

Inspection of safeguarding and looked after children services

Halton Borough Council

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Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI), an 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 children, young people and parents receiving services, front line 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
 - interviews and focus groups with front line health professionals, managers and senior staff from Halton and St Helens Primary Care Trust and Warrington and Halton NHS Trust
 - 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 structured review of 20 case files for children and young people with a range of need and analysis of key documents from a further 55 cases selected by inspectors. 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, assessment and referral services undertaken in May 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. Halton is a small unitary authority located between Cheshire and Merseyside and includes two main towns, Runcorn and Widnes, on either side of the Mersey estuary. There are approximately 32,265 children and young people under the age of 19 years and this is 27% of the total population. Of these around 2% are from minority ethnic backgrounds with the largest group from the Gypsy and Traveller population. Approximately 150 children and young people have English as an additional language, which is lower than national figures. Halton ranks 109th out of 149 local authorities in terms of the Income Deprivation Affecting Children Index. It is estimated that around 50% of Halton's children are living in poverty and the proportion entitled to free school meals is above the national average.
5. Social care services are delivered through a total of four children in need teams, located in Runcorn and Widnes. These teams undertake duty and assessment work as well as providing planned intervention and support to children in need including children with disabilities and children in need of protection. The integrated working support team (IWST) coordinates the provision of preventive services through a multi-agency team around the family (TAF) approach. Permanence, fostering and adoption teams are based in Widnes and provide services to children who are looked after by the council. In addition a young people's team provides services to young people over 16 who are moving to independence or are in need of social care services.
6. Children and young people are educated in a total of 58 schools. These include four nursery schools and 51 primary schools of which 11 have nursery units. There are four special schools, six secondary schools, including one academy, of which two have sixth forms, one 'all through' school and two pupil referral units.

7. Health services in Halton, including community provider services, are commissioned and provided by Halton and St Helens Primary Care Trust. Acute trusts serving children in Halton include Warrington and Halton hospitals NHS Trust. Child and adolescent mental health services (CAMHS) and adult mental health services are provided by the 5 Boroughs Partnership Foundation NHS Trust.

Safeguarding services

Overall effectiveness

Grade 2 (good)

8. The overall effectiveness of services in Halton in safeguarding and promoting the welfare of children and young people is good. The local authority and its partners contribute well to improving outcomes for children through their work to promote safeguarding. Statutory requirements are well met. A strong leadership team is in place, supported by exceptionally good partnership working, leading to effective implementation of change and ongoing improvement. Good action has been taken to reduce workforce vacancies in social care and achieve a secure and stable workforce. Quality assurance and performance management arrangements are well established and very robust and contribute to continuous improvement.
9. Service quality is good. Most of the work undertaken with children and families is thorough, well-planned and underpinned by good multi-agency support from a wide range of services. However not all assessment and planning is of consistently good quality. A review of the use of the common assessment framework (CAF), overseen by the Halton Children's Trust (HCT), has resulted in a recent carefully planned launch of integrated working support teams (IWST) to which all agencies and partners are committed. This approach is designed to provide children and families with early flexible support to prevent the need for statutory intervention at a later stage. As yet it is too early to demonstrate the impact of this development on outcomes for children.

Capacity for improvement

Grade 1 (outstanding)

10. Capacity for improvement is outstanding. The council and its partners demonstrate a steady and consistent track record of service improvement within a challenging context of high levels of deprivation. The 2010 children's services assessment judged that local children's services continue to perform well. Good and prompt action is taken in response to inspection findings for example the areas for development identified through the 2010 unannounced inspection of contact, referral and assessment arrangements. The local authority and its partners demonstrate excellent self awareness and commitment to achieving outstanding outcomes. A very strong and established senior management team, which includes senior health managers, is in place and demonstrates clear vision and focus on priorities. Partnership working, quality assurance and performance management arrangements are outstanding. Effective workforce planning and user engagement contribute to an outstanding capacity to continue to secure improved outcomes for children and families.

Areas for improvement

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

Immediately:

- Ensure that case supervision offers challenge and direction to social care practice and that this is accurately reflected in written case consultation records.
- Ensure that the full minutes of child protection conferences and reviews are promptly distributed.

Within six months:

- Ensure that the quality of core assessments and plans for children in need and children in need of protection is consistently good and fully addresses both risk and protective factors as well as the implications of the family history.
- Establish systems to clearly identify within NHS Halton and St Helens staff development needs including the level of safeguarding training required.
- Ensure that there is formal evaluation of the impact of safeguarding training within NHS Halton and St Helens.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (good)

12. The effectiveness of services in taking reasonable steps to ensure children and young people are safe and feel safe is good. All schools inspected in last two years have been judged as 'good' or 'outstanding' for safeguarding as has the youth offending service which was highly rated for safeguarding at its last inspection. Staff report that they have good opportunities to keep up to date with safeguarding issues and that the training provided is of good quality. Good action is taken to ensure that staff members are knowledgeable about the learning from serious case reviews.
13. Multi-agency working to identify and track those who are at risk of going missing from home or school is effective with good sharing of intelligence and information. This enables the identification of patterns and trends leading to targeting of resources and services to 'hotspots' to support children and young people at greatest risk. There are examples of creative and proactive work which demonstrate good impact. These include the 'VRMZ' bus, which visits areas where young people are known to gather and targets anti-social behaviour such as alcohol misuse.
14. The council provides clear leadership to schools in relation to combating bullying. This work has a high local profile with good use of innovative approaches such as the development of peer mentors. An example of good practice is the development of a specific questionnaire for pupils with special educational needs to enable them to more fully participate in surveys and questionnaires. A recently established multi-agency operational group is working to develop a more outcome focussed approach and a more comprehensive system for monitoring all types of bullying. Despite this good approach to combating bullying some parents of children, notably on the autistic spectrum, have had significant concerns about bullying, some of a serious nature. These parents have experienced poor communication and responses from particular schools.
15. Agencies work well together to promote safety for children and young people. The multi-agency risk assessment conference and multi-agency public protection arrangements group work well to identify and protect children at risk from offenders. Appropriate and prompt action is taken in response to other potential risks identified through these processes. Effective protocols are in place to ensure the follow up of children who do not attend specialist health service appointments by trained designated staff in key agencies and schools.

16. Safe recruitment processes within children's services are exemplary with rigorous follow up of gaps in employment as well as the verification and clearance of references. Records provide a clear audit trail of the recruitment process with proactive oversight and follow up of outstanding information by the human resource department. This is reinforced through a robust safe recruitment training programme with clear expectations and monitoring of attendance.
17. The role and function of the local authority designated officer (LADO) is effectively exercised. The officer is increasingly consulted by a wide variety of organisations and there has been a steady increase in the number of referrals. The Halton Safeguarding Children Board (HSCB) ensures effective follow up action in response to learning identified from the work of the LADO. There has been some delay in timescales for completion of investigations arising from the complexity of individual cases.
18. There are sound processes in place with respect to the reporting on and learning from complaints and compliments. The council has recognised the need to improve the use of the complaints procedure by young people and has taken steps to address this for example by including an increased customer care focus within staff training.

Quality of provision

Grade 2 (good)

19. The quality of provision is good. There is a well conceived and shared multi-agency approach to the provision of early intervention services. A review of the effectiveness of the implementation of the CAF has been undertaken. This has led to the establishment of IWST, which include social work and mental health practitioners. This ensures that the CAF is not used as a referral mechanism but is central to integrated team working to support families and children. While still at a relatively early stage, the work of the IWST is widely understood and welcomed by a range of agencies and professionals. This has led to increasing professional confidence and better coordination of services which is beginning to improve outcomes at an earlier stage for children and families.
20. Ready access to a range of practical family support services such as mentors, community parents and community support workers supports effective early intervention. There is frequent face-to-face contact with children and families by their allocated workers and a large number of children benefit from direct work with trained community support workers, for example in relation to self protection. Good use is made of services aimed at empowering parents to protect their children. A significant number of children are identified as living in households where there is domestic violence. The active work of a multi-agency strategy group under the Safer Halton Partnership has resulted in an increasing range of

services to safeguard and support children and their parents and carers where this is a feature.

21. Children were appropriately safeguarded in all cases reviewed during the inspection. Thresholds for social care intervention are clear, and prompt action is taken in response to referrals. Statutory requirements are met well in respect of multi-agency participation in strategy meetings and enquiries concerning potential significant harm to children. Case records are detailed and largely up to date and demonstrate evidence of child focussed practice with children seen, including being seen alone, at the required frequency. The integrated children's electronic recording system has proved problematic, but these issues have been recognised and are being addressed as a priority with appropriate action taken in the meantime to ensure that there are clear records of decisions and actions.
22. Prompt action has been taken in response to the areas for development identified at the unannounced inspection of contact referral and assessment arrangements which took place in May 2010. Within the limitations of the current electronic recording system, there is now one agreed process for recording the response to contacts which do not go on to become referrals to social care. Some weaknesses are still apparent in the recording of assessment of risk to support decision making in a small number of cases.
23. Emergency duty arrangements are generally effective although health walk-in centre staff report frequent delays in response to requests for information or follow up from the emergency duty team. This means that decisions to discharge a child or young person can be made without full background information being available. A new information portal is planned so that walk-in centre staff can promptly access key information about a child to fully inform their response and the care provided.
24. The timeliness of initial assessments is improving and a good number of core assessments are completed in a timely fashion. Overall the quality of initial and core assessments is good although there are inconsistencies. Many are thorough and effectively assess risk, including reference on occasion to relevant research, and identify appropriate interventions. Others however lack sufficient analysis or are too narrowly focussed on specific incidents without sufficient assessment of the wider circumstances of a child's life. Assessments are routinely shared with families and the views of children and their parents or carers are usually well recorded in assessments. Aspects of children's identity and individuality are clearly recorded and addressed within the majority of assessments.
25. The majority of care plans seen by inspectors and discussed with staff are thorough and set out the plan of work to improve outcomes for children. However in a small number of cases, plans lack detail and the language used is not always sufficiently specific or clear as to what is required with

plans sometimes underpinned by a 'contract of expectations' which is set out in simpler form. In a small number of cases insufficient progress is made with parents to effect the necessary changes and improve the quality of life for the children concerned. This can result in a tendency to 'monitor' the situation rather than constructively challenge parents about their engagement. Management oversight is evident on case records although in many cases seen this is overly descriptive, focussed on process and not sufficiently challenging or directive.

26. Partner agencies contribute well to children in need meetings and child protection core group meetings. This includes good participation of adult mental health and drug and alcohol services to ensure a robust multi-agency approach to meet the child's needs. The numbers of children subject to child protection plans are relatively low, with comparatively high numbers of children worked with on a 'children in need' basis. This work is underpinned by a clear policy and agreed processes including frequencies for planning and review meetings. Good multi-agency working through a range of responsive services supports the work with children in need. Community support workers provide frequent and regular input with families. Thresholds are well understood across agencies and action is taken promptly when concerns can no longer be safely managed at lower levels of intervention. However the council has recognised the need for more robust, independent scrutiny of a number of children in need cases. An additional independent reviewing officer has been appointed to review those children in need where there are higher levels of risk or where plans have been in place for longer periods.
27. Child protection conferences and reviews are well recorded with decisions promptly disseminated. There has been some delay in disseminating the full minutes from conferences, reviews and core group meetings although this has recently improved. A range of agencies contribute well to the conference and review process. Effective monitoring by the HSCB has identified a significant gap in contribution from general practitioners (GPs) and action has been taken on a number of levels to address this with some improvement.
28. Clear arrangements are in place for the transfer of cases between children in need, permanency or young people's teams and these work well. Nevertheless staff within the children in need teams carry a wide range of case responsibilities, including working with children looked after up until the making of a final court order. The council has recognised a need to review points of transfer and capacity within teams in response to comparatively low numbers of children looked after and the need to support increased numbers of family carers.

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

29. Health outcomes are good. Partnerships are well established at both strategic and operational levels with some co-located services which further enhance communication and information sharing. Health safeguarding policies are up to date, fully implemented and are regularly reviewed within pan-Cheshire processes. Front line health staff are aware of referral thresholds and confirm effective working with social care staff. Escalation policies are in place should issues arise, although these are reported to be rarely used.
30. Designated and named health professions have a high profile within health and partner agencies with staff reporting good levels of support and timely access to advice when required. The combined designated doctor and named GP post is currently vacant and is being covered on a temporary basis. GPs fulfil their safeguarding responsibilities to a satisfactory standard although there has been an unacceptably low level of contribution to child protection reviews and conferences. Health professionals value the 'family meetings' held by some GPs. These support good information sharing in respect of police notifications of domestic violence leading to risk flagging on medical notes to ensure that risks are identified and needs addressed.
31. Staff members confirm that they have received up to date safeguarding training at the appropriate level. There is a good range of multi-agency and bespoke training programmes. However performance data and management systems are not yet sufficiently sophisticated to map the level of compliance and identify further training needs. There is no formal evaluation of the impact of training.
32. There is very good access to safeguarding supervision training and regular supervision, which is highly valued by all practitioners. Regular audits of health records are undertaken with appropriate sharing of learning to contribute to improving practice. Audits of medical notes are less robust and do not yet provide opportunities to share strengths and weaknesses in practice and support practice improvement.
33. Health commissioners and providers are alert to meeting the individual needs of families arising from their ethnic, cultural or religious identities. There are a number of practice examples to illustrate this, such as a dedicated worker to link with the travelling community or specialist maternity support provided for women from differing backgrounds living in the borough for short periods. All staff report good access to translation and interpretation services and some have developed sign language skills.
34. A behaviour support programme, including sensory awareness, has recently been implemented with a number of health and education staff,

foster carers and parents. Early feedback indicates that this is resulting in increased awareness of the needs of young people and better management of challenging behaviours.

35. Young people have satisfactory access to sexual health services through young people's clinics with a large increase in attendance reported. The walk-in centre provides a good range of accessible services and provision within education settings through the school nursing service or by education staff although school nurse 'drop-in' sessions show variable rates of attendance.
36. While the rate of teenage conceptions has declined at a good rate over the last twelve months this remains above both the England and regional averages. Dedicated staff are in place to support both young women and men. A number of recently commenced initiatives are aimed at promoting cultural change and to support the continuing decline in teenage conceptions. These have yet to show full impact. There is good follow-up of all young women who miss a maternity appointment as part of the concealed pregnancy pathways, as well as follow up support with the commissioned private termination of pregnancy service.
37. CAMHS provides an accessible service to children and young people at risk of becoming looked after or children and young people with learning difficulties and/or disabilities. The learning disability CAMHS, as well as the physical disability teams, including the range of therapy services are well integrated and good multi-agency working supports effective transition to adult services. Parents report that earlier interventions, especially those provided through the child development centre over the last two years, have improved the support and services that they now receive. Support for children is now more coordinated and there is no longer the need to have to repeat information to different professionals or undergo repeated assessments.
38. A number of engagement events with service users have taken place. Parents report being invited to feedback events although some were unclear as to what action had been taken as a result. There are a number of support groups in place for parents of children with disabilities who report a range of experiences of the support provided by the council and partner agencies. Some parents report excellent communication and support but others report less satisfactory experiences. The council and its partners are aware of the issues raised and are actively working to engage and work constructively with a range of views through active ongoing consultation and engagement with parents' groups in the development of major strategies.

Ambition and prioritisation**Grade 1 (outstanding)**

39. Ambition and prioritisation are outstanding. The wide range of partners represented on the HCT have developed strong vision, ambition and priorities for children and young people, which are stated clearly through the children and young people's plan. Ambition and prioritisation are based on audit of need and informed by the views of the local community including children and young people. They are well understood and shared at all levels of partnership in the local area.
40. Senior managers and council members are visible and available and have developed a range of ways to ensure that staff across the partnership are involved in and contribute to planning and priorities. These include joint HCT and HSCB day events for front line staff as well as regular meetings. Quarterly performance review days are held where good practice is shared and celebrated as well as a focus on achieving improvement on identified priorities.

Leadership and management**Grade 1 (outstanding)**

41. Leadership and management are outstanding. An integrated workforce strategy has been developed by the HCT partnership and was launched in 2010 for full implementation during the current year. Good action has been taken to address vacancies in the social care workforce through an effective recruitment and retention strategy. Vacancies have significantly reduced and front line social care teams working with children and young people looked after or moving to independence are effectively staffed with minimal dependence on agency staff. Social care staff have high morale. They consider that the council makes considerable investment in them and feel that they are valued and have access to a range of very good opportunities for development and career progression.
42. Newly qualified social workers are very well supported in a range of ways to enable them to build up the experience, skills and capacity to manage the full range of tasks in a safe and supported way. Staff feel well led and are clear about practice standards and expectations. They are supported to achieve these through a rolling programme of core training which covers key skills in assessment, planning, and use of research to inform analysis and decision making. A training programme for first line managers which includes supervision skills has been developed for imminent delivery.
43. Children and young people are involved well in service commissioning and in a range of ways to influence the development of services. Good attention is paid to the needs and perspectives of different groups and communities for example children with disabilities or young people from Polish or traveller backgrounds. Young people who spoke to inspectors feel they are involved well in the development of services to meet their

needs and they consider that their views are listened to and acted upon. A recent example of this is the opening of the new CRMZ provision for young people in both Widnes and Runcorn where the name and building design have been strongly influenced by young people, with evident sensitive consideration of the needs of different groups such as lesbian, gay and bisexual young people, and young people with disabilities.

44. Two lay members have been appointed to the HSCB and are being provided with a supportive and structured induction to enable their full participation. There is established parent representation on the HCT board. Parents experience this as an equal partnership where their views are listened to and they have the ability to influence service developments such as the establishment of IWST and the TAF approach.
45. Within social care services there are attempts to gain user feedback by way of questionnaires, although response rates are low particularly from users of child protection services. Nevertheless there are examples of the influence of service users on service development such as the current system for allocation of new referrals which was adopted in response to user feedback. A high number of the compliments in the recent HSCB annual report were made by users of early intervention services. The views of parents and children are evident in assessments and plans.
46. Effective work by the children's trust has resulted in improved service coordination, reduced service duplication and alignment of service requirements to agreed priorities. There has been considerable investment into the development and establishment of a shared understanding and approach to commissioning across the partnership. Excellent strategic joint commissioning arrangements are in place, effected through a virtual partnership-wide commissioning team with clearly agreed priorities overseen by HCT. Commissioning and de-commissioning are based on audit of need through the joint strategic needs analysis and a wide range of other information. Service developments such as the re-commissioning of Connexions, youth services or the IWST approach can be clearly linked to audit of need and agreed priorities. Very good use is made of the contribution and skills of the voluntary and community sector. Commissioning arrangements are effective in securing efficient use of resources such as the commissioning of local support for young people with complex needs, thus avoiding the need for costly external placements.

Performance management and quality assurance

Grade 1 (outstanding)

47. Performance management and quality assurance arrangements are outstanding with very thorough systems in place from front line practice through to strategic levels. Executive, senior management and performance boards receive regular performance reports in addition to

commissioned reports on themes or priorities as required. The council's Chief Executive, Children's Director, lead member and safeguarding board Chair ensure that they visit front line services to speak to staff and sample the quality of work. The HSCB have an established multi-agency audit process to which front line staff across agencies have opportunities to contribute with learning taken back across and within agencies. Within social care there is a well established file audit process. Staff spoken to confirm that this promotes improvement in the quality of their practice and they feel very involved in the improvement process. The council and its partners demonstrate good awareness of strengths and areas for improvement for example through the case audits undertaken for the inspection. All these arrangements contribute to a range of continual service improvements such as well advanced plans for increasing the responsiveness of the children's electronic recording system.

Partnership working

Grade 1 (outstanding)

48. Partnership working is outstanding and is built into organisational cultures both at strategic and operational levels with evidence of real impact. Managers and staff know and believe that they are interdependent and that by harnessing resources to address local priorities they achieve better results for children and families and for their own agency priorities. This mutual belief and understanding underpins a positive 'can do' approach to the resolution of potentially conflicting or opposing ways of working. This is illustrated for example by joint working between police and social care to improve the risk assessment and prioritisation of police referrals relating to children living with domestic violence and by the development of restorative justice approaches to reduce the numbers of young people with first or subsequent convictions.
49. Cooperation between agencies, including adult services, is very effective and well established through strong working partnerships overseen by and effectively exercised through the HCT which has a good track record of achievement. Board members are committed to the continuation of the board because of its proven effectiveness despite this no longer being a statutory requirement. Voluntary and community sector representatives report that they are very well engaged and participate as full partners. There are very good examples of cross-cutting work which address individual and joint agency priorities such as alcohol intervention briefings by the police, the reduction of teenage pregnancies or joint working to increase young people in education, employment or training (EET). Members are very clear about the respective roles and responsibilities of, and the relationship between, the HCT and the HSCB. This is underpinned by a clear written protocol.
50. There is an effective and well established HSCB which provides good leadership on safeguarding matters with a mature culture of multi-agency working. Clear processes are in place for the monitoring and review of the

quality and performance of child protection services leading to appropriate changes and developments. However aspects of equality and diversity are not explicitly addressed in current reporting processes. A well respected Chair exercises effective leadership and provides appropriate challenge to the HCT. Her current management position as a senior manager within adult services could potentially result in conflict of interest although this has not yet arisen. This is being addressed through the appointment of an independent deputy chair to oversee any such situations that may arise.

Services for looked after children

Overall effectiveness

Grade 2 (good)

51. The overall effectiveness of services for looked after children and young people is good. Statutory requirements are well met by the local authority and its partners. The majority of outcomes for looked after children are good and they demonstrate ongoing improvement. The contribution of services to ensuring that looked after children and young people are safe and feel safe is outstanding. Very good support is provided to enable looked after children to reach their full educational potential and outcomes are improving although they remain inconsistent in a number of areas. Robust joint commissioning processes have been used to develop responsive and cost effective services both to support looked after children and to prevent children from unnecessarily becoming looked after. The lead member for children and young people as well as elected members work effectively with senior managers to demonstrate strong leadership and commitment to their responsibilities as corporate parents at both a strategic and operational level.

Capacity for improvement

Grade 1 (outstanding)

52. Capacity for improvement is outstanding. The multi-agency children and young people's plan sets out the ambition for children and young people with clear priorities and targets which are known and understood across the partnership. Outstanding partnership working supports an effective and established corporate parenting strategy which underpins a clear determination to ensure that services for looked after children are of a high quality and continue to improve. Inspection judgements for regulatory settings are predominantly good or outstanding. The council and its partners demonstrate a very good understanding of strengths and areas for development and take robust action to address the latter. This is demonstrated in the investment of resources to increase local foster carer capacity and ensure good levels of retention as well as through targeted partnership action with the local college to improve take up of opportunities for education, employment or training.

Areas for improvement

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

Immediately:

- Ensure that case supervision offers challenge and direction to social care practice and that this is accurately reflected in written case consultation records.

- Ensure that young people who have been looked after receive the record of their health history.

Within three months:

- Take steps to ensure that a greater proportion of looked after children know about the children in care council in order to widen the membership and maximise the potential of this group to contribute to improving outcomes for looked after children.
- Ensure that the correct consent is provided for children and young people receiving immunisations and vaccinations in school to avoid delay and maintain the confidentiality of looked after children.

Within six months:

- Ensure that an annual health report for looked after children is produced and presented to the relevant statutory health and partnership boards as required by regulations.

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

Being healthy

Grade 2 (good)

54. Health outcomes are good. Health files seen by inspectors are well organised and conform to requirements, although there was no evidence in files of case supervision. Good regular case audits are in place, with well monitored action plans. The appropriate consent has been gained and clearly documented prior to treatments and assessments taking place. However, some young people have experienced difficulty obtaining consent to immunisation at school resulting in postponement of their vaccination and identifying them to their fellow pupils as being in care. Young people felt that the situation could have been dealt with in a more sensitive manner.
55. There is a good rate of completion of health assessments within prescribed timescales and current data shows that the completion of health assessments, immunisations and dental assessments are in line with national trends. There is good prioritised access to dental services for looked after children as well as children subject to child protection plans. There have been delays in the completion of some initial health assessments within four weeks due to delays in notifying health staff that a child has become looked after. Awareness raising training has been provided to managers and staff resulting in some improvement although there are still delays in some cases. Health staff members regularly attend and contribute to adoption and fostering panels.
56. Good use is made of the strength and difficulties questionnaires with good analysis and monitoring of scores ensuring that the emotional well being and mental health needs of looked after children and young people are addressed. There is good prioritised access to CAMHS for looked after children and a dedicated CAMHS worker liaises regularly with the looked after children nursing team. Community staff however report difficulties in information sharing on individual children with CAMHS staff employed by the 5 Boroughs Partnership. Action is being taken to address this gap.
57. There is good health support and a dedicated worker for care leavers ensuring that health needs are promoted according to the level of a young person's independence. However young people reported that they are not consistently receiving a copy of their health history on leaving care.
58. A cross Merseyside and Cheshire notification form has been developed to improve information and notifications of looked after children moving in and out of authority and this is now being implemented across the Greater Manchester area.

59. There is good awareness of equality and diversity issues amongst health staff who have attended mandatory training. There is good access to translation and interpretation services and examples of individualised support to young people to meet their cultural or other individual needs.
60. No annual report on the health of looked after children has been prepared and presented as required to health governance boards or other partnership boards and this is an omission.

Staying safe

Grade 1 (outstanding)

61. Safeguarding arrangements for looked after children and young people are outstanding. Looked after children live in safe places with very good levels of support. Children spoken to by inspectors and who responded to the survey conducted for the inspection confirm they feel very safe, are well supported and know where to go if they are worried or anxious about aspects of their lives. Children's homes, fostering and adoption services have consistently been judged good, and some outstanding, in inspections.
62. Risk is well managed for children with complex needs with appropriate and thorough risk assessments included in case records. All children and young people up to the age of 18 have an allocated, qualified and experienced social worker. There is excellent advocacy support available for all looked after children which is promoted well and innovatively used including access for children and young people in need or in need of protection. Robust action has been taken to increase the numbers of children with independent visitors and 13 children and young people now have an identified independent visitor.
63. Placement stability is good. Robust action has been taken to improve this further through effective recruitment campaigns to increase the availability and choice of local foster carers. Placements are carefully matched and well supported by excellent multi-agency support. The majority of looked after children live within the borough with local foster carers. External placements are only used where the complexity of a child's needs cannot be met locally. Adoption performance is very good with evidence of clear planning and active family finding where adoption is identified as meeting a child's needs.
64. All children are given age appropriate information about how to complain as part of the pack they receive on becoming looked after. Complaints are robustly managed with appropriate action taken such as de-registration of foster carers who do not provide the expected standards of care. There is active reporting on and learning from the issues and themes arising from complaints.
65. An active and strong multi-agency approach to monitoring children missing from care and home ensures vulnerable children are identified and

supported as necessary, with the work underpinned by the necessary protocols. Good performance information and intelligence sharing across partners ensure that looked after children and young people who are particularly vulnerable are swiftly identified and that concerted multi-agency action takes place to address risks and put appropriate support in place. This has shown good results with individual young people.

66. All looked after children are placed in provision which has been judged through inspection as either good or outstanding. Strong contracting and monitoring arrangements are in place for all commissioned services including for the small number of children in external placements, which are mainly within short distances of Halton.
67. Personal advisors in the young people's team are highly regarded by users and offer continuous personalised support to young people moving to independence. Group support is provided that is tailored to themes or issues identified locally. The young women's 'keeping safe' group, provided in conjunction with external expertise, focuses on independent living, sexual health and risks of sexual exploitation amongst other topics.

Enjoying and achieving

Grade 2 (good)

68. The impact of services to enable looked after children and young people to enjoy their learning and achieve well is good. The education support service is led by an experienced and committed Virtual School Headteacher, who is very clear about the work that needs to take place to ensure looked after children make good progress in their education. She provides good challenge to schools to ensure they do the best for looked after children.
69. The work of the service is underpinned by excellent multi-agency working across the authority. Evidence of good partnerships with schools is shown by high attendance rates, low exclusion rates (with only one permanent exclusion since 2004) and the local authority not having to direct any school to admit a looked after child. Good care is taken when making educational placements and there are good links to support out of borough children.
70. Good efforts are made to engage young people in their learning. Achievement is closely tracked and a wide range of activities and interventions are in place to target under-achievement and potential under-achievement. Close attention is given to considering the individual circumstances of children. At all key stages the majority of children are making at least the expected progress, although small and changing cohorts make it difficult to demonstrate long term trends in achievement.
71. There is a good range of targeted holiday activities, based on the needs of particular cohorts, to promote achievement. These include the very recent Fun Maths Roadshow, prompted by the need to improve attainment in

maths at Key Stage 2, where gaps have not consistently narrowed over time.

72. In most years there have been varied outcomes in English and mathematics but results for Level 4 English and mathematics have been below the national averages and those of north west neighbours for the last three years. However most recent data indicate that gaps in achievement between looked after children and pupils nationally at key stage 4 have narrowed well in the current year despite the additional learning needs of many of the young people. Outcomes for five or more GCSEs at A*–C including English and mathematics have been above the national and regional comparators for all years with the exception of 2008/09. In the current year outcomes were higher for those achieving one A*–G and five A*–C, despite the national strategy targets not being met.
73. The quality of personal education plans is improving. A newly developed format supports the setting and reviewing of clear, realistic and achievable targets. Looked after children have good access to extra-curricular activities and funding is available for particular events. Good use is made of personal educational allowances.

Making a positive contribution, including user engagement

Grade 2 (good)

74. There are good opportunities for looked after children to make a positive contribution. They have good support to enable them to put their views forward and contribute to reviews about their care and education. Other opportunities are promoted through young people's involvement in interview panels and their contributing to commissioning services and influencing service delivery and strategic planning.
75. There has been increasing participation and involvement of looked after children since the formation of the Children in Care Council in October 2009. Opportunities for young people include contributing to internal and external meetings and training and working as anti-bullying mentors. Young people spoken to by inspectors feel that their views are valued and they are well supported by the council through regular meetings with the director for children's services and active links with the lead member for children and young people. Young people are pleased with the success their influence has had on policy about staying overnight with friends, and in promoting greater understanding about pocket money. However the work of the Children in Care Council is not yet sufficiently known to the wider population of looked after children and the considerable potential of this group is yet to be fully realised. A significant number of children and young people who responded to the survey for this inspection had not heard about the council or the children's pledge. This is recognised and

steps are being taken to increase and widen membership for example through the recent Money Matters day.

76. A wide range of diversionary programmes is available to reduce offending including use of a restorative justice approach. Offending rates for looked after children are low. There are good working arrangements to support young offenders, particularly when returning from custodial sentences and corporate parenting responsibilities for these young people are taken very seriously. As for other aspects of the work, sound multi-agency working supports a positive response from partners such as the local college to ensure that young people receive consistent and individually tailored support to enable their full participation.

Economic well-being

Grade 2 (good)

77. The impact of services to support and improve the economic well being of looked after children and care leavers is good. There is a good focus on supporting the individual needs of small cohorts.
78. Improving the number of care leavers in EET is both a significant challenge and a clear priority for the local authority area. There is evidence of some good work to promote young people's economic well-being, but for others attempts to engage and motivate them are less successful. Targeted work this year for young people aged 16 has shown good outcomes for those involved. The work of the dedicated Connexions personal advisor and community support worker for EET is highly regarded by service users. A recent event held for young people at the end of Year 11 has been successful in ensuring all in this targeted group remain in EET.
79. Young people are automatically enrolled in Aim Higher and many take advantage of this, engaging in Education Business Partnership activities. All looked after children undertake work experience and there are opportunities to engage in voluntary work. The local college has a support package for looked after children, developed in conjunction with Connexions and the young people's team. It is too early yet to confidently judge the full impact of work such as the introduction of a predictor tool to target those at risk of being out of EET, or the newly established EET scrutiny group.
80. Attainment at higher level GCSEs has been good, and the number of care leavers in further education has increased over the last two years from seven to 24, nevertheless only a small number of young people have gone on to higher education. Despite some reduction in the availability of places, there are plans to ensure that opportunities of apprenticeships for care leavers are maintained both within the council and through partnerships.

81. Young people are provided with good support to successfully move towards independent living. The Halton Housing Trust, which works with the council's accommodation support officer, has a welfare benefits worker who provides advice on budget management, carries out a sustainability assessment and has an assisted furniture scheme.
82. Currently all care leavers are in suitable accommodation. There is an appropriate focus on resolving accommodation gaps and the range of accommodation is clearly improving supported by good work with partners. The council commissions two properties from the Halton Housing Trust and holds the tenancy of these for the first year of a young person's placement and a small number of young people now have their own tenancies. Varied levels of support are offered in semi-independent units depending on the vulnerability of the young person. No young person is in a hostel currently but an emergency bed is available. Longer term supported lodgings are commissioned through children's services. The LIFE (Living Independently and Fulfilling Expectations) project is at the point of introduction and includes accredited courses to help young people move effectively to independence and to successfully secure and hold their own accommodation.

Quality of provision

Grade 2 (good)

83. The quality of provision is good. There are comparatively low numbers of looked after children and this has been a consistent trend. Prompt decision making and action is taken to ensure that only those children who need to become looked after do so, usually where earlier planned intervention and support has not secured the necessary changes to ensure good outcomes for children. There are a number of services in place to work with young people at risk of becoming looked after for example the intensive support team or family intervention project.
84. Good use is made of legal advice and court processes to secure permanency and security for children where this is in their interests. Clear planning and decision making is evidenced by the low numbers, particularly of younger children, who remain looked after on a voluntary basis for significant periods. Similarly there are low numbers of children placed with parents while still subject to a care order. The majority of children and young people are placed with local foster carers and good action has been taken to increase the availability and range of local foster placements. External placements are used on occasions but only when the complexity of a child's needs cannot be met locally.
85. Statutory requirements are met well in respect of looked after children. Records are largely up to date and include key basic information and documentation with reviews and statutory visits taking place as required. Children are seen at required intervals, some more frequently according to need, and are seen alone. Some children have had frequent past changes

of social worker although this is an improving situation as action to achieve a more stable workforce takes effect.

86. Parents spoken to by inspectors felt that communication from social workers about their children was currently good. They understood the plan for their children and were able to see that outcomes for their children had improved as a result of becoming looked after. Nevertheless there had been frequent changes of social workers in the past resulting in parents not being kept informed or contact not sufficiently planned.
87. Children and young people are transferred through to social workers in the permanency team at the point of a final court order. As a result permanency team social workers carry manageable case loads and feel well supported by regular supervision. Management oversight is evident on cases although records of case consultation on individual case files are predominantly descriptive and do not demonstrate challenge or direction to practice.
88. The majority of assessments are thorough and support understanding of a child's particular needs with pre-birth assessments now undertaken at an earlier stage to ensure clear planning for children at birth. There is good use of risk assessments in individual cases with detailed analysis where appropriate for example of the methods of behaviour management used to promote greater confidence and safety for the young person. Assessments lead to good packages of support to children to promote improved outcomes.
89. The majority of care plans are detailed and thorough with good use made of parallel planning while further assessment is undertaken of home circumstances where this is indicated in a child's interests. Independent reviewing officers (IROs) make a good contribution to secure planning for looked after children. Some plans, particularly those for young people with more challenging or complex needs, are insufficiently robust or challenging to secure the desired outcomes. Increased local placement choice has improved the matching of children to placements that suit their needs and contributes to improved placement stability. However within the local population there are still gaps in placements which can support a child's specific cultural or ethnic needs. Good attempts are made to support placements in a range of ways to help carers from different backgrounds understand and promote a child's individual needs.
90. IROs provide continuity for children and young people by continuing in their role with individual children until they are 18 years old. The IROs are knowledgeable about individual children and actively encourage children and young people to attend and contribute to their reviews. The service makes an important contribution to the quality of practice and in understanding the looked after children population. Analytical quarterly reports are presented to senior managers and other key strategic groups

in relation to performance and other service trends such as placement stability.

Ambition and prioritisation

Grade 1 (outstanding)

91. The HCT, chaired by the lead member for children, provides very effective oversight of the work of local services to promote good outcomes for looked after children. Clear and shared vision, ambition and priorities for looked after children and young people are in place underpinned by excellent partnership working. Corporate parenting responsibilities are exercised very well at all levels with partner agencies, elected members and senior managers understanding their responsibilities and demonstrating high ambitions for looked after children supported by appropriate resource allocation to secure the necessary outcomes. Senior managers in the council are known and visible to children's representative groups, as are the lead and other council members. There is a well regarded training and induction process for new council members. Strategic groups demonstrate effectiveness, work to agreed priorities and are clear about their role, purpose and accountability to the HCT.

Leadership and management

Grade 1 (outstanding)

92. Leaders and managers are visible, well respected and provide outstanding leadership with clear lines of responsibility and accountability throughout the organisation. There is a very good focus on encouraging and recognising good practice as well as on driving forward improvement on areas for development. Good action has been taken to address workforce vacancies and there is now an experienced and stable workforce in place. There is a strong learning culture evident at all levels of the organisation and across the partnership evidenced through a robust social care training strategy and employee development programme.
93. Commissioning arrangements are excellent. There has been considerable investment into the establishment of a virtual commissioning team with considerable skill and expertise across the partnership. This team sets and ensures very high standards for the quality of commissioned services through robust service specification and thorough rigorous monitoring arrangements to ensure quality standards are met.
94. The population of looked after children is well known. Focused analysis of the cohort of children and young people enables the council and its partners to assess changing needs and to develop services to deal with future challenges. There is an increasing focus on an earlier start to prepare children for future independence.

Performance management and quality assurance

Grade 1 (outstanding)

95. Performance management and quality assurance arrangements are outstanding. Very robust systems are established at all levels, as are for safeguarding services. Elected members take their responsibilities very seriously and are supported to exercise their role well by carefully planned and good quality induction and training. A strong and regular group of council members undertake Regulation 33 visits to children's homes and take forward issues of safety or other aspects of service quality. There are elected member representatives on the fostering and adoption panels. Members are trained and supported to undertake visits to front door services to enable them to keep in touch with the quality of front line practice. The lead member and other council members attend children's events along with senior managers to ensure that they are visible and accessible to children and young people.

Record of main findings:

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