

# Blackpool Borough Council

Inspection of services for children in need of help and protection, children looked after and care leavers

and

# Review of the effectiveness of the Local Safeguarding Children $\ensuremath{\mathsf{Board}}^1$

# Inspection date: 2 July 2014 – 23 July 2014

## **Report published: 8 September 2014**

# The overall judgement is that children's services require improvement.<sup>2</sup>

The authority is not yet delivering good protection, help or care for children, young people and families.

It is Ofsted's expectation that, as a minimum, all children and young people receive good help, care and protection.

The judgements on areas of the service that contribute to overall effectiveness are:				
1. Children who need help and protection		Requires Improvement		
2. Children looked after and achieving permanence		Requires Improvement		
	2.1 Adoption performance	Requires Improvement		
	2.2 Experiences and progress of care leavers	Requires Improvement		
3. Leadership, management and governance		Requires Improvement		

<sup>&</sup>lt;sup>1</sup> Ofsted produces this report under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006. This report includes the report of the inspection of local authority functions carried out under section 136 of the Education and Inspections Act 2006 and the report of the review of the Local Safeguarding Children Board carried out under the Local Safeguarding Children Boards (Review) Regulations 2013.

 $<sup>^{2}</sup>$  A full description of what the inspection judgements mean can be found at the end of this report.



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# The local authority

# **Summary of findings**

## **Children's services in Blackpool require improvement because:**

- 1. There has been an insufficient focus on improving services for care leavers. The level and quality of support that care leavers receive is inconsistent and does not deliver good outcomes for many young people. Pathway plans are not sufficiently outcome focused or specific and not enough young people remain with their foster carers past their 18th birthday.
- 2. Social workers and personal advisors (PAs) do not consistently receive regular reflective supervision to support and challenge their practice. Performance management measures are insufficient to support managers in measuring the effectiveness of services and their impact on care leavers.
- 3. Not all partner agencies have a thorough understanding of their responsibilities to give children and young people the help they need at the earliest opportunity. As a result, not all children and young people get help as soon as they need it. Thresholds are not well understood by all agencies. Too many referrals that do not meet the threshold for statutory intervention are made to children's social care.
- 4. The quality of assessment for children in need of help or protection is not yet consistently good and there are some cases that show evidence of drift. In a small number of cases seen, the local authority did not initiate legal planning meetings quickly enough where risks were not reducing. The quality of planning for looked after children is variable; in a small number of cases seen, risk was not fully assessed and reduced swiftly. Permanence is not always pursued with sufficient urgency, and this sometimes leads to plans for adoption being changed.
- 5. Too many looked after children do not have an up to date health assessment. Access to child and adolescent mental health services (CAMHs) is variable and, as a result, some children and young people may not receive the service they need. There is no priority given to looked after children by CAMHs. Not enough looked after children and young people are making expected or better progress in their learning. The local authority does not have sufficient understanding of the use of the pupil premium to ensure that it is improving children and young people's attainment.
- 6. Scrutiny by senior managers and independent reviewing officers (IROs) does not consistently drive plans and ensure progress for looked after children in a timely way.
- 7. The corporate parenting panel is insufficiently robust in its challenge to the local authority.



 Information about children who live in families where there is parental mental ill-health or substance abuse is not collated or analysed to ensure that services are planned effectively. The local authority does not yet have in place an overarching commissioning strategy, therefore commissioning is reactive and fragmented.



# What does the local authority need to improve?

#### Priority and immediate action

#### Care leavers

- 9. A leaving care service improvement plan should be developed. The plan should consider overall improvement of the service provided to care leavers, including consideration of: personal advisors' caseloads, supervision and management oversight, strengthened arrangements for education and training for 16-18 year-olds, and preparation for independence.
- 10. Ensure that all looked after young people have a Pathway Plan by the age of 16 years and 3 months. Improve the quality of all Pathway Plans so that they demonstrate specific, accountable and timed planned actions.

#### **Areas for Improvement**

#### Planning for children who need protection

- 11. Embed the Getting it Right framework (GIR) to ensure that partners understand their responsibilities in respect of early help and the thresholds for referral to children's social care.
- 12. Take steps to ensure that assessments are of consistently good quality, are child focused, and take into account risk and protective factors and children's individual needs, including those arising from race and ethnicity.
- 13. Ensure that prompt arrangements are made to progress to legal planning meetings where identified risks are not diminishing or are increasing.
- 14. Collate and analyse information about children living in households where there is parental mental ill-health, or substance or alcohol misuse, to ensure that needs are understood and children are afforded help and protection.

#### Planning and support for children who are looked after

- 15. Improve the quality of assessments, including those prior to children returning home, so that these consistently lead to clear, robust plans for children which keep them safe.
- 16. Improve the quality of care planning, and the quality of care plans themselves, to consistently provide timely support to children moving to permanence.
- 17. Increase the rigour with which senior managers and Independent Reviewing Officers (IROs) challenge lack of progress on plans, including failure to complete personal education plans (PEPs) or health assessments, so that these issues are addressed quickly. This includes making timely and appropriate use of the issues resolution process.



- 18. Improve access to CAMHs for looked after children so that all children receive the service they need promptly.
- 19. Implement robust systems to monitor the use of the pupil premium grant and to make sure that it is used effectively to improve young people's attainment. Take steps to improve the number of children who attend a good or better school, while continuing to closely monitor the individual needs of each child.

#### Adoption

- 20. Improve the quality of child permanence reports to ensure that they are consistently good.
- 21. Ensure that the focus on improvement in the adoption service is maintained.

#### Leadership, management and governance

- 22. Take steps to ensure that reflective supervision is consistently afforded to all practitioners.
- 23. Develop a suitable overarching commissioning strategy, linked with the looked after children's strategy, to support co-ordinated commissioning arrangements.
- 24. Ensure that the recently developed plan to tackle deficits in CAMHs performance and service provision demonstrates positive impact for children.
- 25. Strengthen the function of the corporate parenting panel to ensure that it provides robust challenge to the local authority and champions the needs of looked after children and care leavers.
- 26. A robust performance management framework for services to looked after children and care leavers should be developed, which is overseen by the Improvement Board and regularly scrutinised by the Corporate Parenting Board.
- 27. Take robust action to recruit to staff vacancies in the looked after children and leaving care services.



## The local authority's strengths

- 28. No children or young people seen by inspectors were unsafe. Where children and young people had been identified as being at risk of harm, speedy action was taken to reduce risk in all cases seen.
- 29. A range of early help services are now available, and increasingly this is leading to more children and young people receiving appropriate support at an early stage.
- 30. Social workers know the children and young people they work with well. Elected members, senior managers and practitioners are committed to improving services and outcomes for children and young people.
- 31. Children and young people who are at risk of being sexually exploited (CSE) are identified and receive a range of support appropriate to their individual needs.
- 32. Good services are available in response to domestic abuse, including the children's independent domestic violence advisory service, which was working with 93 children in May 2014, and group work provided by family support workers in the Catalyst team.
- 33. The Blackpool Education Registers Attendance (BERA) panel effectively monitors and tracks children who are known to the local authority but who are not accessing education or have moved out of Blackpool.
- 34. There is a robust system in place to monitor the appropriateness of elective home education (EHE), especially for the most vulnerable children.
- 35. Good progress has been made in reducing the length of care proceedings, from 56 weeks in 2012–13 to 39 weeks for 2013–14, with 29% of cases completed within 26 weeks.
- 36. Most children who are looked after live with their brothers and sisters near to their friends and families. Children who are looked after attend school regularly. No looked after child has been permanently excluded since 2010.
- 37. Effective support is provided to foster carers and social workers by the clinical psychologist.
- 38. Looked after children placed out of area seen by inspectors were in suitable placements and had access to advocates and independent visitors.
- 39. Good progress has been achieved in the last year in reducing the proportion of 19 year-olds who are not in education, employment or training (NEET) to around 35%, which is close to statistical neighbours and national averages.



- 40. Transition planning with adult services for care leavers with learning difficulties and mental illness is effective. The drop-in centre is valued by care leavers and is a good source of practical and emotional support. No young people are placed in bed and breakfast accommodation.
- 41. Improvements in the adoption service have led to 44 children being placed for adoption in 2013–14, an increase from 22 children in 2012–13.



## Progress since the last inspection

- 42. The local authority has made significant progress in addressing the weaknesses identified in the inspection of 2012, which judged services to be inadequate. The senior leadership team structure has been revised and strengthened by the creation of the head of children's social care and principal social worker posts. The DCS and her new leadership team have engaged staff at all levels in the improvement journey resulting in improved staff morale.
- 43. The entry point for children's social care services now functions well, and all contacts and referrals received are dealt with promptly and robustly. Decisions take full account of the risks identified at the point of contact, and incorporate historical information thoroughly. This ensures that children and young people receive the right level of support and protection at the right time. There is good management oversight of all decisions and actions.
- 44. Performance management and quality assurance processes are in place and have had an impact on improving the quality of practice. The quality of assessment has improved. Children in need and child protection plans are in place, are sufficiently detailed, and are regularly monitored. Children and young people who are subject to a child in need or child protection plan or who are looked after are visited regularly by social workers and other staff from children's social care. Children are seen alone at appropriate intervals, and their wishes, feelings and views are sought and recorded.
- 45. Senior leaders are visible and accessible. Managers and practitioners demonstrate commitment to improving outcomes for children and young people. The shadow improvement board has been an effective vehicle for engaging frontline staff in the improvement journey. The local authority now needs to widen its focus on improvement to encompass services for looked after children and care leavers, while ensuring that the progress made in other areas is not diluted or derailed.
- 46. The local authority and its partners now have a children's joint strategic needs analysis (CJSNA), which is being used to influence service development and delivery. Improvement work has rightly focused on those children requiring help or protection, and has been successful in implementing safe structures and processes.



# Summary for children and young people

- In July 2014, Ofsted looked at Blackpool's services for children and young people who need extra support or who are looked after. Ofsted found that these services are now better, and the local authority has worked hard to improve things but there is more for them to do to make them good.
- The local authority and other services are getting better at making sure children and young people get the right help as soon as they need it, but not everyone who works with children understands what they need to do. This means that some children do not get the right help quickly enough, and that social workers spend too much time dealing with worries about children and young people who do not need their help. If social workers think that children or young people are at risk, they act quickly to make sure that they are safe.
- Most social workers know the children and young people they work with well. However, sometimes plans are made for children and young people who are looked after without social workers understanding properly what the child or young person really needs. Most children and young people who are looked after are able to live with their brothers and sisters in foster homes that aren't too far from away from their friends and families. They go to school regularly, but not all of them have plans to make sure that they are getting enough of the right help at school.
- The local authority does not make sure that all social workers get enough time to think about their work, or to talk to their managers to make sure that they are doing the right things.
- Just Uz, the children in care council, has got off to a good start. They are working hard to help the council understand what it is like to be a looked after child and how to make services better for children and young people. The local authority needs to make sure that Just Uz is given enough help to recruit more members, so that it can represent the views of all looked after children and young people.
- Although things are getting better, not enough young people who leave care have a job or are going to college or training, and more young people should live with their foster carers after their 18<sup>th</sup> birthday.



- The local authority collects a lot of information about how well it is doing, but it is not using it well enough to look at whether the services it provides are making a difference for children and young people.
- Social workers, senior managers and councillors all want to make services for children and young people good, and are working hard to do this.



# Information about this local authority area<sup>3</sup>

#### Children living in this area

- Approximately 28,886 children and young people under the age of 18 years live in Blackpool. This is 20.3% of the total population in the area.
- Approximately 30.2% of the local authority's children are living in poverty.
- The proportion of children entitled to free school meals:
  - in primary schools is 29.1% (the national average is 18.1%)
  - in secondary schools is 25.9% (the national average is 15.1%).
- Children and young people from minority ethnic groups account for 5.3% of all children living in the area, compared with 21.5% in the country as a whole.
- The largest minority ethnic groups of children and young people in the area are mixed (2.7%) and Asian (2.2%).
- The proportion of children and young people with English as an additional language:
  - in primary schools is 4.8% (the national average is 18.1%)
  - in secondary schools is 3.6% (the national average is 13.6%).
- Blackpool experiences considerable levels of disadvantage, and in 2010 ranked as the 6th most deprived of 354 local authorities in England. 46 out of 94 wards within Blackpool are amongst the 20% most deprived wards in the country and there are no wards amongst the 20% most affluent. Blackpool's relative position in the national deprivation rankings has worsened over the last five years from 24th most deprived in 2004 and 12th most deprived in 2007.

#### Child protection in this area

- At 31 March 2014, 1,872 children had been identified through assessment as being formally in need of a specialist children's service. This is an increase from 1,634 at 31 March 2013.
- At 31 March 2014, 307 children and young people were the subject of a children protection plan. This is a reduction from 337 at 31 March 2013.
- At 31 March 2014, 10 children lived in a privately arranged fostering placement. This is an increase from 6 at 31 March 2013.

#### Children looked after in this area

- At 31 March 2014, 443 children are being looked after by the LA (a rate of 152.4 per 10,000 children). This is a reduction from 483 (166.5 per 10,000 children) at 31 March 2013. Of this number:
  - 211 (or 47.6%) live outside the local authority area

<sup>&</sup>lt;sup>3</sup> The local authority was given the opportunity to review this section of the report and has updated it with local unvalidated data where this was available.



- 40 live in residential children's homes, of whom 52.5% live out of the authority area
- 0 live in residential special schools
- 315 live with foster families, of whom 42.2% live out of the authority area
- 21 live with parents, none of whom live out of the authority area
- 0 children are unaccompanied asylum-seeking children.
- In the last 12 months:
  - there have been 41 adoptions
  - 42 children became subjects of special guardianship orders
  - 205 children have ceased to be looked after, of whom 10.2% subsequently returned to be looked after
  - 32 children and young people have ceased to be looked after and moved on to independent living
  - 0 children and young people have ceased to be looked after and are now living in houses of multiple occupation.

#### **Other Ofsted Inspections**

- The local authority operates three children's homes. All three were judged to be good or outstanding in their recent Ofsted inspection.
- The previous inspection of Blackpool's arrangements for the protection of children was in July 2012. The local authority was judged to be inadequate.
- The previous inspection of Blackpool's services for looked after children was in December 2009. The local authority was judged to be good.

#### Other information about this area

- The Director of Children's Services has been in post since May 2012.
- The Chair of the LSCB has been in post since October 2012.



# Inspection judgements about the local authority

Key judgement	Judgement grade
The experiences and progress of children who need help and protection	Requires improvement

#### Summary

Children and young people who are at risk of harm are identified appropriately and prompt action is taken to ensure that they are safe. Partners are working with the local authority to improve early help services, but currently the thresholds are not fully understood by all partners. As a result, not all children and young people get the right help at the right time, and too many children and young people are referred to social care when they do not meet the threshold for statutory intervention. The quality of social work practice is improving but remains variable. Although good examples of assessments were seen, others were not sufficiently comprehensive. Social workers and services focus on working with children and their families, although sometimes they focus more on the adults than on the children. Risk is understood and managed, and multi-agency plans are effective in keeping children safe.

- 47. When children, young people and families encounter difficulties in their lives, they can access help and support through a wide range of early help services, including children's centres. Many examples were seen of early help for families being effective and preventing the need for subsequent statutory services. The early intervention strategy, the 'Getting It Right' (GIR) framework, is designed to support partner agencies in helping families with more complex needs, thus reducing the likelihood that they will require support from statutory services. This was introduced in October 2013 and although its full impact is not yet known, there is some evidence of an improving understanding of thresholds for early help, for example by schools. It is essential that full momentum is maintained in implementing this strategy and a key measure of the strategy's success will be the extent to which it contributes to a reduction in referrals to children's social care.
- 48. Contacts and referrals for statutory advice or services are routed through one of two effective 'front doors', the multi-agency assessment hub (MASH) and the combined referral service. These are co-located, which facilitates effective transfer of information and discussion. The Blackpool MASH has only recently been disaggregated from a larger service, so it is still in development and is currently only assessing police reports. Plans are in place to synchronise the two referral points. Both undertake effective multi-agency information-gathering and checks, ensuring that all decisions about next steps are correctly based on historical, as well as current, risks for the child.



- 49. Co-location of the early help staff with the 'front door' service is effective. They signpost children and families to early help services where appropriate, or ensure that they are 'stepped up' to children's social care where the combined information suggests that this is needed.
- 50. Efficient arrangements are in place to respond to requests for information and services from children's social care. The combined referral service has experienced and knowledgeable staff. Callers receive prompt advice from a qualified social worker or manager, and all decisions made by the referral service are kept under constant review by managers. Managers authorise all case transfers and closures, and the children's electronic recording system supports them well in this respect, ensuring that no child can 'fall through the net' and that all receive a prompt response.
- 51. Partner agencies use the agreed multi-agency referral form, but some are not completed sufficiently well. This variability in quality and detail creates extra work, such as additional call backs to clarify information and fill in gaps. This takes up valuable staff time in an already very busy team. The pace of new work coming in also militates against reflection and strategic thinking time. This has the unintended consequence of sometimes making further unnecessary work, as a rush to get tasks completed and information gathered and assimilated means this is not done sufficiently well on the first occasion, requiring additional follow-up activity.
- 52. Some agencies do not yet fully understand thresholds for services as set out in the GIR strategy. Staff in the referral, MASH and Early Help services are working hard to educate partner agencies about thresholds and resources on offer in the community, but it is still early days. This aspect of the local authority's strategy requires considerable focus in order for it to achieve its desired goals.
- 53. Daytime and out of hours services work well together, supported by the emergency duty team having full access to the children's electronic recording system and recording their activity promptly. The system generates an alert flag for the daytime staff, and overnight events are considered for follow-up the next day.
- 54. The children's electronic recording system supports good case recording, the creation of chronologies and information retrieval. The system is used to good effect to capture all information, such as children's hand-written child protection conference 'information packs', which are scanned into the system. This enhances the picture of events and captures the child's voice well.



- 55. Where children and young people are at risk of significant harm, referrals are responded to swiftly by children's social care and the police, with frequent contributions from other agencies. Strategy meetings are frequently held face-to-face and promptly. The approach is robust and cautious, but not disproportionate. This is resource intensive, but it does ensure that children at potential risk of harm do not 'slip through the net', and that they are responded to at an appropriate threshold. Section 47 enquiries that follow strategy discussions are appropriate in the vast majority of cases, supporting less intensive responses thereafter in a significant proportion of cases. All discussions and activities are recorded well.
- 56. Staff in early help and children's social care understand the value of children's histories in informing current assessments and intervention plans. Assessments generally take account of both risk and protective factors, and determine the appropriate next steps and level of service required by a child and their family. Assessments and plans seen are variable in quality, but those completed more recently are generally sufficiently detailed, with some good examples seen where issues such as adult mental health, adult substance misuse issues and domestic abuse are considered and addressed. Others are still too adult-focused and overly-reliant on self-reporting from parents.
- 57. While no children were seen to be currently unsafe, a legacy of significant drift and delay was evident for some children. In a small number of recent cases, there was evidence of delays in moving into child protection processes or to legal planning meetings. This is acknowledged in the local authority's own audits of the cases tracked during this inspection. More recent plans are better, and include specific actions and timescales. Services are mostly put in place promptly to meet children's and families' needs, but delays occur where there is insufficient service to meet demand, such as insufficient numbers of trained staff to undertake specialist assessments of young people exhibiting sexually harmful behaviour.
- 58. A range of sensitively developed and responsive services are on offer to children and their families within children's social care. These include family group conferencing and the domestic abuse group work programme. However, neither are able to demonstrate their impact; both can demonstrate their reach, but not the positive impact that they have had on outcomes for children, although anecdotal information is extremely positive. Performance management and quality assurance arrangements should be extended to include these initiatives.



- 59. Parents, children and wider family members are engaged well by social workers. Children are seen and seen alone. Staff spoken to can articulate the benefits of speaking to children on their own, and children's views are made explicit within case recording. Good use is made of various methods of engaging children, including those who have communication difficulties. One parent involved in child protection arrangements that we spoke to was effusive in her praise for the support provided for her family, describing prompt assessments, good services, and feeling fully involved in plans. Social workers and other staff make good attempts to work with both resident and nonresident fathers, and their contribution is managed well even when parental relationships are acrimonious. Children's views on contact with fathers are also usually considered. Children and parents are able to have an advocate to support them at child protection conferences, although the local authority accepts that there is more to do to promote the take-up of this service by children and young people.
- 60. The level of attention paid to children's individual differences by social workers and partner agencies is variable. Some very sensitive examples were seen, which took into account children's differences, such as disabilities, preferred methods of communication, and learning ability. In other instances, their personal characteristics were overlooked. Inspectors saw a child with an African father being categorised as 'white British', and no evidence of their cultural needs being considered, or reflection on what it is like for that child living in their community.
- 61. The timeliness of initial and review child protection conferences is good and social workers provide written reports in advance of conferences in most cases, which are shared with parents. These meetings are well chaired and minuted, and draw up adequate outline protection plans. Routine quality assurance of each conference is contributing to improving performance in partners providing reports in advance of the conference, sharing reports in advance with parents, and attendance by key agencies relevant to each case. Shortfalls are followed up promptly. Some agencies continue to be poor attenders at conferences, despite attempts made to tackle this, and this requires further improvement.
- 62. The local authority's own in-depth audit of parents' views on child protection conferences revealed strengths and weaknesses in the current arrangements, with the findings resulting in positive changes. Service managers have good arrangements in place to re-focus current quality assurance arrangements so that more scrutiny of quality and partnership working can begin.



- 63. The local authority's action in relation to ineffective and badly-attended core groups has led to improvements, supported by training and a new core group template. There is now generally better attendance by relevant practitioners. Recent cases were seen where core groups were monitoring the progress of child protection plans effectively, and amending them as appropriate. Arrangements are in place for routine monitoring by managers of core group practice which aims to pick up shortfalls and addressed promptly. While progress has been made, improvements and monitoring arrangements are yet embedded or sustained and recent examples were seen of poor attendance and the core group template not being completed properly.
- 64. Young people who are at risk of being held in police cells overnight, because of suspected or actual criminal activities, can be placed in suitable accommodation in the community instead. Where decisions are made by police to oppose such placements, this is closely monitored and reported to senior managers in children's social care. The youth offending team's improvement plan is leading to positive improvements in both safeguarding practice and their contributions to multi-disciplinary interventions and plans. However, issues regarding young people in trouble are not being progressed swiftly enough on a strategic level. For example, the information about children held in cells is collated, but is not formally scrutinised or used at a strategic level to challenge practice.
- 65. Children and young people for whom risks are not decreasing or whose progress is stalled or is insufficiently swift, including all children who have been subject to a child protection plan for 12 months or more, are discussed at 'solution focused meetings' chaired by senior managers. This is one method deployed to reduce drift and delay. However, cases were seen where children are properly flagged as requiring a legal planning meeting to escalate matters, but without any progress towards this being evident. This is a significant weakness in the drive to achieve permanency for children who have already experienced historical delay and drift.
- 66. Twelve children are currently identified and being supported as privately fostered. The brevity and recent drafting of a report for the Blackpool Safeguarding Children Board (BSCB) suggests that this issue has not been a priority for Blackpool. In cases sampled, there was a lack of urgency in completing private fostering assessments.



- 67. The prevalence of domestic abuse in Blackpool is one of the local authority's biggest challenges. There is a strong and varied matrix of responses available. The children's independent domestic violence advisory service (CIDVA) was working with 93 children at May 2014, and is a larger service than exists in many similar areas; the recently published national evaluation confirms its positive benefits for children. The local authority has also secured funding to establish a four-year early intervention project to provide support at an earlier stage of domestic abuse, which will be externally evaluated. Other services are available to support both adult and child victims of domestic abuse, such as the multi-disciplinary Catalyst team, and comprehensive packages of support have been seen. Child welfare, victim support and criminal prosecution are given appropriate consideration in addressing issues of concern. Multi-agency risk assessment conference (MARAC) arrangements, which focus on the most serious cases of domestic abuse, are in place, operate well, and are attended by relevant partner agencies.
- 68. The local authority is a full partner in multi-agency public protection arrangements (MAPPA), coordinating responses to the most serious offenders in the community. Relevant managers participate at operational and strategic levels, both within Blackpool and on a pan-Lancashire basis. Young people who may be eligible for MAPPA oversight are screened to determine levels of risk and appropriate next steps, and allocated workers participate in planning where appropriate.
- 69. The multi-agency Awaken Team, encompassing police, children's social care, health, education and the voluntary sector, enables good intelligence-sharing, planning and intervening to tackle child sexual exploitation (CSE). Effective joint working was observed in a CSE multi-agency meeting, which carefully balanced the demands of criminal investigatory work alongside children's safeguarding needs. There are plans to undertake CSE awareness-raising work with local businesses, such as amusement arcades and taxi firms. However, given the long-established nature of this team, and the unique characteristics of Blackpool, it is surprising that this is not at a more advanced stage of development.
- 70. Arrangements to identify children missing from home or care are robust. Those who may go missing and who also may be at risk of CSE are identified well, assisted by the location of the 'missing' coordinator in the CSE 'Awaken' team and well-established information-sharing practices. Monthly meetings between senior police officers and managers in the local authority maximise awareness of 'high risk' cases, issues, and the location of 'hot spots'. This supports strategic oversight of operational activity and ensures that the service is responsive to changing demands. At the present time, it is an expectation that return home interviews with children are completed by social workers, but there is no overarching oversight of these to assure quality standards or to aggregate their findings. This is a shortfall in terms of identifying themes and trends which could usefully be fed back into the wider work in tackling CSE.



- 71. The Blackpool registers attendance panel (BERA) effectively monitors and tracks children who are known to the local authority but who are not accessing education, or who have moved out of Blackpool. Monitoring of the 'out of school' register ensures that children gain swift access to appropriate education. Currently one young person is missing from education.
- 72. There is a robust proactive system in place to monitor the appropriateness of elective home education (EHE), especially for the most vulnerable children. The access and inclusion team provides support to encourage children to remain in mainstream school. There was an increase in enquiries in 2013–14 to 67, from 57 in the previous year. Of these, 21 remained in mainstream school and 46 were placed on the EHE register. 14 children have been re-integrated into school and a further four are due back in school in September. Currently there are 84 children on the register, which is an increase after a five year downward trend, and reflects the rising trend nationally.
- 73. Effective arrangements are in place to investigate allegations against professionals working with children. Referrals are received by the local authority designated officer (LADO) from a wide range of agencies, who receive a timely response, with good tracking of the progress of investigations. Referrals have increased from 70 to 94 between 2012–13 and 2013–14. Examples were seen in case sampling of appropriate persons being considered for referral to the LADO. Awareness-raising has been undertaken with sectors such as the local mosque and Madrasah, although this has not yet led to any referrals.



Key Judgement	Judgement Grade
The experiences and progress of children looked after and achieving permanence	Requires improvement

#### Summary

The local authority needs to increase the level of attention it gives to improving the quality of services for children and young people in its care to ensure that consistently good outcomes are achieved.

Not all assessments are good quality, and some children and young people experience drift and delay before becoming looked after. Most children benefit from living in stable homes with their brothers and sisters, and very few live more than 20 miles from Blackpool. Children and young people are visited by their social workers and their views are usually sought, but are not always fully reflected in their plans. Care plans are regularly reviewed, but there is insufficient challenge by independent reviewing officers (IROs) when the plans are missing, are of poor quality or lack PEPs or health assessments.

Too many children experience delay before suitable adoptive families are identified for them. Improvements to the systems to recruit and assess adopters have led to a reduction in the shortfall of adoptive families and a significant increase in the number of potential adopters currently being assessed. Few children experience breakdown, and support is available to children and young people, and to their adoptive and birth families, both before and after adoption.

There has been insufficient focus on the quality of services provided to care leavers. Pathway planning does not adequately prepare all care leavers for the transition to adulthood. Care leavers speak positively about their relationships with personal advisors and value the 'drop in' centre.

- 74. For children and young people at risk of becoming looked after, the Edge of Care service is working well, supporting children and young people to remain at home. During 2013–14 the service worked with 88 families, and at the end of the year 81% of the children in these families were living safely with their parents. No cases were seen where children had become looked after inappropriately.
- 75. 10.2 per cent of children leaving care subsequently become looked after again within twelve months. Not all assessments prior to children or young people returning home are sufficiently robust. Inspectors saw three cases of children being returned home to parents following short periods of being looked after where there was insufficient assessment of potential risk. In one of these cases, the children returned to care within a matter of weeks after one of them suffered a further injury.

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- 76. Care planning does not always lead to permanence in a timely manner. The quality of care plans is inconsistent; sometimes they are absent, and those that are completed do not always provide a clear, contemporaneous account of children's needs and the plan to address these. Some examples were seen of cases where permanence was secured quickly for children and young people. These included securing permanence through adoption and special guardianship. However, in other cases there was evidence of significant drift and delay. Six children living at home with parents on full care orders had been at home for between one and seven years. In two cases, the local authority had not progressed the plan to discharge the care order despite this having been discussed at a number of looked after reviews. This means that permanence for these children had not been legally secured.
- 77. For some looked after children and young people delay was minimised by robust decisions and action in initiating legal proceedings. This included one case considered by inspectors where a decision was made not to pursue the public law outline (PLO) process due to previous history, and another where viability assessments of potential carers were carried out quickly, supported by the work of the family group conference service to identify suitable family members.
- 78. The length of time taken in care proceedings has reduced from 56 weeks in 2012–13 to 39 weeks in 2013–14. Of these cases 29% were completed within 26 weeks. Cafcass report that the quality of the local authority's court work is improving. Children and young people now benefit from increasingly effective liaison between Guardians and social workers.
- 79. Social workers know their children well. They are able to describe the personalities and needs of the children and young people they work with. Most children are seen regularly and seen alone. However, visits are not always sufficiently focused to ensure that the work needed is completed. As a result, the preparation of children for placements and the help required for them to understand their plans is not always effective. Although examples of life story work were seen, this is not consistently provided for all those children who could benefit from it.
- 80. Young people are aware of their right to make a complaint, and an example was seen where a young person's complaint had resulted in a change of practice in relation to placement moves. An advocacy service is available for young people, including those placed out of area, and the use of this is increasing.
- 81. Looked after children and young people going missing and at risk of sexual exploitation are monitored effectively within the same systems used for those who are not looked after. Examples were seen of effective work including the placement of a young person at risk of child sexual exploitation which helped to minimise this risk, together with the robust management of another young person's missing from care episodes.



- 82. Work on bullying is undertaken within Blackpool's children's homes. The fostering service also monitors the incidence of bullying, and is proactively running training for carers to ensure that they are aware of the issues and confident to recognise and report it.
- 83. Looked after children and young people attend school regularly; there are a decreasing number of temporary exclusions, and there have been no permanent exclusions since 2010. No looked after child is missing from education. Almost all are receiving full time education. The Virtual School carefully monitors why a child is not receiving full time education, so the reasons are understood and the arrangements support the child's current care plan.
- 84. The local authority does not have sufficient understanding of the use of the pupil premium to ensure that it is improving young people's attainment. Whilst the attainment of looked after children showed improvement in 2013, and the gap between looked after children and their peers is closing, 48% of children are not making expected or better progress in their learning.
- 85. The local authority reported that only 37.2% of PEPs were completed during 2013–14. This figure is improving, but the completion of PEPs remains inconsistent. Those that are completed are not always of good quality, and do not always include children's views. Too many looked after children are not placed in schools which are good or better. This is in the context of a high proportion of schools in Blackpool not being good or better. When a school receives a reduced inspection judgement, careful consideration is given to the needs of the individual pupil to ensure that they continue to make progress, and consider whether it is the right decision for them to stay at the school.
- 86. Looked after children and young people are supported to access the local authority's leisure facilities through the provision of a leisure card. Young people spoken to said that they were well supported with leisure interests, which are considered as part of the looked after review process.
- 87. The named nurse for looked after children is notified when children become looked after. The named nurse liaises with health visitors and school nurses to alert them to the need for a health assessment, and undertakes assessments for those without a health visitor or a school nurse. The named nurse liaises with colleagues in other areas to facilitate access to services for children and young people placed out of area. Most children have had a dental check, and most have their immunisations up to date. The vast majority of children under five years of age have had their developmental checks. However, the local authority's figures show that only 79.8% of looked after children had their health assessments completed during 2013–14. This is slightly lower than the national average of 82%.



- 88. Examples were seen of good, effective work with children and young people by child and adolescent mental health services (CAMHs). However, access to CAMHs is too variable to be confident that all children will receive the help they need, and there is no priority given to looked after children by the service. As a result, the local authority is forced to source and fund independent packages of support for some young people. A looked after children's psychologist provides valued support to social workers and carers.
- 89. Most children and young people live in family placements, including with foster carers, with family and friends foster carers, and placed for adoption. Although placement stability has declined over the past year (from 6.9% of children having three or more placements in the year to 9.7%), the reasons for children moving placement are monitored and understood by the local authority. Cases were seen of children in long-standing stable placements. No children or young people were found to be in inappropriate placements. Most children live in placements which are judged good or better by Ofsted, and no child or young person is in a placement judged inadequate.
- 90. Although children and young people cannot always be placed within the local authority's borders given its small size, only a small proportion (less than 10%) are placed more than 20 miles away. The local authority gives careful consideration to placing young people a long way away, and does this based on young people's needs. Young people placed externally continue to have access to services such as independent visiting and advocacy.
- 91. The local authority has increased the number of foster carers it has recruited over the past year and the number of placements overall, although the number of children placed with local authority foster carers has declined. This is because a high proportion of carers are now approved for three placements; this gives the authority flexibility in placing groups of brothers and sisters, but these carers do not otherwise take three individual children. The local authority's record on placing brothers and sisters together is good, with children being kept together in most cases seen. In one case where the decision was made to separate children, this was as a result of very careful consideration of the needs and potential impact on each of the children concerned.
- 92. Contact arrangements with birth parents and extended family are assessed regularly, and take children's views into account. Young people say that they have contact with the people who are important to them. Contact arrangements take appropriate account of risk.



- 93. Most children have their care plans reviewed regularly of which 94.3% of reviews happen within statutory timescales. This is above national and statistical neighbours' performance. Issues of diversity and identity are considered and addressed in plans for young people and in the review of these plans. Examples were seen of good practice by independent reviewing officers (IROs) in visiting children between reviews to develop a relationship with them and gather their views, though this does not yet occur in every case. However, although IROs spoken to were clear about plans for children, overall IROs are insufficiently challenging of progress on plans and do not routinely challenge the absence of PEPs and health assessments at an appropriate level. IROs have not consistently used the issues resolution process well, something which is acknowledged to be an area of development in the IRO annual report, and the local authority has already begun work to address this.
- 94. The Children in Care Council (CiCC), 'Just Uz', has developed well, with a core group of 20 young people who meet regularly. This work is supported positively by an Engagement Officer, who was appointed in October 2013. The CiCC has designed a pledge for looked after children, which was launched in July 2014. The CiCC has also developed a revised consultation booklet to help children to give their views at their reviews, which will be launched in September. The 'Just Uz' chair attends the corporate parenting panel, and puts forward issues on behalf of children and young people. The local authority is aware that there is more work to be done to support the good work of the children in care council so that they can be representative of the views of all looked after children and young people.

# The graded judgement for adoption performance is that it requires improvement

- 95. Adoption performance does not yet meet the criteria for good because some children experience delay in going to live with their adoptive family. In 2013–14 a child entering care waited an average of 654 days before being placed for adoption. Although this reduced from 907 days in 2013–14 it is still above the national average.
- 96. In 2013–14 ten children had a plan for adoption changed. One child returned to live with a family member and nine remained with their foster carers. Two children remained with their foster carers because no suitable adoptive family could be identified. The plan for seven children was changed as a result of the attachments formed between the children and their foster carers, and the change reflected the children's wishes.



- 97. Adoption is considered for all children who are unable to return home to their birth families and who need a permanent alternative home. Over the past 18 months, considerable work has been undertaken with staff in all the children's teams to reinforce the message that permanence is everybody's business. This has resulted in more children being placed for adoption in a timely manner. 41 children were made subject to adoption orders in 2013–14, representing an 86% increase on the previous year. The age of children placed for adoption ranged from eight months to seven years, and included some harder to place children, such as those with complex needs or families of brothers and sisters. In total, 51 children were placed for adoption during 2013-14.
- 98. Sound targets have been put in place for the various stages in the adoption process, with the aim that by 2015–2016 the government threshold for the average time taken between a child entering care and being placed for adoption is met. Currently, in-year data demonstrates that the agency is meeting these targets. It is recognised that even by meeting these targets, Blackpool will still fall outside the national threshold based on the 3-year 2013–16 rolling programme. This is unavoidable given how far historic performance was from the threshold figure, and is due to the impact of previous drift in the cases of many of the children who will be included in the 2013–16 figures.
- 99. Active parallel planning and good regular information sharing between fieldwork teams and the adoption team is happening in most cases. However, in some cases there is still a lack of urgency and a tendency toward sequential rather than parallel planning. The child's journey to permanence panel monitors the progress of all looked after children under 10 years old, and follows up on those children who appear to be at most risk of drift. This has had a positive impact, with improvements in children moving to live with their adoptive families in a more timely way.
- 100. Robust data demonstrate that timeliness is improving significantly at all stages of the adoption process. The recruitment of a sufficient pool of adopters is a challenge within Blackpool due to its size and demography. A new recruitment strategy has been implemented and is having a positive impact. Grant funding is being used to increase capacity within the adoption team to develop more tailored marketing and recruitment strategies, which has led to a significant increase in the number of adoption applications.
- 101. Recruitment campaigns are targeted to meet the profile of those children seeking permanency. The work is resulting in an increase in the number of adopters approved from a wide range of lifestyles and cultures, although the pool of adopters does not yet fully reflect the diverse needs and numbers of children waiting to be adopted. Given the number of families currently being assessed, it is anticipated that there will be a significant increase in the number of adopters approved between 2014–15 and 2013–14.



- 102. Alongside the local recruitment work, considerable collaborative work with 23 agencies in the North West has led to the exceptionally high shortfall of 405 adopters in March 2013 decreasing to a shortfall of 45 in June 2014. Despite this decrease, it is recognised that there is still a deficit of adopters, and managers know that more work is required to further develop the pool and range of adoptive placements. At the end of 2013–14 there were only four Blackpool families waiting to be matched with children. At that time there were 41 children where the agency had made the decision that adoption was in their best interests and who were awaiting suitable families.
- 103. Given the small size of Blackpool, the majority of children cannot be safely matched locally. Applications are therefore taken from people in a 50-mile radius. A wide range of family finding strategies is used in collaboration with key partners. An example of this is being part of a group of six local authority adoption agencies who meet at a monthly placement group, enabling them to pool local resources and place children with less delay. To facilitate more speedy placements, children who have a 'should be placed for adoption' (SHOBPA) decision and adopters in stage 2 of the process are also discussed at these meetings when appropriate. Blackpool is also a member of Placements Northwest and Adopt Northwest, which allows the agency to match children with potential families via a web-based database. Participation in adoption activity days has also resulted in successful adoptive families being identified.
- 104. To widen the type of placements available, Blackpool, with two other local authorities, has jointly commissioned a voluntary agency to set up the North West Concurrent Planning and Fostering to Adopt scheme. As yet it is too early to see any impact from this initiative.
- 105. Blackpool has implemented a swifter adoption preparation and assessment process. The new arrangements, with Bolton and Blackburn local authorities, increase flexibility and timeliness. It is a well-structured process and receptive to working at a pace which suits individual adopters. All initial enquiries receive a prompt and personal response. This early responsiveness is highly regarded by potential adopters. Adopters report that the two stage system was thorough and challenging, and that they felt well prepared by the time they reached the adoption panel. They found the input from adopters, adoptees and birth family members particularly helpful. They also praised a training event held for prospective adopters' relatives, feeling that this helped prepare the whole family. There are readily available training and support groups for adopters post approval and post placement, which are also both welcomed and well regarded by adopters.



- 106. Matching arrangements are sound and there is a low disruption rate. Particular attention is paid to sibling attachment. The quality of child profiles and photographs is good in the majority of cases. The quality and timeliness of the preparation of children for adoption, such as through life story work, is variable. In most cases it is initiated at the start of the child's journey in care by foster carers, through the use of memory boxes, but this does not happen routinely. The life story books and later life letters read were sensitively written and appropriate to the age of the child. However, there is considerable delay in producing some of these, and this can hamper the work undertaken with children and has led to complaints to the service.
- 107. Appropriate arrangements are in place to support birth parents. The 'After Adoption' Birth Ties project commissioned by Blackpool, offers advice, information and support when the plan for their child is adoption. This support is also available post adoption. The take up of this service is increasing slowly. In 2013–14 six birth parents used the service.
- 108. The Adoption Panel is effective in ensuring the timely approval of prospective adopters and the matching of children to families. Panels are well managed and chaired. Panel members are suitably knowledgeable and well trained. Timely input from legal and medical professionals is available for all panels. Quality assurance processes, including the work undertaken by the adoption champion, is effective in improving the quality of reports, such as prospective adopters reports (PARs) and child permanence reports (CPRs), and is also ensuring that the correct papers are available in a timely manner at all stages of the process. Overall, prospective adopter's records are thorough, with an improving level of analysis, although the quality of CPRs is more variable. The adoption panel promotes good practice and ensures its quality. The oversight of practice between the Independent Chair of Panel, Panel Advisor and Agency Decision Maker (ADM) could be strengthened to draw out themes.
- 109. There is a range of in-house support and effective signposting to a wide range of commissioned post-adoption support services. The increasing number of 'letterbox' contact and direct contact arrangements are well supported and effectively organised. Children, their adoptive families and birth relatives are properly informed about post-adoption support. Recent data show 40 requests for adoption support assessments. Currently, 68 families are in receipt of post-adoption support packages, 13 of which were provided through another agency. Whilst many of these are relatively simple contacts with other agencies over specific issues, such as schools and signposting to other services, a number are longer term and more complex. Given the geographical distribution of the adoption families, some post-adoption support is appropriately commissioned to other agencies.



110. There is sound evidence that post-adoption services have been well received and are effective in supporting placements. The input from the educational psychologist has led to improved outcomes for adopted children and played an important part in helping families in crisis. The agency offers and manages 'Post 18 mailbox' as a result of listening to young people who were feeling pressured to make decisions about direct contact with birth family members before they were ready. Managers recognise that the rise in the number of children adopted is increasing the workload of this service, and will continue to, and that this will need to be addressed.

# The graded judgement about the experiences and progress of care leavers is that it requires improvement

- 111. Support to care leavers is provided as part of the over-12 years looked after children team, which comprises four experienced personal advisers. The current premises feature a dedicated 'Drop In' zone for care leavers, providing a welcoming, well-used facility. Care leavers have easy access to personal advisers and other partner agencies who attend the Drop In. Additionally, a duty service is provided if a young person's allocated personal adviser is unavailable.
- 112. Personal advisers know young people well, and care leavers spoken to were positive about elements of the support they receive, particularly valuing the twice weekly 'Drop In'.
- 113. Good written information is provided for care leavers, to help them understand their financial rights and entitlements. However, when a package of support is offered to care leavers by partner agencies and others these are often agreed verbally, and are not sufficiently clear. Arrangements would be clearer for both staff and care leavers if this agreement was recorded and provided in writing. Greater use could be made of social media, such as a dedicated website and Facebook pages, to broaden the range of methods to communicate with care leavers, whilst also allowing young people to comment, and feedback on services.
- 114. All care leavers have a pathway plan, and these reasonably assess and record the needs of young people. The plans are not generally effective in setting out prospective outcomes. They are insufficiently specific, accountable and time bound to measure progress and address barriers when they arise. Not all looked after young people have a Pathway Plan by the age of 16 years and 3 months.



- 115. Transition work for care leavers who require ongoing support from adult services is effective. Transition workers and adult service social workers work carefully with personal advisers to secure funding and access to supported housing or residential provision for care leavers with learning difficulties or mental ill health.
- 116. So far only eight care leavers aged over 18 live in 'Staying Put' arrangements with their former foster carers. The local authority is aware that this is too low and needs be increased. Too many care leavers are choosing to live in private, rented flats, when they are neither practically nor emotionally equipped to successfully sustain independent living. The authority recognises this, and has commissioned some additional provision which will become available in August to improve the current practice of spot purchasing. No young people live in bed and breakfast.
- 117. Care leavers' readiness for independence is assessed and addressed solely by their personal advisers. This may be an effective approach for some, but there should be a broader range of approaches, possibly including group work programmes, used to support young people in developing the skills they need to live independently.
- 118. Care leavers' health needs are generally well documented in their Pathway Plans. Young people are signposted to accessible sexual health, teenage pregnancy and substance misuse services as required. The looked after nurse attends some 'Drop In' sessions. A clinical psychologist provides some dedicated days to the over-12 looked after children team, including care leavers, to assist personal advisers in identifying emotional and mental health issues and supporting signposting and referrals to services.
- 119. Care leavers are provided with a letter summarising their health histories, which they can present to different health services and providers to reduce the need to repeatedly recount their health details.
- 120. Good progress has been achieved in the last year in reducing the number of 19 year-old care leavers who are not in education, employment or training to 35%, which is close to the statistical neighbour and England averages. There are seven care leavers currently attending higher education courses and five young people are hoping to commence degree or HND courses in September 2014. Blackpool provides a relatively generous financial support package for care leavers attending university, and concerted efforts should be made to increase the number of care leavers attending university and other forms of higher education in future.
- 121. Over a quarter of looked after young people completing Year 11 at secondary school have no identified training or learning to attend between the age of 16 and 18. The virtual school is not sufficiently involved in supporting personal advisers with this cohort of young people. Poor support at this stage may account for the low number of young people in Blackpool who, historically, have been in education, training or employment beyond their 18th birthdays.



- 122. There is a good range of initiatives and programmes in Blackpool to widen participation in education, employment or training (EET) and these are beginning to demonstrate some impact. Some of these initiatives include 10 care leavers employed by the Council through apprenticeship programmes; eight care leavers have secured opportunities after attending a recent 'Motivat8' course; and 14 care leavers have been engaged in EET following attending a 'Youthability Hub', a forum bringing local providers and agencies together to provide information and signpost care leavers to available opportunities. The support of Connexions personal advisers is regarded by personal advisers and care leavers as effective.
- 123. In view of the range of innovative programmes supporting the engagement of care leavers, including the local Further Education College, personal advisers need to adopt more effective use of motivational approaches and resolute persistence to ensure that more care leavers are engaged in EET, particularly those who are more vulnerable and disengaged.
- 124. The achievements and progress of care leavers, however modest, were celebrated earlier in 2014 at an event for all looked after children, attended by senior managers and elected members. An energetic and effective participation officer was recruited recently and is starting to engage some care leavers in the children in care council and to promote their participation through other avenues, partly by her regular attendance at 'Drop In' sessions. Active efforts are being made to assemble a group of care leavers to prepare a contribution to National Care Leavers week in October 2014.
- 125. The local authority accepts that management oversight and supervision arrangements for personal advisors have not met the expected standard over a recent nine-month period and have not been effective. This is the result of the absence of a team manager, and an agency team manager has been recently appointed. Personal advisors' caseloads are high. This affects their ability to offer consistently effective, responsive and planned interventions with care leavers who have disengaged and those who are more chaotic and vulnerable.
- 126. Performance management measures are insufficient to support managers in measuring the effectiveness of the service and its impact on care leavers.



Key judgement	Judgement grade
Leadership, management and governance	Requires improvement

#### Summary

The local authority understands its community and the specific challenges faced by children and young people in Blackpool. Structures are now in place to ensure that senior leaders and elected members have sufficient information to fulfil their roles of scrutiny and challenge. The senior leadership team, supported by elected members, have demonstrated positive improvement against the children's improvement board plan. A range of performance management data is available, but this has not been used to improve performance in all areas. Managers and senior managers complete audits. These are largely compliance based, but have been used to drive improvements in some key service areas. The authority is aware of the need to move to a more qualitative approach. The local authority and partners, scrutinised by the Blackpool Safeguarding Children Board (BSCB) are now focused on achieving the consistent provision of early help services. The role of the corporate parenting panel is underdeveloped and it does not provide rigorous challenge of the local authority. A commissioning strategy is not yet in place and the sufficiency strategy remains in draft. Good working arrangements are in place between the Director of Children's Services (DCS), the Chair of the LSCB and the Chief Executive. Staff morale within children's social care is generally good.

- 127. Clear lines of accountability are in place between the Chief Executive of Blackpool Borough Council, the Director of Children's Services, the Blackpool Safeguarding Children Board Chair, the Leader of the Council and the Children's Improvement Board. Regular and evaluative information is made available to the Children's Improvement Board which demonstrates that progress is being made by the local authority and partners against the improvement plan. Most significantly and appropriately, improvement work has focused on those children most at risk of harm and in need of help and protection.
- 128. The role of the local authority Principal Social Worker has been used effectively to drive improvement in practice. The post holder has a strong understanding of practice weaknesses and strengths and actively challenges peer and partners with good effect.
- 129. Structures and processes are now in place to meet the needs of these children more consistently, and appropriate steps are being taken by the local authority to protect the most vulnerable children. Significant and targeted work by the local authority and partners, monitored effectively by the Blackpool Safeguarding Children Board (BSCB), is currently focused on ensuring that children's needs are met through the provision of early help when concerns first arise.



- 130. The challenge for the local authority is to drive forward improvements to wider services for children. Increasingly, more attention is being given to the quality of services offered to, and the outcomes for, looked after children. Weaknesses are known and action plans are in place to progress required improvements in these services. Progress in respect of these plans has not led to sufficient impact for children. Strategic planning for care leavers is under-developed, and services offered to them are not good enough. Young people are not assisted sufficiently in achieving their full potential.
- 131. Elected members are committed to, and support, improvements to children's services. Increased financial investment by the authority has led to the funding of an additional 15 social work posts. The previous Joint Executive Scrutiny Panel consisted of cross party members, and actively investigated the reasons for the local authorities past poor performance. New arrangements have recently been made for the scrutiny panel to routinely hold officers to account going forward. This development requires some elected members to be brought up to speed. This has disrupted the continuity of challenge that they are able to offer whilst elected members develop a clear understanding of service requirements.
- 132. The corporate parenting panel remains under-developed. While there is regular attendance from elected members, and some elected members have met with young people from 'Just Uz', the children in care council, they do not provide robust challenge to officers about the information presented to them. It is not clear how they influence and engage with all elected members to champion the needs for looked after children.
- 133. Following the last inspection, a joint strategic needs assessment was undertaken, supplemented by a children's strategic needs assessment. These documents provide detailed knowledge of the population of Blackpool, including information about the prevalence of domestic abuse and children at risk of child sexual exploitation. However, neither document provides sufficient detail about the number of children living in households where there is parental drug or alcohol misuse or parental mental ill-health.
- 134. A broad range of performance information is available. Not all data is supported by robust analytical commentary. The available information does allow the local authority to examine trends and, while robust action has been taken in some areas when dips in performance have been identified, action has not been taken consistently. Managers at all levels routinely undertake audits of work for which they are directly responsible. Audit work has rightly prioritised the need to ensure compliance to required standards, and audits increasingly provide specific comment on quality of some key areas of practice. The findings of audits are effectively collated and used to drive improvements in practice.



- 135. An overarching commissioning strategy and plan are not in place. As a result, co-ordination of current commissioning activity is fragmented and reactive and for looked after children does not effectively link to the looked after children's strategy. Learning from successful strategies employed by adult services is informing the development of commissioning arrangements. The looked after children's sufficiency statement remains in draft, and it does not make sufficient linkage with the current and projected looked after children population and the available provision to identify shortfalls or to outline plans to address these.
- 136. Effective working arrangements with other local authorities within the North West Regional Framework, alongside internal monitoring, ensure that external fostering and children's homes placements are of good quality. Good attention is given to ensuring that placements for looked after children are secured within a 20-mile radius of Blackpool. As a result, only 36 of the 409 (8.8%) looked after children are currently placed further afield.
- 137. A recent commissioning review of CAMHs identified numerous deficits in performance and service provision. A plan to tackle these was put in place in April 2014, but it is too early to see impact for children.
- 138. Morale is generally good within children's social care. Practitioners and managers speak positively about working for Blackpool. The turnover of social workers in the local authority has increased in the last twelve months, from 6.59% in 2012–13 to 8.6% in 2013–14. The reasons for social workers leaving the authority are well known to senior managers, and no significant concerns have been identified. Of the 96 social work posts within children's social care, eight vacancies are covered by agency staff. As a result, caseloads have not increased for existing staff, who report that their caseloads are not excessive. The local authority effectively plans recruitment to ensure that key safeguarding posts are not left uncovered for long periods. This has not been the case for the vacancies in the looked after children and leaving care services, and a small number of posts have been vacant for some time.
- 139. Currently, some management positions are held by agency staff. Arrangements to familiarise and support these managers with Blackpool policies and procedures have not been robust, which has resulted in some plans for children not being given sufficient urgency. The local authority has worked robustly to deal with poor performance. A wide range of good quality training is available to staff, who are enabled to attend. The impact of training is not explored well in supervision. Compliance with the completion of annual appraisals, while increasing, remains low and means that the workforce development plan does not provide an analysis of the skills training needed for staff going forward.



- 140. The large majority of staff are afforded regular case supervision by managers. The quality of supervision records is variable and does not routinely demonstrate the extent of reflection on the child's circumstances and whether the level of intervention is improving the child's outcomes. The urgency given to the planning for some children is not sufficient. The scrutiny given by senior managers' and independent reviewing officers' to ensure plans are progressed swiftly once decisions have been made, requires improvement.
- 141. The local authority is demonstrating that it is a learning organisation and uses a wide range of feedback from staff, children, parents and partners to improve services. The shadow improvement board provides an excellent arena for the views of operational staff in the authority to have their views heard about the reality of progress against the improvement plan. This demonstrates the real commitment that operational staff have to improving outcomes for Blackpool children. There is a good focus on developing evidence-based practice, and national learning does inform local practice.
- 142. There has been good progress and improvement in key service areas but this needs to be achieved across the range of services to children in Blackpool. The priority going forward is to enhance the improvements achieved and sustain an appropriate pace of change. The local authority will need to ensure that the pace of, and capacity for, change is not adversely affected by the DCS and Chair of the local safeguarding children board both leaving their posts in September.



# The Local Safeguarding Children Board (LSCB)

## The Local Safeguarding Children Board requires improvement

The arrangements in place to evaluate the effectiveness of what is done by the authority and board partners to safeguard and promote the welfare of children require improvement.

# Summary of findings

# The Local Safeguarding Children Board requires improvement because:

143. Blackpool Safeguarding Children Board (BSCB) has made progress in reviewing, revising and developing its performance and effectiveness. Some of this work is still very recent and BSCB recognises that there is still much to do. BSCB is not yet fully compliant with all of its statutory duties. An annual report was produced in 2012–13, but it was insufficiently rigorous in analysing the effectiveness of the Board. Not all statutory partners attend or fully contribute to the work of the Board, although membership and participation is improving. Performance information is not provided by all partners to support the robust scrutiny of service effectiveness. Thresholds for the provision of early help and referrals to children's social care are not understood by all partners. An appropriate range of multi-agency training is provided, and positive impact on practice in some areas has been identified through case audits. Challenge of practice has been established, and there are an increasing number of examples of effective challenge by board members as well as by the Chair. Learning from national serious case reviews and local reviews is used to drive improvements in practice. Serious case reviews are completed where the threshold is met to do so. Currently, four serious case reviews are underway and systems for disseminating learning from these have been refreshed. Collectively, the members of BSCB will need to ensure that the progress made is maintained and further developed when the current chair leaves her post in September.



## What does the LSCB need to improve?

#### **Priority and immediate action**

144. BSCB needs to take steps to ensure that it is fully compliant with its statutory duties with all statutory partners undertaking their roles.

#### Areas for improvement

- 145. Monitor and evaluate the quality of early help that is offered to children and their families across the partnership.
- 146. Ensure that thresholds for the provision of early help and referrals to children's social care are understood by all partners
- 147. Give closer scrutiny to the local authority and board partners to safeguard and promote the welfare of children and young people where
  - (i) they are privately fostered
  - (ii) their parents have mental health problems or misuse drugs and alcohol
  - (iii) they are known to the Youth Offending Team.
- 148. Ensure that all statutory partners routinely attend and contribute to the work of the Board.
- 149. Strengthen the range of performance information provided to the Board, to include relevant information from all partners, and ensure that evaluative commentary is provided.
- 150. Hold partners to account for evaluating the impact on practice of the learning from serious case reviews.
- 151. Ensure that the annual report of the Board describes progress against strategic and shared priorities, the quality of multi-disciplinary practice with children and their families, and the impact of help, protection and care on their lives.



#### The LSCB's strengths

- 152. BSCB has developed a robust framework to ensure that it is able to scrutinise operational practice through multi-agency audits. Audits have effectively considered practice in respect of child sexual exploitation, core groups, child protection plans, children who go missing and the impact of parental drug and alcohol misuse on the care of their children. Learning is collated, reported to the Board and disseminated to agencies to improve practice. Repeat audits take place to evaluate the impact of this learning on practice.
- 153. Rigorous arrangements are in place for the completion of section 11 audits. All partners have complied with the requirement to complete the audit. These have been scrutinised by the Performance Management and Evaluation (PMEG) sub-group and deficits identified. BSCB panel member interviews have taken place to hold section 11 leads to account for deficits, and an action plan is being monitored.
- 154. Section 175 audits of safeguarding arrangements in schools have been undertaken; 41 schools in Blackpool were contacted and all but one completed the audit Responses have been scrutinised for learning, which has been reported to the Board. An action plan is in place and is effectively monitored by the BSCB sub group.

## Inspection judgement about the LSCB

155. There are clear and effective lines of accountability between the Board, the Chief Executive of the local authority, the Director of Children's Services, partnership leaders, elected members and the Children's Improvement Board. Recent alterations to the reporting arrangements to the children's improvement board mean that BSCB is able to demonstrate that it is making progress against the children's improvement board action plan, and effectively holding partners to account. Very recent action has resulted in the development of sound arrangements for the BSCB to effectively scrutinise the work of the Health and Well-being Board. It is too early to see the impact of this for children. The Children's Trust has not been functioning effectively, with members not clear about their roles and responsibilities and the focus of their activity. A review is in progress to determine future membership, focus and the links to the BSCB.



- 156. Membership and attendance of BSCB has been significantly improved since the last inspection. Commitment and engagement from attendees has resulted in greater ownership of safeguarding issues across the partnership. Many of the members of the strategic board also chair sub-groups. Lay members have been recruited; one is well established and is able to demonstrate impact of her role within the community, the other is recently recruited. The youth offending team is not a member of the BSCB, but is directly represented by the head of Children's Social Care who is the senior manager with line management responsibility for this service. Insufficient focus is given by the Board, to this group of vulnerable young people. Cafcass has not fulfilled its statutory role to attend the Board; other arrangements in which Cafcass were to have input on the board were agreed, however, following challenge by BSCB, Cafcass have agreed full membership and attendance from August 2014. The Chair is leaving in September 2014. Arrangements are in place to recruit a successor.
- 157. Significant progress has been made over the development of structures and processes, which have improved the BSCB's ability to carry out its statutory functions. The Chair has successfully challenged BSCB members to demonstrate the extent of the impact of strategic and operational practice to safeguard children, and to work as effective partners. In recent months, there are increasing examples where board members are providing appropriate challenge to each other without the prompting of the Chair, which demonstrates the growing strength of the Board.
- 158. A two-year overarching BSCB business plan has been developed for 2014-16 which appropriately reflects key areas for board scrutiny based on analysis. The ability of the partnership to identify and respond sufficiently early to neglect experienced by children is given continued focus, and builds on the work to date of the neglect priority sub-group.
- 159. The Board is keenly aware of the need to increase its attention to hearing the voice of the child. It has very recently introduced children's story boards to its agenda to understand the direct impact of the Board's work on the experiences of children. The Board recognises that there is more to do to ensure that the child's experience is routinely the focus of its work.
- 160. The board chair has promoted rigorous challenge to ensure that thresholds are understood and effectively implemented across the partnership. Partners have responded to this challenge, and have increased confidence that when children are at risk of harm referrals are made promptly to children's social care. The understanding of thresholds for children who require early help and do not meet the threshold for statutory intervention, while improving, is less well developed. Current work is appropriately focused on monitoring the effectiveness of the partnership response to more children being offered effective early help.



- 161. The BSCB gives good attention to children who go missing and those at risk of child sexual exploitation. Members are assured through a wide variety of quality assurance information that when these issues are identified, children receive good support. The BSCB multi-agency plan to reduce child sexual exploitation appropriately reflects the regional pan-Lancashire plan, national learning and action specific to Blackpool. The BSCB child sexual exploitation priority group did not succession plan effectively, which has delayed progress against the strategic action plans. Arrangements are now in place to take this work forward.
- 162. Robust processes are in place to make decisions to undertake serious case reviews. Of the nine serious incident notifications made to Ofsted since August 2012, four have led to a serious case review being commissioned, which are at various points in their completion. One was initially delayed due to national capacity issues in identifying suitable experienced independent reviewers, but others are progressing appropriately. Refreshed arrangements have been developed to ensure that each agency is accountable to the Board to embed learning from serious case reviews in practice.
- 163. The BSCB provides an appropriate range of multi-agency safeguarding training that reflects the priorities of the Board. Attendance is robustly monitored, and where this falls short of expectation this is swiftly highlighted to the Board, resulting in improved attendance. The BSCB is developing a framework to better scrutinise the impact of training on practice. The impact of some training is measured through audits, and was particularly apparent in the work to improve the functioning and practice of core groups across the partnership.
- 164. The Board has not yet published a 2013–14 annual report and accepts that the 2012–13 report was not sufficiently rigorous in its analysis of the Board's effectiveness.



# What the inspection judgements mean

# The local authority

An **outstanding** local authority leads highly effective services that contribute to significantly improved outcomes for children and young people who need help and protection and care. Their progress exceeds expectations and is sustained over time.

A **good** local authority leads effective services that help, protect and care for children and young people and those who are looked after and care leavers have their welfare safeguarded and promoted.

In a local authority that **requires improvement**, there are no widespread or serious failures that create or leave children being harmed or at risk of harm. The welfare of looked after children is safeguarded and promoted. Minimum requirements are in place, however, the authority is not yet delivering good protection, help and care for children, young people and families.

A local authority that is **inadequate** is providing services where there are widespread or serious failures that create or leave children being harmed or at risk of harm or result in children looked after or care leavers not having their welfare safeguarded and promoted.

# The LSCB

An **outstanding** LSCB is highly influential in improving the care and protection of children. Their evaluation of performance is exceptional and helps the local authority and its partners to understand the difference that services make and where they need to improve. The LSCB creates and fosters an effective learning culture.

An LSCB that is **good** coordinates the activity of statutory partners and monitors the effectiveness of local arrangements. Multi-agency training in the protection and care of children is effective and evaluated regularly for impact. The LSCB provides robust and rigorous evaluation and analysis of local performance that identifies areas for improvement and influences the planning and delivery of high-quality services.

An LSCB **requires improvement** if it does not yet demonstrate the characteristics of good.

An LSCB that is **inadequate** does not demonstrate that it has effective arrangements in place and the required skills to discharge its statutory functions. It does not understand the experiences of children and young people locally and fails to identify where improvements can be made.



# Information about the inspection and the review

Inspectors have looked closely at the experiences of children and young people who have needed or still need help and/or protection. This also includes children and young people who are looked after and young people who are leaving care and starting their lives as young adults.

Inspectors considered the quality of work and the difference adults make to the lives of children, young people and families. They read case files, watched how professional staff worked with families and each other and discussed the effectiveness of help and care given to children and young people. Wherever possible, they talked to children, young people and their families. In addition, the inspectors have tried to understand what the local authority knows about how well it is performing, how well it is doing and what difference it is making for the people it is trying to help, protect and look after.

The inspection of the local authority was carried out under section 136 of the Education and Inspections Act 2006.

The review of the Local Safeguarding Children Board was carried out under section 15A of the Children Act 2004.

Ofsted produces this report of the inspection of local authority functions and the review of the Local Safeguarding Children Board under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006.

The inspection team consisted of 7 of Her Majesty's Inspectors (HMI) from Ofsted.

#### The inspection team

Lead inspector: Janet Fraser

Deputy lead inspector: Sheena Doyle

Team inspectors: Michael Ferguson, Pauline Turner, Sara Goodinge, Nick Stacey, Wendy Ratcliff



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