

# Inspection of safeguarding and looked after children services

Liverpool

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**Reporting inspector** Martin Ayres

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## About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
  - discussions with children and young people receiving services, front line managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
  - 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 evaluation of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2006
  - a review of over 50 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, assessment and referral centres undertaken in January 2010
  - visits undertaken to emergency care departments, children's centres and focus groups with a range of health professionals, commissioners of health services and representatives from the voluntary sector.

## 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. Liverpool has an overall population of approximately 442,300 and is one of five metropolitan districts on Merseyside. Children and young people aged 0 to 17 years make up 19.3% of the population (85,500). The city's population declined during the 1980s and 1990s but is now more stable and projected to increase. The number of children and young people in the city fell by 13,100 (13.3%) between 2002 and 2009. While the population is predominately white British (88.2%), the proportion of the population from Black and minority ethnic groups has increased in recent years, and at 11.8% is substantially higher than the Merseyside average (6.9%).
5. The Indices of Deprivation rank Liverpool as the most deprived city in the country, and almost 60% of Liverpool's neighbourhoods are within the most deprived 10% nationally. The employment rate for 2009–10 was 60.2%, compared to 70.4% nationally and in some wards more than one in three working adults are currently claiming unemployment benefits. Local authority funding comprises substantially of government grants which now account for 81% of the total expenditure of the council. In the school age population, 12% of children in reception classes and 21% of children in Year 6 are classified as obese. Hospital admission rates for asthma, injury and conditions specific to alcohol misuse are higher than the national average.
6. The Children and Young People's Partnership is one of six thematic partnerships within Liverpool First, the city's Strategic Partnership and now operates as the Children's Trust. The Children's Trust Board is chaired by the council's lead member for children and young people. Liverpool Safeguarding Children's Board (LSCB) is also chaired independently. Liverpool's Children in Care Council (CiCC) and the Schools' Parliament provide opportunities for children and young people to contribute to

planning and local decision making. A wide range of services is provided in partnership with third sector organisations.

7. Contacts and referrals to children's social care services are managed through Careline and the Safeguarding Support Service. Careline is a 24/7 service, which also provides advice and information for children's services and adult and mental health services. The Safeguarding Support Service comprises five north area teams, five south area teams, and three specialist city-wide teams for Alder Hey children's hospital and the court teams. The Disabled Children's Team acts as a city-wide service and takes referrals direct from Careline and also undertakes initial assessments and long-term work. A city-wide parenting and targeted support team provides a range of services alongside 26 Surestart children's centres, delivering a wide range of services for families and carers with children under the age of five. The Common Assessment Framework (CAF) has been used to support 2,848 children and young people since 2008. There are 445 children and young people who are supported through child protection plans. Mainstream Family Support is targeted to enable children and young people to remain with or return to their families. Outreach Family Support, designed to promote family wellbeing, is delivered through children centres.
8. Liverpool is one of the Social Work Practice Pilot sites to deliver statutory services for children and young people who are looked after. There are 939 children and young people who are looked after, of whom 643 are in foster care placements, 139 are placed with their own families and 15 children and young people are living in the city's four children's homes. Three of those children's homes provide residential care for young people aged between 11 and 16 and the other provides short-term breaks for disabled children. Approximately 70 children per month are in receipt of overnight respite care packages. The Leaving Care Service comprises two teams providing a social work service and personal advice to young adults.
9. Planning and commissioning of universal, targeted and specialist child health services and primary care is undertaken by NHS Liverpool, the primary care trust (PCT). Health visiting, school nursing, children's community therapy services and the community paediatric medical team are provided by Liverpool Community Health NHS Trust. The main providers of acute hospital services, including accident and emergency services for children and maternity services for children and families in Liverpool are Alder Hey Children's NHS Foundation Trust, Liverpool Women's NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospital NHS Trust. Specialist treatments are also provided by Liverpool Heart and Chest Hospital NHS Foundation Trust. The latter has not been visited during this inspection, but has been included in the focus groups contributing to safeguarding children's agenda.
10. A dedicated urgent care walk-in centre for children is located in the Smithdown area. A range of independent contractors is commissioned by

Liverpool PCT. These include general practice, dental, optician and pharmacy services. Provision of out of hours support for general practice and additional responsibilities for other NHS care providers in the area, such as walk-in centres and pharmacies are jointly commissioned with Knowsley PCT. NHS Liverpool commission child and adolescent mental health services (CAMHS) at Tiers 2 and 3 from both Alder Hey Children's NHS Foundation Trust and MerseyCare NHS Trust. Tier 4 services are commissioned from Cheshire and Wirral Partnership NHS Foundation Trust. An emotional wellbeing and CAMHS commissioning strategy has been developed in partnership with CAMHS and other community services providers including schools.

11. Liverpool provides education places to over 62,000 pupils through 126 primary schools, 12 special schools, five academies and 24 secondary schools. There are two pupil referral units providing 39 places.

## Safeguarding services

### Overall effectiveness

**Grade 2 (good)**

12. The overall effectiveness of the council and its partners in safeguarding and promoting the welfare of children is good. High ambition for the safety of children and young people in the city is reflected in the priorities for service delivery set by the partnership as a whole. Elected Member and senior management commitment is clearly stated and underpinned by the allocation of resources to ensure that joint objectives, priorities and most targets are being met. Partnership working, including with voluntary and community organisations (the third sector), is good at both strategic and case levels with good examples of effective collaboration to meet assessed needs and to promote child welfare. The contribution of health to keeping children and young people safe is outstanding.
13. The partnership has a good understanding of neighbourhoods, promotes equality and diversity well and is targeting services appropriately. The LSCB is responsive to the needs of children, young people and families in the city and provides good leadership on a wide range of safeguarding matters. Training and development are well regarded and valued by staff. The quality of learning from serious case reviews is good and the board, through its independent chair, provides an appropriate level of challenge on safeguarding matters. There is good awareness of safeguarding across the city underpinned by effective service commissioning, staff development processes and good quality public information.
14. Careline provides a good model for handling a significant demand for services and high volume of contacts and referrals. This service has been introduced alongside changes to the framework for access to services which sets out clear threshold criteria. While most contacts and referrals are handled appropriately, some case recording is inconsistent.

Performance management systems for safeguarding are good and ensure effective reporting and scrutiny of key indicators. Joint case auditing by the LSCB and partners is undertaken, but the focus on service quality is less well developed. The family intervention project, the work of children's centres and the strength of schools in safeguarding children and young people are all good examples of effective collaboration leading to improving outcomes for children and families. The CAF and 'team around the child' approaches are established appropriately and contribute effectively to the range of early intervention services designed to support children and families in need.

15. Workforce development, including safe recruitment and stability of staffing is good. The level of experience and skill is good overall with high staff morale. The establishment of specialist teams enables the pooling of expertise in safeguarding, court work and some aspects of health provision. Joint service commissioning is good and ensures that safeguarding is consistently considered and reviewed in all contracts and tenders. Value for money is good with effective financial systems and management in place. Children and young people report they feel safe and know how to seek help if needed.

## **Capacity for improvement**

## **Grade 2 (good)**

16. The capacity for improvement is good. The partnership has developed imaginative strategies to address high levels of demand. The Children's Trust and LSCB have established a sound basis for further development and sustaining improvement. Resources are available to underpin strategies and to ensure there is capacity in the right place to deliver effective services. The local authority demonstrates ongoing commitment to children's services and ensures safeguarding is a high priority. The establishment of Careline, the introduction of a new access to services framework and provision of increased levels of management oversight is supporting the strategy for earlier intervention and the more precise targeting of services on children and young people who are most at risk of harm.
17. Performance management systems are robust and facilitate the monitoring of key indicators and ambitious targets, which are set within the partnership. Quality assurance systems are less well established in respect of case recording and work sign-off by managers. There is good awareness across the partnership, and through the self-auditing of cases that this is an area for improvement. Good progress has been made in health provision to ensure that vulnerable children and young people are identified and protected from harm. Police engagement in safeguarding is generally good. The partnership has been quick to address deficiencies in staffing through a well coordinated and effective workforce development strategy. The workforce, overall, is committed to continuous improvement and ensuring partnership working remains focused on the needs of

vulnerable children, young people and families. Where service gaps are identified, prompt and appropriate action is taken to strengthen provision.

## Areas for improvement

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

### Within three months:

- Ensure that team managers quality assure the work of their teams and that assessments, reports and plans are only signed off when completed to agreed standards.
- Conduct regular multi-disciplinary audits of cases to test the consistency of thresholds and the quality of joint assessments and child in need and child protection plans.
- Review the workloads of child protection conference chairs to ensure they have sufficient capacity to monitor and challenge the quality of assessments and regularly report their findings to senior managers.

### Within six months:

- Develop tools and work methods for engaging young children in assessments and planning and support workers undertaking this work through staff development and training in direct work.
- Ensure that information about family heritage is used to develop plans which are culturally sensitive and demonstrate through case recording that where relevant race, culture and language are fully considered and acted on appropriately.

# Safeguarding outcomes for children and young people

## Children and young people are safe and feel safe

**Grade 2 (good)**

19. The contributions of the partnership to ensuring children are safe and feel safe is good. Concerted effort is made to raise awareness of safeguarding across the city, and to deliver effective joint services which promote the welfare of vulnerable children and young people. Individual and corporate responsibilities to safeguard children are clear. The local authority demonstrates the capacity to respond to new challenges and demands in the light of lessons learnt from local or national issues. Schools play a particularly strong role in safeguarding children with their good levels of awareness and the support provided to children and young people. The majority of schools (89%) have been judged by Ofsted as good or better for safeguarding since 2009, with 25% judged as outstanding. Safeguarding in schools takes a high priority in planning, and in focusing on shared responsibilities and joint working.
20. Health partners respond well to national guidance on safeguarding and ensure that General Practitioners (GPs), health visitors and midwives are able to take appropriate action to deal with issues of concern involving children and families. Accident and emergency arrangements are tightly managed to ensure safeguarding checks are routinely made and systems are in place to track attendance of children and young people. The role of the Local Authority Designated Officer (LADO) is established and has effective links to the multi-agency allegations sub-group, in order to scrutinise partnership responsiveness and independence. The council has good and robust procedures in place for safe recruitment and has also established an auditing system for existing staff. This system reviews recruitment documentation to ensure that any discrepancies in historical information are addressed with the individuals concerned. Recruitment procedures ensure that all staff have up-to-date enhanced Criminal Records Bureau checks and currently these are renewed every three years. References are routinely verified, gaps in employment and education histories checked, and the qualifications and identity of staff assured.
21. Effective safeguarding systems are in place in residential and fostering placements, including independent services used by the council. Commissioning contracts require that services should meet high safeguarding standards and should a service be judged by Ofsted as inadequate the provider must notify the commissioning team who then carries out a risk assessment. Decisive action is taken where any risk is detected. Good arrangements are in place for unannounced visits to monitor services, including thematic assessments. Unannounced visits

routinely include consultation with children, young people and staff in establishments. Staff in residential settings and foster carers, including independent fostering placements, receive regular training on safeguarding. Allegations against staff are effectively managed both in residential and fostering services, with contact to the LADO and follow up of allegations as referrals, through Careline. The council has introduced a professional conduct code for foster carers and this is considered regionally as a best practice model. Elected members and local authority managers are fulfilling their responsibilities, for example by conducting visits to children's homes and reporting their findings. This leads to appropriate actions for improvement.

22. Arrangements are in place to meet the requirements of statutory guidance in respect of children and young people who go missing. Good arrangements are in place with the National Youth Advocacy Service which makes independent visits to children and young people, to discuss their experiences, views and feelings. Joint work with the Police, including the police intelligence support unit is good and includes coverage of issues such as sexual exploitation and trafficking. Multi-agency strategy meetings are convened as appropriate and the Police have been involved in the multi-agency training for children who go missing. Links have also been established with the CAMHS looked after children team, with every children's home and all foster carers, including independent providers that have access to a support worker.
23. Youth offending services are good with effective collaboration with the Police, children's social care and health and this has led to better prevention, and increased opportunities for children and young people to be diverted from crime. Targeted work on knife crime, gangs and bullying has had a positive impact in reducing general levels of concern, and children and young people report they feel safer in the city as the result. The council and its partners are experienced in addressing the needs of unaccompanied asylum seekers leading to the provision of services which are responsive to different needs. Unaccompanied asylum-seeking children and young people speak very highly of the care they receive and the way they are helped to improve their learning and gain independence.
24. Children and young people who responded to the survey conducted as part of this inspection, and those who met inspectors, stated overwhelmingly that they feel safe and know how to get help and support if necessary. Social workers see children and young people when they undertake visits and they see children alone. However, in some instances social workers record that some children are too young to give a view on their wishes and feelings, although in fact, they may be of sufficient age and understanding. The use of a range of tools to help engage young children in expressing their feelings at the point of initial contact is not fully established.

## Quality of provision

## Grade 2 (good)

25. The quality of provision, including the local authority contact and referral service is good. Careline deals with approximately 4,500 calls and 1,600 faxes or letters every month in relation to children in need or those who are at risk of harm. This level of demand is significant and reflects the high level of need in the area. Careline provides consistent, city-wide responses to contacts and referrals as well as ensuring cases are handled according to levels of need and vulnerability. The recently introduced framework for access to services is good, and is welcomed by all agencies as a means of clarifying expectations about service access, contact, referral responsibilities and use of the CAF. Some referring agencies and professionals indicate that, in a few instances, there have been debates at the point of contact about the appropriateness of some referrals and how these should be handled. This is providing opportunities for the partnership and LSCB to track individual cases to ensure thresholds are being appropriately and consistently applied. Joint systems for escalating concerns about children and young people are in place and due to the increasing levels of co-operation and better understanding of agreed thresholds between services, these are only infrequently utilised.
26. The quality of assessments is generally good although case recording sometimes lacks precision or depth of analysis of information derived through assessments. Managers generally monitor the completion of assessments, review priorities and provide a good level of support to staff. However, their oversight of cases is not always being reflected in records that provide the rationale for all decisions relating to assessments, interventions and contingency plans. The out-of-hours service, coordinated through Careline, is of good quality and provides effective continuity with daytime services. Cases identified as having urgent child protection concerns are dealt with appropriately, and there is good use of joint strategy discussions and cross-agency checks and visits are carried out promptly.
27. The longer term children's social work teams are assisted by the deployment of additional supervisory staff and improvements to the electronic recording system. There are some examples of excellent multi-agency work which helps to ensure that children are protected. However, in a few cases there is some inconsistent practice in relation to the timeliness of visiting, regularity of core groups and the quality and timeliness of some assessments. In a number of cases, the heritage and culture of children, although recorded, is not taken into full account in planning for individual children, young people and families. Some report exemplars used within the electronic recording system are described by social workers and child protection conference chairs as still being over-cumbersome. A newly introduced risk assessment format is being piloted. It is being used to complement core assessment work and cases moving to child protection conferences and has resulted in clearer analysis of need

and risk. Safeguarding officers who chair child Protection Conferences indicate that where this new risk assessment tool is used, the quality of work is good with risks clearly identified. Staff across the partnership receive regular, planned supervision and say they are generally well supported by their managers. Social workers have caseloads that are manageable and teams are well resourced. Newly qualified social workers have protected caseloads and are supported well through training and close working with deputy managers in the teams.

28. Complex child protection investigations are well-managed by the Merseyside Police and Children's Services. These services benefit from the involvement of the City of Liverpool Investigation Support Unit which ensures that the considerable range of information held by the authority is used to make the best decisions to safeguard children. The good links with John Lennon Airport and the City of Liverpool Port ensure effective support to children and families who may be vulnerable at the point of entering or leaving the country.
29. A range of multi-agency early intervention strategies are established across the partnership including CAF, school consortia groups, children's centres, and family intervention projects. Parents report they feel listened to and well-supported through a range of targeted services and that there is effective joint working in assisting parents and children. The Volunteer in Placement scheme for parents who are not in employment enables a number of parents to access volunteer scheme. In many cases this leads to full time employment opportunities and access to university courses, with the availability and support of childcare provision. Some of the placements and work opportunities are in the children's centres and this has increased the opportunities for parents to work collaboratively, and to understand the challenges of family life. The primary school consortia enable targeted support to be provided to children in a more timely and effective way, engaging parents and offering support. There is evidence of good work being undertaken through family intervention projects, for example, through intensive work which targets families to reduce offending. There are examples of highly effective early intervention for safeguarding children and young people and improved outcomes for all family members. For example, in tackling employment and training issues, homelessness and reducing drug and substance misuse. In one individual case the cost/benefit analysis of savings through the use of family intervention projects was estimated to be £110,000.
30. Safeguarding in schools takes a high priority. From 2009, 89% of schools have been judged by Ofsted as good or better for their work in safeguarding with 25% judged outstanding. Children's centres provide effective support and early intervention work for families and are appropriately targeting interventions on the most vulnerable groups. Of the seven children's centres inspected by Ofsted to date, five have been judged as good, one as adequate and one as outstanding in overall effectiveness. Parents who use the children's centres benefit from a range

of training courses and learning opportunities in areas such as first aid, healthy eating and health reviews. The CAF is well embedded in practice across the partnership, in particular in schools and children's centres. The methodology is being increasingly seen by professionals and parents as supportive to families and an approach in which they can feel more involved. The new threshold document clearly identifies how CAF should be instigated and includes the use of a referral format pre-CAF. The number of CAFs in schools has increased threefold over three years. Teachers report that they feel increasingly confident in using CAF and taking the lead in the work. They have a better understanding of thresholds since the new document was received and this they report has improved discussions and contact outcomes with Careline.

31. The Disabled Children's Service offers effective support to children and young people who live at home or are looked after, and also responds to children's safeguarding concerns. The team uses Fusion, a service which helps disabled children and young people to access mainstream play and leisure provision in their communities. The Disabled Children's Service has an identified transition project worker and children and young people are included well in the process of transition to adult services. The range of assessment and review documents used by the Disabled Children's Team is comprehensive. Documents are produced in formats that ensure children and young people can contribute effectively to their reviews and planning.
32. A standard risk assessment tool is used effectively by all agencies to assess domestic violence incidents and to identify the support needs of families. Multi-agency working which promotes the safety of families is mainly good. An example of good work in this field is the 16–24 project, which focuses on young people in formative relationships. LSCB closely examines safeguarding thresholds for children and young people living in households with domestic violence, and monitors the impact of joint services in reducing harm through the Policy, Practice & Procedure Sub-group. Multi-agency risk assessment conferences are well established and are attended by a wide range of agencies. Agencies value the opportunity to share information, agree action plans and monitor progress. Multi-agency public protection arrangements are good and representatives who attend the meetings are ensuring there is good oversight of high risk cases, for example, offenders due to be released from prison who are assessed as a potential risk to children and young people. The specifically targeted services to address serious youth crime, including guns and gangs, are good. Merseyside Police works closely with schools and crime prevention activities are suitably integrated into schools' curricula. The Truth4Youth programme is supported by Liverpool Football Club and is aimed at addressing bullying, knife crime and substance misuse. There is good evidence of impact. The working relationship between the Police, youth offending service, and Merseyside probation service in addressing offending behaviour is leading to reductions in offending rates. The triage

system operated by youth offending service prevention workers and the Police is successful in diverting low level first time entrants from prosecution into effective restorative programmes.

33. There is good coordination of activity between the Police and the Young Runaways project when parents express concern about their children going missing. This includes effective information sharing, risk assessment and direct work with the family. Children's services are appropriately involved when any child protection concerns are identified.

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

34. A well established children's joint commissioning framework is in place. The PCT demonstrates commitment to safeguarding and is maintaining the necessary level of investment and resources to underpin strategic priorities. Leadership is strong and effective. Good quality assurance and performance monitoring systems are established within provider services against which agreed priorities are measured. Safeguarding specifications are incorporated in all contracts and service level agreements and are rigorously monitored for their impact. The PCT Board has robust frameworks in place to test the assurance of performance and quality compliance in safeguarding. All executive and non-executive members undertake appropriate safeguarding training and are provided with safeguarding children resource packs. The non-executive lead member provides appropriate support and challenge for health and safeguarding children priorities.
35. Representation from health trusts on the LSCB, the sub-groups and the Children's Trust is appropriate. The leadership of the independent chair of LSCB is cited by health professionals as enabling better collaboration with partner agencies. The dissemination of learning across health from serious case reviews and serious untoward incidents is good. There is exemplar practice in a large general practice in Aintree Park where a bespoke stand-alone safeguarding web package is implemented following learning from a serious case review. This provides a marker and information for every child and young person in need or subject to a child protection plan or where there are emerging safeguarding concerns. Information is updated contemporaneously during monthly case reviews which include all GPs, practice manager, receptionists, advanced nurse practitioner and health visitor. Information is also shared with midwives and social workers. Strong leadership and support is evident from the designated and named professionals who are supported by well established safeguarding assurance groups across health. All staff interviewed express confidence in escalating any child protection or safeguarding concern. They say they are assured of support from nominated lead professionals.
36. There is a well established Child Death Overview Panel, with good examples of the translation of recommendations from reviewed cases, into

effective practice. Such issues include advice on safe sleeping arrangements following cases where babies have accidentally suffocated in their parents' beds and a bereavement model which has been introduced to assist professionals in their work with bereaved parents and carers. Effective training strategies are implemented by the PCT and all provider trusts and there is good performance monitoring of attendance at safeguarding training. Staff also have good access to individual, peer and group supervision.

37. Integrated health visitor and school nurse teams are developed across the city. Cases are assessed according to geographical levels of deprivation and family vulnerability. Teams are attached to general practices or children's centres. Although there are vacancies in some of these teams recruitment is ongoing and most members of staff report their caseloads are manageable. Health visitors generate CAFs and are lead professionals in most cases. The CAF coordinator is reported to be effective in directing CAF activity in order to prevent planning drift. New guidance on referral thresholds is well understood by staff who report strong multi-agency and robust partnership working. There are many very good examples of third sector agencies' contributions to effective safeguarding. For example, a voluntary organisation, Sanctuary, provides support for carers of children and young people whose parents have been adversely affected by substance misuse or domestic violence. This contributes to improved outcomes for children and young people by enabling them to remain living in their extended families.
38. Good provision is in place for unaccompanied asylum-seeking children and young people and traveller communities. A specialist health visitor is in post, who works closely with the Government Border Agency. Information is received in a timely manner on the dispersal of unaccompanied asylum-seeking children, which incorporates health information including health histories, immunisation status and any known immediate safeguarding concerns. Liaison between health professionals is effective, with notifications of attendances of children and young people at urgent care and walk-in centres and accident and emergency departments. Interpreter services are available with good access to mental health provision if required. The Traveller community has a permanent site within the Vauxhall area of the city where a good interagency team is in place comprised of a wide range of health, social care and education staff. Regular health sessions are held on the site and travellers are usually well engaged.
39. Liverpool was part of Wave 2B of the Family Nurse Partnership programme and is now supporting 100 of the most vulnerable service users in some of most deprived areas across the city. Case studies show significant and improved outcomes for babies, parents and their extended families. Smoking, drug use and high risk behaviour are steadily decreasing and the rate of breast feeding is increasing. School nurses are part of the integrated team with health visitors. Drop-in sessions are

established in all secondary schools and are usually well attended. Sessions are also held in primary schools for parents and carers in order to facilitate engagement and signposting to appropriate health, social care and housing services.

40. CAMHS provision is good and comprehensive. A range of specialist teams is commissioned, including teams for early intervention, looked after children and the 16–18 age group. Waiting times are low at approximately four weeks, with fast track processes depending on need within 24 to 48 hours. CAMHS outreach provision is available for young people who attend accident and emergency services or walk in centres with mental health problems, substance misuse or self-harm concerns. Transition planning is effective with good interagency work including the council, housing and Connexions. The service to support children and young people with learning difficulties and/or disabilities is good with effective joint working to provide holistic care packages.
41. SALT, the speech and language therapy service has an excessively long waiting time, currently 50 weeks from referral to treatment. This has been reduced from over 80 weeks and the PCT and local authority have committed joint investment to recruit five additional therapists with commitment for an increase of a further seven full time posts from April 2011. Early intervention in speech and language is good and incorporates targeted work in schools, children's centres and other early year's settings. Staff development is also good and the service is reporting appropriate referrals for more specialist speech and language interventions.
42. Emergency care for children and young people aged from 0 to 16 years is delivered in a suitable and safe environment by Alder Hey Children's Hospital. The safeguarding service delivered at Alder Hey Hospital is an exemplar of clinical practice. Safeguarding is extremely well established across all wards and departments. The leadership from executive officers, designated doctors and nurses including the Consultant Nurse for Safeguarding is strong and committed. The Rainbow Unit for children and young people who have been subject to sexual or physical abuse is outstanding. The unit ensures the highest standards for forensic investigations are maintained with great sensitivity to the needs of the children, parents and carers.
43. An effective tracking system is in place that alerts staff to any known child protection or safeguarding issue. All attendances are carefully tracked with appropriate follow-up notifications to health visitors, GPs, school nurses and social workers. Senior medical staff always undertake medical examinations of children where child protection and safeguarding concerns are raised. When children and young people under the age of 16 years attend accident and emergency services at Royal Liverpool Hospital, suitable arrangements are in place for transfer to Alder Hey Hospital. For those aged over 16 years effective safeguarding procedures are firmly established. Innovative work is undertaken with secondary schools

through a nurse clinician who delivers workshops on the impact of knife crime which has contributed to a reduction in the number of young people treated with knife wounds and good joint work with the youth offending service.

## **Ambition and prioritisation**

## **Grade 1 (outstanding)**

44. Ambition and prioritisation of safeguarding is outstanding. The council and its partners are ensuring that safeguarding has a high priority in the city and that individual and corporate responsibilities are clear. There is good awareness and understanding of the needs of local communities with effective targeting of services to support vulnerable children, young people and families leading to increasingly good outcomes. Political leadership is strong and strategic priorities are suitably underpinned by resources. The development of Careline as an organisational model to deal with high volumes of contacts and referrals to children's social care is having a good Impact. It has been underpinned by investment in information systems, increased supervisory capacity for front line safeguarding services and good quality multi-agency staff training. Senior managers are active in raising awareness on all safeguarding matters and ensuring that learning from national and local serious case reviews becomes embedded in operational practice. High quality public information is available across the city to ensure there is wide understanding of the needs of children and families and also of the processes for securing help and support. Information is contemporary in respect of current issues in the city including knife and gang crime, substance misuse and issues about dangerous dogs.
45. The LSCB is chaired independently and maintains effective lines of communication with the Children's Trust. Through good representation it sets clear priorities for action. The board provides a wide range of good quality training to enhance general safeguarding awareness and to focus on specific themes and topics relevant to the identified needs of the area and lessons derived from serious case reviews. The Children's trust is well organised and chaired by the portfolio holder for children's services, and provides clear direction for the partnership on the range of children's services. Priorities are clearly set through the partnerships business plans with good performance tracking systems in place. Strategic objectives are well defined and priorities identified. Good joint work is helping to shift the balance of services to earlier forms of family support and intervention. Safeguarding in children's centres and in school settings, through the use of the 'team around the child' approach is good. There are outstanding examples of practice, which are illustrative of the high level of ambition and prioritisation of these services.

## **Leadership and management**

## **Grade 2 (good)**

46. Leaders and managers across the partnership are responding to high levels of demand for services, including safeguarding. It is creditable to all

concerned that this high volume is managed well and that services are suitably shaped to meet the diverse needs of the population. Strategic planning, through the trust and various boards, is effective in facilitating a good balance of service delivery between intensive interventions to protect children and young people from immediate harm and a wide range of family support services. During the last couple of years there have been significant peaks in child protection activity leading to marked pressures on front line services, including Careline and safeguarding teams in children's social care. Although responses to high levels of demand have been appropriate and children and young people are suitably protected, the pressure has had an impact on some aspects of practice at times of peak demand and the quality of recording in a few cases. Managers, with the support of elected members, have responded appropriately to increased demands through the provision of additional staffing resources in key areas.

47. The partnership has established robust systems and processes which provide coherence in respect of safeguarding provision across the city. This is based on a good knowledge of the needs of children and families and intelligence about service demands and pressures. There are good examples of joint working at both strategic and individual case levels with increasing use of the 'team around the child' approaches in schools, children's centres and family intervention projects. Communication between managers in different locations and specialisms is effective and referral pathways and thresholds are well defined. Escalation processes are in place and used appropriately to raise professional concerns about individual cases. Workforce planning and development is good and the workforce is stable adding to service continuity and range.
48. Case loads are manageable. All cases are allocated and the majority of children and young people are visited in accordance with national guidance. Staff receive regular supervision although this is not always being consistently recorded in a way that clearly specifies case planning objectives, measures, timescales and contingencies. The pooling of expertise across the partnership is effective with good examples of targeted and specialist work. There is also a strong commitment to developing and improving service provision through the delivery of good quality training. Training is highly valued, comprehensive and readily accessible through the I-learning system. For example, the council and PCT has established an effective 'team around the child' college, which trains parents, and professionals from partner agencies, to work collaboratively to safeguard children. Commissioning processes are robust and well managed financial scrutiny and planning ensures tight monitoring of all service contracts. The focus on safeguarding and outcomes for individual children and young people is good.

## Performance management and quality assurance

### Grade 2 (good)

49. Performance management systems and processes are good and being used well to drive improvement. Quality assurance arrangements are less well established but senior managers and LSCB are aware and are taking action to reinforce expectations in respect of work quality and recording and have deployed additional supervisory staff. During 2010 there were particularly heavy demands on safeguarding services in the city which were well managed in dealing with considerable volume within the staffing capacity available at that time. This had some impact on the quality of some of the work when pressures were particularly demanding. The independent chairs of initial and review conferences carry very large workloads but are fulfilling the main functions of their roles in respect of convening meetings and formulating child protection plans which are viable. They have also ensured initial and review conferences are held on time and to a good standard. Where possible they meet children, young people and parents before conferences to gather views and to outline the processes. However, because of the large volume of work and high caseloads, conference chairs are not always able to follow up individual cases where they have challenged the quality of assessments or reports.
50. Business planning and performance management arrangements are good. The corporate plan sets out clear aims and objectives including key performance targets. Business planning systems are established to ensure a coherent link between the corporate plan and the role of individual managers, staff groups and elected members. The performance management framework database provides information about the achievement of key targets in children's services, including national and local indicators. The system allows internal challenge and data is shared appropriately across planning groups including the children's trust and LSCB. Performance targets are closely monitored with detailed information on targets, including challenging expectations for levels of performance set internally by the council. Financial management is good with very close monitoring of budgets, expenditure and value for money. Commissioning arrangements are also good and a close eye is kept on outcomes for vulnerable children and young people, comparative service costs and quality of provision.

## Partnership working

### Grade 2 (good)

51. Partnership working is good. All agencies in the city are aware of their responsibilities in respect of safeguarding. The processes for reporting concerns and sharing information are sound and there is a good sensitivity to the needs of the population and to minority groups. During the inspection, staff from different agencies spoke positively about their work and the mutual support they receive from colleagues across the partnership. Commitment to the 'team around the child' approach is good

with some outstanding examples of the high impact on safeguarding for children and young people. Schools and children's centres, in particular, use the 'team around the child' approach to good effect and parents report that they find they are more included in their children's care plans and therefore have better understanding of what is required of them. Similarly, the work undertaken to extend the use of CAF is good and leads to new opportunities to support children and families at earlier stages. This in turn leads to a better, more preventative effect. Partnership working with the third sector is also good with some outstanding examples of effective joint working on behalf of children and young people. For example, the Young Carers' project, managed through Barnardos, provides consistently high levels of care to children and young people and there is evidence of very positive impact on the welfare of those involved.

52. Joint working with health colleagues and services is particularly strong, with good examples of effective communication between agencies, and prompt action being taken to tighten systems following serious case reviews and child death overview panel recommendations. The LSCB is managed well by an independent and experienced chair. The chair ensures that the board has a wide representation of the agencies involved in safeguarding activities in the city. This allows the board to maintain an effective overview of service delivery and also provides professional challenge to the participating agencies and professionals. Training opportunities in safeguarding are good and training events are well attended by all agencies. Similarly, joint workforce development approaches add value to safe staff recruitment and retention arrangements and help to build a secure, skilled and motivated workforce. The threshold framework for service access is robust and valued across the partnership. During the inspection, some staff across agencies indicated that further work was required to ensure that there was a full understanding of the framework and how it is being interpreted within day-to-day practice.

## Services for looked after children

### Overall effectiveness

**Grade 2 (good)**

53. The overall effectiveness of services for looked after children, young people and care leavers is good. The outcomes are at least good and in two areas, outstanding. Leadership is effective and demonstrates good ambition, which is reflected through the priorities set by the Children's Trust. Corporate parenting arrangements are aspirational, include a significant contribution from young people and partners, and maintain a clear focus on the particular needs of looked after children and young people in the city. Targets set across the partnership are ambitious and demonstrate a good impact in improving the attainment of young people and their life opportunities. Health provision for looked after children and young people is outstanding. The social work pilot works well in the city and provides a good service for looked after children and young people. Schools play a very constructive role in promoting the welfare of looked after children and young people with good examples of educational progress and attainment. Considerable effort is given to meeting the diverse needs of children from a range of ethnic groups. The court team provides skilled and focused support to social workers involved in family court proceedings and good legal advice is readily available. Performance management is good overall but some inconsistencies exist in the quality of case recording. All children and young people live in safe placements and placement stability, which has been a targeted area for improvement, is strengthening. Commissioning arrangements are robust with many good examples of service provision supporting the care of looked after children. Service provision from third sector organisations is also good.
54. The comparatively high return in the Care4Me survey as part of this inspection shows a good level of general satisfaction from looked after children and young people in respect of feeling safe, health support and access to other services. There is a relatively high number of looked after children and young people placed at home with their parents under Placement with Parents Regulations. Although this option is regarded as the best arrangement in individual cases there is no regular review of the longer-term implications. Statutory requirements for visiting and for case reviews are met in most cases although independent reviewing officers carry high workloads and are stretched in terms of the monitoring aspects of their role. Adequate processes are in place to support care and transition planning for looked after children and young people. Support for children with disabilities who receive short term breaks is good. The complaints systems are robust and ensure that children and young people are able to comment on the quality of the services they receive. Plans are reviewed where they have reported concerns and as a result most complaints are resolved at the informal stage. Advocates and interpreters are used appropriately. Good attention is paid to individuals' race, culture, language and disability in developing care plans.

## Capacity for improvement

## Grade 2 (good)

55. The council and its partners have a good capacity to improve services for looked after children, young people and care leavers. The trend in improvement is good overall and is closely monitored and reported to the relevant committees through effective performance management processes. Despite high demands and pressures, resources are made available to ensure that joint services are provided. Risk is managed well to ensure that children and young people only enter the care system when this is needed to promote their welfare. There is a good range of services to support children and families 'on the edge of' care. Appropriate help is provided to families at times of crises to facilitate an early return home. Outcomes for the majority of looked after children and young people are good and improving. Corporate parenting arrangements are robust and provide an outstanding impetus for continuous improvement.
56. Senior and political leadership demonstrate a strong commitment to looked after children's services and are fully aware of the areas that need to be strengthened. These include improved case auditing, quality assurance and better evaluation to demonstrate the impact and outcomes of service provision. Workforce development is good across the partnership with a well trained and skilled staff group. Financial management is good with robust attention to value for money. Commissioning arrangements are strong and there is a good track record of careful placement planning and monitoring.

## Areas for improvement

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

### Within three months:

- Ensure case records are up to date and being consistently entered into the electronic recording system.
- Ensure managers in the looked after children service monitor the work of teams for quality and that work is not signed off until agreed standards are achieved.
- Ensure supervision records are up to date and include clear direction by managers on cases in respect of planning objectives, timescales, performance measures and contingency plans.

### Within six months:

- Review the case loads of independent reviewing officers to ensure they have the capacity to undertake their full roles and to monitor and challenge the work quality and plans.

- Undertake a review of all cases of children and young people placed at home with parents under Placement of Children with Parents Regulations 1991 to ensure these have been fully approved by senior managers and that individual plans remain appropriate to safeguarding need.

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

### Being healthy

### Grade 1 (outstanding)

58. Health outcomes for looked after children and care leavers are outstanding. Health case records are maintained in good chronological order. All files examined in the course of the inspection demonstrate effective and timely information sharing between health professionals and social care staff. Looked after children, appropriate to their age, have an allocated and identified lead health professional to support their health care including health visitors, school nurses or link nurse from the looked after children team. Initial health assessments are always undertaken by designated doctors or community paediatricians, with support from health promotion services, to ensure an holistic health review is available. Review assessments are undertaken by the lead health professional and these are clearly evidenced in health records. Health reviews are undertaken within statutory timescales and additional clinics are commissioned to provide extra capacity. Audit arrangements are in place to monitor waiting times between a child or young person becoming looked after, and the looked after children team receives the request for an initial health assessment and the actual assessment date.
59. Performance monitoring by the looked after children's health team is good. A new performance dashboard is in the process of being implemented and current performance is very good with over 90% of initial and review assessments and immunisations completed. The quality of the assessments reviewed during this inspection is also good. Health care plans are in place, with appropriate tracking of arranged health appointments for dentists, opticians, speech and language therapists and other specialist appointments such as CAMHS. When looked after children or young people do not attend for their appointments appropriate steps are taken to monitor the reasons and to offer alternative appointments. All cases examined indicate that looked after children and young people are suitably registered with GPs and dentists. Communication between the looked after children's health team and children's social care is good. This includes occasions when children or young people attend accident and emergency services, urgent care facilities, walk in centres or when they have unscheduled attendance at drop-in sessions.
60. The availability and range of provision for health care and support for looked after children and young people are good. They have fast-track access to CAMHS with particular support from dedicated CAMHS workers. The Strengths and Difficulties screening tool questionnaire is used well to assess the emotional and mental health of looked after children and young people at initial and review assessments. This ensures early recognition of potential mental health issues and leads to more timely interventions

when necessary. The Central Assessment and Brief Intervention team provides a single point of access for CAMHS services and screens all referrals to support the appropriate direction of cases and the most appropriate health care pathway. There is good partnership working across health to support looked after young people to access sexual health services and substance misuse services. Joint working with the youth offending service is particularly effective.

61. The specialist teenage pregnancy midwife works closely with looked after young women who become pregnant. The rate of conceptions amongst looked after young women in the city is comparatively low. Appropriate interventions are in place to provide good quality health support and advice, including future contraception planning. A well established and effective healthy care partnership group is also in place including membership from across the partnership and young people from the children in care council (CiCC). This has enabled young people to consider health improvement issues affecting themselves and their looked after peers. They actively encourage other young people to engage with health professionals. The provision by the one stop health session, held weekly for the leaving care team, is outstanding. Members of CiCC voluntarily attend this drop in session to work alongside health care professionals in the provision of advice and support. This excellent provision was developed as the direct response to some young people not accessing health guidance and support, particularly for sexual health.
62. There is an outstanding level of engagement and participation by looked after children and young people in health care matters. A number of special interest panels exist as sub-groups of the CiCC, which produce a health agenda led by its members. A publication, *'About You'*, is produced by the CiCC to raise awareness about the social, health and voluntary services available for young people who are looked after. This successful publication will shortly be made into a website to increase its accessibility. Work is also underway to develop a useful health summary document, in consultation with young people who are leaving care. The link nurse is co-located with the leaving care team for one day each week to support looked after young people who are 16 years or older and care leavers. This co-location leads good inter-agency cooperation and communication. Good training is provided for foster carers by the healthy care partnership. This assists them to help children and young people with specific or sensitive issues including sexual health, hygiene and diet.

## Staying safe

## Grade 2 (good)

63. Safeguarding arrangements for looked after children and young people are good. Nearly all children and young people who responded to the Care4Me survey reported that they feel very safe or safe in their placement, and know who to speak to if they do feel unsafe. All looked after children have an allocated social worker. Families with young children at risk of coming into care have access to a range of support

services that are individually tailored to their needs, including counselling, volunteering opportunities and parenting and life skills courses. Emphasis is placed on supporting families so that children and young people can remain at home. Risk is managed well, and use of legal processes is timely and proportionate. Action is taken promptly if children or young people need to be admitted into care. When children or young people are placed outside the city, placements are closely monitored, although most looked after children and young people actually live within the city boundary. When children and young people are admitted into care on an emergency or short-term basis, family support and intervention services respond promptly and progress is monitored closely to ensure plans are implemented in a timely manner.

64. The large majority of young people express satisfaction with their placements and nearly all feel that the care that they are receiving is either good or very good. A lack of placement choice, however, continues to hamper the council's efforts to reduce the number of children who experience several placement moves. The coherent and suitably wide-ranging strategy to improve stability, including a strong focus on providing multi-agency support for carers and children, and the good use of data to analyse current and future demand, is leading to improvement in stability. Recruitment of new foster carers remains a priority and family and friends who are carers all have allocated supervising social workers. Lessons are systematically learned and disseminated when placements end unexpectedly. Admissions into care and unplanned changes of placement require agreement from a senior manager and this is aiding placement security. A comparatively high proportion of children and young people who are looked after are placed at home on care orders. Such placements are subject to Placement with Parents Regulations but records of the agreement for placements by senior local authority managers is not readily available in case records. Additionally, the appropriateness of the legal status of children and young people placed at home under care orders is not being rigorously reviewed.
65. Foster carers and professionals report good improvements in partnership working and foster carers welcome the support that they receive from a range of services, including the looked after children CAMHS team. Statutory reviews take place regularly and mainly within agreed time scales. Fostering services were judged to be satisfactory at the last Ofsted inspection, and adoption services as good. Safeguarding arrangements in the residential children's homes operated by the council have all been judged good or outstanding. Commissioning arrangements are well managed and placements are only made in accredited and safe services. These are closely monitored including their safeguarding arrangements.
66. The Social Work Practice Pilot, managed by the local voluntary agency, PSS, has prioritised continuity of social workers for children in longer-term care. The council managed teams also have good continuity of staffing. Arrangements for responding to and preventing incidents of children

missing from care are robust. The council commissions Action for Children to provide preventative and support services for young people who go missing or are likely to run away. Data systems and information sharing is effective. Senior managers are notified promptly when looked after children or young people go missing. 'Missing from Care' reviews, which involve all relevant agencies and are chaired by an Independent Reviewing Officer, are held within seven days of a child being reported missing. Weekly monitoring reports are produced by the independent reviewing service. Key services meet on a regular basis to review activity and processes. The Police have been involved in the multi-agency training for children who go missing and links have also been established with the CAMHS looked after children team. Through these links, every home, and all foster carers (including independent providers), have access to a worker. Independent return interviews of children missing from care are undertaken by the Young Runaways Project. There has been a decrease in the number of missing from care incidents in 2010 from the previous year.

### Enjoying and achieving

### Grade 2 (good)

67. The services which enable looked after children and young people to enjoy and achieve are good. Although the proportion of looked after children who achieve level 2 or above at Key Stage 1 in reading, writing and mathematics is lower than the city average, they do better than similar children nationally. The gap between the looked after group and others in the city has remained relatively constant in reading but is narrowing in writing and mathematics. The local authority is responding well to increasing numbers of looked after children aged nine and younger. Attainment in English and mathematics at Key Stage 2 is at the national average, but looked after children in Liverpool make better progress between Key Stages 1 and 2 than similar children nationally. Actions initiated by the local authority to support and encourage young children in their reading in specific schools have been successful, and are being replicated across the city.
68. A higher proportion of looked after young people sat GCSE examinations in 2010 compared to the England average. More than average were successful in gaining five GCSEs at grades A\*–G and the proportion achieving five GCSEs at grades A\*–C was much higher than the average for England overall. Half of all sixteen-year-old looked after young people made the expected progress between Key Stage 2 and 4 with over a quarter achieving better than anticipated. Targeted resources are used well to bring about improvement. For example, where additional private tuition was provided for young people at risk of failing to achieve their predicted grades, the initiative was successful with two thirds achieving their predicted grades or better. Over a five year period the 'gap' between looked after young people achieving five GCSEs or equivalent at grades A\*–G and others in the city has narrowed significantly. Improvement is not as marked for those achieving five grades A\*–C although the gap

reduced significantly in 2010 against a steadily improving attainment for young people in the city overall.

69. There are differences in levels of attainment for looked after children placed within the city and those outside. Those attending city schools do better in mathematics at Key Stage 2 but the reverse is true in English. Looked after children attending out of city schools do better than those who remain within the borough at Key Stage 4. Direct comparisons are inappropriate however as, for example in 2010, 38% of those within Liverpool were at special schools or alternative provision, compared to 15% for those placed externally. At Key Stage 2, looked after children from Black and other minority ethnic groups achieve similar results to all children in the city, and at age 16 they consistently do better.
70. Schools and support services are diligent in their actions to ensure children and young people attend school and the actions taken to improve the attendance of looked after children are effective. Overall attendance has improved and in 2010 Liverpool had average levels of both persistent and authorised absence. However, unauthorised absences continue to be higher than average and the authority recognises that there is more to be done. There are no looked after children missing from education, numbers of temporary exclusions from schools have reduced and there have been no recent permanent exclusions.
71. All looked after children have personal education plans to which they contribute and the introduction of electronic plans is making their preparation and use more manageable. Different approaches to gathering children and young people's views is promoting engagement with learning and ensuring that all have the opportunity to express their thoughts in a manner with which they are comfortable. This includes different age groups, those with special educational needs and learning difficulties and those who are disabled. Schools monitor the performance of individual children systematically, making good use of all available data. Where concerns about their progress are apparent, outcomes are reviewed carefully by multi-agency teams drawn from across support services and actions for improvement and personalised supports are identified where required. Annual monitoring of the progress of individual pupils by the council centrally provides further opportunity for consolidating actions for improvement, as do opportunities for discussions and challenge provided by school improvement partners.
72. Where children and young people do not have access to computers, laptops are provided by the council. Particular attention is given to ensuring these are used safely and to ensuring children and carers are aware of and minimise risks. The council also provides musical instruments where needed. Free access to swimming pools and gym membership help looked after children and young people enjoy their leisure time and specific support provided through the youth service and

other services help children and young people integrate and develop friendships.

### **Making a positive contribution, including user engagement** **Grade 1 (outstanding)**

73. Opportunities for looked after children and young people to make a positive contribution are outstanding. The CiCC is well established with effective and regular links to senior management and elected members and it is represented on the Corporate Parenting and Safeguarding Monitoring Group, which includes CiCC activity as a standing item on its agenda. Young people have benefitted considerably from their engagement in the CiCC or as the direct result of its work. The panel is effectively supported by the Participation Officer and is having positive impact on participating young people, who clearly relish their role. There is significant evidence of changes to policy and service delivery as a result of panel activity. One example is the drop-in, one-stop health session, now held weekly at the base for the leaving care team. Members of the CiCC voluntarily attend to assist other young people in signposting services including working alongside health care professionals in giving general advice and support. This was commenced after the CiCC realised that young people were not accessing health guidance and support, particularly for sexual health and were unwilling or unable to travel to multiple venues.
74. Looked after children and young people were directly involved in the choice of location and design of the welcoming and child-centred premises of the Social Work Practice pilot, based in the city centre. A number of special interest groups act as sub-groups of the CiCC, including groups focusing on raising awareness of mental health issues, care leavers and on young people in custody. From meetings held throughout the year, a work agenda has been created, which is led by the members of the CiCC. A publication, *'About You'*, distributed to all looked after children and care leavers is produced regularly with an aim of raising awareness of the range of social, health and voluntary services available for young people in care. Membership of the CiCC broadly reflects the diverse looked after population, although some work is required to ensure that the council fully understand the views of a larger number of looked after children and care leavers.
75. Children and young people are involved in the recruitment of staff appointed to the Social Work Practice Pilot and to council-run residential children's homes. The children's homes facilitate regular young people's meetings for young people, and these address issues raised by residents. Most children and young people contribute to their care plans. They are supported well in contributing to decisions about their lives and in taking responsibility for decisions which affect their future. A range of methods are employed to promote children's participation in statutory reviews, including the use of DVDs and revamped child-friendly consultation

documents, including those suitable for disabled children. Independent advocacy services for looked after children and care leavers are provided by the National Youth Advisory Service, which holds regular meetings with the council to explore overarching themes arising from complaints made by children and young people. The council reports a reduction in the number of formal complaints, with most concerns resolved at an earlier, informal stage. Arrangements for those placed out of the city are equally accessible and supportive. Children and young people with limited contact with family members have access to an independent visiting service, commissioned from Barnardos.

76. A pledge to children in care is in place (the Director's ten promises) following extensive consultation with children and young people. This is being actively promoted to ensure that all looked after children and care leavers are aware of its existence and content. The achievements of looked after children and care leavers are celebrated regularly, as exemplified by the Achievement Awards event held in 2010. The proportion of looked after young people who were cautioned, convicted or reprimanded is consistently lower than the average for similar areas. The Police, Connexions and youth offending services work well with social care services to ensure that young people do not enter the youth justice system. A restorative justice programme is used well and services are effective in minimising remand periods for those looked after. Well-planned actions involving schools and different services are effective in identifying those at risk of committing crime and in providing support and diversionary activities.

### **Economic well-being**

### **Grade 2 (good)**

77. The impact of agencies to improve the economic well-being of care leavers and looked after young people is good. Schools and services are successful in helping young people to continue in education training and employment at age 16. The proportion that is unemployed at this age has reduced steadily over three years although the rate remains higher than in similar areas. By age 19 some 30% of care leavers are unemployed which is in line with similar areas. The council is, however, very effective at maintaining contact with young people and fewer than in similar authorities are of unknown destination at this age. Partners are working together well to establish appropriate curriculum pathways for care leavers including additional opportunities for those with special educational needs and those who are difficult to engage. Good use is made of apprenticeship with the council providing specific opportunities for care leavers. Co-location and close working between leaving care services and Connexions, together with timely planning, are effective in helping identify appropriate options for young people and in meeting their aspirations. Care leavers speak highly of the support they receive and early planning jointly with the youth offending service is helping secure opportunities for looked after young people who are at risk of re-offending on release from custody.

78. All care leavers, with the exception of those in custody, are found suitable accommodation. Good arrangements are now, however, in place for ensuring that those who have been in custody have appropriate accommodation on release. Clear procedures are in place to respond quickly to the needs of young people who are homeless. The council has been successful in increasing the proportion of young people able to take up their own tenancies although the council is working to increase the proportion further, and to ensure more are social housing tenancies. Good use is made of semi-independent accommodation to help care leavers progress to their own tenancies and they are supported well to develop the skills they require to manage their finances and live independently. Working closely with the youth offending service, specialist accommodation, with additional support, is provided for those at risk of offending.

### Quality of provision

### Grade 2 (good)

79. The quality of provision is good overall. Families with young children at risk of coming into care have access to a range of good quality and targeted support services from children's centres that are individually tailored to their needs, including counselling, volunteering opportunities and parenting and life-skills courses. The Family Support and intervention services provide prompt support to families at the risk of breakdown, to prevent unnecessary admissions into care. Emphasis is placed on supporting families so that children can remain safely at home. Risk is managed well, and use of the public law outline is robust and embedded with good support from legal services. Action is taken promptly if children need to be admitted into care.
80. Teams within the Corporate Parenting Service provide generally good assessments of need. Effective inter-agency relationships ensure timely and appropriate interventions, with good access to dedicated services from CAMHS, the Looked After Children nurses, and the looked after children education support team. Care plans are regularly reviewed. They reflect the good knowledge held by social workers and other professionals about the children and young people concerned and generally take into account the wishes and feelings of children and young people. Statutory review recommendations, however, are not sufficiently specific, measurable or timely and independent reviewing officers, who carry large workloads, do not always have sufficient time to constructively challenge the quality of reports or practice. The specialist nature of services for looked after children is promoting good continuity of care for looked after children and young people. The court team provides a good quality of service for children, young people and families where court processes are in train. Feedback by the courts on the quality of this work has been positive.
81. Although staff report that the electronic recording system is improving and they receive good levels of support to use the system, case recording

quality is variable. There are some examples of sensitive and proactive direct work with children but also some delays in case recording and transferring key documents into the electronic system or paper files. There is a lack of evidence of management oversight on some children's records and decision-making processes do not have a clear trail of decision making and actions agreed. Casework supervision discussions are regular but are not routinely entered onto children's records. Nearly all the children and young people responding to the Care4Me survey think the care they are getting is very good or, at least, good.

## **Ambition and prioritisation**

## **Grade 1 (outstanding)**

82. Ambition and prioritisation are outstanding. The council and its partners are outstanding in their shared ambition for looked after children and care leavers in the city. This is reflected in the high quality of imaginative, corporate parenting arrangements, political and managerial commitment to improving outcomes and in the provision of resources to underpin good quality services. Services are suitably prioritised on the basis of good knowledge and understanding of local communities and the cohorts of looked after children within the care system. Health provision is outstanding and is suitably targeted in respect of health promotion and ongoing support. Health monitoring is good and supported by effective projects which increase access to services by looked after children and young people.
83. Children and young people, through the CiCC and other representative groups have contributed well to policy developments and this has added to the overall effectiveness of services. There are good examples of effective joint working and shared ambition and aspiration including the third sector, Police, Connexions and youth offending service. The extent to which leaders' ambition is realised is demonstrated through improving outcomes for looked after children and young people.

## **Leadership and management**

## **Grade 2 (good)**

84. The leadership and management of joint services for looked after children and care leavers are good overall. The children's trust and other strategic planning groups have good quality information from which to plan services and the allocation of resources. Elected members are strongly committed to raising aspiration and to ensuring this vulnerable group of children and young people receive high quality services. Performance monitoring systems are comprehensive and ensure that data about outcomes and service impact are regularly reported. Action is taken where performance is seen to be adversely affected. Good quality services are available to support families at risk of breakdown, and, to return children and young people home quickly once they have become looked after.
85. Commissioning arrangements for placements are robust and ensure children and young people are only placed in suitable and safe

environments. Liverpool City Council is active within Merseyside in developing cost effective and good quality placements to meet the diverse needs of children and young people who become looked after. Financial management is good with effective liaison and joint working across the partnership to secure value for money. There are very good examples of close working with the third sector which adds to the range and flexibility of services to meet individual need. Careful attention is given by all agencies to safeguarding looked after children and young people in all settings with good overall performance in respect of fostering and adoption services and residential care.

86. Schools play a significant role in promoting educational achievement with increasingly good outcomes and school attendance rates. Leadership in respect of increasing employment, education and training rates is also good and illustrative of the quality of partnership working. Health service leadership is strong and ensures that there is good attention to the immediate and long term health needs of looked after children and care leavers.

## **Performance management and quality assurance**

### **Grade 2 (good)**

87. Performance management is good and is ensuring that targets set by the children's trust are closely monitored. The systems are comprehensive and include a wide range of targets covering the full range of outcomes. Health services also have good quality performance systems in place to closely monitor health outcomes and the impact of services. Quality assurance systems are less well developed, although there are good examples of effective work with individual looked after children and young people. At team level, supervision is not always recorded in a way that demonstrates the setting and monitoring of clear planning targets, and the consistency and quality of recording is variable. Auditing arrangements are in place but have not been extended to focus sharply on the quality of work and, through collated evidence, the impact on individual outcomes. Overall, however, performance management and quality assurance is contributing well to good and improving outcomes and ensuring that those who carry political and managerial responsibilities are fully informed on the good progress being made. Senior managers are aware of the need to strengthen aspects of quality assurance and are taking action to improve the overall quality of recording, including supervision. The contribution of looked after children and young people to performance management in the city is good and ensures their needs and aspirations are being kept to the fore.

## Record of main findings

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