group.
89. Overall, educational outcomes for children placed out of the city are not as good as for those placed and educated in Coventry. This is in part because a much higher proportion of this group have statements of special educational need. The council is taking concerted action to improve support and monitoring, as well as building the capacity of local provision, including special schools, to enable more children to be educated closer to home.
90. Personal education plans are audited annually and this contributes to improvement. The large majority are completed and reviewed on time and the completion rate is much improved over the last three years. However, their quality remains variable. In too many, target setting is imprecise and children and young people's view are not always well captured. A new type of personal education plan has been designed, with young people's input, and this places a clear responsibility on schools to lead on academic target setting. Schools welcome this improvement. High quality support, including one-to-one tuition, is put in place where educational progress becomes a concern. The impact of targeted work to personalise the curriculum for older young people who are looked after is evident in their improved motivation, attendance and engagement.
91. Robust central systems are in place and used well to monitor the progress, attendance and attainment of looked after children pre- and post-16. LACES, together with other school improvement services, provide good advice, responsive and practical support, and robust challenge to help

schools continue to improve outcomes. There have been no permanent exclusions of looked after children from secondary schools for some years and effective arrangement for 'managed moves' are helping to keep some of the most challenging young people in education. Effective action is being taken to improve school attendance overall, however the number of persistent absences was above national average for all looked after children in 2010 and this is an area for improvement.

92. Children and young people have access to good extended learning, cultural and recreational opportunities, including those provided through personal educational allowance, the disadvantaged subsidy, sports and leisure services and the youth service.

Making a positive contribution, including user engagement Grade 2 (Good)

93. Arrangements for making a positive contribution are good. There is a clear strategic approach to ensuring looked after children and young people have a voice in decision making and that their social and emotional needs are met. Children and young people have regular access to senior officers and elected members and feel their views are respected and listened to.
94. The Voices of Care Council has been refocused and revitalised. It now plays an effective and valued role. Meetings are well attended and members have a good understanding of their role and responsibilities. The new Coventry Pledge for looked after children, which captures the high aspirations of children and the council well, is gaining an increasing profile. However, it is too early to judge its impact.
95. The Children's Champion and her participation team provide good support to enable children and young people to speak out. The team is very well regarded by children and young people. Mentors drawn from a wide range of backgrounds provide very good support and positive role models for looked after children. Young people told inspectors they valued these relationships highly. Children and young people have made a good contribution to the development of education and health resources, such as e safety, anti-bullying work and improving the quality of training for staff and social work students. Effective steps are taken to give looked after children and care leavers' achievements a positive profile in the community and in the local media.
96. Complaints and representation processes are well established and well managed. Advocacy and mentoring services are good. Support for children to make complaints is outstanding and the lessons learned contribute to service improvement.
97. The proportion of looked after children who offend is below the national average for this group, but the rate of reoffending is above the average for all young people in the West Midlands Police area. The youth offending

service is tackling this vigorously and runs a number of programmes to reduce offending and anti-social behaviour by looked after young people. Careful planning and good support for looked after young people when they leave custody enables them to make a smooth transition back into the community.

Economic well-being

Grade 3 (Adequate)

98. Economic well-being outcomes are adequate. Clear strategies are in place to improve services and support for older looked after young people and care leavers, but it is too early to see their full impact on outcomes. The older looked after young people and care leavers who met inspectors had high aspirations and were positive about the future, but were not always satisfied with the services they received.
99. The council has recognised the need to build the capacity of the 15+ service and has recently created additional specialist posts to achieve this. However, it has been slow to identify and tackle concerns, including those raised by young people, about the quality of commissioned after-care services. Action is now being taken to do this through the scrutiny process and tighter performance management arrangements are in place.
100. Outcomes at age 16 are good. The number who progress into further education, training or work at age 16 has improved consistently over the last three years. High quality work-related learning opportunities and foundation level programmes are helping young people gain skills and raise their aspirations. These experiences have been the major catalyst for some young people, keeping them on track and in learning.
101. The picture at age 18 and 19 is also improving, but from a much lower base. The proportion of care leavers at this age who are not in education, employment or training (NEET) fell well below the national average for this group in 2010 and was well below the average for all young people locally – while NEET figures for the area as a whole are low. The council has acted decisively to protect its apprenticeship posts for care leavers at a time of severe budget pressures. Partners recognise that the number of care leavers achieving the qualifications at Level 2 or above is much too low. This is a key area for improvement.
102. Targeted interventions and partnership work are focusing more sharply on meeting the needs of individual young people. For example, good information sharing between the council, Connexions and further education and training providers are helping to ensure that those at risk of dropping out get timely support. Effective joint work between the council and its partners has secured external funding to extend the range of post-16 opportunities for looked after children and to increase the number of advisors to support them. Clear guidance is in place to inform pathway planning. However the council acknowledges that the quality is variable, and is taking steps improve this through, for example, staff training.

103. The Aim Higher programme has had a positive impact on the aspirations of care leavers. There are currently eight at university who are excellent role models providing mentoring for younger children. Good partnership between health, social care and education underpins the personalised packages of support put in place for young people with disabilities. Individual budgets are giving young people and their carers more choice and control. Well established transition protocols and joint working mean that young people with disabilities make a smooth transition from children to adult services.
104. The proportion of care leavers in suitable accommodation has been persistently below the average for similar areas and nationally for some years, and this is an area for development. A strategy has been put in place to address key gaps in provision and to ensure more targeted support for young people with the greatest need.

Quality of provision

Grade 3 (Adequate)

105. The quality of provision is adequate. The looked after children service has produced a very clear statement of principles for how children should be looked after, including a set of core expectations of professional response to children on the edge of care
106. A number of new initiatives have been introduced to improve the speed of service response to families in crisis in order to prevent the unnecessary admission to care of older children and adolescents and to enable a quick return home. The family and adolescent support service (FASS) offers a prompt response to families where adolescent children are on the edge of care. Visits and support are intensive and, in partnership with the Gravel Hill short stay children's home, are delivering good outcomes for young people. An evaluation of this service indicates that a high proportion of young people have been assisted to remain in or return to their family home. Similarly the family group conferencing service provides effective and efficient support for families with children and is promoting extended family support to keep children out of care.
107. The council's own community based assessment service (CBAS) provides good quality parenting assessments for families in care proceedings by direction of the court. This is more efficient and effective than using outside agencies and the cost is significantly lower than externally commissioned residential or community based alternatives.
108. Inspectors saw examples of very high quality work with looked after children but caseloads for social workers in the looked after children teams are high and this limits their ability to undertake the amount and depth of direct work with children that they would like to do. Children and family staff and the adoption support team undertake good direct work with children and support placements under stress but there is considerable pressure on these services and children sometimes have to wait too long.

Parents and carers of looked after children who spoke to inspectors generally commented positively on help they had received but some were concerned about the number of changes of social worker their child had had in a short time. Children who spoke to inspectors and children who completed the Care4me survey had similar concerns about changes of worker. The unaccompanied asylum seeker children team and the ethnic minorities support team offer good support to ethnic minority children and young people.

109. Assessments of looked after children often lack depth and are too descriptive; this makes matching and placement support more difficult. There are deficits in case planning for children, drift in implementing care plans and delays in achieving permanence. A number of measures have been put in place to address this, but evidence of impact is not yet available.
110. Although statutory reviews for looked after children are generally held on time, independent reviewing officers cannot meet all of the requirements of the statutory guidance because of the size of their caseloads. The number of looked after children and the distance of some of them from the city mean that this is not likely to change in the short term.
111. New arrangements for the delivery of the contact service have been put in place to increase consistency of personnel transporting and supervising contact and improve the quality of recording and communication with case holding social workers. It is too soon to judge the impact of these changes on quality and outcomes for children.

Ambition and prioritisation

Grade 2 (Good)

112. The council has clear and strong ambitions for looked after children and they are given a good and appropriate priority in line with their needs as a group. The Coventry Pledge was launched in autumn 2010. The Pledge, which was developed in consultation with looked after children and social workers, encourages best practice from council staff and partners by reinforcing the public commitment that Coventry City Council has made as corporate parent. The corporate parenting agenda is well embedded with evidence of partner commitment. Information events have been held with elected members and training materials have been developed to support them. Elected members engage well with the corporate parenting advisory board and have a clear work plan. They are providing appropriate challenge and scrutiny for officers. The Voices of Care Council meet with elected members on a regular basis and the views of young people are influencing member views and, through them, improvements in services.
113. The current CYPP (2005–11) is in its last year but has been updated regularly during its life. It is well organised and informative. The data and narrative provide a clear explanation of why the priorities are as they are, what needs to be done, and what has already been achieved. There is

clear evidence of wide ranging and regular consultation on its content and on other plans with children and young people, parents and carers. The ambition and commitment of all agencies and politicians is demonstrated in the document.

Leadership and management

Grade 2 (Good)

114. Leadership and management are good. Strong concentration on workforce development has resulted in a position of very few vacancies in the looked after children service, good professional development and good support from senior practitioners and managers. There is rigorous management oversight, supervision and support for staff.
115. The care matters steering group is chaired by the Director of CLYP and has engaged satisfactorily with senior officers across the partnership. The emphasis is on improvement in outcomes for looked after children. The current focus is appropriately on recognised areas for development: accommodation and education, training and employment for care leavers. The council has taken robust action to tackle deficiencies in the after care service. It has been agreed by the health sector that their increased engagement is required to ensure strategic and operational ambitions are delivered for looked after children. The recent Department of Health guidance on health needs for looked after children is being used as a framework to improve partnership vision and commitment and representatives from health are involved in the care matters operational group.
116. The contract with the main provider for residential placements and the fostering framework in partnership with Warwickshire and Solihull are good examples of high quality commissioning for looked after children which are delivering good quality placements and represent effective use of resources. External providers of placements for looked after children who spoke to inspectors offered a consistent message: Coventry is good to work with, partnerships are collaborative and effective, dialogue and communication are good, problem solving is fast and effective, and payments are made quickly and efficiently. Providers told inspectors they believe that the council is fulfilling its statutory responsibilities in relation to placements with them.
117. The relationship between the council and the Coventry Foster Care Association is not as productive as it should be and this is clearly an issue while the council is trying to increase recruitment and retention of in house foster carers.
118. The looked after children education service was recently redesigned following the outcomes of a 2009 review which placed the service within the education section of CLYP. This move is seen as extremely positive and close links within the education service are the key to the effectiveness of the service in improving educational attainment for

looked after children. Support from the looked after children education service team is highly valued by internal and external providers and looked after children social workers.

119. A number of interesting initiatives are in process to 'recycle' money and staff into new work as a result of reorganisations and the ending of funding streams. Services now working with children on the edge of care are saving significant sums of money and helping to reduce the CLYP budget deficit.

Performance management and quality assurance

Grade 2 (Good)

120. Performance management and quality assurance are good. The looked after children service now has a robust performance management and quality assurance framework. However, performance management with partners to develop good quality health provision remains an area for development. The council has developed a range of local performance indicators to assist with monitoring performance in key areas, for example, frequency of statutory visits to looked after children, numbers and progress of applications to foster and adopt children, the balance of internal and external placements and the number of adolescents entering and leaving the looked after system. Local data is of good quality and is used effectively to improve practice. However, there are too many children who are looked after and too many of those children are in external placements, many of which are more than 20 miles from the city. A report on the rise in looked after numbers identifies accurately the range of issues that will need to be tackled to reduce numbers and how practice must develop to achieve this.
121. A number of panels have been established to support decision making around entry to and leaving the care system to ensure that only those children who need to be looked after are. The intensive case support panel offers scrutiny and access to a range multi-disciplinary support to cases where there is high risk of family breakdown. An evaluation of this panel shows it has a positive impact on reducing the numbers of young people becoming accommodated and supporting those admitted in an emergency to return to their family. The legal panel is providing high quality advice to social workers about pre-court work and this improves decision making in the context of the public law outline. The new permanency panel is effective in ensuring that children who need permanency and cannot return home are considered for the full range of options – adoption, long term fostering with mainstream foster carers or family and friends carers, special guardianship or residence orders – and are not subject to drift and delay in achieving permanency. The looked after children tracking service is assiduous in ensuring that children are progressing to their permanency placement at an appropriate rate. Monthly management information reports enable effective scrutiny.

However this activity has not yet resulted in a significant reduction in the numbers of looked after children. Case file audits are being used effectively to improve the quality of care plans.

122. Good performance management data is enabling improved forecasting of placement and support needs for children in the referral and assessment service and the neighbourhood teams who may become looked after. Robust measures have been put in place to improve performance in approving more in-house foster carers in order to reduce numbers fostered in external placements. The proportion of children placed in external fostering placements is slowly falling and the proportion of in-house placements is rising. The council updated its self assessment in March 2011. It is clearly written, balanced and identifies aspects that are adequate as well as those considered good. Areas for development are noted and it is clear where work has already resulted in improved outcomes, where work is ongoing, and where remedial work is not yet in hand.

Record of main findings:

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