

Inspection of safeguarding and looked after children services

Wigan Council

Inspection dates: 21 May to 1 June 2012

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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 four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with 69 children and young people receiving services, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
 - a part or full review of 109 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in Wigan Borough Council in October 2010
 - interviews and focus groups with front line professionals, managers and senior staff from NHS Ashton, Leigh and Wigan, Bridgewater Community Healthcare NHS Trust, Five Boroughs Partnership NHS Foundation Trust and Wrightington, Wigan and Leigh NHS Foundation Trust.

The inspection judgements and what they mean

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

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
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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. There are an estimated 70,000 children and young people in the Wigan Council aged between 0-19. This accounts for 24% of the population. Some 18% of school children across the Borough are eligible for free school meals, rising to 39% in the 3% most deprived areas. This overall percentage is below the North West and England average.
5. Approximately 5% of school aged children are of a minority ethnic background, a rate that has been steadily increasing.
6. There are 126 schools in Wigan comprising 105 primary schools (including two nursery schools and one academy), 18 secondary schools (including three academies), six special schools, and 20 children's centres. Wigan has seven local authority run children's homes including one specialist provision for children with complex needs. Wigan has 149 foster carers, and 49 friends and family carers. There are a significant number of private residential children's homes and foster carers employed by independent fostering agencies in Wigan which provide placements for out of area children and young people. There are 415 providers in Wigan who deliver early years childcare/nursery services, with 36 local authority maintained nurseries, 97 private full day care nurseries, 36 out of school/holiday care providers and 246 childminders.
7. Wigan's Children's Trust has recently been reviewed, and has redefined its membership and produced a new Children and Young People's Plan, 2012-2015. The Trust undertakes joint strategic planning, commissioning and service delivery.
8. Wigan's Safeguarding Children's Board (WSCB) is made up of the most senior representatives of the member agencies, which include: the People Directorate within the Council, Greater Manchester Police, Greater Manchester Probation Service, Greater Manchester Fire and Rescue Service, Wigan and Leigh Council for Voluntary Service and local health providers.
9. Links between the Wigan Safeguarding Children Board and the Trust are embedded on a formal and informal basis. The independent chair of the safeguarding board sits on the Children's Trust Board and there are several key stakeholders influencing the leadership and development of both structures providing support and challenge across the system.

10. The People's Directorate, which includes all council services for children, adults and families, was created in 2011. The council jointly commissions a range of services for children and young people across health, education and social care.
11. There are a range of health providers in Wigan including an Acute Trust and a Community Healthcare Trust. Mental health care is provided by Five Boroughs Partnership NHS. The Children in Care Health Team is commissioned as a stand-alone service whilst remaining integrated within the safeguarding children unit of the Bridgewater Community Health Trust.
12. At the time of the inspection there were 479 looked after children. Of these 144 were less than five years of age, 272 children were of school age (5–15), with 63 post-16 young people. The trend of looked after children has remained stable from September 2010 to September 2011. At the time of the inspection there were 278 children and young people who were the subject of a child protection plan.

Safeguarding services

Overall effectiveness

Grade 2 (Good)

13. The overall effectiveness of the safeguarding services provided by the council and partners is good. Children's services benefit from strong support, leadership and direction from key elected members, in particular the Leader of the Council and the Lead Member, who demonstrate a keen interest and knowledge in the work of the department. Since January 2012 the Children's Trust has been reconfigured, building on the partnerships and relationships from the previous arrangements. The Trust has effective links with Wigan Safeguarding Children's Board (WSCB) and other boards which make up the governance arrangements for the council. The work of the Trust is embodied in the Children's and Young People's Plan which sets out three key priorities closely aligned with the priorities of WSCB, which ensures that there is good use of resources, that key partners are engaged on the same matters and there is sharing of information and expertise.
14. Where immediate child protection concerns are identified, children receive a timely response which ensures the most vulnerable children are protected. Although variable quality of initial and core assessments completed by children's social workers was seen by inspectors, there was clear evidence that those completed more recently were of good quality with an appropriate balance of risk and protective factors. However this was not consistent across all localities. Several examples were seen by inspectors of individual cases where good multi-agency partnership working was effectively protecting children. The Local Authority Designated Officer (LADO) role is not fully developed to ensure that all faith and community groups are aware of how to make a referral and information is not consistently used to improve service delivery.
15. Partnership working is outstanding. This is evident in a range of services, including the joint safeguarding and commissioning unit, the multi-agency work with missing children and those at risk of sexual exploitation and in the leadership demonstrated by WSCB. The establishment of the Gateway Service and other early intervention services, including children's centres, are good and are well respected across the partnership. The common assessment framework (CAF) is firmly embedded across the partnership and several examples were seen of effective intervention by a range of agencies. Thresholds for child protection are understood and partners seen by inspectors were clear of their respective roles and responsibilities in the protection of children
16. An effective workforce strategy has led to a stable workforce and the council has ensured that there are no staff vacancies in children's services. The contribution of health services to safeguarding children is outstanding.

Health staff at all levels demonstrate a clear understanding of their safeguarding and child protection responsibilities, including how to identify risks and make referrals. Strong partnership working in schools has led to a reduction in the number of exclusions of vulnerable children. Head teachers from outstanding schools have been commissioned to work with other head teachers to improve educational outcomes for vulnerable children. Narrowing the gap for vulnerable children is one of the key priorities and is a key strand of the work of the Children's Trust. Participation by children and young people is actively encouraged through a range of groups and forums, including specific groups for girls, disabled children and children and young people from minority ethnic communities. The views of these young people have helped to shape service delivery, including the project to develop a Youth Zone within the town centre.

Capacity for improvement

Grade 2 (Good)

17. The capacity of safeguarding services for children and young people to improve is good. The council and its partners have an established track record of successful service development. Most recently this was evidenced in the reconfiguration of family intervention services that led to the establishment of the Gateway Services in five localities across the Borough. This work, led by the Children's Trust, provides a range of early help and family intervention services, delivered by a range of professionals from across the partnership, and voluntary and community commissioned services. It is too early to evaluate the effectiveness of this service, although early indications, particularly from schools, is that this is having a positive impact and provides a source of information and support to agencies working with children, young people and families in need.
18. Significant improvements were seen by inspectors to a variety of health and education services for vulnerable children and young people, such as a reduction in the teenage conception rate and the work to reduce missing children and those at risk of sexual exploitation. Currently only a small number of known young people are regularly missing and they are monitored and supported through multi-agency plans. Senior leaders of the council and partner agencies share a clear vision of what they want to achieve for the children and young people of Wigan and this is demonstrated in the close alignment of the priorities across the Children's Trust, WSCB and the Shadow Health and Well Being Board.
19. Most of the areas of development identified at the unannounced inspection of contact, referral and assessment arrangements undertaken in October 2010 have been tackled successfully. The introduction of a range of tools and models for staff to use when undertaking assessments, all underpinned by findings of serious case reviews or external research, is clearly evident in more recent practice. However the pace of change has been too slow in some teams, leading to inconsistencies and some drift.

Further developments and improvements required in children's services to address this are set out in the social care action plan.

Areas for improvement

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

Immediately:

- ensure that review child protection conferences robustly review child protection plans to ensure that progress against objectives agreed is rigorous and demonstrates that the child continues to be safe

Within three months:

- ensure that the LADO role is developed to ensure that all faith and community groups are aware of the role and who they can contact for advice and information
- ensure that managers within children's social care services routinely supervise social care staff and provide effective management oversight to ensure that all assessments are robust and care plans are promptly implemented
- implement a system to analyse the outcomes of complaints to maximise learning and use the information to improve service delivery
- ensure that young carers are well supported and are enabled to attend the young carers group. Ensure that partner agencies, particularly schools, are aware of the need of young carers.
- ensure that core groups are effectively chaired so that the progress made by the family is considered, and quick and effective action is taken to address any concerns
- ensure that all initial and core assessments and reports for initial child protection conferences evaluate all risk and protective factors and provide a full analysis of the needs of children and young people and the parents' capacity to respond to those needs and that reports are shared with parents and carers in sufficient time prior to child protection conferences.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (Good)

21. The effectiveness of services to ensure that children and young people are safe and feel safe is good. The role of the LADO is well established. The LADO has undertaken training with key partners to raise the profile of the service. The LADO annual report, while detailed around performance information, provides little analysis of patterns and trends or what learning has emerged from referrals. Timescales for resolving complaints have improved and are good. The WSCB Business Manager, who was previously the LADO, is undertaking the role, which has limited some development of the role, particularly with the wider faith and community groups. The council has been proactive in addressing the vacancy.
22. The council's complaints process is well established and staffed. Arrangements to investigate individual complaints are thorough and appropriate action is taken where complaints are upheld, for example about foster carers or residential units. The timeliness of complaints investigations is adequate. However, the council has not sufficiently analysed complaints to maximise learning about which groups or agencies are raising concerns, which groups are under-represented or the nature of those complaints. As a result the council is not able to use the information as a source of learning to identify service deficits, enable services to improve and prevent the recurrence of issues of concern.
23. Recruitment arrangements for staff within children's services are good with clear processes and records of action taken to ensure that staff are recruited safely. Recruitment processes are timely and thorough. Criminal Records Bureau (CRB) checks are obtained for staff and are renewed where required. There are robust processes to gather references, check identity, employment gaps and qualifications prior to staff starting work. Decision making is signed off appropriately by senior managers.
24. The children missing from home protocol is clearly understood by all agencies. There is very good information sharing protocols between key agencies including intelligence sharing about children missing from school and elective home education data, leading to close communication about the most vulnerable children. Good work has been undertaken to reduce exclusions by the inclusion support team who provides a range of alternative options for children who are at risk of exclusion or are displaying difficult or challenging behaviour. There have been no permanent exclusions for two years. The effective supported transfer system works well and all schools have engaged in its development, using creative and flexible approaches to address complex issues for those

children who are most vulnerable. As a consequence the use of pupil referral units as last resort is reducing.

25. The contribution of health agencies to keeping children and young people safe is good. The child death overview panel (CDOP) works in conjunction with Bolton and Salford councils. The CDOP joint reports are subject to a high level of scrutiny and the content and data analysis are effectively challenged. Good arrangements are in place to ensure children and young people at risk of sexual exploitation are identified and signposted for support.
26. Arrangements for responding to domestic abuse within Wigan are good. The central referral point for all domestic abuse notifications ensures a timely response to all high risk referrals. Due to capacity issues within the out of hours service there can be some short delay in disseminating low level domestic violence notifications. The local authority is aware of this and is taking appropriate action, with the development and launch of the new multi-agency domestic abuse team. This team will provide joint investigation and management of domestic abuse referrals. The council have recognised that services for perpetrators of domestic abuse within the borough remains an area for development and this action is contained within the most recent development plan.
27. Fostering services were judged to be outstanding at the last inspection by Ofsted in 2011 and the adoption service was judged to be good in 2010. Most of the children's homes within Wigan are judged good or outstanding. Since the last inspection the local authority has established two dedicated social worker posts in the duty team to support private fostering arrangements which enable a timely response to initial referrals and ongoing monitoring visits.
28. Nearly all secondary schools, sixth form provisions and special schools are judged good or outstanding for safeguarding in their recent Ofsted inspections, as are the majority of primary schools. The four pupil referrals units were judged to be satisfactory for overall effectiveness at their last inspections. The council and WSCB provide schools and governing bodies with regular, consistent and high quality training, information, advice and guidance for safeguarding and child protection issues which support head teachers and designated teachers in carrying out their roles in keeping children safe in schools.
29. The young carers' service is highly valued by young people. The young carers' group is supported by a young carer's coordinator who has positively influenced the development of the group. The group is at full capacity due to the challenges faced in recruiting volunteers and a number of young carers are waiting for support. Young carers report that support in school for their caring responsibilities is too varied and this, on occasion, has affected their ability to concentrate or do well. The work of

the service is influenced by the views of young people. One young carer said 'we have fun and do things together'.

30. All children and young people seen by inspectors and those who responded to the survey undertaken for this inspection indicated that they felt safe in Wigan and knew how to keep themselves safe. They reported that if they were being harmed they had someone to talk to, including parents, carers, teachers and social workers. The Youth Parliament held a crime conference in 2011 in conjunction with the police to raise awareness of the areas in Wigan where young people felt unsafe. This led to young people being involved in the training of police officers locally and has improved relationships between young people and the police. The views and feelings of children and young people are usually taken into account in assessments and within child protection arrangements. However this is less evident in some pathway plans and child protection reports.

Quality of provision

Grade 3 (Adequate)

31. The quality of safeguarding provision is adequate. A key strength of the council is demonstrated through the sustained and improved delivery of early intervention services with extensive use of targeted specialist programmes including the family intervention programme and the newly established Life Service providing intensive short term support for vulnerable families. The integrated approach to the delivery of early intervention services across a range of need ensures that services are coordinated and provides early support to families in crisis.
32. The common assessment framework (CAF) is firmly established across the partnership with clearly agreed thresholds. Arrangements for coordination and monitoring, and step up and step down from the children in need process are good. The recently launched early intervention Gateway Service within each locality further strengthens provision and supports seamless working between agencies. The council are developing tools across the partnership with the support of the WSCB to evaluate the impact of the early intervention service. Given that the Gateway Service was launched in January 2012 it is too early to evaluate the impact.
33. Children and young people at immediate risk of significant harm are identified and responded to in a timely way and there is effective partnership working across agencies to ensure that they are protected. The rate of referrals within Wigan is lower than those of comparator authorities and re-referral rates are also low. Effective use of the CAF process, which is embedded across the partnership, has reduced the number of inappropriate referrals, with a greater number of partner agencies taking the role of lead professional. However some referrals, in particular domestic violence referrals, had previously been subject to several contacts and therefore the reporting arrangements may not, in

some instances, be rigorously reflecting the history of contact with social care.

34. All child protection cases are allocated to qualified and suitably experienced social workers. Newly qualified social workers have protected caseloads and child protection work is undertaken by them under the guidance of senior social workers. The council operates a caseload monitoring system. However, some social workers still have high caseloads, which was identified at the last unannounced inspection of contact, referral and assessment arrangements as an area for development and affects the ability of some social workers to complete all their work to a satisfactory standard, for example a thorough review of all the presenting factors.
35. The majority of assessments were timely. The council's performance for both initial (92%) and core assessments (76%) is better than its comparator authorities, although the timeliness of core assessments is below the local authority's own target of 90%. The quality of assessments was identified as an area for development in the last two unannounced inspections of contact, referral and assessment services. The council has taken action to improve the quality of the assessment and this was evident in some recent assessments seen by inspectors, with a clearer identification of risk and protective factors, impact of equality and diversity issues were explored and the views of children and young people had been taken into account. There is some use of the 'Graded Care Profile' in assessing and managing complex cases of neglect, but is yet to be embedded within practice across all localities. The decision for core assessments to be completed by the duty team, following the last unannounced inspection, has led to improved practice both in the quality of assessments and in the continuity of services provided to families. This has increased the capacity within the locality teams to concentrate on longer term work.
36. The quality of the Section 47 assessments prepared for initial child protection conferences are overall satisfactory and some are better. In a number of cases seen, assessments are detailed and descriptive, but lacked rigorous analysis of both risk and protective factors for children and their families. Some assessments were not sufficiently informed by historical information and consequently this reduced the effectiveness of decision making. Some assessments were over optimistic about the parents ability to change and demonstrated an over reliance on the reported account of parents in reaching decisions, rather than an analysis on the presenting factors and what this meant for the safety of the children.
37. Inspectors saw evidence of some good child in need assessments, that contained critical analysis which were child focused. The majority of assessments of unborn children were good and enabled effective planning

and joint working across agencies. Most assessments appropriately involved professionals from partner agencies.

38. The timeliness of the initial child protection conference, (ICPC) following a strategy meeting is good. The arrangements for child protection conferences are well established. Conferences are consistently carried out within set timescales. Child protection chairs are proactive in supporting parents and young peoples' participation at conferences. However, the child protection chairs are not always rigorous in challenging any deficiencies within the assessments presented to conferences to ensure that these are addressed or taken into account in the formulation of plans. Families are not routinely provided with reports by social workers 24 hours before conference and this does not support effective partnership working with families. Advocacy arrangements for supporting children and young people's participation in child protection conferences are excellent. Parents are well represented within child protection conferences. Feedback by parents to child protection chairs on the recently introduced 'Keeping My Child Safe' plan is positive.
39. Some child protection plans seen set out planned outcomes, but these were not always supported by detailed action plans with specific and measurable objectives or timescales. However, more recent initial child protection plans seen by inspectors were detailed with specific and measurable objectives and clear timescales and did include contingency planning, making clear the consequences of non-compliance.
40. Core group meetings are held regularly and are well attended by partner agencies and by parents. Core group minutes do not always make clear the progress made and what the consequences for parents would be for non-compliance with the child protection plan. In some cases objectives were open ended with no specified date for completion, which made measuring progress difficult and in some instances resulted in drift. The chairing arrangements of some core group meetings were inconsistent and this did not support the establishment of joint working or partnership working with parents. Arrangements are now in place to ensure a copy of all core group meetings are monitored and reviewed by child protection chairs.
41. Management oversight and sign off within the assessment process is not consistently rigorous to ensure that deficiencies are identified and addressed. The introduction of the decision making tool, which is good, has encouraged greater clarity and consistency in decision making at key times and for requests for additional resources, however this is not embedded across all locality teams.
42. Recording by social workers on case files is up to date overall, although in some instances there are gaps in the recording of statutory visits by social workers to children and their families. The electronic recording system

within children's social services has posed significant long standing challenges for managers and workers. Some templates used on the system do not support effective recording or enable easy access or retrieval of information in order to effectively understand a child's history. The council is tackling this and a new electronic system is due to be implemented in August 2012.

The contribution of health agencies to keeping children and young people safe **Grade 1 (Outstanding)**

43. The contribution of health agencies to safeguarding children and young people is outstanding. Health agencies demonstrate compliance with statutory guidance on safeguarding children and have established robust safeguarding and child protection policies and procedures. Health staff at all levels demonstrate a clear understanding of their safeguarding and child protection responsibilities, including how to identify risks and make referrals. They report that they receive a positive response to referrals to children's social care services and are aware of the escalation policy, which had been used effectively.
44. Staff participate well in formal child protection procedures and produce timely reports for child protection conferences. All designated and named professionals are in place and staffing numbers in the school and health visiting teams comply with the requirements of *Working Together to Safeguard Children*, 2010. A caseload management system is in place which enables work to be manageable and both health visitors and school nurses speak positively of this system.
45. Health partners actively involve children, young people and their carers in care planning and service delivery and demonstrated a number of examples of effective communication, such as the involvement of care leavers in the appointment of family nurse partnership practitioners, to ensure that participants could relate to teenage parents and the involvement of children and young people in the development of 'The Butterfly Effect' DVD to explain what they do to stay resilient and mentally well.
46. A robust teenage pregnancy strategy and a range of effective sexual health services, together with increased awareness of universal services, have resulted in a significant reduction in the under-18 conceptions between 1998 and 2010 by 22.57%. Latest figures show that, for the first time, Wigan has a lower conception rate than both the regional and national averages.
47. Good support is provided to young people who are at risk of pregnancy or sexual health issues and other risky behaviour through Barnardo's teenage pregnancy intervention service. Similarly good provision to support

positive parenting is delivered by Action for Children. These services are having a positive impact on young families and their children.

48. Young people have access to a teenage pregnancy midwife, public health midwives and the looked after children nurses who work closely with Brook sexual health services to provide an exceptional service, with both targeted outreach and fast tracking of young people. A homeless and vulnerable person's service is also in place and includes both health visiting and community nursing staff.
49. The Healthy Child programme introduced in 2009 is delivered to good effect with improved health outcomes for children and young people following increased number of visits and contacts with health visitors and other health professionals. This has led to immunisation rates, which are higher than the national average, and breastfeeding rates to improve, although they are still below the national average. Good support is provided to young parents through a range of specialised midwives including the young women's midwife and the drug and alcohol liaison midwife.
50. Strong leadership by the designated professionals together with trainers from WSCB training pool provides exceptional support to staff through a range of safeguarding and child protection training, which is highly valued. This has resulted in at least adequate uptake of appropriate child protection training across all provider organisations. A couple of service providers, including Brook sexual health services, have achieved 100%. All staff have access to both face to face and formal supervision, on a regular basis delivered by trained supervisors, including staff in the emergency department. This is good practice.
51. The engagement of GPs in safeguarding arrangements is good and is improving. All GPs have enhanced CRB checks and all have received Level 2 child protection training with many now trained to Level 3. All other GP practice staff have received the appropriate level of safeguarding training and all practices have a named safeguarding lead. GPs do not attend child protection conferences and experience difficulty in re-arranging clinics due to insufficient notice of conference dates. However GPs do meet regularly with health visitors and health reports to conference do contain information about the GPs involvement. The primary care named doctor is strengthening this arrangement by the introduction of a conference report template for GPs to complete, which will accompany the electronic invitation. An audit of impact is scheduled to be carried out in August 2012.
52. There is strong engagement of health safeguarding leads in a range of strategic boards including the WSCB, the Shadow Health and Well Being Board and with individual trust boards. Excellent joint children's commissioning arrangements are in place and decisions are resulting in

improved outcomes for children and young people, for example reducing the teenage conception rate. Arrangements are also ensuring that NHS Trusts meet their safeguarding responsibilities through regular reporting and involvement in Section 11 audits, which show very good compliance.

53. Public health promotion is strong within the borough, with the joint strategic needs assessment being used to inform strategies and commissioning plans. The joint strategic needs assessment is updated quarterly to ensure that it remains current. Across agencies there has been good uptake of public health training around keeping children and young people safe and healthy, for example through the safe sleeping campaign. The transition to the clinical commissioning group is developing very well with good engagement with safeguarding issues and close working with the integrated safeguarding health team. The latter provides outstanding support to both commissioners and providers through coordination of policy development, training, supervision and performance monitoring.
54. Heath partners have access to very good facilities which ensure that children and young people who have been subject to alleged sexual abuse are examined and assessed in a suitable environment by appropriately trained staff. The service is provided by St Mary's in Manchester and is a purpose built facility for children and young people with a separate facility for adults.
55. The child death overview panel (CDOP) arrangements are suitably managed with effective rapid response arrangements in place. Tripartite arrangements are in place shared with Bolton and Salford. There is a common sudden infant death policy and paediatricians are in place to respond to the unexpected death of a child, with good support provided to bereaved parents.
56. Children and young people have access to very good emergency care facilities with appropriately trained staff. There is a separate children's emergency department attached to the main accident and emergency suite. Medical and nursing staff are trained in paediatrics and all have access to appropriate safeguarding and child protection policies and procedures. Staff are alerted to children on a child protection plan through their electronic and written records and monitor repeat attendances of children to the department. Safeguarding concerns are communicated to named professionals on a daily basis. GPs are always notified of visits of children to the department through the discharge letter.
57. Services are in place to address the issue of high rates of hospital admissions for substance misuse and self harm and some recent local data is beginning to show a slight reduction in the number of admissions in for substance misuse for young people. Emergency department staff have access to a specialist alcohol nurse and to CAMHS such as The Crisis and

Urgent Intervention Team. The specialist alcohol nurse screens all young people 16 years and over for substance misuse and provides appropriate support and training for staff. This service is to be strengthened by the appointment of an alcohol specialist post for young people under 16 years in June 2012. Children and young people with mental health issues are all assessed by specialist CAMHS provision within four hours.

58. Support for young people who misuse substances is very good and the percentage of children who say that they use drugs is lower than the national average. The drug and alcohol liaison midwife is co-located with the young people's drug and alcohol team and provides an important role in the early implementation of health promotion in pregnancy. As a result the incidence of low birth weight has reduced from 15% in 2010 to 10% in 2011. Non-attendance at clinics has been reduced as a result of the service offering flexibility in appointments, settings and timings.
59. There is a range of very good quality health care provision for children and young people with disabilities. The referral pathway for newborn babies into the paediatric service is robust with paediatricians overseeing the care and treatment of all children up to the age of two years before handover to their GP. A new integrated disability team is currently being established.

Ambition and prioritisation

Grade 2 (Good)

60. Clear aspirations for the children and young people of Wigan are demonstrated by senior managers of the council and in particular the Leader of the Council and Lead Member, who are knowledgeable and show a keen interest in the work of the department; they are known to officers, front line staff and children and young people. The Chief Executive, who is new in post, has a clear vision of what she wants to achieve to ensure that young people stay safe in the borough. Safeguarding is well embedded in the work of the council's Scrutiny Committee, and through regular debates in full council around the relevant issues. This is evidenced in the close alignment of priorities in the corporate strategy, Children and Young People's Plan, the WSCB business plan and the disability strategy.
61. Since January 2012, the Children's Trust, chaired by the Director of Children's Services (DCS) has been in place in its current format and builds on the strong partnerships and relationships from the previous arrangements. The Trust has good and effective links with the WSCB in particular and other boards which make up the governance arrangements for the council. Appropriate lines of accountability are in place between the Chief Executive and the DCS and although the relationships are new there is evidence of a clear commitment to the work of children's services.
62. The Trust will report into the Health and Well Being Board, now in shadow form, on matters relating to children and young people with the latter

holding the Trust to account for matters relating to children and young people. The work of the Trust is embodied in the Children's and Young People's Plan which sets out three key priorities, narrow the gap, protect and promote the welfare of all vulnerable children and young people and develop a whole system approach to early intervention. The plan contains key performance measures and key delivery programmes. The priorities of the Trust are closely aligned with the priorities of WSCB, and the chair of WSCB is a member of the Trust, and the chair of the Trust, who is the DCS, is a member of the WSCB. This ensures that there is good use of resources, that key partners are engaged on the same matters and that there is sharing of information and expertise. The Trust has been the driver for the creation of the Gateway Service, bringing together a range of services from across the partnership to deliver early intervention and a range of other services.

63. Effective leadership to children's services is delivered by the DCS both through a line management portfolio which includes both adult and public health services, and active involvement in a range of partnerships. The Chief Executive although only eight weeks in post, has already visited the social work teams and held a series of listening days with the leader of the council and lead member for all staff on a range of themes including obtaining views on the corporate strategy. This means that the senior management team are visible and accessible and staff are able to direct their views and thoughts directly to key senior leaders.
64. Clear commitment to and ambition for children and young people is demonstrated by the council's senior elected members including the Leader and the Lead Member for children's services. Regular weekly meetings take place between elected members and senior managers to ensure that they have a good understanding of the issues facing the department and are able to respond readily to problems and challenges.
65. The Leader of the Council is of long standing, is a member of the House of Lords, chairs the Association Greater Manchester Authorities Group (AGMA) and has wide influence and connections across the North west of England for the benefit of the children and young people of Wigan, for example, leading the work to obtain the investment of money from the private sector in the development of the Youth Zone for children and young people of Wigan.
66. The lead member is of longstanding and is actively involved in a range of partnerships, including the WSCB, the Children's Trust, the fostering panel and the scrutiny committee and will be a member of the Health and Well Being Board. Regular meetings take place between the Lead Member and the children's services senior management team, who are fully accountable to her and whom she frequently challenges.

67. The children's services scrutiny committee ceased to meet in March 2012 and is replaced by The Confident People's scrutiny committee. Previously the scrutiny committee, as well as reviewing performance data and annual reports, for example the WSCB report, reviewed areas of children's work through special interest groups, most recently this included bullying and teenage conception rates. This has led to a greater understanding by members of the challenges in both these areas and encouraged improvement in tackling problems. The members' seminars determine the issues to be considered, based on data or matters raised with members. The scrutiny committee has co-opted members who have particular expertise in scrutiny and over view of children's work and bring an external or professional expertise to the work of the committee. The scrutiny chair meets with officers on a regular basis outside meetings to review matters of concern.

Leadership and management

Grade 2 (Good)

68. Leadership and management of safeguarding services to children are good. The council has established effective commissioning arrangements. Joint commissioning arrangements across the partnership are well embedded and are underpinned by one commissioning strategy that is supported by aligned budgets. The strategy is informed from a range of sources including user feedback and service reviews. At a time of changing structures the council has retained its focus on safeguarding and looked after services, supported by well established partnerships at all levels. Effective ring fencing of the children's services budget by the council against a back drop of decreasing resources has led to services to vulnerable children and young people being successfully prioritised and protected. Economies have been achieved together with partner agencies, the creating of the joint commissioning arrangements and joint safeguarding unit and retaining key budgets.
69. The council has a comprehensive children's workforce strategy and action plan in place. The strategy includes anyone who works with young people either in a paid or voluntary capacity. This work is led by the Workforce Strategy Group and is drawn from a range of partners and council employees. The strategy is based on national research, Children's Workforce Development Council materials and other information to ensure that the council can meet statutory requirements and have a workforce which is fit for purpose. The social work teams are fully staffed and vacancies are filled promptly. The council has determined that children's social care is the only area of the council where recruitment can be maintained. A work load analysis has been undertaken to ensure that the service has a sufficient number of social workers and support workers, although some social workers have high caseloads in some localities. Extensive training and development opportunities are available, including

leadership programmes, core training and specialist training. The workforce reflects the diversity of the local community. The locality teams are based in areas of greatest need and team size has been adjusted based on the amount of work generated in each locality.

70. The participation of children, young people, parents and carers in developing services is a longstanding priority and strength of the council and is successfully embedded across the partnership. The council works with a wide range of young people, parents and carers to inform service improvement, for example the reconfiguration of the children's centres. Groups include the youth parliament, young carers group, minority ethnic consultative groups, girls groups and talk, listen and change, created and led by the leader of the council to take forward the development of the Youth Zone. The youth parliament meets as a small cabinet on a weekly basis with a larger group meeting on a less frequent basis, but with a membership of 60 young people and a much larger reach through schools and other forums. Two members of the local group are on the national youth parliament, which means there is a closer alignment with national matters of concern. The youth parliament are consulted on a range of matters across the partnership, including health and the police. The youth parliament are responsible for the distribution and allocation of the youth opportunities fund and have been able to fund small voluntary groups. One of which was to support a project called 'Freaky Fridays' which is based on a particular estate in Ashton In Makerfield to provide a range of activities to encourage positive behaviour on a Friday evening, which was a time where there were high levels of anti-social behaviour.
71. Management oversight within the children's social care duty and assessment team is robust and inspectors saw some good examples of management oversight and timely responses and decisions. Managers receive weekly performance reports which allow for the individual utilisation of information and this supports strategic management of the service and this arrangement extends to locality teams. However management oversight is not consistent across all localities with some managers relatively new in post. The four service managers have a wide portfolio of responsibilities, including at least one locality and an additional area, for example the borough's children's homes. The service managers have undertaken external management training and are moving towards strategic rather than operational management of services; however this is taking some time to have full impact on the effective management of the service.
72. Learning from serious case reviews or management reviews is a strength of the council. The WSCB has identified four key themes arising from local, regional and national serious case reviews, which underpin plans and the training programmes. The learning from serious case reviews can be accessed at all times through the ICS system so that social workers can refer to this in assessments, but also refresh their knowledge, and there

was evidence of this in some assessments. Learning has led to the implementation of the Graded Care Tool in assessing neglect and closer links with Hindley Youth Offending Institute in support for young men detained there, following the deaths of young people in secure settings. A management review, following the death of an adolescent, has led to a review of the CAMHS referral system so that now any professional can refer into the service, which makes the service more accessible.

Performance management and quality assurance

Grade 2 (Good)

73. Performance management and quality assurance arrangements are good. Performance management is established within the council and across the partnership and discussed at key forums, including the Children's Trust, WSCB and scrutiny committee. The scrutiny committee, through its established programmes of special interest groups, has improved a range of services, in particular the reduction in the teenage pregnancy rate and support to schools in the reduction in the number of reported incidents of bullying. Senior managers receive a matrix of key performance areas on a regular basis which enable the Chief Executive, DCS and Cabinet Members to interrogate performance, take any necessary action or support with additional resources or training and developmental opportunities.
74. The council has in place a quality and audit framework which drives the auditing arrangements. The work is overseen by the Quality Performance group which is multi-disciplinary and reports to the senior management team on a quarterly basis. The case audits completed for the inspection lacked rigour and depth of analysis of practice and did not always identify good or poor practice, although those undertaken by the safeguarding team were better. The council accepted these failings. Additional case audits produced from the normal auditing process across both safeguarding and looked after services undertaken by the team managers are thorough and provide clear actions for the social workers on how to improve practice and there was evidence of this in recent practice.
75. The WSCB undertakes quality assurance and monitoring arrangements through inter-agency audits processes and includes joint agency audits to evaluate how effectively agencies are working in partnership with each other to safeguard children. The findings are scrutinised by the best practice and audit sub-group who develop action plans monitored by WSCB. The WSCB encourages shared learning from the Section 11 audits from across the partnership which has led to service improvement, particularly within the health services, for example in the delivery of additional training and supervision provided by trained supervisors across most health services. Following a multi-agency file audit on pre-birth assessments a revised pathway has been established to ensure that all

vulnerable pregnant women are seen by a health visitor prior to giving birth to establish more effective relationships.

Partnership working

Grade 1 (Outstanding)

76. Partnership working across the partnership is outstanding. The 2011 joint strategic needs assessment was completed in June 2011, and is made up of nine thematic chapters considering some of Wigan's most pressing issues. Input has been provided from a range of partnerships and the themes are aligned within the priorities of the Health and Well Being Board and the council's corporate strategy. The Children's Trust is an active and mature partnership and builds on long standing relationships. It undertakes joint strategic planning, commissioning and service delivery. The Trust in its previous form was the driver for the development of the Gateway Service and creating 'school clusters' to ensure effective delivery of services in the localities. The police and youth offending service have reduced significantly the number of first time entrants to the youth justice service from 175 to 117 in the last year. In collaboration with the community and voluntary services, health and social care the council has been able to improve the offer of short breaks and activities for disabled children and their families, despite cuts in funding. Several key joint posts between health and the council has resulted in the establishment of the joint safeguarding and commissioning unit with aligned budgets, leading to greater efficiencies and better use of resources.
77. The WSCB fulfils its statutory duties and has a high profile within the council and with partner agencies and there was clear evidence of leadership and support to all agencies. The Chair of WSCB is a member of the Children's Trust and ensures that safeguarding matters have a profile on its agenda. She meets regularly with the DCS, Chief Executive, and Lead Member and ensures that they are fully briefed on safeguarding matters. The Board is well resourced, although they have only a part time business manager. The chairs of the sub-groups come from a range of partners and are senior leaders within their own organisations, including a GP. The subjects of the business plans are based on learning from serious case reviews, data and priorities of WSCB. These themes underpin the priorities of the business plan of WSCB, are aligned with the priorities of the Children's Trust and direct the work of its sub-groups, the domestic violence forum and training programme delivered by WSCB. This means that the work and all agencies are agreed on the priorities and the Children's Trust is able to provide strategic leadership to dealing with Wigan's most pressing issues
78. The WSCB sub groups are active and there is clear evidence of partnership working through the priorities across the groups, for example domestic violence training is provided in Hindley prison to male prisoners on parenting courses, via the Hindley sub-group, the training sub-group

have domestic violence as a theme which underpins all of their training, and the best practice and audit group assess the impact of the domestic violence work on the number and type of referrals. The annual report is clear and the business plan is robust.

79. Joint child death overview panel (CDOP) arrangements with Bolton and Salford are effective. The panel identified that there is an increased number of sudden unexplained infant deaths. The three authorities have pooled budgets and embarked on a three year campaign to raise the awareness of the impact of co-sleeping and how this puts babies at risk. The safe sleeping sub-group of the WSCB is leading on this work for Wigan and have engaged community partners, for example Wigan Athletic football club, who have raised awareness of the issue during the matches by displaying the key messages on the large screens and in the match programmes. The outcome of this work is monitored by the CDOP and the key messages are reinforced by health care professionals.
80. The local authority and its partners have established relationships in the management of domestic abuse and adopt a whole system approach in mapping services and evaluating outcomes. The interface between the multi-agency risk assessment conference (MARAC) and multi-agency public protection arrangements (MAPPA) ensures communication between MAPPA and MARAC processes is clear and support the protection of children.
81. Monthly multi-agency strategy meetings consider cases of young people who go missing from home on a regular basis or who are risk of sexual exploitation. The dedicated child sexual exploitation team, SHIELD, supports young people to develop skills and confidence to support young people to counteract the attraction of sexually aggressive relationships and rebuild relationships with parents or carers. This has significantly reduced the number of young people who are missing. The small number of young people who continue to be missing on a regular basis are known to all agencies and action plans are in place to address this.
82. Representatives from the Council for Voluntary Service (CVS) have worked in conjunction with the council and service users to develop services and shape contracts and service design to improve the quality of service. For example Wigan Council recognised that there was no advocacy service for children with complex needs within the child protection service. This was developed in conjunction with Wigan family welfare service and they provided training for the worker in non directed advocacy. This service also provides advocacy for children at ICPC, either in person, by providing a report or supporting the child to attend. The CVS remains committed to working with the council even though there has been a reduction in their budget.

83. Inspectors saw evidence of good partnership working across agencies, including education, police, housing, health and the fire service. This enables a coordinated and shared approach in the identification and management of children at risk of harm or abuse. The WSCH have created a clear thresholds document setting out what services are to be delivered at what stage and in particular which services are targeted at the Gateway Service. This is understood and partners seen by inspectors were clear about their respective roles and responsibilities in the protection of children. Partners report timely responses by children's services to child protection referrals and feedback is routinely reported. This is supported by inspection findings.

Services for looked after children

Overall effectiveness

Grade 2 (Good)

84. The overall effectiveness of services to looked after children and young people is good. The council has good ambition for looked after children. This is demonstrated in the additional investment in the outside placement budget to ensure that young people are safely placed and new funding for a Wigan Council apprenticeship scheme targeted to provide guaranteed apprenticeships to eligible looked after young people. Looked after children are to be a priority group for the Health and Well Being Board. The Lead Member is of longstanding and is actively involved in a range of partnerships. She has a clear understanding of the needs and challenges facing looked after children and has been involved in special interest groups to advocate and improve their lives, for example accommodation for care leavers.
85. Good outcomes were in evidence across the partnership for looked after children. Health outcomes for looked after children are outstanding. They benefit from a well resourced Children in Care Health Team, with access to a range of specialist services. Looked after children are safe, placement stability is good and rigorous arrangements are in place to secure and monitor placements. The Children in Care Council, Voices for Choices, has been extremely effective in campaigning for change and have introduced a range of new measures to support looked after children. Work led by the lead professional groups has led to a recent improvement in the quality and quantity of suitable accommodation for care leavers. However more work is required to ensure that all looked after children, particularly at age 16 years (Key Stage 4) do well in education and more have the opportunity to progress to higher education and training.
86. Effective planning, monitoring and decision making ensures that timely action is taken to ensure children and young people who need to be looked after are in appropriate placements. However, poor planning and decision making in the recent past and the slow progression of plans to secure permanency for children and young people has meant that the outcomes for some older young people, who have been looked after for a long period of time, are poor. The independent review service (IRS) is not rigorous enough to ensure that care planning decisions are always timely or to ensure that all young people are seen prior to their review.

Capacity for improvement

Grade 2 (Good)

87. Capacity for improvement is good. The council and its partners have an established track record of successful service development for looked after children. Significant improvements have been achieved in a variety of

health and education services to looked after children, such as higher than average attainment at age 11 years, Key Stage 2, and the improvement in the timeliness and quality of health care assessments. The fostering service was judged outstanding and the adoption service good in their most recent Ofsted inspections. Most of the council's children's homes and schools are judged to be good or outstanding.

88. Where the council and its partners have identified weakness in services, effective steps are taken to improve services. For example the virtual school has been redesigned and relocated to school improvement services when the council recognised that it was not bringing about sufficient improvement in the education of looked after children. The council embarked on an ambitious campaign to increase the number of in house foster carers to reduce dependency on the use of independent foster care agencies and this resulted in an increase of 40 carers, which means that more children are placed in Wigan, making contact more accessible and children are more likely to be able to stay at the same school.
89. Senior managers have undertaken work with the courts and Cafcass to reduce delays in care proceedings and this has enabled some timetabling to be reduced to six months. A review of placement break downs of children placed with family and friends led to the implementation of very good arrangements to ensure that appropriate assessments are undertaken of 'connected persons' and this has resulted in fewer children being placed with family and friends on an emergency basis so that this only happens when it is assessed to be the child's best interests.

Areas for improvement

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

Immediately:

- ensure that all looked after children and young people receive a visit or contact from an independent reviewing officer (IRO) prior to their statutory review.

Within three months:

- ensure that the public law outline is used effectively to engage with parents where there are risks to children and that they only become looked after when all other options have been explored.

Within six months:

- improve the overall achievement of looked after children at Key Stage 4
- review all young people placed with parents on care orders to ensure that this is most appropriate way to deliver care and support
- review the arrangements in place to ensure to increase the access to higher education and training for looked after children.

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

Being healthy

Grade 1 (Outstanding)

Outcomes for looked after children: Being healthy

91. Health outcomes for looked after children are outstanding. The proportion of children with up to date annual health assessments and plans, dental checks and immunisations are above those of similar areas and the national average. There is also good performance in relation to developmental checks and screening for substance misuse being carried out. Effective leadership by the Children in Care Health Team together with robust auditing of processes has led to improved partnership working between health and social care, significantly the early notification system has been very effective. Better communication and information sharing has significantly improved the timeliness of initial health assessments from the council not meeting their targets in 2011, to currently 92% being completed within 20 days. Staff are aware that this early progress is yet to be sustained.
92. Monitoring systems by the Children in Care Health Team to assess the quality of health needs assessments and plans both inside and outside the borough are in place and working very well. Most health assessments seen by inspectors are of sufficient quality and 94% of children and young people have up to date health assessments and plans in place. Where health assessments and plans could have been more robust, the Children in Care Health nurses have delivered further training, and for children placed out of area the team returns for further work those that do not meet requirements. Where children are placed in a neighbouring authority, Wigan's health team will carry out the review health assessments themselves, to ensure continuity for the child.
93. Targeted health promotion services work very well for looked after children and care leavers. Currently most looked after young people, are screened for substance misuse and a pathway is in place to ensure that they have prompt access to specialist provision where required. This has contributed to the proportion of looked after children with a substance misuse problem being much lower than in similar authorities and the national average. All looked after young people have access to very good sexual health support both in and outside schools and colleges, provided by the NHS and the third sector. For example, Brook sexual health service provides an exceptional outreach service and fast tracking to other services. The clinic in a box service is provided in children's homes.

94. The good access to very effective CAMHS provision for children and young people in care, and care leavers, has contributed to the emotional health for looked after children being slightly better in Wigan than in similar authorities and the national average (11.9%). There is dedicated provision for looked after children within Tiers 2 and 3. A referral pathway, which has been improved, together with a case allocation panel ensure that all referrals are allocated appropriately. Plans are in hand to strengthen this process further by the appointment of an independent chair to oversee the process and provide more rigour.
95. The strengths and difficulties questionnaire is used by health care professionals to inform decisions around health needs. This process is being strengthened to bring it into line with best practice so that the assessment is completed by the Children in Care Health nurses at the initial health assessment. This is to be reviewed at the annual health assessment and fed into the health plan by the named health practitioner.
96. Health support for foster carers and in children's homes is very good. Foster carers have been consulted on their learning needs which has resulted in a 12 month training programme. This programme covers a range of topics including first aid, childhood illnesses, blood borne viruses and healthy eating, and feedback has been positive. Following the identification of rapid weight gain by some young people in children's homes, staff undertook a cook and taste training course. Feedback from both staff and children has led to at least three staff from each home going on to achieve an accredited Chartered Institute of Environmental Health qualification in healthier food and special diets. Staff report that this has had a positive impact on children including the reduction in weight gain for some young people.
97. Since 2008 the Children in Care Health team have been early pioneers of good practice with instances of innovative practice such as the D-Card scheme; three local dentists are commissioned to provide NHS treatment to all looked after children. Latest figures show that 90% of looked after children and young people have a dental check. The scheme was recognised as good practice in the 2009 statutory guidance. As a result of the success of the scheme this has now been extended to include care leavers, children on a child protection plan and children in need. The Children in Care Health team provide all young people aged 11 years and over with a personal health passport, which is good practice. This ensures that young people have a clear and accurate record of their health information. The passport was developed with young people and provides information on historic and current health plans.

Staying safe**Grade 2 (Good)**

98. Arrangements to safeguard looked after children are good. The Gateway Service includes a number of family support services to ensure that

children who are at risk of becoming looked after are supported. For example, a prompt, high intensity 24 hours a day support service for families is being piloted in one locality. However it is too early to fully evaluate the effectiveness of these services and not all services are provided across the local authority.

99. Feedback throughout the inspection from looked after children and those receiving leaving care services, indicate that almost all feel safe or fairly safe within their placements and immediate environment. Two young people expressed some concerns to inspectors about their placements but these were dealt with effectively by the council during the inspection. All children and young people report that they have someone with whom they could discuss any concerns. Almost all of them see their social worker regularly and do so alone. There are effective systems to manage high level risk, such as children who are missing from care or are at risk of sexual exploitation; although in a small number of cases seen low level risk, for example risks associated with unsupervised contact, was less well managed.
100. The authority is an active member of Placements North West and uses the regional contracting arrangements to find suitable places for looked after children. Where children are placed outside of Wigan, rigorous systems are in place to monitor the quality of provision through internal and partnership arrangements. Appropriate decisions are taken where there are concerns about placements and the council acts promptly with other local authorities to drive improvement in these settings. All children are placed in provision which is assessed by Ofsted to be at least adequate and most are in good or outstanding provision. Almost all the council's in-house provision is good or outstanding. The large majority of Wigan's looked after children receive a very high quality of care, where their outcomes are promoted well and they are protected.
101. All foster carers have safe care policies in place that are specific to the children and young people in the placement and reviewed at regular intervals. Social workers complete comprehensive risk assessments prior to placements and these are taken into account by staff when the safe care policy is completed. All foster carers and staff have access to local child protection protocols and receive training to safeguard and promote the welfare of children and young people; this enables them to respond appropriately to any concerns about children and young people. The adoption service has recently developed a combined service with neighbouring authorities to improve the timeliness of placement and to increase the pool of prospective adopters. Matching of looked after children to adoptive parents is rigorous and there have been very few placement disruptions in recent times.
102. Good use is made by looked after young people of advocacy support, which is a commissioned service from Wigan family welfare service and

known to children and young people met during the inspection. Placement stability is good. In 2011/12 only 7% of looked after children and young people experienced three or more placements and 69% of children and young people looked after for more than two and a half years had been in the same placement for the last two years. This is better than in similar authorities. A good proportion of looked after children are placed within the borough or within 20 miles. Decisions about placement moves are properly made as part of the process of individual care planning.

Enjoying and achieving

Grade 3 (Adequate)

103. The impact of services to help looked after children and care leavers enjoy their learning and achieve well is adequate. The education service provides a clear strategic approach and effective leadership. The council has taken decisive action, following a thorough review of the virtual school service, primarily to address the recent 2010/11 disappointing achievement outcomes for 16-year-old looked after young people. Staff within the virtual school team are highly valued by schools, foster carers and children for the work that they do in promoting positive education outcomes.
104. Good progress has been made in reducing absence from school of looked after children. School attendance of looked after children in and outside the borough is closely monitored by the virtual school team; absences have reduced steadily over time and performance is now better than that in similar areas and nationally. The Education Welfare Officer ensures swift action is taken when alerts about pupil non attendance are received through the welfare call system or from schools. There have been no permanent exclusions of looked after children since 2006. The use of fixed term exclusions has steadily reduced, from 34 pupils in 2007/8 to 25 pupils in 2011/12. Schools work collaboratively to support smooth transitions for looked after children moving from primary to secondary school, with pupils visiting secondary schools in the summer term prior to transferring and, in some cases, additional learning and nurture groups are arranged over the school summer holiday.
105. Nearly all looked after children make good progress from their starting points, even though the final outcome at Key Stage 4 does not always reflect this. Attainment for 11 year olds is much higher for looked after children in Wigan than in similar areas and nationally; in 2011 69% achieved Level 4 in English and 63% achieved Level 4 in mathematics demonstrating very good and continuing improvement since 2010. Progress tracker forms are used effectively by the virtual school team and have been extended to provide a mid year data report for each pupil, to enable better target setting and advice to primary schools. The performance gap in attainment at Key Stage 2 between looked after children in Wigan and their peers nationally who achieve Level 4 in English and mathematics, has narrowed for the third consecutive year.

106. Outcomes for looked after children at Key Stage 4 in 2011 were less positive than in previous years. Only 7% (two pupils) of 27 in and out of borough eligible to sit the examinations, achieved five grade A* to C at GCSE (including English and mathematics). This is very low when compared to the national average of approximately 12% for this group of pupils. Only 11% (27) achieved a total of five grade A* to C at GCSE, again falling short of the national average of 32%. For pupils at age 16 years, the gap between this cohort and their peers continues to widen.
107. A number of improvement strategies are employed in schools and by the virtual school team to address narrowing the gap, for example the use of learning mentors and targeted core curriculum activities. Pupil tracking arrangements to monitor progress have also been strengthened recently, however progress has been inconsistent, although predicted grades for this year are better for Key Stage 4 pupils, with more expected to achieve five good GCSEs. Satisfactory arrangements have been established between out of borough school placements and the virtual school team to ensure that pupil progress is regularly monitored, recorded and tracked robustly by each of the host local authorities. Achievement at Key Stage 4, however, remains a concern for these pupils.
108. The quality of personal education plans (PEPs) reviewed by inspectors was too variable. These ranged from very good, showing progress made over time with clear learning objectives, to incomplete plans with weak target setting and poor recording of the child's views. However recent changes to the PEPs made in consultation with designated teachers and the Voices for Choices group has resulted in better quality PEPs with more appropriate information about actual progress levels and agreed learning goals.
109. The pupil premium is used appropriately within schools to encourage positive educational outcomes, and an additional sum of £1500 per annum per pupil from the council has enabled, for example, additional learning support, enrichment activities and the purchase of relevant equipment to improve attainment. Use of this finance is generally monitored and recorded in each PEP although a review by the council confirmed that this practice is inconsistent.
110. A good range of opportunities are available for school aged children to get involved in after-school programmes and leisure activities. Access to free musical instruments and tuition is provided through the local authority music service and free swimming is offered to all looked after children through the life style card. Many looked after children and care leavers have experienced residential and trips out. The youth engagement service works in locality areas to engage older young people, including those in the care system, in targeted programmes during the evenings and at weekends. Some children and young people who met inspectors were not aware of the leisure offer and were concerned at the high cost of some activities and travel to get around the borough.

Making a positive contribution, including user engagement

Grade 2 (Good)

111. Arrangements to enable looked after children and young people to make a positive contribution are good. Senior officers and the Lead Member demonstrate a clear commitment to listening to the voice of looked after children and ensure children have regular access to them to raise concerns and issues that affect the lives of looked after children.
112. Voices for Choices, the highly effective Children in Care Council, is well established with young members aged 13 to 19 years who are enthusiastic advocates for their peers. The group has campaigned for several changes to systems and processes within the care system. It has been extremely successful in taking their views, ideas, concerns and interests to the wider audience of the council, its elected members, senior officers, practitioners and partner agencies. It is well supported in its work by the Children's Rights Officer within the council's youth engagement service.
113. Voices for Choices was recognised last year for achieving all seven standards of the leading improvements for looked after children award, an externally accredited scheme which had been commissioned by the council and which focuses on participation and making sure looked after children are involved in decisions about their lives. The group has been instrumental in introducing a range of initiatives including the Pledge, the 'My Plan' booklet and the new PEPs; in developing new welcome packs and the I-stash bags for children when they first come in to care.
114. The independent advocacy service is highly regarded by young people and its use has increased since information about the service was reviewed in 2011 to make it more child and young person friendly. The most common themes taken to advocacy are the number of placement changes that children experience and the too frequent changes in social workers. An audit of cases, by the independent reviewing officers (IROs) in 2010/11, found that all children and young people had been informed of their right to complain, as had young people met during the inspection. Individual complaints made by looked after children are thoroughly investigated, however the council does not sufficiently aggregate and analyse patterns and trends to inform and improve practice. Children who met inspectors did not know about the independent visitor service and currently only two of six trained visitors have been matched to children. A new leaflet explaining the service and devised by the Voice for Choices group has been included in the I-stash bags for new children coming into care.
115. The cultural, religious and ethnic identity needs of looked after children are not always clearly identified in their care plans, PEPs and pathway plans. However, a number of culturally specific youth groups have been established for older young people, which include care leavers who come from Iraq, Eastern Europe and the Roma/Traveller community. Work is

undertaken in children's homes to support young people in respect to their sexual identity. Access to translation services is available to schools and foster carers as well as language specific resources. Information and support is provided for newly arrived migrant children and young asylum seekers who become looked after.

116. Effective joint strategies by Greater Manchester Police and the youth offending service have reduced the number of looked after children who are first time entrants to the youth justice system. In 2010/11, of 421 young people in the criminal justice system in Wigan, only 19 were looked after. There is a joint planning protocol in place between police and the council to deal with offences in residential children's homes to ensure an effective and proportionate response to offending behaviour and to reduce the involvement of looked after children into the youth justice system.

Economic well-being

Grade 2 (Good)

117. The impact of services to enable looked after children and young people to achieve economic well-being is good. In 2010/11, the proportion of care leavers in education, employment or training was much lower than comparators at 51% in Wigan, compared to 67.4% in similar authorities and 61% in England. Local schools and the council have worked to ensure that all 16 year olds leaving school have received and accepted a positive offer of education, training or employment, and this improved strongly. In March 2012 79% of the current cohort of 16 year olds were in placements and four were not; of these two were waiting for starting dates and two were actively seeking employment. Outcomes for 17 year olds are less positive with 13 out of the 43 looked after young people currently not in work, training or education.
118. The council routinely tracked what happens to looked after 16 to 18 year, old young people, if not in school, to ensure that they are offered targeted interventions which are undertaken in consultation with the specialist careers information, advice and guidance Gateway Service workers. A wide and increasing range of vocational and career pathways are on offer to this group. The council works effectively with a number of local and national training providers, including the three post-16 colleges. For those young people not ready to participate in full-time further education or training programmes the council has brokered a number of bridging programmes and entry level courses with providers to help remove barriers to young people's participation.
119. Regular review and re-shaping of training and employment provision for young people post-16 is undertaken across the partnership to ensure that the most vulnerable young people can access activities that will also match local business needs. Some care leavers are involved in local apprenticeship schemes. The council has recently committed significant funding to a new apprenticeship initiative within the council which will

prioritise places to young people in care. Regular careers events showcase the range of opportunities available to young people post-16, which focus on increasing their learning and employability skills. Very few care leavers are at university or in higher education, three are at university and two are due to enrol in September 2012.

120. Care leavers contribute regularly to their pathway plans and young people who met inspectors were clear about their personal targets and were happy with their reviews and with the support they received from their care workers. Pathway plans reviewed during inspection were of at least a satisfactory standard, provided relevant information and took account of the young person's wishes and needs. For young people with additional learning needs or with a learning difficulty and/or disability, young person's specific needs were addressed in their individual pathway plans .
121. A number of helpful initiatives are in place to support care leavers moving to independence. Foster carers are encouraged by staff to support young people to learn independent living skills within the home and young people in residential care can access activities which enhance their domestic skills such as cooking, washing, ironing and shopping on a budget. For those young people moving into accommodation, independent living skills programmes are provided as part of their tenancy agreements. Ongoing support is offered by care leaver workers and the Gateway Services vulnerable groups team during their time in care and at times of high need. A regular Thursday afternoon open door session at the care leaving team base is well attended by care leavers and provides advice, support and guidance.
122. The local authority is a partner with Placements North West and all accommodation meets at least their minimum quality standards. The council took swift action to increase the range of supported living accommodation for care leavers as a result of a thorough needs assessment completed at the end of 2011. As a result, 97% of care leavers are living in suitable accommodation and this has improved significantly from 76% last year, which is now better than the national average. The new and developing 'Stay put' scheme in foster care placements enables young people to stay up to the age of 25 years if they remain in full time education. Several young people in stable placements are choosing this option. A range of supported living arrangements is also available. These include two foyers, 25 supported lodgings, a range of shared flats, secured lettings and tenancies with commissioned providers. Good support is provided for teenage mothers and parents, who can access specialist housing provision and parenting advice and training.

Quality of provision

Grade 3 (Adequate)

123. The quality of provision provided to looked after children is adequate. The number of looked after children in Wigan has been historically higher than in similar authorities, the council does not have a clear understanding of the reasons for this pattern, although as a result of targeted strategies there has been a steady decrease in this number over the last two years. The inspection found that the public law outline process is not used consistently or sufficiently early to reduce the risk of entry to care or to promote timely care planning if children cannot live safely with their families. More effective planning and decision making is evident in recently commenced cases seen by inspectors, to enable timely action so that children and young people who need to be looked after are being cared for. For example, a Legal Gateway Panel consisting of a service manager, two team managers and a legal representative make decisions as to whether cases meet the threshold for admission to care. Among the high number of looked after children some have been at home on care orders for a number of years and it is unclear if this remains the most appropriate way to provide support to these young people.
124. Placement stability is good both in the short and long term and an effective range of services are in place to prevent placement breakdown and to provide on going support to foster carers and adoptive parents. These include a dedicated out of hours service which provides home visits by support workers where necessary. Very good direct work is undertaken by the looked after children and fostering support workers to support children in placements. This includes life story work, and creative techniques to involve looked after children in care planning. The recently introduced 'All about me' pack, which has been devised in consultation with the Children in Care Council, is leading to better engagement of children and young people in care planning and reviews. One young person has chosen to chair their own review.
125. Good practice is evident in joint assessments undertaken by social workers and children and family support workers to provide coordinated, comprehensive assessments for those children subject to care proceedings. Providers and other agencies comment positively on the quality of these assessments. This approach has improved the timeliness of assessments and resulted, in some cases, in a reduction in the length of the court processes.
126. Care plans are generally comprehensive and identify clear objectives and responsibilities in terms of tasks, roles and timescales. Most care plans include appropriate consideration of issues of equality and diversity, however not all sufficiently represent the children's views. Care plans give appropriate consideration to permanent alternative placement or return home. Plans are updated to reflect the changing circumstances and needs of looked after children. However, this is not always underpinned by a

thorough needs assessment and analysis. There was some evidence of drift in care planning, particularly for children placed on Section 20 orders of the Children Act 1989 or with friends and family. Placement plans are comprehensive and clearly set out how the placement will meet the needs of the child, including appropriate consideration of issues of equality and diversity. Some locality teams demonstrate good practice by convening monthly multi-agency looked after children planning meetings to monitor the progress of assessments and care plans and to promote effective sharing of information between agencies. However, this practice is not consistently applied across localities.

127. Strong and renewed commitment to achieving permanency for children and young people by locality teams and the adoption service is evident and recent good practice in relation to early consideration of permanency planning when a child is first accommodated. Permanency planning has been strengthened by the introduction of the permanency panel which provides robust oversight of decision making and the resource panel which allocates additional resources to support placements. Placement stability is good, ensuring that children have to move less frequently and the council has effectively encouraged the use of Special Guardianship Orders to provide permanency where appropriate. Placement with family and friends is carefully considered. There are examples of good planning practice in some cases to reduce delay and ensure that, where possible, children move to permanent placements in a timely manner. However, too many children are waiting too long for adoptive placements. The council has recognised this issue and has taken steps to tackle this in partnerships with other local authorities, although it is too soon to evaluate the impact of action taken.
128. Social work recording is up to date but the quality of recording is too variable. Some recording is detailed and comprehensive but this standard is not consistent and recording does not always sufficiently represent the children's wishes and feelings. Recording of supervision on case files is very brief and is generally poor in quality. Actions and some decisions are recorded within the electronic supervision record but there is no recording of the context for decision making and not sufficient evidence of discussion and analysis of cases. The social care electronic recording system does not effectively support social workers in undertaking their work. Records are stored on the electronic system as well as paper files. A lack of consistency as to where documents are stored results in staff experiencing difficulty in gathering a holistic view of the case. The council is aware of this and the electronic system is to be replaced imminently.
129. Independent reviewing officers (IROs) are suitably qualified and experienced to undertake the role. The council has increased the capacity within the IRO service to ensure that officers can carry out the role effectively and in particular to enable them to visit all young people prior to the reviews and to meet the requirements of the Care Planning

Regulations 2010, which are not currently being met by all IROs. In addition, there is not sufficient rigour and scrutiny brought about by IROs to ensure that care planning is timely and decision making is swift in all cases to ensure that permanency planning is secure.

130. Performance on the timely completion of reviews is good. The attendance of children at reviews is not sufficient and this is recognised by the IROs, in part due to the lack of engagement of young people prior to reviews. There is evidence in more recent practice that the changing needs of children are being assessed and addressed in reviews. Recommendations from reviews are tracked by IROs in more complex cases. Young people benefit from continuity of the IRO from one review to the next.
131. All looked after children have a qualified social worker who regularly undertake timely statutory visits and see children alone where appropriate. Following the recent re-organisation of the looked after children team more young people are able to maintain the same social worker after they leave care. However, the continuity of social workers is too variable and this was confirmed by children who met inspectors.

Ambition and prioritisation

Grade 2 (Good)

132. The Lead Member is of longstanding and is actively involved in a range of partnerships, including the WSCB, Childrens Trust, fostering panel and scrutiny committee and will be a member of the Health and Well Being Board. She regularly visits children's homes, including Hindley Youth Offending Institute, attends the Voices for Choices group, locality team meetings and is a good advocate for the service within the council. For example she reported to full council and moved a motion that the fostering service be congratulated on receiving an outstanding judgement in the last inspection and worked with the Children in Care Council to launch the Pledge to a full council meeting and led a debate with members of the Children in Care Council. This meant that all elected members had a first hand understanding of the issues concerning looked after children and the challenges they face. All children and young people who met inspectors were aware of the Lead Member and in particular her accessibility through a closed 'Face Book' page which meant that they could contact her quickly and easily and is an additional safeguard.
133. The council supports the work of looked after children. This is demonstrated in the additional investment in the outside placement budget to ensure that young people are safely placed and in the apprenticeship scheme with the aim that every looked after child is guaranteed an apprenticeship should they require one. Through the work of the scrutiny committee, two specific interest groups were created to try and improve areas, for example young people not in education, employment or training (NEET) and improving accommodation for care leavers, with considerable success. Elected members are encouraged to be

school governors and to take a special interest in any looked after children in 'their' school. All elected members receive regular briefings on their role as corporate parents.

134. The active multi-agency lead officers group for looked after children, has strategic responsibility for ensuring a partnership approach to developing and providing services in Wigan and improving outcomes for children. They have a shared vision and commitment to looked after children which emphasised the good partnerships seen operating in Wigan. Their recent work has been in leading the work to improve the quality and quantity of suitable accommodation for care leavers, training for staff across the partnership on the Care Planning Regulations and improving employment opportunities for care leavers.

Leadership and management

Grade 2 (Good)

135. Leadership and management is good. A well informed sufficiency strategy is leading the work of ensuring that the commissioning strategy is based on the current and future needs of the looked after service. Out of borough placements are procured using regional framework contracts, which Wigan council played a central part in developing. The arrangements for contract compliance are sound and the quality of services are regularly reviewed. Swift and appropriate action is taken if circumstances change, taking into account the views of social workers and the progress made by young people.
136. The council has implemented a comprehensive children's workforce strategy and action plan. The strategy includes anyone who works with young people either in a paid or voluntary capacity, foster carers, managers and staff in children's homes and staff in commissioned services. Team managers have been supported to undertake NVQ Level 4 management training and additional management training has been provided to the managers of the borough's children's homes to enable them to be more confident in their management skills. A series of workshops has been provided for staff on practice implication arising from the Care Planning Regulations and this has positively impacted in the good arrangements for the assessment of 'connected persons' under the Care Planning Regulations. The fostering service has promoted the Children's Workforce Development Council standards for foster carers. The majority of carers have undertaken this training to provide them with a strong knowledge of the needs of children and young people.
137. Increased staffing in the Children in Care teams and fostering teams is having a positive impact on services for children and young people. Five additional posts in the Children in Care team, including support workers, has reduced social worker case loads and has ensured that children and young people have access to good quality direct work, including life story

work. The fostering team was increased by four social workers in 2010 and additional funding provided to employ assessors of prospective foster carers to ensure that all prospective carers were assessed without having to wait; this was instrumental in the overall recruitment of more carers.

138. The looked after children population in Wigan largely reflects the overall ethnic breakdown of young people in the area. There are fewer Asian children than in the local population who were looked after and a slightly larger proportion of Black children, although there was no evidence that the outcomes for this small group of children was significantly different to those for any other group. The profile of looked after children in Wigan is considered within the Looked After Children Annual Report 2011 and the actions from this are translated into the social care action plan. This has resulted, for example, in good progress in the recruitment of more foster carers. Children with disabilities are supported by the joint complex needs team, which aids transition to adult services and access to health care services. They have access to a range of services including an in house short breaks service and a range of activities.
139. In 2011 the council audit section conducted a review of the residential children's homes and identified a number of improvements in the financial management and decision making processes. This led to a review and ultimately a reduction in the overall budgets, without affecting the quality of care provided.

Performance management and quality assurance

Grade 2 (Good)

140. Performance in meeting targets is usually in line with similar authorities. However this is not the case in the high, although declining, numbers of looked after children in the area and in the numbers of children awaiting adoptive placements. The local authority has successfully reduced the number of looked after children placed out of the borough.
141. The council's quality and audit framework supports the delivery of improvements and underpins the auditing arrangements to drive up practice standards. The work is overseen by the Quality Performance group and reports to the senior management team on a quarterly basis. The results of team audits helps identify areas for improvement. The analysis clearly identifies good practice and areas for improvements and there is evidence in more recent cases of an overall improvement in quality and timelines of assessments, care planning decisions and engagement with young people in care planning. There are a variety of mechanisms to monitor and track individual cases.

142. Social workers feel well supported by team managers. Supervision is regularly provided and information about cases and decision making is recorded, although not always consistently. The WSCB has identified that the quality of supervision across the partnership is an area for development and has commenced work in this area. There is an appraisal system in place, but the council has recognised that this is not effective and a new format is to be introduced shortly.

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