

Inspection of safeguarding and looked after children services

St Helens

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Reporting inspector: Gary Lamb HMI

Age group: All

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Contents

About this inspection	2
The inspection judgements and what they mean	2
Service information	3
Safeguarding services	6
Overall effectiveness	6
Capacity for improvement	7
Safeguarding outcomes for children and young people	10
Children and young people are safe and feel safe	10
Quality of provision	12
The contribution of health agencies to keeping children and young people safe	12
Ambition and prioritisation	18
Leadership and management	20
Performance management and quality assurance	22
Partnership working	24
Services for looked after children	26
Overall effectiveness	26
Capacity for improvement	27
How good are outcomes for looked after children and care leavers?	
Being healthy	30
Staying safe	31
Enjoying and achieving	32
Making a positive contribution, including user engagement	35
Economic well-being	37
Quality of provision	39
Ambition and prioritisation	40
Leadership and management	41
Performance management and quality assurance	43
Record of main findings	45

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 67 children and young people and 69 parents and carers 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 three serious case reviews undertaken by Ofsted in accordance with '*Working Together To Safeguard Children*', 2010
 - a review of 60 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 31 March 2011
 - interviews and focus groups with front line professionals, managers and senior staff from St Helens & Knowsley NHS Hospital Trust, Bridgewater Community NHS Trust and the Five Boroughs Partnership 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
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. St Helens has a resident population of approximately 42,400 children and young people aged 0-19 years. They make up just under 24% of the Borough's population. In January 2012 just under 4% of the school population were classified as being of an ethnic group other than White British. The largest minority ethnic group being of Traveller heritage. The January 2012 school census reported 1.3% of pupils with English as an additional language.
5. According to the most recent Government statistics, St Helens is ranked 51 in the most deprived local authority areas out of 326. St Helens has improved its relative deprivation ranking across five out of six domains between 2007 and 2010. However, there is evidence that inequality within the Borough has grown, as a number of the most deprived Super Output Areas (SOAs) have worsened their relative deprivation ranking, suggesting the gap between these areas and the rest of the Borough has widened. However, 24 out of 118 SOAs fall within the top 10% most deprived nationally. As at January 2012 just under 20% of school pupils were eligible for free school meals.
6. There are 69 schools in St Helens. This figure includes two academies, one trust (secondary) school and 66 local authority maintained schools. These comprise 54 primary schools, six secondary schools, three special schools, two pupil referral units and one nursery school. Early years provision is mainly delivered through the private and voluntary sectors, as well as through the eight phase one children's centres.
7. St Helens Council has 149 foster care households at the time of the inspection, providing 147 placements. Three area teams provide statutory assessment and family intervention services, and there is a central contact and first response referral team which is responsible for handling all incoming referrals. Early help services are organised through three community based area teams. A range of targeted services are provided through children's services, for example youth services, services for children with disabilities, behaviour and learning support and early years and childcare services. The council operates a joint emergency duty service with a neighbouring council, and has recently entered into a joint arrangement with two other neighbouring councils for the delivery of adoption services.
8. In March 2012 there were 335 looked after children, of whom 119 were placed in local authority foster care, 54 were placed with agency or other local authority foster carers, 73 were placed with a relative or friend, 38

were placed with parents and 27 were in residential care. A further 13 were placed for adoption and 11 in another type of placement such as independent living accommodation. Virtual headteacher arrangements for the education of looked after children are delivered through a joint education and social care team, led by an education adviser. There were 177 children with child protection plans at March 2012.

9. The St Helens Children's Trust Board was established in 2005. The Trust is one of a number of thematic groups linked to the Local Strategic Partnership. The Children's Trust Board includes representation from the local authority, health commissioners, service providers including local health providers, the voluntary community and faith sector, Director of Public Health, Merseyside Police, Job Centre Plus, school and college representatives and the Greater Merseyside Connexions Partnership.
10. The St Helens Local Safeguarding Children Board (LSCB) consists of representatives from the main organisations working in the area, as above. It has a number of sub-groups, including an Executive Board. There is an agreed protocol in place between the Children's Trust Board and the LSCB to support complementary and collaborative working. The LSCB has had an independent chairperson since January 2010.
11. The council has a range of arrangements in place to ensure that the voice of children and young people is heard in decision making and service design. The St Helens Children in Care Council and the care leavers group meet regularly with senior officers and elected members. Representatives of both groups attend the Corporate Parenting Forum. The majority of schools have in place a very active schools forum. The council runs annual democracy days for primary and secondary pupils, where young people take over the council chamber, debate issues and put forward suggestions and proposals to the council.
12. Commissioning and planning of children and young people's health services and primary care are undertaken in conjunction with the public health team and the NHS Merseyside cluster. A virtual joint strategic needs analysis (JSNA) team work together to produce and review the JSNA. The St Helens Clinical Commissioning Group has been established and is working closely with the local authority, public health and NHS Merseyside. The Shadow Health and Wellbeing Board has been established with senior representation from all key partners, and there are clear links to the LSCB and Children's Trust Board. The council has recently appointed a Director of Public Health and there is also a Cabinet Member for Public Health.
13. In St Helens, acute services are mainly commissioned from one acute hospital trust, Whiston Hospital (St Helens & Knowsley NHS Hospital Trust). Some children may attend acute trusts outside St Helens in Warrington or Wigan. Maternity and newborn services are delivered

through the acute hospital trust, although some patients may choose to attend hospitals outside the area. The majority of community services, including a walk-in centre, health visiting, school nursing and community paediatricians are provided by Bridgewater Community NHS Trust. Some therapy services, commissioned by NHS Merseyside, are delivered by the Five Boroughs Partnership NHS Foundation Trust. Tertiary Centres for paediatric and maternity services are provided from the Liverpool area.

14. Child and adolescent mental health services (CAMHS) are currently commissioned by NHS Merseyside following the clustering of primary care trusts (PCT) in 2011. The commissioning PCT is NHS Halton and St Helens which employs a dedicated commissioner for specialist CAMHS who works with the local authority commissioner to ensure that a comprehensive CAMHS is in place. The service is provided by the Five Boroughs Partnership NHS Foundation Trust.
15. Merseyside Police are an active partner within both the Children's Trust Board, Local Safeguarding Children's Board and a range of associated assessment and referral processes intended to safeguard children and young people. The police are engaged in the arrangements which are in place in relation to domestic violence and integrated offender management. These arrangements are delivered via co-located teams drawn from a range of partner agencies.
16. The voluntary and community sectors in St Helens are fully involved in the range of partnerships across the Borough, including the LSCB, Children's Trust Board and Shadow Health and Wellbeing Board. A number of services are also commissioned from voluntary and community organisations.

Safeguarding services

Overall effectiveness

Grade 2 (Good)

17. The overall effectiveness of safeguarding services is good. Elected members and the strategic leadership of the council effectively champion the needs of vulnerable children and families. The LSCB is increasingly effective. Partners are engaging very well. Thresholds for access to services are known and understood by partnership agencies. The threshold for access to children's social care is applied consistently through the first response referral team. Professionals have good access to advice and information from qualified social workers. When child protection concerns are referred to children's social care swift action is taken to ensure the most vulnerable children who need protection are safeguarded. The workforce strategy has resulted in a stable workforce within children's social care. However, a shortage of some support staff has led to a number of court ordered supervised contacts being cancelled.
18. Early intervention and prevention services are well developed and this is making a demonstrable difference to improving the lives of children. Early identification of need and prompt signposting of families to appropriate services is helping to safely reduce risk and prevent children entering the child protection system unnecessarily. A wide range of partners have engaged the common assessment framework (CAF). A high number of CAF assessments are being completed and these are of good quality. This work is supported by an electronic record system e-CAF. This system provides an effective platform to manage multi-agency responses and avoid duplication of work. There is excellent partnership work to manage domestic abuse which is successfully supporting victims and children who experience this. However, programmes to work with perpetrators at an early stage are underdeveloped.
19. The council has taken swift action to tackle areas for development identified in the unannounced inspection. Progress is good in most areas. Performance on the timely completion of initial and core assessments is very good. Although the most recent initial and core assessments seen by inspectors are good, improvements in practice has not ensured assessments are of a consistently good standard. Effective practice is evident in nearly all cases seen by inspectors. However, the management of a small number of child protection cases is insufficiently robust leading to delay in progressing child protection plans. Commissioning of specialist assessments is a strong feature. This ensures that the most troubled children and complex family circumstances are thoroughly assessed to ensure they receive an appropriate service. Parents who spoke with inspectors report that they feel involved in assessments and that their views are well represented in assessment reports.

20. Governance arrangements to ensure appropriate safeguarding practice across St Helens health economy are mostly good. There are examples of joint funding and pooled budgets to support the delivery of joined up services. Good support services are provided for those young people who self harm or misuse substances. Partnership working between health visitors, general practitioners (GPs) and midwifery services is good with appropriate information sharing practices in place. However, there is no named GP to promote safeguarding children and to initiate programmes of quality assurance and audit. Also, the involvement of GPs in safeguarding children and child protection conferences is underdeveloped.
21. The majority of services, settings and institutions inspected by Ofsted are judged good or better. Service provision helps children and young people to learn and stay safe. Schools perform particularly well in this area. All schools inspected since January 2012 subject to the new Ofsted framework for inspection have been judged good or better in the management of children's behaviour. Children and young people who spoke with inspectors report that they feel safe in their schools and communities. Strategies across the partnership are sharply focused on narrowing the gap for vulnerable groups and the council and its partners are making good progress on this priority. The impact of services to address equality and diversity is judged good. Targeted programmes are having good impact to reduce anti-social behaviour and the rate of first time entrants to the criminal justice system. Performance on the rate of young people entering suitable education, employment or training when their involvement with the youth offending service ends is very good. Youth services are effectively engaging young people, but despite this, a small number of young people who spoke with inspectors said there is nothing for them to do and few places for them to go to in the evenings.

Capacity for improvement

Grade 2 (Good)

22. The capacity for improvement in safeguarding services is good. The strategic and political leadership of the council and partner agencies give high priority to safeguarding. There are competent senior officers across the partnership who provide clear strategic direction. The partnership's track record of performance on safeguarding is good and this position has been consolidated through the improvements made to the contact, referral and assessment arrangements. Overall, performance management arrangements are good. The electronic integrated children system (ICS) promotes effective support to the practice and management of cases. The ICS is well embedded and fully integrated with e-CAF to provide a single view of service users. Both systems are linked to the performance management framework and provide a sound basis for data analysis. Nearly all early intervention and prevention services across the partnership are fully integrated and coordinated. Very good work to promote positive parenting through a wide range of parenting programmes is provided through children's centres. Parents spoken to by inspectors value this

work. However, programmes delivered by children's centres overall are insufficiently targeted. Good partnership work ensures domestic violence referrals are managed effectively.

23. There is a legacy of some poor quality child protection plans dating back 18 months, which has contributed to a delay in progressing child protection plans in a small number of cases seen. Features of this poor quality work include poor attendance of agencies at core group meetings and ineffective management oversight. The council has effectively targeted resources to improve management oversight at key stages of the child protection process. Assistant team managers are now in post in each of the area teams. However, the span of control of team managers is still too broad and this is impacting on their ability to ensure social work interventions are consistently of a high standard. The capacity of the safeguarding unit has been increased and dedicated child protection chairs are now rigorously tracking cases. The sign off arrangements for all child protection work is being undertaken at a senior level by the recently appointed assistant director of safeguarding. Social workers report that the quality of supervision has improved significantly. This has led to a reduction in the number of children on a child protection plan for longer than two years, however the rate is still too high. Practice in moving to care proceedings promptly has improved and the number of children subject to a child protection plan has reduced. Performance on the timely completion of child protection reviews is consistently very good.
24. The impact of lessons learned from serious case reviews (SCRs) is making a difference leading to improvements in service delivery across the partnership. Young people have good access to highly effective drug and alcohol services. Good arrangements are in place to identify vulnerability in pregnancy and to safeguard the unborn child. There is timely access to effective core CAMHS and transition from CAMHS into adult mental health services is good. However, whilst there are several areas of good practice in supervision and training, progress in ensuring health practitioners have access to appropriate training and supervision in safeguarding children practice is too variable.
25. There are many examples of engagement with children and young people including those with a disability and/or learning difficulty, and their parents to help influence the shape of services. For example, the use of police officers in schools through the safer schools partnership is helping to keep children and young people safe in their communities. However, the arrangements to coordinate the representative views of children and young people across the Borough are underdeveloped. Actions taken to manage allegations against people who work with children through the safeguarding unit ensure that statutory duties are met. However, there is limited capacity to track the progress of some referrals and undertake the work needed to raise awareness with some partner agencies.

Areas for improvement

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

Immediately:

- ensure that GPs routinely attend or provide reports to support child protection conferences
- ensure that there is sufficient staff to support all court directed supervised contact for children, their parents and carers.

Within three months:

- accelerate plans for health practitioners to access safeguarding training and supervision
- ensure that team managers in assessment teams can increase their influence on individual cases and social work practice to consolidate the progress that has been made on improving the quality of assessments and supervision, and provide closer scrutiny of the implementation of child protection plans
- strengthen the designated role of GPs in promoting safeguarding and for collating and coordinating responses to quality assurance and audit findings
- improve the consistency of the level of reach provided by programmes delivered through children's centres to tackle weaknesses identified at their inspections and ensure these service are effectively coordinated as part of the early help offer to families
- undertake a review of targeted programmes provided to perpetrators of domestic violence to determine the level of need and if more can be done to intervene earlier to reduce risk.

Within six months:

- strengthen the arrangements for reporting allegations against people who work with children so all agencies are informed and supported effectively and there is sufficient capacity to track cases where necessary .

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (Good)

27. Safeguarding outcomes for children and young people are good. Where concerns about a child or young person's safety are identified, effective, prompt and robust action is taken to reduce the risks they face and ensure the most vulnerable children who need protection are safeguarded. There is a wide range of early intervention and prevention services which provide universal and targeted services to meet the needs of children and families. This is making a demonstrable difference, reducing risk and preventing children entering the child protection system unnecessarily.
28. The majority of services, settings and institutions inspected by Ofsted are good or better overall. The council's adoption service and the fostering service are judged good. Four in-house children's homes, including the council's own secure children's home, are judged good or outstanding. Although there are examples of good early intervention and prevention programmes delivered by children's centres, these services are insufficiently coordinated at a local and strategic level. This is reflected in the lower than average number children's centres judged good or better. Private fostering arrangements judged adequate by Ofsted in 2008 have been strengthened. There is an effective awareness raising programme leading to a good rate of notifications.
29. The council and partners are making good progress to achieve their 'narrowing the gap' priority. High quality targeted training and support to early years settings, including private providers and schools has led to good improvement in the proportion of children achieving the expected level in their early learning goals. In 2011, the proportion of pupils known to be entitled to free school meals achieving Level 4 or above in both English and mathematics performed better than similar groups nationally. For students aged 16 the gap has narrowed at a faster rate than nationally in the last two years. Outcomes for targeted vulnerable groups are improving at a faster rate than that found nationally, for example through programmes delivered by Starting Point. These interventions are tackling important issues, such as worklessness, through for example, apprenticeships provided by the council, and health for young people, in the most deprived areas.
30. Service provision helps children and young people to learn and stay safe. Schools perform particularly well in this area. The curriculum, partnership work and programmes of support in schools are helping to build resilience. All schools inspected since January 2012 subject to the new Ofsted framework for inspection have been judged good or better in the

management of children's behaviour. School performance on exclusions is good. Permanent and fixed-term exclusions in both primary and secondary school phases have been below the national average for a number of years and are continuing to improve. Permanent exclusions are a thing of the past. Performance on school attendance is good. The rate of young people who are in education, employment and training has improved over time from a low base and is now in line with comparators.

31. Local surveys and children and young people who spoke with inspectors report that they feel safe in their schools and communities. They know and understand about risks to their personal safety, such as cyber bullying, alcohol and drug awareness, gangs and issues relating to sexual exploitation and forced marriage. Also they know who to turn to in times of need and they say when issues do occur adults respond promptly. They particularly value the role of safer schools police officers which has made a tangible difference to how safe students feel.
32. Schools and community health staff have developed effective responses to meet the needs of minority groups, including hard to reach groups such as the Traveller community. This is leading to improved school attendance and improved health outcomes for children. Schools provide good pastoral support for pupils and they are making an important contribution to support children early. For example joint work with partner agencies to support children and young people with learning difficulties and/or disabilities to attend main stream schools. Young carers are supported very well through a commissioned service. Children who are home educated are effectively safeguarded through the early intervention team and their education quality assured by school improvement advisors. All children are visited every six months and there are many examples where the service exceeds requirements by making additional visits to ensure children are monitored closely.
33. The impact of services to reduce the rate of first time entrants to the criminal justice system is good. Numbers have reduced significantly over the last three years. Although performance on re-offending is below the North West regional average the rate is still marginally above the national average and remains a challenge for the local area. Performance on the rate of young people entering suitable education, employment and training when their involvement with the youth offending service ends is very good at 91%. The youth service is effectively engaging young people. There is a good rate of contact and take-up of an interesting and diverse range of activities by young people. Targeted programmes are having an impact on reducing the rate of reported cases of anti-social behaviour. Although young people who spoke with inspectors said they enjoyed attending organised activities, they complained that there is nothing for them to do and few places for them to go in an evening.

34. Although there is no single local authority designated officer (LADO) responsible for notifications, arrangements for managing allegations against people who work with children through the safeguarding unit ensure that statutory duties are met. Partner agencies know and understand the reporting procedure and there is a good rate of referrals from a wide range of agencies. However, there is no designated officer to coordinate the voluntary and community sector response, limited capacity to track the progress of some referrals and undertake the work needed to raise awareness with some partner agencies such, as the faith and voluntary community sector.
35. There is a well established, effective statutory children's complaints service. Although the number of complaints is relatively low most are resolved at an early stage. There are good mechanisms in place to ensure lessons learned from complaints lead to service improvement supported by a robust action plan. Good arrangements are in place to identify and monitor children missing from home, care and education. The policy and procedures sub-group of the LSCB has revised the sexual exploitation procedure to ensure effective links with both the missing from home protocol and the teenage pregnancy service. Safe recruitment processes are in place and are supported by a good electronic database which assists effective recording and prompt retrieval of information.

Quality of provision

Grade 3 (Adequate)

36. The quality of provision is adequate. Early intervention services are very well established. This is leading to the early identification of need and prompt signposting of families to the services they need. Service responses are effectively coordinated through multi-agency early intervention teams which include qualified social workers. Agencies are working proactively with families and schools to support those most in need. This work is contributing to a reduction in the number of children made subject to a child protection plan, a decrease in the proportion of repeat referrals and a reduction in the number of inappropriate referrals to children's social care. The rate of children in need has reduced and is now in line with comparators.
37. A high number of CAF assessments are being completed. A wide range of partners have engaged in this process because they can see the difference this is making to improve the lives of children. Staff in the early intervention teams complete e-CAF assessments and support other agencies in the delivery of these assessments. Pre CAF assessments are undertaken by a range of agencies, including the police, to inform whether a referral should be made to children's social care or to signpost to another agency. There are examples of very good work to promote positive parenting delivered through a wide range of parenting programmes provided by children's centres. Parents spoken to by inspectors valued this work and provided clear evidence of how the

programmes had improved their relationships with their children and the quality of their parenting.

38. The first response referral team is having a positive impact on the way contacts and referrals are managed. Contacts are screened by qualified social workers and a team manager oversees decision making. This process has ensured that children receive the service they need promptly, those who need an assessment get one and effective decision making has contributed to a low rate of re-referrals. Although all contacts are dealt with promptly and prioritised effectively, at peak times there is insufficient capacity in the dedicated children's contact team to meet the demand for all telephone contacts. This is being closely monitored as part of the first annual review of the service.
39. Professionals have good access to advice and information from qualified social workers in the first response referral team. The quality of referral information provided by partner agencies is good and this supports effective decision making. The threshold for access to children's social care is applied consistently. Where contacts are signposted to early intervention services, these are effectively followed up to provide good information for the workers who will provide services. Out of hours duty arrangements work well with day time services, to safeguard and protect children. The out of hours service has good access to all children's social care records through the 'Single View' electronic system including access to e-CAF assessments. Referrals are responded to promptly.
40. All domestic violence notifications are screened effectively within the family crime investigation unit by the police and this work is supported very well by a dedicated social worker based in the unit. Child protection cases are immediately referred to the first response referral team. All others cases are reviewed at a weekly domestic violence referral meeting and signposted for services. Close working arrangements between the police, probation service, social workers, independent domestic violence advisor (IDVA), health partners and the early intervention teams are providing a coherent and comprehensive range of services to women who have experienced domestic abuse. This includes those using the refuge, and access to services for children which is promoting safeguarding. Although there are some programmes to intervene early with perpetrators of domestic abuse instigated through multi-agency risk assessment conferences (MARAC), access to these programmes is limited.
41. Once children are identified as being at risk of significant harm, child protection enquiries (Section 47) are effectively prioritised and allocated to a suitably qualified social worker. Strategy discussions are held within timescale. However, in a small number of cases seen strategy meetings only involve the police and children's social care. Children's social care managers have undertaken a considerable amount of work to improve the management of strategy meetings. The most recent cases provide

evidence of closer multi agency involvement at an early stage. There is very good performance on the rate of initial child protection conferences completed within 15 days of the strategy meeting.

42. Performance on the timely completion of initial and core assessments is very good. The most recent assessments seen by inspectors were comprehensive with good analysis of risk and protective factors. However, the quality of initial and core assessments is too variable. The council recognise that there has been insufficient agency involvement in some core assessments and multi-agency meetings are now convened at the beginning of core assessment work to ensure full agency involvement in the process. Although effective practice was evident in most cases seen by inspectors, there were a small number of examples of poor practice. Rigorous analysis of these cases determined that there are no systemic failures. A range of different factors were identified. These included assessments which were not holistic and did not give sufficient consideration to historic issues together with a failure to challenge parents who were not engaging, which resulted in an insufficiently robust assessment of risk and protective factors.
43. There has been considerable investment by the council in the professional development of social workers and team managers to improve the quality of assessments, including training and one to one mentoring. Social workers have been provided with a good range of resources to promote effective practice in the assessment of risk. Resources include core assessment check lists, a risk assessment tool and guidance for practitioners. The council has taken remedial action to address all issues raised by inspectors and no children were identified as at risk of significant harm. Nearly all parents who spoke with inspectors report that they feel involved in assessments and that their views are well represented in assessment reports.
44. The quality of CAF assessments is good. They are detailed and provide good contextual information on the needs of the individual child or parent. They include clear multi-agency action plans that are tracked regularly. Children's specific needs in relation to disability, ethnicity and religion are addressed well in assessments and children's views are represented. There is effective practice by health professionals who conduct health assessments of children who are victims of domestic abuse including good use of strengths and difficulties questionnaires, enabling children to be referred to appropriate services for support.
45. The ICS promotes effective practice support and management of cases and is easy to use. It provides a good platform for the management of case file information through the various stages of intervention using a seamless interface which ensures all information relating to a child is held in one place. The electronic case records provide a good level of detail, case summaries are generally of good quality and key records and

information is recorded in the correct place on the system. The recording of supervision is variable with some good examples that include detailed recording of discussion of cases, analysis and clear actions. Other records of supervision are very brief with little evidence of reflective practice.

46. Effective action has been taken to safely reduce the high rate of children made subject to a child protection plan to below that of comparators. For example, initiatives to ensure better support packages for children stepped down from a child protection plan and longer oversight of cases to monitor the impact of care plans to ensure cases are not closed prematurely. Although the rate of children subject to a child protection plan for a second and subsequent time has reduced, it is still higher than comparators. Also the capacity of the contact support arrangements for children, their parents and carers is not sufficient to meet demand. This has resulted in a number of court ordered supervised contacts being cancelled.
47. Performance on the timely completion of child protection reviews is consistently very good. However, the quality of child protection plans is too variable. Although the most recent child protection plans seen are generally good, some plans do not identify clear outcomes and or specify timescales for the completion of actions. The format of child protection plans is not user friendly for parents and children and they do not always support effective practice in ensuring a clear focus on risk factors. Case conference minutes seen by inspectors are of a good quality. They are comprehensive; identifying risk and protective factors, with good representation of the views of parents and partner agencies and clear recommendations. Minutes of conferences are distributed appropriately and within local timescales.
48. The number of children made subject to a child protection plan for longer than two years is high. There is evidence of historic drift in a small number of cases seen, including a failure by social workers, child protection chairs and partner agencies to address poor progress of child protection plans. Agency attendance at core groups is too variable. However, this area of work is now subject to close management oversight. The capacity of the safeguarding unit has been increased leading to improvements in consistency in the chairing of child protection conferences. Two dedicated child protection chairs manage their own case load; they perform a quality assurance role, tracking cases between reviews to identify drift at an early stage. The recently appointed assistant director, together with an independent consultant, sign off all key decisions from initial screening and referrals through to child protection planning. As a result the rate of children subject to child protection plan for longer than two years is beginning to come down and there is improved practice in moving to care proceedings promptly.

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

49. The contribution of health agencies to keeping children and young people safe is good. Priorities outlined in the St Helens Children and Young People's Plan for the delivery of integrated working, early intervention and 'Think Family' are well supported through additional resourcing, innovative commissioning of services and some outstanding examples of partnership working. This is leading to a good range of support services and programmes for vulnerable families and young people which are helping to prevent the escalation of risk. Good arrangements are in place to support the Child Death Overview Panel (CDOP) delivered through a pan-Mersey CDOP. The panel is appropriately constituted and reports to the local safeguarding children boards across the region.
50. Governance arrangements to ensure appropriate safeguarding practice across St Helens are generally good. The arrangements for the line management and resourcing of the designated and named professionals meet the requirements of *Working Together To Safeguard Children, 2010* and the Intercollegiate Guidance. The designated doctor is employed by Alder Hey Hospitals NHS Foundation Trust and provides the designated doctor function as part of a service level agreement between both organisations. Good arrangements are in place through Alder Hey Hospitals NHS Foundation Trust for the commissioning of safeguarding services. This includes a specialist centre to examine children where there has been an allegation of sexual assault, and a full child protection service which was found to be outstanding in a previous inspection of the service.
51. Progress in ensuring health practitioners have access to appropriate training and supervision in safeguarding children practice is too variable. There are examples of significant examples, for example Bridgewater Community Healthcare NHS Trust demonstrate 100% compliance with their safeguarding supervision. Bridgewater Community Healthcare NHS Trust and St Helens and Knowsley NHS Trust have robust recovery plans in place to ensure compliance by March 2013. The Five Boroughs Partnership NHS Foundation Trust is working to implement a new modular approach to Level 3 training to include e-learning and face to face training. Current arrangements for providing staff with supervision are not yet embedded as the practitioners providing the supervision have not undertaken any specialist training.
52. The involvement of GPs in safeguarding children and child protection conferences is insufficiently developed. Training remains a priority for GPs in St Helens and a training package and pathway plan has been developed but not implemented across the district. All GP practices have a GP safeguarding lead, however, they have not yet met as a group to share good practice and determine how local and national policy on safeguarding children impacts on primary care. Also there is no named GP

to promote safeguarding children and to initiate programmes of quality assurance and audit.

53. Robust arrangements ensure that children and young people attending the St Helens walk in centre and Whiston Hospital Paediatric Accident and Emergency (A & E) are safeguarded well. There are established processes in place to identify repeat attendance of children at the A & E as well as at local walk-in centres. Alerts are in place to highlight if a child has a child protection plan, an agreed health plan such as managing a young person's self harming behaviour or if they have complex health care needs. This is good practice. Young people who may attend A & E following an incident of self harm are routinely admitted to the paediatric ward in accordance with National Institute for Clinical Excellence (NICE) guidance. The CAMHS urgent response team offer a timely and responsive service to A & E in the event of a child or young person requiring the service.
54. Young people have good access to highly effective drug and alcohol services that work collaboratively with partners to ensure a comprehensive package of support and advice. Young people receive a holistic assessment of their needs and contribute to their care plan. Effective partnership working between A & E and the local substance misuse services is leading to good early support for young people with drug and alcohol problems. Adult service A & E nurses and medical staff have a good awareness of the impact of harmful behaviour by parents on children. The A & E teams are well supported by two hospital social workers who are able to facilitate communication with children and family services to help safeguard children and young people.
55. Comprehensive paediatric liaison takes place across the partnership, ensuring that GPs, health visitors and school nurses are notified of any attendance at A & E. This outstanding reach in liaison extends across into maternity services, CAMHS, contraception and sexual health services (CASH) and substance misuse services leading to effective partnership working. There is timely access to effective core CAMHS provided through the referral pathway to the St Helens team. The CAMHS teams use outcome based tools to measure the impact of their interventions and are able to demonstrate improvement in the emotional health of their clients. CAMHS offer an appropriate and effective integrated learning disability service which is well supported by a consultant with specialist interest, a team manager and a care coordinator.
56. Young people who require mental health in-patient provision have good access to in patient beds. Placement is determined by need following appropriate assessment and includes a number of options. Transition from CAMHS into adult mental health services is good. A 'consultant nurse in transition' is employed to facilitate transition arrangements at an operational and strategic level.

57. Children and young people with disabilities and complex health needs receive well coordinated, timely services. Multi agency professionals work well to ensure a whole system approach to assessment and provision of care which minimises disruption for families through better joined up appointments and integrated working. Appropriate waiting times are in place for equipment and there is a well established multi-agency complex care panel where specialised equipment is approved and cross sector funding is agreed for continuing health care.
58. Good arrangements are in place to ensure that midwifery staff complete comprehensive assessments on vulnerability early in pregnancy and throughout the ante-natal period. Partnership working to safeguard the unborn child is good. Midwives are able to refer into the children and families service as soon as it is practicable and effective monitoring systems ensure that pre-birth plans are in place to coordinate the support to the new family and protect the new born baby. A team of specialist midwives enable vulnerable pregnant women to access enhanced support. Arrangements to support teenagers under the age of 19 who are pregnant are good. For example, young people's ante-natal clinics are held at the hospital and home visits are available to support those young people who find it difficult to access universal provision. Adult mental health practitioners demonstrate a good awareness of the impact of parental mental health on children. There are robust systems in place to collect details of children in the family or where an adult has significant child caring responsibilities.
59. Health visitors and school nurses use their skill mix effectively to deliver most of the healthy child programme and support vulnerable families through child protection, CAF and family action meetings. Partnership working between health visitors, GPs and midwifery services is good with appropriate information sharing practices in place. An integrated approach in providing sex and relationship education across St Helens means that young people are receiving consistent messages about risk taking behaviours. There is good access to contraceptive advice and sexual health services, with increased take up of long acting reversible contraception and participation in the C Card. The school nurse drop in sessions and 'clinic in a box' contraceptive services run by school nurses are effectively targeted to encourage teenagers to engage services in a familiar environment.

Ambition and prioritisation

Grade 2 (Good)

60. Ambition and prioritisation are good. The strategic and political leadership of the council and partner agencies give high priority to safeguarding. Elected members and the Chief Executive demonstrate strong commitment to the broad safeguarding agenda and champion the needs of vulnerable children and families. There is strong cross political support

to ensure that front line services for children and young people and families are secure, demonstrated by the council's decision to increase the children's services budget while efficiency savings are being made elsewhere in the council.

61. Knowledge of the local population and their needs is good based on the robust strategic needs analysis. Safeguarding priorities are clearly identified in the Children and Young People's Plan and other strategic documents. Although the priorities set out in the Children and Young People's Plan 2011 were formulated and agreed in consultation with service users including children and young people, opportunities were missed to engage them to help shape the revised plan this year.
62. Strategic priorities have been aligned across the Children's Trust Board, LSCB and the council which ensures a strong focus on tackling known areas of weakness, effective challenge and monitoring of progress against priorities. There is good transparency in the arrangements for reporting performance and effective challenge across the partnership by the LSCB, the Children's Trust Board and the council scrutiny committee. The LSCB is increasingly effective and its business plan appropriately prioritises core safeguarding services and ensures that statutory requirements are met. Partners are engaging very well which is leading to improvement in safeguarding responses across the area, for example, robust action to implementing lessons learned from SCRs.
63. Equality and diversity is a strong feature of local authority policy, procedure and practice. The council is rated Level 2 'Achieving' for its performance on the Equality Standards Framework. Strategies across the partnership are sharply focused on narrowing the gap for vulnerable children and families and they are beginning to have an impact. Service provision ensures that the most vulnerable children who need protection are effectively safeguarded. Nearly all early intervention and prevention services are fully integrated and coordinated across the partnership and there are some excellent services which are helping to meet the needs of families and improve their lives.
64. There are competent senior officers across the partnership who provide clear strategic direction and respond effectively to the changing demands for services. Workers report that senior managers are visible, inclusive and respond to issues effectively. The council has taken swift action to tackle areas for development identified at the unannounced inspection of its front line contact, referral and assessment child protection service. Progress on the areas for development is good in most areas however, the quality of social work assessments remain too variable. Although the arrangements for the management of child protection responses have been strengthened improvements are not yet fully embedded.

Leadership and management

Grade 2 (Good)

65. Leadership and management are good. The council has delivered a very effective workforce strategy backed with the necessary financial resources to move from a position of over reliance on agency staff to a secure stable children's social care workforce. There is a low rate of staff turnover and low vacancy rates. The sickness absence rate is lower than the rest of the council workforce. Good use has been made of a market supplement to attract good team managers. There has been increased staffing of the out of hours service to ensure adequate cover at core times. The make up of the children's social care workforce is consistent with the diverse population of St Helens. Provision has been made for additional social workers whilst newly qualified social workers (NQSWs) are inducted. NQSWs are well supported, including meetings with the director of children's services to explore what works well. There are examples of the capability process being used to support staff to improve their practice and ensure poor practice is challenged appropriately. The council has been re-assessed recently for Investors in People and awarded Gold Status for the second time which demonstrates sustained performance in the development of the workforce.
66. The council has implemented a new caseload management system. This provides a useful mechanism to monitor workload pressures. This is being used effectively to adjust staffing levels across teams and employ additional agency workers to closely match resources to the demand for service. Robust scrutiny of performance data by senior managers has identified that some social work caseloads remain too high in assessment teams and a plan is in place to recruit more social workers. Assistant team manager posts have been created to reduce the workload of team managers and provide additional support to all social workers including NQSWs in the management of their work. Despite this additional resource, the span of control of team managers remains too broad.
67. There are many examples of engagement with children and young people, parents and carers to help influence the shape of services. Primary schools are effectively promoting the views of junior pupils through democracy debates. The youth service web site 'youth action zone' is an excellent example of children and young people, including those with a disability, designing advice and information services for others to use. The web site had 1822 hits in May 2012. Consultation with parents through children's centres has informed the development of a range of positive parenting programmes. This has ensured courses are sharply focused on meeting the specific needs of communities. For example, the development of 'Stepping Stones' a parenting course for parents of children with a disability. Parents who spoke with inspectors said these parenting programmes are highly valued and making a difference to the lives of their children.

68. Arrangements to coordinate the representative views of children and young people across the Borough are however, underdeveloped. Although there is an elected youth parliament representative and most schools have an elected, active school council the youth parliament membership is under developed and the views of students involved in school councils are not effectively coordinated across the area. Opportunities for young people to make their collective representative views known are underdeveloped at a strategic organisational level such as in the formal links with elected members and other forums such as the LSCB and Children's Trust Board.
69. Although young people and parents with experience of the child protection services were engaged and their views sought as part of the development of the new child protection procedure, the views of parents, carers and children who attend case conferences is not routinely being gathered to drive improvements. Also formal systems to coordinate and learn from the views of parents and children engaged in the CAF process are not yet fully embedded. Nearly all parents who spoke with inspectors said that they are treated with respect and dignity by social workers. They say that they are active participants in the assessment process and feel well supported to express their views in multi-agency meetings.
70. Complaints are thoroughly investigated and effective action is taken to learn from them. For example, specific mandatory training is now provided to all staff on building relationships with children and families following a complaint on this issue. This resulted in the number of complaints concerning children's social care staff reducing by 35% in 2011/12. However, a number of complaints received in 2011/2012 took too long to bring to a satisfactory resolution. The council has made this an area for priority action this year but it is too early yet to measure impact.
71. The partnership is using its resources effectively to ensure the most vulnerable children who need protection are safe. The local authority children's social care budget is managed effectively. The LSCB business plan is closely aligned to its statutory duties. There are many examples of the council effectively targeting its resources to drive improvements in poor areas of performance, for example commissioning an external agency to conduct audits of child protection cases which has led to improvement in the quality of assessments and social work decisions. Also the partnership is using its resources effectively to provide a wide range of early intervention and prevention services. This is ensuring children and families get the services they need early and reducing the number of referrals to more costly children's social care. This work includes good use of e-CAF to ensure multi-agency work with families is well coordinated avoiding duplication of work by agencies.
72. Joint commissioning arrangements for the delivery of services are increasingly effective. There are some examples of good joint funded

schemes and the use of pooled budgets to support the delivery of joined up services. For example, they have been used to deliver drug and alcohol services. Also there are some examples of very good shared arrangements with other neighbouring councils to manage service delivery effectively and eliminate waste such as the out of hours and adoption services. There are a range of services commissioned to ensure effective safeguarding of children and young people. For example, support for young carers commissioned through the voluntary community sector. Also the commissioning of specialist assessments is a highly effective way of ensuring that the most complex families receive an appropriate service. For example, the spot purchasing of assessments of complex sexual abuse from the NSPCC and Merseyside Forensic Services.

73. The lessons learned from high cost SCRs is leading to good value for money. Learning is disseminated very well across the partnership by the LSCB through training programmes and this is leading to improvements in practice and service delivery. For example, partner agencies are using the escalation procedure more often leading to improved communication. In a few cases this has led to children's social care stepping up their involvement with families. All agencies now recognise the importance of identifying 'hidden males' in families. For example, health documentation now requires 'family mapping' to be completed.

Performance management and quality assurance

Grade 2 (Good)

74. Performance management and quality assurance are good. The partnership's track record of performance on safeguarding is good. Considerable progress has been made to ensure tasks are completed within the required timescale and good or better performance has been achieved, measured against nearly all key performance indicators. Effective action planning since the last unannounced inspection has led to improvements in the rigour of the auditing and quality assurance arrangements leading to improvements such as in the quality of the most recent assessments. Good reporting arrangements are in place to ensure elected members know how well services are performing and they are robust in their approach to hold officers to account.
75. The ICS is well embedded and fully integrated with e-CAF. Both systems are linked to the performance management framework and provide a sound basis for data analysis. The arrangements for reporting children's social care performance are comprehensive. Managers receive regular data reports on all key areas of performance and this clearly identifies strengths and weakness in practice at team and individual level to inform management decisions. The Director of Children's Service (DCS) provides a good level challenge to senior managers through the use of monthly meetings. This is helping to drive improvement on performance indicators and social work performance at an individual case level. The safeguarding

unit is increasingly effective providing good oversight of a range of child protection work. This ensures lessons learned from case file audits are embedded to drive improvements in practice, consistency in the use of thresholds for access to service and decision making including the work of child protection chairs.

76. Multi-agency action to coordinate child protection responses has been strengthened. A recently formed multi agency referral panel meets weekly to review all contacts and referrals, all initial assessments that result in no further action and a sample of child protection cases. This work is driving improvements in a number of key areas including a shared multi agency understanding and approach to the management of child protection and increased consistency across teams in management decision making to step up or step down cases. Targeting of key areas of poor performance by the partnership through the Children's Trust Board has resulted in improvement in many areas, for example, in the rate of children who enter the criminal justice system for the first time. There is good monitoring of contacts to children's social care by the police to ensure children are safeguarded. All cases where there are three or more contacts within a month are reviewed by the manager and area teams are notified.
77. The drive to improve social work practice is being effectively supported by the use of peer review, including a programme of coaching and mentoring for managers and practitioners by an external agency. This work has had a big impact on benchmarking standards, for example, in determining what a good assessment looks like. There is a positive culture of management at all levels being approachable and supportive to front line staff. Individual performance is well monitored through annual performance appraisal. Staff are well supported when poor performance is identified. Social workers receive regular supervision. However, the quality and impact of supervision is limited because team managers' span of control is too wide. Social work staff report that their managers are accessible, the quality of supervision is good and their leadership is valued and respected.
78. The LSCB undertakes a range of multi-agency audits which is leading to improvement. For example, an audit of the three locality teams' response to referrals. Although the LSCB has a performance framework it has not yet agreed a multi-agency data set and the data collected is predominately from social care. Annual reports are received by the LSCB from agencies on a wide range of specific issues such as independent reviewing officers (IROs), missing children and CDOP. This provides the Board with good oversight of safeguarding issues. Also firm plans are in place for the child protection chairs to submit an annual report at the end of this reporting year. There are robust multi-agency arrangements in place to audit the effectiveness of safeguarding and child protection

services across partner agencies as required by Section 11 of the 2004 Children Act.

Partnership working

Grade 2 (Good)

79. Partnership working is good. Successful partnerships are maximising the use of limited resources, reducing duplication and ensuring the right services are available in the right place in a timely way. Child protection thresholds are known and understood by partners supported by a clear pathway for referral for children in need and child protection cases. The vibrant voluntary community sector is making a good contribution through the delivery of a wide range of programmes and projects, which are sharply focused on meeting local needs. These include drug and alcohol support services that are also helping to improve children and young people's personal safety.
80. Together partners ensure the LSCB carries out its role well and statutory duties are carried out effectively. Sub-groups are actively involved in delivering key priorities within the business plan. Information sharing and knowledge of local needs is good. This is leading to multi-agency solutions and shared responsibility for achieving priorities. Honest and open self-evaluation of partner agency service responses ensures that the Board knows what is working well and what could be better. For example, the LSCB has undertaken a number of thematic reviews, multi-agency audits and has effectively coordinated three SCRs to inform change and make improvements to service delivery. All three SCRs have been evaluated by Ofsted and judged to be good and lessons learned are shared with agencies successfully. One other serious incident involving a child was subject to a multi-agency serious incident review, resulting in a good level of learning from the case and a robust action plan for service improvement.
81. Multi-agency public protection arrangements (MAPPAs) are good. There are good links between MAPPAs and MARACs to ensure that children are effectively safeguarded. MAPPAs are well attended by a range of agencies including staff from the safeguarding unit. Excellent partnership work to manage domestic abuse is successfully supporting victims of domestic violence. A very effective MARAC process with good attendance by a wide range of agencies and fortnightly meetings is leading to a reduction in repeat cases.
82. The use of police officers in schools through the safer schools partnership is helping to keep children and young people safe in their communities and ensuring an additional group of adults with whom they can confide in times of need. Such actions, alongside the good partnership working between schools and the behaviour improvement partnership, is helping to increase student's attendance rates to well above average and in

reducing the proportion of students subject to fixed term exclusions to well below.

Services for looked after children

Overall effectiveness

Grade 2 (Good)

83. The overall effectiveness of services for looked after children in St Helens is good. There is a shared ambition by the council and partners to ensure good service provision and sustained performance on outcomes for looked after children, young people and care leavers. Corporate parenting arrangements are good. Elected members champion the needs of looked after children who ensure their needs are effectively prioritised at strategic and operational level. This work is supported by highly effective reporting by managers across the partnership and good arrangements to call officers to account for their performance. Appropriate arrangements are in place to ensure that only children and young people who need to be looked after are in care. There is a strong commitment to achieving permanency for children and young people by the assessment teams and the adoption service. The quality of written care plans is variable but most are good. Long term placement stability is good and short term stability is improving. Adoption placements are supported very well. Although the number of children placed for adoption is low, the rate is good when compared to similar councils. Case recording is good; chronologies effectively tell the story of the young people's journey through care. However, the quality of parenting assessments is too variable.
84. Outcomes for looked after children are good in most areas. Comprehensive initial health assessments are carried out by the named doctor, and looked after children benefit from good healthcare which is sharply focused on meeting their individual needs. However, not all children are receiving their health assessment within the statutory timescale. Arrangements for the purchasing of residential placements and fostering placements, including those for children with disabilities are good and subject to regular monitoring and scrutiny. All children and young people are in safe placements near to the point at which they entered local authority care. There are highly effective safeguarding arrangements for looked after children with complex needs and the majority of children are placed in good or better provision. However, commissioning arrangements, including joint commissioning arrangements for looked after children, are over reliant on spot purchasing.
85. Outcomes for children leaving care into independence are good. Strong partnership work across agencies is helping to ensure a higher than average proportion of care leavers are entering the world of education, employment and training. Good actions are taken to raise aspirations of looked after children to enter higher education. The impact of the equality and diversity strategy is good and outcomes for children and young people who have mixed parentage are as good as they are for other looked after children. Although there has been a good level investment and a strong

commitment to improve educational outcomes for the looked after children population, the good outcomes achieved in early years and at Key Stage 2 have not been realised in the final stage GCSEs obtained by school leavers. Looked after children have made a good contribution to the training received by professionals and elected members and there are many examples of their views helping to influence the shape of services. The proportion of young people participating in their looked after children's review is good. However, not all IROs ensure they talk face to face with children and young people prior to their statutory reviews.

Capacity for improvement

Grade 2 (Good)

86. The capacity for improvement is good. The partnership has a track record of good performance on providing services and delivering good outcomes for looked after children. Priorities are aligned across the LSCB, Children's Trust Board, the council and children's social care. Competent senior officers across the partnership provide clear strategic direction and respond effectively to the competing demands for the delivery of service to meet the complex and diverse needs of the looked after children population. Priorities are translated well into strategic planning and the targets of the Children's Trust Board and the commissioning strategy for the purchasing of residential and foster placements. There are effective arrangements to target improvement, including single and multi agency action planning which focuses on the right priorities. Good performance management systems are in place across the council. Auditing arrangements have significantly improved and the quality of the audit provided for this inspection is of a high standard.
87. Arrangements for the commissioning of services for children with complex needs are good. However information from the care population profile has not been used effectively to influence commissioning and there is an insufficient number of in-house foster carers to meet specific need. The public law outline process is consistently used well and in a timely way to reduce the risk of entry to care of children and young people. However, this inspection identified a legacy of poor decision making and drift which has impacted on the outcomes for some looked after children. There is an active Children in Care Council which has worked with the council to develop the council's pledge to looked after children. Representatives meet regularly with elected members who listen and respond to their concerns. However, it is not clear if the views of the Children in Care Council are representative of the looked after children population. Good action taken by the youth offending service and partners has significantly reduced the proportion of looked after children involved in offending behaviour.
88. All looked after children are allocated to a qualified social worker who have manageable case loads. Statutory visits are undertaken routinely and children are seen regularly. However not all looked after children are seen

by their social worker on their own. Good arrangements are in place for the monitoring of children missing from care. However there is no evaluation of welfare visits when children return. There is a well-established complaints procedure. Looked after children know and understand how to make a complaint and how to access advocacy. Placement plans are comprehensive and clearly set out how needs are to be met. However the quality of pathway plans is not always good and there is no routine re-assessment of looked after children or additional monitoring arrangements in between the looked after children reviews by IROs. Good partnership work with health professionals has supported improvement, particularly on driving up the quality of initial health assessments. The looked after children health team support foster carers and provide good quality training on the health needs of looked after children to social workers. Health reviews are carried out in a timely manner by either the child's health visitor or school nurse. Young people have good access to effective contraceptive and sexual health services and to the local young people's drug and alcohol team.

89. Good transition arrangements from primary to secondary school and secure and stable school placements are adding to students improving progress in their learning. Attendance rates of looked after children are high. No looked after children are permanently excluded. Personal education plans (PEPs) are used well to identify pupil's specific needs. However, the quality of PEPs is not consistently good. The looked after children educational management group use PEPs very well to identify children and young people's individual needs, however the group does not effectively track the progress of looked after children. Action to ensure suitable accommodation is available to young people is good. However this is not supported by a formal housing protocol. Support from the young people's team is good. Most young people who spoke to inspectors and those who responded to the inspection survey consider they are getting the right help to move into independence and leave care.

Areas for improvement

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

Immediately:

- ensure all children receive their annual health assessment within the statutory timescale
- ensure social workers always see children on their own when they visit them in their placements and that IROs meet looked after children and young people before their review.

Within three months:

- accelerate plans to complete the looked after children service provision sufficiency review and act on the findings to help shape the future commissioning arrangements and specifically seek opportunities to build the capacity of in-house fostering provision
- improve the quality of parenting assessments so that findings are routed in appropriate theory and all key issues are rigorously explored
- improve the quality of personal education plans and pathway plans so they are consistently good and improve the rigour in which progress is monitored.

Within six months:

- strengthen the Children in Care Council arrangements so that the representative views of all looked after children are sought and acted on.

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

Being healthy

Grade 2 (Good)

91. Health outcomes are good. Good arrangements are in place to maintain and improve the health of looked after children and young people. This is built on well established strong partnership working. Outcomes for vaccinations, the number of children visiting a dentist and receiving their health assessment are better than comparators. Comprehensive initial assessments are carried out by the named doctor for looked after children or another suitably qualified community paediatrician for all children coming into the care system. However, not all children receive their health assessment within the required timescale.
92. Health reviews are carried out in a timely manner by either the child's health visitor or school nurse. All reviews are scrutinised as part of the team's approach to ensure that they remain of a high quality. Young people are routinely offered a choice in venue for their health assessments. Good arrangements are in place so that health visitors and school nurses regularly attend the statutory reviews for looked after children on their caseload. This enables the review meeting to fully consider the health needs of the child. Good practice ensures that health reviews always consider the findings of the young person's completed strength and difficulties questionnaire to explore if there is any additional emotional health and well-being support needed. The local substance misuse screening tool is also completed to highlight if there is a potential alcohol or substance misuse problem. The health records seen as part of this inspection demonstrate that any referrals for additional health care needs are made promptly and followed up appropriately, including those of children placed outside the area.
93. Young people have good access to effective contraceptive and sexual health services and to the local young people's drug and alcohol team, with individual support offered if a young person has difficulties in engaging with universal services. However the quality of the health summaries provided for care leavers are not always of good quality. Consultation is already taking place with looked after young people and care leavers to ensure improvements are made. The looked after children health team provide good support for foster carers and social work training on the health needs of looked after children. Those health visitors and school nurses who have looked after children on their caseload are expected to attend supervision and this is good practice. The designated nurse for looked after children regular produces an informative newsletters for foster carers which is highly valued by them.

94. Health partners are well represented on the complex care and placement panels which discuss those children and young people who require a specialist package of care and often require an out of area placement. This ensures that the health needs of looked after children are thoroughly explored during the commissioning process to ensure placements meet the individual needs of children effectively. The local authority has recently re-commissioned the CAMHS for looked after children, but it is too early to evaluate impact. Great effort has been made to sensitively manage the transfer of children and young people who were already receiving intervention, with some young people remaining with their existing practitioner until the care plan has finished.

Staying safe**Grade 2 (Good)**

95. Safeguarding arrangements for looked after children and young people are good. Appropriate arrangements are in place to ensure that only children and young people who need to be looked after are in care. Decision making is clear, timely and made at an appropriate level. Effective work undertaken by the early intervention team is ensuring that more young people can be supported to stay at home or in their extended families. Although a significant number of children and young people are placed outside the Borough, the majority of these are within 20 miles of St Helens. Only 23 are placed further away and these placements are either for the protection of the young people or are long standing in nature and there are no plans to disrupt their placements. Good arrangements are in place for the monitoring of placements, through contract compliance arrangements and regular visiting by IROs and social workers.
96. Arrangements for the securing of placements for young people are good. The majority of children are placed in provision which is judged good or better by Ofsted. The majority of the outcomes for looked after children are good. The local authority fostering and adoption services are both judged good by Ofsted. All looked after children are allocated to a qualified social worker who have caseloads that are manageable. Long term placement stability is good and short term placement stability is improving. Although there is only a small number of unaccompanied asylum seeking children, specific provision has been made to ensure their needs are met well. There are highly effective safeguarding arrangements for looked after children with complex needs including good use of in-house and purchased specialist provision. Although statutory visits are undertaken, not all young people see their social worker on their own. Children and young people who met with inspectors say that they feel safe in their placements and communities. They know who to contact for help and support if they need it. Swift action was taken by the council to visit two children who indicated that they felt unsafe in the Care4Me survey.
97. Good arrangements are in place for the monitoring of children missing from care with effective multi-agency working by the police, health,

housing and children's social care. However there is no evaluation of welfare visits when children return. Headteachers and designated teachers work in conjunction with children's social care to ensure that looked after children are safe in school and provided with additional support. All foster carers are rigorously assessed to ensure that they can safely look after children. Foster carers have 'safe caring' policies in place, which are regularly reviewed and they have received training on e-safety to ensure they can advise young people on the safe use of computers and social network sites.

Enjoying and achieving

Grade 3 (Adequate)

98. Outcomes for enjoying and achieving are adequate. Although there are many strengths in the provision made to support looked after children to do well in their education, the proportion of Year 11 students attaining five GCSEs grade A* to C including English and mathematics has been below that of similar students nationally since 2009. Notable strengths include the good trend in improvement in the achievement of looked after children in the Early Years Foundation Stage, the above average attainment of Year 2 pupils and Year 6 pupils when compared to similar pupils nationally, and the progress Year 6 pupils make from their starting points into Key Stage 2. In 2011, the three year average for the proportion of pupils in Year 6 attaining expected levels in English and mathematics combined placed the local authority 11th +out of all local authorities nationally. Virtually all Key Stage 2 looked after pupils attend good schools that exceed the Government's floor standard for attainment and progress which places the local authority within the top 15 nationally.
99. Attendance rates of looked after children are high, better than that of similar pupils nationally. No looked after pupils have been permanently excluded in the past few years and the proportion subject to fixed term exclusion is reducing rapidly and well-below that found nationally for similar pupils. Although still above that of St Helens as a whole, the gap is narrowing well and at a faster rate than nationally. Outcomes in Year 11 have been low partly because of the small number of students in this year group annually, which means that data fluctuates significantly year-on-year. In 2011 two students in the small cohort left care successfully before their examinations so their achievements were not counted, and a high proportion attended special educational needs provision. Despite these factors, the progress Year 11 students made from their very low starting points was below similar students nationally.
100. Improvements in the local authority's systems for tracking students' progress and their use of this information to challenge and support schools and to target interventions are clearly making a positive difference in most phases of education. However actions taken did not have time to tackle the history of underachievement for the small group of Year 11 students. Tracking data and projections for students in the current Year

11 shows the progress they are making from their starting points will be close to that found nationally.

101. Headteachers and designated teachers spoke positively about their good partnership with lead professionals who have responsibility for looked after children in the council. They particularly value the proactive work of the principal education officer for looked after children who works with young people as well as a wide range of services to secure timely support and advice whenever schools have a concern or issue and to support looked after children achievements and well-being. School leaders and designated teachers for looked after children recognise and share the council's ambition to raise achievement of looked after children and ensure the needs and educational achievements of looked after children are given a high profile. For example by the senior school improvement adviser who has the additional role of a designated virtual headteacher as well as rigorously helping to track progress of looked after children in order to drive improvement. Designated teachers value the regular, high quality training and support they receive which helps them keep updated on key issues concerning looked after children. This includes the networking group for designated teachers that keep them informed of national directives, share good practice and explore issues pertinent to their role such as private fostering and special guardianship. Good quality, regular training is also provided to foster carers to help them support their children's learning and develop their own.
102. Headteachers speak positively about the impact of consultation with them on the improvements to the PEP process. Looked after pupils spoken with also commented positively on the PEP process and say that they contribute to these reviews. Challenging individual targets are set at each half yearly PEP review and progress towards these targets is recorded. However because the previous progress data is overwritten, the PEP provides only a snapshot of pupil's current achievements. Consequently it is difficult to see progress over time or judge whether achievements are good enough. Underpinning goals and targets within the plan do not always link to the targets set and are sometimes too vague to know what action will be taken to help pupils achieve their next steps.
103. The council's looked after educational management group use the PEPs and other more qualitative information about young people regularly to determine any additional support or intervention needed to raise achievement or to support the emotional well-being of looked after children. They also utilise information following the robust dialogue and debate between school leaders and school improvement advisers on the progress and achievements of looked after children that take place termly in schools. However, the management group does not utilise the progress data shared at these termly meetings to track the progress of looked after children regularly, in order to identify support or intervention even earlier. Schools are beginning to be held to account effectively for the impact of

the additional funding they receive for looked after children through the Pupil Premium to make links with the outcomes for looked after children. This information is reported to governing bodies, however it is not always recorded effectively within individual looked after children's PEPs.

104. Good support and care, transition arrangements into school and secure and stable school placements are adding to students improving progress in their learning. Every effort is made to ensure that children can remain in their school when their home placements break down. Headteachers report that this is a key priority of the council. Young people spoken to and a high proportion of looked after pupils who completed the pre-inspection Care4Me survey confirm they are getting a good education and getting the help they need. Careful planning is ensuring that virtually all looked after pupils are educated within local schools or schools that border the authority. Most schools they attend have been judged good or better following their Ofsted inspection. There have been a small number of cases where schools' judgements have changed as a result of recent inspections and where these are no longer good. Support, advice and interventions are in place to drive improvement.
105. A small number of students are in alternative education provision. All attend the local pupil referral unit full time and this was judged good by Ofsted at the last inspection. A very small number of looked after pupils who have complex special educational needs or a disability are educated in a residential provision outside the local area. These schools are judged good or better and these placements are monitored rigorously to ensure they are safe, caring and helping young people to achieve their best.
106. The PEP process records a wide range of activities that young people attend out of the school day. Young people, schools and carers confirm that they are supported and encouraged to attend activities that meet their needs and interests. However, there is no accurate mechanism in place for capturing the wealth of opportunities provided, or making sure there is equal opportunity for all. This is because the current arrangements for improving outcomes for looked after children are shared amongst a group of professionals. There is no lead professional with dedicated time to take a strategic role in coordinating, monitoring and evaluating the impact of all actions taking place across the partnership. Some, but not all, looked after children take advantage of the independent visitor programme. Young people can access leisure cards that enable free access into facilities and gym membership is available to older students. Elected members know that not all looked after children, their carers and professionals are aware that looked after children can have free leisure passes each year and they are monitoring this matter.

Making a positive contribution, including user engagement

Grade 3 (Adequate)

107. Opportunities for looked after children and young people to make a positive contribution are adequate. Seeking the views of looked after children is an ongoing priority of the council. However, the council's participation strategy for children and young people mentions but does not prioritise looked after children. Consequently, although a great range of consultations takes place with young people across the local area, no one records whether the specific views of any looked after children were sought, or if some attended, what those views were. There are no mechanisms to feed any views back to the strategic decision makers and this reduces the responsibility of corporate parents across the council to consider and respond to the views of their looked after community, other than through specific looked after children consultation processes.
108. The Children's Trust Board demonstrates a strong commitment to hearing the views of looked after children to influence the shape of services, however the Trust recognises that the recent looked after children needs analysis was too data-led and opportunities were missed to learn looked after children's views. Evidence from inspection indicates that the views of looked after young people are sought and some changes to service delivery have been made as a result. For example, they made a good contribution to the training of governing body representatives, designated teachers and newly qualified social workers on what it is like to be looked after. Evaluations of training involving looked after children are very positive and demonstrate the strong impact of their testimonies. Also looked after children with a special educational need or a disability have been instrumental in designing and refurbishing facilities within Abbeyford respite centre.
109. A Children in Care Council has been established. Representatives meet regularly with elected members who listen and respond to their concerns and request. Whilst there are some examples of the Children in Care Council being involved in shaping service improvements, with only 16 young people on the council it is not clear how well the views of all looked after children are used to drive change and make improvements to the service they receive. The group have worked with the council to develop the council's pledge to looked after children, and have called it 'the Promise'. Some young people who spoke to inspectors and about a quarter of those responding to the Care4Me survey did not know about the Children in Care Council and a similar proportion did not know about the council's Promise. Young people requested a web site to aid communication but this is yet to be fully developed.
110. The proportion of young people participating in their looked after children reviews is good and improving. Young people say they are given the opportunity to state their preference for the time, place and who should

attend their reviews. Virtually all looked after children responding to the Care4Me survey reported that their IRO or other people were making sure the council is doing what it should for them and that the council is taking note of their views and feelings. Although looked after children who spoke to inspectors report they all have a social worker who listens to their views and takes account of them, some indicate that their social worker does not see them alone. Around a quarter reported that they did not know how to get in touch with their IRO. Some, but not all, IROs ensure that they talk face to face with their young people prior to their statutory reviews.

111. There is a well established complaints procedure, which is for children's services only and sits within the safeguarding unit. There were 48 complaints received last year. The majority of cases were resolved at the earliest stage. Effective action is taken to learn from complaints and is recorded in an annual report. For example, the report includes changes made to the procedures for the financial support for care leavers, better communication with foster carers, monitoring of sanctions within children's homes, and ensuring that young people are aware of the advocacy services. All staff are now required to attend the corporate training 'building relationships with children and families', which was provided as a result of learning from complaints. Young people who spoke to inspectors and the majority responding to the Care4Me survey report that they know how to make a complaint, are satisfied with the process and have confidence that their complaint will be taken seriously. Young people also said they knew about advocacy and some have been involved with the National Youth Advocacy Service (NYAS). All children and young people who wish to make a complaint are encouraged to take advantage of the support offered by NYAS. Improvements in the links between NYAS and referrals ensures children and young people can be provided with advocacy support at the outset of making a complaint.
112. Care leaver groups, open to any care leaver, are convened regularly where care leavers meet with staff from the young people's team. They are consulted on what they would like to change or improve. For example following consultation on the type of recreational, leisure or cultural activities they would like, they reported they would rather have less regular local activities and save for more interesting 'big-events'. Consequently events such as Mamma Mia and The X Factor in Liverpool have been made available to meet their interests. Following requests for driving lessons, over the past two years around 10 care leavers each year have been able to take lessons, and sit their driving test. Pass rates and completion rates have been around 50% and for those achieving their licences this has had the benefit of enhancing their curriculum vitae (CVs) and employability options.
113. A low number of looked after children are cautioned or convicted during the year. Good action taken by the youth offending service and partners is

reducing the proportion of looked after young people involved in offending behaviour. At 5.8% the rate is now below that found nationally for similar young people. Targeted work has also reduced the number of children who commit very low level crimes and this has contributed to the good performance on the rate of children who enter the criminal justice system for the first time.

Economic well-being

Grade 2 (Good)

114. The impact of services to improve the economic well being of looked after young people and care leavers is good. Strong partnerships between the council, Connexions, schools, local colleges, work based providers and agencies such as St Helens Chamber are helping to ensure a higher than average proportion of care leavers are entering the world of education, employment and training. The role of the Connexions 14-19 strategic lead and Connexions personal advisers are highly regarded by schools. They make sure that any looked after children whether from within or out of the Borough access good quality information, advice, guidance and support and are helped to access appropriate opportunities.
115. The formal out-turn of March 2012 reported a dip in the usual good proportion of care leavers entering education, employment or training, to below average for similar young people nationally. However, due to continuing actions and support to this group, current data shows 22 out of 24 post-16 care leavers are now in education, employment or training opportunities. This is good, especially when taking into account the falling trend in youth employment nationally. Strong partnership working has ensured that the range of opportunities for looked after children are wide and a good proportion of them go on to apprenticeships or college courses well-matched to their individual needs and abilities. This means that the recent high proportion of care leavers with special educational needs or a disability are experiencing courses and training that are aiding their successful transition to independence.
116. The young people's team worked with St Helens Chamber to develop the 'working week' for looked after children. This helped them to learn how to write CVs, prepare for interviews and understand attitudes and expectations of employers. This had a good impact on young people's employability as well as their confidence in applying for jobs. Good actions are taken to raise aspirations of looked after children to enter higher education. Although as nationally, the proportion entering is lower than young people overall; the average of 12% over the last three years is higher than the average rate of 7% nationally. The three year average for the proportion of looked after children in higher education, places the local authority in the top 15 of all authorities nationally. Once there they are well supported financially by the council and by personal advisers from the young people's team; particularly in times of need and this is helping to ensure good progression and success rates.

117. Most young people who spoke to inspectors and those who responded to the inspection survey consider they are getting the right help to move into independence and leave care. The young people's team make sure that those not ready for transitions at 18 are supported beyond the statutory timescales and also make sure that older care leavers can come back and be supported in times of need. The majority of care leavers reported that they contribute to their pathway plans and understand their purpose and usefulness. However, a few report they are not aware of their plan or how it supports them. Pathway plans include a detailed needs assessment of young people as they move into independence and are satisfactory overall. Some are good, however their quality remains varied in terms of clarification on who will carry out actions arising from the needs assessment and the date to be actioned or reviewed. It is therefore sometimes difficult to see who will be held responsible for actions determined following consultation with young people themselves. Senior managers of the service are aware of this through their quality assurance processes and are taking action to improve matters.
118. Good partnership working between the children with disabilities team, health, education and social care teams and schools are supporting looked after children and young people with disabilities as they move into adult services effectively. This ensures children are safe at key transition points in their lives. Good timely individual support is provided to the small number of unaccompanied asylum seekers to ensure their safety, care, aspirations, access to college and improvements in their English and education. They are well supported into placements that meet their religious and cultural needs. Good partnership with housing agencies supporting looked after children within the north-west ensure that they can live close to their local religious communities and other young people and families from their own culture when requested. Connexions personal advisers work with young people to access language courses and college placements in a timely way.
119. Action to ensure suitable accommodation is available to young people is good. However, this is not supported by a formal housing protocol. Good partnership working with the young people's team, the young people's accommodation officer from St Helena Housing, tenancy support St Helens Housing Partnership and the supported lodgings coordinator, is helping to ensure transitions into independence are managed in the most appropriate way for each young person. A range of housing is available, from fully supported accommodation with 24 hour on-site care to supported lodgings in family style accommodation to fully independent living arrangements that young people chose for themselves, with guidance and support from their personal adviser. Accommodation is quality assured by personal advisers and agencies such as Placement North West. Bed and breakfast accommodation is never used. Training and support on budget management and pre-tenancy courses help to prepare young people successfully for their transitions.

Quality of provision**Grade 2 (Good)**

120. The quality of provision is good. There is a shared strong commitment by senior managers, elected members and partners to continue to improve services for looked after children and young people. This is helping them to meet individual needs successfully and make a positive difference to the quality of services available. The number of looked after children in St Helens has been historically higher than in similar authorities. The council has a clear understanding of the reasons for this pattern and effective strategies are in place to safely reduce this number. The public law outline process is consistently used well and in a timely way to reduce the risk of unnecessary entry to care for children and young people.
121. The council is working effectively with the courts and other councils in the Merseyside area through the recently introduced pre-proceedings protocol to work more effectively and reduce court delays. 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. However, there is a legacy of poor decision making and drift in a small number of cases seen and this has impacted on outcomes for those looked after children. Outcomes for some older young people are not good, for example a number have had a significant number of placements.
122. Arrangements through legal case discussions and resource panels ensure that decisions are timely, correct and made at an appropriate level. A review of all looked after children placed at home on care orders has led to a significant increase in the use of Special Guardianship Orders, or applications for residence orders, as a more effective way of providing support to young people and their families. A review of all cases where children are placed on Section 20 has been undertaken and young people are now only accommodated under Section 20 where it is anticipated that accommodation will be short term to undertake a specific piece of work. The council has a higher use of secure orders than comparators, but this is being used effectively and earlier to bring stability to young people, where there is evidence of risk taking behaviour, for example missing from care or sexual exploitation.
123. Long term placement stability is good and short term placement stability is improving. There is a strong commitment to achieving permanency for children and young people by the assessment teams and the adoption service. For example, they regular review pre-birth assessments to advise the adoption team of babies who will require an adoptive placement. An effective range of services are in place to prevent placement breakdown and to provide on going support to foster carers and adoptive parents. There have been no adoption breakdowns in recent times. Meetings following disrupted placements are chaired by an IRO, independent of the case to learn from what happened. Young people have access to a range

of services across the partnership to improve their outcomes, including health, education and leisure activities.

124. Overall the quality of assessments for looked after children are adequate. Although there are examples of good quality assessments the quality of parenting assessments is too variable, with no link to theory and on occasion key issues are not explored sufficiently. Assessments of need undertaken by the young people's team in preparation for the pathway plans are too descriptive and contain no analysis or identification of risk and some contain repeated information from other assessments. The quality of written care plans is variable but most are good and detailed and more recently there is evidence of clearer decision making regarding decisions for permanency or return home.
125. Action to support the review of looked after children's care is good. Care plans are regularly reviewed. However, IROs have only seen 50% of young people prior to their reviews. The capacity of the IRO service has been increased recently to tackle this. Participation of young people in their reviews is improving. IROs effectively review care plans, request early reviews and exercise robust decision making. Young people who met inspectors were aware of their IRO and what role they carry out. 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. However there is no routine re-assessment of looked after children or additional monitoring arrangements in between the looked after children reviews, other than those in proceedings. Children and young people spoke warmly of their social workers, IROs, and carers, who they say care for them well and provide support and encouragement. Case recording is good, chronologies effectively tell the story of the young people's journey through care, case summaries are very helpful and updated regularly. However, on occasion court directed supervised contact has been cancelled due to short staffing. Recently additional resources have been provided to ensure that this is minimised.

Ambition and prioritisation

Grade 2 (Good)

126. Ambition and prioritisation for looked after children are good. The council has a track record of good performance on looked after children services. The local authority's partnership arrangements with other agencies ensure looked after children are given the highest priority. Priorities are aligned across the LSCB, Children's Trust Board, and children's services. Although the needs of looked after children are effectively prioritised at strategic and operational level the Children and Young People's Plan does not fully recognise the strong active priority given to looked after children across the partnership. Competent senior officers across the partnership provide clear strategic direction and respond effectively to the competing demands for the delivery of service to meet the complex and diverse needs of the

looked after children population. This work is effectively managed by the looked after children multi-agency strategy group. For example, strategies to tackle neglect have resulted in more children being removed from corrosive family situations early, resulting in a looked after children population which is increasingly made up of children under the age of five.

127. There are effective arrangements to target improvement including single and multi-agency action planning which focuses on the right priorities. This has ensured that the high rate of the looked after children population has been stabilised with numbers beginning to reduce and sustained performance and good outcomes in most areas. This work is supported by highly effective reporting by managers across the partnership in most areas of service operation which is helping to improve outcomes for looked after children, for example performance on health outcomes. The council ensures that most children are placed within 20 miles of St Helens with the majority of looked after children placed in family situations. In nearly all cases where Ofsted inspect these arrangements children are in good or better placements.
128. Corporate parenting arrangements are a strong feature. This work is supported by elected members who champion the needs of looked after children. They are passionate about looked after children and want the very best for them. The corporate parenting strategy is embedded and priorities are clear. Elected members' roles and responsibilities are known and understood and good processes are in place to hold members and officers to account through the scrutiny committee. Corporate parents commitment is demonstrated through a rigorous approach to Regulation 33 visits which is ensuring high standards of care and service. However, the quality of evaluation in these reports is not always good.
129. Although corporate parents actively seek and act on the views of looked after children through the Children in Care Council this group does not yet provide the representative views of all looked after children. The arrangements for looked after children to influence the shape of the services they receive is not clearly stated in the participation strategy. Although looked after children's education is given priority and there is good improvement in outcomes at Key Stage 2 and in their attendance, attainment at Key Stage 4 remains an area of significant challenge for the partnership. Elected members have effectively prioritised tackling the poor educational achievement of some looked after children. They have formed an education sub-group to call officers to account for this matter and provided additional resources to bring about effective change.

Leadership and management

Grade 2 (Good)

130. Leadership and management are good. Strong strategic and cross party political leadership is backed by the necessary financial resources to meet the needs of the looked after children population. Effective leadership

from the Chief Executive, DCS, senior management team and the Lead Member for children and young people is driving improvement. Successful, strong partnership working is providing a shared focus on priorities for looked after children and young people. The impact of the equality and diversity strategy is good. Although there is an over representation of children with mixed parentage in the looked after children population compared to the local population, outcomes for this group of children and young people are similar to those of other looked after children.

131. Priorities are translated well into strategic planning and targets of the Children's Trust Board. The commissioning strategy for the purchasing of residential placements and fostering placements, including those for children with disabilities are sound and subject to regular monitoring and scrutiny. St Helens is a member of the recently created shared adoption service, WWish. Early indications are that this is leading to a wider pool of adopters, swifter decision making and reducing court delays. However, commissioning arrangements including joint commissioning arrangements for looked after children are over reliant on spot purchasing. Although there is a thorough needs analysis this is not being used to inform future commissioning decisions. There is an insufficient number of in-house foster carers to meet specific need, which means that the council has continued to purchase placements from independent agencies which does not represent good value for money. Arrangements for the commissioning of services for children with complex needs and other services, for example Barnardos to deliver Tier 2 CAMHS support and NYAS for the children's rights service are effective but it is too early yet to evaluate their impact.
132. Workforce planning arrangements are good. Workforce development is based on a thorough analysis of service needs. This has ensured the workforce has been increased to meet the rising demand for services successfully. Children's social care have no social work vacancies, their case loads are manageable, staff are well motivated and morale is high. Social work staff have good opportunities for professional development both internally and externally. They report that there are arrangements in place to support them when undertaking complex work. Senior managers are aware of the challenges of appointing experienced managers within the region and have recognised that team managers are relatively inexperienced and require additional support. Team managers have access to good quality leadership and training, and improvements have been made which has resulted in better decision making. The council has employed a consultant to provide training and support to managers, particularly to increase the skills in reflective supervision, recording and the quality of assessments. This work is based on the findings from the audits of cases and recent inspections.
133. Foster carers report that they receive very good support from social workers and in particular fostering support workers. Fostering support

workers provide a range of services and activities to young people, to provide respite and undertake direct work. Foster carers and prospective adopters have good access to a range of training, including positive parenting programmes to help with parenting techniques. All looked after children are allocated to a qualified social worker. Young people aged over 18 and care leavers are allocated to a personal advisor who supports them to access the range of services available to them, for example education and health care. NQSWs report that they are supported very well and career progression is clear.

134. Consultative arrangements with parents and carers of children with complex needs have led to improved arrangements for summer activities. Following consultation with the parents' focus groups and review of the last year's activities where most took place over a two week period, activities are to be provided across the six week break in response to parents' concerns. School nurses also attend the activities to ensure the health needs of children with complex difficulties are well met. There is some evidence of young people with complex needs views influencing service design, for example the tender for the delivery of Tier 2 CAMHS and the Children's Rights Service. The complaints procedure is known and understood by looked after children and there is evidence of learning from complaints, for example the council has increased the payment support for young people who go onto university, following a complaint.

Performance management and quality assurance

Grade 2 (Good)

135. Performance management and quality assurance are good. Good performance management systems are in place across the council. There is evidence of rigorous challenge to drive improvement at political, strategic and senior management level. Monthly meetings led by the DCS focus on a wide range of performance indicators. This has resulted in considerable progress being made overall to ensure tasks are completed within the required timescale. This includes scrutiny at team, manager, worker and individual case level. Performance is effectively monitored against comparators to help drive improvement. Robust performance arrangements are in place across services to ensure that equality impact assessments and action plans arising from these assessments are monitored regularly and reported to service managers and to corporate directors. The council's priority to narrow the gap for vulnerable groups including looked after children is reflected in team' action plans for improvement and also monitored regularly for impact.
136. Good use is being made of the independent audits to support internal review to drive improvement. The resource panel which is chaired by the Assistant Director, consisting of service managers and legal services reviews all decisions for care proceedings and the quality of assessments to improve performance and ensure consistency. The quality of the audit

findings provided for this inspection is robust and identifies accurately good and poor practice. Performance in meeting targets is usually in line with similar authorities. The local authority has successfully implemented strategies to prevent children entering the looked after children system unnecessarily. Although the looked after children population remains high there is no evidence of children remaining looked after longer than necessary.

137. Good partnership work with health service partners has supported improvement particularly in the quality of initial health assessments. Health partners attend monthly performance meetings chaired by the DCS to support sustained performance. Social work staff report that they receive regular supervision and support from visible managers. There are good opportunities for training and in particular social workers value the individual mentoring and training delivered by the external consultant. Although there is a legacy of poor practice and drift in some cases seen this has significantly improved. Legal services and the IROs report that there is very little drift in casework now. For example, there is evidence of rigorous oversight by IROs who use the escalation process to bring about change where required. Social workers report that they have good access to good legal support. There is clear evidence of joint working and good advice and training from legal services.

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	Good
Services for looked after children	
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Good
Partnership working	Good
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	Good
Staying safe	Good
Enjoying and achieving	Adequate
Making a positive contribution, including user engagement	Adequate
Economic well-being	Good
Quality of provision	Good
Services for looked after children	
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Good
Equality and diversity	Good